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Dalhousie Medical Alumni Association

Office Location:

1st Floor Tupper Building, 5850 College Street
Halifax, Nova Scotia B3H 4H7

Mailing Address:

5850 College Street, Rm 1C1, Box 15000
Halifax, N.S. B3H 4R2

Tel: (902) 494-8800 Fax: (902) 422-1324

Website: alumni.medicine.dal.ca



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1300 Hollis Street
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E: publishers@metroguide.ca

www.metroguidepublishing.ca

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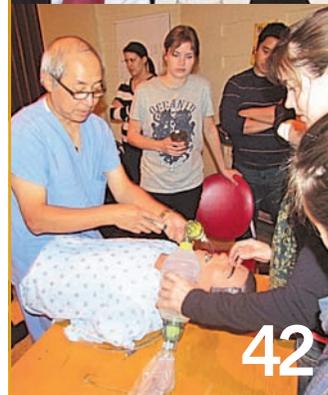
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Correction: There was a typo on page 45 of the Summer/Fall 2011 issue of VoxMeDAL. Dr. David Dodick '90 is formally recognized as a Mayo Clinic distinguished educator.

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Connect with us

The DMAA is an invaluable resource for organizing successful class reunions

By **Dr. Dan Reid '70**
DMAA President



Emcee Dr. Reid entertains guests hosting the 2011 DMAA Gala.

Our alumni association continues to play an important role in supporting our alma mater. I am pleased to report that a most successful gala dinner was held in Halifax in late October which saw one of the largest attendances ever and which was filled with enthusiasm for both new and "seasoned" graduates. Funds raised were sufficient to see our annual grant of \$10,000 be assured for the DMSS. This funding ensures many student-based projects are carried out by first to fourth-year students, many of which highlight their roles in the community. I can assure you the students are most appreciative of these monies. With the increase in undergrad enrolment, next year we hope to see DMAA increase the annual grant amount. Your input to this is encouraged.

Of the many activities the DMAA helps to assist, probably the most satisfying is our input to class reunions. Our board's committed to seeing that your class reunion is a success...and our office under the leadership of our Executive Director, Joanne Webber and her knowledgeable assistant, Paulette Miles, are here to assist you in organizing the same. Don't be shy to ask for help.

We'll also distribute reunion packs to all attendees outlining medical school activities and how your class can assist in same. I believe your class might also wish

to receive a personal update on affairs from either the Dean or his Assistant Dean and also from the Executive Director of the DMAA. Plan to personally invite them to your class reunion and I'll try also to attend if possible. This will enable all graduates to better appreciate the role they can play in helping Dalhousie Medical School become one of Canada's leaders in educating medical students. In addition, we can liaison with the Division of Continuing Medical Education, to help organize any CME events, such that your meetings can qualify for appropriate tax deductions. A real bonus!

Your 2011-2012 Board of Directors boasts five new members out of a total membership of 14...meet them on the following pages in this edition. Be in touch with them with your ideas, etc. especially if you are from their vintage. Tell us how we can improve our communication with you and/or areas of activity you'd like to see the DMAA expand and take on.

We are already working on the Fall Gala Awards Dinner 2012. It will be bigger and better and we'd love to see you in attendance. Details will be seen in both this and the summer edition of *VoxMeDAL*. Stay in touch and support your medical school.

VoxMeDAL continues to connect alumni

Learn what your alumni friends are up to with our new alumni profiles

Welcome to this exciting edition of *VoxMeDAL*. We always receive lots of feedback and compliments about our content. I think this is due to the grassroots involvement of our medical alumni. Many of our articles are written by Dalhousie medical alumni for Dalhousie medical alumni. The magazine is an excellent resource for connecting with your fellow alumni and the medical school.

Please join me in welcoming our new DMAA board members on page 8. You will find a longer version of their biographies on the DMAA website at Alumni.medicine.dal.ca.

The Business of Medicine section offers an interesting article on residency education from Dr. Andrew Padmos, CEO of the Royal College of Physicians and Surgeons of Canada. Further in this section, Dr. Orlando Hung '83 gives expert advice and an insider's view of the Conrad Murray trial.

Alumni profiles are a new feature in *VoxMeDAL*. Please see "Alumni making a difference" on page 21. This is an excellent way to learn about your fellow

graduates and the important work they are doing. We would be pleased to interview you in order to develop your profile. Please contact us for an interview. In this issue, we have a special interview with Dr. Ron Stewart '70, offering insight into the history of some of our medical school traditions. This is a must read—please turn to page 24.

The DMAA is very proud to continue our tradition of supporting medical student projects through your generous donations. Please see page 26 for a brief overview of what our students are up to.

Don't forget to mark your calendar for this year's **Medical Convocation Awards Ceremony on May 24** at the medical school. Many of our alumni have established these graduating class prizes and it will be a great opportunity to participate and reconnect with this traditional event. Please contact Paulette Miles at the DMAA office for details by calling (902) 494-8800 or email medical.alumni@dal.ca. In the meantime, turn to page 18 to enjoy a few photos that capture the fun everyone had at the 2011 Awards Gala.



By Joanne Webber
DMAA Executive Director

A real estate advertisement featuring a portrait of Carolyn Davis Stewart on the left. The background is a blue sky with a green field at the bottom. The text reads: "Buying or Selling? Call: 456-9134". Below this is the name "Carolyn Davis Stewart" in a large, elegant script font, followed by "FRI" in a bold, sans-serif font. To the right is the Prudential logo, which includes a shield with a hand holding a scale, and the text "Prudential Property Specialists Ltd.". A red sign on a white post with the word "SOLD" in white capital letters is positioned to the right of the text. At the bottom, the website "www.HomesInHalifax.ca" is displayed in a yellow, sans-serif font.

News from the Faculty of Medicine

Highlighting the outstanding achievements of our alumni family

2011–12 has been a very eventful academic year for us as we continue to roll out our new innovative curriculum. Towards the end of August, we welcomed the class of 2015. With each class comes considerable promise and this class is no exception.

This year we have 112 medical students and there are slightly more males (55 per cent) than females. For the past few years, it has been the opposite! The official opening of Dalhousie Medicine New Brunswick's (DMNB) clinical facilities throughout New Brunswick by Horizon Health and New Brunswick Health Minister, Madeleine Dubé, signify important milestones in the continuing development of DMNB.

The distributed sites ensure that DMNB is truly a New Brunswick medical education program—and these facilities will not only enhance our medical students' educational experiences, they'll help improve continuing education opportunities for practising physicians across the Maritimes.

We had a very successful alumni weekend during Homecoming in October. This was the fourth year that we held tours of the medical school and for the first time, we showed three videos that showcased our alumni and the tremendous advances that are being made in both patient care and education here at Dalhousie and at our teaching hospitals.

One of the videos featured a virtual tour of the new teaching facilities at DMNB in Saint John, N.B. The second featured the miracle of modern intensive modulated radiotherapy delivered by the Department of Radiation Oncology at Capital Health in Halifax. The

third video featured a virtual tour of the QEII Health Rhythm Service and highlighted the wonders of the cardiac electrophysiology laboratory. Very soon you will be able to log into our alumni website and view these videos.

The gala held October 21, 2011 was the best ever; how could it be otherwise when our president, Dr. Reid, was the master of ceremonies. Dr. Reid kept us all entertained with his unique sense of humour and reminded those in attendance about how important the medical school is to us all.

In early November, we held alumni events in Toronto and Ottawa where I had an opportunity to interact with alumni and share my vision for the medical school. I want to thank all those who attended—your interest in what we are doing is important and I appreciate your commitment.

I'm pleased to advise you that we are closing in on the \$7 million mark of our goal to create a \$10-million scholarship and bursary fund to ensure every worthy student in the Maritimes can choose a medical career. The fund will particularly help students in financial need—a position that I'm sure most of us can relate to during our own medical school years.

Over the summer we began a project to profile our alumni. These vignettes will be posted on our website as well as being included in this and upcoming issues of *VoxMeDAL*. I'm sure you will be excited to read all about your classmates and colleagues. Come and visit—it's your medical school.

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



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

Dalhousie Medicine New Brunswick update

“He that will not apply new remedies must expect new evils; for time is the greatest innovator” —English philosopher and statesman Sir Francis Bacon (1561-1626)

**by Dr. John Steeves '74
Associate Dean, DMNB**



**Dr. John and Sandra Steeves
enjoying the 2011 DMAA
Awards Gala.**

The start of the academic year and the arrival of the second Dalhousie Medicine New Brunswick (DMNB) class was marked by the inaugural Dean’s Retreat for academic leadership in the Faculty of Medicine outside of Halifax.

Moncton, New Brunswick hosted the two-day event that looked at new ways of working together across geographical borders as one faculty. The energy in the room was palpable as faculty leaders discussed the challenges and the opportunities for new remedies in research and education.

The opening of all four DMNB clinical teaching facilities combined with the hiring of administrative support staff and medical leadership for the distributed clerkship program in New Brunswick created an opportunity for Dalhousie. Longitudinal Integrated Clerkship (LIC) is an innovative educational model designed to address challenges in the use of the relatively unchanged traditional clerkship model.

In the LIC, objectives of the traditional department rotations are met but they are integrated over several months with a student-centred focus on continuity of teaching, learning environment and patient contact. Unfortunately, when introduced into an established traditional clerkship site, significant increased costs have been identified. However, on recent review of the Miramichi DMNB facilities, all the requirements to implement a LIC were met without the need to add resources.

In this rural setting, much greater teaching capacity was possible with the LIC than with a traditional clerkship. In November 2011, the Dalhousie Faculty

Council gave the green light to pilot a LIC in the Miramichi, while ensuring regular updates to council during its implementation. This will allow Dalhousie to study the applicability of this model within the Maritime context, while offering the option of an innovative educational opportunity to current students.

Final preparations are underway for the traditional clerkship program with its implementation at the other three N.B. clinical teaching sites. Like the first two

years of DMNB, the 2012 clerkship will be preceded by a curriculum renewal process. Where possible, it is expected that some of the identified improvements will be applied to the benefit of clerks starting in 2012. Change and innovation have become part of the fabric of DMNB.

Exploring opportunities created by the presence of two Dalhousie Faculty of Medicine campuses will encourage new remedies and innovation that will benefit the people of the Maritimes who our programs are designed to serve.



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

The Board of Directors has been governing the DMAA since 1958. They represent the interests of Dalhousie Medical School, their alumni and directs the DMAA in achieving high performance & organizational goals.

DMAA Executive

Dr. Dan Reid '70, President



Dr. Reid '70 is currently in general practice at the Woodlawn Medical Clinic in Dartmouth, N.S. He is currently in his 43rd year of medical practice in N.S., having practiced for 25 years in Pictou from 1970 to 1995. He has also been involved in the provincial government, the Department of Health and other administrative health-care activities over the past 30 years. He is currently serving a second term as President of the DMAA.

Dr. Alf Bent '73, Treasurer

Dr. Bent '73 was in family practice in Wolfville, N.S. for four years. He completed residency training in OB/GYN at Dalhousie in 1981, followed by a one-year fellowship in urogynecology at the University of California. He has been active in residency training and fellowship training in female pelvic medicine and reconstructive surgery. He currently practices in Truro at the Colchester Regional Hospital. He is co-editor of Ostergard's text, *Urogynecology and Pelvic Floor Dysfunction*, and is editor-in-chief of the journal *Female Pelvic Medicine and Reconstructive Surgery*.



Dr. Margaret Casey '68, Vice-President, Pro Tem



Dr. Casey '68, has served Dalhousie Medical School in many roles: chair of the Admissions Committee and then Director of Admissions; chair of the Phase II Elective Unit; member of the CPCU Community; the COPS Committee and Faculty Council; and as DMAA president for many years. In addition to her work at the Medical School, she has provided primary health care to members of the community at the North End Community Health Centre from 1972 to 1997. She has also worked as a physician in Haiti and St. Lucia.

Dr. Vonda M. Hayes '71, Past President

Dr. Hayes '71 is presently working half time as professor in the Department of Family Medicine. This work includes being the education coordinator for Maplestone Enhanced Care, which is part of an exciting project involving the development of an academic nursing home in collaboration with Shannex Inc. Her special interests include geriatrics, palliative care and physician health as well as fostering healthy workplaces. In addition to her family, Dr. Hayes spends her spare time as a long-term member of the Medical School Chorale.



Dr. Tony Measham '65, Honourary President

Dr. Measham hails from the U.K. and served in the British Army (South Africa) before emigrating to Canada. He was a pharmaceutical salesman prior to entering Dalhousie Medical School on a scholarship. He loved sports, earned two soccer gold Ds, served on student council and co-edited the student medical society journal. Dr. Measham spent 40 years working on maternal and child health, family planning and nutrition in developing countries. He served in Bogota, Colombia; Columbia University, New York; Bangladesh; and India. He worked at the World Bank (1982 to 1999) as health adviser and is best known as an editor of *Disease Control Priorities in Developing Countries*. Dr. Measham is president of the class of 1965 and still works as a World Bank consultant.



Members of Board

Dr. Amy Brennan '08

Dr. Brennan, MD, CFPC, is a family doctor working in Moncton, N.B. She practices full scope family practice as well as primary care obstetrics. She was actively involved in medical education as a medical student and resident and now as staff at the Moncton Hospital.



Dr. Dennis W. Johnston '58



Dr. Johnston practiced OB/GYN with an office in Dartmouth, N.S. for 36 years. He worked at Dalhousie Medical School, first as a lecturer and then as assistant professor, and was also on staff at all local hospitals, using mostly the Dartmouth General for gynecology. A pioneer in sex education, he helped establish a course in the medical school and taught in the community. He created a seven-hour TV series called *Let's Talk About Sex* for public viewing in the early 1970s that ran for a number of years.

Dr. Donald Brown '59

Dr. Brown 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 and the author of a number of significant scientific writings. Dr. Brown was founding member of the editorial board, Primary Care Clinics W.B. Saunders Company in Philadelphia (1972 to 1979) and chairman of the editorial advisory board of Canadian Family Physician (1982 to 1985). He edited *Advances in the Use of Hypnosis for Medicine, Dentistry and Pain Prevention/Management* by Crown House Publishers, 2009.



Dr. John Steeves '74



Dr. Steeves practiced family medicine in New Glasgow, N.S. for several years before returning to Halifax for residency training in orthopedics. He practiced orthopedics in Moncton, N.B. for 20 years before returning to Halifax to complete a masters in education. In February 2009, he became Associate Dean for Dalhousie Medicine New Brunswick (DMNB) with academic positions of associate professor Dalhousie Department of Surgery, Division Orthopedics and associate professor Dalhousie Department of Medical Education. He is particularly proud of his involvement in interprofessional education as a member of the Health Educators Learning Partnership (HELP) and the Tucker Park Collaborative

(four health educational institutions in Saint John, N.B. that encourage collaborative patient-centred care).

Dr. Joanne Zed '88

Dr. Zed is currently working with the Department of Family Medicine at Dalhousie as a family physician and as the Halifax site postgraduate director. She worked in family medicine and Maritime emergency rooms after graduating from medical school. She worked in private practice for nearly 10 years before joining the department at Dalhousie. Dr. Zed looks forward to working with board members and connecting with former classmates at alumni events.



Dr. David C. Young '73



Dr. Young received his MD from Dalhousie in 1973. After three years practising as a GP in his native Newfoundland, he completed an OB/GYN residency at Dalhousie,

followed by post-graduate studies in maternal fetal medicine in Dallas and epidemiology at McMaster. He has practiced since in stints in St. John's, N.L. and now in Halifax. In both places he was department chair. He received a Royal College MacKenzie fellowship to complete a sabbatical in IVF in 2008. He continues to practice MFM and IVF and is an active OB/GYN faculty member and IWK staff member. Dr. Young is currently chair of the DMAA's Medical Education Committee.

Dr. Merv Shaw '65

Dr. Shaw '65 has been involved with Dalhousie since 1958. After graduating from McGill, he came to Dalhousie as associate director of athletics and was responsible for the football, basketball and inter-fact programs. After graduating from medicine in 1965, he served three years with the RCAF. On his return to Halifax, he did family practice for 30 years and was part of the medical schools preceptor program. He finished his medical career as medical director of the Workmen Compensation Board of Nova Scotia. He has been an active member of the DMAA for the last 20 years. He enjoys painting, carving, sculpting, skiing and tennis.



Dr. Richard G. B. Langley '90



Dr. Langley graduated from Queen's University and from Dalhousie Medical School, obtaining a Royal College dermatology fellowship in 2004. He is currently professor of medicine and director of research in Dalhousie's and QEII Health Sciences Centre's Division of Dermatology. He has received many research, professional and teaching awards, including the Silver Shovel, and has been Professor of the Year on several occasions. He has organized and chaired several international symposiums in dermatology and has been the invited speaker for many international and named lectureships. In 2005, he was the DMAA Young Alumnus of the Year. He is currently president-elect of the Canadian Dermatology Association.

Ex-Officio DMAA Board Members

Dr. Thomas Marrie '70, Dean, Faculty of Medicine

Dr. Marrie, M.D., a leading Canadian medical researcher, professor and clinician, became the 12th Dean of Medicine at Dalhousie University on September 1,



2009. Originally from Newfoundland, Dr. Marrie graduated from Dalhousie Medical School in 1970. He practiced as a family physician in his home province for three years before returning to Dalhousie in 1973 for a residency in general medicine. He went on to complete another residency in infectious diseases at the University of Manitoba. He joined the Dalhousie faculty in 1977, building a distinguished career over 22 years as a teacher, researcher and clinician. In 2004, he was appointed dean of University of Alberta's Faculty of Medicine and Dentistry. Regarded across the country as an infectious diseases specialist, Dr. Marrie has maintained an active research program focusing on community-acquired pneumonia (CAP).



Joanne Webber, DMAA Executive Director

Joanne Webber has worked in the role of Executive Director since 2007. Joanne

has worked for many years in Vancouver in Sales and Marketing for Bacardi Rum, and other international Wineries. Joanne has a degree in Human Resources & Labour Relations and is currently completing her Executive MBA with Saint Mary's University. In her role as Executive Director, Joanne introduced full service reunion planning, Medical Tours and Virtual Tours to the Medical School, revised VoxMeDAL and has grown the DMAA Awards Gala into a signature event. Joanne lives with her family in Halifax and has two teenagers.

Dr. Mary McHenry '09, PARI-MP liaison

Dr. Mary (Jamieson) McHenry '09 is a second-year pediatric resident at Dalhousie University. She was involved with the DMAA in the past as a member of the Dalhousie



Medical Students' Society (DMSS) as the member-at-large representative in first year, and as the Vice-President External Affairs (Canadian Federation of Medical Students representative) in her senior years. She is currently the Professional Association of Residents in the Maritime Provinces (PARI-MP) representative on the DMAA board and is happy to be representing residents at Dalhousie University.

Michael MacDonald '14, DMSS President



Mike MacDonald, current DMSS President, demonstrates outstanding leadership skills and his role as class president motivates him to advocate for his fellow students.

With the ongoing curriculum renewal, the leap in distributed medical education and the rising costs of medical education, there is no better time to advocate on behalf of students. As a society, the DMSS is not only committed to shaping the careers of today's students, but also those of tomorrow. Dalhousie's Faculty of Medicine has been dedicated to hearing students' voices—a trait that motivates students to improve their surroundings and take pride in everything they do. With the help of the DMAA and the generosity of our dedicated alumni, students have strengthened pre-existing outreach projects or implemented new ones.

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.

The transformation of Dalhousie Medical School and the Centennial of Chester Bryant Stewart (1910 to 1999)

Copies of the recently published article about Dean Chester Stewart and the transformation of Dalhousie Medical School are freely available by request from the Medical Alumni Office.

During Stewart's term as Dean (1954 to 1971), approximately 1,000 medical students graduated from Dalhousie Medical School. During the same period, the medical school was transformed from one "teetering on the border of losing its accreditation" to "one which was considered, quite rightly, to be one of the best in the country." This dramatic macro event was largely unrecognized, but behind the scenes, so to speak, changes were occurring in every facet of the medical school.

The medical students at the time will remember the initial four appointments to leadership positions in the medical school of inspiring, creative physicians and clinician scientists: Dr. Robert Clark Dickson in 1956 to lead the Department of Medicine and Dr. Clennel Evelyn Van

Rooyen to lead microbiology and to establish virology. These appointments were followed in 1958 by those of Dr. Ian Mackenzie to be the first full time professor and head of the Department of Surgery and Dr. William A. Cochrane to pediatrics.

Through these and other academic initiatives, curricula were revised to put the medical school in a leading position in medical education in Canada. Research and staff numbers increased and many new specialty programs began. These programs responded to patient's needs in the Atlantic Provinces because of every imaginable affliction from cystic fibrosis to those requiring help from graduates of over two dozen newly created medical, surgical and laboratory specialty programs. Perhaps the culmination and manifestation of this period of unprecedented change in the medical school was the building of the Sir Charles Tupper Medical Building.

The article in the journal of the Royal Nova Scotia Historical Society (2011;14:22-53) encapsulates presentations made to its

Historical Society to a Dalhousie History of Medicine Society meeting and later its 30th Anniversary Symposium. Some of the major events in the medical school and in Stewart's life are reviewed, including his work with Sir Frederick Banting, his appointment, three years out of medical school, to lead the Royal Canadian Air Force's major research unit during the Second World War as medical officer in charge of number 1 clinical investigation unit in Toronto. That was followed by his work on tuberculosis at Dalhousie and Johns Hopkins and later for the Province of Nova Scotia on hospital insurance and, while president of the Association of Canadian Medical Colleges, on Medicare. Meanwhile, internally, the budget of the medical school increased 20 fold, extramural research grants increased 30 fold and the full-time staff went from 16 to 160.

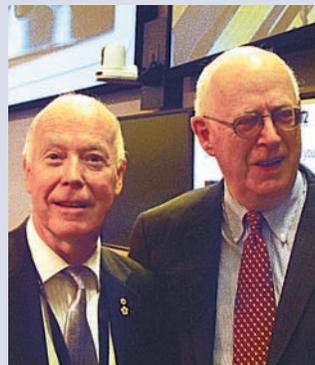
For a copy of the article, contact the DMAA at (902) 494-8800, fax (902) 422-1324 or email medical.alumni@dal.ca. *Ross Langley, '57*

Dalhousie Society for the History of Medicine symposium

To celebrate the 30th anniversary of the Dalhousie Society for the History of Medicine, a symposium was held on September 24. The society was initiated in 1981 by Dr. Jock Murray and has been an active group since, with two papers presented. After a pleasant dinner each month at the Dalhousie University club, presentations addressing medicine in the Maritime Provinces, medical care in the era before confederation and the history of Dalhousie Medical School were enjoyed by guests.

There were talks on Dr. Abraham Gesner, Sir Charles Tupper, Dean A.P. Reid, Dr. Kenneth MacKenzie, Dr. John Stewart, Dean Chester Stewart and the contributions of the Sisters of Charity. There were talks on the 1918 influenza epidemic, early anesthesia in Nova Scotia, the development of the pressurized flying suit, the panic-bars on emergency exits and doctors in TV shows.

The guest lecturer was Dr. Herbert Swick of Montana who presented a paper on two Dalhousie graduates of the class of 1900 who cared for the miners in Montana, and a talk on the history of medicine through music. The society meets monthly and all are welcome. Please confirm attendance with Ana Bela Sardinha at anabela@dal.ca or call (902) 494-1533.



Drs. Ron Stewart and Allan Marble.



Dr. Allan Marble presenting.

Dear alumni please join us!



I would like to personally invite you to join us in celebrating our Medical Convocation Awards

Ceremony. Many of these awards bear the title of our alumni in recognition of their commitment and service to the medical school. We have asked these alumni or their families to present these awards to our deserving graduate recipients. I would like to take this opportunity to invite you to attend this ongoing traditional event on **May 24, 2012** in Tupper. Please see enclosed Convocation Awards. Please contact the DMAA office to RSVP at medical.alumni@dal.ca or call (902) 494-8800.

Tom Marrie '70
Dean, Faculty of Medicine

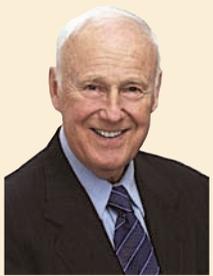
Dalhousie Medical Convocation Awards

The DMAA is looking for your help in bringing to life the Dalhousie Medical Convocation Awards our medical students receive upon graduation. Our goal is to give life and meaning to each award so that students are able to appreciate the personality and the memory of the named physician as well as the monetary and certificate portion that the award carries. We would like alumni to help the medical students at Dalhousie—through your storytelling—understand the significance and importance of the award and get to know a little more about the fellow alumnus that each award honours. We are hoping that the students of Dalhousie Medical School will see the true meaning of these awards and continue the legacy of all our exemplary alumni. Send in your stories, anecdotes, quotes or anything that would bring to life the hopes and dreams of your fellow classmates and colleagues for the future generation of physicians. We believe this will make each award more meaningful to our medical students. If you would like to attend the Convocation Awards, contact the DMAA office at medical.alumni@dal.ca or call (902) 494-8800.

We are seeking your amazing memories and anecdotes about the following list of doctors:

Dr. C.B. Stewart	Dr. Emerson Amos Moffitt	Dr. Mable E. Goudge
Dr. Allan D. Cohen	Ms. Barbara Blauvelt	Dr. Lawrence Max Green
Dr. Michael Brothers	Dr. Graham Gwyn	Dr. Andrew James Cowie
Dr. Morris Jacobson	Dr. N.N. Isa	Dr. Leonard, Kay and Simon Levine
Dr. Robert F. Scharf	Dr. Harold Ross McKean	Dr. S.G. Burke Fullerton
Dr. Mark J. Cohen	Dr. J. Donald Hatcher	Dr. Robert C. Dickson
Dr. Albert A. Schwartz	Dr. Richard B. Goldbloom	Dr. W.H. Hattie
Dr. John M. Embil	Dr. Leo Horowitz	Dr. John W. Merritt
Dr. Ram Singari Boodoosingh	Dr. Carl Pearlman	Dr. John F. Black
Dr. I. M. Szuler	Dr. Frank G. Mack	Dr. Clara Olding
Dr. Lourdes I. Emil	Dr. R.O. Jones	
Dr. Juan A. Embil	Dr. J.C. Wickwire	

Keeping medical alumni informed



Alumni from the Dalhousie medical classes of '51, '56, '56, '61, '62, '65, '70, '75 and '81 toured the new Life Sciences Research Institute (LSRI) during alumni week in

October. The LSRI promotes collaboration in research, education and training between health-science physicians, doctoral candidates, medical students and allied health workers engaged in basic and innovative research programs. The LSRI is a LEED designed building, attached to the Tupper Building, in close proximity to the teaching hospitals.

A unique feature is the sharing of space with industry and entrepreneurs. The

inclusion of Innovacorp and the Dalhousie Industry Liaison office in the design of space allocation promotes knowledge transfer “from bench to bedside,” and facilitates commercialization where appropriate. Over 100 researchers and groups are relocating to the LSRI. The Brain Repair Centre is a major tenant, doing world-leading neuroscience research.

This collaborative, integrated approach to research echoes the same changes taking place in health-science education and the delivery of health care. The safety and quality of health care depends on the quality and penetration of appropriate education and research to all points and providers in the health-care system.

The tour was followed by a reception in the Tupper Building Link. Most of the alumni were already acquainted with the

state-of-the-art technology upgrades to the classrooms in the Tupper Building, making possible a single virtual campus with DMNB in Saint John, New Brunswick. Please see page 18.

The value of our medical alumni being kept abreast of the ongoing plans and financial needs of the medical school was apparent throughout the tour. Alumni engagement and financial support are vital as Dean Marrie creates a best-of-class medical school in our academic health-science centre. I wish to acknowledge the ever-reliable support of the Medical Alumni Office Director and staff in the planning and execution of all the events for the 2011 DMAA reunion.

Ed Kinley '56
M.Sc., FRCS, FACS

Dean Marrie welcomes alumni in Ontario

The DMAA along with Dean Marrie hosted alumni receptions in Ontario. Dean Marrie welcomed alumni to join him in a memorable reception in Toronto at the University Club of Toronto and in Ottawa at the Royal College of Physicians and Surgeons.



Dean Marrie '70 with Dr. Tony George '92.



Drs. Ivan Silver '75, Rob Silver '78, Gary Rudy and Gary Rubin '85.

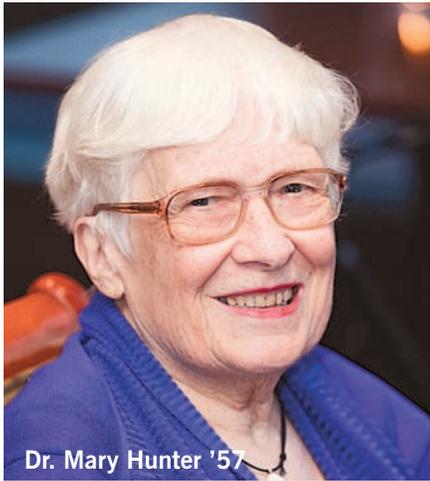


Drs. Shane Journeay '11 and Sophie Hofstader '57.



Medical alumni interacting.

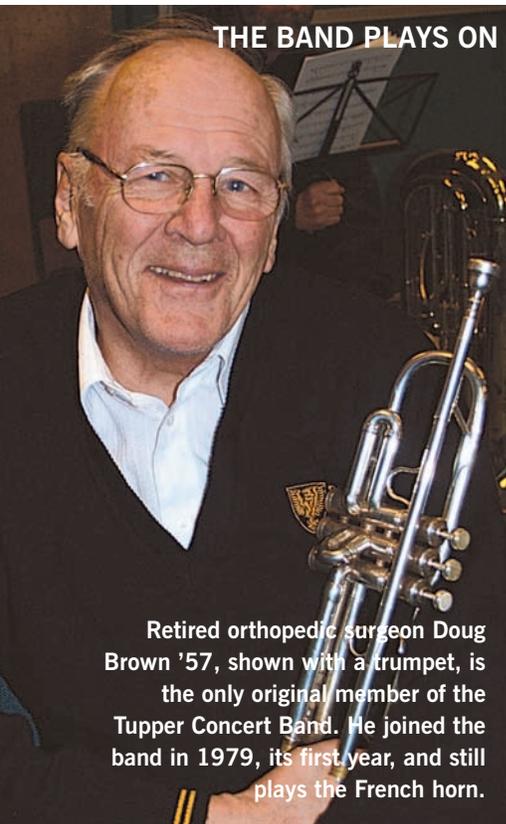




Dr. Mary Hunter '57

"I was very impressed that the DMAA held its 1st reception in Toronto last November because it shows the Alumni that live outside Nova Scotia are very important to the school. I thought it was wonderful when Dr. Marrie took time to talk to all the alumni who came to the reception. When I finished talking with the Dean I could tell how much the Medical School means to him."

– Dr. Mary Hunter '57



THE BAND PLAYS ON

Retired orthopedic surgeon Doug Brown '57, shown with a trumpet, is the only original member of the Tupper Concert Band. He joined the band in 1979, its first year, and still plays the French horn.

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DMAA STUDENT ORIENTATION 2011



The DMAA welcomed new medical students to Tupper the first week of classes by hosting a luncheon, introducing students to their future as Dalhousie medical alumni. Students learned about the medical school's history, reunions, awards and enjoyed an inspiring address by alumnus Dr. Gus Grant '97, the new CEO of the Nova Scotia College of Physicians and Surgeons.



FROM THE LAB TO YOUR WALLET: CANADA'S FIRST POLYMER BANK NOTE

The launch of the new \$100 bill took place recently at Dalhousie's Life Science Research Institute. This is the most secure bank note the Bank of Canada has ever issued—unlike any other bank note in the world. The note features a portrait of Sir Robert Borden on the front and images reflecting Canada's spirit of innovation in the field of medicine on the back.

The researcher at the microscope depicts Canada's long-standing commitment to medical research. The DNA strand, the genetic blueprint of life, honours the researchers who led the way in mapping our human genetic makeup in this field of medical science. The electrocardiogram (ECG) symbolizes our contributions to heart health, including the invention of the pacemaker by John Hopps in 1950. The insulin bottle illustrates an accomplishment that has helped millions of people worldwide. The discovery of insulin to treat diabetes was made by Canadian researchers Frederick Banting and Charles Best in 1921.



DR. GARY RUBIN '92 MEETS BILL CLINTON

Dr. Mark Wainberg, director of the McGill University AIDS Centre at the Montreal Jewish General Hospital and professor of medicine and microbiology at McGill University. Dr. Wainberg and his collaborators were the first to identify the antiviral capabilities of 3TC in 1989 and to test the drug in patients.

Dr. Helene Gayle is President and CEO of CARE, a leading humanitarian aid organization fighting global poverty. Before joining CARE, Dr. Gayle directed the HIV, TB, and reproductive health program at the Bill and Melinda Gates Foundation. She also spent 20 years at the Centers for Disease Control and Prevention (CDC), focusing primarily on HIV/AIDS. Dr. Gayle also served as chair of the Obama administration's Presidential Advisory Council on HIV/AIDS. Dr. Gary Rubin '92 is HIV primary care physician at Sunnybrook Health Sciences and University of Toronto and co-chair of the Toronto HIV Primary Care Physicians Group.



From left to right: Bill Clinton, Dr. Helene Gayle, Dr. Mark Wainberg and Dr. Gary Rubin.



MEET THE CLASS OF 2015

- 656: Total applicants
- 324: Eligible Maritime applicants
- 332: Eligible non-Maritime applicants
- 112: Total accepted students
- 81: Halifax Campus
- 31: Dalhousie Medicine New Brunswick (DMNB) Campus
- 51: Number of women (46 per cent)
- 61: Number of men (54 per cent)

ACADEMIC STATS

- 25: Average age (age range from 20 to 43)
- 30: MCAT average score
- 3.8 Average GPA score

Dal's Post Graduate Medical Education Office: PGME is responsible for a total of 545 Postgraduate Trainees currently in training throughout the Maritimes. There are 25 Specialty training programs based in Halifax; however, Internal Medicine also has a program based out of Saint John, NB. As well as, offering 27 Subspecialty residency programs.

Dal Family Medicine currently has 7 Family Medicine training sites throughout the Maritimes. Last year, PGME offered a 3 year Family Medicine Integrated Emergency Medicine program that is situated in Saint John, NB. On July 1, 2012, Family Medicine will be opening a new program in the Annapolis Valley. Family Medicine expanded 3rd year training programs are also offered in Emergency Medicine, Palliative Care and Care of the Elderly.



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CALL FOR NOMINATIONS FOR DMAA ANNUAL AWARDS

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 30th, 2012.

HONOURARY PRESIDENT:

This award was first made in 1958 at the inaugural DMAA meeting. Priority in selection is 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.

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 lifetime 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.

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.



Dalhousie Medical Alumni Association 2012 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
Sir Charles Tupper Medical Building
Rm 1C1, 5859 University Ave
PO Box 15000, 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, 2012.
Nominations will be considered for two years.**

2011 DMAA Awards & Fall Reunion

Sheila & Mike Banks '70 and David MacLean '70.



Drs. Emeric Hofstader '53 and Sophie Hofstader '56.



2011 Gala keynote speaker, Dr. Bill Stanish '70.



Thanks to those returned home to attend our Gala Awards night. You added immeasurably to the night. Hopefully you were as rewarded in seeing old friends as we were in seeing you.

You were hosted by our genial DMAA President, Dan Reid, who is our resident politician. You also learned that one of our own, Bill Stanish, our speaker, has a well-earned reputation in delivery of Olympic sports medical care, as well as a long-standing interest in research in this field. His interest in his patients is well known—they are a part of his team, too.

We all learned much about our award recipients, a way of highlighting some people we may not know well. Let us take this opportunity to thank the DMAA staff for the behind-the-scenes work in this reunion and Dean Marrie, for the difficult job of steering our medical school ship.

Dr. Doug Brown, '57

Dr. David Bell and guests.



Alumni virtual tour 2011.



Dr. John Quigley '51 and Mrs. Gloria Quigley.



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Giacomantonios celebrating DMAA awards.



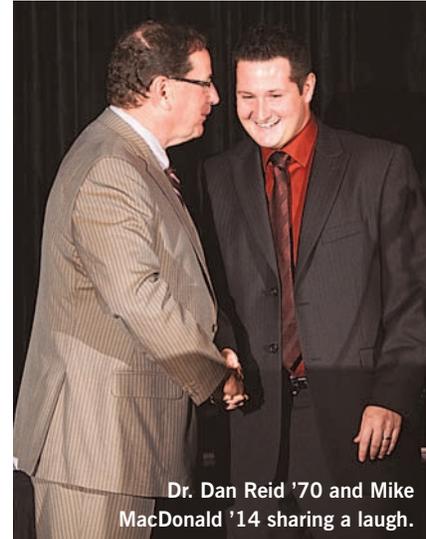
Alumni tour of the new research institute.

Recently, I had the good fortune to attend the DMAA Gala Awards Dinner on October 21 at the Waterfront Marriott Hotel. One of our faculty members, Dr. William Stanish, was being honoured that evening and gave a very thoughtful presentation on the biological approach to treatment of osteoarthritis. The Orthopaedic Division purchased a table for this event and it proved to be a lot of fun.

I feel that this type of event is important to engage alumni with one another and with the medical school. It provides a sense of community among our alumni. It was great to see a number of our mentors, who have become peers and friends over the years, present at this dinner.

Fundraising by the DMAA provides support for student projects and allows alumni to remain engaged and to support our medical school. I would encourage all of the divisions and all of the departments to consider attending next year's Gala Dinner.

*David Amirault '76, MD, FRCSC
Chief, Division of Orthopaedic Surgery*



Dr. Dan Reid '70 and Mike MacDonald '14 sharing a laugh.



Dr. David Amirault '76 and Mrs. Kate Amirault.



Enjoying alumni gala.



Recognizing Award Recipients

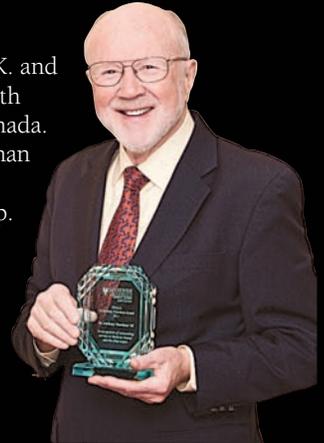
Dr. Franklin H. Sim '65
DMAA Alumnus of the Year

Dr. Sim graduated from Dalhousie University Medical School in 1965. He completed his orthopedic residency training at Mayo Clinic and was influenced by Dr. Jack Ivins in the area of musculoskeletal oncology. Dr. Sim became a leading innovator and proponent of limb-sparing surgery in patients with bone and soft-tissue tumors in the 1970s. A founding member of the Musculoskeletal Tumor Society, he has been active in the International Society of Limb Salvage (ISOLS) and the International Skeletal Society (ISS). Dr. Sim has spent the past 40 years of his career on the faculty of Mayo Clinic, training hundreds of residents and more than 50 orthopedic oncology fellows from the U.S. and overseas. His research and clinical interests centre on the outcomes of complex limb and pelvic reconstruction for tumor resection. He has authored many seminal papers in the field. His prolific publication record includes over 400 published articles and 200 book chapters. Dr. Sim has received many prestigious awards, including the John Charnley Award from the Hip Society and the Canadian Orthopedic Association's Outstanding Service Award. Currently he is a professor of orthopedic surgery and chair of the Division of Orthopaedic Oncology at Mayo Clinic in Rochester, Minnesota.



Dr. Anthony Measham '65
DMAA Honorary President

Dr. Measham hails from the U.K. and served in the British Army (South Africa) before emigrating to Canada. He was a pharmaceutical salesman prior to entering Dalhousie Medical School on a scholarship. He loves sports, earned two soccer gold D's, served on student council and co-edited the Student Medical Society Journal. He was Dalhousie Medical School Alumnus of the Year in 2000 and is president of the class of 1965. After graduation, he was a GP in Dartmouth. Then came a master's and doctorate in Public Health from the University of North Carolina. Dr. Measham spent 40 years working on maternal and child health, family planning and nutrition in developing countries. He served in Bogota, Colombia (1970 to 1975); at Columbia University, New York (1975 to 1976); in Bangladesh at the Ford Foundation (1977 to 1981); and in India (1993 to 1998). He worked at the World Bank (1982 to 1999) as Health Adviser and is best known as an editor of *Disease Control Priorities in Developing Countries*. Dr. Measham is president of the class of 1965 and still works as a World Bank consultant.



Dr. Stephen Hart '72
DMAA Family Physician of the Year

Dr. Hart began practising family medicine after graduating from Dalhousie Medical School in 1972. Except for a two-week locum in Dawson City, Yukon in 1985 and a three-week locum in Hazelton, British Columbia in 2000, his entire practice has been in Fredericton, New Brunswick. When he retired from active practice in 2007, Dr. Hart had 2,700 patients in his practice, with an average of six to eight in-patients under his care in hospital. He was one of four physicians providing care to a 200-bed nursing home. Dr. Hart has received numerous awards, including the Community of Scholars Award of Excellence in Clinical Practice, Dalhousie University Faculty of Medicine and Queen's Golden Jubilee Medal. Since retiring, Dr. Hart continues to assist in the OR and serve as hospitalist.



Dr. Nicholas Giacomantonio '98
DMAA Young Alumnus of the Year

Dr. Nick Giacomantonio received his doctor of medicine at Memorial University in St. John's, Newfoundland and then completed internal medicine and cardiology at Dalhousie University in Halifax. He was appointed to Dalhousie Faculty of Medicine and to Capital Health in the Department of Medicine in 1999. He subsequently became a level III echocardiographer. He is active in the under and post-graduate programs with curriculum and course development, and is a member of the Cardiac Residency Training Program. Dr. Giacomantonio has been previously awarded the Community of Scholars Award of Excellence in Medical Education. He is currently the director of Cardiac Rehabilitation (CR) and the Community Cardiovascular Hearts in Motion Program. His research interests include cardiac rehabilitation and prevention, with a \$1.5 million research grant for the Hearts in Motion Program, which now includes translational research throughout Nova Scotia. Dr. Giacomantonio is completing his second term on the board of directors for the National Association for Cardiac Rehabilitation (CACR) and is a member of the committee to develop a National Registry for Cardiac Rehabilitation. He was captain of the Prevention Tract for the Canadian Cardiovascular Congress 2011 and has been nominated to the Canadian task force on preventative health care.



Understanding schizophrenia

New insights into a complex mental illness

Schizophrenia is a complex mental illness of unknown etiology and considerable clinical heterogeneity. Genetic studies have shown high rates of heritability and have identified several candidate genes conferring increased risk for developing schizophrenia (e.g., DISC1, COMT). Neuroimaging studies using structural (CAT, MRI) and functional (SPECT, PET, fMRI) methods have demonstrated that certain parts of the brain such as the prefrontal cortex, cingulate gyrus and hippocampus are dysfunctional and may contribute to the pathophysiology of schizophrenia. Such regional brain deficits may underlie the classical symptoms of schizophrenia, such as positive (paranoia, disorganized thinking, auditory hallucinations) and negative (lack of motivation) symptoms, and neurocognitive dysfunction (attention and memory problems).

There are excellent medication treatments for the positive symptoms of schizophrenia—antipsychotic drugs such as risperidone (Risperdal), olanzapine (Zyprexa), aripiprazole (Abilify) and clozapine (Clozaril). An unintended consequence of treatment with these medications is the development of the metabolic syndrome (e.g., obesity, diabetes and dyslipidemias).

Furthermore, psychological treatments like supportive, family and cognitive-behavioural therapies are useful in the management of these symptoms, and in helping achieve optimal social and occupational outcomes. For patients with difficult to treat (“refractory”) psychotic symptoms, the antipsychotic clozapine is the agent of choice; however, brain stimulation techniques, such as electroconvulsive therapy (ECT) and repetitive transcranial magnetic



By Dr. Tony P. George '92

stimulation (rTMS), offer hope to patients most impaired by psychotic illness.

There is modest evidence that early interventions (e.g., antipsychotics and behavioural therapies) in schizophrenia may lead to a better overall outcome and prognosis. However, much more research is needed in this growing area of interest.

Dr. Tony George '92 is clinical director of the Schizophrenia Program at the Centre for Addiction and Mental Health (CAMH) and professor of psychiatry and endowed chair in addiction psychiatry at the University of Toronto. His research focuses on understanding the high rates of drug addiction in people with schizophrenia and translating this knowledge towards better treatments.



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Guests Name(s) _____

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Thursday, October 18th, 2012

6:00 p.m. Reception and Gala Awards Dinner
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Friday, October 19th, 2012

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Dr. Dan Reid '70

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Dr. Tom Marrie '70

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Engineering gastrointestinal solutions

His engineering background gives Dr. Jim Ellsmere '99 a unique perspective on improving gastrointestinal surgery

By **Palmira Boutillier**



Dr. Jim Ellsmere '99 is a surgeon with a bachelor's degree in engineering from Dalhousie University. "Surgery at the end of the day is basically engineering," Ellsmere says. "It's making mechanical adjustments to the human body in order to facilitate health."

Ellsmere is an assistant professor in Dalhousie Medical School's Department of Surgery and the surgical director of the Capital Health Obesity Network. A Dalhousie Medical School alumnus, Ellsmere did four years of his surgical residency here, as well. His clinical focus is gastrointestinal (GI) surgery.

During his medical training, Ellsmere took every opportunity to pursue scientific research. He concurrently completed an MD and a B.Sc. in medicine. He focused on biomechanics and worked in the lab of Dr. Michael Lee. Together they developed a new testing system for tissue heart valves under dynamic loading conditions. "Because you are developing your own testing equipment you can ask questions that essentially others can't," says Ellsmere. "That was my first foray into meaningful research."

Once he began his surgical residency, Ellsmere pursued more research opportunities through the Dalhousie Clinical Investigator Program (CIP). He wanted to do high-calibre medical device research and convinced Dr. David Rattner at the Center for Integration of Medicine and Innovative Technology (CIMIT) in Boston to take him on. Rattner is a GI surgeon and together they worked on a system for real-time ultrasound image guidance technology for GI surgeries.

This research helped Ellsmere land his current specialty—making GI surgery less invasive by employing laparoscopic and endoscopic techniques. Laparoscopy is where small incisions are made in the abdominal wall in order to operate on internal organs. Therapeutic endoscopy is where a flexible scope is passed through the mouth or the anus to do procedures on the colon, stomach or bile ducts.

The outcomes of GI surgery in general are excellent. "But there are still plenty of opportunities in practice where you can have an impact," says Ellsmere. "There are cases that are done today that are still done using open techniques that could be done with safer, less invasive techniques."

Ellsmere has seen a dramatic shift in the way GI surgeries are performed. "The same way as cars aren't built the same way they were 100 years ago, surgery is not being performed the same way," says Ellsmere. "A lot of it is being done offline so you develop a very sophisticated device prior to surgery that does something surgically that ten years ago was done by the surgeon in the operating room."

Ellsmere is involved in two programs at Dalhousie that help drive surgical device innovation. One is the Skills Centre for Health Sciences, which provides researchers a state-of-the-art facility to test new devices with the help of clinicians. The other is the CREATE program, which partners the Dalhousie Faculty of Medicine with the School of Biomedical Engineering and the School of Business.

Up for the challenge

Dr. Anthony Measham '65 enjoys tackling the health-care issues he encounters around the world

Tony Measham was 18 when the British Army posted him to Pretoria, South Africa. Something awoke within him. The thought of living abroad was exciting. But more than that, South Africa was the site of his father's tragic death years earlier. Following that, his grandfather filled his father's shoes; his grandfather who spoke often of helping the poor, who encouraged altruism in the young Measham.

His grandfather's words echoed in his mind when he first witnessed South Africa: poverty, apartheid, hunger. "I always had this feeling that I wanted to do something, but I could never figure out quite what that was," he says. "But it seems I eventually found it."

For Dr. Measham, "it" has been international health and development—what had been through his Dalhousie years, a constant avocation to complement his pre-med and medical studies. Between the medical school's emphasis on family medicine and psychiatry, and the population explosion scare of the 1960s, Dr. Measham found himself drawn to preventive medicine. "I'm a big-picture person," he says. "I was always more drawn to how you prevent disease rather than cure it."

Upon graduating, he became a general practitioner at the Dartmouth Medical Centre for a few years to pay off his student debt. Wanting to get involved in international work, he applied for a post-graduate fellowship from the Population Council, but didn't get it. In frustration, he wrote to four American universities. All four replied—and all four offered him substantial support to specialize in preventive medicine and public health.

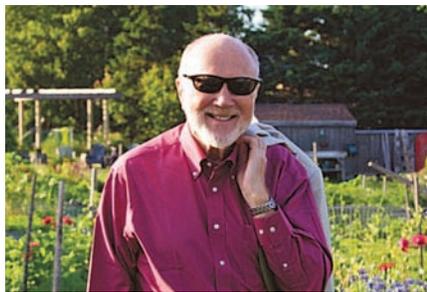
He travelled with his wife and two daughters to North Carolina, the first of what would be dozens of moves for the Measham family. There, he earned a master's degree and a doctorate in public health, before travelling to Bogota, Colombia to work for nearly six years on maternal health and family planning strategies to

help control the burgeoning population. But his interest would shift from population to nutrition after he was offered a post in Dhaka, Bangladesh by the Ford Foundation. In stark contrast to Latin America, which had qualified doctors but no money, Bangladesh had few human or financial resources.

"I called my wife and said, 'You game for another overseas stint?' She said, 'Sure—anywhere but Bangladesh,'" he recalls, laughing. And off they went for five years.

In 1983, he became health advisor at the World Bank. His vocational interests had by now shifted for a third time as he became exposed to the world of global-health policy. "If you're a doctor in Dartmouth or Halifax, you can be the greatest doctor in the world," he says, "but you rarely have the entree into policy-making levels and political levels that you do working in developing countries."

He's since done extensive work across



India, China and Africa, meeting with health policy leaders to develop strategies specific to their countries. In 1993, he contributed to the World Bank's World Development Report on global health and was an editor of *Disease Control Priorities in Developing Countries*—two of the most influential health documents the Bank has published. He then went to work for five years as an adviser in the Bank's New Delhi office.

Next came extensive work on immunization and the second edition of *Disease Control Priorities* in 2006. Twenty years after the 1993 report, in 2013, Dr.

Measham will contribute to a retrospective revisit of that report and now his focus has shifted to non-communicable diseases that can and should be preventable. "We're still, in my view, fighting only the last war," he says. "We need to keep at it: saving the lives of babies, small children and their mothers is crucial. But the death toll and the disability toll from non-communicable diseases (heart attack, stroke, cancer, diabetes and obstructive lung disease) in the working-age population is now a huge barrier to economic and social development. And the cost of treatment is a huge burden on the budgets of many countries, from the U.S. on."

"Some people like to work in one place or on small countries," he adds. "And India is a very difficult country. But if you can help make something happen there—or in China—it makes a huge difference...It's like climbing mountains, you know? The challenges."

Giving for the future

A long-time supporter of Dalhousie Medical School, Dr. Alan Tarshis '76 is launching a bursary in honour of his graduating class

By Janice Hudson

Dr. Alan Tarshis '76 has an old friend and mentor to thank for taking his annual medical-school donations to a new level. "It grew from a drink I had with Jock Murray [63] at a hotel in Cincinnati," recalls Tarshis, a gastroenterologist in Cincinnati, Ohio. "Jock was there for a meeting and he called me up. He had been one of my teachers at medical school and was dean at the time. We had a drink and he thanked me for making donations to Dalhousie over the years. He asked if I wanted to set up a scholarship in my name."

For Tarshis, creating a scholarship was a chance to take ownership of his charitable contributions, giving him more personal meaning and satisfaction in the process. "When you have ownership in a charity, it becomes easier and the donations increase," he says. "I was giving more than I otherwise would have."

He established the Alan Tarshis and Nancy Goodman Scholarship in Medicine in the early 1990s (Tarshis's late wife, Nancy Goodman, had been a therapist in the Department of Psychiatry at Dalhousie). Supporting universities soon became a legacy for the family and their three children. "My kids have done the same thing," says Tarshis. "After watching me fund the scholarship, all three of them give money to their universities and appreciate the gift of their education. It makes me very proud."

The scholarship also became something the couple's friends appreciated. "When I turned 50, people made donations to it instead of giving me gifts," Tarshis says. "And over the years, when I've made my donations, I would make them in honour of friends—people such as Dr. Richard Goodbloom and his wife, Ruth. They became my second family when I came to



Dalhousie from Montreal... I have a number of ongoing connections to Dalhousie that make me proud to have set up the scholarship."

Inspired by chatting with his classmates at his 35th reunion last September, Tarshis began thinking about creating a new bursary in honour of his graduating class. "It's my way of giving back to Dalhousie," he says. "It's about realizing that we are who we are because of Dalhousie... I owe how I think as a physician—and many other things—to Dalhousie."

Working with Rob McDowall, Executive Director of Development for Health Faculties, Tarshis set up new bursary. They sent letters to the graduating class of 1976, encouraging everyone to donate \$1,000 each year leading up to their 40th reunion in five years. "I really enjoy meeting with alumni, particularly as I get

...continued on page 22

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to experience first-hand the passion and strong sense of pride they have for their medical school,” McDowall says. “I was pleased to help when Alan contacted me with his idea. An important component of my role is to support alumni and friends by helping them realize the plans and ideas they have to support the medical school.”

Tarshis thinks medical students today require more help than ever funding their education. “I think there was a very different equality 35 years ago,” he says. “You could work over the summer and pay your tuition and living expenses. But nowadays, it’s very different. You can’t go to a top medical school unless you have

funds.”

He hopes his bursary inspires other graduating classes. “I hope each class will set up something similar,” he says. “It’s about more than just a debt to our school. My parents taught me that if you are in a position to give back, then you should give to anything that has meaning for you.”

Building on tradition

Dr. Ron Stewart ’70 reflects on the traditions created by his graduating class

By Janice Hudson

The class of 1970 launched several firsts for Dalhousie Medical School, giving medical students a new sense of purpose and an avenue for community outreach. In 1969, students held the first medical school charity auction and organized the first Euphoria talent show.

Euphoria went on to become a beloved tradition at Dalhousie Medical School. “I think if you ask the class of 1970 what they remember most, it would be Euphoria,” says Dr. Ron Stewart, DMSS President at the time and co-founder of the event. “It’s the socialization of the class and the bonding of the class that has held it together.”

An acclaimed emergency medicine physician, Stewart currently leads tutorials for residents and first and second-year medical students at Dalhousie. In this interview, he reflects on his time as a medical student, discussing the traditions his graduating class instituted and what lies ahead for the new generation of medical students.

What inspired the class of 1970 to start new initiatives at Dalhousie Medical School?

I think there were two reasons. One was a man by the name of Dan Reid who is now president of the DMAA. Dan was a leader from day one...I became president of the student society, so we joined forces. We didn’t have any issues—we weren’t marching in the streets, we weren’t complaining about tuition and we didn’t view any grave social issues. We turned our attention to community outreach. We decided to have a medical auction in January 1969 to raise money for charity. We approached all of the departments to give a donation of something that would be unique to their specialty. The Department of Surgery gave 10 lessons in suturing by the chief resident; the Department of Pathology gave a signed copy of Napoleon’s autopsy report. The Department of Radiology gave a lateral chest X-ray of Marilyn Monroe that had been smuggled from Massachusetts General Hospital. It sold at auction for \$642. Mike Banks was the auctioneer and I was the assistant...Mike is a general practitioner here in the hospital. Mike was like Dan Reid on valium—a pervasive presence. It was the first initiative that I recall being so successful. It raised thousands of dollars.

How did Euphoria start?

Because of the success of this medical auction, we were infused by our own importance I think [laughs]. I was really keen to have some sort of musical presence in the school because we had lots of talent. Mike Banks was a great pianist. I have a background in choral music from Acadia. We started to organize a month in advance and we canvassed for performers. About three weeks before the performance, we decided to have skits between the musical acts that portrayed a satirical view of the school and faculty members. We offered a trophy for the best skit...We were arguing over what to call the show. One name was “borborigmi,” which is



Mike Banks (left) and Ron Stewart (right) at the 1969 charity auction.

growing of the stomach. That was Mike’s favourite and he actually wrote a song about it. I think I came up with the name Euphoria.

Did it turn out how you had planned?

I thought it was going to be a disaster. Three weeks before, we had sold only 23 tickets. But on the night of the concert, so many people came that we violated all the fire codes. People were sitting in the aisles. There must have been 900 people. The skit competition outstripped the music altogether. I think Dan was the MC and Mike was the musical director—and I was just worrying behind the scenes. But everyone loved it. And it’s persisted—it has been 42 years.

Was does Euphoria mean to you?

Euphoria for me is more than just a show with a lot of risqué behaviour. They asked me to come back to judge a couple years after the first show. It was very meaningful for me because I’d had a severe car accident the spring before and I had aphasia that was still hanging on and I couldn’t speak. The more nervous I got, the more it showed. I think it was the first time I’d appeared in public since my accident, so it was very defining. They made me announce the winner of the trophy and I couldn’t get the words for what seemed like five minutes but it was probably 30 seconds. Then when I started, I didn’t miss a beat. The room erupted in applause.

Did you think it would become a tradition at Dalhousie?

When we started Euphoria, we thought it would be just for our year. We didn’t anticipate that it would keep on going. It has less to do with the show per se and more to do with the social interaction and the bonding of a class. Every first-year class I’ve interviewed say they don’t know each other until Euphoria. Then I realized that 90 per cent of the class gets involved with Euphoria

in some fashion... whether it's making a costume or collecting bribes for the judges. They're there, they're doing it and they meet each other. I think it's the socialization of the class and the bonding of the class that has held it together.

How has Euphoria shaped the culture of the medical school?

I think it reflects it, not shapes it. It's too early in the season to shape it. However, it has changed it in the sense that from orientation week, the students begin planning Euphoria. The competition to get the Euphoria trophy is a big deal—it's kind of like an Olympics.

How important are class reunions?

For us, they're absolutely important... Our reunions are well attended—at our last, we had 42 of 60 people... Reunions reflect the activities of the class and how close the class is. We would be one of the first post-Euphoria classes. I think that has helped unite classes. It's going to be interesting to see how social media influence Euphoria and class reunions—it's a great opportunity to work in a positive way.

Do you think the younger generation of medical students are following your lead?

The class of '70 is unique in its close ties and I think that revolves around leadership. It's Dan Reid. I don't want to make him out to be a saint but Dan knows everyone in the class—where they are, their latest problems, their latest successes. He's in your face to find out if he doesn't know. He's loved by the class. That's leadership. If the leadership is there, that's the element that makes the difference.

What could inspire students to have close connections with each other?

Their experience here will determine that. I think the new curriculum will help, in that there is more time to encourage social interaction. Interprofessional education is another element that may offer a challenge. I have long believed in interprofessional education and collaborative practice—it's the way the practice of medicine is emerging in health care... The structure of how they are learning and how we do medicine has changed. The constant battle to keep the patient central to it all has not changed. We still have to remember why we're here... It's a very exciting time to be at a medical school. You look at what's happening now... I want 42 more years but I can't have it [laughs].

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DMAA student-funded projects

The DMAA is proud to carry on the tradition of sponsoring student-funded projects from generous alumni donations. Each year, the DMAA raises \$10,000 that is donated to the Dalhousie Medical Student Society (DMSS). The DMSS executive oversee the selection and disbursement of funds for each allotted project. Our medical students are very grateful for this support and a list of the sponsored projects are below:



Photo: Sarah Fougere

DMAA President Dr. Dan Reid '70 presents \$10,000 to DMSS President Mike MacDonald '14.

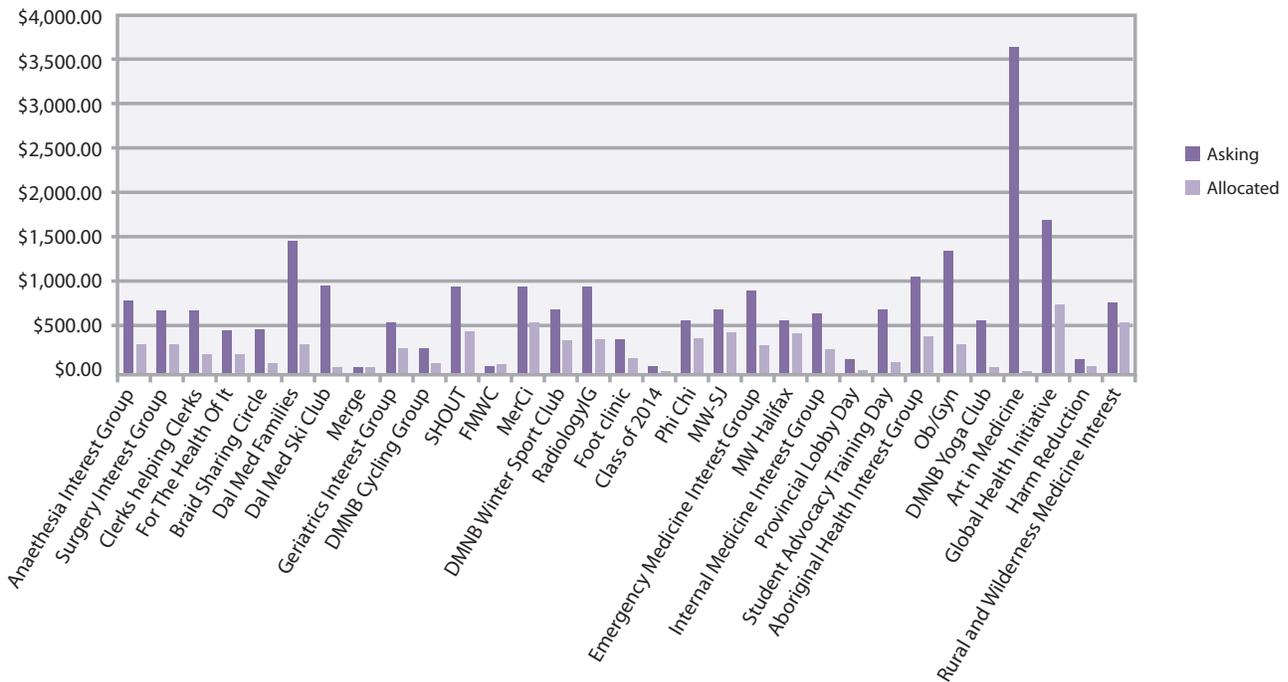


Chart Depicts Student Projects That Received DMAA Alumni Support for 2011-12.

The cost of medical school in the 21st century

Tips for incoming medical students on how to manage money wisely and offset debt

By Sharon Graham

Ever wonder what it costs to attend medical school today? Or how students finance their medical education and manage to repay the money they may need to borrow? Entering medical school in the 21st century definitely presents students with financial challenges.

According to the *Don't Panic Guide*, a student produced manual for incoming medical students, the estimated 2011-12 costs for a four-year degree is \$141,000. This includes tuition, incidental fees, books and equipment, and living expenses. Students

entering medical school also carry over debt from their undergraduate education, which often includes more than one degree, and can total over \$50,000.

Students finance their education using a combination of resources, including student loans, personal lines of credit, family loans, savings and investments. There are a variety of scholarships, awards and bursaries available, in addition to financial aid that all students are eligible to receive as long as they demonstrate a need.

2011 DMAA Scholarship Recipients

Congratulations Adam Parks '15, Scott Murray '15 and Ryan Brennan '15



This award will encourage me to continue striving for excellence inside and outside the classroom. I cannot thank you enough for this award nor describe how much it means to me, but I would like to thank you for helping me accomplish my goals.
Scott Murray '15



I am honoured to have been selected and am very thankful for your generosity. This scholarship is greatly appreciated, particularly given the current costs of a medical education.
Ryan Brennan '15



I cannot say enough good things about Dalhousie. The sense of community within the medical school, from tutorial rooms to Med Ball, is nothing short of tremendous. I will treasure this scholarship and will ensure that I represent Dalhousie well in all of my future endeavours.
Adam Parks '15

DMAA student-funded projects

Project update: *First, Do No Harm*

Canadian medical students and physicians are increasingly interested in global health and are seeking opportunities to participate in international electives, medical humanitarian and development work. However, responsible participation in global-health experiences requires more than parachuting in and out of a community in a country perceived to be developing.

Responsible and sustainable projects by medical students and health professionals in developing countries require a willingness to critically assess our motivations and goals. Why do we participate in projects in developing countries? Who benefits from overseas medical projects and electives, and how much do they benefit? Who bears the greatest burden of risk and cost in our initiatives, and how do we minimize that burden in the communities with which we work? How can we develop programs that ensure respectful collaboration with overseas partners? In short, are these projects in developing countries justified? If so, how do we ensure they are fair and sustainable?

Three years ago, we set out to make a documentary, *First, Do No Harm*, which

explored these questions with the hope of encouraging critical thought on the ethical issues surrounding international medical volunteer projects and electives. By framing this exploration in a documentary format, we felt it would best reach students setting out on these global-health initiatives. We hoped the film might inspire reflection on these ethical issues and lead students to ensure that their global-health efforts would be done in a way that maximized benefit and minimized harm.

Over the past three years, we have interviewed experts and global-health providers from around the world. We have travelled to conferences in North America and visited global-health projects in Tanzania, Rwanda and Uganda where we were able to gain insight into the perspectives of visiting and local health providers. The film premiered in April 2011 and has been screened across the country and around the world. It received positive reviews and has been incorporated into pre-departure training curriculums throughout North America. Requests for copies of the DVD have been made by notable academic institutions in North America such as Yale and Harvard as well as institutions in Europe, New

Zealand and Australia. The film was recently featured in Montreal at the combined conference of the Global Health Education Consortium, Consortium of Universities for Global Health and the Canadian Conference on International Health. It was shown to a full house, with viewers even standing in the hallway, and was followed by a lively and passionate discussion. We hope the film will be a valuable aid to facilitators of pre-departure training as well as a valuable piece in the ever-evolving conversation on global-health ethics.

This project would not have been possible without the DMAA's kind donations to the project fund of the DMSS. This project is a great example of how these small projects started in medical school can blossom into something much larger than the sum of their parts. We thank the DMAA for their assistance during our time as medical students. As we join the ranks of the DMAA ourselves, we encourage the organization to continue its ongoing support of the medical student community.

Drs. Alyson and Timothy Holland '11

Faculty Development Program update

Highlights from the second year of curriculum renewal in the Faculty of Medicine

By Marie Matte, Director of Faculty Development

This is an exciting time for Dalhousie Faculty of Medicine and for our Faculty Development Program. Our undergraduate medical education program continues to roll out year two of its new curriculum. Plans are in place for a longitudinal integrated clerkship in Mirimichi, for a full clerkship year in communities throughout New Brunswick, and for renewal of the existing year three clerkship.

In an effort to assist faculty in these curriculum development initiatives and their corresponding new roles as faculty teachers and preceptors, the Faculty

Development Program is looking to bring to communities throughout the Maritimes some faculty-development opportunities that will enhance teaching and learning opportunities for students and faculty alike. We are planning a series of faculty development road trips, involving a variety of faculty members, for the 2011-12 academic year. Visits include the communities of Amherst, St. John, Moncton, Fredericton, Mirimichi and Truro.

Faculty Development continues to partner with our Post-Graduate Medical Education and Continuing Medical

Education offices in bringing interactive learning sessions to all clinical faculty and residents across the Maritimes. This helps prepare faculty and residents for their potential new roles involving teaching and learning activities of both undergraduate medical students and residents.

The innovative Residents as Teachers (RAT) and Clinicians as Teachers (CAT) programs have now been piloted in Halifax. Using the train-the-trainer model, these programs will be distributed to our partner communities by our community faculty. Session topics include effective use of simulation in teaching, teaching at the

Rural week placements

Medical students experience the scope of practice in rural health-care settings

By Mary Beth Bissell '14
DMSS Vice-President Medical Education

After writing the last exam of the academic year in May 2011, first-year Dalhousie medical students dispersed across the Maritimes for a week-long placement in a rural health-care setting. None of the students could have predicted what a valuable learning experience this would become.

We were welcomed into these communities with open arms and made to feel at home from the start. Students quickly learned that their understanding of rural medicine was incorrect—that the scope of practice in rural medicine was far beyond what most of us had predicted. We were surprised by the breadth of the practices to which we were being exposed—emergency medicine, nursing home administration, psychiatry ward visits, trips to First Nations reserves and busy private practices.

In these settings, we had the opportunity to use the clinical skills we had learned over the academic year in a friendly, supportive and encouraging teaching environment. Preceptors were eager to teach and encouraged students to become involved with their practices.

“This experience was the richest learning opportunity during the first year of undergraduate medicine.” —Hali Bauld, Med 2

The class of 2014 would like to thank the rural physicians who participated in this experience. A number of the physician preceptors who participated in the rural week experience were new to teaching. We hope that their involvement with the program enriched their lives as much as ours. Our learning depends on these clinical experiences. Without the dedication and enthusiasm of Dalhousie faculty, this experience would not have been possible.

Photo: Mary Beth Bissell '14



Traps at the Water, Cape Mouton, N.S. When driving along the South Shore returning from my rural week placement in surgery, these traps along the water caught my eye. As I pulled over the car, the traps brought to mind the patients I met during rural week who fished lobster for a living. When making important decisions about the operations they required, these patients would sometimes let the timing of lobster fishing season trump other factors. Hernia repairs and lumpectomies could wait until June when the season is through, when there would be time for recovery.



bedside, the one-minute preceptor, teaching technical skills, and giving feedback. The Faculty Development Program also offers synchronous and asynchronous sessions to faculty geographically distributed throughout the Maritimes.

As our educational and research programs begin to grow and our learners begin to explore teaching and learning opportunities throughout our communities, we encourage your participation in our programs. We offer you the invitation to apply for faculty appointments with the Dalhousie University Faculty of Medicine. Please direct your questions to Lynne Power, director of HR at lynne.power@dal.ca. For further information about the program, please contact me at (902) 494-3469 or email marie.matte@dal.ca.

*Fiddleheads, Yarmouth, N.S.
Fiddleheads (Violinae orchestrus) are members of the fern family. They are endemic to Nova Scotia and have high nutritional value. People collect them from the wild in spring for food. I took this photograph near my rural-week placement in Yarmouth. It portrays the beauty and simplicity of Nova Scotia's countryside. Enjoying moments in nature, such as this, was a way to relax after a busy day at the hospital.*



Photo: Mary Beth Bissell '14

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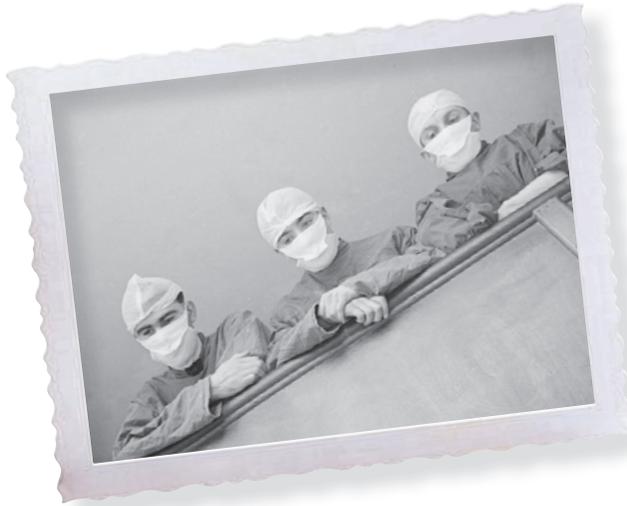
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Dalhousie unveils Teaching is Where it's AT

Two new programs provide teaching skills to residents and clinicians



By Dr. Connie LeBlanc

Dalhousie Continuing Medical Education (CME), Postgraduate Medical Education (PGME), and Faculty Development unveiled two new programs this past November. Teaching is Where it's AT includes both the Resident As Teacher (RAT) and the Clinician As Teacher (CAT) programs, ensuring that all physicians develop teaching skills.

"Physicians need to be able to share their knowledge," says Dr. Connie LeBlanc, who served as faculty for the Royal College of Physicians and Surgeons (RCPS) CanMEDS RAT workshop in 2011. "They have to ensure the

understanding of discharge instructions to patients and their families, as well as teach students, residents, other health-care colleagues and the public."

Resident as Teacher (RAT)

During the most recent undergraduate accreditation process, there was no widely available process in place for instructing residents how to teach—unless they opted for a one-month elective in medical education. The RAT initiative meets this need and prepares participants to implement the RAT program at their own medical school.

The two-day RAT program for residents

at Dalhousie was co-developed by Drs. LeBlanc and Guy Brisseau (assistant dean, PGME), following the Royal College workshop. The first day of the program took place on November 10 and Dr. LeBlanc was thrilled with the reception. "It was unbelievable," she says. "What a great group of people."

The second day of RAT will be held in February 2012. The interval will provide sufficient time for practice and reflection. The desired outcome is to provide residents the basic skills they need to teach effectively. Optimally, these residents will discover an interest in

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medical education and pursue further training in this area.

Clinician as Teacher (CAT)

During the development of the RAT program, it became evident that practising clinicians would also require training. If teaching skills weren't available to them during their residencies, they may lack those skills. "It's important for clinicians to understand the new language the residents will be using as a result of the RAT program," says LeBlanc. "We can't leave them out."

On November 17, clinicians came from across the province to participate in the first CAT program. The program aims to arm clinicians with the basics for teaching residents, patients, families and others. It included important aspects of the RAT program but modified some elements. Also, unlike the two-day RAT program, the CAT program ran only one day. Feedback was very favourable and it's



likely that CAT will run once a year in the future. All new faculty will be invited to attend the sessions. CAT was a collaboration between Drs. LeBlanc and Brisseau and also Dr. Marie Matte, director of Faculty Development.

Teaching is where it's AT

The RAT and CAT programs are organized by Drs. LeBlanc, Brisseau and Matte, with involvement from CME, PGME, and Faculty Development. They have been invited to present the program in Moncton, New Brunswick and Truro, Nova Scotia. The plan is to provide train-

the-trainer sessions at several Dalhousie Medicine sites.

If there remains a favourable response, the CAT and RAT programs may become a mainstay for teaching entry-level medical education at Dalhousie. "Our hope is that the physicians and residents who participate in these programs will eventually be the ones running them," says LeBlanc, who is the associate dean of Continuing Medical Education as well as a professor in the Department of Emergency Medicine. She's working to develop a package of materials and slides that will allow for simple delivery of the program.

All RAT programs will be registered through Dalhousie Postgraduate Education, while CAT programs will be registered through the CME office at Dalhousie University in Halifax. Thanks to the overwhelming response of both programs, be prepared to have RATs and CATs loose all over campus soon.

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Moncton retreat sets collaborative tone

Faculty and staff from both Dalhousie medical faculties strengthened ties and shared ideas

By Allison Gerrard

Department heads and other senior leaders at Dalhousie Medical School met in Moncton, New Brunswick recently to map out future collaborations between the school's two campuses in Nova Scotia and New Brunswick.

"Last year marked the start of Dalhousie Medicine New Brunswick (DMNB)," says Dean Tom Marrie. "The tremendous early success of this project wouldn't have been possible without the engagement of the medical community in New Brunswick, the cooperation of UNBSJ, and the support of members in the community. As we go forward, it's important for us to plan together as one medical school. The retreat engaged both our Nova Scotia-based and our New Brunswick-based faculty and staff. It gave us an opportunity to collaborate face-to-face, rather than through phone and computer."

Building collaboration across campuses and within departments

This retreat was the first at the departmental level to focus on collaboration within departments distributed across the Maritimes. Dr. William Albritton, dean of the College of Medicine at the University of Saskatchewan, set the tone for the retreat with an excellent keynote address on cooperation across campuses. Subsequent discussions centred on practical aspects of departmental governance, teaching, research, faculty recruitment, appointment and promotion.

"Building the academic relationships and structures to support faculty, while respecting their culture of practice, is challenging," says Dr. John Steeves, DMNB's Associate Dean. "This historic leadership retreat represents a major first step in understanding effective working relationships."

Building research capacity

One of the main issues on the agenda

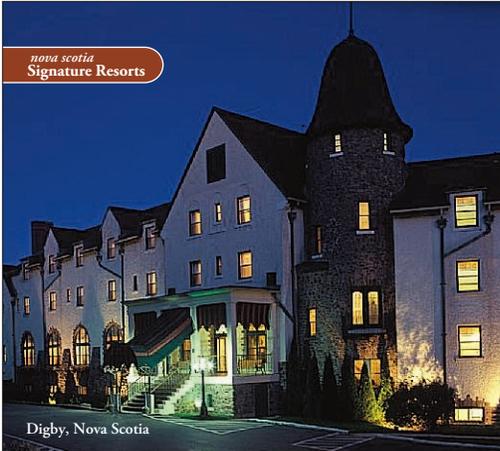
was brainstorming about how to build research capacity in New Brunswick. "The launch of a research facility, which includes the recruitment of new faculty, promises to energize both the hospital and UNB campus, as well as the Saint John community itself," says Dr. Gerry Johnston, Associate Dean of Research. "There's huge opportunity to build a health-research enterprise from the ground up and be strategic about the types of researchers we recruit and the facilities that we create to support this research."

DMNB is currently recruiting two basic science researchers with a cardiovascular focus and an endowed chair in occupational medicine. If all goes as planned, all positions will be filled by early 2012. Over the next couple of years, two more basic scientists will be recruited in order to develop a research

cluster. Laboratory facilities are currently being constructed at the DMNB facility on the UNBSJ campus.

"We've made substantial progress towards meeting our \$15 million fundraising goal for research," says Dr. Preston Smith, Senior Associate Dean. "We're three-quarters of the way there thanks to Lynn Irving's leadership and the support of New Brunswickers across the province."

"Within five years, the research landscape in New Brunswick is going to look significantly different and more successful," says Dr. Johnston. "I can see building complementary expertise through recruitments at Horizon Health and the University of New Brunswick and significant collaboration between Saint John and Halifax. Successful health research tends to be a collaborative enterprise."



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By Dr. Andrew Padmos

Post-graduate medical education

How residency education is evolving to improve patient care in Canada's health-care system

Post-graduate medical education and training, otherwise known as residency education, is not a subject that is familiar to most Canadians. However, it is a foundational element of our health system and one of the most important pillars in our commitment to high-quality health care. Residency education differs from other graduate experiences because residents have dual roles as learners and health-care providers under the supervision of faculty during their educational experience. The governance of their training is also complex and extends beyond the control of the University.

Approximately 12,000 resident physicians are enrolled in 750 specialty medicine training programs delivered by Canada's 17 medical schools through their post-graduate education departments, providing health services while at the same time studying medicine as graduate students. The training programs are lengthy and arduous but result in medical, surgical and laboratory specialist practitioners who are accomplished, motivated and proficient in addressing the health needs of Canadian individuals and populations. In fact, the lessons learned during residency education are seared into the consciousness of graduates and provide them with credentials and qualifications that last throughout their professional practice careers.

Residency training is built on the principles of:

1. Defined programs of supervised training to meet specific specialty requirements;
2. Progressive and patient-centred clinical responsibility under supervision;
3. Comprehensive summative evaluation;
4. Written and oral certification examinations on exit.

Under the auspices of the Royal College, specialty training programs have been planned, delivered and evaluated according to the CanMEDS competency

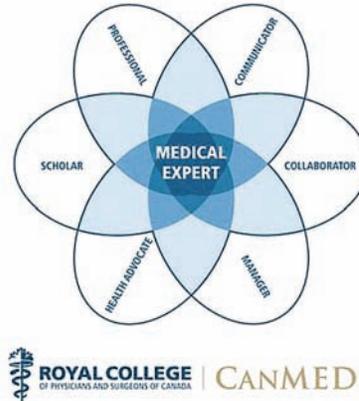


Figure 1. CanMEDS describes the essential roles by which “better standards, better physicians, better care” support quality health care and optimal outcomes in Canada’s health system.

framework. CanMEDS was adopted in 1996 as the basis for defining general and enabling competencies of specialist physicians.

The CanMEDS roles and competencies are well-known in post-graduate educational circles, both in Canada and throughout the world. While the role of “medical expert” often dominates, the competencies of physicians as “communicators,” “collaborators,” “managers,” “health advocates,” “scholars,” and “professionals,” are essential roles for curriculum development and evaluation, and are integral parts of being a medical expert.

The future of medical education and post-graduate training remains in flux. In fact, 100 years ago Abraham Flexner’s landmark review of undergraduate medical education led to the development and refinement of post-graduate training programs as hospital residencies in order to “repair the deficiencies of undergraduate medical education of the time.”

Although Flexner’s model has not changed a lot, the authorities and leaders in post-graduate medical education are grappling with new concepts and technologies to improve and modernize the post-graduate medical education experience.

The eight most important developments in medical education and training are:

1. Competency-based medical education;
2. Simulation-based education and assessment;
3. New approaches to multi-disciplinary and multi-factorial assessment;
4. Life-long learning and time-limited certification;
5. Interprofessional and team-based learning and practice;
6. Distributed, diversified learning environments;
7. Meeting societal needs through generalism;
8. Patient safety.

These developments guide curriculum development, education and assessment strategies focusing on outcomes and proficiency rather than the duration of training in practice environments, which are not learner-centred. Simulation education and assessment rely on a number of tools and processes including the use of humans (standardized patients), task trainers, high-fidelity mannequins, web-based education modules and animal or cadaver models. Simulation can provide repetition and observation in an interprofessional team-based environment that is safe for patients, students and instructors. Its development and incorporation into medical curriculum and practice is proceeding quickly.

Simulation technologies and the other educational developments figure highly in the Royal College’s signature conference: the International Conference on Residency Education (ICRE), which is held in the fall each year and attracts approximately 1,500 faculty, residents and educators from around the world. This year’s conference will be held in Ottawa on October 18 to 20 and is attracting considerable advance interest and registrations. If one is involved in post-graduate medical education and training, the ICRE 2012 Conference will be a “must-do” event.



By Orlando Hung '83

Lessons learned from bedroom anesthesia

With help from his tech-savvy sons, Dr. Orlando Hung created a video for the prosecution in the recent Michael Jackson trial

When my former mentor from Stanford University, Dr. Steve Shafer, came to visit me in Halifax last April, he asked if I would help him make an educational video to support his testimony as the prosecutor's expert medical witness in the involuntary manslaughter case against Michael Jackson's doctor, Dr. Conrad Murray. It was a request that I just could not refuse.

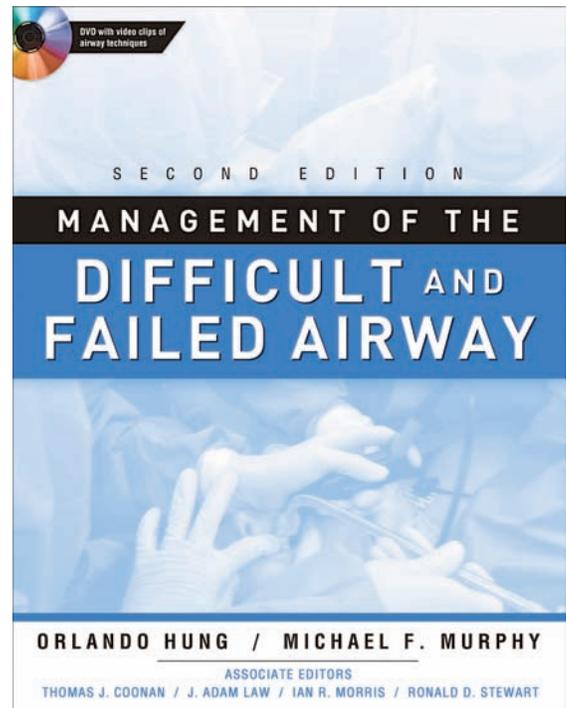
After some discussions with Dr. Shafer and my post-doc fellow from New Zealand, Dr. Jeanette Scott, we drafted a script. I asked my two sons, Christopher and David Hung, who have substantial video recording experience, to help with the production of the video. We filmed in an operating room at the Victoria General Hospital using a volunteer actor, Brandon Intrieri (a friend visiting from Pittsburgh, PA).

The main objective of the video was to educate the public, particularly the jurors, about what a prudent anesthesiologist would be expected to do to ensure a safe conduct of sedation or anesthesia to a patient. The videos include: pre-procedural assessment of the patient's health status; obtaining informed consent from the patient; preparation of the patient; preparation of the equipment, monitors and drugs; administration of sedatives and anesthetic; documentation of events and drugs administered; management of complications associated with the use of

sedatives and anesthetics, such as hypoxemia, aspiration, respiratory and cardiac arrest; and post sedation or anesthesia care.

These are all important components of safe clinical care of patients undergoing sedation and anesthesia. Dr. Shafer used the video in court to illustrate the collection of egregious errors made by Dr. Conrad Murray, which eventually led to Michael Jackson's death. Dr. Murray was found guilty of involuntary manslaughter. According to the court transcript, the presiding Judge, Michael Pastor, said that "Dr. Murray abandoned his patient," and called his actions "medicine madness," "egregious" and "a disgrace to the medical profession."

The lesson learned from this trial is that a physician should practice medicine within the standard of care of his/her practice, which is expected to be in place to protect the patient, regardless of patient's fame, fortune or circle of influence. In addition, a physician must put the patient's needs first and should not practice medicine in a manner which places the physician's needs above the patient's needs. While Michael Jackson was desperately seeking help to treat his insomnia, it is the responsibility of the physician to make the appropriate



medical decisions based on current knowledge and practices and within one's area of competence. To do otherwise is to violate the sacred trust built into each physician-patient relationship. Bedroom anesthesia is a dangerous practice and, even at a patient's request, it must not be provided.

Dr. Hung is a professor in the Departments of Anesthesia, Surgery and Pharmacology at Dalhousie University.

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Take the guesswork out of running a practice

A new program helps doctors manage their practices more effectively

By Samantha Holmes, Doctors Nova Scotia

Negotiating practice agreements, conducting performance reviews and balancing the books may not have been the picture many physicians drew up when imagining their career in medicine, but for many, it is the reality.

As health-care spending continues to be tightened and cost-of-living and business expenses continue to grow, physicians are realizing the need to manage their businesses as efficiently as possible.

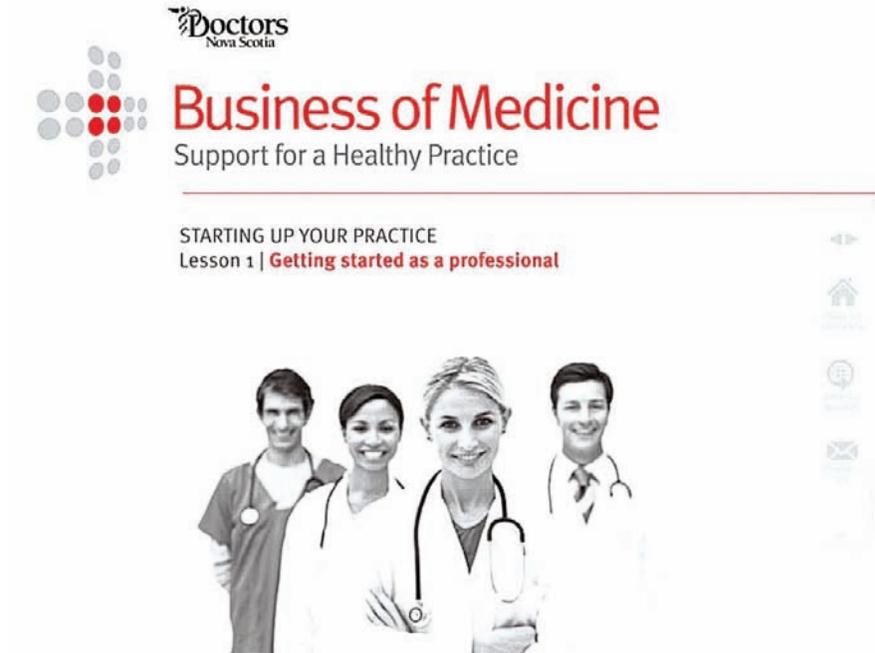
Doctors Nova Scotia's Business of Medicine program was created to help physicians take the guesswork out of running a business. It's designed to better position physicians to save time, to improve the bottom line and allow for more focus on patient care.

The Business of Medicine program provides online learning, seminars and plans to expand to offer one-on-one consults.

Designed with medical students, residents and physicians new to the province in mind, the **Starting up a Practice** course offers advice to help physicians evaluate current and potential financial resources and select appropriate personal and professional insurance coverage. It also offers insight on the various tax structures, deductions and credits. There's information on accounting, the pros and cons of incorporation, the importance of legal representation and negotiation strategies.

Business tip #1: *Have you incorporated your business? It's an important business decision that has the potential to provide significant tax savings. Every physician is encouraged to meet with a qualified accountant or lawyer to see if incorporation is a smart business decision for them.*

Once a practice is established there are many costs associated with staying in business. Employee costs are usually the



single biggest business cost for physicians. As the number one asset to the practice, it is essential to learn the business of how to hire and retain the best employees. The **Managing a Practice** course walks physicians through the process of hiring the best fit for the practice, when and how to do performance reviews, and helps to ensure physicians meet the legal labour standard requirements for their employees.

Business Tip # 2: *In order to keep competitive salaries for your employees, the employer should consider at least a cost of living increase to their salary on a yearly basis. CPI for Canada and by province can be tracked from the website: <http://www40.statcan.ca/l01/cst01/cpis01a-eng.htm>. It provides for monthly and yearly CPI percentages. Other retention programs such as benefits, performance bonuses and increased steps in salary offerings should be considered.*

The **Optimize your Billings** course helps dissect the Nova Scotia Physician Master Agreement and highlights the many new funding opportunities

physicians may not be aware of in the current master agreement. Examples of a few funding programs include those that recognize comprehensive care (i.e. maternity, well-baby and nursing homes), chronic disease management and those who use electronic medical records.

Business Tip # 3: *For the majority of physicians the largest opportunity to improve their revenue stream is right under their noses. By gaining an intimate knowledge of the billing codes and training staff accordingly, physicians can play a more active role in ensuring they are getting the proper compensation for the work they are already doing.*

No matter what the profession, running a business is hard work and takes time. By making the investment in learning best practices, an effective and efficient practice will provide significant opportunities in improving the bottom line and saving time. Nova Scotian physicians, medical students and residents can learn more about the Business of Medicine program on the members' side of www.doctorsNS.com.

Improving access to medical school for low-income Canadians

Ensuring that medicine is an option for marginalized students

By Matthew Kutcher '14 and Adam Harris '12

The path to becoming a medical student involves personal sacrifice, academic success and hard work. For the majority of Canadian medical students, the path also includes having access to opportunities and privileges not equally distributed among Canadian youth. Evidence shows that students from low-income families and historically disadvantaged socio-cultural groups comprise a disproportionately small number of Canadian medical students.

Achieving broader representation within the medical student population is an important goal that is supported by research suggesting a diverse student population can increase population health equity by improving access to care for under-served populations. The goal is consistent with democratic principles and social values recognized by the Association of Faculties of Medicine of Canada, the Canadian Federation of Medical Students and current Dalhousie medical students.

The root cause of under-representation is complex. A number of factors contribute to the current situation in which few students from under-represented populations are applying for medical school admission. An article appearing in the previous issue of *VoxMeDAL* introduced a new student-led proposal to increase application rates, and hence enrolment, of students from under-represented groups (including Aboriginals, black Nova Scotians, immigrants and people from low-income families) at Dalhousie Medical School. It proposed establishing a pipeline-style program, with the central feature being an annual residential summer camp for high-school students from these populations.

The camp would introduce university and medical school life, stimulating students to pursue careers in health professions through programming offering academic enrichment, hands-on learning and fun. The students would be supported in the years after the summer camp with ongoing access to mentorship, resume-building activities, tutoring and programs to help them prepare for standardized tests and navigate the university application process.

Over the past year, a group of Dalhousie medical students have been hard at work promoting this idea to faculty and potential funding partners, including the Nova Scotia government, Doctors Nova Scotia and the DMAA. Support for this idea has been strong and the Faculty of Medicine has committed to institutionalizing this project within a comprehensive set of programs being developed to improve student accessibility at Dalhousie.

We are now moving from a period of conceptualization and consensus building to a period of program development and implementation. There are many details that need attending and work has begun on developing admission criteria, planning the program and delineating specific costs. To date, the response and support from the Dalhousie community has been very encouraging and we look forward to providing future updates on program development as we move closer to the opening of the inaugural camp in the summer of 2013. For more information, email Adam Harris at ad630101@dal.ca or Matt Kutcher at mkutcher@gmail.com.

Medical student profile: Arlene Wiggins

A high-school teacher makes a mid-life transition to medicine

Arlene Wiggins loved her job teaching high-school chemistry, math and English in Sydney, Nova Scotia. Her role as a substitute teacher not only allowed her to share her passion for Shakespeare with teens, it gave her flexibility to spend lots of time with her two children. Yet now, at the age of 44, Wiggins is nearly halfway through her first year of medical school and has left her career as an educator behind.

This profound shift began in 2009 when the experience of spending seven weeks at her seriously ill father's bedside awakened Wiggins's dormant desire to become a doctor. "It all came flooding back to me... that this had once been my dream," she says, noting that her father has since made a full recovery. "I had been that kid with the toy medicine kit, listening to hearts and taking pulses, so focused and determined."

As she grew up, however, Wiggins began to lose confidence in her ability to handle the science-side of medicine. "Even though I completed a B.Sc. in chemistry at St. Francis Xavier University, I was so engaged in my English electives that I thought perhaps I wasn't committed enough to the biological sciences to be a doctor after all," she says. "So I went back for one year to secure a BA in English, then on to St. Thomas for an education degree."

For 12 years, Wiggins taught high school full-time in Ottawa, where her husband Phil was posted with the Canadian Armed Forces. The couple moved with their two young children back to their hometown of Sydney in 2007. By this time, Phil had been a civilian consultant to the military for 10 years, so he set up a home office to continue this work, while Wiggins re-entered the classroom as a substitute teacher. Conditions were right when she realized she needed to pursue her childhood dream of medicine. "It wasn't so hard to leave a part-time job," she says. "Knowing that Phil would be working from home made medical school feasible for me."

Wiggins is finding that her years of teaching and raising kids have made her an adept manager of time and priorities. "I work very hard through the week to get everything done, so I can spend my weekends in Sydney, focused on my family," she says. "It's a big change but we're all adjusting."

She is thriving on the rich, self-directed learning environment at Dalhousie Medical School. "I thought it would be a lot of lectures but they threw us right into the clinical environment," she says. "We're forming strong working group dynamics and friendships as a class. Now that I've made my decision, I can't imagine not being here."



In the eyes of a resident

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

“Empathy boost” is a perfect description of what I have experienced as a result of being a mom. A mentor at the IWK introduced me to this term when she first met my daughter, Anastasia. My sensitivity has increased not only to Anastasia but also to so many other people and situations I encounter. Daily newspaper articles make me teary, the news on the radio makes me sad and seeing panhandlers on Connaught Avenue makes my heart ache.

I find myself reflecting on clinical situations I have been part of and experiencing emotional responses I didn't have at the time. I think back to one night on call at the IWK. I was paged to a floor where a young girl was seizing and vomiting blood. Her mother was distraught and at the time, I registered that she was making a lot of noise in the periphery of the room. But I was so focused on the child that I didn't spend much time with her mother. The girl was stabilized, transferred to the PICU and I continued with my busy call shift after a relatively brief discussion with her mom. I checked on the girl in the morning but didn't see her mother again.

Now, looking back through the lens of motherhood, I am horrified by this story. Not by the outcome or even by my minimal interaction with the mother, but by the fear, desperation and helplessness she must have felt. I imagine myself as the mom in the room rather than the doctor, and the child on the bed as my daughter, rather than my patient. I picture seeing my daughter unconscious and in great distress and not being able to help her or even to

hold her. In my mind's eye, I see a swarm of health-care professionals hooking her up to machines, giving medications and talking quickly to each other—not to her. I would be terrified that she was dying.

Do I have this emotional response looking back because I am now a parent? Or is it also because I have the time and space to reflect on these situations that happened in the midst of a busy call, a busy day, a busy rotation and a busy residency? Or, on maternity leave, am I removed enough from being a resident to see that my medical education and practice thus far have trained me to separate my emotions from my encounters in the hospital?

It is striking that up until this point in my medical career, I can count on one hand the number of times that I've been asked, “how did that make you feel?” There are many other questions being asked in clinical situations. Members of the team ask for each other's opinions. Staff people ask residents and medical students for their thoughts, differential diagnoses and self-evaluations. Learners ask experienced physicians about prognoses and how to approach certain problems. And as health-care providers, we are taught to ask our patients how they feel about their illness. Why don't we ask each other how we feel? Why don't we inquire about the emotional impact of our work, our interactions with patients and families, and our at-times-awkward path to becoming competent physicians?

I'm going to start. When I return to work on April 10, I am going to try to better reconcile my emotional responses with my professional responsibilities. I will begin asking people around me, “how does that make you feel?”



Dalhousie alumnus honoured for excellence in dermatology



Sophie L.R. Hofstader '56, MDCM, has been named Practitioner of the Year 2010 by the Canadian Dermatology

Foundation at the annual Canadian Dermatology Conference in St John's, Newfoundland in July, 2010. “This award is made in recognition of her devotion to the practice of dermatology and for her contribution to her community and to dermatology at large.” In 2001, she won the Glen Sawyer Service Award in recognition of service to the profession and community by the Ontario Medical Association.

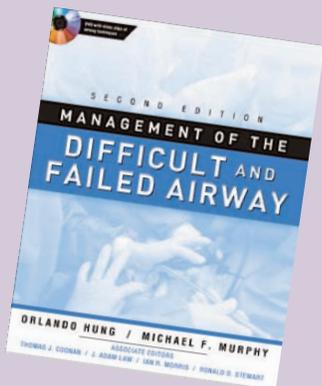
Born in Poland, where she commenced her medical studies, Dr. Hofstader came to Canada in 1949 and completed Dalhousie Medical School in 1956 as the only female in her class. Following 11 years of general practice and then dermatology post-graduate training at the University of Toronto, she now practices clinical dermatology at the Women's College and Scarborough General Hospitals (affiliated with the University of Toronto) and at her private clinic. She is an assistant professor of medicine (dermatology) at the University of Toronto. Married to Emeric Hofstader '53, MDCM, she has two daughters and five grandchildren, two of whom completed undergraduate studies at Dalhousie.

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 12, 2012 at 6:30 p.m. Please RSVP by April 15 by emailing dennisjohnston@ns.sympatico.ca or erfuse@eastlink.ca.

Dr. Orlando Hung '83 (anaesthesia)

prepared a video on propofol use that was shown in the Conrad Murray-Michael Jackson trial by Dr. Shafer, the expert for the prosecution. Dr. Hung was sought out for his airway management expertise. You may view the complete article at Ktla.com/news/landing/ktla-conrad-murray-trial-day-13,0,360217.story. Also visit <http://www.ktla.com>



Dr. Jim Bentley '97 (OB/GYN) was visiting professor at the Australian Society for Colposcopy and Cervical Pathology (ASCCP) and also received a development of a colposcopy LEEP/LLETZ trainer.

Alumni in Florida—hold the date

Please reserve **Saturday, March 24, 2012** from 12 to 2:30 p.m. to attend an alumni luncheon in Naples, Florida. Larry '65 and Sharyn Harris '65 (nursing) will be hosting the alumni luncheon at their home in Naples. Dr. Preston Smith, Senior Associate Dean in the Faculty of Medicine will speak and update alumni and friends on the latest developments at the medical school. For more information or to RSVP, contact Barbara Tait Persaud by emailing barbara.tait.persaud@dal.ca or call (902) 494-8099.

APPOINTMENTS AWARDS AND ACCOLADES

Congratulations to members of our medical school and Alumni community who have received awards recently

Awards



Dr. Shelagh Leahey '75 has been named the Nova Scotia Family Physician of the Year for 2011 by the Nova Scotia College of Family Physicians. She was recognized for her contributions to her family practice and her leadership in the development of Ocean View Family Practice. Her contributions led to the medical centre serving patients who were previously without a family physician.



Dr. Karlyne Dufour '94 (family medicine, Moncton, N.B.) received the Award of Excellence from the New Brunswick College of Family Physicians.

Congratulations to **Dr. Gerry Johnston**, Associate Dean of research, on his induction into the Canadian Academy of Health Sciences.

Dr. Wade Watson '82 (pediatrics) received the Jerry Dolovich Award from the Canadian Society of Allergy/Immunology. Dr. Dolovich is a respected researcher, clinician, and educator in the field of allergy. His personal and professional characteristics have endeared him to many and facilitated the process of discovery in his science.

Dr. Jacob Cooney '09 (PGY3—psychiatry) received the Dr. Charles J. David Prize in Psychiatry in recognition of outstanding display of compassion, sensitivity and a high degree of competence in patient care during PGY2.

Dr. Gillian Graves '84 (OB/GYN) received the Katie Teaching Award for CME at the 84th-annual Dalhousie refresher course.

Dr. Ed Doherty '75, former member of the Board of Governors at the University of New Brunswick, recently received the Dr. William Roberts Political Action Award from the New Brunswick Medical Society.



Photo: Mark Hemmings



Appointments

We welcome **Dr. David Kirkpatrick '79** as the new Head and District Chief of the Department of Surgery at Dalhousie University and Capital Health.



Stevenson Memorial Hospital (SMH) and the Physician Recruitment and Retention Committee (PRRC) have announced that **Dr. Andy Narine '04** (OB/GYN) has joined the hospital's Maternal Child Program.

Congratulations to **Dr. John Chiasson '79** on his appointment as President of Doctors Nova Scotia. Dr. Chaisson has practiced as a full-scope family doctor in Antigonish, N.S. for the past 31 years.



Dr. John Chiasson

Dr. Wayne Putnam '69 received the College of Family Physicians of Canada Lifetime Achievement Award in Family Medicine Research. This award honours trailblazers and leaders in family medicine research who have made significant career contributions to family medicine research during their active career years.



Congratulations to **Dr. Michael West '80** (Medicine) on his appointment as Assistant Dean, Research-Clinical Trials.

Dr. Carolyn Watts '98 received the Christopher J. Coulter Young Alumnus Award. With her winning combination of skill, determination, compassion and courage, Dr. Watts has devoted much of her life to improving the lives of others.

She served a population of over 100,000 in a remote Afghan village for almost five years, caring for obstetrical patients and newborns. Today she is furthering her education and challenging others to look beyond the simple tasks of the day as she writes on work-life balance and other complex topics.



Dr. Carolyn Watts

Dr. Simon Jackson '90 has accepted the position of Deputy Department Head, Department of Medicine. Dr. Jackson joined the Department of Medicine and the Division of Cardiology at Dalhousie's Faculty of Medicine and the QEII Health Sciences Centre in 2003 where he is an associate professor of medicine, program director for the adult cardiology training program and medical director of the pulmonary hypertension program.



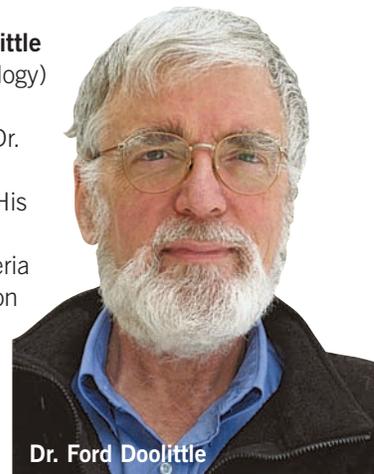
Dr. Simon Jackson

Research Awards

Global Health Research Forum: **Alyson Holland** (Med IV) won the Dr. Ronald Steward Award for student leadership in global health. **Dr. Sabina Nagpal** (psychiatry) won the Dr. T.J. Murray Resident Award in global health and **Dr. Stan Kutcher** (psychiatry) won the Dr. John Savage Memorial Award in international health.

Accolades

Congratulations to **Dr. Ford Doolittle** (biochemistry and molecular biology) who was inducted into the Discovery Centre Hall of Fame. Dr. Doolittle is one of the world's premier evolutionary biologists. His pioneering DNA studies with the evolutionary ancient archaeobacteria led to a fundamental re-evaluation of Darwin's "tree of life."



Dr. Ford Doolittle

Phi Chi Medical Fraternity returns to Dalhousie

Phi Chi Medical Fraternity began at Dalhousie in 1928. It has a very rich history at our medical school and includes over 1,000 alumni members. Although closed briefly over the past five to six years, Phi Chi has re-opened at Dalhousie and is working hard to provide members and medical students with opportunities to improve their medical knowledge and skills, to get involved in the community and to create friendships that will last entire careers.

Phi Chi is a co-ed, professional international medical organization with chapters in five countries. With almost 50 members currently, the chapter hosted multiple events this fall with more on the horizon, including a project to re-open our chapter house on Robie Street, paint a beautiful mural at the VG Colposcopy Clinic and host a fracture-splinting skills event.

Having re-opened last February, we are trying to re-connect with many of our alumni from the past 82 years. If you are a Phi Chi alumni member and would like to hear more about our events, make a contribution to our efforts, or just say hello, we would love to hear from you! Please email px.dalmed@gmail.com.

Michael Gniewek

Presiding Sr., Phi Chi medical fraternity, Dalhousie chapter



Phi Chi medical fraternity members learn airway management techniques from Phi Chi alumnus Dr. Orlando Hung '83.



Class of 1951, 60th reunion

It is hard to believe that 60 years have passed since 54 new medical graduates received their diplomas and prepared to begin practice in their chosen fields. This year, six members of our class and their spouses were pleased to attend the DMAA Gala Dinner on October 21. Al and Jean MacRae, Harry and Esther Poulos, Jim Purves, Jack and Gloria Quigley, Neil and Carol Reid, and I enjoyed the opportunity to be together and to remember those who were unable to join us. In addition to the opportunity to hear the speakers at the gala, we were able to hear others earlier in the day when we attended the medical tour and tea. The main part of the tour was a visit to the new Life Sciences Research Institute. It is fascinating and indeed startling to learn about all the advances in medicine resulting from the huge increase in technology available in recent years. We visited several of the laboratories and learned about the expected leaps into the future as well as those that are already in use worldwide. If any of you who were not able to attend this year manage to make a trip to Halifax, you can look to the future by visiting our medical school. You won't be disappointed.

Dr. Carolyn Scott '51



Class of 1956, 55th reunion

We celebrated our 55th Reunion in Halifax during Dalhousie's Homecoming week in October 2011. Eight of 29 survivors of the original class of 51 were present: Mort Aronoff from Tucson, Milton Boniuk from Houston, Doug Hines from Oakville and Sophie Hofstader from Toronto, Stu Huestis, Ed Kinley, Bob Read and Don Weir. Ms. Barb Blauvelt joined us for our class photo. The chief memory of those who attended will be of three dinners on three successive nights: the Dalhousie all-faculties alumni banquet on October 20; the DMAA dinner the next night; and finally our medical class of 1956 dinner on Saturday night. In addition, there were two events on Friday: a class breakfast, where we were welcomed by Dean Tom Marrie; and the DMAA Medical Alumni Tour and Tea.

The highlight was the class of 1956 dinner on Saturday night in the warm atmosphere of a dining room in the Royal Nova Scotia Yacht Squadron. All present experienced nostalgia in its best sense, enjoying the glow of friendship while taking a pleasurable trip down memory lane. We talked over what we have been doing, updated one another on the activities of those unable to attend and shared memories of our 22 deceased classmates. All left happy and fulfilled from the experience.

Dr. Bob Read '56



Class of 1961, 50th reunion

I heard several classmates comment that this was the best reunion yet. We really did have a grand time. We were honoured at our Saturday banquet with an excellent presentation by Ian Gilchrist on life's journey since 1961. Bill Mason spoke about the DMAA Gala and Fall Reunion on October 21 and encouraged our classmates to attend. Bill also presented booklets to the classmates written by Dr. Ross Langley, *Medical Education and Health Research Innovator: Chester Bryant Stewart*. Dr Stewart was the Dalhousie Dean of Medicine during our time in medical school. Our treasurer, Brewer Auld, organized a golf tournament at the Bell Bay Golf course on Saturday. He presented each golfer with a golf ball stamped with the Dalhousie crest and 1961—a really nice surprise! We shared photos of previous reunions, of other class activities, and of our nine classmates who had passed away. I saw a greater depth of closeness and friendship at this reunion than at others. This reflects the special relationship this class shared in medical school days, plus reunions every five years over the past 50 years. We voted on where and when to have our next reunion, deciding to have it in three years in Halifax.

*Dr. Carlyle Phillips,
President, class of '61*

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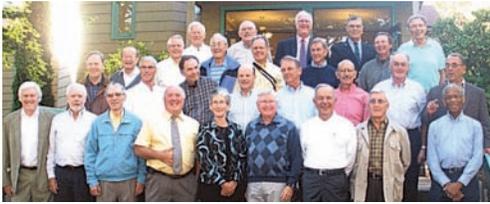
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Class of 1969, 42nd reunion

Twenty-seven members of the class of 1969 and wives enjoyed their 42nd reunion at the Digby Pines Resort on September 6th to 8th, 2011. The reunion included golf, local tours and a heavily attended hospitality cottage. Evening entertainment included a meet-and-greet, draw prizes and a dinner dance with music provided by the Annapolis Big Band. Dr. Monty MacMillan, class of 1961, gave an interesting and humorous after-dinner talk, relating his experiences and those of his father, Dr. C.L. MacMillan, author of *Memoirs of a Cape Breton Doctor*.
Dr. Brian Byrne '69



Class of 1971, 40th reunion

“Best reunion ever.” This exclamation echoed as classmates prepared to return home after their reunion in September. Classmates and their significant others gathered at Dalvay by the Sea in Prince Edward Island to share reminiscences, catch up and celebrate. This special reunion ended with everyone enjoying the companionship and returning home glad for the continued camaraderie, warmth and good will that began in medical school 40 years ago.
Dr. Vonda Hayes '71



Class of 1976, 35th reunion

The class of 1976 enjoyed an outstanding three days the weekend of September 16, 2011. Thirty-seven classmates attended the reunion. The opening reception was at Pier 21, at which old acquaintances were renewed. An excellent CME program was organized by Jeff Kirby and Beth Mann for Saturday morning. The afternoon was free for golf, sailing, and exploring the Halifax waterfront. On Saturday night, we had a lobster dinner and dance at the Marriott Waterfront Hotel. The band for the dance was Saltwater Roses (classmate Tom Loane is the bassist of the group). There was also a cameo performance by Dr. Gerald VanGurp with a supporting cast from our class. Sunday morning featured a brunch and farewell to classmates and friends. The weather was perfect for three days. The camaraderie and companionship was superb. Our group looks forward to the 40th.
David Amirault '76



Class 1986, 25th reunion

The class of 1986 had a wonderful reunion at the Fairmont Algonquin Resort in St. Andrews, New Brunswick. On a sunny and warm weekend in August, an intimate group of 23 graduates spent three fun-filled days experiencing the charm of the locale and the camaraderie of the class. On Thursday night, a welcome reception on the roof-top garden started the event on the right track, which went on well past the automatic shutdown of the terrace lights. The two-day CME, organized by Sarah Stevens and David Wood, was both educational and inspiring. Weekend activities, including whale watching and a golf tournament, were thoroughly enjoyed by all. Dinner followed by a lively dance crashed by a wedding party rounded out Saturday night. A farewell brunch on Sunday was a bittersweet event. Thanks to those who attended and let's get a big crowd for our 30th reunion!
David Iles '86

REUNIONS

Is your class reunion coming up? Let the DMAA help with your reunion planning.

The DMAA specializes in reunion planning and is committed to making 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.

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

Class of 1942 — 70th Reunion

DMAA Fall Reunion and Homecoming
October 18, 2012
Pier 21, Halifax
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1947 — 65th Reunion

DMAA Fall Reunion and Homecoming
October 18, 2012
Pier 21, Halifax
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1952 — 60th Reunion

DMAA Fall Reunion and Homecoming
October 18, 2012
Pier 21, Halifax
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1957 — 55th Reunion

DMAA Fall Reunion and Homecoming
October 18, 2012
Pier 21, Halifax
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1962 — 50th Reunion

DMAA Fall Reunion and Homecoming
October 18, 2012
Pier 21, Halifax
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1965 — 47th Reunion

Naples Grand Hotel, Naples, Florida
May 16 to 19, 2012
Tony Measham, Reun. Rep.
ameasham@worldback.org

Class of 1967 — 45th Reunion

William Dolan, Reun. Rep.
william.dolan@ama-assn.org
Or contact DMAA (902) 494-8800

Class of 1972 — 40th Reunion

Inverary Resort, Baddeck, N.S.
June 29 to July 2, 2012
Ian MacDonald, Reun. Rep.
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1977 — 35th Reunion

Fox Harb'r, N.S.
Sept. 21 to 23, 2012
Nancy MacDonald, Reun. Rep.
nancymacdonald@ns.sympatico.ca

Class of 1982 — 30th Reunion

Fairmont Southampton, Bermuda
Sept. 29 to Oct. 1, 2012
Rob Tremaine, Reun. Rep.
rob.tremaine@ns.sympatico.ca

Class of 1987 — 25th Reunion

Rodd Crowbush, P.E.I.
August 3 to 5, 2012
Bob Abraham, Reun. Rep.
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1992 — 20th Reunion

DMAA Fall Reunion and Homecoming
October 18, 2012
Pier 21, Halifax
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 1997 — 15th Reunion

DMAA Fall Reunion and Homecoming
October 18, 2012
Pier 21, Halifax
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 2002 — 10th Reunion

DMAA Fall Reunion and Homecoming
October 18, 2012
Pier 21, Halifax
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Class of 2007 — 5th Reunion

DMAA Fall Reunion and Homecoming
October 18, 2012
Pier 21, Halifax
Contact DMAA (902) 494-8800
medical.alumni@dal.ca

Providing quality continuing medical education to Maritime physicians

The office of Continuing Medical Education (CME) is pleased to offer alumni continuing medical education class reunions. Including educational sessions in these events not only enhances attendance, it also informs the class of emergent leaders, showcases Dalhousie Medical School's expertise and makes some costs tax deductible. Our office must be involved from the outset to provide accreditation for both the RCPSC and the CFPC, and there is some cost involved. The return may be several times the investment. An overview of accreditation requirements can be found at the "Program Planners" tab on the CME website at Cme.medicine.dal.ca. For inquiries about both accreditation and meeting management, contact Eileen MacDougall at (902) 494-1996 or email m.e.macdougall@dal.ca.

Make your Dalhousie reunion a learning opportunity and tax deductible!

Tell us what you need and we will tailor CME to your class. A few broad appeal topics that we can offer are:

- *Financial planning/retirement* • *Time management* • *Legal issues and you*
- *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

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.

Dr. Seymour S. Balkin '38

Passed away November 22, 2011

Dr. Adam George Barnes '65

Passed away June 3, 2010

Dr. Arthur Chesley '55

Passed away October 25, 2011

Dr. Graham Fraser Colquhoun '47

Passed away March 11, 2009

Dr. David Craig '76

Passed away July 14, 2010

Dr. Gerald Dawe '47

Passed away May 26, 2002

Dr. Leith Garrett Douglas '62

Passed away September 15, 2011

Dr. Hans Epstein '56

Passed away June 10, 2008

Dr. Jack Fairweather '56

Passed away November 28, 2007

Dr. Pierre Joseph Ferguson '56

Passed away November 21, 2011

Dr. Michael John Gaspar '89

Passed away March 20, 2010

Dr. B. Downey Grover '60

Passed away July 12, 2011

Dr. John A. MacDonald '45

Passed away April 26, 2010

Dr. F. Gordon Mack '44

Passed away September 21, 2011

Dr. Stephen "Duke" MacIssac '61

Passed away November 13, 2011

Dr. Janet A. MacKinnon '89

Passed away September 3, 2010

Dr. Ian C. MacMillan '55

Passed away October 29, 2010

Dr. David McCann '88

Passed away August 8, 2011

Dr. James William Moreside '49

Passed away March 29, 2009

Dr. Colin Stewart Paterson '68

Passed away August 12, 2011

Dr. Ceridwen Richard '74

Passed away November 17, 2011

Dr. Samuel Rideout '46

Passed away December 16, 2006

Dr. Erich R. Sperker '81

Passed away January 8, 2011

Dr. Ian Douglas Thompson '74

Passed away September 23, 2011

Dr. Douglas Hugh Macmillan Trueman '65

Passed away July 20, 2010

Dr. Robert Washburn '47

Passed away June 23, 2011

Dr. Margaret Grace Webster '36

Passed away July 23, 2010

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² For more details go to md.cma.ca/news1

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