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Dalhousie Medicine New Brunswick launch!

**DMAA Alumni Gala & Fall Reunion
Medical School Tour October 21**

Page 19



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& Medical Tour**



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classmates of 1970 celebrate**



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Meet the new DMAA President

President Dr. Dan Reid is committed to strengthening Dalhousie's medical community



By Dr. Dan Reid '70
DMAA President

As a proud graduate of our medical school over 40 years ago, I feel a great obligation to give back to my alma mater for providing me with a lifetime of friends and a career in medical practice that is a privilege second-to-none. When the opportunity to serve on the DMAA Board of Directors came along two years ago, I readily accepted. Now I assume the presidency with equal enthusiasm.

Having been the Life President of the great class of 1970 provided me with the experience in organizing at least 10 class reunions. I realize the importance our medical school played—and still plays—in our professional lives. I hope to translate this into the broader mandate of the DMAA to “promote the interests of Dalhousie Medical School, its students and graduates in all phases of their activities.”

This coming year, the DMAA will see an updated set of bylaws (last revised in 1999) thanks to hard work of one of our several committees. This will allow us to renew and strengthen our Board of Directors and expand our activities in support of Dean Marrie's plans for a renewed curriculum and greater support for undergraduate medical students. I will be calling on some of you to join and strengthen the DMAA in this regard.

I hope to see continued support, both for articles and financial support for our biannual *VoxMeDAL* publications. Be ready to hear from me.

The Annual Gala Dinner this fall will coincide with Dalhousie's Homecoming Weekend. Class reunions will be organized around this event if that is the class's desire. I hope this will be a bigger and better event in 2011 and beyond.

All graduates of Dalhousie Medical School, in my view, owe a debt of gratitude to this terrific and long-serving institution. As we see Dean Marrie lead us to greater achievements over the next five years, I ask for your cooperation and input for our alumni association and its activities, whether you are a first-year or a 60-plus-year graduate.

I would be remiss if I did not, on your behalf, offer heartfelt thanks to outgoing President, Vonda Hayes, and Interim President and continuing Treasurer, Alf Bent, for their yeoman service to our organization. As well, continued success to our delightful and hard-working Executive Director, Joanne Webber...I promise to make her professional life even more challenging in the coming year!

I invite you to contact me with your ideas of enhanced activities and/or your personal interest in being involved in upcoming endeavours by emailing medical.alumni@dal.ca or by calling (902) 494-8800.

Alumni support strengthens our medical students



By Joanne Webber
DMAA Executive Director

It is my pleasure to welcome our new President, Dr. Dan Reid '70. Dr. Reid brings a wealth of professional experience to our association and I look forward to working with him. I would like to thank Dr. Bent on behalf of the DMAA and Board of Directors for overseeing dual roles as our DMAA President and Treasurer.

Dr. Bent will continue on as our Treasurer and we look forward to working with him this year. I would like to join Dr. Reid in thanking Dr. Hayes for her time and dedication to the DMAA. On behalf of the Board, I would also like to thank Paulette Miles for her dedication and hard work with reunion planning and assistance in the DMAA office.

I truly enjoyed meeting many of you who attended our DMAA Awards Gala and Fall Reunion last October. Please join us for our 2011 Awards Gala and Fall Reunion and Medical Tour. See page 19 for details.

It's also time to nominate a fellow classmate for the 2011 DMAA Alumni Awards. If you know of a Dalhousie Medical School alumni who is a leader in their field and making a difference, please take the time to nominate them. The nomination deadline is April 30. Find more details on page 14.

Please consider getting involved with your DMAA. Alumni participation can make a substantial difference in the experience of our medical students. Volunteer, sign up as

a mentor or join as a new Board member. I encourage you to get involved in the many opportunities offered at the medical school. If you would like to get involved, please call me at (902) 494-4816 or email j.webber@dal.ca.

Dalhousie Medical School is a great place to work and visit. As you will read in this issue of *VoxMeDAL*, there are many exciting events, activities and lectures taking place at the Faculty of Medicine. Charmaine Gaudet, Director of Communications and her team work very hard keeping us informed and provide articles for the Faculty of Medicine section of *VoxMeDAL*. Please check our website alumni.medicine.dal.ca to keep abreast of current issues and news. Two other outstanding resources are:

Dalhousie Medical Communications:

news.medicine.dal.ca

DalMed News (a monthly publication):

facultyliaison.medicine.dal.ca/news/issue5

(Thanks to Amir Feridooni for getting this started.)

Thank you for your financial donations and continued support to the DMAA. Your support allows the DMAA to continue our valuable work, assist our medical students and provide important support to the Faculty of Medicine. I welcome your phone calls and visits to the medical school.

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News from the Faculty of Medicine

Highlighting the outstanding achievements of our alumni family



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

As the years go by, meeting your classmates and other alumni at DMAA events takes on special meaning. The experience is different for each person.

In October, I had the pleasure of attending the DMAA Annual Awards Dinner. This year, there were so many people I remembered as my teachers but who are now in their late 70s and 80s. I am pleased to say they were in fine form. Dr. Eldon Smith '69, this year's guest speaker and a past Dalhousie Medical Alumnus of the Year, is a role model for all of us.

A Dalhousie medical graduate who has excelled scientifically in his chosen field of cardiology, he has also been an outstanding administrator. During his term as Dean of the Faculty of Medicine at the University of Calgary, the faculty grew in academic stature. Since then, he has been part of a number of boards and commissions who have shaped health-care delivery in our country.

Dalhousie graduates are highly regarded near and far. Graduates of our MD program consistently lead the country in getting their first choice of residency placements in the national CaRMS match. In 2009, our graduates placed first in Canada in medical-licensure exams.

Recent notables include Dr. Rob Boulay '89, a family practitioner in Miramichi, New Brunswick and a faculty member in our Department of Family Medicine. He has been named the 57th President of the College of Family Physicians of Canada. Another notable New Brunswick graduate, Fredericton dermatologist Dr. Dana Hanson '79, is currently President of the World Medical Association and was named the DMAA 2009 Alumnus of the Year.

Dr. Margaret Casey '68, a long-time President of the DMAA, was recently recognized with a Progress Women of Distinction

Award for her outstanding commitment to patient-centred care. And Dr. Ron Stewart '70, a pioneer of emergency medicine who served for many years as Director of Medical Humanities, was conferred an Honourary Doctor of Laws degree by Cape Breton University at its 2010 fall convocation.

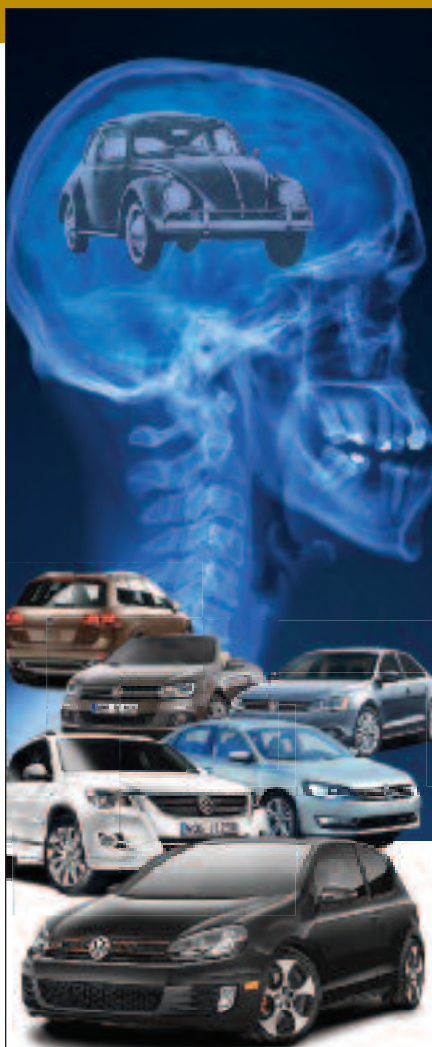
We congratulate these and all of our alumni for the difference they have made in their fields, in their communities and to their alma mater.

Dalhousie Medicine New Brunswick opened with great fanfare in September—a tribute to vision, hard work and our steadfast commitment to our mission as the Maritimes' Medical School.

In the increasingly difficult arena of research grants, we are proud that Dr. Rob Brownstone (neurosurgery, anatomy and neurobiology) and Dr. Jim Fawcett (pharmacology and surgery) are sharing this year's prestigious Barbara Turnbull Award for Spinal Cord Research (see page 49). This award is given to the top-ranked spinal cord research in CIHR's funding competition. Dr. Graeme Rocker (medicine/respirology) is the sole Canadian on a team that received more than \$7 million in funding from the National Institutes of Health major grant toward palliative-care research.

Our future is in the hands of our students. They organize food drives and foot clinics and volunteer for humanitarian work overseas. They have developed a unique program called the Everest Project that promotes healthy lifestyles for children. And they shine at national events like MedGames. The good news is that before too long the students of today will be the alumni of tomorrow and so the cycle repeats.

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



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Dalhousie Medicine New Brunswick update



by Dr. John Steeves '74
Associate Dean, DMNB



We have marked our first big milestones at Dalhousie Medicine New Brunswick (DMNB) with our official opening, the arrival of our class of 2014 and the implementation of the new curriculum.

Official Opening

In early September, the students were welcomed into the world of medicine in the First Light Ceremony. This has established a DMNB tradition using a specially designed and hand-carved Asclepian torch. From the flame of the torch, mentors lit the candles of their students, marking the beginning of their relationship as guides and advisors in the students' journey down the "Tupper Trail" in the study of medicine.

The following week, DMNB's first group of students received white coats from faculty and mentors and stethoscopes from the Province of New Brunswick in a joyful opening ceremony. Guest speakers included former Premier Shawn Graham, former Lieutenant Governor Dr. Marilyn Trenholme Counsell, Dalhousie University President Tom Traves, UNB President Eddy Campbell and Dean of Medicine Dr. Tom Marrie.

Infrastructure Development

DMNB students are now using the teaching rooms and learning spaces within the newly renovated Saint John Regional Hospital, including a new anatomy lab and the Medical Education Clinical Teaching Unit. The construction of the clinical skills and assessment centre (Learning Resource Centre), housed in an addition to our building, was completed this past January, in time for the third unit of our curriculum.

Construction is also complete on the teaching facilities at the regional hospitals in Moncton and Miramichi. The clinical teaching spaces at the Dr. Everett Chalmers Hospital in Fredericton are in the architectural drawing, pre-tender phase, with a completion target of March 2011. Completion of administrative space renovations to the Saint John Regional Hospital has been approved.

Curriculum Renewal

Recruitment of volunteers from the community is central to the new curriculum. In less than two months, staff recruited a full quota of patients with chronic disease for the health mentors program (and enlisted UNB nursing for this inter-professional elective experience), newborns for the life cycles program and recruited simulated and volunteer patients in collaboration with the SJRH volunteer services.

Research

The New Brunswick government has announced funding for the completion of infrastructure for a multi-purpose wet-lab research space for a targeted completion date of March 2010. Cardiovascular research has been identified as the research focus for recruitment of the first four basic scientists and significant progress has been made towards the goal of establishing a chair in occupational medicine. There are funds in place to provide students in the first cohort with summer research positions.

For more information about DMNB, surf to newbrunswick.medicine.dal.ca.
Contact Dr. Steeves at john.steeves@dal.ca or (506) 636-6000.

Student Recruitment

We're well underway in the selection process for our second class, the class of 2015. This year the multi-mini interviews will occur simultaneously on November 20, with an identical process at the campuses in Saint John and Halifax.

Student Scholarships

The very first scholarships from the New Brunswick Medical Education Trust have been awarded to three deserving medical students from New Brunswick. All three recipients are DMNB students.



Students receiving white coats.



DMNB student receives her stethoscope from Lyne St. Pierre Ellis.



“I know first hand how important a scholarship is to a student. Dalhousie gave me my first. I grew up in a small rural community where opportunities were few and far between. Dalhousie gave me chances to succeed and I want today's students to have those same opportunities.”

Dr. Eldon Smith, OC, MD'67

To make a gift to the Faculty of Medicine, contact:

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giving.dal.ca/medicine • alumni.medicine.dal.ca/Files/deansfund.pdf

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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) 494-4816 with your comments.

A study of contrasts



In 1968, the centennial of the Faculty of Medicine, a copy of John Cook's oil painting *Contrasts* was mailed to all Dalhousie medical alumni. The painting illustrates the old Dalhousie Medical School on the left and the Sir Charles Tupper Medical Building on the right.

Dean Chester Stewart spearheaded the idea for the Tupper Building. His search for funds led to the building becoming Nova Scotia's Centennial project in 1967 and the first recipient of the Federal Health Resources Fund.

The title *Contrasts* appropriately captures Dr. Stewart's accomplishments. His leadership (from 1954 until 1971) helped transform Dalhousie Medical School into a leader in medical education and research in Canada. During this time, he helped recruit exceptional individuals into our departments, increasing the number of full-time faculty from 16 to 160 (an average of about 50 per cent yearly from that initial base). He helped introduce new curricula that embedded pedagogical principles,

including initiating first-year medical student bedside teaching (the first in Canada) and an interdisciplinary systems approach to teaching and learning.

This is the centenary of Dr. Chester Stewart's birth in Norboro, Prince Edward Island. To mark the occasion, a collection of artifacts is currently on display in the windows of the Kellogg Library and in the DMAA window, both just off the Memorial Room of the Sir Charles Tupper Medical Building.


The artifacts include a sketch of Dr. Stewart by Sir Fredrick Banting, with whom Dr. Stewart completed the first survey of medical research in Canada; items relating to Dr. Stewart's pioneering research work to protect air crew while RCAF Wing Commander during the Second World War; items from his work with federal and provincial governments on health insurance (with the ACMC/ACFM in creating the Health Resources Fund and with the Faculty of Medicine). The display also includes many of the awards Dean Stewart earned, including the Order of Canada and distinctions from the RCAF, the Royal College, the Canadian Public Health Association, the Canadian and Nova Scotia Medical Associations, plus his honorary university degrees.

Dean Stewart was master of ceremonies at the founding of the DMAA in 1958. His address is on the DMAA website at alumni.medicine.dal.ca under the sidebar "Our history."

Be sure to visit this exhibit that documents an important part of Dalhousie Medical School's history. For more information about Dr. Stewart's career at Dalhousie Medical School, visit these websites:

www.ncbi.nlm.nih.gov/pmc/articles/PMC1704667
cpah100.ca/history/profiles-public-health/stewart-0
www.ncbi.nlm.nih.gov/pmc/articles/PMC1945416

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 Jesus... Luke 12:15 (NIV)



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Dean Marrie hosts medical tour; reaching out to all students



On Friday, October 22, seven students of African descent were privileged to attend the Medical School Tour and admissions presentation organized by the DMAA and Dalhousie Medical School.

The presentation was very informative. Afterward, one student commented that he is now determined to work harder to get into Dalhousie Medical School thanks to the motivation he received from the presentation. He was also very impressed by the high-tech lecture theatre.

As an advisor, I am happy that the black students were given such an opportunity to be part of the presentation. With the initiatives being undertaken by Dean Marrie and his team to reach out to under-represented populations, I am confident that black students will soon be equally represented at Dalhousie Medical School. Thanks to Dean Marrie and the DMAA for inviting us to be part of this effort. I hope the tour will continue next year. It was great.

*Oluronke Taiwo BSc, MSc, BSW, MSW, RSW
Dalhousie Black Student Advisor*



Reaching out to prospective medical students

It was great to participate in the Dalhousie Medical Homecoming event from the perspective of admissions. The student group that we met with on Friday morning were very interested and engaged.

These students were from an under-represented population within the medical school. From an admissions perspective, they raised questions and concerns that we know are issues. We presented our general admissions presentation that we use for undergrad universities and we also invited a fourth-year student to give a medical student's perspective. This particular student has been involved with the Aboriginal Health Interest Group, so it was an excellent fit for the morning.

The students were very interested in the study of medicine and all seemed to be seriously considering it. They posed questions such as: "If in my community I am not able to gain volunteer experiences similar to those that are offered in the city areas where there are large hospitals, how does that affect my application?"

We know this is an issue for some students in rural areas and for students in other groups. We responded by saying that the admissions committee is aware of the issue and will consider this when assessing a file. We also encouraged students to talk about their communities and what may be available.

Overall, I think the session went extremely well and it was definitely an opportunity to meet with a select group of students and to focus on the concerns specific to their backgrounds. Thank you for the opportunity to help out.

*Sharon Graham
Director of Admissions and Student Affairs Medicine*





Medicine on the run

Running has always been part of my life. I remember growing up in Miramichi, New Brunswick (back then, the town of Chatham) playing many sports and running to keep in shape.

It was at Mount Allison University that I met the people who sparked my interest in medicine. Before Mount A, I thought I wanted to be a high-school English teacher (what was I thinking?!). As I became more intrigued by the challenges and rewards that medicine seemed to offer, I changed the course of my studies, with the hope of being accepted into medical school. Dalhousie was always my first choice.

I will never forget the day in 1986 when I was notified of my acceptance into Dalhousie Medical School. The course of my life changed and I am forever grateful. Within the first few weeks of Med 1 in September 1986, I developed close bonds and friendships which have endured to this day.

Through the challenges and struggles of medical school, through locum work and then setting up a family practice, I continued to run, although never in a very focused or competitive way.

It was only as I approached 40 a few years ago that I began running competitively and achieving success at many distances. Both medicine and running have taught me that goal setting, hard work and discipline can bring tremendous rewards.

I ran my first marathon in New York City in November, 2009, followed by a great run at the prestigious Boston Marathon in April, 2010. Lessons learned from these runs, as well as continued dedication, culminated in my success in winning the women's division at the Detroit Freepress Marathon on October 17, 2010.

I am fortunate to have my supportive husband, Greg, and my 13-year-old son, Andrew, who are some of my biggest fans. Having a great group of family practice/obstetrics colleagues allows me flexibility in being able to achieve personal success. I have learned to manage my time efficiently for a balanced lifestyle, which includes time for family, friends, training, races and other pursuits. I believe this has made me both a better person and physician.

Paula Keating '90



Taking time off as a medical student



There is this implicit understanding that once you start medical school, you put your head down for three or four years, get your MD and then go directly into residency. Unfortunately, there are many students who need to take time off during their education for personal reasons.

I struggled with having to take time off in my third year because of a medical issue. I ended up taking upwards of 16 weeks off of my third-year clerkship. However, this break ended up being the best thing in the world for me and my future patients.

Thanks to this time off, I returned to clerkship refreshed and ready to learn. The rescheduling of my core rotations never seemed like a hassle for those involved. The locations and some of the specific rotations had changed, which was a blessing in disguise. Because of my renewed health, I was able to dive head first into my rotations and completely immerse myself in my learning and my patients' care.

This renewed enthusiasm inspired me to completely change my future plans. I came into medical school believing in ever fibre of my being that I was going to be a rural general practitioner. Now I am whole-heartedly convinced that I will be a general internist with a focus in hematology.

It is very scary to leave the medicine bubble and to not maintain the same pace as your classmates. After my 16-week hiatus, I am now in a much better place mentally and physically and am ready, willing and able to tackle the unique experience that is medical education.

Doctors make the worst patients because we are not selfish people. We give our hearts and souls to help make our patients better. You cannot be an effective clinician if you are struggling with your own medical or personal issues. School will always be there tomorrow but if you don't take time off today, you'll be in no shape to benefit from it.

Patti Kibenge '11

2010 MEDICINE AND BEYOND HOMECOMING



Dean Marrie along with the DMAA hosted the 2010 Medicine and Beyond Homecoming in October. Students and guests enjoyed tours of medical research labs and state-of-the-art lecture theatres and participated in workshops facilitated by admissions.



CLASS OF 2014



MEET THE CLASS OF 2014

The incoming Class of 2014 has arrived and already it has a profile. By the numbers, here is the admissions office's take on this year's fresh-faced crop of newcomers:

- 109: total students in the class of 2010.
- 79: the Halifax-based group who will complete their Dalhousie MD in Nova Scotia.
- 30: the New Brunswick student complement who, for the first time, will do all four years of their Dalhousie MD in their home province through the newly established Dalhousie Medicine New Brunswick program.
- 1: accounts for a single dentist. The medical school participates in a joint six-year MD/M.Sc. program in oral maxillofacial surgery, into which one dentist is admitted each year. The program, formally lodged in the Faculty of Graduate Studies, is substantially based in the Faculty of Medicine.
- 24: the average age of this year's crop of medical students.
- 3.8: the average GPA.
- 29: the average MCAT score.
- 44%: percentage of men in the class.
- 56%: percentage of women in the class.
- 24%: medical students in the class with graduate degrees.

SEEMS LIKE OLD TIMES FOR THE GALS OF THE CLASS OF 1957



The women of class of 1957 celebrated with their classmates at the DMAA Fall Reunion and Awards Gala in October 2010. From left: Drs. Dorothy Saffron, Mary Hunter, Margaret MacMurdo and Mary Preston.

Dalhousie Medical Alumni Association

2011 AWARD NOMINATION FORM

Nominate a Classmate!

• *Honourary President* • *Alumnus/a of the Year* • *Young Alumnus/a Award* • *Family Physician Alumnus/a Award*

Nominee's Name _____

Address (Business) _____

Phone (B) _____ (H) _____

Email _____ Position _____

Submitted by (please print) _____

Signature _____

Phone (B) _____ (H) _____

Email _____ Affiliation with Dalhousie (if applicable) _____

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) 494-4816

Or Fax Forms to:

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

Nominations must be received before 4:30 p.m., April 30, 2011.
An award may not be granted in each category each year.



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CALL FOR NOMINATIONS FOR DMAA ANNUAL AWARDS

- *Honourary President*
- *Alumnus/a of the Year*
- *Young Alumnus/a Award*
- *Family Physician Alumnus/a Award*

These awards recognize outstanding accomplishments and contributions of Dalhousie medical alumni in four categories. This is an opportunity to celebrate the excellence of our graduates and we encourage you to nominate classmates, friends and colleagues. Descriptions and criteria for each award are outlined below. Nominations should be sent to the DMAA office no later than April 30, 2011.

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 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.



2010 DMAA Awards & Fall Reunion



Medical student Meaghan Keating '13 performing for Gala.

2010 featured 15 official reunions of Dalhousie Medical School classes, most in association with the DMAA dinner in Halifax on October 14 at the Prince George Hotel. However, several classes took advantage of the Atlantic summer weather to hold reunions elsewhere: the Algonquin Hotel in St. Andrew's, New Brunswick (classes of 1964 and 1985, celebrating their 46th and 25th reunions); the Digby Pines (classes of 1980 and 1990, celebrating their 30th and 20th reunions); and the class of 1970, holding its 40th reunion celebration at the Inverary Resort in Baddeck.

In addition to reunions ordinarily scheduled at five- or 10-year anniversaries after graduation, the classes of 1957 and 1964 couldn't wait for those intervals and held 53rd and 64th celebrations. Several class representatives circulated interesting materials for their reunions. For those planning reunions in 2011, check out two that are online: the informative newsletter circulated by the class of 1970 and that of the class 1985 who additionally established a Facebook page for its class reunion. Please see the DMAA website alumni.medicine.dal.ca for more information. Many attendees at the DMAA dinner were from classes that didn't organize a formal reunion. You may see some of your classmates in pictures on pages 17–20.

Dean Marrie addresses the first cohort of DMNB students at Ganong.

Class	Reunion
1945	65th
1950	60th
1955	55th
1957	53rd
1960	50th
1964	46th
1965	45th
1970	40th
1975	35th
1980	30th
1985	25th
1990	20th
1995	15th
2000	10th
2005	5th



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Dr. David Hawkins '60 enjoys the Gala with Med 2 granddaughter Lau.



Keynote speaker Dr. Eldon Smith '67.



Above: DMAA past Executive Director Barbara Blauvelt enjoys the Gala.



DMAA Treasurer Dr. Alf Bent '73.



Classmates 1970: Dean Marrie congratulates Dr. Bill Stanish as Dr. Dan Reid celebrates.

Left: Classmate views reunion package.

Right: Medical student Patricia MacDonald '13 saying grace.

Far right: Guests take in the Gala and keynote address.



Alumni Honours

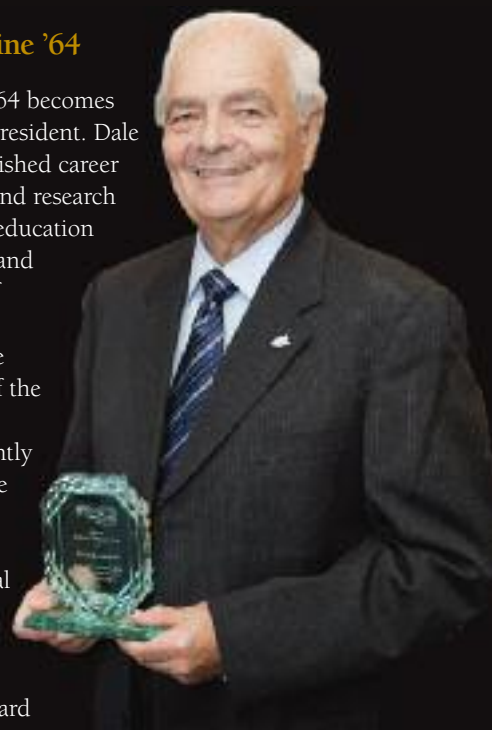
Dr. William Stanish ONS '70

Dr. William Stanish ONS '70 is the DMAA Alumnus of the Year. A professor of surgery (orthopedics), Bill is a distinguished author, clinician scientist, surgeon and sports-medicine leader. He was also Chief Medical Officer for the Canadian Olympic team at Los Angeles and Seoul, following naturally from being a varsity athlete at Dalhousie where he was captain of both the football and hockey teams. Bill was recently awarded the Order of Nova Scotia for his many contributions to medicine and the community.



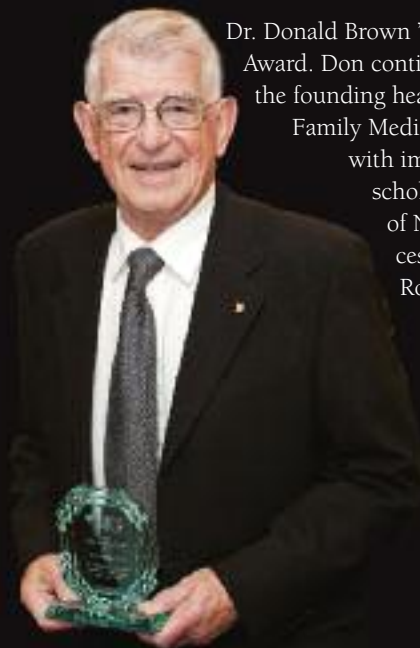
Dr. Dale Dauphine '64

Dr. Dale Dauphine '64 becomes DMAA Honourary President. Dale continues a distinguished career as academic leader and research scientist in medical education including professor and Department Head of Medicine at McGill University, Executive Director and CEO of the Medical Council of Canada. He is currently senior scholar for the Foundation for Advancement of International Medical Education and Research. Dale is a past recipient of the John P. Hubbard Award of the U.S. National Board of Medical Examiners for outstanding achievements in medical education.



Dr. Donald Brown '59

Dr. Donald Brown '59 is the recipient of the DMAA Family Practitioner Award. Don continues a distinguished career in family medicine and is the founding head and academic leader of Dalhousie's Department of Family Medicine. He is a long-time member of that department with important scientific writings. He has been a visiting scholar in epidemiology and public health at the University of North Carolina at Chapel Hill and worked in smoking-cessation research as professor in prenatal medicine at the Royal Woman's Hospital in Melbourne, Australia.



Dr. Simon Jackson '90

Dr. Simon Jackson '90 received the DMAA Young Alumnus Award. Simon practiced full time in emergency medicine before completing cardiology training and a master's degree in medical education, the latter at the University of Dundee. He is currently Program Director of the Cardiology Residency Training Program in the Department of Medicine at Dalhousie and is active in congenital heart disease, heart transplants and is Medical Director of the Pulmonary Hypertension Program at the QE II Health Sciences Centre.





Keynote speaker
Dr. Eldon Smith '67.

Health care

Dr. Smith gave an interesting and important address titled:

The iconic Canadian health-care system is not sustainable." He noted that Canada spends more on health care than other OPEC countries with universal access, yet with longer wait times

and lesser outcomes, rating the lowest in value for dollars spent. Comparison countries have a parallel private delivery system and many have user fees. He described the current financial realities for provinces, including the annual increases in health-care spending now exceeding increases in revenue for eight of the 10 provinces and consuming 45 per cent of program spending in the majority of provinces and projected to reach 70 per cent of program spending by 2030. He described the reasons why the current system is not sustainable, including the aging population (13 per cent over age 65 now and will be 25 per cent of the population in

2030), the inadequacy or even the perverse incentives in the system, the increase in lifestyle illnesses such as obesity and he brought forward six dimensions of change as (Re)solutions to this impasse. These include: more individuals assuming greater responsibility for their fitness, weight and other modifiable risks to poor health; government, industry and agencies creating healthier environments through education; decreasing availability of unhealthy foods; tax incentives for healthy behaviour and workplaces; reorganizing the care system (including primary-care teams, seamless relationships with integrated networks for specialized care, redesign of payment systems); a focus on prevention; health care workforce changes, including new models and decreasing the duration of training; and creating new revenue streams.

Dr. Smith concluded by addressing the challenges in making the required transformation in the health of Canadians and in the system to prevent and delay illness and care for the ill. There is a primary need for a national vision and plan. Two of the challenges will be determining what level of government (or both) will assume the responsibility and how to meaningfully engage all Canadians in solutions, including disadvantaged populations.

DMAA President

The terms of executive officers of the DMAA are ordinarily two years. Dr. Daniel S. Reid '70 is currently President of the DMAA. The DMAA hopes you will take the opportunity to nominate alumni for one of its four awards, plan to have a class reunion soon and join us for our annual dinner. For more information, contact Joanne Webber at (902) 494-4816 or j.webber@dal.ca, or Paulette Miles at (902) 494-8800 medical.alumni@dal.ca.

G. Ross Langley '57



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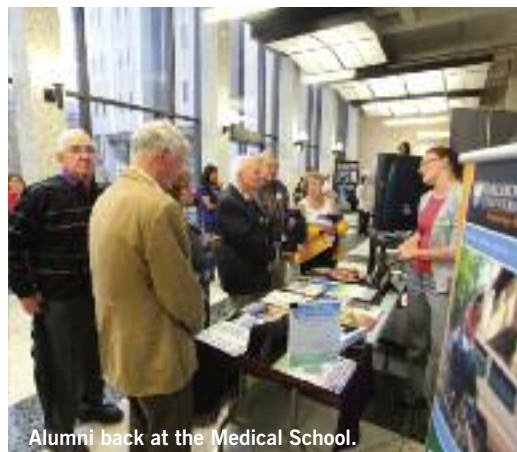
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Alumni Tea and Medical Tour

The day following the Gala, the DMAA hosted the Alumni Tea and Medical Tour. Alumni toured research facilities, participated in the numerous displays offered by the medical faculty departments and enjoyed the new lecture theatres. They were amazed by the ground-breaking changes at Dalhousie Medical School.



Alumni tea.



Alumni back at the Medical School.



Alumni visit Dr. Ivar Mendez live in his operating room.

Recognition Dinner

Dr. Dan Reid '70 emceed the dinner, launching the reunion weekend for those classes hosting their gatherings in Halifax and many other classes had members in attendance. As expected, Reid led a spirited, humorous and eventful evening, bestowing honours on alumni and providing lots of anecdotes. Dean Tom Marrie '70 gave a special address and attendees heard from honoured keynote speaker Eldon R. Smith OC '67, the former Dean of the University of Calgary and current Chair of the Federal Government's steering committee for the Canadian Heart Health Strategy and Chair of the Strategic Advisory Board of the Libin Cardiovascular Institute of Alberta.



DMAA President
Dr. Dan Reid '70.

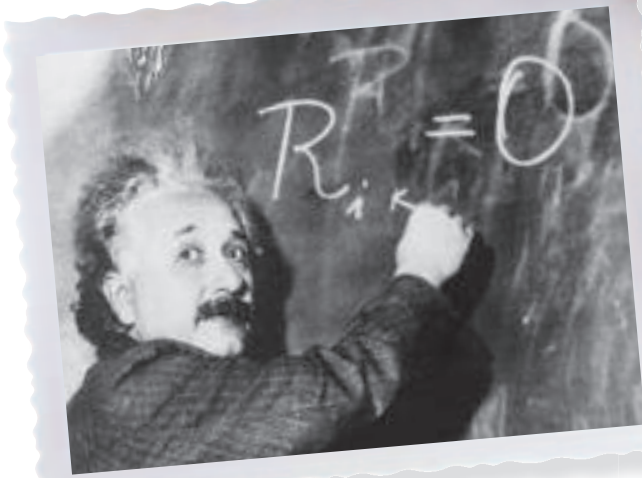
The new curriculum

Dean Marrie described the new “Tupper Trail” curriculum that began in September 2010. The last accreditation review of the Dalhousie Medical School drew attention to some administrative matters that required attention. The faculty decided to review and revamp the entire curriculum, mapping the content to defined outcomes. With over a full year devoted to review, critique and consider alternatives and then to design and organization, this was a massive commitment by faculty, students and staff. What ordinarily would take three years was accomplished in one year and in time for the class of 2014 that began medical school in September 2010. After a week of orientation, first-year students begin four curriculum components: clinical skills teaching, learning other professional competencies and electives, each of which last the two years of Med 1 and II. In the fourth component, there are blocks of time for interdisciplinary teams sequentially offering: host defense (hematology, infection, immunity), metabolism and homeostasis I (GI, endocrine, nutrition) and human development (genetics, embryology, GU). Second-year medicine continues these blocks beginning with neuroscience, continuing with metabolism II (CVS, respiratory, renal) and then musculoskeletal/dermatology. Interspersed are weeks for foundation programs, rural exposure and integration. Another innovation with this curriculum is volunteer mentors. These mentors are patients with largely chronic diseases or disability who describe the impact and difficulties with their illness in meetings with small groups of

students four times yearly for 18 months. The emphasis is on listening, so students understand illness from the patient's perspective. The objective of this curriculum is MD graduates who are professional, skilled clinicians, committed to being life-long learners and community contributors.



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DMNB opens with symbolism, speeches and festivity

By Medical Communications

Thursday, September 9 marked the official launch of Dalhousie Medicine New Brunswick (DMNB) in a ceremony highlighted by the presentation of DMNB's first class of students. Each student received a white coat from Dalhousie University and a stethoscope from the province of New Brunswick.

"This day offers new hope for those who seek the care that only a dedicated, well trained family doctor or an expert specialist can give," said former New Brunswick Lieutenant Governor Dr. Marilyn Trenholme Counsell, a guest speaker at the gathering of dignitaries that included former Premier Shawn Graham and UNB President Eddy Campbell.

Katie Goodine led DMNB's 30 New Brunswick medical students into Ganong Hall at UNB Saint John. A second-year Dalhousie medical student, Goodine is the third generation of a family known in the St. John Upper River Valley for its contribution and leadership in health-care delivery. "This marks an exciting new chapter in a long relationship with New Brunswick" said Dalhousie President Dr. Tom Traves. "Our medical school has an important and unique mission: to truly be the medical school of the Maritimes."

The 30 New Brunswick students started their first year of medical studies in September. They will complete their first two years of the program at the Saint John campus and their clerkships in Fredericton, Moncton, Miramichi and Saint John. While Dalhousie has trained medical students from New Brunswick for many years, this is the first cohort who will complete the four-year Dalhousie MD in their home province.

DMNB is a Dalhousie University venture in partnership with the province of New Brunswick, the University of New Brunswick and the Health Horizon Network. The program signifies a new dimension in the long-standing relationship between the Nova Scotia-based university and New Brunswick, where many Dalhousie medical alumni have traditionally practiced.

The Dean cited Dalhousie's revitalized medical curriculum with its focus on urban and rural practice and the program's new and innovative features as a boon for the province. In addition, because medical schools "attract top-flight physicians and researchers," he predicted that "DMNB will increase the number of excellent medical specialists who already practice in the province."

The Dean further noted that "DMNB will be a driving force for medical research in this province with all the significant economic spinoffs that result from a vibrant research sector." The soon-to-be announced Chair in Occupational Health will be the first of others like it, helping to build a critical mass of research scientists in the province.

Dr. John Steeves, Dalhousie's Associate Dean, DMNB, read a congratulatory message from Dr. Dana Hanson, a Fredericton dermatologist and Dalhousie medical alumnus who heads the World Medical Association. Hanson wrote, "In a world where there is a shortage of over four million health care workers and access to quality health care is a universal challenge, I am proud that we the citizens of New Brunswick are doing our part for the population of New Brunswick and the world in addressing the shortage of physicians."



Dean Marrie addresses the first cohort of DMNB students at Ganong Centre in New Brunswick.



The first students of DMNB are assisted by their physician mentors in putting on their white coats, presented to them earlier by Dr. Dianne Delva, Associate Dean of Undergraduate Medical Education, on behalf of Dalhousie University

Photos: Noel Chenier

DMNB receives \$5 million for research labs

By Mary McIntosh, *DMNB Communications Manager*



In August, Dalhousie Medicine New Brunswick (DMNB) received \$5 million from the New Brunswick government to establish and equip research labs as part of its medical education program.

“Our government is dedicated to building a stronger health-sector research capacity in New Brunswick,” said Health Minister Mary Schryer. “Our funding will help DMNB collaborate closely with other health-sector research stakeholders within the province to make the most of this new research infrastructure.” Schryer made the announcement on behalf of Post-Secondary Education, Training and Labour Minister Donald Arseneault.

The funding will include \$2.6 million to complete the DMNB building and \$2.4 million for research equipment. Dalhousie University’s medical school building is located on the Saint John campus of the University of New Brunswick (UNBSJ).

“DMNB promotes the training, recruitment and retention of physicians in New Brunswick and will be a driver in the growth of health

research, an area in which New Brunswick has historically lagged behind the country,” said Dr. Preston Smith, Senior Associate Dean of Dalhousie Medical School.

The project will add 1,000 square feet to the DMNB building, creating a total of 5,800 square feet of research space. A biomedical research laboratory requires special construction for its air exhaust systems, waste drainage and flooring, while basic laboratory space requires the purchase of specialized equipment, such as microscopes.

“At the University of New Brunswick, we are proud to be the host site for Dalhousie Medicine New Brunswick,” said Robert MacKinnon, Vice-President of UNBSJ. “We look forward to working with our colleagues in government and at Dalhousie University to build on an exciting new health agenda in southwestern New Brunswick.”

The announcement builds on an agreement reached by the provincial government, Dalhousie University and UNBSJ in June 2008 to establish an English-language medical education program in the province.



First Light Ceremony

The First Light Ceremony is the beginning of a DMNB tradition welcoming students into the world of medicine in New Brunswick. The specially designed and hand-carved Asclepian torch symbolically dates to 300 BC. The Greek hero Asclepius was recognized for his healing abilities by the staff entwined by a single snake. Hippocrates, the father of medicine, reportedly descended from Asclepius. The shaft of the torch represents the Asclepian staff with the flame at the top representing the light of truth. Using the Asclepian torch as the source, mentors were asked to light the candles of their mentees, marking the beginning of their relationships as guides and advisors in the students’ journey down the path towards membership in the profession of medicine.

Volunteer patients urgently needed

Make a difference by becoming a volunteer patient for the Clinical Skills Volunteer Patient Program

By Mary Somers

The Dalhousie Medical School is seeking volunteer helpers for its new Clinical Skills Volunteer Patient Program. The program, part of the school's new undergraduate curriculum, gives first-year medical students practise interviewing and examining real people. It requires 40 volunteers a week on the medical school's Halifax campus and 16 a week for the campus in Saint John, New Brunswick.

While the school has run similar volunteer patient programs in the past, this one has several differences, says Bruce Holmes, Executive Director of the Learning Resource Centre in the Faculty of Medicine. Previous programs were for second-year students.

Now, first-year students are involved because the school is aiming to give its newest students a practical learning experience much sooner in their course of study. "This is part of our curriculum renewal," says Holmes. "Students are going to learn to do a physical exam and a patient history right at the beginning of first year and we are going to run the program for the entire year."

The program is also looking for a broader range of volunteers. "Traditionally, programs like this have been delivered with in-patients in a hospital," says Holmes. Although that remains an integral part of undergraduate medical education, patients in hospital are mostly elderly, representing only a portion of the patient population. As well, the elderly typically have complex medical conditions. Volunteer patients will provide first-year students with a broader range of patient ages and conditions.

Another program—the Health Mentors Program—focuses on volunteer patients with chronic conditions. This program also needs volunteers. For information on the Health Mentors program, visit news.medicine.dal.ca/healthmentors.htm.



Photo: Learning Resources Centre

Volunteer Cheryl Lucas, in patient garb, chats with an instructor and a medical student (far left) in the medical school's Learning Resources Centre in Halifax.

But the greatest need right now is for volunteers for the Clinical Skills Volunteer Patient Program. The program is for teaching and learning only and does not include patient assessment and treatment. Volunteers will help students make the transition from learning in tutorial groups to applying that knowledge.

Holmes stresses that everything that goes on in the volunteer patient program sessions is strictly confidential. Medical students will not examine sensitive areas of the body without the volunteer patient's permission. The program will contribute to travel and parking expenses. In Halifax, sessions are held on Tuesday afternoons and Thursday mornings and take place in the medical school's Learning Resource Centre at Fenwick Place (5599 Fenwick Street in Halifax).

Interested patient volunteers in the Saint John area can contact Nathalie McGrath at Nathalie.McGrath@dal.ca or (506) 636-6262. In Halifax, contact Angela Vermeir at vppinfo@dal.ca or (902) 494-7746. Learn more at www.medicine.dal.ca/volunteer.



Mandatory rural week introduced

Medical students will now receive clinical training in rural communities

By Allison Gerrard,
Communications Manager

Though medical students have been travelling around the Maritimes to complete electives and other curriculum assignments for years, they've never been obligated to gain clinical experience outside urban or suburban centres.

In May 2011, first-year Dalhousie medical students will be exposed to clinical practice in a new way with a mandatory rural week incorporated into the curriculum. "During rural week, students won't be in Halifax, Saint John, Sydney or Charlottetown," says Dr. Preston Smith, Senior Associate Dean. "They'll be outside a typical urban practice."

Learning outside a tertiary care centre offers students a unique learning opportunity. "By introducing rural medicine to



students early on, they'll see what it's like to practise in a small community," Dr. Smith says. "They'll be better equipped to apply a determinants of health lens, both in relation to rural practice decisions and in considering the needs and context of the community within the larger health system."

Adam Harris sees many benefits. "When I found out that I had been accepted to medical school, one of the first dreams I had was of going back to my hometown and practicing as a physician one day," says the third-year medical student. "Why not go back to a community that gave you so much growing up and try to give a little bit back."

He thinks rural week will expose medical students to the upside of practicing in a rural setting much earlier in their careers. "Many of us have no idea about the social life, research careers and lifestyles available in rural communities," he says.

Dr. Smith says the district health authorities and medical education offices in New Brunswick and P.E.I. are working collaboratively in recruiting preceptors and arranging accommodations for students "They're looking forward to showing students what medical practice in their communities can offer."

If you're interested in becoming a rural week preceptor, contact the Undergraduate Medical Education Office or Dalhousie Medicine New Brunswick.



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Medical school classrooms cyber-sized

The control room at Dalhousie Medical School with its bank of monitors.

New leading-edge classrooms strengthen the learning experience for medical students at both Dalhousie campuses

By Ryan McNutt

A student has a question and presses a button at their desk, lighting up that spot on a digital map of the classroom that the lecturer can see on a touchscreen monitor. He or she can see how many students have questions and in what order they entered the cue. With the touch of a button, a microphone is activated at the student's desk, lighting up in solid blue to let the student know. A high-definition camera automatically zooms in, allowing students in another classroom an entire province away to see and hear the question and response.

Welcome to the new classroom experience for first-year Dalhousie undergraduate medical students at Carleton campus in Halifax and Dalhousie Medicine New Brunswick (DMNB) in Saint John. To help facilitate a teaching environment that spans the Bay of Fundy, lecture halls and meeting rooms in both locations are wired with state-of-the-art video conferencing technology. The system of cameras, microphones and viewscreens make a distributed medical education program work almost as seamlessly as one delivered in the same room.

"We have to provide the students with a comparable learning experience," says John

Robertson, Director of Academic Computing Services and former Director of MedIT. "That means they have the same access to the lecture materials and the professor. They have to interact."

"Most of this is custom programmed, [world-class technology]." —Ian Taylor, Senior Technology Support Analyst for MedIT.

Watching a lecture in action from the control room—which, with 20-plus monitors, feels not unlike sitting backstage at a television studio—you see what he's talking about. Three large projector screens sit high above the lecturer for all in the classroom to see: one showing the lecturer, one showing his or her PowerPoint presentation and one showing the classroom of the other location, Saint John or Halifax. There's no lag in connection time and the system is so smart there's actually a weighted mat that

senses when the lecturer moves away from the podium, automatically switching the camera to a wide shot.

"Most of this is custom programmed," explains Ian Taylor, Senior Technology Support Analyst for MedIT. He notes that much of the technology is world class—the audio hardware system uses the same type of servers as Wembley Stadium, for example. And some elements, like the question-and-answer system, are even more unique. "This is the only system in the world that does this," says Taylor.

When the network is complete, 19 classrooms and meeting rooms will be wired into the system, including clinical sites in Moncton, Miramichi and Fredericton. The system's interface is the same in every room and it is supported by three techs in Halifax, two in Saint John and a senior tech at each site that. Together, the technicians run and train users on the system. So far, the reaction from lecturers and students has been positive. Part of the recent Dalhousie Medical School's Homecoming included a tour of the new lecture theatres. The technology, which took two years to put in place, is supported by the province of New Brunswick.

Dr. Ivar Mendez honoured for his humanitarian work

By Marilyn Smulders

The acclaimed clinician and scientist supports underprivileged children and communities around the world



Dr. Ivar Mendez surrounded by Bolivian children.

These are the stories that will break your heart: children too malnourished to stay awake in class; the 13-year-old girl who died of a toothache when a makeshift remedy went horribly wrong.

"It isn't right for someone to die because of a toothache," says Dr. Ivar Mendez, professor and Head of Dalhousie's Division of Neurosurgery and Chair of the Brain Repair Centre. As busy as he is, Dr. Mendez isn't one to shake his head and shrug his shoulders. These days, his work as a respected clinician and scientist often intersects with his humanitarian efforts. He's generous to share his knowledge in neurosurgery, medical care, techniques and equipment with doctors in Rwanda, Bolivia, China, Cuba and parts of Canada, too.

He's pioneering the use of a remote-presence robot for medical care in the Inuit community of Nain in northern Labrador. "I feel we each have a personal responsibility to narrow the gap of inequality in the world," he says, as he shows photographs of three places where he's concentrating his efforts: Aucapata, Bolivia; Nain, Labrador and Kigali, Rwanda.

Dr. Mendez arrived in Toronto as a teenager with his family from Bolivia. "Early on, I made a decision," he recalls. "For every invitation I had to speak at Harvard

or any other big centre, I would spend the same amount of time in a Third World country, doing what I can to contribute."

Time and again, he returns to Bolivia, the second poorest country in the Western hemisphere. Over 60 per cent of Bolivia's people are indigenous, mostly Quechua or Aymara, eking out a meagre existence through subsistence farming. On one trip, to Aucapata, an isolated village in the Andes, Dr. Mendez sat in on a class at the local school. He noticed the children were lethargic and could barely stay awake. "It was nothing they could control," he recalls. "They just didn't have enough food."

As a brain specialist, he realized hunger was affecting their ability to learn and retain knowledge. The solution was obvious and he immediately set about putting a school breakfast program in place using his own money. He launched the program six years ago, providing a nutritious breakfast for 60 children. Today, the program feeds 5,000 children in 24 schools. There's been a jump in attendance at the schools for boys and girls, improved grades and more participation by the kids.

It was afterwards that Dr. Mendez heard the story of the girl and her fatal toothache. That spurred a program of dental hygiene for the children. They've since adopted the habit of washing their hands and brushing

their teeth. He also hired a dentist and brought in modern dental equipment and a generator. Within three months of the dentist's arrival, she attended to almost 900 patients who hadn't been to a dentist before.

Next, he focused on those young minds, now eager to learn. He supplied the children with computers that can be hand-cranked in areas where there is no electricity. "The idea is that these children don't need to speak the same language for some subjects, like math, art and music," he says. "But perhaps the girl in Halifax and the Inuit child in Labrador and the boy in Bolivia can get together to work on a musical composition. It's been very exciting to see what they've come up with."

This past November, the Canadian Red Cross recognized Dr. Mendez's humanitarian work with a Humanitarian Award. "Making a difference to children really matters," Dr. Mendez says. "They are the going to be the leaders of the future. They are the ones who will improve their own countries and propel them forward."

Brain surgery goes virtual

NeuroTouch lets neurosurgeons practise operations virtually before making real incisions

More than 1,400 people streamed through Disney's virtual reality exhibit at the inaugural USA Science and Engineering Festival in Washington, D.C. in October 2010. And while they enjoyed a look at the engineering behind Disney's latest visual-fantasy movie, *Tron: Legacy*, they were most captivated by new Canadian technology sharing the tent space with Disney. Some people waited as long as two hours to try the NeuroTouch—a brain-surgery simulator that allows neurosurgeons to rehearse delicate operations virtually before making real-world incisions.

"People were fascinated by the sensation of actually touching the brain," says Dalhousie neuroscience alumnus Dr. Ryan D'Arcy '02, group leader of the National Research Council (NRC) Institute of



An ortho resident tries out the NeuroTouch surgical simulator.



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From left: Sujoy Ghosh Hajra, Vint Cerf (considered one of the founding fathers of the Internet), David Clarke and Ryan D'Arcy.



Biodiagnostics (Atlantic). "The NeuroTouch combines a realistic look and feel with patient-specific information, so they could probe the virtual brain and see the results in real-time 3-D."

Dr. D'Arcy and Dalhousie neurosurgery professor Dr. David Clarke have had leading roles in the development of the NeuroTouch simulator in collaboration with NRC engineer Sujoy Ghosh Hajra. Drs. D'Arcy and Clarke are members of the project's national advisory council, coordinating a cross-country team of clinicians, scientists and engineers to develop the simulator over the past three years.

While haptic technology provides the simulator's sense of touch, MRI provides patient-specific visuals that chart the functional areas of the person's brain. "Functional mapping through the NeuroTouch allows the surgical team to develop and practise surgical strategies that avoid disrupting vital functions, such as speech, vision or mobility," Dr. Clarke says.

The U.S. National Academy of Engineering (NAE) discovered the NeuroTouch while searching for technologies that address its 14 grand challenges of engineering. The device applies to three of these challenges: to enhance virtual reality, engineer better medicines and reverse-engineer the brain. "The Academy invited us to join Disney's virtual-reality exhibit," Dr. D'Arcy says. "It was a tremendous opportunity to showcase the interplay between medical research and engineering."

Drs. D'Arcy and Clarke are now working with prototypes in Halifax to integrate the NeuroTouch into the operating-room environment. "We are perfecting our processes so the technology can be used efficiently and effectively in the real world of patient care," Dr. Clarke says. "We've been working with tumour patients but now we're expanding our scope to include epilepsy patients who require brain surgery for control of their seizures."

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What the past says about the future

New research is unravelling the secrets of many serious diseases

By Dr. Ford Doolittle

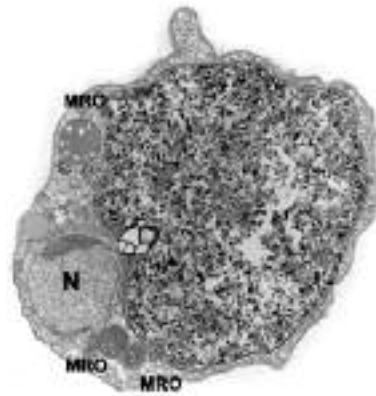
A team of world-renowned evolution researchers embedded in Dalhousie's Medical School is changing the way we study disease. In addition to researchers from medicine, the Centre for Comparative Genomics and Evolutionary Bioinformatics (CGEB; www.cgeb.dal.ca) has members from science (biology, mathematics and statistics) and computer science. However, its largest contingent and its Director, Dr. Andrew Roger, who holds a Canada Research Chair (CRC) award, work out of the Department of Biochemistry and Molecular Biology within the Dalhousie Medical School.

Dr. Roger, along with Drs. John Archibald and Claudio Slamovits and two Professors Emeritus (both former holders of CRC positions), Mike Gray and Ford Doolittle, aim to bring advances in genomics and bioinformatics to bear on the biology and disease-causing nature of an enormously important but under-investigated group of microbes called protists.

Among such "bugs" are causative agents of malaria, toxoplasmosis, African sleeping sickness and "beaver fever" (giardiasis), plus many less harmful or free-living relatives. Studying these microbes allows CGEB members to identify, through comparative genomics, key steps in processes by which an organism that can live harmlessly with humans can become a killer.

Often, the process that allows organisms to cause disease entails an overall loss of genetic information in the form of genes. Of particular interest to the CGEB group is the fate of tiny structures within the microbe called mitochondria and chloroplasts. These are the energy-generating structures that originated as engulfed and enslaved bacteria, an event that took place some two billion years ago.

These engulfed microbes (so called endosymbionts) now represent a major feature for many types of cells, including human cells. Astonishingly, the malaria parasite (*Plasmodium*) and its relatives (i.e.



Electron micrograph provided by Grant Stevens, showing hydrogen-generating mitochondrion-related organelles (MRO) of *Blastocystis*, an anaerobic pathogen (N designates nucleus).

Toxoplasma and *Cryptosporidium*) are actually highly degenerate free-living plant cells that no longer have photosynthetic capacity due to loss of chloroplast genes but remain vulnerable to herbicides by virtue of residual plant functions.

One lab overseen by Dr. Slamovits studies mechanisms, reasons and consequences of gene loss, not only in organisms related to the malaria parasite but also in infectious marine organisms that impact fisheries and can indirectly poison us. Dr. Archibald's group focuses on novel "secondary endosymbionts." These are ancient cells that had engulfed bacteria as chloroplasts that were in turn swallowed whole and enslaved by new hosts to create more complex organisms.

Understanding the natural history and evolution of cells provides new and unexpected insights into how best to deal with these organisms for improved human health. For further information, contact Andrew Roger (aroger@dal.ca).

Mitochondria (the other energy-generating structure found in all cells) also have suffered evolutionary vicissitudes. Many pathogens that infect humans and animals do not need to use mitochondria for energy but these pathogens still retain mitochondria-related structures that carry out a subset of

mitochondrial functions, plus novel activities, like producing hydrogen.

Dr. Roger's lab studies these microbes and has developed sophisticated methods for inferring the novel biochemistry and potential drug sensitivities of many organisms that have maintained these vestigial mitochondria. Through analyses of evolutionary data involving genomics and gene expression, Dr. Roger has been able to target *Blastocystis*, a human pathogen.

CGEB's members have pioneered the application of whole-genome sequencing and analysis of all the products (or transcripts) of the genome to protist biology. They have been remarkably successful at recruiting various U.S. sequencing centres to do the sequencing for free, allowing CGEB's 10 principal investigators and about 50 research trainees (including 12 post-doctoral fellows) to concentrate on high-end experimental and computational investigations. In the last 12 months, the group brought in \$2 million in research funding from the Canadian Institutes of Health Research and other agencies, and have produced 75 peer-reviewed publications. This represents a remarkable level of research productivity and has huge impact internationally.

The TULA Foundation has provided an eight-year grant of \$3 million for the support primarily of post-doctoral researchers. These young people, the next generation of researchers, have visited Halifax from all over the world: New Zealand, Japan, China, Kazakhstan, the Czech Republic, Norway, Sweden, Germany, France, Spain, Britain, Canada and the U.S. They are drawn by the reputation Dalhousie (and in particular researchers in its medical school) has built in microbial genomics and bioinformatics and its unique critical mass in the application of these methods to a great range of experimental and theoretical questions in microbial biology, ecology, evolution and human health.

Metagenomics and microbiomics: new approaches in microbial health

Expanding knowledge about the microbes inhabiting our bodies

By Dr. Ford Doolittle

As part of its new Canadian microbiome initiative, the Institute of Infection and Immunity within the Canadian Institutes for Health Research recently chose to fund seven emerging team grants. Ranked first in the country among these awards was a multi-disciplinary, multi-institutional bioinformatics project linking biochemistry and molecular biology within the Dalhousie Medical School (Ford Doolittle), computer science (Rob Beiko), biology, mathematics and statistics (Joe Bielawski) in a unique three-faculty research collaboration at Dalhousie University.

The Human Microbiome Project, a global effort Canada is supporting, offers unique intellectual challenges and opportunities. The goal of this program is to create comprehensive knowledge about the microbes inhabiting the interior and exterior of the human body and to understand how these microbes vary in and influence health and disease. The group will determine how diet, geography and lifestyle might impact the behaviour of these microbes.

This knowledge will come through “metagenomics,” a massive high-throughput sequencing of all the constituent parts of the information system contained within all cells, the DNA, RNA and protein isolated from specific sites. Ultra-sophisticated computational analyses will convert the enormous data sets obtained into an understanding of which microbes occupy which parts of the body, what they are doing or what they could potentially do.

One might think that generations of microbiologists culturing bugs from sick and healthy people would have already figured this out. But our knowledge remains woefully incomplete. There are simply too many different kinds of microbes, too many of which have not been and perhaps cannot be cultured, and too much variation in their numbers and activities.

Indeed the very notion that we might count the number of bacterial species in the typical gut or on the typical fingernail is belied by the fact that different isolates of the same species can vary by about 40 per cent in the genes they carry. Indeed, through the application of sophisticated molecular technologies we now appreciate that genes can actually be gained by one species through direct transfer of genes from other member of the same species or by transfer from members of a completely different species.

Likewise, genes can be lost. This plasticity of gene composition is now recognized to be sufficiently frequent as to render the notion of species highly problematic philosophically. This is why the research team also includes the world's leading philosopher concerned with



Dalhousie's microbiome team. From left: Joe Bielawski, Rob Beiko and Ford Doolittle.

species definitions and classification, Marc Ereshefsky in Calgary.

Still there is detectable and exploitable order and predictability in the living world and many intriguing discoveries are emerging daily. For example, obesity is associated with shifts in the taxonomic composition, diversity and gene repertoires of the microorganisms living in the human gut so that these organisms have increased capacity for nutrient utilization. Recently in the news was the discovery that the gut microflora of nori-eating Japanese people carries genes for digestion of this seaweed's carbohydrates—genes obtained by transfer from marine bacteria.

Making sense of metagenomic data produced by the Human Microbiome Project will demand more sophisticated assessments of community compositions and distributions, and more holistic, process-based approaches to understanding community functions. The Dalhousie team aims to develop and implement a new generation of bioinformatic tools to meet this demand. Its unique combination of bioinformatics experience, computational sophistication, evolutionary and population genetic orientation and philosophical rigor will help make microbiomics into a predictive health science with great therapeutic potential. Our deliverables will be widely-applicable software based on advances in understanding how microbial genomes evolve in communities. An invaluable byproduct will be a cadre of interdisciplinary trained graduate students and post-doctoral fellows. Ultimately, this type of information will provide much of the basis for decisions concerning the health care of individuals and health policies for our population.

For more information, contact Dr. Ford Doolittle at ford@dal.ca.

"We are witnessing staggering advances in our understanding of genetics and genomics, approaches that were more akin to science fiction only a decade ago. Researchers within the Medical School are leading this world-wide effort to understand the fundamental nature of life itself."

—Dr. Gerald Johnston, Associate Dean, Research, Faculty of Medicine.

Email: g.c.johnston@dal.ca

The problem with professionalism

Professionalism in medicine goes much deeper than just looking and acting the part

By Janice Hudson

When it comes to professionalism in the workplace, physicians have an even higher standard to maintain than people in other fields. “It’s different in health care because you are dealing with individuals who are vulnerable and ill,” says Dr. Charles Maxner, Division Head of Neurology at Capital District Health Authority. “You need to put your own stress aside and put that person front and centre.”

There’s a social contract between society and physicians, demanding that physicians put patients’ needs first. “A physician’s first duty is to the patient,” says Dr. Jock Murray, Professor Emeritus at Dalhousie Medical School. “It is not in their own interest or that of the hospital, department, government, medical school, military or any other group that hires physicians. It creates a delicate situation because we do work in departments and hospitals, and are faculty of medical schools, and we are paid by government. But as professionals, we must always make decisions that are in the interest of patients.”

As health care becomes more complex, with more staff, larger hospitals and specialized equipment, maintaining professionalism—and understanding exactly what that means—can be difficult for physicians.

“Years ago, the roles were pretty clear,” says Dr. David Kirkpatrick, Interim Chief and Department Head for Surgery at Dalhousie Medical School. “You learned by doing and by emulating the people around you. Medicine is still largely an apprenticeship process, where you learn how to behave by watching the people already part of the profession. When I was a student, the signposts were all around me and it was not hard to absorb it but it may not be apparent to today’s learners.”

He welcomes changes in the curriculum-renewal process at Dalhousie Medical School, including classes in ethics and

professional behaviour that outline a physician’s role in society. “It’s a civic responsibility for physicians to be guardians of the public purse and to use resources wisely and to also be an advocate for health promotion,” he says.

Dr. Murray agrees. “Physicians are paid well, provided with a lot of resources, recognized and protected by law and given status and recognition,” he says. “But in return, society expects medicine and the profession to address its interests and needs.”

Medical students need instruction about the complexity of health care, Dr. Kirkpatrick says, including insight about the blurring of roles among care givers. “There is such a wide range of care givers,” he says, “It’s a more fragmented delivery system. In many

“It’s different in health care because you are dealing with individuals who are vulnerable and ill.”
—Dr. Charles Maxner

ways that is good but it might not be as obvious to people how they should interact with colleagues, with residents and with medical students.”

Dr. Maxner says the best lessons still come on the job. “It has a lot to do with who you are working with,” he says. “You learn it almost by osmosis—how your interactions occur with faculty, with patients and seeing how faculty interact with patients. Learners watch how these interactions occur and you must recognize that you’re a role model and you need to provide the best possible care.”

For physicians, the growing specialization of health care can pose challenges in professional conduct. “As you become more specialized, you become a little narrower in your viewpoint and less likely to think laterally,” says Dr. Kirkpatrick. “This can result in

people thinking of themselves as technicians and they are less globally professional.”

Having good communication with health-care providers is essential. “Things have changed over the years, with much larger teams involved,” Dr. Maxner says. “Health care is not just the venue of a nurse, patient and doctor. The ancillary care team is important—nutritionists, speech therapists, social workers. The care is delivered by teamwork... You never gain anything by bringing in too much of your own personal agenda.”

Budget constraints and other pressures can bring additional stress for physicians. “The health-care business is becoming increasingly complex and the unintended effects of that is the disenfranchising of physicians,” says Dr. Kirkpatrick. “If your way of being paid is beyond your control, the number of hours you work, and you have less control over factors such as treatment options, you may increasingly feel like an employee. It’s not necessarily a bad thing but it may explain why someone could drift from the ideal of professional conduct.”

Dr. Murray agrees: “The pressures are getting greater on physicians, so it’s important that people understand the three major responsibilities of professionalism: the primacy of patient welfare; patient autonomy; and social justice.” He worries our system may be sliding in the direction of privatized health care in the United States, where health-maintenance organizations (HMOs) and other private health-care services make decisions based on the bottom line.

“They are interested in making profit from health care, so they can impose a gag rule where physicians cannot discuss with patients forms of treatment that their organization does not offer,” he says. “This is not in the interest of patients. These groups are not bad—they just have another ethic. A knowledge of professionalism and the ethic of medicine allows us to function effectively within these groups while maintaining our professionalism in the interest of patients.”

Dr. Maxner thinks communication and planning are key for addressing problems in the current system. "There are always conflicting demands but if you recognize stress and strain that may affect care, you need good communication at the collegial level," he says. "In my department, if something is drawing a colleague away, you can always ask another colleague to step in—that's why we have a 24/7 system with calls and backups. It's not an unlimited health-care system...At the leadership level, you have to be forward thinking and it's a continuous process of planning."

There can be other issues surrounding professionalism in medicine, particularly when it comes to training medical students. Condoning unprofessional behaviour may be tempting for both parties in medical student-physician relationships. "Especially in third year, when medical students are looking for reference letters for residency applications," says Sarah Dobrowolski, a Dalhousie medical student who will be starting her fourth year this fall. "Some students will not report the unprofessionalism of their supervisor because that person may be writing their evaluation or a reference letter. I've seen that several times."

Speaking up about the inappropriate behaviour of a physician may be uncomfortable, particularly for a medical student, but Dobrowolski says it's an important aspect of professionalism. She encountered this situation herself in third year while doing a patient consult. "Another consulting physician was trying to consent the patient to have a procedure done," she recalls. "The patient's next of kin was not there but the physician really wanted to have the procedure done before the end of the day and he was trying to move it along quickly. The physician was putting a lot of pressure on a patient's family member who was not legally in the position to make the decision. This family member was very upset and confused."

After consulting another staff member, Dobrowolski confronted the physician about his behaviour and he backed off. "As a student, it makes you feel good that you recognize the behaviour as unprofessional," she says. "But you also need to step forward and say that it's wrong. It's unprofessional if you observe it and don't act on it."

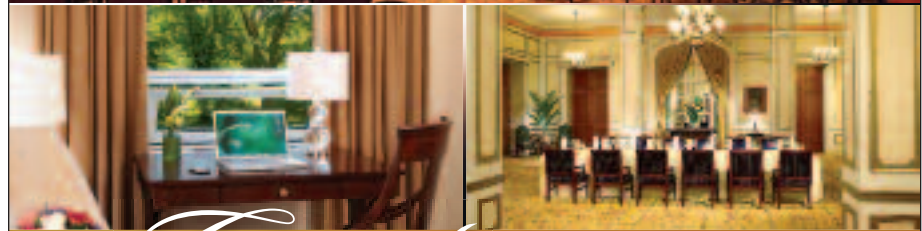
While she didn't have a problem speaking up, she realizes some medical students may find that difficult. "I think it's good to throw it by another staff physician just to confirm your viewpoint and from there, that other person can help you or at least give you the kick in

the pants you need to do something about it," she says.

As the new medical curriculum comes into play, she thinks simulated scenarios dealing with professionalism would also be helpful. "We do a lot of work with simulated patients for other things and this would give students a safe place to act out what they would do in real-world situations," she says.

For Dobrowolski, the most important aspect of professionalism in medicine is being positive about the profession and

respectful of others, including patients and other care givers. "You sometimes see people within the profession who are tainted or disheartened about the profession itself," she says. "I think it should be encouraged to maintain a positive attitude and to treat your profession and colleagues with respect. In my opinion, the health profession is a profession of hope and having a hopeful perspective and maintaining professionalism will help patients have more hope for their treatments."



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Measure of success

Doctors and dentists share many of the same business dilemmas when it comes to running successful practices

by Skana Gee



Photo: iStockphoto.com

When Dr. Gus Grant finished medical school 13 years ago, he was well prepared to treat patients with myriad health issues. As a family physician, he knew they would run the gamut from controlling asthma symptoms to helping babies be born to managing a senior's diabetes.

But he wasn't necessarily ready for the constant demands involved in running a family medicine practice. "I wish I didn't know now what I didn't know then," says Dr. Grant, who graduated from Dalhousie Medical School in 1997 and is a partner at Public Gardens Medical Clinic in Halifax. "As soon as you take the graduation gown off, you're basically a small-business owner," he says.

Hiring staff, ordering supplies, managing schedules, obtaining malpractice insurance, borrowing money and training administrative staff: these are all tasks that may face a newly minted doctor but they may not be top-of-mind during the taxing years of medical school and clerkship.

"The students are actually not interested

because it is so far removed from what they are doing," says Dr. Tom Marrie, Dean of Medicine. "When they realize they need it, it's often too late."

Still, the medical school is ramping up its efforts in this area. In July, a new practice management component was introduced as part of the curriculum-renewal process. There's also an increased focus on leadership.

"Leadership skills are important regardless of the practice chosen by an individual doctor," says Dr. Marrie. "You still have employees, even if you're not responsible for paying them." That applies to physicians working in hospitals, in new practices or in established clinics, which is the route most family doctors choose these days.

Michelle Malloy, Director of Undergraduate Medical Education at Dalhousie, says the new curriculum component known as professional competencies introduces students to concepts such as their role in the medical field, the professional background required to practice and legal standards. It also contextualizes medical care within various types of practice.

New students shadow physicians, learning about types of practice, professional challenges and health-care systems. Early in their second year, they learn about regulations and legislation around medical practice, including third-party payouts. "It's still pretty early in the game because they still have to go through a residency, but it does start to frame for them what it means to be in business," Malloy says.

The medical school also contracts MD Management Ltd., a consulting firm that offers workshops and seminars, plus one-on-one training on a range of topics, including business practices.

The student affairs office also initiates special learning opportunities. "Learning becomes more individualized as students move further into their education," says Malloy. "Now they're out on the wards and they're seeing the paperwork, they are shadowing other physicians and they are starting to think about their career in a new way." She adds that students always have access to the curriculum, so they may revisit any topic previously covered.

The business of doing business is also a topic of conversation at Dalhousie's Faculty of Dentistry. It's covered in two programs of instruction—management and professionalism curriculum and on-the-job training, according to Dr. Ron Bannerman, the faculty's Assistant Dean of Academic Affairs.

The programs emphasize ethics, legalities and social responsibility, including the role of professional organizations and licensing authorities, says Dr. Bannerman. They also cover the roles and responsibilities of dentists in various practice settings and patient management (such as record keeping, scheduling and billing). "This is training in the business of doing dentistry," he says. "This is what they will run into during practice, no matter their path."

And while it may seem dentists are more savvy about such things, Dr. Bannerman says the school encounters similar challenges when it comes to business-related curriculum. In large part, that's because new dentists are not likely to build a new practice from the ground up these days. The trend now is to join an established practice, where most of the business decisions have been made for them. "Students are pretty savvy consumers," he says. "They target their goals and they marginalize the things that aren't important to them."

"We don't teach it very specifically. We don't have the time to devote to it," says Dr. Bannerman. One of the most important lessons imparted, he adds, is the need to obtain the services of an accountant, a lawyer, and perhaps a financial planner and business manager. "They do need expertise in areas that we do not teach. They're pretty much obliged to join a team," Dr. Bannerman says.

Alto Lo, a fourth-year medical-school student at Dalhousie University, believes the business-related training for future doctors could be beefed up, but he also recognizes the challenges. "I definitely feel that there is room for improvement," he says.

"Whether it is a priority, it's really hard to say because I think the level and need of training is dependent on the type of practice one will have. For example, family physicians running their own practice will probably need the most training with respect to running a business—hiring, renting, overhead costs, etcetera, versus someone who is hired by the hospital."

Lo thinks there are certain basic business skills all physicians need. "We're always going to be working with people and having to manage people, so leadership and motivation skills are important," he notes.

He cites managing a team, running meetings and motivating staff as other skills that will prove valuable during a doctor's career. "I think it's hard to implement at the medical-school level, since the needs of each student are more varied," says Lo, the curriculum representative for his class. "However, I think those skills I mentioned are things that we can have small-group sessions on. Or, if one really wanted to emphasize it, it'll be a skill that we would be evaluated on in our rotations."

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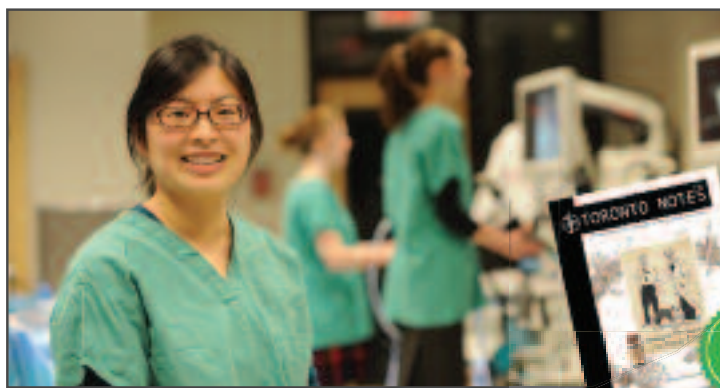


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Defining and defusing bullying behaviour

Practical advice on dealing with bullying in the workplace

By Gaye Wishart

Advisor with Dalhousie University's Harassment, Prevention/Conflict Management

Bully is an ugly word. It labels the person rather than the behaviour. It also assumes intentional behaviour. Rather than being a deliberate attack, bullying often results from a lack of awareness regarding a behaviour's consequence or from inadequate interpersonal/supervisory skills.

Bullying is a pattern of repeated behavior that may include threatening, intimidating, abuse of authority, yelling, demeaning comments and exclusion. Dalhousie University uses the broader definition of "personal harassment," with an employee policy to address concerns.

All employers have a responsibility to create a safe work environment for their employees. This includes a psychologically safe environment free from bullying and harassment. Recently, an arbitrator awarded \$10,000 in damages to CDHA employees who were bullied and harassed by a supervisor. It was found that the employer failed to take appropriate action by handling complaints in a timely manner, in part because some felt the behavior was part of a long-standing "culture of joking and bantering."

As medical professionals in leadership roles, you have a duty to respond appropriately. That means taking it seriously, ensuring a timely response, intervening as appropriate, seeking advice, ensuring procedural fairness, preventing escalation and respecting confidentiality.

Reports suggest that it takes 18 to 24 months before employees will come forward with a complaint of bullying or personal harassment. It can take many forms and may be insidious behavior that is difficult to see in a pattern. It may be uncovered when the targeted employee actually explodes, often over a small incident. That person then becomes the subject of concern and possible disciplinary action. However, the explosion is typically the last straw in a lengthy pattern of abusive and disrespectful interactions.

We all have a shared responsibility for the climate of our working and learning environments. Speaking up when you see abusive behaviour is important but power dynamics can make that difficult. Often people are afraid of being the next target. To highlight this difficulty, a study quoted by the Institute of



From left to right: Dr. Jodie Cooksey - Resident, CDHA • Chris Power - CNA, CDHA • Susan Gaudin - Asst. Bullying Facilitator, NSHR • Dr. John Lefkowitz - Physician, NAC • Jessica Gifford - Registered Nurse, Acute Care Unit, NSHA • Dr. Tim MacIn - Head of Medicine, Dalhousie University • Lucinda Sordani - Canadian, Dalhousie University

We support and promote a bully-free workplace.

For more information on intimidation and harassment, contact your employer or local association.



Health and Human Potential states that 84 to 89 per cent of health-care workers had witnessed a coworker taking shortcuts that could endanger patients. Less than 10 per cent addressed their concerns directly.

Bystander behaviour often resembles a deer-in-the-headlights response. Don't always leave it up to the victim. Silence enables the behaviours to continue. However, you need to know how and when to have the conversation so that the other party will actually listen to the feedback. Try to avoid the desire to punish or blame and simply aim to provide the feedback:

"You may not be aware..." Talk about the impact and how it made you or someone else feel. The goal is to raise awareness and change behaviour. Changing the behaviour of the harasser is one step but sometimes we also need to change the behaviour of the people who interact with that person. Establish boundaries, attempt to speak up, provide feedback and model the way. For more information, visit hrehp.dal.ca or email gaye.wishart@dal.ca.

Future doctors

When I was growing up in Prince Edward Island, I knew of only one other family of African descent. Not only that, I could probably count the number of non-Caucasian families I knew on two hands.

I grew up not really being aware of colour, although I did find it a bit odd on family vacations when we were surrounded by others who looked "like us." When asked where I'm from, I proudly say Charlottetown, P.E.I. I am an Islander through and through (just listen to my Rs).

The next question is almost always, "But where are you really from?" My response is some sort of variation of this: my parents were born, raised and for the most part, education in Uganda. They trained as veterinarians and left Africa for Australia in 1980. After crisscrossing the globe, pursuing PhDs and post-doctorate work with three small children in tow, my father landed a position at the Atlantic Veterinary College in

1989. Our family has been in Charlottetown ever since.

I'm fortunate that my parents instilled in me the notion that education is everything. Although I have not felt like I a victim of discrimination or racism, I was well prepared for the possibility. My parents taught me early that if you're good at what you do and work hard no matter what colour your skin is, someone will notice and give you a chance. I have lived my life by that philosophy.

I am fortunate to be the product of two very ambitious and education-minded individuals. But not everyone is so lucky. Although Nova Scotia has the largest population of descendants of Black Loyalists in Canada, Dalhousie Medical School has only produced one doctor with this background in all of its years. I believe that an institution such as Dalhousie Medical School must strive to have classes that are representative of its surrounding population. After all, many Dalhousie graduates stay in the

Maritimes to continue their medical education and practice.

I can't describe the pride in the eyes of Africans I have had the opportunity to meet during clerkship when tell them I am going to be a doctor. It has become my mission to increase awareness and applications of descendants of Black Loyalists at Dalhousie Medical School. This ties in quite nicely with Dean Marrie's initiative of increasing enrollment of under-represented individuals, including black Nova Scotians, Aboriginals and poor people.

I hope to see many more people who look like me benefiting from the wonderful education that Dalhousie Medical School provides and returning to their communities to practice the art of medicine. As a future alumnus of Dalhousie Medical School, I urge you to donate funds to help Dean Marrie reach the goal of \$10 million for this initiative.

Patricia Kibenge '11



Photo: Jesse Dutton, jduttonphoto.com

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DMSS update

A guide of DMSS news and upcoming initiatives

It's a pleasure to be writing on behalf of the students at the DMSS to tell you a little about the work we have been doing this year. Having met with the Communications Department of the Faculty of Medicine earlier this year, the DMSS shares the belief that the reputation of our medical school is fundamental to the value of our degrees when we graduate.

The DMSS continues to work on the communication of what Dalhousie Medical School has to offer: an outstanding academic program that prepares us very well for licensing exams and the match; an emphasis on hands-on learning early in our training; the opportunity to explore the art in medicine, how the humanities impact our efforts as physicians and much more.

We are currently working on initiatives within our school (such as working with the Dalhousie Pre-Med Society), within our community via our high-school

outreach program, SHOUT, and Everest, plus nationally through the Canadian Federation of Medical Students (at federal lobby day and general meetings).

We continue to work on the signature events that have become staples for Dalhousie medical students—this year's Med Ball was a wonderful evening, the highlight of the first half of the school year. Coming soon is the charity auction and our cross-year talent show Euphoria.

Finally, I'd like to mention the incredible enthusiasm that the new first-year class has brought to Dalhousie medicine—a class divided geographically but united nonetheless. They continue to be motivated participants in the Dalhousie medicine experience and are pioneers in bringing these long-standing Dalhousie medicine traditions to New Brunswick. And for that we thank you.

Aris Lavranos, DMSS President

WWW.DMSS.CA



The basics of medicine haven't changed much over the years but how it is taught has changed. Alumni will recall the lecture-based teaching style, then

there was Case-Oriented Problem-Stimulated (COPS) teaching and now curriculum renewal has ushered in the era of Case-Based Learning (CBL) and distributed education.

The ongoing curriculum renewal efforts have been extensive and part of an evolving process. The LCME/CaCMS accreditation standards require that administration consider student feedback in program evaluation. There are many opportunities for students to contribute: providing individual feedback to the UGME on what worked well and what didn't to meet the

learning objectives; providing group feedback through end-of-unit reports; or participating in one of many academic committees where students have a voice and a vote.

The DMSS Vice-President Medical Education is charged with leading a dedicated and enthusiastic group of student representatives from all four years who share a common interest in medical education. Working together with faculty and administration, we are shaping the experiences of future classes. Whether we are commenting on the effectiveness of a learning resource or the successful administration of our beloved practice clinical sessions, we are taking an active role in how our curriculum is taught.

Our first priority over these four years is our medical education. Given the nature and extent of changes we've seen in our short time here, we are engaged in contributing to the evolving curriculum. To date, student



The role of the Vice-President Internal involves organizing traditions and events that help make Dalhousie Medical School a truly unique experience. We held

our first big event on November 13 at the Westin Nova Scotian in Halifax. Med Ball 2010: Big City, Bright Lights was a big, bright and beautiful night.

Students from all four medicine classes (including the inaugural class from Saint John, New Brunswick) joined faculty members and sponsors to celebrate achievements. The crowd wine and dined, enjoyed performances by the TestosterTONEs and Vocal Chords and danced the night away.

Dalhousie Medical School's annual variety show, Euphoria, has been set for Saturday, February 26. All four medicine classes are already working hard to make sure the competition is a strong one. Euphoria has been at tradition at our school for over 40 years. Nominations for this year's charity are currently being accepted.

Lifestyles in Medicine is a series of events that take place throughout the school year. We welcome physicians from different specialties to speak with students about their careers and lifestyles in an informal atmosphere. This fall, we enjoyed conversations with emergency-room physicians, surgeons and medical officers of health who specialize in community medicine.

*Katie Goodine '13
DMSS Vice-President Internal*

feedback has been very positive.

In closing, students truly appreciate the work of the many contributors to both curriculum renewal and the establishment of the Saint John campus. We recognize that the efforts to make these both a reality have been considerable and have involved clinical and research faculty and administration, many of whom are alumni. Thank you for your continued support.

*Dorothy Thomas '12
Vice-President Medical Education*

Thank you Dal Medical Alumni for your generous donations.



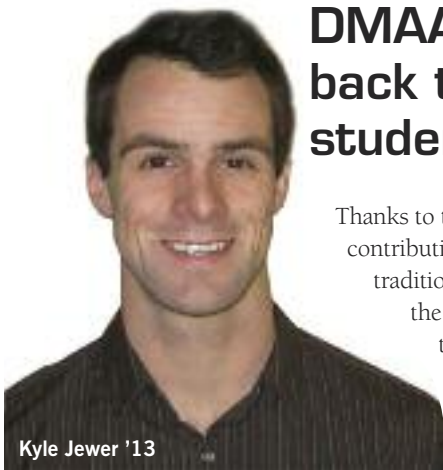
DMAA Treasurer Dr. Alf Bent '73 presents \$10,000 cheque to DMSS President Aris Lavranos '12.

2010 DMAA funding for students

This support helps us pursue many initiatives that are the building blocks of the Dalhousie Medical School experience: athletic clubs, humanities programs, academic and research opportunities, as well as career planning in the form of specialty interest groups. The value is much greater than simply financial, as it serves as a gateway for students to explore avenues that are otherwise unknown. Many thanks for your continued efforts in helping the DMSS support the student body.

Aris Lavranos '12, DMSS President

Thank you to class reunions 1957, 1960, 1970 and 1985 for donating class reunion funds to the DMAA.



Kyle Jewer '13

DMAA alumni give back to medical students

Thanks to the generous support of alumni contributions, the DMAA is able to continue its traditional annual donation of \$10,000 to the DMSS. In turn, the DMSS distributes these funds to various student initiatives benefiting the medical school. Types of projects that receive funding include specialty interest clubs, community-based volunteer

organizations, advocacy groups and humanities programs.

Last fall, the DMAA received 27 applications for funding, reflecting the diverse interests and talents of the Dalhousie student body. DMSS Vice-President Finance, Kyle Jewer '13 reports that the executive committee allocates funding to projects based on their potential to help students grow from a professional standpoint and to encourage their development into well-rounded physicians. The greatest challenge is allocating the funding among so many worthy projects: students requested \$21,000 in funding in the fall semester alone.

The annual DMAA donation also maintains the popular Lifestyles in Medicine and Everest Challenge programs. Lifestyles brings in popular physicians to present the advantages and drawbacks of life in different medical specialties, helping inform the critical career decisions that come with medical school. Everest Day, Dalhousie Medical School's largest event in the Halifax community, puts Dalhousie medical students in dozens of Grade 4 classrooms around HRM to interact with children and teach them the benefits of healthy lifestyles—preventative medicine at the earliest stage. DMAA-funded projects enrich the experience of students at Dalhousie and are an important part of their education. To learn more, surf to dmss.ca/news.

Kyle Jewer '13
DMSS Vice-President Finance

Making Waves

Making Waves Halifax provides one-on-one swimming lessons for children with special needs. Our first session ran last winter, in which 20 children from the greater Halifax community were paired with Dalhousie medical students for eight weeks of fun in the pool. We recently completed our second session this fall. We were thrilled to have 56 children registered for the program and swimming with students from our first, second, and third-year classes.



Jill Trinacty '13 and three-year-old Derek Hingley.

A great deal has been learned, both by the kids and by the medical students who are thankful for the experience of interacting with special-needs individuals. "The volunteers of the Making Waves Halifax program give up their precious weekend time to help those with disabilities learn to swim," says Jill Trinacty '13, one of our participating parents. "To see the looks of happiness on the children's faces reflects the appreciation of the parents. We now know that although our son, Derek, has Autism Spectrum Disorder, he will learn the lifesaving skill of swimming. Thank you to all who enable this to happen."

Plans are currently in place to begin a sister program at Dalhousie's new campus in Saint John. Making Waves Halifax thanks the support of our alumni for making this program possible.

Kyle Jewer '13
DMSS Vice-President Finance

Hoop dreams

Alex Legge's love of basketball fuels her passion for medicine: she is one of Desjardins' Top Eight Academic All-Canadians.

By Alex Legge '14



Since the age of eight, my life has revolved around basketball. I love playing it, watching it, coaching it and talking about it. Through basketball, I've experienced incredible highs and devastating lows. However, I'm certain that I would not be where I am today if not for my involvement in the sport I love.

I spent the majority of my teenage years in a gym. Every weekend, my father would drive me all over the province so that I could participate in various elite basketball programs. In Grade 12, the phone started ringing nightly, with university coaches calling to offer me athletic scholarships. As a strong academic student, I ultimately chose Dalhousie for my undergraduate education because it offered the balance between academics and athletics that I was looking for.

In my four years as a Dalhousie Tiger, I had success both in the classroom and on the basketball court. My ability to balance athletic and academic excellence has been recognized with numerous awards, including the Dalhousie President's Award and the James Bayer Memorial Scholarship. I feel especially honoured to have been recently named one of the 2009-10 Desjardins Top Eight Academic All-Canadians.

However, more important than any award are the life lessons I have learned through basketball. The communication skills I've learned and the leadership qualities I've developed will serve me well in my professional career as a physician.

My experience as an undergraduate student at Dalhousie was so positive that when applying to medical schools, Dalhousie was my first choice. I just can't imagine studying medicine anywhere else. I've enjoyed the past four years so much, I've returned for another four!

As my passion for health and medicine grows stronger, my passion for the sport of basketball remains. As a first-year medical student, I am still involved with the Dalhousie women's basketball team as an assistant coach. Next year, I hope to return to the court for my final year of athletic eligibility as a Dalhousie Tiger. Balancing medical school and varsity athletics won't be an easy task but with my passion for both, I know that I am up for the challenge.

New world view

Humanitarian work around the world inspired Mary Halpine to pursue medical school

By Mary Halpine '14

Growing up, I witnessed numerous injuries. I learned it was not cool to closely examine a friend's wart or to show my nail-less thumb after I had slammed it in a door—regardless of how fascinated I might be. Eventually my joy in learning about the human body helped me realize that all I wanted in life was to be a doctor and help people.

After completing my undergraduate studies at UNB, I had the opportunity to work for the World Youth Alliance, a non-governmental organization (NGO) promoting the dignity of every person. Based in





Mary Halpine in the Philippines.

New York, it has offices on five continents and maintain a full-time presence at the United Nations. I decided if medicine truly was my passion, I would return to it.

On a trip to Kenya, I visited a slum and encountered a five-year-old boy trying to keep flies off the face of a baby lying limp in his arms. I met a woman in the Congo who covered her right eye with her hand, trying to hide the pus oozing from it. In Mexico, I emerged from the subway to the typical scene of an old woman begging. Whereas people normally crowd and bump into each other, here they gave a wide berth to this woman who suffered from leprosy. Of course, there were also thousands I met who were struggling with varying degrees of malnutrition but were lucky enough to receive an education and were therefore considered privileged.

After these experiences, my passion to study medicine grew stronger. Finally, I handed in my resignation, re-applied to medical school and was accepted to Dalhousie. Thankfully, Dalhousie promotes hands-on learning in the hospital to maintain focus on patients. Now I learn from and about the sick and the memory of those I've met spurs me to learn all I can. In a few years, I'll be able to not just listen but to diagnose and treat their illnesses, bringing them the health to be treated as people.

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Restoring history

Dr. Brian O'Brien '57 spearheads a project preserving Irish heritage at Holy Cross Cemetery



Retired ophthalmologist Dr. Brian O'Brien '57 may never have envisioned himself spending his retirement working in a graveyard. But that has become his morning routine each Saturday between May and October.

On a mission of cultural and historical significance, he was inspired by the late Dr. Cyril Byrne to tour the cemetery and see its wealth of Irish history before further destruction occurred from the elements and vandalism. After that visit, Dr. O'Brien became determined to restore the site in honour of Halifax's rich Irish ancestry.

Since 2008, his team of 150 volunteers have reconstructed over 1,400 gravestones, started refurbishment of its chapel, landscaped and improved security. Along the way, they have photographed and recorded information for genealogical purposes.

The oldest Catholic cemetery in Halifax, Holy Cross is a burial site of over 25,000 people, mostly of Irish decent. It is the resting place of Sir John David Sparrow Thompson, Canada's first Catholic Prime Minister (who contributed to the formation



of Dalhousie Law School). Bishop Edmund Burke, founder of Saint Mary's University in 1803 is also buried in the cemetery.

Holy Cross contains the grave of Dr. Edward Farrell. Dr. Farrell obtained his MD in 1864, becoming a professor of surgery in the Faculty of Medicine at Dalhousie College in 1873 and serving as the Dean of



Medicine at Dalhousie from 1895 to 1900. He was instrumental in influencing Bishop Cornelius O'Brien and the Sisters of Charity in building the Halifax Infirmary.

Numerous contributors to medicine, law, politics and education are also buried at the site, including local historical figures whose names are memorialized in Halifax's street names, such as Tobin, Swain and Kline. Holy Cross is also home to the "Church Built in a Day." On August 31 1843, over



1,800 volunteers constructed the chapel.

The project has received financial support from generous donors for the ongoing process of fencing, equipment and materials. Volunteers and support are welcome. Contact dbobrien@ns.sympatico.ca or visit www.holycrosscemeteryhalifax.ca.



Gaining momentum

The new Section of Senior and Retired Doctors is establishing activities and new projects, including creating a website

By Drs. Ed Kinley '56 and Robert Read '56

Over 80 members attended a successful meeting for the Section of Senior and Retired Doctors (SSRD) on October 22 at the Hotel Atlantica in Halifax. It was the group's first meeting since its inauguration at the Doctors Nova Scotia annual meeting last June.

It was a great opportunity to meet and greet old friends and classmates. After a buffet dinner and with Gene Nurse chairing the meeting, the group adopted a mission statement and bylaws, agreed on yearly dues of \$20 and created standing committees. A nominating committee consisting of Chair Gene Nurse, Dennis Johnston, Monty MacMillan, Bill Mason and Dinesh Sinha will be bringing in a new slate of officers at the section's first annual general meeting in March.

Secretary Bob Read addressed the meeting on the SSRD past, present and future and discussed the results of a survey of members completed last summer. He noted that the chief reasons why most people want to join the section are the social activities and the opportunity for effective advocacy on issues.

A forum for senior and retired doctors held in November 2009 produced over 60 ideas for activities and projects, many of which came from other categories. These included volunteerism, liaison with other



Executive of Doctors Nova Scotia's Section of Senior and Retired Doctors (SSRD). From left: Drs. Kempton Hayes, Ron Stuart, Bob Read (Secretary), Gene Nurse (Chair), Ed Kinley, Tony Lamplugh (Treasurer) and Tarun Ghose.

organizations such as the DMAA, mentoring and teaching. Other ideas included providing or benefiting from expertise in practice maintenance and retirement, compassionate care to the ill, isolated and bereaved, commemoration and recognition, and archives management, including a memories project.

The SSRD got its start at a meeting in April 2009 with a small group of about 20 retired doctors. They created a steering committee which, among other things, defined membership as senior (those still practising after turning 65) and retired. They produced a newsletter, pursued two or three advocacy issues and prepared the way for the creation of the section.

Present membership is 170 out of approximately 500 eligible physicians—half senior, half retired. The future of the SSRD consists of converting ideas into actions and interests into activities, starting with the results of the summer 2010 survey that outlines the range of interests of its members. Posting these results, along with a membership directory, on a website currently being developed with its home page on the Doctors Nova Scotia website may empower groups of common interest to pursue those interests together.

Current advocacy issues include examining the Doctors Nova Scotia health and dental plan (led by Philip Welch and Kempton Hayes) and developing policies that emphasize province-wide participation, as 35 per cent of our membership reside outside of Halifax.



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Leticia Mussa knows that it takes a village to raise a child.

Leticia Mussa has been a Traditional Birth Attendant (TBA) for 16 years. Leticia has no training other than the knowledge and skills she got from her grandmother 16 years ago. She is aware of the danger of getting HIV during delivery but she is not properly prepared to avoid it. When she delivers babies she has no gloves so she is forced to use nylon bags. Leticia knows that she needs proper training and supplies but she can't deny helping women in the village.

For women in industrialized nations, the risk of maternal mortality is about 1 in 4,000 whereas in sub-Saharan Africa, as many as 1 in every 16 women are facing the lifetime risk of maternal death.

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My Saudi sojourn

By Dr. David Hawkins '60, MD, FRCPC

New medical facilities in Riyadh are providing leading-edge health care services and training in Saudi Arabia



Figure 4: Lauren Jain '13, elective student at KSAU-HS with some local fauna.

Since the 1980s, medical schools and affiliated institutions in Canada have provided postgraduate residency and fellowship training for some 3,000 Saudi Arabian physicians—the largest such foreign group in Canada. On return to their kingdom, they are the academic and professional leaders in the country.

I was fortunate to be a participant in this project. In 2008, my Saudi colleagues asked if I would visit Riyadh as academic advisor to a new health-sciences university. I leapt at the opportunity, thinking I might spend three to six months overseas. I have just renewed my contract for a third year. I was encouraged to continue working in pediatric rheumatology but the demands of the university made that difficult.

The King Saud bin Abdulaziz University is the academic affiliate of National Guard Health Affairs, which employs more than 22,000 staff and provides from primary to tertiary health care for the members of this military service and their dependents.

Its Medical City is also the major trauma center for north-east Riyadh, a city approaching nine million inhabitants.



Figure 1: New Riyadh campus of the King Saud bin Abdulaziz University for Health Sciences.



Figure 2: New general hospital, part of the King Abdulaziz Medical City.



Figure 3: New King Abdullah Specialist Hospital for Children.

Our emergency room is the busiest in the Middle East with more than 300,000 visits per year, 45,000 of which are pediatric.

We perform everything from liver transplants to the separation of conjoined twins, a “Kingdom for Humanity” project that attracts patients worldwide. King Abdullah has provided the substantial investment for the new academic campus in Riyadh (Fig. 1), as well as satellite campuses in Jeddah, Medina and Al Ahsa. There will be as well a new general hospital (Fig. 2), children’s hospital (Fig. 3) and research centre, all due to open in 2011-12. Dean Tom Marrie is an esteemed member of our International Advisory Board and he visits Riyadh regularly.

My next-door neighbour in our housing complex, Dr. Neville Russell, is a fellow Newfoundlander, Dal grad ('64) and a neurosurgeon with 20 years experience here at our Medical City. Our amenities are quite luxurious with spacious villas and recreational facilities. Limo drivers, gardeners and housekeepers are readily available. Right now the weather is nearly perfect with lows in the 20s and highs in the 30s. It is ideal for tennis, golf and cycling. Watering assures abundant flowers and greenery.

The highlight of the past year for me was the opportunity to host my granddaughter, Lauren Jain '13, a second-year Dalhousie medical student, as she pursued an elective with us in pediatrics. It was an intense and exotic experience (Fig. 4). We would love to see more Canadian students, residents and faculty coming here for short stints. The experience is truly unique and our visitors are impressed with the wonderful Saudi kindness and hospitality for which they are deservedly renowned.

Global health in Halifax

A new program helps medical students engage with their local community



Medical students Janice Townsend and Michel Daoust-Wheatley participate in the Local Global Health Elective.

Dalhousie medical students Tom Muir '12 and Mary England '12 identified the need for a local global health opportunity as part of their curriculum. Their research resulted in the creation of the Local Global Health Elective. Medical Humanities and the Global Health Office (formerly IHO) facilitated the development of this program, supported student research and assisted with its implementation in September 2010.

The elective increases second-year medical students' exposure to local populations marginalized from mainstream health-care services. The program creates a balance between service and learning for medical students as they rotate through a variety of local organizations.

Medical students will gain experience providing community-based health services, a broad understanding of the determinants of health and skills in communicating with and treating marginalized peoples. Local organizations will play a valuable role in training future physicians to be responsive to the needs of marginalized groups.

Students complete two placements with Dr. Andrea Rideout, a family physician at the North End Community Health Centre (NECHC), work with Mobile Outreach Street Health (MOSH) and meet with mentors (Richard McLaughlin and Megan Aston) who promote student reflection and provide students with consistent support during the elective.

This innovative program creates an opportunity for students to engage with their local community and with global health in Halifax.

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In the eyes of a resident

Dr. Martha Linkletter shares her experiences as a resident in pediatrics at Dalhousie University with VoxMeDAL readers

I'm almost half way through my third year of residency and I have the opportunity to write about something totally new, something I've never experienced before: pregnancy.



I think that being pregnant is a wonderful and worrying time for most women and the people that love them. As a physician, do I worry more than other non-physician pregnant women? As a pediatrics resident, do I worry more than other non-pediatrics pregnant residents? I'm not sure about those questions but I am sure that I worry about different things than other pregnant women.

I spend my days and nights caring for very sick infants and children who are often sick with a congenital condition. The only deliveries I have attended for the last three years are high-risk births with sometimes devastating outcomes. In the NICU, I tap CSF from babies born at 24 weeks who have hydrocephalus secondary to intraventricular hemorrhages. On the general pediatrics floor, I write TPN orders for three-years-olds with short-gut syndrome from their multiple bowel resections for gastroschisis. In the PICU, I titrate vasopressors to support children following major corrective cardiac surgery for hypoplastic left heart syndrome.

I think it's safe to say my perspective is very skewed. At 13 weeks, I had an ultrasound—an unscheduled, ran-into-an-obstetrician-that-I-know-at-the-hospital-who-had-a-moment-and-



offered-to-scan-me. I was so reassured after the ultrasound. My growing baby had a four-chambered heart, intestines that were neatly tucked back in his or her abdomen, an intact cranium and four limbs that were moving well.

I left the ultrasound suite skipping with five photos in my hand, more peace in my heart and an edge of guilt in my mind. I know that I had access to that wonderfully reassuring bit of medical technology and expertise because I'm a resident at the IWK. Regular Jane in Halifax wouldn't have had that opportunity.

And my question is: is that OK? The obstetrician who did the ultrasound explained that because of the nature of our work and the patients we care for, pediatrics residents warrant an early ultrasound for reassurance. One lovely friend of mine (also a resident) said in response to my wonderings, "people who work at Reitman's get 20 per cent off."

I am so happy to have had the 13-week ultrasound and I would do it again if given the opportunity. However, I can't help but feel slightly sheepish about the special attention.

Next time I write, I'll be a pediatrics resident on maternity leave—what an interesting time that will be!



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You may recommend something for this section by contacting the DMAA at (902) 494-8800 or email medicalalumni@dal.ca. The following selection is by Melissa Hennigar.

Take As Directed

By Drs. Rhonda Church and Neil MacKinnon, ECW Press

Aimed at helping Canadians from all walks of life navigate the health-care system, *Take as Directed* is essential reading for anyone concerned about their health and well-being.

Written in plain language, the book offers practical advice to patients. It also attempts to demystify the health-care system and offer Canadians a behind-the-curtain look at how physicians and pharmacists think and problem solve.

"Medications are the most common treatment modality today," Dr. MacKinnon says. "There are millions of Canadians on medication but a significant number experience adverse reactions." Adverse reactions to medication are becoming more common but they are often preventable.

For Dr. Church, the book was a wake-up call to learn about the frequency of adverse reactions patients experienced. As a family doctor in a rural Nova Scotia community, she finds a lot of patients are not informed about their medical conditions nor the medication they are taking.

This lack of information can bring trouble. Even over-the-counter medication can cause adverse reactions when combined with other medications, both prescription and otherwise. It is the job of the patient to stay informed and to make sure health-care

professionals, such as pharmacists, have correct and accurate information.

The amount of information available can seem so overwhelming it is often difficult to know what questions to ask. Dr. Church stresses that one of the purposes of the book is to "give Canadians some good common-sense advice on how to strike a balance between treating medications with respect and to not be fearful of medication if it is monitored properly."

Despite acknowledging room for improvement in terms of information sharing, *Take as Directed* is not a critique of the Canadian health-Drcare system. Dr. MacKinnon is quick to acknowledge the numerous positive aspects of Canadian health care. Still, he believes the government and other stakeholders need to investigate new technology that could improve patient safety.

"Most prescriptions in Canada are still written by hand by physicians," he says. "They're written in a dead language, Latin, in abbreviations. They're then translated from the physician to the patient and from the patient to the pharmacist and then back to the patient again. Think about the banking industry. We don't write financial transactions in a dead language, so why do we continue to do so with our prescriptions?"




Family physician Dr. Rhonda Church '87 (above) teamed up with Dr. Neil MacKinnon (below), professor of pharmacy at Dalhousie University to write *Take as Directed*.



Photo: ECW Press

Drs. MacKinnon and Church suggest a national electronic medical chart system as well as a pan-Canadian pharmacy database as two possible solutions. If every doctor and pharmacist across Canada had access to the same information, they argue there may be fewer gaps in patient care. Ultimately, it is still the responsibility of the individual to ask questions and take a more vested interest in their personal health.

Take as Directed is in stores now across Canada.




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AWARDS AND ACCOLADES

Congratulations to members of our medical school and alumni community who have received significant awards recently.

Two Dalhousie neuroscientists are sharing this year's prestigious Barbara Turnbull Award for Spinal Cord Research, given to the top-ranked spinal cord research proposal in the Canadian Institutes of Health Research funding competition. **DR. ROB BROWNSTONE** (neurosurgery, anatomy and neurobiology) ranked first in the September 2009 competition, while **DR. JIM FAWCETT** (pharmacology and surgery) ranked first in the March 2010 competition. The two tied for first place and received the shared award at a ceremony in Toronto on November 12, 2010.



From left: Dr. Rob Brownstone, Barbara Turnbull and Dr. Jim Fawcett.

DR. GRAEME ROCKER (medicine) is the sole Canadian to receive a National Institutes of Health (NIH) major grant in the NIH's latest round of awards. Dr. Rocker is a member of a team that received an award of more than \$7 million for the "creation and demonstration of a palliative care research co-operative group."

DR. IVAR MENDEZ (Chair of the Brain Repair Centre and Head of the Division of Neurosurgery) is this year's recipient of the prestigious Canadian Red Cross Humanitarian Award for Nova Scotia.

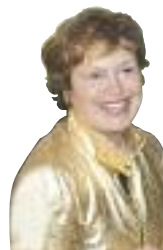


DR. RON STEWART (Professor Emeritus in medical education) has been awarded an honorary Doctor of Laws from Cape Breton University. Dr. Stewart was honoured for his stellar career and outstanding impact on health care in North America and beyond. Dr. Stewart has received many accolades and awards for his contributions to medicine and for his humanitarian efforts.

DR. STAN KUTCHER (Department of Psychiatry and Dalhousie's Sun Life Chair in Adolescent Mental Health) is the recipient of the prestigious JM Cleghorn Award of Excellence in Leadership in Clinical Research, given by the Canadian Psychiatric Association.

DR. JOCELYN DOWNIE (Canada Research Chair in health law policy, bioethics) and **DR. HAROLD ROBERTSON** (Professor Emeritus, pharmacology) have been elected fellows of the Royal Society of Canada.

DR. WALTER SCHLECH (microbiology and immunology, Division of Infectious Diseases in the Department of Medicine) was named a Master of the America College of Physicians, which is the highest honour awarded by the college.



DR. MARGARET CASEY (former faculty member and president of the DMAA) and **DR. JANICE GRAHAM** (bioethics and pediatrics) were both

recipients of 2010 Women of Excellence Awards given by the Halifax-Cornwallis chapter of the Canadian Progress Club.

Two physicians with Dalhousie connections have been named a 2010 Family Physician of the Year by the College of Family Physicians of Canada: **DR. DAVID MACNEIL** for Nova Scotia and **DR. JENNIFER HALL** for New Brunswick.

DR. NONI MACDONALD (former Dean of Medicine, pediatrics) Department of Pediatrics, was recently awarded the University of Ottawa's Faculty of Medicine Alumni Achievement Award, which is the highest honour given by the Faculty of Medicine to an alumnus.

Dr. Rob Boulay '89, Department of Family Medicine, is the new President of The College of Family Physicians of Canada. Dr. Boulay is the 57th President of the College, and will serve a one-year term. After graduating from Dal Medical School in 1989, he set up a family practice in Miramichi, and has been involved in teaching medical students and residents since 1995.



From left: Dr. Michael Barry, Dr. John Steeves and M. Pat Darrah accept the Saint John Board of Trade Chair's Award on behalf of Dalhousie Medicine New Brunswick (DMNB).

The **Dalhousie Medicine New Brunswick** (DMNB) program was recently honoured for outstanding achievement by the Saint John Board of Trade Chair's Award. The award is given annually to a company or individual that has achieved excellence and has made a contribution to the economic progress of the community.

Phi Rho Sigma alumni dinner

Phi Rho alumni and partners are invited to a reunion dinner at the Best Western Chocolate Lake Hotel in Halifax on Saturday, May 7 at 6:30 p.m. Please RSVP by April 15 by contacting erafuse@eastlink.ca or dennisjohnston@ns.sympatico.ca.

Class of 1950, 60th reunion



From left: Drs. Gordon Simpson, Arthur Shears, Alan MacLeod and Allan Myrden.

Class of 1955, 55th reunion



From left (back row): Wylie Verge, Hank Henderson, Bob Campbell and Frank Bell. From left (front row): Tom Edgett and Donald O. Murray.

Class of 1958, handsome cats—one and all



From left: Dorrine Stolar, Isobel Wiseman, Lalia Johnston, Stan Stolar, Dave Fraser, Denny Johnston, Cuty Sebastian, Jean Fraser, Carl and Margie Brown, Les Wiseman and Fred MacInnis.

Denny Johnston '58
Class President

Class of 1957, 23rd reunion



Eighteen stalwarts from the class of 1957 gathered for the DMAA Gala to reminisce and plan for the future. The opportunity to visit with colleagues and friends at the Gala itself, a class dinner, at da Maurizio's and an evening at Ross and Jean Langley's home made for such a pleasant visit we will repeat it in 2012. We had a wonderful surprise when we saw Barbara Blauvelt at the Gala Dinner. In the years since her presence in Dean Stewart's office, she is instantly recognizable and, as then, outgoing, smiling and a pleasure to talk to. It was a joy to see her and wish her well.

Rod Bergh '57
Class Rep.

Class of 1960, 50th reunion

There were 11 members of the class of 1960 celebrating our fiftieth class reunion. Class members came from as far away as Saudi Arabia, Montreal, Toronto, Washington State, as well as places in between. We were saddened to find our class had dwindled from 50 at graduation to 25 at present time.

Thursday evening we mingled with all the medical alumni classes, had our class picture taken and sat down for dinner at 7 p.m. Unfortunately, some of the class members present were not available for the class picture. We were recognized by the chair during the excellent dinner.

Friday we had an interesting tour of the Tupper Building. We participated in a demonstration showing how students from both the new medical campus at Saint John and older Halifax campus can be combined in one class to receive the same lecture; this is possible with the aid of modern electronic communications. We also had a demonstration of a medical robot. Friday afternoon, in a downpour of rain, we had a bus tour of the city.

Our class reunion dinner Friday evening provided another welcome opportunity to visit with each other. We wish to thank the staff at the alumni office for providing us with our fiftieth class reunion pins and coffee mugs, but especially for arranging the dinners and all our other activities.

David Cogswell '60
Class President



Class of 1965, 45th reunion



Standing, from left: Tony Measham, Ben Hogan, Sandy Ross, Carman Price, Ivan Woolfrey, Frank Sim, Gordon Blair, Merv Shaw, Stuart Schwartzberg, Pete Hawk, John Acker, Jim Shortt, Clarence Campbell, Ian Robb and Brodie Lantz. Sitting, from left: Bob Lea, Merle Darbasie-Balbirsingh, Gordon Mockler, Niels Hansen and Claude Bugden.

Forty-one classmates and spouses from the class of 1965 enjoyed perhaps our best reunion ever in Gros Morne, Newfoundland in September. Ivan and Louise Woolfrey, Ben and Diane Hogan, and Claude and Claire Bugden organized the event with a perfect blend of excursions, CME, fine dining and catch-up time.

Classmates paid tribute to Adam Barnes and Doug Trueman, who sadly had passed away since the 2008 reunion. Dean Tom Marrie and his wife Kathie kindly updated us on major developments at Dalhousie Medical School.

Highlights included treading the Earth's mantle, geological wonders up close by boat, fascinating scientific events and foot-stomping Newfoundland music. The event ended with a raucous performance by Anchors Aweigh. The class next meets in 2012 in Naples, Florida and has already begun organizing its fiftieth anniversary at Dalhousie in 2015.

Tony Measham '65
Class President



Class of 1970, 40th reunion

In beautiful Baddeck during delightful September weather (both rain and sun), 38 of 60 classmates and their significant others, gathered to celebrate 40 years of friendship and fond memories of their Dalhousie Medical School days.

As well, we gave thanks for upwards of 40 years of medical practice, some "early" retirements and to honour the memory of five classmates who have predeceased us.

We enjoyed three full days of great meals (lobster, roast beef, salmon and haggis), superb singsongs, a rock and roll dance to make even the Rolling Stones pale in comparison, golf, sailing, touring the adjacent Cabot Trail and Seal Island Bridge Lighthouse (restored by classmate Ron Stewart) and local shopping. There was also a wee cocktail party or three between times.

Special thanks to Mike Banks at the piano, John MacDonald on keyboard, Mike Johnston and Bonnie McElwain on guitar for a boisterous singsong, Jim Seaman D.J. extraordinaire for the rock and roll dance, and Bonnie and Dale McElwain for special songs at our closing dinner.

Highlighting the reunion was the presence of our Professor of the Year from 1969, Dr. Bill Nicholas—now of Jackson, Mississippi. He was one of several classmates making thoughtful and insightful presentations at two separate CME sessions. Topics covered 40 years—past, present and into the future—in areas such as bedside teaching and CME; cardiology and internal medicine; orthopedics and primary care; the medical school's role in our lives now and into the future. The latter topic was presented by classmate and current Dean of Medicine, Tom Marrie, who was received with eager enthusiasm by all classmates.

It was noted that several classmates have distinguished themselves with the DMAA, including: Rod McInnes, Guest Speaker; Ron Stewart, Honourary President; Bill Stanish, Alumni of the Year; and Dan Reid, Incoming President.

A special monetary gift was pledged to the DMAA—in fact, surplus funds from the reunion. Great pictures were taken and distributed by Jim Seaman and Mike Keating. Anyone wishing to receive some, you need only contact Jim via fax at (902) 678-4550 or Mike at mkeating@rogers.com.

The final night's dinner concluded with a kitchen party hosted by President Dan and Chief Reunion Organizer Bob Baillie of Sydney. Cabin #2 might never be the same again!

All of the events were ably presented by staff at the Inverary Inn. Their Bras d'Or lakeside location was enjoyed by all. All classmates agreed to meet again for year 45 in Prince Edward Island. Volunteer organizers for this event will be Charlie Trainor and Bill Stanish. Golfers best get their game in shape!

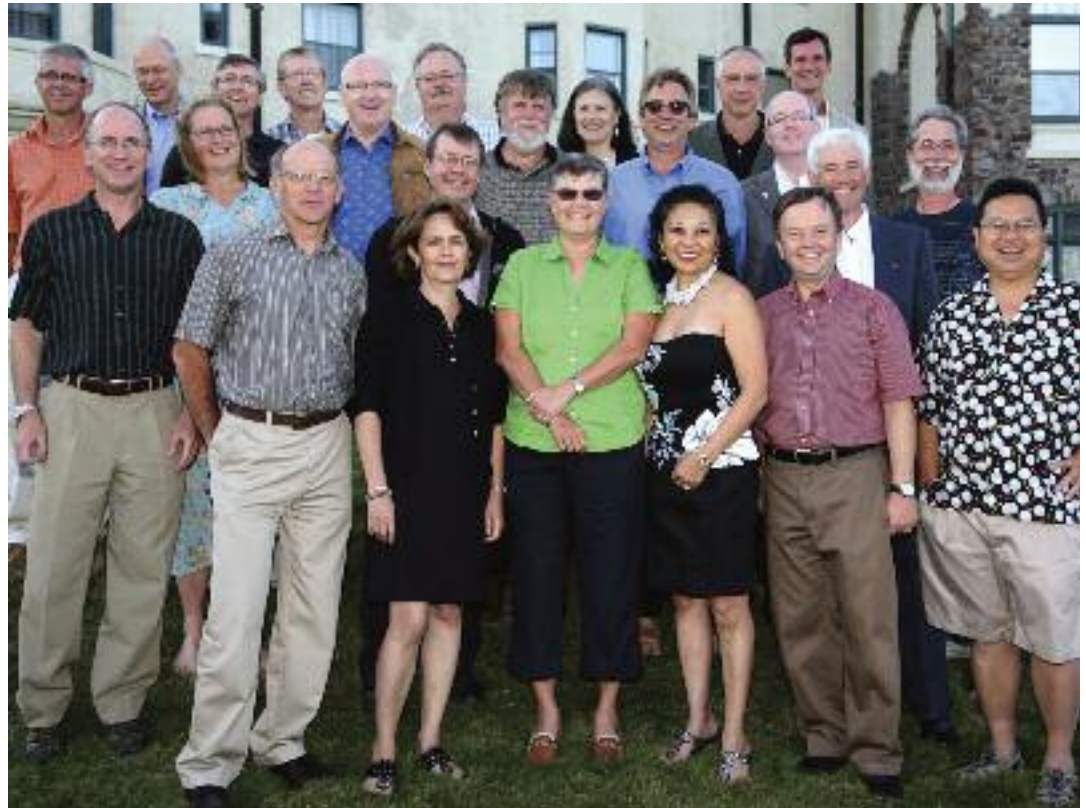
The class of '70 also agreed to continue to support the Medical Class of 1970 Euphoria Endowment Fund, which directs funds to Dalhousie's Music-in-Medicine and related activities. See all 60 of you in P.E.I. in 2015!

Dan Reid '70
Class President

Class of 1980, 30th reunion

The class of 1980 held its thirtieth reunion in August at the Digby Pines resort. It was great to see so many old friends and several who were attending for the first time. We enjoyed great weather, food, wine, golf and lots of laughs. We're already planning for the thirty-fifth in Baddeck the last weekend in August 2015.

Mike MacKenzie '80
Class President



Ian Hamilton

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Class of 1985, 25th reunion



The class of 1985 spent a wonderful July weekend in St. Andrews, New Brunswick at our twenty-fifth year reunion. Among the activities were golf, whale watching, biking and just generally enjoying the beautiful scenery and hot weather. We had so much fun that we are already starting to plan the thirtieth reunion!

Ian Campbell '85

IN MEMORIAM

The DMAA acknowledges the passing of our prestigious alumni with sincere sympathy and gratitude for their contributions to medicine. If you know of anyone to note in this section, contact the DMAA by mail or email medical.alumni@dal.ca.

Correction: The Spring 2010 issue of VoxMeDAL listed the wrong class year for Dr. Ashim Kumar Guha. Dr. Guha belonged to the class of 1981. We regret the error.

Dr. Muntaz Ali '66

Passed away on November 6, 2010

Dr. Thomas A. Arminio '59

Passed away on December 10, 2010

Dr. John W. Barteaux

Passed away on June 11, 2010

Dr. Harris Lee Barton '78

Passed away on June 18, 2010

Dr. Donald M. Clark '56

Passed away on December 9, 2010

Dr. Austin M. Creighton '45

Passed away on November 11, 2010

Dr. David Doty PMG '79

Passed away on June 7, 2008

Dr. Eldred MacDonell '54

Passed away on October 11, 2010

Dr. James Moreside '49

Passed away on March 29, 2009

Professor June C. Penney

Passed away on May 20, 2010

Dr. Raymond Petrie '68

Passed away on December 7, 2010

Dr. Bernard J Steele '59

Passed away on October 19, 2010

Dr. Margaret G. (Murray) Webster '36

Passed away on July 23, 2010

Dr. Richard Winter '58

Passed away on October 5, 2010

Dr. Hyman Leo Woods '46

Passed away on September 16, 2010

Dr. Erich R Sperker '81

Passed away on January 8, 2011



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Is your class reunion coming up? Let the DMAA help with your reunion planning. The DMAA specializes in reunion planning and is committed to help make your reunion event successful and memorable. We can provide class lists, track responses, post class activities online, set up your class on Facebook, collect registration fees and distribute payments to venues.

Contact the DMAA office at medical.alumni@dal.ca or (902) 494-8800. Classes now have their own personalized class webpage on the DMAA website at alumni.medicine.dal.ca.

Class of 1941

70th Reunion
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1951

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

Class of 1956

55th Reunion
Halifax, N.S.
October 21–23, 2011
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1961

50th Reunion
Baddeck, N.S.
September 8–10, 2011
Carlyle Phillips, Reun. rep.

Class of 1966

45th Reunion
Peter Blackie, Reun. rep.

Class of 1969

42nd Reunion
Digby Pines, N.S.
September 6–8, 2011
Don Craswell, Reun. rep.

Class of 1971

40th Reunion
Vonda Hayes, Reun. rep.

Class of 1976

35th Reunion
Halifax, N.S.
September 16–18, 2011
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1981

30th Reunion
Saint Andrews, N.B.
July 29–30, 2011
Tony Kelly, Reun. rep.
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1986

25th Reunion
Saint Andrews, N.B.
August 4–6, 2011
Contact DMAA
(902) 494-8800
medical.alumni@dal.ca

Class of 1991

20th Reunion
Digby Pines, N.S.
July 1–2, 2011
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1996

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

Class of 2001

10th Reunion
Digby Pines, N.S.
July 28–30, 2011
Rob Stewart, Reun. rep.

Class of 2006

5th Reunion
Contact DMAA (902) 494-8800
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- *Navigating the net in style* • *Patient advocacy—privilege or chore*
- Have a classmate you would like to suggest as a speaker? _____
- Name and topic _____
- Suggest a topic specific to the needs of your class _____

CME will ensure sessions are accredited by both CFPC and RCPSC.

The DMAA will assist to incorporate CME into your reunion planning.

Contact:

Dr. Constance LeBlanc, Associate Dean
Continuing Medical Education
Constance.leblanc@dal.ca
cme.medicine.dal.ca

Joanne Webber, DMAA
j.webber@dal.ca
alumni.medicine.dal.ca



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