

SPRING 2013

# VoxMeDAL

THE VOICE OF DALHOUSIE MEDICAL ALUMNI



## Dal Medical Alumni Making a Global Impact

Dr. Norm Pinsky '80 on medical mission in Papua, New Guinea

Register Gala 2013 pg 20

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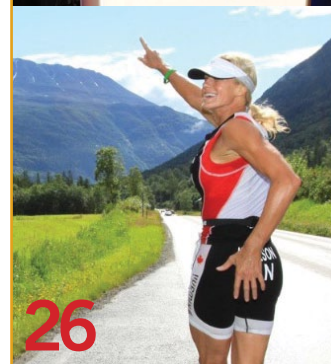
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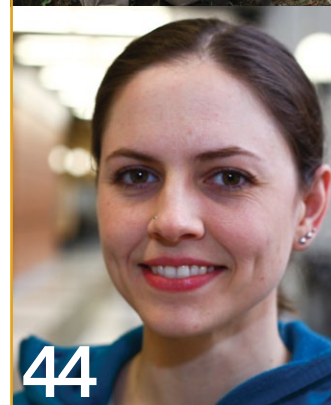
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**On our cover:**  
Dr. Norm Pinsky '80 during  
a medical mission in Papua,  
New Guinea



# Entering 3rd year as President

By Dr. Dan Reid '70  
DMAA President



**N**ow entering my third year as your DMAA President, let me share my continued enthusiasm with you and all fellow alumni of the terrific achievements happening within our alma mater.

Dean Marrie's continual leadership has seen a renewed curriculum take shape and a full accreditation be granted. Believe it or not he is doing a month of in-classroom study with Med 1's and Med 2's to gain an even more insightful perspective of life in medical school today. What a terrific commitment on his part, one that can only serve continued renewal in the undergraduate experience here. Dalhousie is indeed most fortunate to have him and his vast experience as our Dean at this juncture as we continue to graduate the very best physician clinicians in the country, if not in North America.

Our alumni gala dinner has really become a signal event. Held in conjunction with the Medical School Homecoming (class reunions) weekend, this year upwards of 300 attended. Pier 21 on the Halifax's Waterfront had a room filled with excitement, great camaraderie and promises to return. Your DMAA board has decided to continue this event and venue separate from the "upper campus" Dalhousie University Homecoming earlier in the fall. I hope you agree. Please, book October 18th,

2013 now in your calendar to attend our next celebration.

Your DMAA's commitment to student activities continues in the form of a \$10,000 grant to the DMSS. This year, I'm happy to report an additional \$2,000 has been granted, as we are in reasonably good financial order. Students are most appreciative and, I assure you, do spend it wisely. As well, we will continue to support Resident Research Awards, each spring with two \$1,000 prizes.

As your DMAA representative on the Board of the Dalhousie Medical Research Foundation, I'm most impressed with their accomplishments. From the Molly Appeal to large individual/estate donations they are funding and growing our research here. This helps in attracting faculty and staff to our medical school. This also helps to inform and promote improved clinical training. A win/win all around. Aply led by Frank Sobey, this prestigious board will become even more successful in the near future.

You will probably recall the large photo album containing class pictures which hangs on the north wall of the Tupper Link. It is now overloaded. The DMAA will over the next year, create an electronic kiosk, displaying all class photos plus additional alumni/med school information by a modern touch screen, readily accessible set-up. The old photo

album will go. Tenders will go out this winter/spring. Should you wish to contribute to the project, please send or drop your donation to the DMAA office. A donation gift form appears as an insert with your issue of Vox.

My ongoing appreciation to our hard working Executive Director, Joanne Webber and her able Executive Assistant, Paulette Miles, who continue to operate the alumni office smoothly and be responsive to your requests. I'm especially pleased with the assistance now offered to class reunions. Your class reps need only to call and/or e-mail the office for help. We are here to serve you!

All graduates of the medical school, in my view, owe a debt of gratitude to this terrific, long-serving and ever improving institution. Whether you graduated last year or 60 + years ago, I ask for your commitment to "our" medical school endeavors. Your gift to Dalhousie University, to the DMAA and/or your attendance at alumni events or even your personal comments will be greatly received. Contact us at: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca) or (902)494-8800 or even drop by the office when you might be near the Tupper.



# Supporting Alumni & Students

The DMAA shares stories and memories through reunions, galas and more

By Joanne Webber  
DMAA Executive Director



This issue of VoxMeDAL is packed with many inspiring contributions from your fellow alumni across the globe. Dr. Norman Pinsky '80 shares his inspiring mission experiences, as he identifies "where no doctor has gone before" (page 30). As well, a most inspirational contribution from Dr. Miriam Nicholson '91, sharing her philosophy of healthy living and leading by example (page 26).

Thank you to Dr. Gerald Joselson '60 for sharing his memories of Dalhousie Medical School (page 23), and to Drs. Sarah Giles '05 and Sarah Jane Cook '05 for sharing their experiences practicing in rural communities.

Thank you for sharing your feedback on content of VoxMeDAL. The DMAA staff have worked extremely hard to implement your suggestions.

Last year was a very progressive year for the DMAA. Updates from our last DMAA Board of Directors meeting on December 17 include many successful initiatives.

The 2012 DMAA Gala was enjoyed by many alumni and reunion classes. I would like to acknowledge the hard work of our DMAA President Dr. Reid '70 for successfully raising \$14,350 in sponsorship funds in support of our goal to deliver a special event in support of Dalhousie Medical School.

Going forward, the association is planning to present the DMAA Entrance Scholarships during our Gala Awards Dinner & Fall Reunion. The Entrance Scholarships were first introduced in 1991, and we are very pleased to

award three to our medical students for 2012. Please see page 45. The 2013 Gala is scheduled for October 18 at Pier 21 in Halifax. We had a great turnout and outstanding support from the departments within the Faculty of Medicine. Now is an excellent time to nominate a classmate. Please see page 18 for the nomination form.

I am pleased to report that several reunion classes have already taken advantage of the full reunion services offered by the DMAA office and preparations are well under way. Please contact the office at 902-494-8800 or e-mail: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca). A big thank-you goes to Paulette and Kim from the DMAA office for their continued hard work and excellent contribution to our success!

A general motion from the Board, to proceed with fundraising and implementation of the new kiosk project has been approved. The kiosk will provide

alumni with an interactive resource to access electronic class composites, awards and alumni history. Also, a new website is under development, which should be up and running in the upcoming months.

In closing, I am thrilled to report that the DMAA was able increase our financial support to the DMSS to \$12,000 in support of student projects; please see page 46. This support can only be provided through alumni donations, and your continued generosity allows us to sustain the longstanding tradition of support to our medical students. With today's declining public funding resources, alumni donations make the difference between a medical school and an exemplary medical school, which we all know Dalhousie Medicine is recognized for.

Thank you again for your continued support!

Sincerely,  
Joanne Webber



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# 2012-13 versus 1965-66

What is this all about?

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



**I**n 1965 and 1966, I was a first and second-year medical student at Dalhousie and a member of the Class of 1970. In 1965, we spend four afternoons a week in the Anatomy Laboratory with Dr. Fife, Dr. Nichols and an occasional glimpse of Dr. Saunders (remember him standing at the blackboard and drawing the most intricate anatomical structures, with both hands simultaneously?). We studied physiology, biochemistry, embryology and histology (who can forget Dr. Chapman?). The Class of '70 was the first class to have clinical skills teaching in first year. This class had a number of other firsts but some of these are best left for another time and place.

In second year, 1966, once each week we had pharmacology and bacteriology laboratories. I still have these lab books. In bacteriology, do you remember performing a Gram's stain, culturing bacteria from your hands and a variety of other surfaces, and learning how to perform a complement fixation test and a Wasserman test? In pharmacology: observing the effect of miotics, mydriatics and a variety of other pharmacological agents, and inhaling nitrous oxide and observing the effects on one of your classmates (in this case – me). Pathology was the big course in second year, led by one of the best teachers ever, Dr. David Jannigan. And remember all the big textbooks? Robbins in Pathology, Goodman and Gillman in Pharmacology, and so many more hefty volumes. In fact, we had one or more textbooks for each and every course.

Fast forward to November 2012 when I spent the first two weeks as a Med 1 student and the last two weeks as a Med 2 student. The curriculum has evolved over the years at Dalhousie and the most recent version comes in response to an accreditation survey. As Dean I wanted to experience firsthand what it is like to be a medical student in 2012. I had a number of other objectives but – just like the achievements of the Class of '70 – these are best left unsaid.

What is different? Technology certainly – computers and iPads, PowerPoint slides, videos, instant access to a world of information via the Internet – in class, in a tutorial, on the bus... anywhere. All lectures are videotaped and archived so students can review the lecture later for clarification or to refresh their memories. And the curriculum itself is radically different. Here are the modules for Med 1: Foundations 1; Host Defence; Professional Competencies 1; Metabolism and Homeostasis; Human Development; Health Mentors; Clinical Skills Phase 1; Rural Week; and electives. In Med 2, we have: Foundations 2; Neurosciences; Professional Competencies 2; Clinical Skills Phase 2; Metabolism 2; Musculoskeletal and Dermatology; Integration; electives. Unlike 1965, these are delivered through a mere four to five hours a week of lectures, combined with case-based learning in small tutorial groups, self-directed learning, e-learning and experiential learning (as in clinical skills and electives, for example). Other differences: not much in the way of textbooks, no hands-on laboratory

experiences, minimal anatomy... certainly no hours of dissection.

Also new is Dalhousie Medicine New Brunswick. I had a chance to spend a day there as a student and found the program to be exactly the high quality learning experience I had expected.

What is the same? Bright, enthusiastic, idealistic students. They have the same anxieties as students in all the classes that have gone before them. There is still an overwhelming amount of material to learn and deciding what to include in the core curriculum is always a challenge. There are still many great teachers. And, the tutorial system gives students a chance to get to know faculty members and vice versa, perhaps as well as or better than in 1965.

By now some of you are saying today's students will never be the doctors we were. You are right – they will be better. They certainly have high standards to aspire to and to exceed. We have many alumni who have been recognized for their achievements far and wide and many more who have quietly delivered care, often alone, to the under-doctored regions of our country.

I want to thank our students and teachers for tolerating my intrusion. What I learned will allow us to continue to improve our curriculum. The only way we will know that we are going in the right direction is if we ask critical questions that we answer through rigorous research. That is the reason that we are working towards an alumni-endowed chair in medical education research.



# Dalhousie Medicine New Brunswick update

*“The hospital is the only proper College in which to rear a true disciple of Aesculapius”*

– John Abernethy (1764-1831)

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



John Abernethy, a renowned medical lecturer in England in the early 19th century, knew the importance of hands-on learning for student physicians. This still holds true today as DMNB's first group of medical students (Class of 2014) began their clerkship rotations in the Horizon Health Network in New Brunswick this past September. As we saw the Class of 2014 disperse to the four clinical teaching sites, we also welcomed the Class of 2016 with the First Light Ceremony. This is the ceremony to welcome the student physicians into the study of medicine in New Brunswick.

Since Abernethy's time, there have been many changes in the both the practice and teaching of medicine. Indeed, it can be argued that both are still and will always be changing. Examples of change agents can be found within our own ranks. Dr. Wendy Stewart, a paediatric neurologist, and Dr. Paul Atkinson, an emergency room physician, are two of our Assistant Professors that are innovators in the teaching of student physicians.

Dr. Stewart was awarded the prestigious Archibald Gold Headed Cane Award in 2012 for her notable combination of scholarly attainments, humanism, professionalism, and service as an effective role model for others in the medical humanities. Dr. Stewart is pushing the boundaries of teaching neurology to students with the release this fall of her smart phone app, *Neurology As An Artform*. Her app provides pod casts, activities, and images to assist in the learning of neurology.

Dr. Paul Atkinson received the first “Best in Class” Award in recognition of his generous commitment of time, expertise, and leadership in the education and training of student physicians. In addition to teaching, Dr. Atkinson has an equal passion for research. He has four research students from the Class of 2014 who have publications either published or pending and one to be submitted. Additionally, he presently has nine other students and residents who are engaged in research projects.

We are identifying faculty who have an interest in research that will be key to implementing an exciting new curriculum element, the Scholars In Medicine Initiative. This program will introduce students at Dalhousie Medicine to the fundamental knowledge and skills necessary for scholarly study and research. We are developing a cohort of clinicians and researchers in New Brunswick whose learning will be enhanced by the leadership of individuals like Dr. Atkinson and Dr. Stewart.

The interview process for the Class of 2017 has begun and our Multiple Mini Interviews for approximately 100 Dalhousie students held at the UNB campus. The Class of 2016 developed a recruitment video that you can visit for a few laughs on You Tube (“Saint John Style - DMNB Interview Video 2012”). We are also busy preparing for our second Med II OSCE and our first Med III OSCEs, which will involve faculty from across the province. During these formative and summative OSCEs our Med IIIs will be tested on the clinical application of their knowledge—John Abernethy would approve!



**Dr. Wendy Stewart received a collage of artwork by the Class of 2015 in recognition of her dedication to medical education.**



**Dr. John Steeves presents Dr. Paul Atkinson with the 2012 Best in Class Award.**





"Great issue of Vox Fall 2012, and I especially loved the photo of Dr. Dave Jannigan '57."

*Dr. Gerald Barry '59, Quebec*

"As a Dal medical alumni, I want to express my gratitude to Paulette Miles and Joanne Webber, executive assistant and executive director respectively, of Dalhousie Medical Alumni Association for assisting me in my attempt to network with other Dal alumni working in the US. This association can potentially be a great starting point for Dal alumni living anywhere in the world to network with each other, as long as their current contact information, most importantly email address, is on file with the Dal Alumni association. "

*Dr. Lois Curry  
Dal Med 1981*

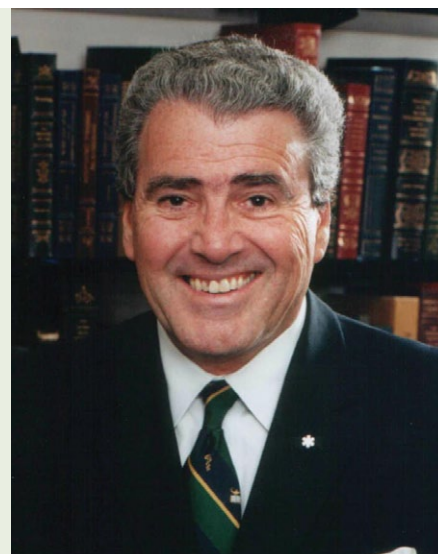
## ***Dear alumni please join us!***

I would like to personally invite our medical alumni to join us as we celebrate 2013 Medical Convocation Awards. Last year the awards ceremony was a huge success. Theatre B was filled to overflowing and I hope you will come and see for yourselves. Many of these awards bear the title of our alumni in recognition of their commitment and service to the medical school and we look forward to welcoming these alumni and their families back to present these awards again this year to our deserving graduate recipients. I would like to take this opportunity to invite you to attend this ongoing traditional event on May 24, 2013. Please contact the DMAA office to RSVP at [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca) or (902) 494-8800.

*Tom Marrie'70  
Dean, Faculty of Medicine*

Dear Joanne,  
The August issue of Vox was excellent. Both my wife and I enjoyed the issue and compliment all involved in the articles, photos, design and layout. Also, adding the details about each of the convocation awards was a very important contribution.

*Best wishes,  
Dr. T. Jock Murray'63*



Dear Joanne,  
Thank you for sending the electronic version of VoxMeDal. I enjoyed reading it more so than the printed version. Do continue this mode of communication, please.

*Paul W H Tung MD '70*

Dear Dr. Reid:

The 2012 DMAA Gala Awards event was excellent. Congratulations and thanks. I understood from your remarks that there is a suggestion that the DMAA be somehow blended with the larger Dalhousie Alumni community. I feel that it would be a mistake to do so. The DMAA, thanks largely to people like Margaret Casey, you and others, was retrieved from near oblivion in recent years. It is now thriving and it should remain as it is. This will only enhance its value to the university and the larger community for many years to come.

*Alumnus from MD Class 1950's*





Dear Joanne,  
I have read VoxMeDAL journal you gave me with great interest.  
Lots of faces I recognize along with a few SMU alums too.

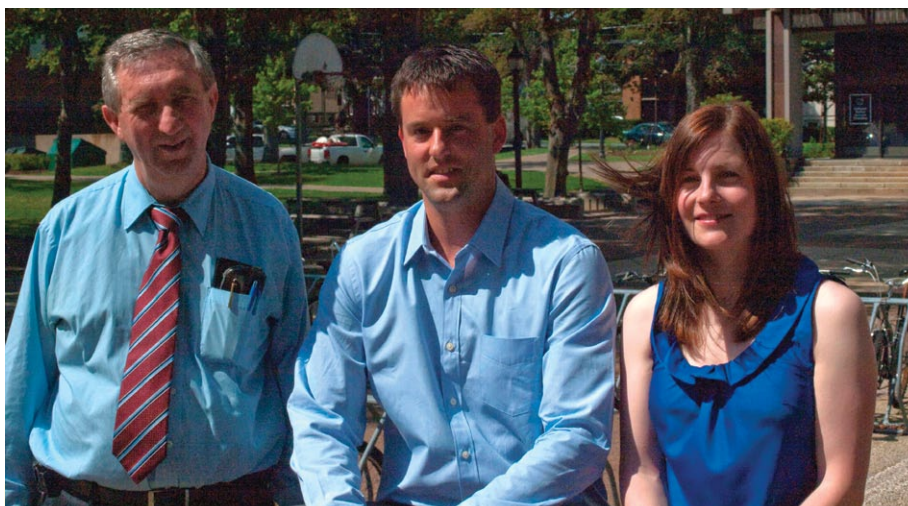
**Colin**  
**J. Colin Dodds, Ph.D.**  
**President and Vice Chancellor**  
**Professor of Finance**  
**Saint Mary's University**

*President Dodds taught Capital Markets this past year in the Executive MBA Program that Joanne is currently enrolled in.*

## Excellent Evening!

The class of '62 has always had their reunions in Halifax partly because of the DMAA Gala Awards Dinner. On this occasion the DMAA staff did an excellent job. The speakers were very interesting the most of which was the award recipients. The choice of the venue was excellent with excellent caterers, adequate parking and great food.

**Monty MacMillan'62**



## MD Class of 2009 Gives Back to Dal Medicine

There's been an unofficial tradition for graduating classes to give a gift to Dalhousie Medicine. What better way to give than to help offset the increasing financial burdens being felt by medical students.

We are very pleased that Dean Marrie has agreed to match our donation of \$2,009 to the Capital Campaign on behalf of the Class of 2009. We encourage future graduating classes to consider making this an annual tradition.

**MD Class 2009**

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## MEET THE CLASS OF 2016

**897:** Total applicants  
**397:** Maritime applicants  
**475:** Non-maritime applicants  
**25:** IMG/Saudi  
**82:** Halifax campus  
**30:** DMNB  
**55:** Number of women: (49%)  
**57:** Number of Men: 58 (51%)

**ACADEMIC STATS**  
**24:** Average age 24  
 (age range from 20-39)  
**3.8:** Average GPA score  
**29:** Average MCAT score



## DALHOUSIE UNIVERSITY WELCOMES INCOMING PRESIDENT

Dr. Richard Florizone, Dalhousie University's 11th president, will be succeeding Dr. Tom Traves who has served as Dalhousie's president since 1995. Dr. Florizone plans on spending his first 100 days listening and learning about specific issues pertaining to different faculties, to understand the culture and to enable Dalhousie to achieve its strategic vision.

## WELCOME NEW DMAA BOARD MEMBERS

### Treasurer, Dr. Michael Banks'70

graduated from Dalhousie Medical School in 1970 and practiced family medicine in Halifax for 40 years. He was a lecturer in the Department of Family Medicine at Dal and served with a variety of professional and hospital organizations. In addition, he was a president of the Canadian Academy of Sport Medicine and a member of the Education Committee of the CMA. Dr. Banks is a Certificant and Fellow of the College of Family Physicians of Canada. More recently, he has been doing occasional shifts at walk-in clinics and is the past chair of the Advisory Board of the Salvation Army. Mike enjoys spending his leisure time with his five grandchildren, skiing, kayaking and golf.



### Member at Large, David Amirault'76,

is a graduate of the class of 1976 and was in General Practice for 3 years in Liverpool, Nova Scotia. After returning for post-graduate training in Orthopaedic Surgery he received his Royal College certification and has been in practice since 1985. During his tenure, Dr. Amirault has had numerous administrative positions. He was Chief of Surgery at the Camp Hill Medical Centre from 1990-96 and Associate Chief of Surgery at the QEII Health Sciences Centre from 1997 to 2003. He is currently the Division Head of Orthopaedic Surgery for Dalhousie University and Capital District Health Authority.

During his career, Dr. Amirault has received a number of orthopaedic resident and undergraduate student teaching awards. He is currently a member of the Dalhousie University Senate.

### Member at Large, Dr. Bill Mason'61,

from Kentville, N.S., graduated from Acadia University in 1957. He then moved on to study medicine and is a proud member of the Dal Medical Class of 1961 and practiced Family Medicine for three years in Tusket, N.S. From 1968 to 2000, he worked in the Department of Radiology at the good old VG Hospital, served as Associate Professor of Radiology and Associate Dean of Post Graduate Medicine.

In addition, he was past president of the Medical Society of Nova Scotia, past president of the Association of Radiologists and the only Canadian vice-president of the American Association of Radiology. Dr. Mason was one of the original founders and served as chairman of the Board of the Landmark East School in Wolfville.





# 2012 DMAA Awards & Fall Reunion



2012 DMAA Awards & Fall Reunion.



Dr. Ivan Woolfrey'65 and Mrs. Louise Woolfrey.



Medical students enjoying dinner.

## What a Thrill!

On October 18, 2012 my wife Louise and I attended the DMAA Alumni Gala at Pier 21 in Halifax. What a thrill to be in such an historic place in Canada's history and to see so many old friends and colleagues. We sat at the table for the class of '65 and were honoured to have fellow Newfoundlander, former Lt. Governor of Newfoundland and Labrador, and the pioneer of telemedicine Dr. Max House join us from the class of '52.

The next day was very special with the Dean's tour in the Tupper Building. Awe-inspiring talks on the frontiers of medicine, followed by a fabulous reception hosted by the DMAA Office, was not to be missed. This was my second year in a row attending the Gala and I urge all who missed it to put a fabulously interesting event on their calendar for next year.

Thank you to Joanne, Paulette and Kim for making October a special time for Louise and I.

*Ivan Woolfrey  
Class of '65*



DMAA Award Recipients, Dr. Michael Perley'80, Dr. Jean Gray PGM'72, Dr. David Dodick'90, Dr. Duncan Webster'01



Guests enjoying dinner.

A BIG SINCERE THANK YOU  
TO THE SPONSORS FOR  
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Guests enjoying Gala.



Medical students welcoming alumni.



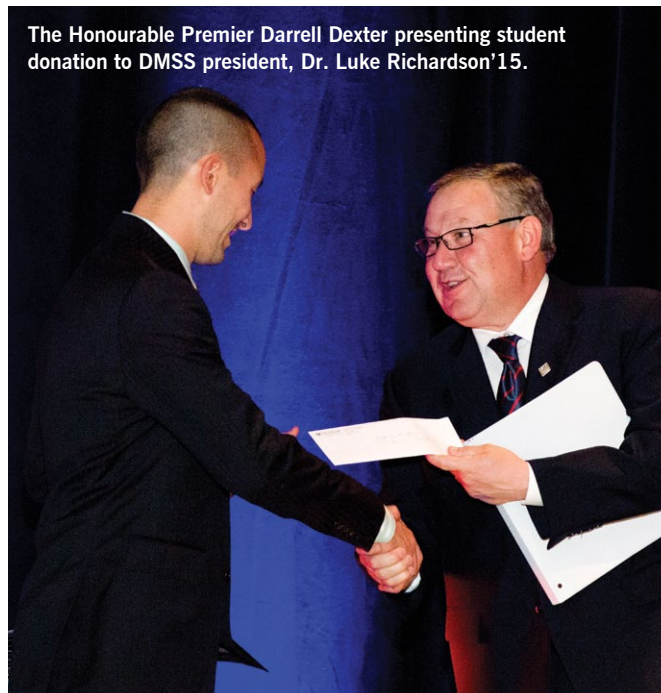
Guests enjoying DMAA Gala.



Dr. Ron Stewart'70 giving grace.



The Honourable Premier Darrell Dexter presenting student donation to DMSS president, Dr. Luke Richardson'15.



DAVE REYNO PHOTOGRAPHY

# Alumnus of the Year

## Dr. David Dodick'90

*Named as Alumnus of the Year for his work in neurology at the Mayo Clinic and for his extensive publications and research.*



*"I have always kept as a core philosophy and central focus: The needs of the patient always comes first." It is the foundation upon which Mayo Clinic was built and quite simply the single and most significant reason why it has become one of the most trusted names in healthcare. This principle, however, was instilled in me by my first clinical teacher when I entered Dalhousie Medical School. The needs of the patient can only be met by delivering the highest quality collaborative care, teaching others to do the same, and advancing the field so that future generations can do more. This, while reminding myself that what I do is a privilege, drives my clinical practice, research, and educational mission and inspires me to work tirelessly to make a truly meaningful contribution in each of these areas."*

– Dr. David Dodick '90

*"David has accomplished a lot in his life, and continues a remarkable career. As a young man in Nova Scotia he played high level hockey, and in his career he has used this passion to 'play' in the bigger worlds of medicine and science. Simply put, David is the 'Wayne Gretzky' of the headache world, and increasingly is also in the world of sports related head injury and concussion. He also knows where the puck is going to be and skates to it. I remember when he came to see me as a student to do an elective in neurology – I learned that he had wanted to become a cardiologist, but with a little prodding and direction he saw the light and has become a great neurologist. He was so bright and knew a lot for his age so he was not hard to teach. I probably learned more from him than he did from me, and that continues to the present - so in some small way, perhaps, I helped direct his 'shots' at the right goalie! He is a most impressive individual and well deserving of the 2012 Medical Alumnus of the Year Award."*

– R. Allan Purdy, MD 1974, FRCPC – Neurologist and Colleague

**D**avid W. Dodick, MD, FRCP (C), FACP, is Professor of Neurology at the Mayo Clinic College of Medicine. He is the Founder and Program Director of the Mayo Clinic Neurology Residency Program, Headache Medicine Fellowship

Program, and Comprehensive Concussion Center, at Mayo Clinic in Phoenix, Arizona. Dr. Dodick is board certified by the Royal College of Physicians and Surgeons of Canada and the American Board of Psychiatry and Neurology, and by the United

Council for Neurologic Subspecialties certification in headache medicine and American Board of Psychiatry and Neurology certification in vascular (stroke) neurology.

Recently, Dr. Dodick was awarded the Arizona Medical Association's Sportsmen of the Year Award, the American Headache Society's John Graham Award, and the Distinguished Educator Award from Mayo Clinic. Dr. Dodick has authored and/or co-authored more than 275 peer-reviewed publications and co-authored seven books. He serves as Editor in Chief of Cephalalgia and immediate Past-President of the American Headache Society. He is the Chair of the American Migraine Foundation and Chair of the Academic Headache Program Director's Consortium. He is also the Vice-Chair of the World Federation of Neurology Headache Research Group.



Drs. Allan Purdy'74,  
David Dodick'90 and Dan Reid'70.



# Honorary President

## Dr. Jean Gray, PGM'72

*Named as Honorary President for her outstanding contributions to the Faculty of Medicine at Dalhousie University and for her internationally recognized work in clinical pharmacology.*



As a Clinical Pharmacologist, my goal has always been to make sure that the right patient gets the right drug at the right dose. Although my research on drug metabolism (in partnership with Dr. Ken Renton in the Pharmacology Department) was an important aspect of this goal, reaching out to practitioners in large and small communities to assure that they had practical and up-to-date information on drugs was the most satisfying way to achieve this goal. Therapeutic education in the form of undergraduate and CME courses provided to medical students, nurses, dentists, and pharmacists together with the bulletin *Drugs and Therapeutics for Maritime Practitioners* published for 25 years in a wonderful partnership with Brian Tuttle of the Regional Drug Information Centre and the provincial medical associations, enabled us to provide objective drug information to health professional students and practitioners in the Maritimes and well beyond.

Visits to local and regional hospitals throughout the Maritimes over 30 years provided opportunities to learn of problems faced by rural practitioners and to help them with specific therapeutic problems. The textbook *"Therapeutic Choices"* (now in its 6th edition) and the electronic version *"e-Therapeutics,"* both aimed at community-based practitioners and published by the Canadian Pharmacists Association, were an extension of this goal and included numerous authors from this region.

As a spokesperson for Clinical Pharmacology in the Maritimes, opportunities to serve on formulary committees, the founding Clinical Pharmacology committee of the Royal College of Physicians and Surgeons of Canada, in the development of drug policy at the provincial and federal level, and as President of the Canadian Society of Clinical Pharmacology evolved over the years. A few years later, I also served as President of the American Society of Clinical Pharmacology and



*Therapeutics.* Currently, I am involved with the Patented Medicines Prices Review Board that sets the market prices of patented drugs in this country and the Drug Safety and Effectiveness Network, a joint project of the Canadian Institutes for Health Research (CIHR) and Health Canada. Because of advocacy roles for medical education and women's health, I also had opportunities to serve as President of the Canadian Association for Medical Education and the inaugural Chair of the Institute Advisory Board for the CIHR Institute of Gender and Health plus a number of other interesting committee and board roles.

In other words, Dalhousie and the Maritimes have provided me with wonderful experiences as a health care provider, a researcher, and a medical educator, and have served as a living laboratory to achieve the goal of assuring that the right patient gets the right drug at the right dose.



# Family Physician of the Year

## Dr. Michael Perley'80

*Named as Family Physician of the Year in recognition for his work in rural and aboriginal primary care.*



Working in a rural community for 30 years has been a rewarding experience. I have been able to use all the skills I learned at Dalhousie. I have worked in the ER, inpatient care, surgical assisting, home care and obstetrics. Teaching medical students and residents has helped me keep up to date and I have seen these physicians work in rural areas as well. This is very rewarding.

Aboriginal Health issues have been foremost on my mind for years as I work on two First Nation communities. I now realize that looking at the determinants of health for communities is the way to make health outcome change! An epidemic of diabetes is an example of one of the health issues affecting First Nation People. A solution is in prevention. In order to overcome this epidemic is to make exercise and food choices affordable for communities and to start educating our children at a young age.

I began providing clinic services to my First Nation community (Tobique) in 1984. My wife and I worked out of a two-room office. The clinic now known as the Negotkuk Wellness Center has grown to a building on its own employing two nurses, a full-time psychologist, a nurse practitioner, a dietitian, community health workers, home-care workers, diabetes educators and clerical support staff. This center has received its national accreditation. Many services have been developed such as foot care, immunization clinics, elder

visits, diabetes days, smoking cessation programs and much more.

This was done in a rural setting that I have always been advocating for. Having taught medical students and Family Medicine residents from both Dalhousie and Memorial medical schools, I have been able to influence young medical graduates to consider rural family medicine. Practice in rural Canada, in my opinion, is much more rewarding and one is able to make a difference in the lives of many who would have to travel far for their health care.

Despite being a rural physician, I have been invited to sit on many National Committees such as The National Aboriginal Diabetes Initiative, the National Aboriginal Diabetes Association, the National Diabetes Surveillance Committee, the Federal Pharmacy and Therapeutics Committee

and the Federal Pharmacy, Therapeutics and Utilization Committee. In addition, I have been able to participate in several Provincial Committees including the Health Services Review Committee, and the Primary Health Care Steering Committee. I also served as a Board member and eventual President of the College of Physicians and Surgeons of New Brunswick.

My life has been very busy with the medical field. My wife and children have been very supportive and understanding and I truly appreciate them. They have encouraged me along the way.

Lastly, my patients and colleagues have been very understanding. They have realized that I have participated on their behalf on many national projects.

My message to new graduates is to make prevention a priority and that "laughter" is the best medicine!



**Dr. Michael Perley graduated from Dalhousie University in 1980 as the first "First Nation Person" to graduate from medical school in Atlantic Canada.**



# Young Alumnus of the Year

## Dr. Duncan Webster'01

*Named as Young Alumnus of the Year for his innovative work in infectious disease.*



**T**eamwork and collaboration are the cornerstones of my practice. Whether it is our HIV Clinic, our Wound Care Clinic or our Medical Teaching Unit, I am proud of the people I work with on a daily basis. We've built strong multi-disciplinary teams and I believe we provide exceptional care. I'm one of many members of the team and I'm proud of what we're accomplishing as a greater whole. Of particular note is the Uptown Clinic at the Community Health Centre at St. Joseph's Hospital where we serve a marginalized population with addiction-related medical illness. As this cohort has an excess of burden of infectious diseases including blood-borne diseases such as HIV and Hepatitis C, it made sense, as an infectious diseases physician, to work to establish this clinic in 2009. The clinic was honoured with the Catholic Health Association of New Brunswick Performance Citation Award in 2010.

Another clinic that makes good sense is our Ambulatory MRSA Clinic. As one of the country's only dedicated MRSA clinics we received a Leading Practice Award through Accreditation Canada in 2010 and I'm honoured to be the clinic's medical director.

Research is another large component of my practice. We have been able to establish an active Infectious Diseases Research Unit in Saint John and I am involved in numerous research projects. We contribute as part of a national influenza and pneumococcal surveillance network and have numerous other research projects on the go. One of the most exciting projects involves screening for novel anti-tuberculosis compounds.

As the medical director for the Level 3 Laboratory at the Saint John Regional Hospital, I have been able to collaborate with researchers at UNBSJ and this work has global significance given the growing issue of drug-resistant TB and the need for new drugs to target this virulent pathogen.

The Saint John Regional Hospital is an incredibly exciting place to practice medicine these days. This hospital has been a favorite site for clinical clerks and residents to train for many years given the tremendous collegiality that exists at the site combined with the atmosphere of a community-hospital balanced with the acuity and intensity of a large tertiary care centre. With the birth of Dalhousie Medicine New Brunswick, Saint John is now rich with even more medical education opportunities. I am honoured to be involved as an active teacher with Dalhousie Medical School providing lectures, assisting with clinical skills teaching and serving as a preceptor for numerous medical students,

clinical clerks and residents in the clinical setting, as well as with research activities.

My greatest accomplishment, however, is my family. My wife Anita and I are the proud parents of three young children, Noah, Joseph and Maria, all born during my training. My daughter was born at the Grace Maternity Hospital and makes frequent trips to the IWK where she has received tremendous care. She has a very rare disorder called ALG9-deficiency; one of only three children to have been diagnosed with this disorder to date.

In 2011, my family established Foundation Glycosylation (the FoG) through the Saint John Regional Hospital Foundation. The FoG supports research for the development of therapies targeting congenital disorders of glycosylation, helps raise awareness for this and related disorders and advocates for individuals living with this enzyme deficiency and other rare genetic disorders.



Drs. John Steeves'74,  
Duncan Webster'01 & Dan Reid'70.

# 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 1, 2013

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

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

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

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

## Dalhousie Medical Alumni Association 2013 AWARD NOMINATION FORM

### Nominate a Classmate!

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

Date: \_\_\_\_\_

Nominee's Name: \_\_\_\_\_

Nominee's Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Other): \_\_\_\_\_

Email: \_\_\_\_\_ Position: (if applicable) \_\_\_\_\_

*Please refer to the criteria and explain in a letter (maximum of two pages) why this candidate should be chosen to receive this award. Include aspects of the candidate's life and career that qualify him/her for the award.*

*Enclose a curriculum vitae or brief biography including any of the following information that is relevant to this candidate's nomination; positions held (both professional and voluntary), local, national or international recognition, and philanthropy.*

*Nominations will be considered for two years. The nominator is responsible for updating supporting information as needed.*

Submitted by (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Other) \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation with Dalhousie (if applicable): \_\_\_\_\_

**Mail Forms to:**  
Dalhousie Medical Alumni Association  
5850 College St. Rm 1C1  
PO Box 15000  
B3H 4R2

*Nominations must be received  
Before 4:30 p.m.  
April 1, 2013*

*\*Please note: An award in each category  
may not be granted each year*

**For more information:**  
medical.alumni@dal.ca  
(902) 494 8800  
**Fax Forms to:**  
Fax: (902) 422-1324

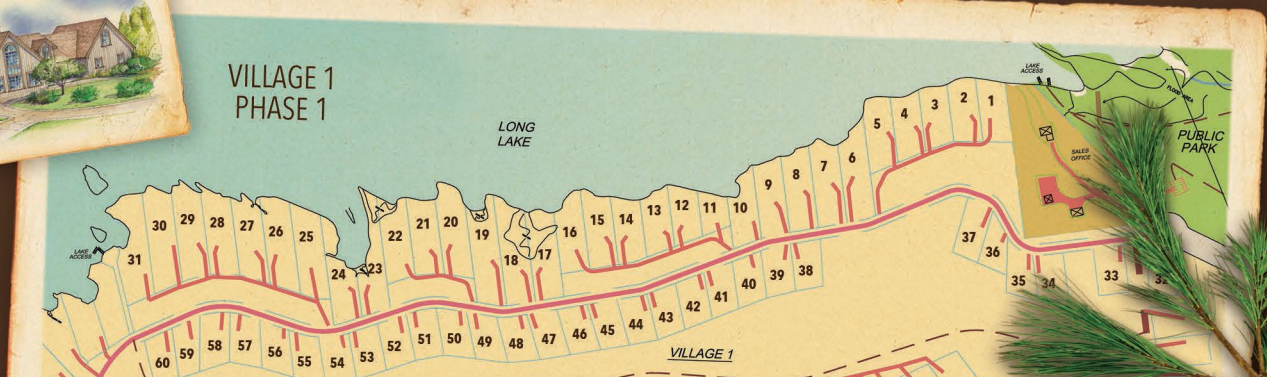


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## Class '43



## Class of 1943–70th Reunion

Class of 1943, please join your classmates at your 70th reunion

Fall Reunion & Awards Gala Dinner on October 18, 2013 at Pier 21, Halifax.

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

## Class '48



## Class of 1948–65th Reunion

Class of 1948, please join your classmates at your 65th reunion

Fall Reunion and Awards Gala on October 18, 2013 at Pier 21, Halifax

"The happy memories of our classmates in medical school are imbedded in our soul, forever. Occasionally there is an opportunity to relive these memories. Doing so, like Annie Rooney, you "feel good all over." So warm your soul, and make sure you come and laugh hard."- Doug Roy '48

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Doug Roy '48

## Class of 1953–60th Reunion

Dr. Alex Gillis wishes to invite his classmates to join him in celebrating this milestone anniversary reunion. Please join your classmates at your 60th reunion at the Fall Reunion and Awards Gala October 18, 2013 at Pier 21, Halifax

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Alex Gillis'53  
[alex.gillis@iwk.nshealth.ca](mailto:alex.gillis@iwk.nshealth.ca)

## Class '58



## Class of 1958–55th Reunion

Class of 1958, Dr. Denny Johnston would like to invite you to your 55th class reunion.

Fall Reunion and Awards Gala will be held on October 18, 2013 at Pier 21, Halifax.

"I would really like to hear from you. As you can see from the photo we're still a classy looking bunch"- Dr. Denny Johnston'58

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Denny Johnston'58  
[dennisjohnston@ns.sympatico.ca](mailto:dennisjohnston@ns.sympatico.ca)

## Class of 1961–53rd Reunion

Dr. Bob Fraser would like to invite his classmates to attend their 53rd reunion at the Fall Reunion and Award Gala, October 16-18, 2014 in Halifax. Please mark these dates on your calendar and plan to attend.

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Bob Fraser'61  
[margbob@ns.sympatico.ca](mailto:margbob@ns.sympatico.ca)

## Class of 1963–50th Reunion

Class of 1963, Dr. Rollie Langille would like to invite you to your 55th class reunion

Fall Reunion and Awards Gala on October 18, 2013 at Pier 21, Halifax.

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Rollie Langille'63  
[judy.rollie@bellaliant.ca](mailto:judy.rollie@bellaliant.ca)

## Class of 1966–47th Reunion

Class of 1966, Dr. Garth Christie invites classmates to celebrate in Shediac.

September 5-8, 2013 in Shediac, New Brunswick

DMAA | T: 902-484-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Garth Christie'66  
[gbc.christie@gmail.com](mailto:gbc.christie@gmail.com)

## Class of 1968–45th Reunion

Please attend the DMAA Awards Gala Dinner October 18, 2013 at Pier 21, Halifax

With global warming Halifax is much warmer in October than when we were going to med school so long ago. So reserve the time now and plan to attend! –Dr. Art Coakley'68

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Art Coakley'68

## The DMAA offers expertise in reunion planning, contact us for help!

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

**Contact the DMAA office at [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca) or call 902-494-8800**  
**Website: [alumni.medicine.dal.ca](http://alumni.medicine.dal.ca)**



## Class '73



### Class of 1973–40th Reunion

The Algonquin Resort is undergoing major renovations, and reopening in the summer of 2013 under Marriott's Autograph collection. Next fall should be a perfect time to attend our 40th anniversary reunion. We will feature fine foods, interesting talks, excellent golf, good music, and outstanding opportunity to rekindle our class spirit. Book the date now!

September 5-8, 2013 Algonquin Resort,  
New Brunswick

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Alf Bent'73

### Class of 1978–35th Reunion

Class of 1978, Dr. Bruce Walmsley wishes to invite his fellow classmates to attend their 35th Reunion that will be held this summer. Date and location to follow.

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Bruce Walmsley'78

### Class of 1983–30th Reunion

Class of 1983, please celebrate and reunite with each other in Antigua, from January 27-February 2, 2013. Please contact David Anderson for any further details.

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. David Anderson'83  
E: [david.anderson@cdha.nshealth.ca](mailto:david.anderson@cdha.nshealth.ca)

### Class of 1988–25th Reunion

Please attend the DMAA Awards Gala Dinner October 18, 2013 at Pier 21

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Drs. Nina Gow'88 & Jacqueline Kinley'88

## Class '93



### Class of 1993–20th Reunion

Class of 1993 will be holding their 20th anniversary medical school reunion at Fox Harbr', Nova Scotia on August 23-25, 2013. Plans are well underway, and will include welcome reception, golf tourney, dinner and dance, as well as class-directed CME. It is hoped that there will be a stellar attendance from near and far. Please contact Stephen Miller for any further details

REUNION REPRESENTATIVE  
Dr. Stephen Miller'93  
E: [sgmiller@eastlink.ca](mailto:sgmiller@eastlink.ca)

### Class of 1998–15th Reunion

"Class of 1998, please join your classmates at your 15th reunion to be held at the Fall Reunion and Awards Gala on October 18, 2013, Pier 21, Halifax."

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Alyson Shaw'98

### Class of 2003–10th Reunion

Class of 2003, Dr. Ben Hoyt invites all his classmates to join him this summer to celebrate your 10th Class Reunion. Further details to follow.

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Ben Hoyt'03

### Class of 2008–5th Reunion

Class of 2008, join classmates at the Fall Reunion and Awards Gala, October 18, 2013, Pier 21,

DMAA | T: 902-494-8800  
E: [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

REUNION REPRESENTATIVE  
Dr. Shannon Curtis'08

*Your class could be missing  
out on important updates!*

*Update your preferred  
contact information.*

## Dalhousie CME: providing high quality CME to physicians of the Maritimes!

**By Dr. Connie LeBlanc**

The Office of Continuing Medical Education is pleased to offer support to alumni in providing CME class reunions. Including educational sessions in these events not only serves to enhance attendance, but also informs the class of emergent leaders, showcases Dalhousie Medical School's expertise and makes some costs tax deductible. Our office needs to 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 our website: [cme.medicine.dal.ca](http://cme.medicine.dal.ca), and inquiries about both accreditation and meeting management can be directed to Eileen MacDougall at 902.494.1996, [m.e.macdougall@dal.ca](mailto:m.e.macdougall@dal.ca).



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# To Me, Dal Medicine is very unique:

My fond memories of Dalhousie Medical School

By Dr. Gerald Joselson'60

**M**y first memory of Dal was that late summer Saturday in 1956 when I stood with Dr. Chester Stewart on the back steps of the administration building. It was a weekend and everything was quiet. The campus was green and beautiful. I had just got off a Dutch ocean liner after spending two years in the University of Amsterdam and getting the first-level medical degree. Dr. Stewart actually opened the back door of the building as everything was closed. Though very friendly, Dr. Stewart was a gentleman from the old school. He put me at ease during the interview. He was very thorough with both personal and professional questions. I had previously forwarded my Columbia University and Dutch grades. At the end he said if I took orals with each of the professors of Anatomy, Physiology etc. and passed, I would be accepted into the second year. After studying for several weeks, I returned to Halifax and was accepted. My personal situation was that my wife, a dental hygienist, would work at home in the states to support us and save enough to live together every other year in Halifax.

My first week at school I got this call from Barb Blauvelt to come immediately to the dean's office. Dr. Stewart had spoken to Dr. Dawson who was the head of the dental division for the Province of Nova Scotia. There were three students from Nova Scotia studying in the U.S. but no hygienists on staff. My wife was immediately hired. She did dental evaluations and fluoride treatments from Spryfield to Bear River. We were forever grateful to Dr. Stewart for allowing us to be together throughout medical school and internship.



My personal memories are many. The first day at Camp Hill with Dr. Akins learning physical diagnosis, we wore our stethoscopes with such pride. Then to the VG and Dr. Steeves to learn heart sounds. We would have classes in the old Forrest building where our basic science classes continued. Across the way was a little stone building, which was the library. Now you have that magnificent building that is the heart of a modern medical and scientific centre.

In our third year, many full-time professors like Dr. Cochrane were brought in as full-time teachers: Dr. Cochrane in Pediatrics and Dr. Bob Dickson for internal medicine and Dr. Van Rooyan for bacteriology and virology. The fourth and intern years were all clinical; everything was geared to graduate great general physicians. Those who wished to go into the specialties were given a wonderful basic medical foundation. Dr. Stewart's dream was coming to fruition.

Personally, Dalhousie allowed me to become a physician. It allowed me to practice a noble profession with a mostly rewarding career. Occasionally there were some cases with results that were heart rendering. We were taught to do our

best and to always be ready to learn even from the problem cases. I had wonderful classmates who were my friends for life. Jim and Mary Claire Saunders with whom we shared wonderful visits to PEI. Sully Goldberg who was our first babysitter because he was at the Children's Hospital and we knew nothing about newborn infants (my daughter was born at the Halifax Infirmary. She is a McGill grad). David Hawkins who became renowned in medical education and was a lifelong friend. Tabby Bethune who befriended my family and invited us to many culinary feasts. And others too numerous to mention.

To me Dal is very unique. I have been fortunate to have lived long enough to see the growth of Dr. Stewart's dream into a reality. From the little school by the sea, a thoroughly modern scientific medical school has grown. There are outstanding ongoing research projects at the medical school. I am always proud to tell others where I trained. I came on a ship, have visited from ships and will again be there again October 2013. As I walk down University Avenue and see The Clarence Bethune and Robert Dickson buildings I am proud to say I knew those wonderful gentlemen.

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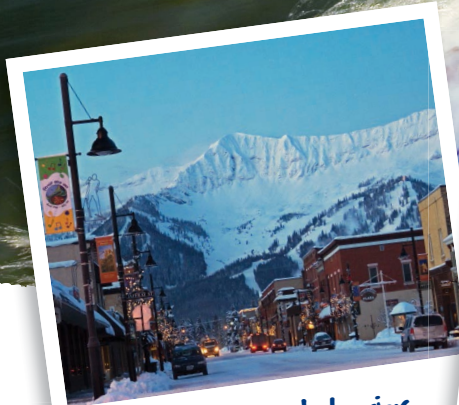
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Photos: Picture BC



# Leading by Example

By Dr. Miriam Nicholson '91

**A**s I stand on deck of the barge in the pitch black of night, waiting to plunge into the ice-cold waters of the fjord some 12 feet below, I have a moment to consider my situation. Once I leave the barge and start my swim, I will be faced with hours of intense and mind-numbing suffering before my day is done. “Why am I here again?” Because I can be. And I want to be. I applied to do this race almost a year before and was, thankfully, selected to participate with 249 other “special” athletes. This was the start of an extreme ironman called the “Norseman,”

which took place this past August in Norway. It has been described as the toughest ironman on earth.

The race starts with a four-kilometre swim in an ice-cold fjord in the dead of night. The water is brackish, thousands of feet deep and there are killer whales. Or so I’m told. Once climbing onto shore and quickly changing into bike gear, one has to cycle 180 kilometres in the cold and pouring rain on a challenging mountainous course. The final leg is a 42-kilometre run, which for this course culminates in the climbing of Mount Gaustatoppen for the last 17 kilometres, to reach the race finish at the top. Only the first 150 participants will be allowed to attempt that final ascent, and win a black T-shirt if the summit is reached. After 15 hours and 25 minutes of mind-numbing, grueling exertion, I reach the summit. I got my black T-shirt. As the 14th woman overall (my lucky number), I was the first Canadian woman to complete the course in its 10 years of running. A very proud moment indeed, and a great way to celebrate turning 50 this year.

My application to the Norseman was one more step in my seemingly endless attempts to find a “bigger” challenge than the last. The previous one had been an ironman in France called Embrunman.

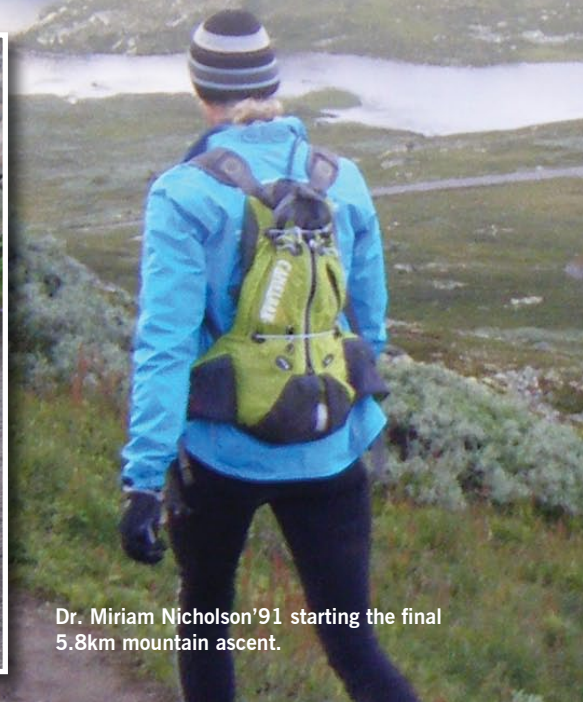
Bone-breaking difficult (more difficult than the Norseman, I would contend), but I finished; second in my age group, and 14th woman overall (see, my lucky number). It was shortly after Embrunman that someone suggested this “Norseman” might be harder. And so I applied.

But I wasn’t always athletic. In fact, in my early twenties when I was working as a waitress and bartender to put myself through school, I smoked. Yes, I smoked. Tried to quit on numerous occasions, which is very typical for most, but working in bars during the era when everyone openly smoked, made the task even harder. When my roommate at the time offered to give me a Sony Walkman if I quit smoking that Christmas, I had my motivation. To be successful, I decided to engage in something that would not be compatible with smoking, could prevent that unwanted weight gain, and maybe improve my health from all those years I smoked. After much thought, I decided to start running. Running would fit that bill.

So on a cold and snowing Christmas day in Toronto, I donned every piece of “sweat” gear that I had, and headed out the door with my new Sony Walkman. The first cassette I played was Tears for Fears “The Hurting.” How appropriate. I was not going to disappoint my



Giving thumbs up.



Dr. Miriam Nicholson'91 starting the final 5.8km mountain ascent.



*“My races have taught me so many important lessons that I incorporate in my daily life about perseverance and positivity.”*

roommate, or myself. I ran a block, then walked a block, ran a block again, turned around and did the same back home. The next day I was determined to do a little more. One more block. And the following day, just a little more. I continued my daily routine, with my Walkman, and I was finally able to quit smoking. Hallelujah!

But the running just kept growing. Pretty soon I was doing five-kilometre runs, then 10 kilometres, and eventually at the end of medical school, I completed my first marathon. I now have 18 of those under my belt.

My races have taught me so many important lessons that I incorporate into my daily life about perseverance and positivity. Completing a difficult race gives a feeling of wondrous joy that really can't be defined by words. It is the pure emotion that is left, after being broken down to the very core, both physically and emotionally, and still finding the strength to push on.

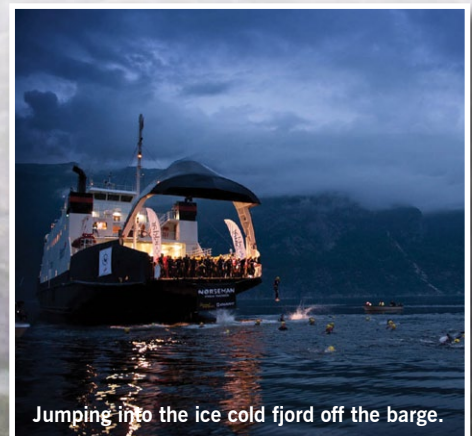
In my role as a family physician, 80 per cent of my daily “work” involves counseling patients with regards to

making better choices of food intake and daily exercise. There are very few diseases that can't be improved, if not outright reversed, with a nutritious diet and regular physical activity. They are the cornerstones of good health. My most effective asset as a health “advisor,” I believe, is credibility: I live what I “preach.” As well, I have struggled with many of the issues that they may presently be battling, such as a smoking cessation or weight loss issues. And I have been successful in overcoming these addictions and turning my life in a health-conscious direction.

Another factor, and perhaps the most important in establishing change in patient's behavior, is the issue of motivation. Motivation is the key to success. Without it, patients will simply not put in the effort to change. Those who want to will find a way. Those who don't will find an excuse. It is not a pill that you can give to a patient, like a statin. But if we can find a way to impel our patients to adopt healthier habits, that statin might not be required at all. Nor the diabetic

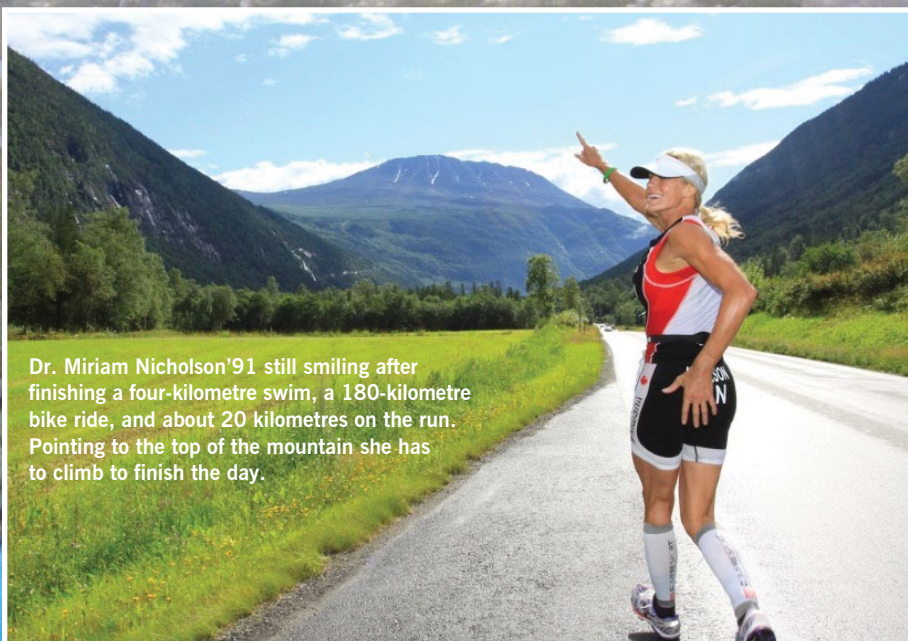
medications or antihypertensives. I try to inspire my patients to do things that they don't believe they can, such as starting a walk/run program, just like I did. I share with them, when appropriate, my struggle to quit smoking, and reassure them that they can be successful, too. My patients who have known me for 20 years understand that I am an ordinary, now 50-year-old woman, with a family, who works full time, just like them. If I can do it, they can, too.

And even though the number of patients in my practice who have taken on a healthier lifestyle, is relatively small, compared to the number that need to do so, I try not to get discouraged. If a journey of a thousand miles starts with a single step, perhaps the way to motivate a thousand patients is one at a time, with a thousand steps. Leaving footprints on a path, they may choose to follow.



Jumping into the ice cold fjord off the barge.

Photo: Kai-otto Melau



Dr. Miriam Nicholson'91 still smiling after finishing a four-kilometre swim, a 180-kilometre bike ride, and about 20 kilometres on the run. Pointing to the top of the mountain she has to climb to finish the day.



And it gets steeper. Path marked with pink paint.

# Why I do Médecins Sans Frontières

By Dr. Raghu Venugopal '01

*Dr. Raghu Venugopal'01, is a true advocate for alleviating human suffering across the globe, particularly in parts of Africa. Typically an emergency physician based in Toronto, Dr. Venugopal is faced daily with the struggles of managing a large rural general hospital with 110 to 115 per cent bed capacity, responding to constant epidemics, and providing primary care services in small, outlying, neglected communities within his work with MSF. Dr. Venugopal's passion for his work with MSF and the medical profession gives hope to these communities by restoring their faith in healthcare and humanity.*

This week we started two seriously ill HIV-infected patients on antiretroviral medication. The first patient was a 34-year-old woman in a coma in our ICU. The second was a 35-year-old man so wasted from HIV that he has been hospitalized since March, unable to walk or sit up. Since I arrived here in May I have been trying to put the 35-year-old man on antiretroviral drugs and I always thought he'd be our first patient. But then another woman arrived even sicker than him, and so she became our first patient.

This was a special moment. We estimate it is one of the first instances of patients managed on antiretroviral drugs in the troubled Maisisi region of north Kivu, Democratic Republic of the Congo in Central Africa. The way this happened helps me focus on why I do MSF.

We first engaged, months ago (long before I arrived), on our own purpose concerning HIV in this region. Everyone in our team could weigh into the discussion. From Mweso to Goma to Amsterdam and back the exchange went. We reflected then, as we reflect now,

on our top priorities, our goals and our capacities. We balanced this knowing our organization feels that HIV is an important disease to treat – just like malaria or cholera. People living with HIV are no different than others.

What complicates our situation is that we work in a zone of chronic conflict and instability. “They” said that HIV could not be done in Africa. Then “they” said it could not be done in African conflict zones. MSF has proven “them” wrong in country after country, and in particular, some of the toughest contexts like in the



Dr. Raghu Venugopal



Photos: Médecins Sans Frontières



Democratic Republic of the Congo and the Central African Republic.

We started our HIV activities gradually, first by testing those who were victims of sexual assault, suspected with tuberculosis or severely ill (such as adults with wasting syndrome).

Our medical team created a detailed yet balanced plan to gradually scale-up our HIV activities. We realized that the vast majority of illnesses we saw were not HIV. Rather, our top priorities remained running a large rural general hospital facing 110 to 115 per cent bed capacity, responding to constant epidemics and providing primary care services in small, outlying, highly underserved communities.

We engaged the Ministry of Health in this process. They are the first and most important actor entrusted with the health of the Congolese. When they asked us to go slower, and gather more support for starting antiretroviral drugs, we listened and we worked together. We moved forward in a spirit of empowering their capacity and helping them discharge their responsibilities. While we could do HIV on our own -- and it might be even easier -- that would be a mistake in the long run. Working with the Ministry of Health makes things more complicated but ensures a longer-term sustainability of our intervention. Ultimately, it is the Congolese who must treat their patients with HIV, and not non-governmental organizations. But where we come in and where we can help is getting the professional and humane care of HIV off the ground.

Like all over the world where MSF works, our job is to show it can be done.

Our medical and logistical teams ordered the right tests, medical materials and drugs for managing HIV-positive patients. They ordered enough antiretroviral drugs to ensure we could begin a limited number of patients on them and ensure a continuous supply of medications for at least 10 months.

Our coordination teams in the capital worked with provincial government officials in order to get the needed formal memorandum of understanding before we began our patients on standard antiretroviral therapy. It was one man, wasting in a hospital bed, however, that pushed us to get the provincial government to let us move forward.

MSF brought in highly field-seasoned HIV experts to our village in Mweso to advance our HIV program. They came from Amsterdam and London. Our current "HIV implementer" is an articulate, friendly and, frankly inspiring, Ugandan doctor. He has worked for eight years with MSF in the field across Africa, Asia and Europe, with thousands of HIV-positive patients under his responsibility at any given time. He came to our village and he coached our nurses, sat with our doctors and brought his years of experience and wisdom to our project. He and I worked late into the night to order the next international shipment of HIV and TB medications. He brought out elegant yet practical computer tools, which were developed by him and other doctors working MSF in Burma, to model our next international order.

MSF is bringing more training to our rural hospital. In two weeks we plan to run a 10-day course on HIV care for many of our hospital staff. We will increase the capacity of the Ministry of Health staff just like our MSF staff. Following that, more technical support will come and we can send our medical and nursing staff for regional and international trainings. Sister MSF projects, successfully managing HIV in south Kivu also are supporting us and remain models to strive to reach. We go to visit them, and they share with us their protocols.

Our professional support, vision and logistical capability make this all happen. We bring to bear so many resources to small villages, to people forgotten by the world and their own governments.

The first doctor to sign the prescription for our two patients was a Congolese Ministry of Health doctor. The co-signers included the Ministry of Health doctor in charge of our health zone, our expert MSF physician from London, our Congolese MSF physician from our regional capital Goma, and lastly, me. It was important to us that a Congolese doctor led the way and signed first. I felt it was my job, above all else, to get the right people in the right room with the right patient and the right drugs.

It might take weeks to months to improve the health of these two patients such that they can leave hospital. Word might pass to the community that HIV-positive patients don't need to die, and that there are options. And that there maybe is hope.

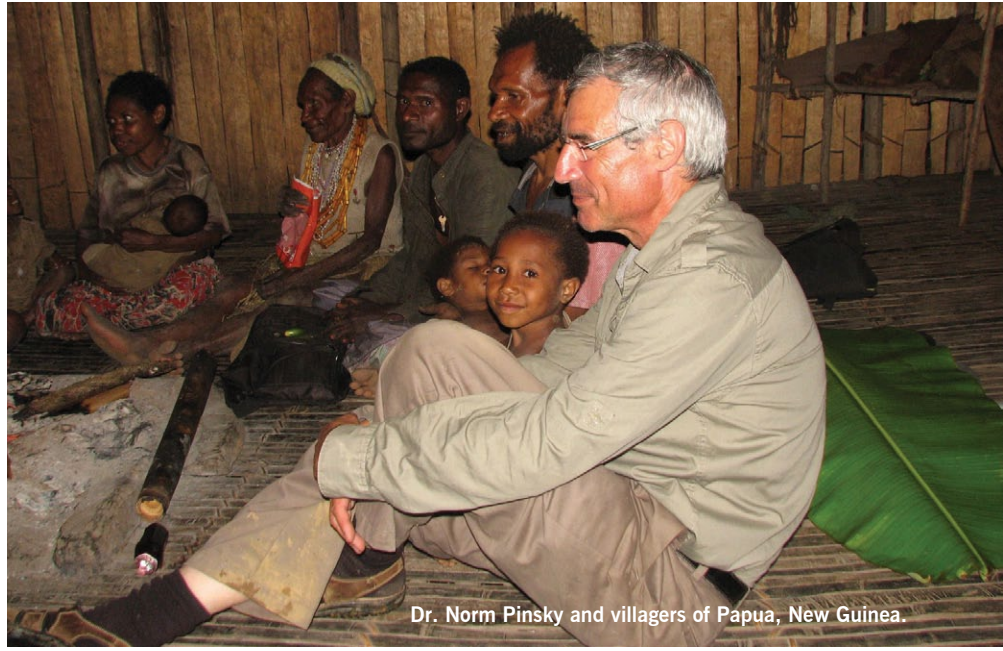
This is why I do MSF.

*Over and out,*

*Raghu Venugopal'01 MD, MPH, FRCPC*







Dr. Norm Pinsky and villagers of Papua, New Guinea.

## Where No Doctor Has Gone Before

A village in the mountains. A forsaken place that is a five day walk from the nearest road. Where people do not know how old they are. Where there are no written records, stores, newspapers, or electricity.

After trekking days through extremely difficult and dangerous terrain, Dr. Norm Pinsky '80 and his 15 year old son, Will, reached a very remote mountain village in Papua New Guinea as part of a mission. "Time seems to stand still" says Pinsky. "Villagers have never seen TV, telephones, cars; a place where only two white men had ever visited before."

When Dr. Pinsky and son arrived in Painkoni, villagers and people from neighbouring communities flooded toward them like a welcoming party of the afflicted. The villagers suffered from grave conditions such as malaria, meningitis, tuberculosis, severe malnutrition, burns, unhealed broken bones and blindness.

"The biggest thing that they [the villagers] didn't know was my limitation for treating them," he says. "They had no idea that I couldn't cure blindness of 20 years or someone who hasn't been able to walk since birth. They would sometimes

carry people for days to see me in the hope that I could fix them."

Dr. Pinsky administered medication and gave out peanut butter to the swollen-bellied children suffering from severe protein malnutrition.

"We brought 13 jars of peanut butter to feed the children but many of them just spat it out as soon as they tasted it" he says. "We thought they were going to love it because we all love peanut butter. I

would tell people, 'Your child needs more protein; feed your child more insects and frogs.'

The villagers live in round wooden, leaf-roofed huts and survive by subsistence farming, foraging from the jungle and hunting birds and small animals with bow and arrow. The only mementos of modernity are the knives, cooking utensils or clothing sent by missionaries.



Boy who didn't like peanut butter.



Dr. Pinsky says that as primitive and dangerous as their existence is, with disease, ignorance and even warring among rival villages, he found himself a little wistful about their environment and the common strands of humanity that link us all.

“Once you get to know them, they’re just people like you and me,” he says, recalling clusters of children laughing and groups of adults chatting in one of the country’s hundreds of tribal languages. “They have a very peaceful, quiet, natural existence. They never rush; rushing is a modern invention.”

Dr. Pinsky has worked in several family medical clinics in Halifax and as a doctor at the Halifax Correctional Centre. He currently resides in Australia with his wife and two youngest children, one of whom wishes to pursue medicine after accompanying him on his medical mission.

“My son may be following in my footsteps,” Pinsky says. “He wants to be a doctor, and it was extremely brave of him to come to Papua New Guinea with me.”

Dr. Pinsky never thought twice about funding the initiative on his own. “I allowed patients to donate old eye glasses and comic books and magazines. But I would not accept money even though many offered” he says.

His advice to other physicians who wish to embark on a similar adventure is to “do something difficult outside your comfort zone, because it is rewarding for all concerned.”

*Courtesy of The Halifax Herald Limited, adapted from article published on August 12, 2012 by Lois Legge*



Will giving out balloons.



Dr. Pinsky's son, Will, in Papua New Guinea.





# Embracing Life in the North

*As a remote family physician in the small, subarctic, vibrant capital of the Northwest Territories, Dr. Sarah Jane Cook '05 describes her work as being quite varied, having a full scope clinical family practice in an interdisciplinary group setting.*

By Kim MacLachlan

Embracing work in the North means embracing life in the North. Biking to work through beautiful wooded trails, skiing through crystallized snow, or flying to work across a massive expanse of white describes a usual working day for this mother of three. As part of a group of dedicated family physicians, she works to provide maternity care to women from most of the Northwest Territories and the Kitikmeot region of Western Nunavut.

"Initially, we came [to Yellowknife] because my husband and I were both very interested in exploring the North, learning more about the northern culture, aboriginal populations and the challenges that face remote communities," she says.

The medical culture within the Northwest Territories has been developing strongly, supporting physicians learning together, from one another, and keeping medical practices current. For example, every Monday Dr. Cook and her group of maternity care family physicians meet together with their obstetricians to discuss cases, and to review various obstetrical issues. Every second Tuesday, family physicians in Yellowknife have protected time for mentorship rounds, during which

one of them presents a topic with specific recommendations on how to improve the way they practice. And lastly, every Thursday, all physicians are invited to attend educational rounds.

"I also have found that the opportunities for professional development here are fantastic," she says. In only her fourth year of practice, Dr. Cook was invited to attend the CMA General Council meeting as a delegate, presenting a motion with a colleague that was debated and passed.

Dr. Cook describes the social determinants of health in the Northwest Territories as stark. "Substance use, lack of affordable housing, food insecurity and the painful legacy of residential schooling are all pervasive," she says. "There are also difficulties that come with patients and physicians often knowing one another in contexts other than a clinical setting."

Over the last two years, Dr. Cook has dedicated her time to initiating, designing, and implementing a group prenatal care program for women outside of Yellowknife.

"We face a challenge in the North of having our population dispersed over a

vast and remote expanse," she says. "Most communities are small and do not offer maternity care, so pregnant women from most of the Northwest Territories and Kitikmeot region of Nunavut are flown to Yellowknife at approximately 36 weeks, until a few days after they give birth."

After hearing about other models of group prenatal care in other areas of Canada and the United States, Dr. Cook initiated the Healthy Pregnancy Group prenatal care program to improve both the experience of prenatal care for these women once in Yellowknife and access to information about nutrition, breastfeeding, labour and delivery, parenting, contraception and other postpartum issues. The program has now been up and running for approximately one year, and has received very positive feedback.

Dr. Cook recommends to other physicians who are looking to practice in small communities to know who your colleagues are.

"It is crucial to have good support, both clinically and socially, to embrace the challenges and rewards of living and working in a remote community," she says. "I am surrounded by people who are driven to change and improve the health care system, and perhaps because this is a small and connected place, there is a sense of collegiality and empowerment that allows meaningful changes to be made."



Dr. Sarah Jane Cook on the way to do a clinic in the small community of Lutselke.





# Fostering Care in Rural Communities

By Kim MacLachlan

Dr. Sarah Giles'05, a practicing locum family physician in rural and remote communities, is driven to provide care for underserved communities, in particular, Aboriginal populations.

"I love the challenge of trying to provide world class healthcare in settings with scarce resources," she says. "Providing care for underserved communities, especially Aboriginal populations, has become a true passion for me."

With deep roots in the North, Dr. Giles spent time in Colville Lake before attending medical school. After seeing the difficulties of providing healthcare in remote areas of Canada, she returned to this region to practice ten years later.

In her 6th year of practice, Dr. Giles has practiced in various rural communities in regions of the Northwest Territories,

*"I love my job and I'm very thankful that Dalhousie Medicine gave me the opportunity to become a doctor."*

Northwestern Ontario, and Western Australia. Over the past three winters, she has been based in communities such as Broome, the Dampier Peninsula and Esperance, and describes the experience of swapping the Arctic weather for the Australian sunshine as an enhancement to her overall practice as a physician.

"The heat, spiders, snakes, and dust have all added an element of intrigue to my experiences," she says. "Let me tell you that your heart beats fast when you hear that one of the world's most deadly snakes is on the loose in the maternity room!"

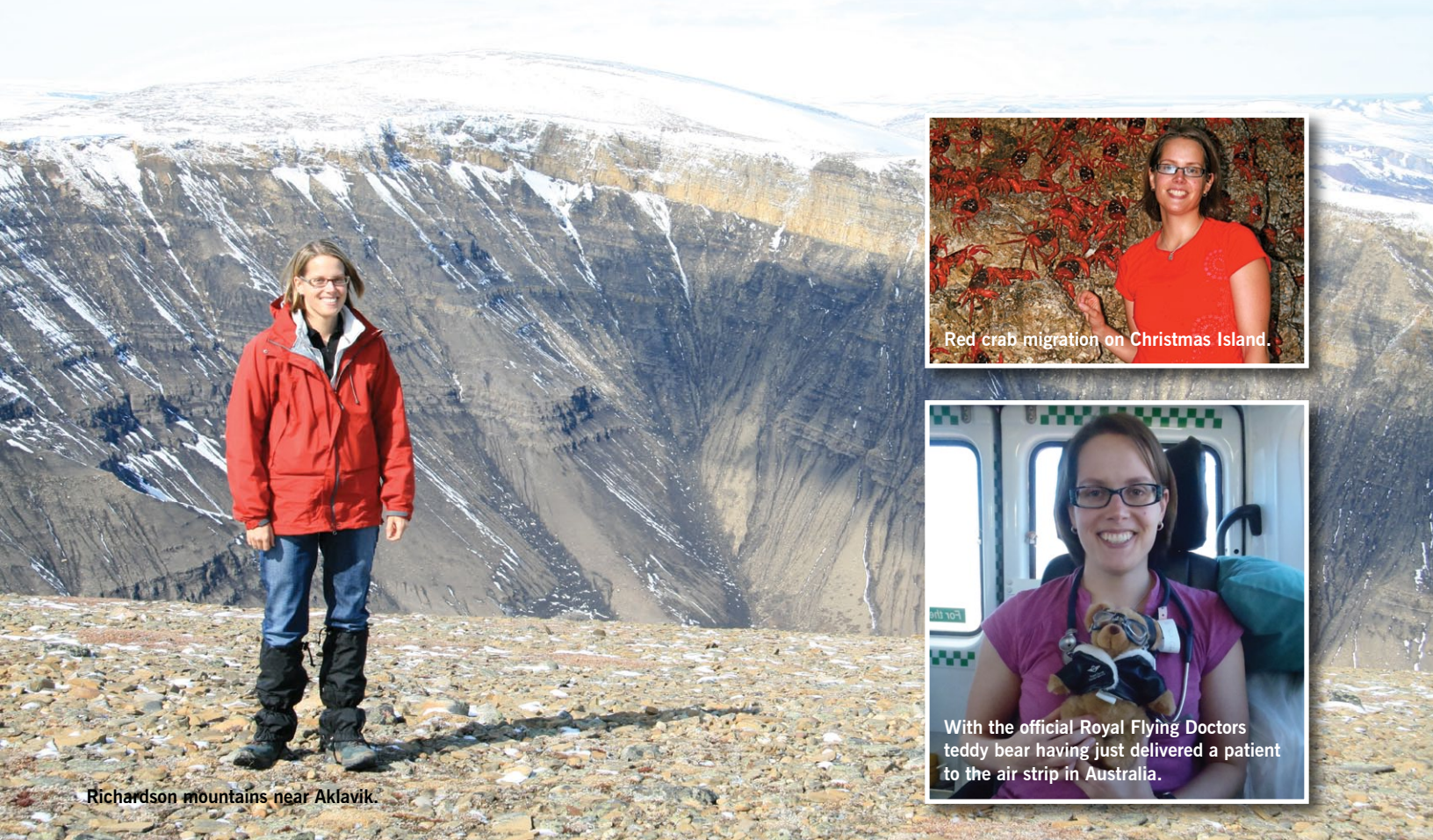
This winter, rather than heading to Australia, Dr. Giles will be attending the London School of Hygiene and Tropical

Medicine in England, United Kingdom, to take a 3-month diploma course.

"I'm hopeful that the new skills I learn will help lead me to areas of the world where I can help lighten the burden of the daily struggle for survival," she says.

Amazed at those who provide regular medical service to Canada and Australia's remote citizens; Dr. Giles feels privileged to fill-in for these well-deserving physicians when they take vacations. As she promised in her medical school application to Dalhousie, Dr. Giles plans to continue working to end the disparity in care in these rural communities.

"I can honestly say that I love my job and I'm very thankful that Dalhousie gave me the opportunity to become a doctor."



Richardson mountains near Aklavik.



Red crab migration on Christmas Island.



With the official Royal Flying Doctors teddy bear having just delivered a patient to the air strip in Australia.



# A Life of Achievement

Dr. Ian Rusted '48 named inductee to Canadian Medical Hall of Fame



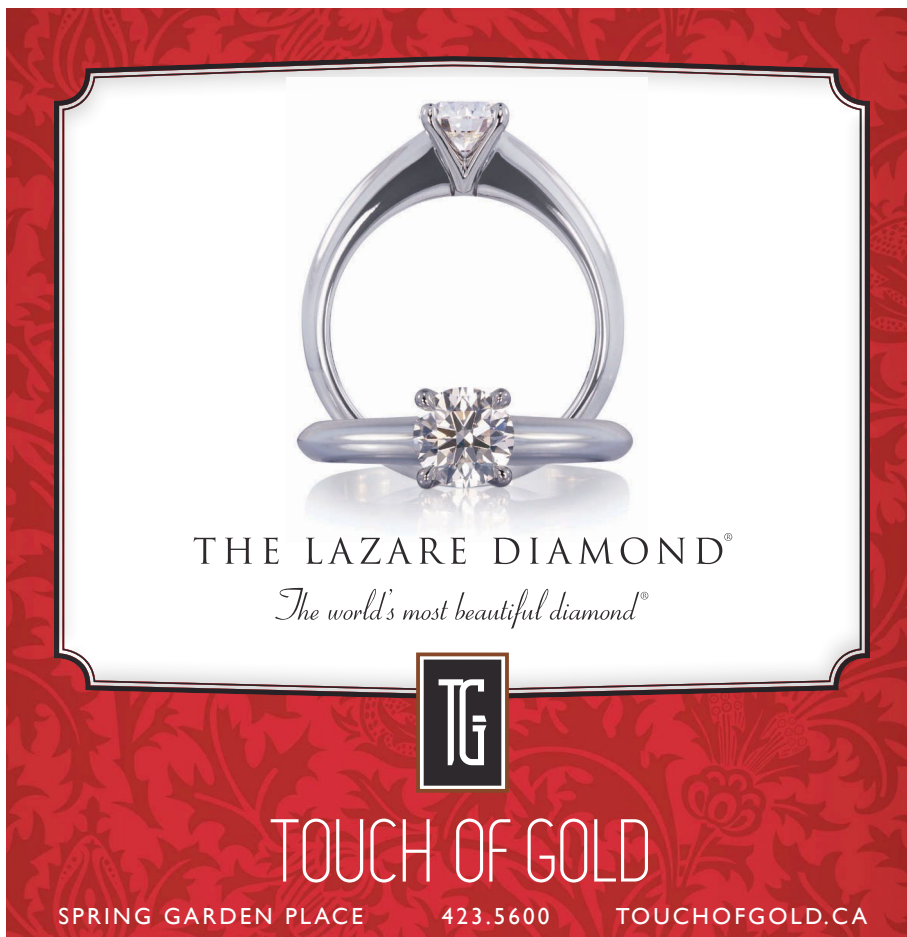
The late Dr. Ian Rusted '48, will be inducted to the 2013 Canadian Medical Hall of Fame, a tremendous honour among Canada's most distinguished medical heroes.

Dr. Ian Edwin Rusted was born in Upper Island Cove, Newfoundland, on July 12, 1921. After attending high school in Carbonear and St. John's, he attended Memorial University College ('37 to '40) followed by three years at Trinity College University of Toronto, receiving a Bachelor of Arts degree in 1943. He later completed his medical degree and rotating internship here at Dalhousie Medical School in 1948, before receiving a M.Sc degree from McGill University in 1949.

Beginning in 1955, Dr. Rusted was responsible for the development of approved residency programs in most major specialties, in collaboration with the Royal College of Physicians and Surgeons. In addition, Dr. Rusted was chairman of the NMA's Education Committee and served on the Board of Regents of Memorial University, the council of the Royal College of Physicians and Surgeons of Canada and several other national organizations.

Dr. Rusted is known for leading a strategic campaign to establish a medical school at Memorial University of Newfoundland. He was appointed the first Dean of Medicine at Memorial University in 1967, a title that he held until 1974. Recognition for his many contributions to medicine include many appointments and honours, such as three honorary degrees (Dalhousie University, 1978; Mount Allison University, 1983; and Memorial University; 2001), the 1979 St. John's Citizen of the Year, the 1998 DMAA Alumnus of the Year Award, an Officer of the Order of Canada, and a Master of the American College of Physicians.

Dr. Rusted dedicated his life to improving health care in Newfoundland. As a distinguished Dalhousie graduate, Dr. Rusted's legacy will be honoured and perpetuated through the Canadian Medical Hall of Fame and at Dalhousie Medical School for many years to come.



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Dalhousie Faculty of Medicine, Dean Thomas Marrie '70 extends a personal invitation to our medical alumni, to join him on this historical evening in celebrating Dr. Ian Rusted's induction into the Canadian Medical Hall of Fame.



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## RSA research program at Dalhousie provides innovative solutions to improving patient outcomes

*Dr. Michael Dunbar '92, changing the way joint replacements are evaluated after surgery*

By Elise Laende

**D**r. Michael Dunbar has a strong research background at Dalhousie and is looking forward to innovative new solutions for improving patient outcomes in orthopaedics through evidence-based medicine. It was during his orthopaedic training that he developed an interest in total joint arthroplasty survivorship, an interest that would begin an evolution of research.

Questions around arthroplasty survivorship prompted Michael to pursue doctoral studies on this topic. His PhD work, undertaken in Sweden, was designed to augment the outcome metric of revision status, as recorded by the Swedish Knee Arthroplasty Registry, with the addition of subjective outcome questionnaires, including satisfaction. This was arguably the world's largest comprehensive dataset on knee arthroplasty outcomes.

The shortcoming Dr. Dunbar identified was mostly that the metrics required to assess subtle differences in outcome were lacking. While it was clear to him that national joint registries provide invaluable information on the practical experience of implant designs in the hands of all

surgeons, a belief that has led him to co-chair the Canadian Joint Replacement Registry, it was clear to him that more precise and relevant metrics were required for outcome assessment.

Consequently, when Michael returned to Dalhousie to start his clinical practice, he brought with him a revolutionary assessment tool, Radiostereometric Analysis (RSA). Michael was responsible for initiating an RSA research program at Dalhousie, which has changed the way joint replacements are evaluated after surgery. RSA allows for highly accurate measurement of movement of orthopaedic implants with respect to the underlying bone.

Michael's development of RSA research was validated with the awarding of a federal government grant to support a \$5 million project to bring RSA from a research to clinical tool.

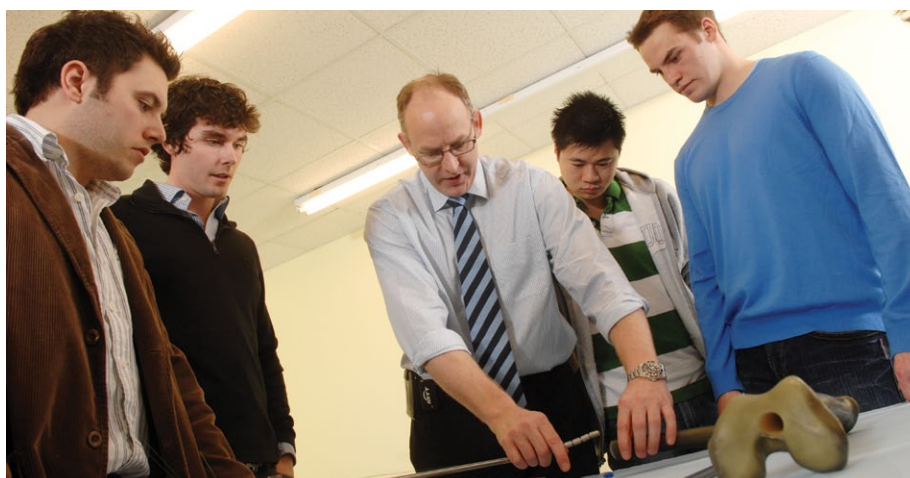
His work with RSA has shown that total joint replacements move in various amounts and directions. This led Michael to question why the implants moved the way they did. Collaborating with other researchers at Dalhousie, he oversaw a comprehensive combined gait analysis and RSA study. Preoperative and postoperative gait and EMG data was



used to model the loading on the joint and showed that preoperative muscle activation patterns were predictive of postoperative implant migration. This result is significant because it suggests that the way a person walks before surgery may predispose them to a pattern of implant motion and perhaps early failure of their total joint replacement.

Michael strived to improve patient quality of life by studying waitlist management and appropriateness of surgery. Through this work it has become obvious that optimizing patient outcomes across the continuum of care must also be addressed through modifications to the model of care. This has led to the development of a centralized Orthopaedic Assessment Clinic at our centre, which has drastically reduced wait times.

Michael's recent applications for future research studies center around the use of new technologies as surrogates for expensive techniques to monitor gait analysis and physiotherapy regimes. Technologies such as smart phones can provide patient-specific monitoring and feedback to increase compliance and engagement resulting in better outcomes. Much of his research to date has revealed that evidence-based deployment of new technologies, both patient assessment and treatments, can improve the quality and efficiency of orthopaedic care to the benefit of society by enabling the targeting of limited resources to those with the greatest need.





# Global Health Leadership Starts at Dalhousie

By Shawna O'Hearn

**D**rs. Dan Boudreau'07 and Leah Genge'10 have lots in common; both are from Cape Breton, both Dalhousie Medical Alumni, both recipients of the Dr. Ron Stewart Award for student leadership in global health, and both work to advance global health.

Despite technological advances, improved communication and medical care innovations, there continues to be growing health care inequities in Canada and abroad. Global Health needs leaders to understand and address the inequities. Two of these champions, Drs. Boudreau and Genge have been passionate about global health since their medical school training. Dr. Boudreau formalized his interests through electives in Tanzania and South Africa organized by the Global Health Office. He continues to take lessons from these experiences into his current emergency medicine practice, and in his new role on the Atlantic board for Canadian Doctors for Medicare.

Dr. Genge immersed herself in a research project in Guyana, working on a reserve in North Carolina, and completing her Masters of Science in reproductive and sexual health at the London School of Hygiene and Tropical Medicine.

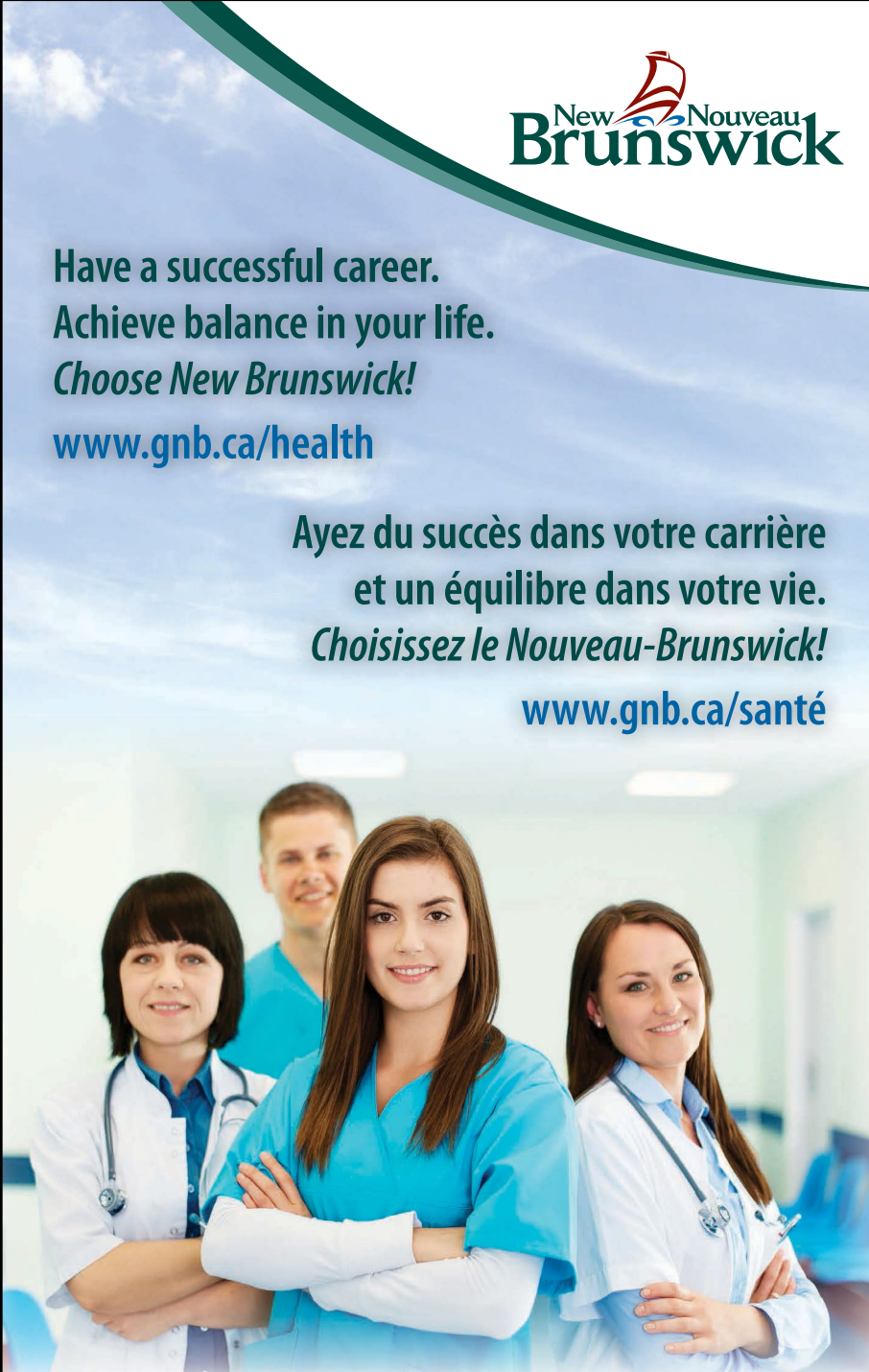
The transition to residency offered new opportunities to ensure global health was part of their training. Dr. Genge is currently in Calgary completing the unique PGY3 program in global health. Through this year, she works with Aboriginal communities and inner city & addicted populations. She has complimented her local work with a research project in Tanzania to explore primary care needs in rural hospitals. As part of this discovery, she completed a

Diploma in Hygiene & Tropical Medicine through intensive 3-month training in East Africa.

Dr. Boudreau has supported the growth of global health at Dalhousie through ongoing leadership in education initiatives. As an assistant professor, he prepares students for their international electives and teaches global health. He has recently become a faculty advisor to the

innovative "Advocates in Global Health" Program through the Global Health Office.

Through leadership in education, research and transferring this knowledge into their clinical practice, Drs. Dan Boudreau'07 and Leah Genge'10 continue to be champions who serve marginalized communities in Canada and abroad.



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# Scholarship in Medicine Program brings research to the forefront

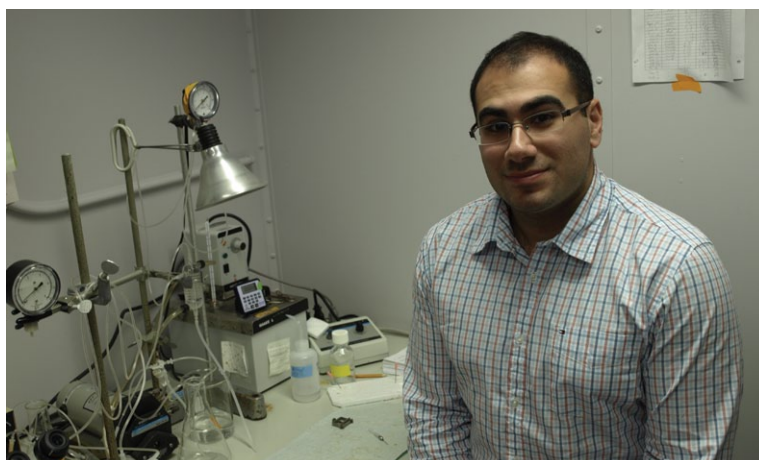
By Melanie Jollymore

**A**s of September 2013, first-year medical students at Dalhousie Medical School will begin learning the ropes of research from the outset of their training. The Class of 2017 will be the first to complete the new Scholarship in Medicine Program, a longitudinal curriculum stream that embeds research experience in medical training from day one – and carries it across all four years of the undergraduate program.

“We have designed the Scholarship in Medicine Program so that medical students begin thinking about what research questions they would like to explore in their very first semester,” says Dr. Marie Matte, associate dean of undergraduate medical education. “As they progress through their training, they will be required to define a research question and then develop, conduct and report on a study that attempts to answer it.”

Dalhousie Medical School is one of a select few North American medical schools to introduce a program that positions research as an integral curriculum stream. “We’re out of the starting gates ahead of most universities in North America on this,” notes Dr. Matte. “Medical students are always introduced to research and its importance, but they are not typically required to take their own project from start to finish. Scholarship in Medicine is truly a cutting-edge program.”

When the new curriculum rolls out next fall, scholarship will take its place alongside professional competencies and clinical skills as a core component of medical education at Dalhousie.



**Class of 2016 president Elias Fares is enthusiastic about the Scholarship in Medicine Program and the opportunity it presents for future medical students to get involved in and inspired by research. He knows research first-hand, having completed a PhD in cardiac electrophysiology at Dalhousie before embarking on medicine, and looks forward to applying his research skills throughout his career.**

“Our goal in creating the Scholarship in Medicine program is not for every physician to become a researcher, necessarily, but for every physician to be able to think like a researcher,” says Dr. Gerry Johnston, associate dean of research. “We want our medical students to develop critical thinking skills in real-world scenarios, so they learn to approach problems in ways that yield meaningful outcomes.”

As Dr. Johnston explains, the program aims to effect a cultural change so students learn to see research as a central and sustained activity, rather than a short-term add-on. Students will learn how to approach and conduct several different types of medical research – basic science, clinical research, clinical epidemiology, medical education and history of medicine – and work with faculty mentors to design and complete a project in one of these five areas. Ideally, graduates will be inspired to continue their involvement in research throughout their professional lives.

“It’s not enough for physicians to be consumers of new knowledge anymore,” Dr. Johnston says. “Physicians are ideally situated to be both creators of new knowledge and translators of new knowledge into practice... we want to equip our medical graduates to be leaders in shaping the future of health care.”

The Scholarship in Medicine Program has been in the works since early 2012, when Dean of Medicine Dr. Tom Marrie was inspired by accounts of similar programs recently launched at a small number of leading universities in the United States. Soon afterwards, Dr. Johnston and Jesslyn Kinney, program manager of clinical research and training, set out for the University of Pittsburgh to learn how the program functions there. Upon their return, they established a working group to develop the new curriculum stream, involving Dr. Matte as well as senior associate dean, Dr. Preston Smith, communication skills program director Dr. Joan Evans and Dalhousie Medicine New Brunswick researcher Dr. Frank McCarthy.

One of the most important steps along the way to developing Scholarship in Medicine was to involve medical students and residents in discussions about how the program should work. “They expressed a great deal of enthusiasm for the program,” says Dr. Matte. “They felt the early experience with research would be an advantage in residency, where a research project is mandatory, as well as in professional practice.”

Dr. Richard Liu, a Dalhousie general surgery resident who is pursuing a Masters in community health and



epidemiology through the Clinician Investigator Program, points out that a grounding in research enables clinicians to more astutely appraise the plethora of scientific literature. "Because of my involvement in research, I know how to assess the validity of a paper's findings based on the scientific soundness of the methods employed," notes Dr. Liu. "Often people go straight to the discussion, but now I know to review the methods before I decide if the discussion will be worth reading."

Class of 2016 president Dr. Elias Fares is also convinced that adding Scholarship in Medicine to the curriculum will help future physicians in their practice. He knows a lot about research, having completed a PhD in cardiac electrophysiology with Dalhousie Medical School's Dr. Susan Howlett in 2012. "I learned in graduate school how to approach a problem that has no answer," he says. "That could often be the case with patients... there may not be an off-

the-shelf response to their problem... but research instills observational and creative and critical thinking skills that can help you reach a solution, especially with a differential diagnosis."

The working group members are now recruiting program directors for each of the five research areas. In turn, the program directors will be calling on their fellow faculty members to mentor medical students over the four years of their undergraduate training. "We will offer faculty development sessions to help our mentors build the skills they need to be effective mentors," says Dr. Matte, adding that mentors do not have to be located in Halifax. "Distance is no barrier, thanks to technology. We see mentoring students through a research project as an excellent way for faculty members all across the Maritimes to expand their involvement in research, and will be doing our utmost to match students' research interests with those of our faculty members."

The medical school also hopes to

dramatically increase students' access to funding to continue their research endeavors over the summer. "Our goal is to double the number of summer studentships available to 50 or even more," notes Dr. Johnston. "This will enable that many more students to delve deeply into their research topic, so they can pursue more complex investigations." Frequently named for the donor who establishes it, a summer studentship provides the student with a stipend of \$5,000.

While the Scholarship in Medicine Program does not require students to produce publishable results, Dr. Matte expects that many students will do so. "There's no question in my mind that some of our medical students will come up with groundbreaking results over the course of the program," she says. "And no doubt many of them will go on to become leading clinician scientists who make remarkable contributions to medicine."



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# Bringing Dalhousie's Innovations to Market

By Alana Milner

**D**alhousie is a research powerhouse, leading the way with new technologies and innovations. But how do researchers bring these to market? For researchers at Dalhousie, it's through Industry Liaison and Innovation (ILI).

ILI works with researchers at Dalhousie, Capital District Health Authority and IWK Health Centre to help commercialize their technologies and innovations. "We assess new technologies, manage intellectual property protection and facilitate collaborations between Dalhousie researchers and companies," says Stephen Hartlen, AVP Industry Relations, Executive Director of ILI. "We also assist in the creation of spin-off ventures."

Recently, ILI worked with Drs. Manohar Bance, Jeremy Brown and Rob

Adamson to bring their technology closer to the market. The researchers developed an implantable hearing aid that attaches directly to the skull where it transmits sounds to the cochlea in patients with middle and outer ear disorders. In contrast to older technologies, their device is subcutaneous. Skin is allowed to grow over it, making it virtually undetectable and resistant to infection.

A licensing agreement was signed between Dalhousie and US-based medical device company Ototronix to develop and commercialize the new technology. The agreement will support the Dal research team as it conducts additional R&D, system integration work, animal testing and patient trials, and Ototronix will contribute their extensive regulatory experience.

As a first step in the commercialization process, Drs. Bance, Adamson and Brown,



Dr. Rob Adamson holding a model of the hearing device.

who originally owned the intellectual property, assigned their technology to Dalhousie. Then, through ILI, Dalhousie licensed the technology and associated intellectual property to Ototronix. In consideration for an assignment of IP, any revenues received are shared among the researchers and Dalhousie. Dalhousie directs its portion of the revenue to its patent and legal budget that in turn is used to patent technologies for other researchers.

The licensing agreement with Ototronix is one of the many that ILI has helped facilitate. All of these are helping to establish Dal as a leader in innovation.

"We see significant benefits arising at Dalhousie from increased interactions with industry," said Mr. Hartlen, "and we are beginning to see an emerging cluster in medical technologies in Halifax, with Dalhousie's School of Biomedical Engineering and Capital Health and IWK Health Centre at the epicentre."

The licensing agreement with Ototronix addresses a challenge ILI sees. "Atlantic Canada has a limited range of companies that have the necessary domain expertise and global presence in order to effectively market medical device technologies," said Mr. Hartlen. "We therefore have to find companies outside of our region, and often our country, to partner on the commercialization of the technologies."

Since it was established, ILI has connected hundreds of researchers with local, national and international companies to help further their technology and innovations. To learn more about ILI visit [www.innovation.dal.ca](http://www.innovation.dal.ca).

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# Physicians With Special Needs: *What it Takes to Thrive*

By Kimberly MacLachlan

In a profession that treats those who are ill, questions concerning physicians with special needs have arose. How does the application process to medical school differ for a student with a disability? How can this student be accommodated in medical school and residency? How can these accommodations be adapted to facilitate a physician entering the workforce?

Despite institutional efforts to decrease discrimination, many medical students, physicians and medical educators assert that bias still exists within the industry. As a result, medical schools and residency programs have been proactive in re-evaluating their programs and admission policies to better accommodate students with specific learning needs. Every medical school has their own set of guidelines upon how they accommodate students, and although applicants do not need to disclose disabilities, all medical students are required to meet the prerequisite academic standards.

Sharon Graham, Director of Admissions in the Faculty of Medicine reports that applicants are asked to specify any academic accommodations that they may require. If the applicant provides documentation indicating the need for accommodation, Dalhousie Medicine will initially work closely with the Advising and Access Services Office to ensure that every qualified applicant is accommodated.

"Students from previous applicant pools have been accommodated from the very beginning of the process, that being the MMI interview," says Graham. "If applicants are accepted, we transfer our knowledge and skills of their specific accommodations into their curriculum and evaluation."

Past examples of accommodations include, at the MMI interview, a student who is recommended for extra time for reading. This student would be provided

that extra time prior to the start of the interview to allow them to see the information before encountering the station. Another example may enlist a current medical student to take notes on "triplicate" paper to accommodate a fellow classmate who was unable to record notes for themselves. At the end of the lecture, a copy would therefore go to the accommodated student, the note taker would keep a copy, and the third copy would be submitted to the undergraduate office. The note taker would then receive remuneration for their services.

According to Quenta Adams, Director of the Dalhousie Advising and Access Services Centre, the number of students who self-disclose with a disability in professional programs whether medicine, dentistry or law are seeing slight increases.

"This may be due, in part, to changes in how disability is viewed," says Adams. "The social model of disability attributes disability to the environment and not to the person. The concept of disability is moving away from the notion that it is the person who requires 'fixing'."

The Student Accommodation Policy, which is currently under revision, will address some of the misconceptions around disability and facilitate a greater understanding and appreciation of diversity across the Dalhousie campus.

Adams reports, that while students do not typically require accommodation support during clinical training, Dalhousie continues to explore student aids which could potentially help make a clinical placement more manageable. But what can be done to accommodate these students once they enter the workforce? The professional path for physicians with physical disabilities is also challenging. Dr. Shawn Jennings'78, a retired family doctor, offers valuable insight on this topic after suffering a brainstem stroke at the age of 45.

"I was only able to move my eyelids. I could not speak or swallow. And yet



Dr. Jennings'78

my brain functioned normally and I understood everything and everyone," he says. "I am able to use my left arm enough to eat independently and drive my power wheelchair, but my physical limitations make it impossible to practice Family Medicine." The logistics of his physical disabilities made returning to residency for retraining in a nonphysical medical specialization formidable and exhausting. So after much reflection, he decided to remain retired and volunteer his time.

Statistics on the number of physicians with disabilities who are currently practicing medicine are limited. Although, advances in technological innovations have enabled some physicians to remain in the workplace despite possible physical limitations. Such technological innovations include sign language interpreters, amplified stethoscopes to support those with hearing impairments, or exam tables which raise and lower to facilitate wheelchair use.

From medical school to employment, it is clear that the path for practicing physician with special needs is not an easy one. However, as Dalhousie continues to help make all aspects of the educational experience more inclusive, Adams and Graham are optimistic about the future opportunities this will bring.

"I feel that the accessibility policies will open doors to students who may have otherwise not pursued medicine due to learning challenges they have faced," says Graham. "We also now have the success stories of accommodated students who have completed the MD program."



## In the Eyes of a Resident

By Dr. Martha Linkletter'08

*Dr. Martha Linkletter has generously shared her time and experiences as a resident in pediatrics at Dalhousie University with VoxMedAL readers. We wish her the very best in her exemplary career as a compassionate physician.*

I am six months from the end of my paediatric residency. It's really hard to believe. And while part of me wants to lounge in sunny windows at the IWK and reflect on the incredible five years I've spent here, most of me is focused on what's ahead. The Royal College exam is looming and preparation is consuming a lot of my time and head space. Then, on those infrequent days when I catch a glimpse of life after my exam, I realize that I need to find myself a job. A real job.

And how do I do that? I feel awkward and shy trying to find a job. It feels like asking someone out on a date. Do they like me? Do they have someone else in mind they like more? Do they think I'm good enough?

The last time I looked for a job was the summer of 2000. And I got a job waitressing at the LoneStar café in Kingston, Ontario. I was "Dixie" and I put up with a lot of condescension and inappropriately worked up diners who seemed to lack all perspective and insight.

My mantra when I was "in the weeds" (when things were overwhelming) was, "It's just burgers and fries, not saving lives."

And now look! What will my mantra be when I am standing at the foot of the bed, the most responsible physician, waiting for the urgent delivery of 36-week-old twins through thick meconium? Or the staff physician intubating the ex-26 weeker with bronchiolitis? Or the pediatrician managing an obtunded child in DKA?

I'm scared to be that person. But, oddly, excited to be them as well. I want to use and develop the knowledge and skills that I have gained as a resident. I want to see MY management plan play out. I want to explain a new diagnosis to a child and family with no one else putting it into their words after I've said mine.

So, I don't have a job lined up or a catchy mantra. But I am looking to the end of residency with a lot of gratitude to my teachers (staff and patients) and confidence that I have an exciting, rewarding and challenging career ahead of me.

## A Path of Learning

By Dr. Natalie Parks'11

Recently, I was invited by the medical school's internal medicine interest group to join a panel of speakers entrusted with capturing the essence of their medical specialty in a discussion with first and second year medical students. As I graduated from medical school less than two years ago, I realized that I could provide a valuable resource for answering frequently encountered questions from students in medical school. With career options being a frequent topic of discussion in med school, it was not surprising that these students were interested in how I arrived at neurology as my career choice.

When I envision medical training, I see a winding road scattered with learning opportunities where it is the journey that is most important. Graduation from medical school is only the beginning, but represents a significant juncture. Like many medical students, I pondered different career paths at length before making a decision. I decided upon neurology because of a fascination with neuroscience, a desire to improve the quality of life of others, and a lifelong commitment to learning. My clinical rotations were critical in making an informed decision.

Clinical rotations provided first-hand experiences where it was possible to assess the patient-physician interaction. As a medical student, I realized that interactions with patients range from acute emergencies to developing a long-term alliance. In choosing neurology, I appreciated that this field offers a full spectrum of patient relationships. In addition, clinical rotations were crucial in understanding the balance between clinical assessment and technical procedures, within a specialty. I think the most unique aspect of neurology is the neurological examination, localizing



nervous system lesions with pinpoint accuracy. I feel that this exam coaxes the nervous system into yielding some of its secrets. I enjoy the learning style in neurology, which includes frequent formal rounds that review physical exam findings, an organized approach to the differential diagnosis, and evidence for various treatment options. In my view, the only way to know which field you will most enjoy is through experience. Many areas of medicine do not have a core clerkship rotation and seeking out early clinical experiences in these fields may result in a more informed career decision.

In my first year of medical school, the entire class received a collection of essays by Sir William Osler. With time, I appreciate the following quote more and more: "The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course."



Dr. Natalie Parks'11.

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# Dalhousie Medicine Students Thank Alumni

“On behalf of the Dal Med student body, it is a true pleasure to be given the opportunity to thank alumni for all your generous support throughout the years. The DMSS is very appreciative of the DMAA and their committed members for allowing us to provide an encouraging environment for our student body; facilitating continued excellence in academia, community engagement, and health advocacy. We are always looking for alumni support, motivation, and brilliance and it is reassuring that their strength continues to grow. It is with great admiration that we view our alumni, and we look forward to the day when we can contribute to such an inspiring group.”

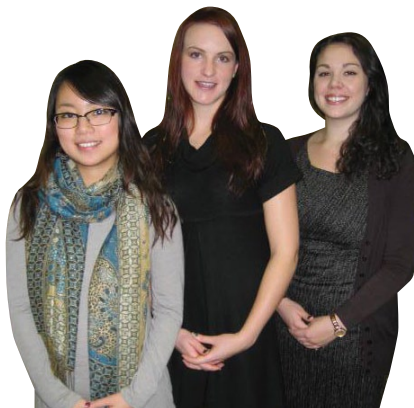
-Luke Richardson'15



DMSS President Luke Richardson'15

## DMAA Scholarship Recipients

The DMAA is pleased to offer our warmest congratulations to Jessie Kang '16, Charlotte Crosbie '16, and Caitlin Jackson-Tarleton '16 on being 2012 recipients of the Dalhousie Medical Alumni Association Entrance Scholarship. The first DMAA Alumni Scholarship was awarded on July 18, 1990. This scholarship was established to support commendable students, who have been accepted to enter medicine at Dalhousie Medical School. The scholarship is based on all-round excellence including both academic and non-academic factors.



## Dal medicine student diagnoses mystery illness in New York Times column

By Ryan McNutt

The New York Times' "Think Like a Doctor" feature gave Dalhousie medicine student Heather Chambers a chance to shine. The regular column features a difficult medical case and asks readers to try and guess the diagnosis.

Chambers, a third-year student at Dalhousie Medical School, read about a woman who was taken to a New York City emergency room with an excruciating, seemingly infected leg wound. Despite the best efforts of her doctors, the wound did not respond to antibiotics.

That was all the information Chambers needed "The answer was right there in the title," she says. "The issue is one that you wouldn't suspect until it didn't respond to treatment."

The problem was pyoderma gangrenosum, a rare condition that causes tissue to become necrotic and presents much like an infected wound. As Chambers points out, its hallmark is that, unlike infection, pyoderma gangrenosum does not respond to antibiotics.

While more than 400 people wrote to try and answer the question, Chambers was the first to respond with the correct answer. In an e-mail to the New York Times, Heather Chambers'14 wrote: "Having just begun the clinical portion of my training, I've certainly never seen pyoderma gangrenosum, and, being quite rare, it's likely I will never see it over the course of my career. However, I recall learning about it as part of our preclinical dermatology



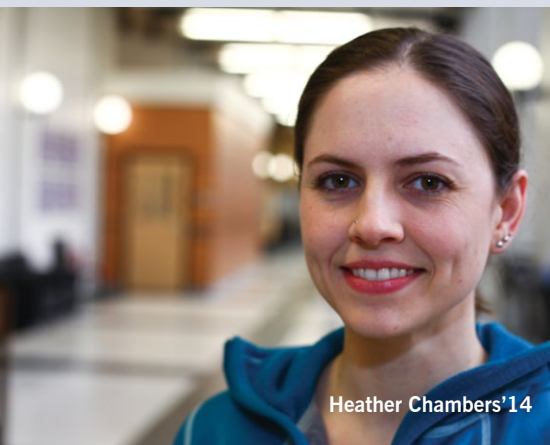
curriculum last spring, and it was the first condition that came to mind that could account for a deep and seemingly infected ulcer that wouldn't respond to a powerful broad spectrum antibiotic like Vancomycin."

It was the Dalhousie Medical School's newly implemented e-learning and online teaching that allowed her to make the diagnosis so quickly. It was in her second-year dermatology rotation with Dr. Peter Green that Chambers learned about the disease. "The course was taught really well. It incorporated interactive modules, one of which covered this disease. I just looked at the picture and knew."

A new approach to medical learning Chambers is part of the first MD class that will graduate under Dal's new curriculum, launched in principle as part of a renewal process in 2010. "It's a lot more case-based learning, fewer lectures and more small groups," says Chambers. "Starting in first year, it gets people out to shadow and work in an actual medical position."

She says the interactive learning tools are key because it means that the professors are thinking about their students. "It's a good indication of thinking about how to teach. Different people learn differently and it's important to know that the professor is thinking about that."

The tools are essential elements of a program designed to produce doctors that "are able to work as agents of creative change in healthcare institutions and communities," she adds.



Heather Chambers '14



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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 through the VoxMeDal enclosed gift envelopes to donate to the DMSS. The DMSS executive oversees the selection and distribution of funds for each project. Our medical students are very grateful to alumni for support. Here is a list of the sponsored projects:*



**Luke Richardson'15 receiving \$12,000 for student projects.**



### **Sunday Suppers Foot Clinic and Walking in Our Shoes Foot Clinic**

Both foot clinics work to provide clean shoes, dry socks and basic foot care for the homeless population of Halifax and has grown to include volunteer nurses, numerous med students and a growing clientele. All of the funds raised will be used to purchase socks and basic foot care products.

### **Canadian Residency Program Satisfaction Website [www.plentyofresidencies.com](http://www.plentyofresidencies.com)**

Currently, there is only quantitative data available regarding residency programs through CaRMs. To ensure medical students are making the right choices about their future, “[www.plentyofresidencies.com](http://www.plentyofresidencies.com)” will allow students to obtain an in-depth look at the available Canadian residency programs by providing up-to-date, monitored and detailed reviews from current residents in Canada.

### **Anesthesia Interest Group**

Several events each year showcase life as an anesthesiologist and the wide variety of technical skills used in anesthesia. Students are encouraged to attend speaker or skills events, or set up clinical and research electives in anesthesia. As there is no formal exposure to Anesthesiology during clerkship, this initiative facilitates possible career choices for students considering the field Anesthesia and Preoperative Medicine.

### **Procedural Interest Group**

The focus of this project is to provide an avenue for exposure to the more recent advances in medical procedures, providing students with necessary procedural skills to aid them in future practice, whilst developing professional relationships with local physicians and allied healthcare professionals.



### **Surgery Interest Group**

This group works to provide various surgical-related learning opportunities that are not formally encountered throughout the undergraduate medical curriculum. The group intends to have a series of events involving a surgeon taking students through a particular procedure, drawing attention to the relevant anatomy and anatomical landmarks used to guide the surgery. This will enhance the current pre-clerkship curriculum by evaluating diseases and surgical procedures that will have previously been studied by students in their first or second year of undergraduate training.

### **Radiology Interest Group**

The Radiology Interest Group works to provide supplemental radiology sessions to enhance the current curriculum. This group allows students to further their knowledge in radiology, develop an interest in radiology, and provides knowledge and a radiological skill set for clerkship and careers in this specialty.

### **Psychiatry Interest Group**

Mental health can impact patients in every discipline of medicine. The Psychiatry Interest Group works to provide students with additional awareness of mental health issues and resources. It offers a glimpse into psychiatry as a profession, while providing an opportunity to learn more about the field.



### **The Dalhousie Aboriginal Health Interest Group**

This interdisciplinary group is interested in improving the health of Aboriginal people by raising awareness of the health inequities faced by Aboriginal peoples. The group plans to host a panel discussion and awareness week by partnering with the Aboriginal Health Sciences initiative to present a three-part speaker series, and organizing their fourth annual health professions career fair at a Maritime reserve(s).

### **Student Journal Club**

At this student-run journal club, students will organize and facilitate a monthly journal article review. Each month a different student-volunteer will choose an article in an interest area to critique. Using a pre-set template and free discussion, the methodological integrity of the research will be evaluated, discussing the possible implications of the paper, and recommendations to theoretically improve the research design.





## SHOUT

SHOUT (Sexual Health Outreach) is a program designed to provide junior high students in the HRM with up-to-date, non-judgmental information about sexual health. Topics include sexually transmitted infections, birth control and pregnancy options and the issue of confidential health care. Medical students can gain experience with the adolescent community by discussing and answering questions about sexual health.

## Dal Med Global Health Initiative

The goal is engage in the discussion of global health issues, and to collaborate with the CFMS national officers on activities and position papers. It will allow students to make connections with local organizations and experts who are relevant to the field, providing an opportunity to develop leadership and planning skills, whilst collaborating with fellow medical students from across Canada via the CFMS.

## Emergency Medicine Interest Group

This group will be hosting events including a lecture series and skills night to learn and practice skills that are important in the ER. This is a great way to learn more about Emergency Medicine and help students prepare for future careers in this specialty. This initiative will offer information about training, lifestyles, rural and urban experiences, salary information and networking with industry professionals.



## DMNB Family Medicine Interest Group

The Dalhousie New Brunswick Family Medicine Interest Group (FMIG) was created to increase exposure to family medicine during undergraduate medical school. This initiative provides a variety of events and activities whereby students can learn about opportunities, roles and responsibilities of family medicine.

## Pediatric Medicine Interest Group

Medical students will have the opportunity to prepare for a career in pediatric medicine. This will increase student involvement in the community, the promotion of pediatric health, and interest in rural pediatric medicine, while allowing students to gain experience in clinical skills related to pediatric medicine.

## MERcI

MERcI collects and ships surplus medical supplies and equipment to partnering communities in developing countries. The goal of this initiative is to reduce medical waste and to provide supplies to under-resourced areas. MERcI collects supplies from drop boxes in the Emergency Department, Gastroenterology, and Palliative Care and currently ships to partners in Rwanda and North Ghana. Since January 2009, MERcI has collected, inventoried, and shipped supplies with an estimated value of CDN \$250,000.



## Obstetrics and Gynecology Interest Group

This student-led organization allows students with an interest in women's health to learn more about post-graduate training, career opportunities, and what life is like as an OBGYN specialist. The OGIG will allow students in both Halifax and Saint John to widen their knowledge of this specialty, while developing valuable clinical skills and insight into current women's health issues in the Maritimes.

## Getting High

Getting High provides great exposure to the sport of rock climbing by allowing students to experience rock climbing in a safe, pressure-free environment. Students of any level are encouraged to try, learn and practice climbing while learning fun ways to use the body in a full-body workout!



## Rural & Wilderness Medicine Interest Group

This will give the opportunity for specific medical training to students who are interested in rural and wilderness medicine. This year will focus on wilderness medicine courses and some basic orientation to Nova Scotia Search and Rescue principles. These activities will take place in the medical lounge supplemented with some outdoor excursions.

## Class of 1957 Nature Cruise

A few hearty alumni joined folks from coast to coast, Saudi Arabia and Iran to brave the 24-knot southeast wind –that’s on the nose leaving the Halifax Harbour. The swell was a good seven, maybe eight, feet out past McNabs Island. We motored through one yacht race (35 footers, well heeled) crashing along within 30 feet. Out past Herring Cove, six hardy souls on Lasers really impressed our classmates from the U.S. Whales? What whales? No disappointment really. Many on board had never seen fresh lobster still in the pots brought up from 40 feet. All in all, a good sleep had by all I’m sure after such a great cruise.

*Doug Brown’57*



## Celebrating a 50th Reunion

On October 18, 15 graduates of the Class of 1962 and their guests celebrated a three-day 50th reunion in Halifax. On the first day, we attended the Annual DMAA Gala at Pier 21, where we occupied two large tables and enjoyed a wonderful evening together with over 200 fellow alums, grads of many other years, together with their guests. On the second day, the med school hosted a medical tour and a group of us also gathered at the Lord Nelson Pub, as we often used to, on Friday after classes or clinics to share memories and some fine Nova Scotia brews and food. On Saturday, a whale-watching outing was scheduled in the afternoon but unfortunately the whales did not show. We closed our program Saturday evening with a fine gourmet dinner at Fid Resto, a Halifax landmark restaurant. What a great evening of sharing life histories and stories of our families and careers and renewing friendships of over 55 years. It was a real love-in. Many thanks go out to the DMAA Staff and special thanks to Paulette Miles for her outstanding work in helping us to organize this event. We are looking forward to our 55th.

*Mike MacKinnon’62*

## 40th Class Reunion Great Success!

I would like to take this opportunity to thank the DMAA for helping to make our 40th Class Reunion such a success by handling mail outs, correspondence to class members and the financial arrangements with the hotel on our behalf. We, as a class, thank the DMAA for all their assistance and hard work.

*Ian MacDonald ’72*



## Class of ’67 Celebrates 45th Reunion

The class of ’67 enjoyed their 45th year reunion September 20 to 23, at the Inverary Resort on the shores of the Bras D’or Lakes in Baddeck, N.S. Nineteen class members and their partners, renewed great friendships while feasting, golfing, sailing and just “hanging-out,” sharing our wonderful memories. We all agreed it was one of our best reunions and plan to have another in three years!

*Ted Luther’67*





## Reunion Retreat to Bermuda

The Class of 1982 had a fantastic 30-year reunion at the Fairmont Princess Resort in Bermuda in September. We had 20 stalwart class members who "braved" the sunshine, gentle breezes and warm water in an effort to reconnect with old friends. We gathered on the beach, in restaurants, on the golf course and occasionally in the bars or the hospitality suite the hotel was kind enough to provide. Stephanie's glasses, Wade's watches and the fact that Jane never changes were ongoing topics of conversation and amazement! We all felt a little sorry for those who were not able to make the trip, but hopefully we will have more adventurous souls for our next reunion.

*Rob Tremaine'82*



## Celebrating a 25th Reunion

The Class of 1987 reunited in Crowbush, Prince Edward Island, to celebrate their 25th Reunion. Great fun had by all!



## 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 May 17, 2013 at 6 p.m. for dinner at 7 p.m. Please RSVP by emailing [dennisjohnston@ns.sympatico.ca](mailto:dennisjohnston@ns.sympatico.ca) or [erafuse@eastlink.ca](mailto:erafuse@eastlink.ca).





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# APPOINTMENTS, AWARDS AND ACCOLADES

*Congratulations to members of our medical school community who have received significant appointments, awards and acknowledgements over the past few months.*



**Dr. Robert Roberts '66**, received an honorary Doctor of Laws degree from Dalhousie University this past fall convocation. This award recognizes Dr. Roberts for his extraordinary achievements in Cardiology, service to society and significant contributions to Dalhousie University.



**Dr. Mary Lynch**, Department of Anesthesia, and **Dr. Christine Chambers '96**, Departments of Pediatrics and Psychology were awarded Progress Women of Excellence Awards.

**Dr. Margaret Casey '68** received an honorary degree from Mount Saint Vincent University at their past fall convocation. The Mount bestowed honorary degrees to commemorate local leaders in medicine and human rights.



**Dr. Thomas John (Jock) Murray '63**, Professor Emeritus, Division of Medical Education, Medical Humanities Program Professor of Neurology, received an honorary degree from the Nova Scotia College of Art and Design at their convocation on May 13, accepting a Doctor of Fine Arts.



**Dr. Mahesh Raju '75**, former Post-Graduate Medical Coordinator (Anglophone) for New Brunswick was awarded the Department of Medicine's Dr. Brian Chandler Lifetime Achievement award in Medical Education.

**Dr. Barry Clarke '87**, Department of Family Medicine, received the Nova Scotia College of Family Physicians Award of Excellence 2012 for "Excellence in Advocating for Transformation of Health Care Delivery to Patients in Long Term Care Facilities."



**Dr. Patricia Livingston**, Department of Anesthesia, received the 2012 Dr. John Savage Memorial Award from the Global Health Office.



**Dr. Barry Clarke '87**, MD CCFP and **Dr. Ajantha Jayabarathan PGM '91**, MD CCFP FCFP, both of Halifax received a College of Family Physicians of Canada Award of Excellence for NS.



**Dr. Stan Kutcher**, Department of Psychiatry, was awarded the Paul Patterson Education Leadership Award from the Canadian Psychiatric Association - for "creatively and innovatively leading response to change in psychiatric education." Dr. Kutcher was also invested as a Distinguished Fellow of the CPA and awarded the Robert Bortolussi Mentorship award from the IWK Health Centre.



**Dr. Greg Bailly '97**, Department of Urology, was awarded the 2012 Mentor of the Year Award from the Royal College of Physicians and Surgeons of Canada.



**Dr. Susan Bryson**, Department of Pediatrics, was named as a recipient of the Queen's Diamond Jubilee Medal.

**Dr. Ezio Dini** was awarded the Department of Psychiatry's Teacher of the Year.



**Dr. Louis Fernandez '73** was awarded the Senior Membership Award by Doctors Nova Scotia.

## RESEARCH AWARDS



**Dr. Ben Rusak**, Department of Psychiatry, was awarded the Dalhousie Medical Research Foundation Max Forman Senior Research Prize. The award is presented to a senior investigator in the Faculty of Medicine at Dalhousie University in recognition of that individual's dedication to excellence throughout a distinguished career in medical research.



**Dr. Sharon Batt '12**, Department of Paediatric, was honoured with the Dalhousie Distinguished Dissertation Award for the Humanities and Social Sciences.

**Drs. Sherry Stewart '87** and Ben Rusak of the Department of Psychiatry received "Decade Club" awards for service to the Nova Scotia Health Research Foundation.



**Dr. Mark Sadler**, Department of Medicine, was awarded a grant from the International League Against Epilepsy (ILAE) program, "Partnering Epilepsy Centers in the Americas (PECA)".



## 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](mailto:medical.alumni@dal.ca)*

**Dr. Kenneth Block PGM '74**  
Passed away August 10, 2012

**Dr. Lawrence MacKinnon Buffett '63**  
Passed away September 30, 2012

**Dr. Eric Joseph Cleveland '48**  
Passed away August 27, 2012

**Dr. Lloyd Sutherland Cox '48**  
Passed away June 1, 2012

**Dr. Benjamin Der PGM '71**  
Passed away January 1, 2012

**Dr. Laurence Deutch '73**  
Passed away August 10, 2012

**Dr. Ronald Durling '74**  
Passed away December 17, 2012

**Dr. Max Gorelick '55**  
Passed away October 23, 2012

**Dr. Erland Edgar Henderson '55**  
Passed away December 8, 2012

**Dr. Robert Michael MacDonald '90**  
Passed away August 14, 2012

**Dr. David L. MacIntosh '39**  
Passed away on January 12, 2013

**Dr. Douglas Haig MacKenzie '47**  
Passed away December 24, 2012

**Dr. Ernest Marshall '55**  
Passed away September 20, 2012

**Dr. Robert Ulberg '57**  
Passed away on September 29, 2012

**Dr. E. Garth Vaughan '55**  
Passed away November 7, 2012

**Dr. Wendell Wallace Watters '53**  
Passed away August 17, 2012

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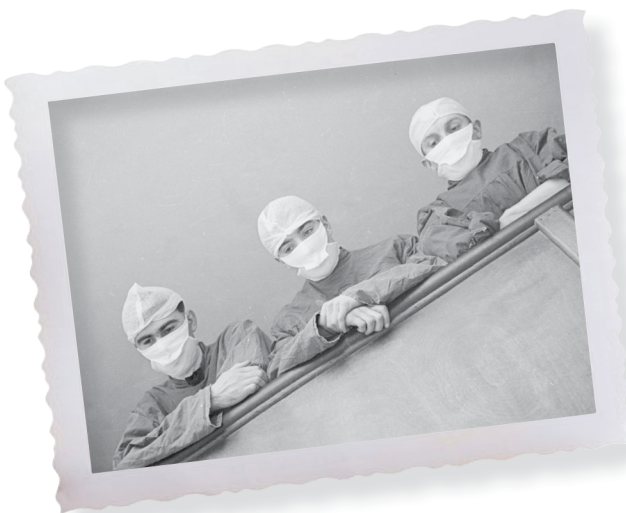
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