SPRING 2010

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DALHOUSIE UNIVERSITY
Inspiring Minds

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On our cover:
The 2009 DMAA Award for Alumnus of the Year.

Cover photo: Jeremy Tsang

Building a strong foundation

New opportunities for support and growth in our medical community

By Dr. Vonda M. Hayes '71
DMAA President

For the DMAA, 2010 brings a sense of renewed energy as we reflect on the past year. Our finances, which have commandeered an inordinate amount of our time and energy over the past few years, are now on a stable footing. Our executive and board are meeting on a regular basis, with board members becoming more involved in a number of ad-hoc committees to address some of the issues affecting us.

In addition, board members are regularly canvassed by email for their input into the decisions that affect how we plan events and otherwise engage our constituents. Our new Treasurer, Dr. Alf Bent, is now in place and has an overview of our financial position. As well, a committee is scheduled to meet soon to review and update our bylaws. The second Fid Dinner was again another success, raising $3,885 towards Convocation 2010. Kudos to Dr. Denny Johnston and the DMAA office for organizing this event.

In September, we were privileged to host one of the best attended alumni events ever. Our thanks go to our Executive Director, Joanne Webber, and her Assistant, Paulette Miles, who worked tirelessly to bring this enormously successful event all together. On that night, the historic Lord Nelson Hotel rang with greetings by old and new friends alike as 230 alumni and guests gathered to celebrate four distinguished colleagues and to be treated to the first official address by our new Dean and alumnus, Dr. Tom Marrie '70.

Congratulations to award recipients: Dr. Ron Stewart '70, DMAA Honourary President; Dr. Dana Hanson '74, DMAA Alumnus of the Year; Dr. Carmen Giacomantonio PGM '98, Young Alumnus of the Year; and Dr. Fred Goodine '59, Family Physician Alumnus/a Award.

The DMAA was delighted to recognize the accomplishments of these distinguished alumni. Their work and that of many of our other alumni continue to contribute to the excellent reputation of our alma mater. We also had the opportunity to recognize the recipients of this year's DMAA entrance scholarships to three medical students who will become alumni in 2013. To cap off what was already an exceptional evening, those in attendance were fortunate to receive a fascinating presentation by Dr. Robert Roberts, which, in spite of the late hour, had everyone's rapt attention as he described what the future of medicine will look like. See page 18 for photos of the event.

It is with renewed enthusiasm and anticipation that we move forward. Our mandate to support our medical students is well and strong with our being in the position to provide the Dalhousie Medical Student Society (DMSS) with the monies to support its projects and activities. Please see page 11 for further information. In 2009, 14 classes celebrated class reunions and we continue to work to streamline the process of reunions and assist the class representatives as they organize their reunions.

We continue to work closely with the Faculty of Medicine and to communicate its work to our alumni, especially new and innovative initiatives. We are pleased to witness the ongoing strategic implementation of the Dalhousie Medicine New Brunswick (DMNB), which held multi-mini interviews (see page 7) for the inaugural class of students, which is to commence in September of this year. Both through this medium and our website, we are striving to keep our alumni abreast of current information and updates on the education of our medical students and the activities within the medical school. In addition, we look forward to identifying other means of supporting our alumni. In particular, we are seeking ways to engage our younger alumni and our alumni in New Brunswick, Prince Edward Island and further abroad.

We would be delighted to hear your comments about how we can assist or inform our members or improve our communications in any way.

Welcome to this edition of *VoxMeDAL*

Highlighting our achievements

By Joanne Webber
DMAA Executive Director

It is my pleasure to welcome you to the spring edition of *VoxMeDAL*. As our fiscal year is winding down, we are very pleased to report that many of our goals have evolved into benchmarks of growth and sustainability.

We have once again been able to support our medical students with their outstanding pursuits and projects. The life of a medical student is challenging, demanding and, at times, overwhelming. I am always amazed how our students balance all that they do. They are truly incredible and it is an honour to work with them. The interest and support demonstrated by our alumni makes our medical school unique and a very special place to work. Please see page 12 for an overview of student projects that are supported by our alumni and the DMAA.

This issue of *Vox* reflects our diversified medical community and the many exciting accomplishments that are taking place. Dean Marrie addresses the historic milestones and changes taking place in our medical school in 2010. The DMAA Executive and our Board of Directors are working diligently to bring our association forward, by working with board member committees to appoint a new DMAA Vice President and revise the DMAA bylaws. I would also like to take this opportunity to welcome Dr. Alfred Bent as our new DMAA Treasurer. As you will read in this issue, our alumni, faculty and medical students are engaged in many exciting opportunities in the Dalhousie Medical School.

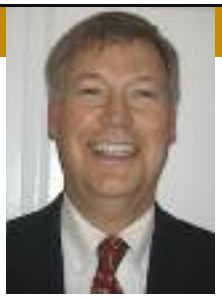
This past September, the DMAA Awards Gala was a huge success, with over 230 alumni and guests attending. Dr. Robert Roberts captivated our guests with a riveting presentation of personalized medicine. Many reunion classes attended and the weekend was a whirlwind of excitement, with alumni research and surgical lab tours taking place. We are proud to recognize the significant contributions of our award recipients. Please see page 18 for details.

I would like to recognize Paulette Miles for her dedication and excellent work. Paulette is working hard with our reunions to make this another memorable year of celebration. Thank you, Paulette, on behalf of our members and everyone at the DMAA.

Finally, I would like to personally thank you, our medical alumni readers, for your continued support for our association. Through your support, we are able to continue the meaningful work of our association.

Please contact Joanne with comments or suggestions at j.webber@dal.ca or call (902) 494-4816.

DMAA welcomes Dr. Alf Bent as new Treasurer



Dr. Alf Bent '73
DMAA Treasurer

Alf Bent has been appointed Treasurer of the DMAA effective October 2009. Dr. Bent is currently a Professor in the Department of Obstetrics and Gynaecology at Dalhousie University and Division Head for Gynaecology since moving to Halifax in 2005. He is a Dalhousie medical graduate, class of 1973, and after a four-year stint in family practice in Wolfville, he moved back to Halifax for residency training. He also did a one-year fellowship in urogynaecology in 1981 and 1982 in Long Beach, California. After practicing in Halifax from 1982 until 1986, Dr. Bent worked in Long Beach, California for five years and then in Baltimore at the Greater Baltimore Medical Center until 2005. He has been active in OB/GYN residency training programs and urogynaecology fellowship training programs for most of his career. He is Editor-in-Chief of the recently renamed journal, *Female Pelvic Medicine and Reconstructive Surgery*, and has written two textbooks in the field of urogynaecology. Dr. Bent coordinates his class reunions and helped establish the class of '73 Silver Anniversary Fund for medical student bursaries.

Greetings from Dean Marrie

A snapshot of the exciting year ahead

By Dr. Tom Marrie '70
Dean, Faculty of Medicine

This will be a defining year for Dalhousie Medical School. We will roll out a brand new undergraduate curriculum in conjunction with the launch of our undergraduate program in New Brunswick. We will begin work towards our goal of doubling research funding. And we will embark upon major organizational and fiscal renewal.

These are ambitious goals but I know that we will achieve them. In my first few months as Dean, I have seen the incredible commitment of our medical-school community, including alumni, who have pulled together to tackle our challenge with undergraduate accreditation. The dedication, hard work and outpouring of support has been truly impressive and leaves not a doubt in my mind that our medical school will accomplish anything it sets out to do.

Just as 2010 will be a year of historic milestones and change, 2009 was the year we faced adversity head-on and turned it into opportunity. As I write this, we are well on our way to addressing all of the accreditation issues and making the necessary improvements. Curriculum renewal is not a requirement of our accreditation, but it is a way that we can enrich our students' experiences, and therefore it is well worth doing. The new curriculum, once developed, will be second-to-none in North America.

Our curriculum renewal work began this past year with self-examination, environmental scanning for best practices, conferring with top experts in medical education, and broad consultation. We hosted an international medical education symposium which was attended by about 200 highly engaged faculty, students and staff. We've had broad internal consultation and in the coming months, we'll be going out to the public. Finally, we capped 2009 off with a two-day intense discussion by members of our curriculum management team that resulted in the creation of a broad outline for a new systems-based curriculum for Dalhousie medical students.

Our plan is to have the new curriculum developed by the end of March. Then, from March until the end of June, we'll bring faculty, staff and students up to speed so that we'll be ready to implement it for the start of the 2010–11 academic year. We've developed a curriculum renewal website, where you can keep abreast of information and new developments, at **curriculum.medicine.dal.ca**. We encourage you to post your comments on the site.

As alumni, you've no doubt been watching developments closely around the Dalhousie Medicine New Brunswick (DMNB) program to be launched in September 2010. We're moving along well on all fronts, including new hiring and construction. For the first time, we held the early multi-mini interviews in Saint John, and had a great turnout of faculty, staff and students helping out. We are all eager to welcome our first class of 30 New Brunswick students and future alumni, and will make every effort to ensure that these new students feel an integral part of our Dalhousie Medical School family. As alumni, you can help by becoming a mentor or by supporting any of the other worthwhile Dalhousie medical alumni programs for students.

Alumni engagement and support is critical to our students and to our medical school. When you support our students—through any means—you help them along their educational journey toward become a future physician. I want to thank each and every one of you who have volunteered your time and talents, contributed a financial gift or offered your ideas and insights. I hope we can continue to count on your help in the future. I look forward to meeting and chatting with many of you in the coming months.

You may contact Dean Marrie at tmarrie@dal.ca or call (902) 494-6592.

Dalhousie Medicine New Brunswick update

by Dr. John Steeves '74
Associate Dean, DMNB

Dalhousie Medicine New Brunswick (DMNB) is an innovative program that gives New Brunswick students the opportunity to attend medical school in their home province.

As you may know, it is a distributed medical education program offered by Dalhousie Medical School and it is distinctive because it is tied to several communities and bridges two provinces. The program is offered in partnership with the government of New Brunswick and the University of New Brunswick.

In years one and two, students in Saint John, New Brunswick will listen to lectures delivered by faculty in Nova Scotia thanks to state-of-the-art, high-definition video conferencing technology. In their final two years, some students will fan out across the province to complete their clerkships at hospitals in Saint John, Moncton, Fredericton and Miramichi.

This distributed approach will mean that our students will benefit from faculty based in Halifax and from interactive sessions and labs with local New Brunswick faculty and staff. In the future, New Brunswick faculty will also lecture from the various sites throughout the province, further enriching the program.

The program has required infrastructure development in Nova Scotia and throughout New Brunswick.

News conference and sod turning:

In November 2009 and January 2010, New Brunswick Premier Shawn Graham held an announcement and sod turning for the construction of health-care training facilities in Saint John. The announcement included funding to construct anatomy and histology teaching laboratories and clinical teaching space at the Saint John Regional Hospital.

Infrastructure development:

Construction is progressing well and all projects are on target for their completion dates. The renovations at the Saint John College building at the University of New Brunswick in Saint John, which will house classrooms and administrative offices, are well underway and we remain on schedule for AV installation and testing in the spring of 2010. The foundation has been poured and the first section of steel is up for the addition, which will house the Learning Resource Centre and research lab space.

Student recruitment:

Applicants to the Dalhousie medical program, including the first pioneer class for DMNB, had the opportunity to be interviewed in Saint John in November 2009. There was an excellent response from applicants for these "early-bird" interviews and it was the first time Dalhousie held multi-mini interviews outside of Halifax. The second round of interviews was held on February 13 and 14 in Halifax.

Research:

Dr. Tony Reiman is the new Assistant Dean of Research for DMNB and is responsible for establishing a research program, which will include four basic scientists to teach first and second-year medical students. These scientists will also be active researchers. Dr. Preston Smith and Dr. Reiman are each heading up groups for the development of research and research space.

Please watch future editions for updates on DMNB. If you would like more information or would like to contribute to this exciting new program, please visit our website at **newbrunswick.medicine.dal.ca**.

Artist rendering of the Saint John College Building that will house Dalhousie Medicine New Brunswick.

Construction photo of the Saint John College Building.

Two applicants read their questions before being interviewed. Applicants participated in a series of 10 structured interviews with 10 different people, gaining insight into their ethics, communications and problem-solving skills.

We want to hear your opinions on topics of debate and provoke conversation among our alumni—you too can be published in these pages. Please email medical.alumni@dal.ca or call (902) 494-8800 with your comments.

SURGICAL SKILLS LEARNING CENTRE, ALUMNI TOUR

Impressed by evolving techniques and technology

During a recent visit to Dalhousie Medical School some 57 years after graduating, I was impressed with the welcome reception accorded by the members of the medical alumni office. We were well received and accommodated, even on an unscheduled visit. Most impressive was an impromptu visit to the anatomy and neurobiology lab at the Charles Tupper Building where a tour was graciously offered. It was stimulating to see the changes which have occurred in the teaching techniques when compared with the old "by rote" methods familiar at the Forrest Building, which housed three or four separate faculties. Plasticized anatomy specimens have now been developed of various body parts for continuous study and review. Interactive teaching methods integrating the clinical picture with the underlying anatomy are now routinely used in instruction to relate the two—a far cry from the old familiar methods. In short, it was a most edifying visit to see the progress being made in medical teaching at the "college by the sea." Thanks again for your interest and courtesy.
Dr. Joseph Hazel '52

Rekindling fond memories

October 2009 was my 35th Dal Med School reunion. I left Dal for internship, orthopedic residency, pediatric ortho fellowship and two years of practice, all in Winnipeg. Then I added one year of hand-surgery fellowship in Houston and 27 years of practice in Tucson. Nowhere in there did I ever take time to return to Dal and my Tupper Building home. After all those years, all those miles, kids, social commitments, and so on, I finally made the trip. Then I found myself standing in front of the same old Tupper Building that was my home in the early 1970s. It was a warm and sinking feeling as memories came pouring back. Reminiscence of the Grace, the Infirmary, the Victoria General, Camp Hill and IWK Children's all were so vivid. My return visit should have been 25 years sooner!

I certainly will stay in touch! I am looking to 2011 to be back in Nova Scotia. I ordered a Dal ring while I was there and am anxiously awaiting its arrival.
Dr. David Gibeault '74

2009 Gala brought alumni together

The 2009 Gala was a resounding success, where attendees renewed friendships and socialized with each other. It is so gratifying to see the revitalization of the DMAA and the staff are to be congratulated for their efforts on behalf of alumni, students and faculty. I had a wonderful time and look forward to more such occasions.
Barbara Blauvelt

The DMAA encourages the participation of all alumni but does not necessarily share the opinions expressed in this section.

Modest proposals to improve health care in Nova Scotia

By Drs. Don Brown '59, Lynn McBain '83 and David Zitner '74

Health workers in Nova Scotia, including doctors, nurses, administrators and government regulators are dedicated to providing excellent care. Nevertheless, many Nova Scotians believe that health care falls short of what it could be because people experience excessive waits for specialist care and emergency-department care and because of mistakes that lead to unnecessary death and suffering. A member of the DMAA recognized that health care in Nova Scotia can be improved and brought together a group consisting of two older doctors and a doctor who practices in New Zealand. The participants do not have a personal financial interest in how health care is delivered in Nova Scotia because their livelihoods are not dependant on Nova Scotia Medicare fees.

Three themes emerged from the meeting:

Prevention

Health workers are not generally expected to encourage prevention. The $29 that the Nova Scotia government pays when you see your doctor means that the doctor is not usually expected to take much time to deal with your overall health, including issues of lifestyle, diet and exercise. One consequence is that doctors may give prescriptions for drugs, when lifestyle changes would be a better option. Antidepressants and cholesterol-lowering drugs are among the three most commonly prescribed drugs in Nova Scotia, yet the medical literature shows that for many patients, increasing activity, lifestyle changes and cognitive therapies are equally effective at improving mood and reducing the risk of heart attack and stroke.

How care is delivered

Much of the work done by Nova Scotia doctors and nurses could be done by other people (including patients), in other ways and at lower cost, resulting in shorter waiting times, better outcomes and doctors being able to take more time with patients who need them.

In New Zealand, practice nurses and administrative staff take on the responsibility to remind people and provide regular screening, including pap smears and follow-up for chronic disease. In Nova Scotia, the government will not generally pay doctors or nurses for care that is provided by a nurse alone, although the government does pay for nurse salaries in hospitals and in some privileged family physician practices.

Mistakes are made when abnormal laboratory tests go astray. Most physician offices do not call patients with the results of normal (and sometimes abnormal) tests and every year some important laboratory tests go astray. One solution is to ask the laboratory to send results directly to those patients who want them. Patients would participate as a monitor to at least ensure that the tests were completed and that someone received the result. Those patients who do not wish to receive reports with commentary could opt to receive care the way it is currently delivered.

Information systems and measuring success:

Worthwhile clinical information systems are essential for a modern health-care system. Unless doctors, patients, administrators and government are able to track the results of care, no one will know for sure whether tests and treatment are useful, harmful or merely a waste of time and money. How many people were harmed by recent flu immunizations? How many benefited? We don't know because in the absence of proper information systems, we can't track how sick or healthy people were in the year or two following a flu immunization.

Less important industries use sophisticated information tools to learn about customer preferences, satisfaction and behaviour. Credit card companies and online retailers know what customers want and how to change behaviour. You can find out your bank balance from anywhere in the world but not the results of your latest X-ray or blood test.

Primitive information systems harm patients directly. Most health workers in Nova Scotia use handwritten and often illegible scrawls to keep track of and communicate about patients. This leads to reduced coordination and the failure to use modern information tools to flag patients who are at risk or to provide interventions that might save a life.

Maritime governments are increasingly strapped for cash. Eventually, Canadians will be unable to sustain a publicly administered health-care system unless they adopt modern and efficient management and information tools. Reflection on the primitive nature of health information systems and management in health care, leads to the thought that perhaps health care is too important to be administered by governments. Governments' proper role, in any event, is to behave as a health-care regulator and to financially ensure that rich and poor alike have timely access to important health-care services.

Dr. Don Brown is an experienced family doctor in Nova Scotia and an expert in hypnosis and hypnotherapy. Dr. Lynn McBain is a Nova Scotia-trained family doctor practicing in New Zealand. Dr. David Zitner is a family doctor in Nova Scotia whose professional activities are focused on issues of health policy and health information systems.

For further information please contact David Zitner at david.zitner@dal.ca.

CLASS OF 2009 RANKS FIRST

Dalhousie's 2009 medical school graduates ranked first in national exam results that assess preparedness for residency training.

CLASS OF 1939 ALUMNUS FLIES INTO HALIFAX TO ATTEND GALA

The DMAA honoured Dr. MacIntosh '39 by presenting him with a framed photo of his graduating class. The audience saluted Dr. MacIntosh with a standing ovation in recognition of his world-renowned contributions to orthopedic surgery.

WELD KERNOHAN LECTURE

Dr. Marcia Anderson presented, "The Right to Health of Indigenous people." The Weld Kernohan Trust was established in memory of Elizabeth Weld and Mary Kernohan, class 1981 graduates, who practiced in Northern Canada.

TV MEDICAL DRAMAS DEPICT FIRST AID INCORRECTLY

Andrew Moeller, a Dalhousie Med III student, headed up a four-member research team that examined how actors treat patients undergoing seizures in popular TV medical dramas. *Visit news.medicine.dal.ca for more information.*

OLYMPIC GOLD MEDALIST HEATHER MOYSE

Heather Moyse, daughter of Dr. Cyril Moyse '72 and sister of Dr. Heidi Moyse '01, won gold in women's two-man bobsled at the 2010 Olympics Games in Vancouver.

ART FANS FLOCK TO TUPPER LINK

Dal Med class of 2013 hosted a public art gallery in celebration of Nocturne. Over 300 people attended, showcasing work from over 30 medical students, physicians and staff within the Faculty of Medicine.

Sources of DMAA funding

As an independent, registered organization, the Dalhousie Medical Alumni Association funds its activities from a variety of sources

DMAA President Dr. Vonda Hayes presents $10,000 to DMSS President Haralambos (Aris) Lavranos.

DMSS funding

Thanks to the support of alumni contributions, the DMAA's annual contribution of $10,000 to the DMSS plays a pivotal role in getting DMSS student projects up and running. When allocating funds, the DMSS selects and evaluates projects with tangible goals. A project may involve a local, grassroots effort to combat homelessness or it may be part of an international global health initiative. The variety of student projects reflects the diversity of the student body and its interests. *Alastair Dorreen '12*

Revenues for operations:

$125,000 from the office of the Dean of Medicine

Student Support

Your generosity and support allows the Dalhousie Medical Alumni Association to continue its long-standing tradition of supporting student-based projects and initiatives. Funds raised through DMAA initiatives provide resources that enhance the learning experience of our medical students. ***Student support will vary each year depending on the support received.***

DMSS Funding **$10,000**

Funds support a variety of student-based projects, such as Everest and the Aboriginal Health Interest Group (see page 12 for details).

Convocation Ceremonies **$7,000**

Convocation Dinner tickets
Gold & Silver D's
Resident Teaching Award
Silver Shovel Award

DMAA Entrance Scholarships **$11,400**

Three winners in 2009, generated from the DMAA Entrance Scholarship fund

Resident Research Prizes **$2,000**

Orientation luncheon for medical students **$1,000**

The DMAA provides support to the following:

Dalhousie Academy of Medicine Tupper Band
Alumni, medical community and individual special initiatives

LEFT TO RIGHT: Bernice Duan '13, Shannon Joice '13, Achelle LeBlanc '13

2009 DMAA scholarship winners

*For further information regarding donations, email the DMAA at **medical.alumni@dal**.ca or call (902) 494-8800.*

2009 DMAA FUNDING FOR STUDENTS

Curriculum renewal, renovations, accreditation, a new campus on the rise…this truly is an exciting time to be attending Dalhousie Medical School. As president of the DMSS, I have had the privilege of working with faculty, staff and, of course, the myriad of engaged students on all of these long-term projects. What has been most apparent during the first semester is the unity with which we all work together to bring about the best changes for our school. This solidarity defines our school as a leader of medical education and fosters the spirit that is unique to Dal Med.

Aris Lavranos
DMSS President

The year has gotten off to a great start. Over 360 people attended our 102nd-annual Medical Ball and Banquet this year. As Vice-President Internal, I've also had the pleasure of helping organize our Lifestyles in Medicine series. This is where different specialists speak with students in an informal setting about what it is like to be in their respective professions. We've had anaesthesia and emergency medicine come in already. These sessions have been very well attended, with emergency medicine bringing in more than 70 students. There will be several more of these sessions in the coming months. Thank you to the DMAA for supporting this very important series. Euphoria took place on January 30 and was a huge success! The proceeds from the sold-out show went to the Out of the Cold Winter Shelter, a very deserving local charity. Our next big event will be the Charity Auction this spring.

Stephanie Veldhuyzen van Zanten '12
DMSS Vice-President Internal

Here is a snapshot of some of the student-based projects that the DMAA is proud to support:

SharingInHealth.ca

With a global deficit of 4.3 million health-care providers, we need to dramatically increase medical-training capacity. Through the DMAA's support, David LaPierre (Med IV) and colleagues have been building an Internet-based, open-access medical curriculum to do just that. Support **SharingInHealth.ca** by reviewing a topic in your area of expertise. We appreciate your assistance.
*Brett Nissen and David LaPierre, **SharingInHealth.ca** contributors*

Medical Student Awards Ball and Banquet

On November 21, 2009 over 350 guests attended the event, making it our largest ever.

Photo: Margo Gesser

Making Waves Halifax

Making Waves Halifax is an organization that offers one-on-one swimming lessons for children with physical and cognitive impairments that prevent them from participating in group swimming lessons. Our first session, taught by medical-student volunteers, began in late January at the Centennial pool in Halifax.
Kyle Jewer '13

First, do no Harm

I'm a third-year medical student working on what I consider to be a very important project that has recently been granted funding from the DMAA. I would like to send my thanks to the DMAA for once again allowing a student initiative to become a reality.

First do no Harm is a documentary and qualitative-research endeavor that will analyze and assess the ethical concerns of medical electives and volunteer initiatives in developing countries. The harms associated with medical student electives and inappropriately designed medical volunteer initiatives is of growing concern within global health circles.

However, there is no current method of knowledge transfer from global health academic circles to the students and faculty partaking in problematic projects. This documentary aims to become part of a method for communicating these concerns to a broader audience and for fostering more sustainable and ethical projects—or at least fostering conversation on this topic.

I'm working on the project with Alyson Horne-Douma, another third-year medical student. We've conducted interviews with physicians and global health academics from across five continents. We've also travelled throughout East Africa to observe and film various medical electives and projects in Tanzania, Rwanda and Uganda.

Our project has already garnered national attention. We gave a poster presentation at the recent Canadian Conference on International Health and a global health research group based at the University of British Columbia requested a copy of the final film for screening in Vancouver. It's only with the support of groups such as the DMAA that student initiatives like ours can exist. We would not have been able to continue on this project without the DMAA's kind assistance. Thank you.

Tim Holland '11

Movember

In an attempt to eradicate the most commonly diagnosed cancer in men, the Dalhousie Medical School's Mo Bros and Mo Sistas participated in Movember, an international campaign aimed at raising money for prostate cancer research. Throughout the month of November or "Movember," the Dalhousie Medical Mo Bros grew and groomed stylish moustaches, while the Dalhousie Medical Mo Sistas gave their full support. Individuals sought sponsors in exchange for a month of uninterrupted upper lip growth. In the span of one month, the teams raised a whopping $5,528. Congratulations!

DMSS student groups

Art for Heart is a group for students with a creative flare. This group uses medical students' artistic talent to create therapeutic art for installation in local hospitals and clinics.

Dal Med Cycling Club attracts students passionate about cycling. This group participates in group rides as well as various events in Halifax.

Pacemakers Running Club is a newly formed group that focuses on improving cardiovascular health through running.

Surgery Interest Group (SIG) aims to educate students about surgery by hosting informal information sessions and skills nights. Other such groups include the Emergency Medicine Interest Group, Anaesthesiology Interest Group and the Obstetrics and Gynecology Interest Group, all of which host similar events throughout the year.

The Medical Equipment Recovery Initiative (MERcI) is an exciting, international initiative that donates expired, yet still sterile and useable, medical equipment to countries in need.

Dalhousie medical students have always shown a keen interest in music. The **Maritime and Celtic Music Club** is no exception, where students meet and have traditional kitchen parties and express their love for music in its most basic form.

The **IWK Photo Exhibit** will highlight the 50th anniversary of the work of famous Nova Scotian photographer Bob Brooks who documented the historic vaccination trial that took place in Wedgeport, Nova Scotia.

Preventative Medicine Interest Group and the **Nutrition and Health Speaker Series** are new initiatives that promote healthy lifestyles through activity and nutrition. This year, they will put on a number of events that include speakers and participate in local runs.

Médecins Sans Frontières Interest Group is a local branch of the international organization Doctors Without Borders.

The **Federation of Medical Women of Canada** (FMWC) is a group committed to the development of women physicians and the well being of all women. FMWC provides students and physicians across Canada and around the world the opportunity to meet. Members can also take part in initiatives concerning women's health at local, national and international levels, such as the Pap Smear Campaign.

Medical Students for Environmentally Responsible Green Efforts (MERGE) is a student group dedicated to initiating efforts for reducing our negative impact on the environment. They focus on easy, daily practices that benefit both the environment and people.

For the Health of it is an interprofessional variety show performed on an annual basis to raise money for a charity of choice. This year, the event supported Camp Triumph, a camp for children of families affected by chronic illness.

Medical Students for Choice has had a chapter at Dalhousie for several years. The student-led international group provides opportunities for practical experience in reproductive health. It increases awareness of pregnancy options and why they are needed, articulates the need for abortion providers in the region as well as the reasons why they are currently in short supply, and increases membership and awareness among new and current medical students.

Fundraising dinner a resounding success

DMAA event raises $3,885 for medical student initiatives

Dr. Denny Johnston '58 and Dr. Margaret Casey '68.

The DMAA held its second annual fundraising dinner and silent auction at Fid restaurant in Halifax on October 30, 2009. The evening was a tremendous success, with guests including Dean Marrie, alumni, students and community members. A special thanks to Dr. Dennis Johnston '58, chef Dennis Johnston and wife Monica Bauché, for ensuring the success of this event.

The DMAA provides support for student projects, awards, bursaries and student leadership programs. It founded the Chair in Medical Education and assists with class gifts for special programs. The DMAA also works to alleviate some convocation costs at graduation, offsetting the huge expenses medical students already incur.

The DMAA gratefully acknowledges the contributions from alumni, residents and the business community who helped raise **$3,885** from this event. These funds will be donated to MD class 2010 convocation.

A SPECIAL THANK YOU TO:

Classic Fare Catering
Digby Pines Golf Resort and Spa
Ambassatours
Calnen Photography
Symphony Nova Scotia
Neptune Theatre

Dr. Ron Stewart
Dr. Tim Dean
Dr. Gavin Langille
Dr. Bob Anderson
Dr. Dan Reid

The DMAA is committed to fostering and supporting special projects that enrich the learning experiences of medical students. We welcome your support in achieving this goal. To find out how you can get involved, contact the DMAA at **(902) 494-8800** or email **medical.alumni@dal.ca**.

Dalhousie Medical Alumni Association

2010 AWARD NOMINATION FORM

Nominate a Classmate! • Book Your Class Table Now! • Prince George Hotel, October 14, 2010

Nominee's Name _____

Address (business) _____

Phone (B) _____ (H) _____

Email _____ Position _____

Submitted by (please print) _____

Signature _____

Phone (B) _____ (H) _____

Email _____

Nominations must be received before 4:30 p.m., May 31, 2010. An award in each category may not be granted each year.

Submit nominees to:
Dalhousie Medical Alumni
c/o Nomination Committee
Sir Charles Tupper Medical Building
Rm 1C1, 5859 University Ave, Halifax, N.S. B3H 4H7

For more information:
(902) 494-8800

Or Fax Forms to:
Fax: (902) 422-1324
medical.alumni@dal.ca

DMAA ANNUAL AWARDS CALL FOR NOMINATIONS

Prince George Hotel, October 14, 2010

These awards recognize outstanding accomplishments and contributions of Dalhousie medical alumni in four categories. Nominations should be sent to the DMAA office no later than May 31, 2010.

Among your classmates, there may be individuals who should be considered for these awards. We encourage you to submit your nominations and book your class table now!

HONOURARY PRESIDENT:

This award was created in 1958 at the inaugural DMAA meeting. Priority in selection will be given to nominees who are senior local alumni, past or present members of the Faculty of Medicine who are highly respected and whose careers and service in the practice of medicine have been outstanding. This does not exclude consideration, if warranted, of non-local, non-faculty nominees.

ALUMNUS/A OF THE YEAR:

Awards have been made annually since 1968 and the intent from the beginning has been to recognize the unique and major contributions made by a retired or still active physician to clinical practice, teaching and/or research at a national level. International recognition, publications and participation in national professional and academic societies constitute an expected profile for nominees for this award.

YOUNG ALUMNUS/A AWARD:

Instituted in 2002, this award recognizes a physician in the first two decades of his/her career whose work in clinical practice, teaching and/or research is already significant and widely known. Recipients of this award work in academic settings, have appointments in a Faculty of Medicine, are teachers and mentors to residents and medical students and have a number of publications.

FAMILY PHYSICIAN ALUMNUS/A AWARD:

The broad intent of this award inaugurated in 2007 is to recognize the contributions to medical practice and to communities by family physicians. The impact of the life-time work of those physicians who practice in small and rural communities is often not acknowledged. The DMAA wishes to honour a family physician who exemplifies good medical care, is a role model in the practice of family medicine, a teacher of undergraduate medical students and residents and an advocate for the health of his/her community. Alumni who practice in the Maritime Provinces are the focus of this award, however non-local nominees will be considered.

2009 DMAA Awards & Recognition Gala

Attendees welcome a new Dean and enjoy a riveting presentation by acclaimed alumnus, Dr. Robert Roberts

TOP TO BOTTOM:
Keynote speaker Dr. Roberts.

Dean Marrie's special address to alumni and friends.

Dr. Goldbloom congratulates Dr. Goodine.

Dalhousie's founders would have expected no less but surely attendees in the 1990s and thereabouts would marvel at the size of the gathering for the DMAA Awards Gala Reception and Banquet on September 24, 2009. To one senior observer who attended DMAA banquets in the 1960s and throughout, this was the largest attendance he had seen since the Medical School's Centennial in 1968.

Perhaps the large turnout at the Gala Golden Anniversary celebrations one year previously stimulated this striking attendance. Or perhaps it was due to the turnout of members of the **classes of 1949, '51, '54, '57, '59, '61, '62, '65, '66, '70, '74, '88, '89** who had reserved tables. Whatever the reason, it was gratifying to see the Imperial Room of the Lord Nelson Hotel alive with the excitement of this gathering of alumni.

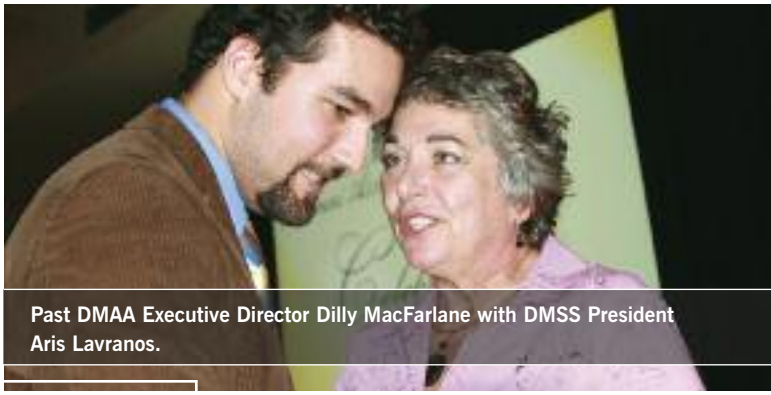
This year's annual Gala drew a large and lively mix of medical grads who converged on the Lord Nelson Hotel from as far afield as London, Ontario and Texas.

For the Faculty of Medicine's new Dean, Dr. Thomas Marrie, and his wife, Kathy, the event marked an opportunity to greet old friends and reacquaint with the local medical community. The crowd, pleased to see Marrie back in the Dalhousie fold after two terms as Dean of the University of Alberta's Faculty of Medicine and Dentistry, signaled their pleasure with plenty of applause when he unveiled an ambitious plan to turn Dalhousie into a leading force in medical education.

Enthusiastic handclapping followed a parade of special honourees to the stage to claim alumni awards for celebrated professional and community achievements. The evening ended on a high note with a riveting address by one of the medical school's most distinguished alumni, Dr Robert Roberts, the CEO and Chief Scientific Officer of the University of Ottawa Heart Institute and the Director of the Ruddy Canadian Cardiovascular Genetics Centre.

The Newfoundland-born cardiologist, a founder of molecular cardiology, astounded the gathering with a glimpse into the future of medicine, transformed by cascading genetic discoveries. Dr. Roberts predicts that a generation from now, genetic advances will make it possible to anticipate major disease in individual patients. Medicine will shift from treatment to customized prevention, bringing the possibility of unheard longevity to humankind.

Ruth Goldbloom enjoying the Gala.



Past DMAA Executive Director Dilly MacFarlane with DMSS President Aris Lavranos.

DMAA Awards Gala & Fall Reunion 2009

Class of 1954

Class of 1959

Guests captivated by Dr. Robert Roberts' riveting presentation.

Recognizing Award recipients

DMAA HONOURARY PRESIDENT

Dr. Ron Stewart, class of 1970

Dr. Ronald Stewart, OC, ONS, Professor of Anesthesia, Emergency Medicine and Community Health and Epidemiology in the Dalhousie Faculty of Medicine and the recently retired Director of the Medical Humanities Program in the faculty, has been widely recognized for his outstanding and innovative work. His dedication and creativity have made a major impact on the Dalhousie Medical School.

DMAA ALUMNUS OF THE YEAR

Dr. Dana Hanson, class of 1974

President of the Canadian Medical Association in 2002, Dr. Hanson is the 2009–10 President of the World Medical Association. He is the first Canadian in four decades to be named to this post. Dr. Hanson practices dermatology in Fredericton.

YOU ARE INVITED

DMAA AWARDS AND RECOGNITION DINNER & FALL REUNION 2010

OCTOBER 14 – 16, 2010

Celebrating MD class reunions. All classes and groups are welcome.

Name _____MD class of _____

Guests Name(s) _____

Phone (Res)_____ (Bus)_____

Email_____

Please register me for the following events and come back to your medical school!

Thursday October 14, 2010
6:00 p.m. Reception
7:00 p.m. DMAA Awards Gala Dinner
Prince George Hotel _____@ $95_____

Friday, October 15, 2010
10:00 a.m. Alumni Medical School Tour & Tea
must reserve _____@ $13._____

TO PURCHASE TICKETS, PLEASE CONTACT:
DMAA Office 5859 University Ave, Tupper Building, Dalhousie University, Halifax, N.S. B3H 4H7

DMAA Phone (902) 494-8800 Fax (902) 422-1324
Email: medical.alumni@dal.ca

HOTEL RESERVATIONS:
Prince George Hotel Booking ID #29480
Reservations Deptment please use 1-800-565-1567
www.princegeorgehotel.com

DMAA YOUNG ALUMNUS/A AWARD

Dr. Carman Giacomantonio, PGM class of 1998

Dr. Giacomantonio returned to Dalhousie in 1999 where he is currently Assistant Professor of Surgery and a General Surgeon and Surgical Oncologist at the Queen Elizabeth II Health Sciences Centre. He is the recipient of the Canadian Association of General Surgeons Resident Award for Teaching Excellence, Excellence in Teaching Award of the Department of Surgery and the Stevens Norvell Jr. Teaching Excellence Award. His major areas of research are melanoma and breast cancer.

DMAA FAMILY PHYSICIAN ALUMNUS/A AWARD

Dr. Frederick Goodine, class of 1959

Dr. Goodline was named Family Physician of the Year by the Canadian College of Family Physicians in 1984. Dr. Goodine has practised family medicine in Woodstock New Brunswick, for 50 years. The first family medicine resident to have training outside of the Halifax Metro area was placed with Dr. Goodine in 1973; this was the beginning of Dr. Goodine's mentorship and teaching of 50 family medicine residents over the years. He exemplifies the qualities of a good family physician and is widely respected by colleagues and patients.

Curriculum renewal at Dalhousie: a student perspective

It is an exciting time to be a Dalhousie medical student. As students, we have front-row seats to a new chapter for Dalhousie's Faculty of Medicine: the development of a new and innovative undergraduate medical curriculum. Current and past Dalhousie students have been playing an active role in curriculum renewal. In November, members of the DMSS gave a presentation at the 20:20 Vision Medical Education Symposium entitled "Partnership in curriculum renewal," identifying the changes we would like to see in the curriculum and highlighting the role we can play in this important process.

As medical students, we are expected to reflect on our learning experiences and apply what we've learned in the future. In a way, Dalhousie's undergraduate medical education program is doing just that. Curriculum renewal is giving students, faculty and administrators a chance to reflect on the strengths of our program and also to examine where medical education is going in the future and where we have room to improve. My classmates and I are proud to be part of a change that will solidify Dalhousie's position as one of the best medical schools in the country.

David Carver '12
DMSS Vice-President of Medical Education

Professional
Skilled clinician
Life-long learner
Positive contributor to multiple communities

tupper trail

1 2 3 4

Medical School will launch new curriculum September 2010

Dean Marrie: once completed, our curriculum and our program will be second to none in North America.

By Charmaine Gaudet

While Dalhousie Medical School is noted for training excellent physicians, its undergraduate medical education curriculum has not changed since 1992. For Dean Tom Marrie, renewing the curriculum is a major priority. "We need to teach doctors to be adaptable and embrace lifelong learning," he says. "We need to develop the very best curriculum we can."

While the "accreditation on probation" ruling by LCME last year has required the medical school to make administrative improvements to its undergraduate program, Dean Marrie is determined to exceed requirements and bring in long-overdue curriculum revitalization.

In the past six months, the medical school has thrown itself into an intensive process of self-examination, environmental scanning for best practices and broad consultation with faculty, students, staff and top medical-education experts. A series of "overarching objectives" have been drafted that will be a reference point for the new curriculum and will define the kind of doctor Dalhousie wants to graduate.

A two-day international medical education symposium that the medical school hosted in November provided a venue for focused discussion among forward thinkers in the field. It generated recommendations, including the use of E-learning and game theory that uses reinforcement and repetition as teaching methods. This was followed in December by a two-day discussion by members of the curriculum management team, resulting in a broad outline for a new systems-based curriculum for Dalhousie Medical students. From there, a team led by Dr. Dianne Delva, the Associate Dean of Undergraduate Medical Education, recommended the medical school move from problem-based to case-based learning—a recommendation the Dean accepted.

The new curriculum—that will be known as "The Tupper Trail"—is still being developed with many details to work out. Eleven teams are designing the content and processes for their focus areas and for mapping their components to the overarching objectives. The goal is to develop the new curriculum by the end of March 2010, and to bring faculty, staff and students up to speed from March to the end of June. The new curriculum will be launched in the 2010–11 academic year, concurrent with the start up of Dalhousie Medicine New Brunswick, the medical school's new distributed MD program.

"We've got a lot of work to do between now and then," says Dean Marrie. "But we believe Dalhousie can be a leader once again in undergraduate curriculum. When we're finished, our curriculum and our program will be second to none in North America."

Curriculum renewal educational outcomes

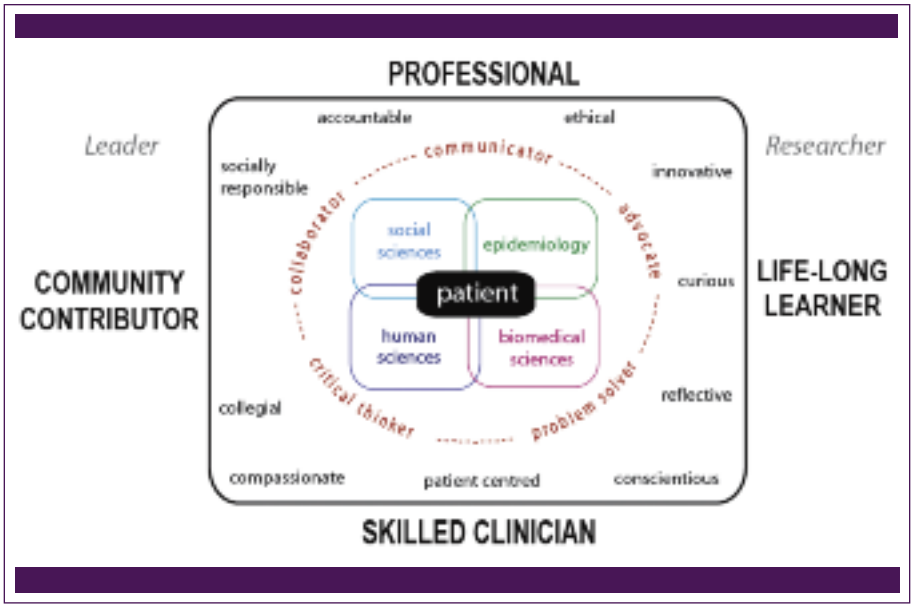
Lynette Reid PhD,
Assistant Professor, Department of Bioethics

Graduates of Dalhousie Medical School will be competent, caring, resourceful medical experts, able to work as partners with patients and families to solve health problems in varied contexts and complex and uncertain situations. They will be able to work as agents of creative change in healthcare institutions and communities.

An essential part of curriculum renewal is defining our goals: where do our students want—and need—to be at the end of their first phase of medical education? Dalhousie's Faculty of Medicine has been working through an exciting and creative process of defining the educational outcomes for our MD program, with Lynette Reid of the Department of Bioethics leading the process.

A retreat of 100 faculty members, students, community physicians, interprofessional colleagues, stakeholders and members of the public took place in September. Participants considered the present strengths of Dalhousie: providing students with a strong clinical preparation, with close student-faculty contact in a friendly, informal Maritime culture. We considered what the future might hold for physicians, from shifts in physician identity to changes in technology and questions about the sustainability of practice.

With these resources and challenges on the table, we brainstormed and categorized. Themes emerged—around navigation, collaboration, trust, complexity and uncertainty. Categories shifted—is collaborator a specific physician role or is it how physicians do everything that they do? Are our graduates "scholars" or "lifelong learners"? The raw results of the process can be viewed at **https://blogs.dal.ca/medcurriculum/category/basic-themes**.



A smaller writing group (Fiona Bergin, Cathy Cervin, Dianne Delva, Tim Fedak, Tim Lee, Lynette Reid and Joan Sargeant) worked through these results, comparing them to national and international documents as well as to accreditation requirements. A visual representation of our educational outcomes is already a familiar object of reference around the Tupper and CRC buildings and beyond as the "square" (see diagram above).

This diagram organizes our thinking around the four spheres in which our students will be active as they move into the profession (skilled clinician, community contributor, lifelong learner and professional), and lays out the process of the knowledge, skills and attitudes that students will integrate to achieve competency, with patients at the centre.

Six main goals attach to the representation of the square: goals related to joining and enhancing the profession; to consuming and contributing to the knowledge base; to contributing to the many communities to which physicians belong; and three clusters of goals relating to the central physician role in patient care.

You can view feedback to-date and add your own on the project's blog at **http://blogs.dal.ca/medcurriculum**. The public is going to have a chance for its say at a number of community conversations across the Maritimes in the next two months.

The educational outcomes represent a renewed engagement of the faculty and students in the process of designing an MD program that is second to none and creating a new level of community engagement and accountability for the Faculty of Medicine.

Alumni perspectives

The DMAA is pleased to offer alumni the opportunity to address specific questions relevant to current issues

THIS ISSUE'S QUESTION:

What one thing would you institute in the medical school curriculum to ensure graduates of the 21st century are better prepared for practice than you might have been?

Please send us your opinions:
j.webber@dal.ca

Response from Dr. T. Jock Murray '63

Former Dean of Medicine

We recognize that mentoring and role modelling have a much greater impact on student attitudes and practice than most components written into the curriculum. We should take this more seriously and stop taking this aspect of medical education for granted. This requires: (1) discussion with students about mentoring and role modelling and the importance of recognizing positive and negative experiences; (2) discussion with faculty about effective role modelling and mentoring—students are watching and learning a "hidden curriculum" from them constantly; (3) developing mechanisms of student feedback on positive and negative experiences and removing the barriers or concerns about "rocking the boat" and fears of repercussions; (4) effective feedback to faculty; (5) faculty development programs to teach the effective role modelling and mentoring; (6) a research program on mentoring and role modelling. And two final points: residents are daily role models, not only faculty, so they are fully part of such a program; we should also find ways of rewarding and recognizing outstanding role models and mentors as we do teachers and researchers.

Response from Dr. Robert Roberts '66

President & CEO University of Ottawa Heart Institute

"The human genome is a giant resource that will change mankind like the printing press" — James Watson

The Human Genome Project, available in draft form in 2000 and completed in 2003, provided the blueprint for the foundation of human life and its diverse phenotypes. This momentous achievement is arguably equivalent to the invention of the vowels by the Greeks, facilitating going from the spoken to the written word, which led to democracy and its long-lasting effects on the western world. Sequencing the human genome initiated a genetic revolution which is expected to lead to personalized medicine. The administration of drugs based on one's personal genomic variants is the ultimate aim for safety and efficacy.

I would urge medical students to learn as much as possible about medical, legal, social and ethical issues surrounding genetics and its influence on diagnosis, prevention and treatment. It has greatly accelerated the number of drugs made by recombinant DNA techniques. Currently, many drugs for cancer are selected after screening for specific genes. One example is Herceptin for breast cancer, which is administered only after determining if the patient has the gene which encodes for the receptor to which Herceptin attaches. The discovery of 9p21 for coronary artery disease set the stage for new and improved therapies for atherosclerosis and heart attacks. 9p21 is independent of all known risk factors, indicating a novel mechanism for atherosclerosis providing a target for the development of novel therapies.

Bold ambitions for student success

Dalhousie campaign earmarks $10 million for medical student financial aid

By Joanne Ward-Jerrett, in collaboration with the DMAA

Key message from Dean Marrie: "One of our goals for 2010 is to raise most of the $10,000,000 for our scholarships and bursary fund. This fund, which is part of the Capital Campaign for Dalhousie, will ensure that we will attract talented students to the Faculty of Medicine and personal financial circumstances will not be a barrier."

At a time when the cost of medical education is rising and students are having to balance their studies with their roles as parents, partners and part-time employees, robust scholarship and bursary programs are more important than ever.

That's the thinking behind the medical school's $10-million bursary and scholarship endowment recently announced as part of the University's soon-to-be-launched capital campaign. "Our goal is to offer the best undergraduate program in North America and scholarships and bursaries will help us to attract the best students," says Dean Tom Marrie. "Our medical school should reflect the diversity of Nova Scotia and bursaries will help open the door to deserving students who might not otherwise have the resources."

Many stakeholders share Dean Marrie's vision. "Admissions is such a numbers game," says Kara Paul, coordinator of Dalhousie's Aboriginal Health Sciences Initiative (AHSI). "It favours students who have all the advantages and can devote themselves fully to their studies, but there are so many other factors that need to be considered."

Paul says there is disparity between the health of marginalized communities and the health of the overall population. "The fact that this disparity exists means that the health-care system is not working properly." As she points out, marginalized populations—including African Canadians, Aboriginal communities and economically disadvantaged groups—face many complex barriers, not all of which are immediately apparent.

As one example, Paul says Aboriginal students traditionally start their families early. "That's our culture," she explains. "The result is that single mothers face many barriers to education because they are parents and breadwinners as well as students. And these are challenges that cross many different boundaries among marginalized communities."

Sharon Graham agrees. "Money is certainly an important part of the accessibility equation," says the Director of Admissions and Student Affairs, noting that the scholarship and bursary fund will help level the playing field. She adds that outreach is equally important when it comes to building awareness around educational opportunities for marginalized populations. "We need to get into the schools as early as Grade 4 or 5, if we want to engender the notion that a medical education is a realistic goal for kids. It's important for them to connect the fact of doing well in school to the possibility of pursuing a career in the health professions."

And once they are admitted into medical school, long-term supports also need to be in place. "We need to build on our commitment to lifelong learning and take it that one step further with these underrepresented groups," Graham says.

Just ask Leah Genge '10. "There is so much disparity between mainstream and marginalized communities in this wealthy country," says the third-year medical student, who saw this disparity first-hand during her year as an outreach worker at an Aboriginal health clinic in Vancouver's Lower East Side.

That experience prompted Leah and fellow students Aisling Porter and David Shaw to launch the Aboriginal Health Interest group at Dalhousie. The group promotes culture and positive exchanges between Aboriginal communities and medical students and is one more example of concrete steps being taken toward creating an academic environment at Dalhousie Medical School

Continued from page 25

that is supportive of students from marginalized backgrounds.

"I want to stay connected to my public-health background, to Aboriginal communities and to research that will influence policy," says Genge. "As the next generation of physicians, we have to take a stance on social issues. We have to get involved and lobby for change, in Canada and around the world." That we need more aboriginal students in the health fields to better reflect the population of Canada is a given. But how can we get more Aboriginal students to enroll in the health sciences?

That's the challenge being tackled by the AHSI. The collaborative project includes faculty and staff members from Dalhousie and Cape Breton University, as well as leaders from Aboriginal communities in Nova Scotia, New Brunswick and Prince Edward Island.

"We need to fix the disparity between marginalized population health care and the health of the overall population," says Kara Paul. "That's why we need more Aboriginal students in the health fields. We're not there yet, but Dalhousie is taking steps to make that happen."

Funded through the Aboriginal Human Health Research Initiative (AHHRI), the AHSI advisory committee is charged with reviewing current processes at Dalhousie and making recommendations for the university to implement. The project is focused on four major areas:

1. admission and support
2. curriculum
3. cultural competencies: developing recommendations for creating an environment in the health sciences that is friendly and supportive for Aboriginal students
4. outreach

Paul says the committees have a great mix of people working together to address the issues. "We have members of the Aboriginal community, Dalhousie faculty and staff, and members of government on this committee," she says. "It is a highly collaborative approach and we feel this will lead to good discussion and solutions."

If you would like to learn more about this important initiative and how you can provide support, please contact Rob McDowall, Executive Director of Development, Health Faculties at Dalhousie University. Rob can be contacted at ***(902) 494-6861*** *or* ***rob.mcdowall@dal.ca.***

Understanding bylaws

A guide on legislative tools and policies for doctors and residents in Nova Scotia

By Catherine Gaulton,
Vice-President Performance Excellence and General Counsel Capital District Health Authority

Dr. Gaulton is not having a good day. She has just been served with an originating notice and statement of claim where her patient is alleging that she has suffered a catastrophic injury as a result of Gaulton's negligent care. Gaulton is just considering whether she needs to advise the College of Physicians and Surgeons when her department head advises her that it is time to apply for reappointment to Capital Health's medical staff. The application for reappointment asks Gaulton to disclose whether there are legal claims pending against her. Can her day get any worse?

Down the hall, Dr. Jones is fuming. His department head, despite the fact that Jones has arranged for care of his own patients, has indicated that unless Jones can find another respirologist to take his call, he will not be able to take his planned vacation to Paris. Can his day get any worse?

Where can Drs. Gaulton and Jones go to find out what their obligations are?

The relationship between health authorities/facilities and the physicians who practice with them is complicated. Physicians and residents in Nova Scotia are subject to myriad legislative and governance tools that are important for their professional practice and relationship with health authorities.

Physicians in Nova Scotia are, with some exceptions, independent practitioners and therefore usually refer to the **Medical Act* of Nova Scotia** for information as to the laws, policies and guidelines that govern their practice; they refer to the **Health Services and Insurance Act*** for information on the insured services available to Nova Scotians, including billing arrangements with the provincial government.

Physicians who practice in hospitals or other facilities that are under the authority of one of the province's nine District Health Authorities (DHA), or the IWK in Nova Scotia, are also subject to the Nova Scotia Health Authorities Act,*specifically the bylaws under this act.

There are three types of bylaws:

1. **Corporate Bylaws** apply to the Board of Directors;
2. **Medical Staff (General) Bylaws** outline the classes of "privileges" that physicians are granted, the governance and committee structures/processes for medical staff and medical staff obligations to the DHA/IWK;
3. **Medical Staff (Disciplinary Bylaws)** deal with the credentialing process that leads to the appointment and reappointment of medical staff and the processes that must be followed if to be disciplined by a DHA.

Medical Staff will also need to be aware of the Medical Staff Rules and Regulations** that are made under the authority of the General Bylaws.

The Medical Staff (General) and (Disciplinary) Bylaws** are developed in consultation with the relevant District Medical Advisory Committee and with the

Continued on page 28

ADVERTORIAL

National licensure—have license, will travel?

The case for national licensing system for family physicians and specialists

By John Philpott
CEO, CanAm Physician Recruiting Inc.

CanAm PHYSICIAN RECRUITING INC.

THE FIRST MINISTER'S MEETING IN January 2009 passed a resolution to enact broad-ranging mobility rights, in keeping with the Agreement on Internal Trade (AIT). This resolution places increased pressure on Medical Regulatory Authorities (MRAs) to accept a national standard of licensure for all physicians across Canada.

The national licensing of fully certified family physicians and specialists is long overdue. CanAm's experience confirms that physicians fully certified by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC), essentially the "gold standard" of Canadian medical certification, frequently refuse locum work in other provinces due to the excess red tape and additional fees levied by the country's 13 licensing colleges and boards. An efficient national licensing system would decrease physician dissatisfaction and improve locum coverage across the country.

The Federation of Medical Regulatory Authorities (FMRAC) and Medical Council of Canada (MCC) have been collaborating to find an acceptable licensing standard for all 13 provincial and territorial MRAs. The real stumbling block is getting all jurisdictions to accept common standards of licensure for physicians not holding the "gold standard" of certification bestowed to physicians holding LMCC and certification from RCPSC or CFPC. For the most part, these are international medical graduates who hold a form of restricted licensure in provinces heavily reliant on their recruitment to fulfill physician shortages.

The recent unilateral announcement by the CFPC to bestow CCFP "gold standard" certification to fully certified family physicians from the U.S. (Diplomats of the American Board of Family Medicine) and Australia (Fellows of the Royal Australian College of General Practitioners) is a significant step forward to reduce the complexity of extending national licensing to international medical graduates.

The CFPC should go further to also include fully certified family physicians from the U.K. (Members of the Royal College of General Practitioners) and South Africa (Masters of Family Medicine), both internationally respected residency programs which rival Canada's.

Setting a national licensure standard and complying with the AIT will be a major step forward in satisfying our collective goal of improving access to physician services for Canadians. Please email your comments to canam@canamrecruiting.com.

... continued from page 27

Medical Staff Association and require both Board of Directors and Minister of Health approval. Accordingly, all medical staff bylaws are legally binding; the Discipline bylaws are regulations and are therefore provincial laws.

Medical Staff bylaws outline the parameters of the unique relationship physicians have with the DHAs and the IWK—specifically the relationship known as "privileges." The granting of privileges is ultimately a decision of the DHA/IWK's Board of Directors; the rights and obligations that follow such "privileges" are outlined in the Medical Staff Bylaws and any conditions under which they are granted. When applying for privileges, physicians must confirm their agreement to be bound by the DHA/IWK's policies and procedures.

Information for residents

In Nova Scotia, medical residents are employees of the DHA/IWK and their relationship to the DHA/IWK is outlined in a collective agreement with PARI-MP and in affiliation agreements between Dalhousie University and the DHA/IWK.

All of these legal and professional relationships can be difficult to manage and understand. With this in mind, it's important that Physicians ask relevant questions as to their obligations to DHA/IWK and take advantage of opportunities offered to keep on top of the "laws" governing their privileges and the rules, policies and procedures that apply to them.

**The text of Nova Scotia statutes can be found at www.gov.ns.ca/legislature/legc.*

***The text of Medical Staff (General) and (Disciplinary) Bylaws and Medical Staff Rules and Regulations can be found at: **www.cdha.nshealth.ca** select "physician info."*

Swine flu and lessons of Spanish influenza

The similarities and differences between the H1N1 virus and Spanish influenza

Dr. Allan E. Marble,
Chair, Medical History Society of Nova Scotia

Spanish influenza arrived in Nova Scotia in early September 1918 and killed almost 2,000 Nova Scotians within seven months. Soldiers returning from the First World War and visiting fishermen from Gloucester, Massachusetts brought the virus into Nova Scotia.

Ninety years later, in April 2009, doctors diagnosed a small number of students at King's Edgehill School in Windsor as having contracted an illness called swine flu. As the illness began infecting people throughout Canada and around the world, officials soon categorized swine flu as an influenza pandemic.

The Spanish influenza of 1918 was bacterial rather than viral in origin, with vaccines at the time proving to be ineffective. In 2009, researchers understood that swine flu was viral and they prepared an effective vaccine within a few months. Virulence of the Spanish influenza killed many people within two or three days, post-infection. The swine flu virus, at least to date, appears to be substantially less virulent.

In 1918, public health officials immediately took steps to prevent the spread of influenza by closing all schools, churches, theatres and other public places in Nova Scotia for six weeks. In 2009, authorities deemed such action unnecessary.

In 1918, the mayor of Halifax managed preventive measures in the city and the provincial director of public health took charge of prevention outside the capital. With no effective vaccine and no federal or provincial departments of health, responsibility for prevention fell on the medical and nursing professions.

In 2009, both federal and provincial governments spearheaded the acquisition and distribution of vaccine, with doctors and nurses administering vaccinations. In 1918 and 1919, people relayed information about contagiousness and prevention via newspaper. Many rural communities were unaware of the outbreak or the spread of the infection until placards appeared on their neighbours' houses.

Ultimately, quick action by the federal government to make an effective vaccine, combined with an almost instant communication of information describing the potential virulence of the virus, made it possible for large-scale immunization in 2009—an objective that was impossible to achieve during the Spanish influenza pandemic of 1918 and 1919.

Expect the unpredictable

Virologist Dr. Todd Hatchette shares his H1N1 pandemic experience

April 25, 2009 is a day I will always remember. In addition to the fact that it was my youngest son's third birthday, it was the day our laboratory identified the first cases of a novel influenza virus in Canada. This set in motion a cascade of events the public-health community had been preparing for. The biggest question was how severe the pandemic would be.

Would it be the severe pandemic of 1918 or more like the pandemic of 1957 or 1968? We had planned for a "moderately severe" pandemic. Thankfully, the impact of H1N1 was relatively mild in comparison to previous pandemics. For most people, it was a "bad flu." Our response to this pandemic will be the subject of many research projects and reviews over the coming year.

I had the unique opportunity to experience the pandemic from many perspectives. As a physician participating in pandemic planning, I saw first-hand how difficult it is to convey consistent messages to health-care professionals and the public when the data supporting these messages arrives in "real time." As an infectious-disease consultant, I watched in amazement as half of our ICU filled with patients infected with pandemic influenza (this is not something that happens with seasonal influenza).

As a researcher, I had the opportunity to try and answer questions we have been asking for years. As a father, I watched anxiously as my middle son developed pandemic influenza. Although I knew the flu was mild in most people, we were seeing otherwise healthy people die of this infection. In my experience, this was not just seasonal influenza.

Seasonal influenza is like taxes—it comes every year and some years, its impact is greater than others. Pandemic influenza is like a tax audit—it's unpredictable and the better prepared you are, the better the outcome. If anything is clearer to me now than when I first started, it's that the only thing predictable about influenza is its unpredictability.

Dr. Todd Hatchette is the Director of Virology and Immunology at the QEII Health Sciences Centre

The DMAA would love to hear about the important work of our alumni after retirement; please write us and share your story.

Taking health care to the streets

A new program brings health-care services to Halifax's most vulnerable citizens

By Dr. Margaret Casey '68

November 19 saw the exuberant launch of the Mobile Outreach Street Health program (MOSH), an innovative approach that is bringing health care to homeless, insecurely housed and marginalized populations in Halifax. More than two years in the planning, this venture is a partnership of the North End Community Health Centre and the Central District Health Authority (CDHA), along with a number of organizations. All recognize that people in these vulnerable groups have a much higher incidence of illness than the general population, and for various reasons, are not receiving adequate primary care.

The Department of Health, CDHA and Astra Zeneca are providing funds for the project.

A van outfitted with medical equipment is operating seven days a week, visiting shelters and agencies on the peninsula. It is staffed by community

nurses and a part-time occupational therapist, with support from North End Community Health Centre physicians.

Among other services, these staff are providing vaccinations, testing for HIV/Hepatitis C, blood work, wound care, contraception and management of chronic diseases, such as diabetes. Staff are also providing some medications, as well as nutrition bars created by the dietitian at the North End Community Health Centre.

This is an exciting development from every perspective. Not only are members of vulnerable populations able to receive care but this approach demonstrates the efficacy of responding to community needs in terms of reducing the need for hospitalization.

One step closer

Senior and retired doctors vote to create their own section within Doctors Nova Scotia

By Dr. Robert Read '56

About 75 doctors from all over Nova Scotia attended a successful forum about senior and retired doctors at the Hotel Atlantica in Halifax on November 20, 2009.

A group of about 20 retired doctors met previously in April 2009 and created a steering committee that defined a membership database and drafted a mission statement. They also decided that a proposed organization could best thrive as a section of Doctors Nova Scotia and planned the November forum. Attendees defined the membership database as including all retired members of Doctors Nova Scotia, plus all doctors still practicing who have turned 65 years old.

The forum included a reception, dinner and two-hour meeting. Doctors Nova

Scotia President Ross Leighton welcomed the group as a potential section. Steering Committee Chair, Dr. Jim Smith, opened the meeting and Dr. Jock Murray described the activities of a retired physicians section of the Royal Society of Medicine. Three half-hour working sessions followed on the three aspects of drafting a mission statement: advocacy, assistance to Doctors Nova Scotia and social activities. Attendees discussed and generated many ideas concerning potential initiatives and activities in each of the three categories, some of which concern a future relationship with the DMAA.

The evening ended with a unanimous vote to apply to Doctors Nova Scotia to become a section. If approved, the section will officially come into being at the Doctors Nova Scotia annual meeting in June 2010. The steering committee will work through the summer planning two events for the fall of 2010: the first official business meeting and the first major social event.

While the aim is for the section to swing into full activity by the fall of 2010 with election of officers, formation of committees, and an initial slate of activities, the steering committee is planning an event during Doctors Nova Scotia annual meeting. A newsletter launched this winter will keep those on the database informed of the details of this and other matters.

Senior and retired DMAA members interested in taking part in the new section can email any member of the steering committee listed above. Your interest will be warmly received as the building blocks for what should become a very worthwhile institution are being assembled.

Dr. Jim Smith, *Chair*
jsmith@medmira.com
Dr. Gene Nurse, *Newsletter*
enurse@ns.sympatico.ca
Dr. Robert Read, *Secretary*
rmread@eastlink.ca
Dr. Tarun Ghose
dr.tghose@ns.sympatico.ca
Dr. Kempton Hayes
kemptonhayes@bellaliant.net
Dr. Ed Kinley
ekinley@ns.sympatico.ca
Dr. Tony Lamplugh
thurso@accesswave.ca
Dr. Ron Stuart
rstuart@ns.sympatico.ca

In the eyes of a resident

Dr. Martha Linkletter shares her experiences as a resident in pediatrics at Dalhousie Univeristy. She has agreed to share her residency experience with *VoxMeDAL* readers for the duration of her program.

By Dr. Martha Linkletter '08

I've been a resident for a year now and it seems appropriate to reflect on the past 12 months. Last year at this time, I was nervously anticipating starting PGY-1. I wasn't sure how to write an acetaminophen order, I couldn't consistently see a tympanic membrane and I really had no idea what to expect on call.

My first night on call I was paged about a high blood-pressure reading in a stable, post-operative five-year-old child. Instead of heading into the hospital as I initially bolted to do, in the next 60 minutes I called the nurse three times, pored over blood pressure norms for age and height percentile, had his blood pressure checked twice, in different limbs each time, and implored my PGY-2 partner for his advice. The blood pressure was normal each check. I slept poorly that night, agonizing about whether I should go in to assess him myself after his one hypertensive reading. I've come a long way since that night.

The last time I was on call I was in the NICU. That night I was paged, as part of the neonatal team, to an emergency cesarean section. Twins were born with no respiratory effort, no tone and no heartbeat. Our team spent 20 minutes resuscitating the babies. Before I left the room to take one of the very unstable babes to the NICU, I spoke briefly with the father.

He asked me if the twins should be baptized. In this question I could hear so many others. Will my babies live to see the morning? Will they be normal? Did you do everything you could? His unspoken questions were answered with my own. Was there someone who could have done more? Did we do the right thing resuscitating for 20 minutes? What will happen tonight with these babes? Do I know what needs to be done? What will life be like for these babes if they make it through the night?

At the end of my first year of residency, I have just as many questions and uncertainties as I did a year ago at this time. But they're different. Writing standard orders hardly causes me to pause, I can consistently see tympanic membranes and I know now that I have the knowledge and the ability to reassure parents. I've been surprised that the most difficult and thought-provoking questions I've encountered this year have not been from staff or senior residents. They've been the questions of concerned parents. I look forward to reflecting at the end of my four years of residency and realizing that I know how to answer that worried father's question. Or, at that time I may realize that his question is unanswerable no matter how many call shifts I've done, children I've cared for or years I've practiced.

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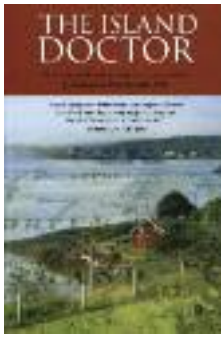
Suggest a book or a website

The DMAA is very excited to introduce this new feature to our *VoxMeDAL* readers. Many alumni and medical students spend hours reading books or surfing the Internet each day and in future editions, we'll be presenting book and website suggestions that you may find appealing. We will try to feature selections that will enhance the overall education of our medical students, as well as rekindle the spirit and mind of our alumni. Our goal is for the readers of *VoxMeDAL* to give us their suggestions for this section. Contact the **DMAA** at **(902) 494-8800** or email **medical.alumni@dal.ca**.



The Island Doctor
by Dr. J. Cameron MacDonald '51
Princess O'Toole Press

Every once in awhile, I come across a book that touches me profoundly. Such is this account of Dr. MacDonald's early years as a rural family doctor. His ability to capture the very being of his patients with such respect and humour is a true literary gift. This book describes how members of a small community share their daily lives with their family doctor and teaches that there is more to a physician's practice than tangible rewards. I simply couldn't put it down and read the entire book in one sitting. Make yourself a good cup of tea, curl up in a comfortable chair and prepare yourself to be transported back to a simpler time and place. I guarantee that after this read, you will gain a renewed respect and appreciation for our rural family physicians and perhaps a little envy as well.

Paulette Miles
DMAA Executive Assistant

Quarantine: What is Old is New
by Dr. Ian Arthur Cameron '69
New World Publishing

Today we have the H1N1 pandemic. There are concerns about personal prevention, immunization and treatment of infected persons. A few years ago, the concern was SARS, and when I was a lad, it was polio. That is why Dr. Cameron's book on the history of the quarantine station at Lawlor Island, Nova Scotia, is so timely. It covers the infectious diseases and quarantine practices of the late 19th and early 20th century for immigrants that arrived by ship. It includes such topics as: the reason for quarantine, the major and quarantine diseases, as well as the medical personnel and ships involved with the quarantine station. Dr. Cameron weaves these aspects together into an interesting time in the history of communicable diseases in Halifax.

Dr. Merv Shaw '65
(*Quarantine* is available through the DMAA)

Memoirs of a Cape Breton Doctor
By Dr. C.L. MacMillian '28
Nimbus Publishing

Dr. MacMillan Sr. began practicing in 1928 in the Cape Breton community of Baddeck. From this base, he would travel up to 160 kilometres on unpaved roads that became swamp-like in the springtime. Snow ploughs were unknown at this time. Office calls were unusual as the motor car was not an item in most people's budgets. Dr. MacMillan Sr. worked for 40 years in a solo practice. He never refused a house call regardless of the time of night, weather conditions or his own health. These are stories of how he managed to get to the bedsides of the sick and dying, how he triaged the case when necessary or managed them at home.

Dr. C.L. MacMillan Jr. '62
(This book is due to be republished in 2010)

Executive Director Joanne Webber's website picks

Ted Talks website: top-rated lectures, science matters and global issues: **http://www.ted.com/talks**

Shift Happens 2.0 video: an interesting global perspective on technology: **http://www.youtube.com/watch?v=pMcfrLYDm2U**

If you know of anyone to note in this section, forward the information to the DMAA by mail or email medical.alumni@dal.ca.

Dr. Laurence Appleford '72
Passed away Sept. 12, 2009

Dr. Varis Andersons '68
Passed away June 1, 2009

Dr. Sheldon R. Cameron '55
Passed away July 13, 2009

Dr. Henry W. Edstrom '66
Passed away July 7, 2009

Dr. Ashim Kumar Guha '94
Passed away Dec. 10, 2009

Dr. Wilhelm Josenhans '75
Passed away Sept. 27, 2009

Dr. Randolph Lindo '48
Passed away Oct. 2, 2009

Dr. John MacDonald '45
Passed away Sept. 4, 2009

Dr. John Kemp Morrison '43
Passed away June 2, 2009

Dr. Milton O'Brien '55
Passed away June 27, 2009

Dr. H. Ralph Phillips '50
Passed away Dec. 4, 2009

Dr. John Phillip '45
Passed away Sept. 4, 2009

Dr. Michael J Walsh '58
Passed away in October, 2009

Haiti

In the aftermath of Haiti's devastating earthquake, a team from the Maritimes travelled to the region to assist relief efforts

PHOTOGRAPHY AND STORY BY DR. GAVIN LANGILLE '08

In February 2010, I was fortunate enough to travel to Haiti as part of a team of almost 20 people, including physicians, nurses and auxiliary staff from across the Maritimes. Three physicians practicing in New Brunswick were part of the team: Dr. Ravi Ramsewak (surgery), Dr. Colm McGrath (anesthesia/family medicine) and Dr. Mike Chandra '90 (anesthesia/family medicine).

Our team staffed the only clinic in Petit-Goâve, a coastal town west of Port-au-Prince with a population of 10,000. The destruction of the local hospital, coupled with migration from rural areas, meant that we were servicing a population of over 125,000. The Wesleyan church had set up a makeshift outdoor clinic in an effort to deal with the vacuum of medical care facing the region and was processing several hundred patients each day.

Dr. McGrath summarizes what we faced when we arrived at the clinic in this excerpt from his blog: "This was an outdoor clinic, whose layout changed as the needs and the staffing evolved—400 patients per day, obstetrics, pediatrics, trauma, infectious disease and a collection of primary-care problems were all part of the mix. Our first day was incredibly intense, with penetrating chest trauma, cerebral malaria in a 12-month-old child, sepsis in a one-month-old baby, and an amputation on an elderly woman who had fractured her arm in the earthquake and only now had come in to be seen."

From a medical perspective, working in the clinic was a rather taxing experience. Even those of us experienced with tropical medicine in developing nations needed to further a "rough-and-ready" approach in Haiti. We all adapted our roles to the tasks at hand in order to keep the clinic running; this could mean working as a pharmacist, pediatrician and plumber within the same hour. We managed patients with complicated medical and surgical issues using minimal resources—no bloodwork, no EKGs, no monitoring beyond a blood-pressure cuff. Acute situations were often eerily silent, with the usual mayhem of alarms in a Canadian hospital replaced by the sound of distant ocean surf.

The people of Haiti are working tirelessly to rebuild their country and were incredibly appreciative of the assistance we received abroad. Despite the circumstances, Haitians are a resilient population, as noted by the clean, crisp clothes and bright white smiles of people who had travelled incredible distances to seek medical attention. It was rewarding to help these people in their time of need. Dr. Chandra '90 shares his impressions: "Working amongst the devastation and abject poverty that is Haiti brings us back to our original notions of why we were lead to careers and lives in medicine. Whether a second-year resident or 20 years after graduation, the satisfaction of helping these desperate people is truly rewarding and will never be forgotten. I hope and pray we can return someday to see positive changes for these brave and deserving people."

This newly homeless population will face an unimaginably difficult time with the approach of the rainy season this spring. Despite a shift of international attention away from Haiti, the need for international support remains and will indeed increase in the coming months and years.

ABOVE: The Spanish warship, SPS *Castilla*, housed troops off the coast of Petit-Goâve. The Spanish supplied a team that came ashore daily to provide additional medical services and security for the clinic in Petit-Goâve.

TOP LEFT: The UN food distribution camp in Cité Soleil, near Port-au-Prince. With a population of over 250,000, it's the largest slum in Haiti.

TOP RIGHT: Outdoor emergency room in Petit-Goâve, Haiti.

LEFT: A temporary pharmacy at the clinic in Petit-Goâve is stocked with international donations.

The DMAA would love to hear from you. Please send us items that you would like to share. Your submissions may include personal milestones (such as weddings and births), new employment, community involvement and recognition, awards and appointments and published works.

2009 REUNIONS


Class of 1999

Class of 1954

The class of 1954 held its 55th reunion at Dalhousie in September 2009. On September 24, alumni shared a table at the DMAA Gala Dinner and enjoyed hearing an address from our new Dean, Dr. Tom Marrie. Later, all were mesmerized by a talk by fellow alumnus Dr. Robert Roberts of the University of Ottawa Heart Institute. The next night, 10 classmates and spouses shared fellowship and an excellent meal during our class event at Ashburn Golf Club. Our class of 54 persons is now reduced to 20 and the 10 in attendance were: Drs. Bob Anderson, John Burris, Charlie Dewar, Fred Harrigan, Paul Landrigan, Carl Mader, Lennis McFadyen, Marjorie Morris Oakley, Blair Orser and Marjorie Smith.

Dr. John Burris '54

700 centuries of experience

Our 1959 class held its 50th anniversary reunion in September. Thirteen class members attended the DMAA Gala Dinner and enjoyed Dr. Roberts's invigorating presentation. We were pleased to witness our classmate, Dr. Fred Goodine, receive the DMAA Family Practitioner Award. Fourteen class members attended the private class pre-dinner mixer hosted by Ken and Gerry Gladwin, followed by our reunion dinner at La Perla Restaurant with 30 in attendance. During the class dinner, Sam York gave a report of the 48th-interim reunion held at Stuart Soeldner's in Sacramento, California in 2007 and read messages from several classmates unable to attend. We all had a great time renewing old friendships and experiences.

Don Brown '59
Class President

Class of '69, 40th Reunion

Late summer's bright sunshine and fresh Island breezes provided an idyllic ambience for the reunion of the class of 1969 at the Stanhope Bay and Beach Resort in Prince Edward Island. Thirty-three classmates and spouses gathered for the ninth time (yes, the math is correct) since graduation to partake in animated discourse and catch up, participate in a relevant and entertaining lecture series, golf tournament, sightseeing, informal tours, visits to craft shops and luncheon venues. Events included a welcoming reception and a class barbecue followed by an evening of fun led by Ian Cameron and "t" Byrne. We also had a class dinner followed by a traditional Island kitchen party and dance. The fellowship, camaraderie and spirit so characteristic of the class reigned supreme for the duration and ended with the commitment to do it all again in two years.

Jim Hickey '69
Class President

Planning is underway for several reunions. Next year's reunions are scheduled for classes ending in 5s and 0s. Please contact the DMAA for further information. Call (902) 494-8800 or email medical.alumni@dal.ca.

Class of 1984 reunion

The class of 1984 held its 25th reunion at the Fairmont Algonquin Resort in St. Andrew's, New Brunswick on July 9 to 12, 2009. Fifty classmates came from far and wide, including Australia, Arkansas, Virginia Beach, British Columbia, Ontario, Maine and the Atlantic Provinces. All were eager to maintain the class of 1984's reputation as one that "studied hard" and "partied hard." And party we did—for three consecutive nights we danced, sang, ate, drank and had much fun doing it! The Algonquin proved a great change of venue, offering lots of activities onsite as well as in the town of St. Andrew's. Many of us were just happy to spend time visiting, reconnecting and renewing old friendships. On our last evening, we were treated to a trip down memory lane with a PowerPoint presentation of 800 class pictures by Cathy and Dave Kells. As well, Alison Kennedy and David Bell paid tribute to Alan Blinn, our classmate who was tragically killed in 2008. Many classmates indicated how significant it seems to remain in touch, especially as we get older. We eagerly anticipate 2014 and our 30th reunion. Thanks Dal!

Greg MacLean '84
Class President

Class of 1994 celebrates 15 years

The class of 1994 held its 15th reunion June 26 to 28, 2009 at the White Point Beach Resort in Nova Scotia. Close to 30 classmates and their families enjoyed a great weekend of reconnecting. The weekend kicked off with a beachside barbeque and bonfire where much catching up and marshmallow roasting took place. On Saturday, everyone enjoyed the amenities of White Point despite the traditional Nova Scotia coastal weather. The bunnies were a particular hit with the kids. That evening, the kids enjoyed a magician and movie while the adults had a delicious banquet. Sunday morning wrapped up with several classmates giving presentations on current areas of interest. Overall, it was a wonderful weekend of friendship and we parted with much interest in planning our 20th reunion.

Dr. Krista Burchill '94
Class President

Phi Rho Sigma reunion dinner

Phi Rho alumni and partners are invited to a reunion dinner at the **Chocolate Lake Hotel in Halifax on May 14, 2010 at 6 p.m.** Please RSVP by April 1 by contacting cphillips@ns.sympatico.ca, wmason2@dal.ca, erafuse@eastlink.ca or dennisjohnston@ns.sympatico.ca.

Birth announcement

Fredrik Thoren '95 and Annika Thoren are proud to announce the birth of their first daughter, Felicia, in Goteborg, Sweden on August 4, 2009. She was eagerly awaited by her two brothers, Fabian and Sebastian. Fredrik works with the Department of Diabetology at the Sahlgrenska University Hospital and also works part time at the university's obesity clinic.

Class of 1999 reunion

The class of 1999 came back to Halifax for their 10-year reunion on October 16 to 18, 2009. The Delta Halifax hosted the events, starting with a meet-and-greet on Friday night. On Saturday, we enjoyed a family event, including a magic show and a formal dinner and dance with a slide show and entertaining Euphoria footage. Finally, we said our goodbyes during a Sunday brunch. Forty-three classmates and many significant others and children attended the reunion events. It was great to catch up with old friends and meet their families. We were amazed at how little people had changed in 10 years. Everyone had a wonderful time and we look forward to the next reunion!

Dr. Sheri-Lee Samson '99
Class President

Renowned physician, Dr. Marcia Anderson, honoured by Women are the Medicine.

Dalhousie medical students, faculty and members of the community had the privilege of witnessing a traditional Mi'kmaq welcome during Dr. Marcia Anderson's lecture, "The right to health of indigenous people." Dr. Anderson received a special welcome to Mi'kmaq territory by Emmett Peters, resident elder for the Mi'kmaq Friendship Centre. Also in attendance were representatives from Women are the Medicine (WAM), an organization of urban Aboriginal women working to promote and implement sustainable programs addressing health issues and the economic development of urban aboriginal women. On behalf of WAM, Dr. Anderson received a medicine pouch medallion crafted by local Mi'kmaq artisan Florence Blackett.

Paulette Miles
Women are the Medicine

The Tupper Band celebrates 30 years.

The Tupper Band's Annual Spring Concert will be held on **Friday, April 23 at 7:30 p.m. in the Presbyterian Church of Saint David at 1537 Brunswick Street in Halifax.** You may read a full account of the band's early days on the Dalhousie Academy of Medicine website at http://academy.medicine.dal.ca/band.htm. Dr. Badley and current band members look forward to seeing all former band members at our 30th Annual Spring Concert. However, if you cannot be present, you could help us to celebrate by sending your reminiscences and anecdotes about the band to badley@hfx.andara.com.

Dr. Bernard Badley

Is your class reunion coming up? Planning is underway for several reunions. Contact the DMAA office: (902) 494-8800 or email medical.alumni@dal.ca for further information.

Classes interested in information on Dalhousie Continuing Medical Education, please email Naomi Moeller at naomi.moeller@dal.ca or call (902) 494-1588.

Class of 1945
65th Reunion
Contact DMAA
(902) 494-8800
medical.alumni@dal.ca

Class of 1950
60th Reunion
Contact DMAA
(902) 494-8800
medical.alumni@dal.ca

Class of 1955
55th Reunion
Contact DMAA
(902) 494-8800
medical.alumni@dal.ca

Class of 1957
53rd Reunion
Halifax, N.S.
October 14-16, 2010.
Ron Bergh, Reun.rep,.

Class of 1960
50th Reunion
Halifax, N.S.
October 14-16, 2010
David Cogswell, Reun.rep.

Class of 1964
45th Reunion
Saint Andrews, N.B.
August 26-29, 2010
Lou Simon, Reun. rep.

Class of 1965
45th Reunion
Rocky Harbour, N.L.
Sept. 9-12, 2010
Tony Measham, Reun.rep.

Class of 1970
40th Reunion
Sept. 17-20, 2010
Baddeck, N.S.
Dan Reid, Reun.rep.

Class of 1975
35th Reunion
Contact DMAA
(902) 494-8800
medical.alumni@dal.ca

Class of 1980
30th Reunion
Digby Pines, N.S.
August 27-29, 2010
Mike MacKenzie,Reun.rep.

Class of 1985
25th Reunion
Saint Andrews, N.B.
July 15-18, 2010
Cindy Forbes, Reun. rep.

Class of 1990
20th Reunion
Digby Pines, N.S.
July 16-18, 2010
Stephen Bent, Reun.rep.

Class of 1995
15th Reunion
Contact DMAA
(902) 494-8800
medical.alumni@dal.ca

Class of 2000
10th Reunion
Sept. 9-11, 2010
Janice Chisholm, Reun.rep.

Class of 2005
5th Reunion
Contact DMAA
(902) 494-8800
medical.alumni@dal.ca

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