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Dalhousie Medical Alumni Association

Office Location:

1st Floor Tupper Building, 5850 College Street
Halifax, Nova Scotia B3H 4R2

Mailing Address:

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

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

Website: alumni.medicine.dal.ca



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E: publishers@metroguide.ca

www.metroguidepublishing.ca

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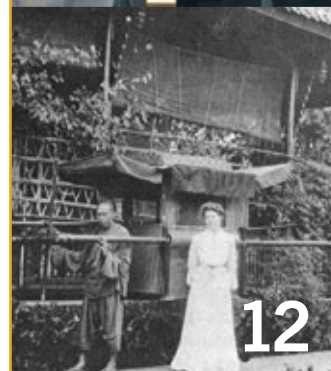
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On our cover: Drs. Robert Baillie'70, John Akabutu'67, Peter MacKean'81, and Jordan Sheriko'11.

Photo: Dave Reyno Photography

It has been a privilege to serve our 7,000 medical alumni

By Dr. Dan Reid '70
DMAA President



Dean Marrie'70 and Dr. Dan Reid'70 present classmate, Dr. Robert Baillie'70 with DMAA Honourary President Award

As I pen this message in the early days of 2014, Canada has just announced its line-up for the Men's Olympic hockey team. The expectation is they will go for the gold. By the time you read this the verdict is in... I trust they will have succeeded in bringing home the gold medal.

I've now "ragged the puck" as your president for almost four years. It has been a real privilege to have served our 7,000-strong Alumni Association in such a role. It's been a much bigger time and energy commitment than I had first imagined, but it has been worth every bit of it. The DMAA has seen significant progress over these years, from greater financial and mentoring support, to undergraduate medical student activities and involvement in Convocation Week exercises, to support for entrance scholarships, to medical school and Resident Research Awards. The DMAA has also witnessed terrific growth in our Annual Gala Dinner and Reunion Weekend each October, such that it is now one of the signal events of the Medical School year. As a result, the contribution of graduates in support of these and related activities has grown considerably. Thanks also to our expanded and well-received twice yearly VoxMeDAL publication, alumni have increased financial support to our various projects. Best of all is the Medical Alumni support to Dalhousie's Annual Fund; for each of the past four years, medical graduates have been the largest donors to this most important

revenue source for our alma mater. We collectively leave all other faculties—especially Law and Dentistry—in our dust. We can claim the gold medal.

As I "pass the puck" to my successor at our upcoming Annual Meeting in June, I know that Dr. David Amirault'76 will skate hard both ways and continue the DMAA's important role in support of this very fine medical school. I know, as well, our excellent and loyal Board of Directors will continue to "assist" him, as they have during my presidency, in seeing that sound policy and continuing commitment to our membership is ongoing. A gold medal team for sure.

In closing, I would be remiss if I did not acknowledge the role that Dean Tom Marrie'70—a treasured classmate of mine—has played in support of not only the DMAA but in again placing the Dal Med School in the upper echelon of Canada's medical schools. A gold medal to you, Tom!

Thank you for your interest and enthusiasm toward our very unique Association. Your support to "our" Medical School will be your gold medal.

Go, Dal, Go!!

Sincerely, and Health to All,
Dan Reid M.D.'70



Dean Marrie'70 and Dr. Dan Reid'70 at DMAA Alumni Awards Gala Dinner

Celebrating the Rich Culture at Dalhousie Medical School

By Joanne Webber
DMAA Executive Director



In this issue of VoxMeDAL, we celebrate the strong culture of giving here at Dalhousie Medical School, a foundation that has been laid by your predecessors and will continue for generations to come. The deep roots of giving at Dalhousie Medical School stem from centuries of history, notable alumni, and students. It is a pleasure to personally witness this altruistic cultural tradition. Read more about this remarkable blueprint as classes leave their mark on Dalhousie Medical School.

In the pages before you, you will be proud of the many accomplishments and contributions to medicine of your fellow alumni and colleagues. To name a few, Dr. C. Edwin Kinley'56 was recently inducted into the Order of Nova Scotia, Dr. Rod McInnes'70 gave the first Gairdner Foundation Lecture at the 5th Annual New Brunswick Health Research Conference in Saint John, Dean Thomas Marrie'70 was inducted as a Fellow of the Royal Society of Canada, Dr. Jock Murray'63 will be inducted into the Canadian Medical Hall of Fame, Dr. Preston Smith'81 has been appointed dean of the University of Saskatchewan's

College of Medicine, and our faculty member, Dr. W. Ford Doolittle, professor emeritus of the Department of Biochemistry and Molecular Biology, received the prestigious Gerard Herzberg Canada Gold Medal for Science and Engineering (please see page 46). Once again, Dalhousie medical alumni are setting the standard for excellence in the medical community.

In October, we celebrated our 55th Annual DMAA Alumni Awards Gala Dinner. A sincere congratulations to our award recipients, DMAA Alumnus of the Year, Dr. John Akabutu'67; DMAA Honorary President, Dr. Robert Baillie'70; DMAA Family Physician of the Year, Dr. Peter MacKean'81; and DMAA Young Alumnus of the Year, Dr. Jordan Sheriko'11. I must also thank Dr. David Clarke for his engaging presentation of the NeuroTouch simulator; alumni and guests, including myself, were riveted by this innovative technology. I encourage you to not only attend the upcoming DMAA Awards Gala on October 17, but also to nominate your classmates for the 2014 DMAA Alumni Awards. You will

find the nomination form on page 18.

I would like to thank the DMAA Board of Directors for their contributions in serving their alma mater, as well as the DMAA staff for helping to bring these many alumni services to fruition. This spring, Dr. David Amirault'76 will become the next president of the DMAA, and we look forward to welcoming him to the role. On behalf of the Board, a thank you goes to Dr. Dan Reid'70 for his service over the last four years as the DMAA President. I would also like to welcome a new staff member, Nicole Tanner, to our office. Nicole has been with us since late August, and her special skill set, with Master's degrees in English and library science, has proven to be an asset to the Association in terms of research, writing, and editing for this issue.

In closing, I would like to thank those who have contributed to this issue of VoxMeDAL. The continued success of this magazine relies upon your feedback and contributions.

Sincerely,
Joanne Webber
j.webber@dal.ca



Medical students welcoming guests to the 55th DMAA Gala



DMAA's Lorie Chater and Kim MacLachlan with Scotiabank's Jay Fitzgerald

Faculty of Medicine Update

By Thomas J. Marrie MD
Dean, Faculty of Medicine

While every issue of Vox has something that resonates with alumni, this one is special. It is special for many reasons, including reflections on a very successful Gala in October. You really like it, attendance continues to climb, and just read the testimonials. Now get your ticket for the 2014 Gala. Dr. Duncan Webster'01's personal journey is one that you will not forget. It is fortunate that two of our new researchers at Dalhousie Medicine New Brunswick are doing research in this area. See page 34.

Please join me in congratulating Dr. Ed Kinley'56 on his Order of Nova Scotia. Dr. Jock Murray'63 is being inducted into the Canadian Medical Hall of Fame on April 24, 2014, at the Rogers Centre in Kingston, Ontario. Please let me know if you wish to join us at Dalhousie's table on this historic occasion. Many other alumni have received awards during the past year, some of whom are noted in this issue. If we have missed any, please let us know.

Class reunions are an important time for you and your classmates, and whenever possible I like to attend and update you on what's happening at your medical school. Dr. Garth Christie'66 has set the bar for all others—his magic show is so good that we would like to feature it at next year's gala. I learned one of his secrets in September; now I need to learn the rest.

Recently, I had the honour of

delivering the second Raju lectureship at Dalhousie Medicine New Brunswick. This lectureship was started to recognize the contributions of Dr. Mahesh Raju to medical education in New Brunswick. The title of my talk was: "Medical Education – Have we lost our way?" I discussed the declining focus on teaching history-taking and physical examination skills in many medical programs. Many of you will know that our residency programs are undergoing a shift to competency-based evaluation. When one has achieved a competency, one can move on; thus, some could finish a four year residency in three years and some in five, six, or ? However, what has become apparent is that many residents do not have the competencies they should have. This often translates to an inadequate grounding in fundamental

clinical skills teaching in medical school. A repeated complaint that I hear from medical students is the variability of tutors in the clinical skills program. Some tutors are superb and go beyond the curricular requirements, others less so, and when students compare notes some feel "short changed." There is nothing more inspiring than learning clinical skills from a master clinician, and every medical student should have this opportunity. This is one of the reasons why we have reorganized the clinical skills program. Drs. Purdy, Leddin, and I have been working on an intranet website of clinical signs for medical students. If you have a physical sign that you would like to contribute, email me at t.marrie@dal.ca.



Dean Marrie with Award Recipients



Dean Marrie practicing magic tricks following quick magic lesson from Garth Christie'66

Dalhousie Medicine New Brunswick Update

“The future is already here – it’s just not evenly distributed.” – William Gibson, author

By Dr. John Steeves '74
Associate Dean, DMNB



Most often the innovative practices and ideas are already amongst us. The challenge is that they need to be identified, contextualized, and modified to be effective in our local reality and then fully implemented.

As we approach the final year of implementing the renewed undergrad curriculum and establishing our research program, our focus is shifting toward the future for DMNB and its next four years. While we celebrate the accomplishments, we are mindful of the benefits of change coupled with the sage advice of David Snadden, UBC Faculty of Medicine Executive Associate Dean of Education: “Beware of the seated elephant.” We must make change our new normal but also manage it to ensure innovation is intimately linked with it. For me, innovation is an original idea that results in a new product or practice that improves the current status.

The fall of 2013 has seen the recognition of further innovations at DMNB. This September we announced Dr. Anil Adisesh as the inaugural J.D. Irving, Limited, Research Chair in Occupational Medicine. President Florizone joined us for the milestone announcement and also participated in our First Light Ceremony for the Class of 2017, the first Dalhousie president to participate in our annual welcome.

In October, we officially opened our biomedical research lab in Saint John and welcomed our fourth cardiovascular researcher, Dr. Shiryia Rashid, both within the same week. These events were both components of our strategic plan for the

2013-2014 year, advancing an innovative research agenda through infrastructure development. We have taken the first steps at determining the future direction of research at DMNB by hosting a strategic planning workshop strategically linked with the Faculty of Medicine Dean’s retreat in New Brunswick, hosted in Saint John.

We welcomed our first two graduate students to our new distributed research graduate program with distributed basic science curriculum. They benefitted from the first NB visit of the Gairdner Foundation Lecturer, Dr. Rod McInnes’70. The Gairdner Foundation’s award is Canada’s most prestigious medical science prize. Nineteen of the last 29 Gairdner award recipients have gone on to become Nobel laureates. The DMNB video conference system allowed Dr. McInnes to talk about scientific research with high school students in three different NB cities simultaneously. Please see page 52

for more on this lectureship from Dr. McInnes.

We opened our fifth NB teaching site, Upper River Valley Hospital in Waterville (URVH). This coincided with our first NB Clerkship Director tour of the five NB sites, meeting with the leadership and students at each site. The directors were able to see how the program was implemented and determine areas of improvement. During the tour, another innovative Longitudinal Integrated Clerkship Dalhousie site was approved, this time in Upper River Valley for 2014.

To embrace innovation, we must take risks and be willing to fail. If we are to achieve the Faculty of Medicine goal of being the best undergraduate medical program in Canada, we must have the courage to take calculated risks inherent in innovation. DMNB is an example of such a risk and with evidence of success in innovation.

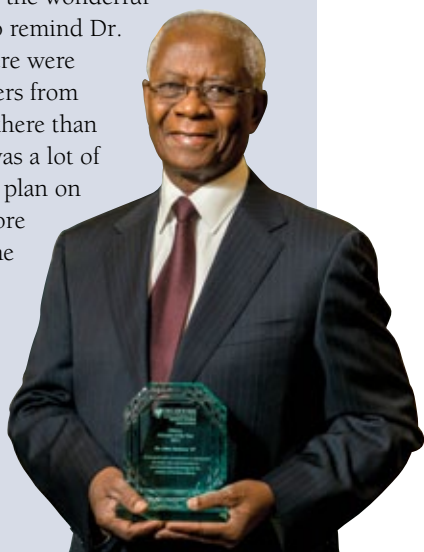


Reflective Pools of Wisdom created by students, faculty, and staff under supervision of Halifax community artist Miro Davis.

Dear Joanne,

I want to take this opportunity to express my thanks to you and your team for the wonderful job at the DMAA Alumni Awards Gala Dinner. That night, on Friday, October 18, it was my birthday. I persuaded my wife and Dr. David Seaman'67 not to mention it, and they did not, for which I was grateful. This has been a wonderful birthday present, one that will live with me forever. Please express my thanks to all of the Board members for the wonderful honour. Also remind Dr. Reid that there were more members from Class of '67 there than the '70s. It was a lot of fun and I do plan on attending more of them in the near future.

Sincerely,
Dr. John Akabutu'67



Grayson Wilson'17, DMAA 2013 Entrance Scholarship Recipient

The evening was one I'll never forget

I was honoured to attend this year's Dalhousie Medical Alumni Association Awards Gala and Recognition Dinner as a recipient of one of the first-year entrance scholarships.

The evening was an incredible experience. It began with engaging and humorous opening remarks; it was clear how close Dalhousie Medical alumni truly are. It seemed like all the alumni present, whether they graduated five or 25 years ago, had a great rapport and relationship with one another. The award recipients were inspiring and helped to set the bar for me as an aspiring doctor.

A beautiful venue complimented a fantastic dinner. The relaxed atmosphere gave me the opportunity to converse with not only seasoned physicians with decades of experience but also with members of the community whose generous support allows Dalhousie Medical School to continue producing the country's finest physicians.

As dinner wrapped up, my time came to stand proudly on stage and receive my award. I shook hands with Dr. Reid as he handed me the envelope. I couldn't help but reflect that this was truly the high point of my academic career so far.

Following dinner, the incredibly talented Dr. David Clarke demonstrated his NeuroTouch machine. It was truly an amazing sight to see, not only because of Dr. Clarke's impressive technical skills but also because of the incredible level of technology utilized. I was left stunned and wanting to see more.

To be recognized by the DMAA and such an esteemed group of tight-knit and supportive alumni was truly an honour. The evening was one I'll never forget, and I hope to continue attending as an alumnus.

Grassroots Celebration

I would like to see some of our alumni members be asked to play the piano along with other musical instruments during the reception. We have many talented graduates who could easily participate in the festivities to showcase the talent within our alumni community. Musically talented alumni such as Doug Roy'48 and others could add to the overall fanfare, just like they used to many years ago.

MD Class Anonymous



Remembering 50 years of good times, these members of the Class of '43 gathered once more around the piano for a tune or two as they planned for their 50th reunion in September 1993: (L to R) Bill MacQuarrie, Leo Green, Hal Read, Jack Woodbury, Ian MacGregor, and Stu Dunn at the keyboard.

Photo from the article "Physicians & Musicians" from the Spring/Summer 1995 issue of VoxMeDal



Taken in the old gym in 1945, Doug Roy'48 at the ivories with his "notable" pals, well-known local bandleader Don Warner (second row, second from left on trumpet) and Bill Moreside'49 (second row, first on left). *Photo from the article "Physicians & Musicians" from the Spring/Summer 1995 issue of VoxMeDal*

DMAA Gala Worth Leaving Cape Breton For

I really enjoyed the DMAA Alumni Awards Gala Dinner and I will try and attend every one from now on. It's a great weekend to come down from Cape Breton for. I thought all the speeches were excellent, especially Dr. Robert Baillie'70.

Dr. Art "The Coke" Coakley'68



Proud of Students

I was very pleased to have been invited to attend the DMAA Alumni Awards Gala Dinner. During the event, I had the privilege to sit with the MD Class of 1967. They took me under their wing and made me feel very welcomed and comfortable. I was worried I might "cramp their style" as they reunited, but they were clearly glad to see one another and included me in their conversations. They were genuinely interested in the work we do in the undergrad office, and we had great discussions around how medicine is taught quite differently now, but how the art of medicine remains the same. The conversation was particularly interesting around the challenges of being a new resident. As I looked at the alumni in the room, with all their accomplishments and intentions, I felt proud to see what our Dalhousie medical students were striving to become.

Susan Love

Program Manager, Undergraduate Medical Education

Using our gifts to give back

Dear Joanne,

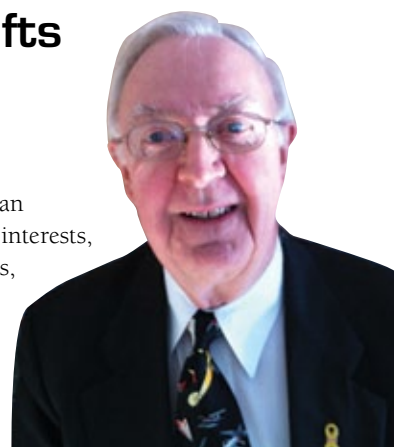
In each MD class, there is an immense accumulation of interests, talents, hobbies, arts, crafts, and resources.

At the reunions, it would be great fun to have each classmate and/or spouse bring an item or two that somehow represents their interests, as per the above, and have a silent auction. Judging from recent alumni feedback, some classes have as many as 50 people show up; we had nearly 20 at our 47th reunion.

It would be a pretty easy stretch to raise \$1000 from a small group and much more from a larger group. I would only be guessing at the number of class reunions per year, but over a 10-year span, significant dollars could spring from this source and could be put to good use.

My experience with this was a large school reunion we had, and it was a lot of fun, as well as economically worthwhile.

Dr. Pete Blackie'66



Dear DMAA Staff,

Last January you may recall helping my daughter and me trying to find a particular photo of my late grandmother, Dr. Florence O'Donnell. She was an early graduate of Dalhousie Medical School and a photo of her in front of a hospital in Chengtu was reprinted in *Petticoat Doctors* by Dr. Enid Johnson MacLeod. In fact, we were delighted to see that her graduating class photo, MD Class of 1901, was hanging on the DMAA office wall!

We have not yet had time to track down the original Chengtu hospital photo, and, in particular, the negative (we can always dream), but my daughter decided to commission a professional artist, also a granddaughter of Dr. O'Donnell's, to do a painting based on this photo.

You were so kind to us and helpful (your sending along the digital form of the grad photos was key to the artist's work). We will never forget your help and kindness. Many thanks and all the best,

Sincerely,

Averill Piers Baker

Gander, NL

(Please see page 12 for more on Dr. O'Donnell.)

Dear Joanne and DMAA staff,

I must start by extending my hearty congratulations to you, Joanne, for your incredible achievement of completing your MBA! I really enjoyed reading your reflections on the process of completing such a demanding graduate degree. This is a tremendous success!

I was absolutely thrilled to receive three copies of the Summer/Fall 2013 edition of VoxMeDAL by mail at my home in New Delhi! What a wonderful issue! There were a number of exciting profiles of Dal Med alumni, and I was especially excited to see Christy Sutherland's profile, as she was a resident at the St. Paul's Family Medicine Residency site, entering one year after I did. She's doing some incredibly ground-breaking work at INSITE, and I'm pleased to see her work covered!

This issue comes at a very critical time in my current career path, where I am reflecting on my work in India thus far and preparing myself for new challenges in family medicine and health in India. This article so nicely realigns me as a member of a very special group of medical practitioners, and gives me much-needed motivation in continuing to strive forward in my work.

VoxMeDAL is a treasured opportunity for us graduates to reflect on the core values of the Dalhousie medical community, and it nudges us forward to continue to strive toward creating positive impact, in whatever corner of the world we have dedicated our work.



Photo: Graham Crouch

Congratulations on publishing a beautiful issue, and I am certain that the DMAA office will be flooded with much warm felicitation.

My association in the Dalhousie Medicine family is so very valuable. I look forward to the day when I can increase my contribution to the medical school!

Dr. Anna Stratis'07

Passing it on...

Mr. Gerry Pettipas, Scotiabank, generously treated Joanne Webber to a raffle ticket during the DMAA Gala. Joanne won the prize and passed it on to the medical students, who are raffling off the prize to raise funds for Euphoria's chosen charity.

Dear Joanne,

The Dalhousie Medical Student Society would like to thank you for the donation of a \$250 gift card to Foreign Affair. This gift card will be raffled off during the annual Euphoria event (charity TBA) at the Rebecca Cohn on February 22, 2014.

Thank you again,
Hannah Dahn, DMSS VP Internal



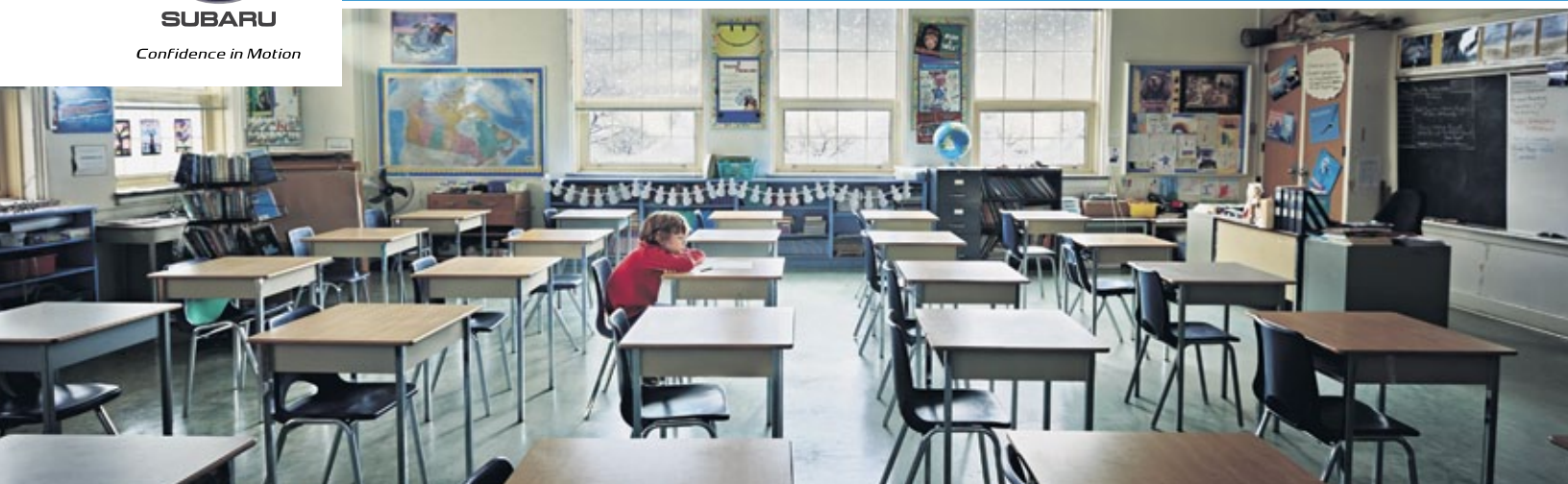
Do You Remember?

Before the W. K. Kellogg Library opened in 1967, medical students studied at the Medical-Dental Library. In the mid-1950s, the Medical-Dental Library received financial support from the Kellogg Foundation to lend materials and take teaching programs to practitioners throughout the Atlantic Provinces. The Kellogg Foundation was established in 1930 by breakfast cereal pioneer W. K. Kellogg to educate, feed, clothe, shelter, and safeguard children and youth. The Kellogg family was part of the initial nineteenth-century drive to improve the American diet, including adding roughage and vegetarianism, a cause that they were able to further by supporting the Library's deployment of information to practitioners. In 1965, when construction on the Sir Charles Tupper Medical Building began, the Kellogg Foundation donated US\$425,000 to the medical school for a new library. The library, located in the Tupper Building, was named in W. K. Kellogg's honour.



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Remembering Dr. Florence Maud O'Donnell'1901

From *Petticoat Doctors: The First Forty Years of Women in Medicine at Dalhousie University*

by **Enid Johnson MacLeod**

(Lawrencetown Beach, NS: Pottersfield Press, pgs. 25-29)

Florence Maud O'Donnell was born in Halifax, Nova Scotia, on August 4, 1877. She entered Dalhousie in 1894, and graduated as a Doctor of Medicine, Master of Surgery, in 1901. After a year as an intern in a Halifax hospital, she went to Chengtu in Szechwan province in central China to become a medical doctor in the hospital training school and orphanage which were supported by the Women's

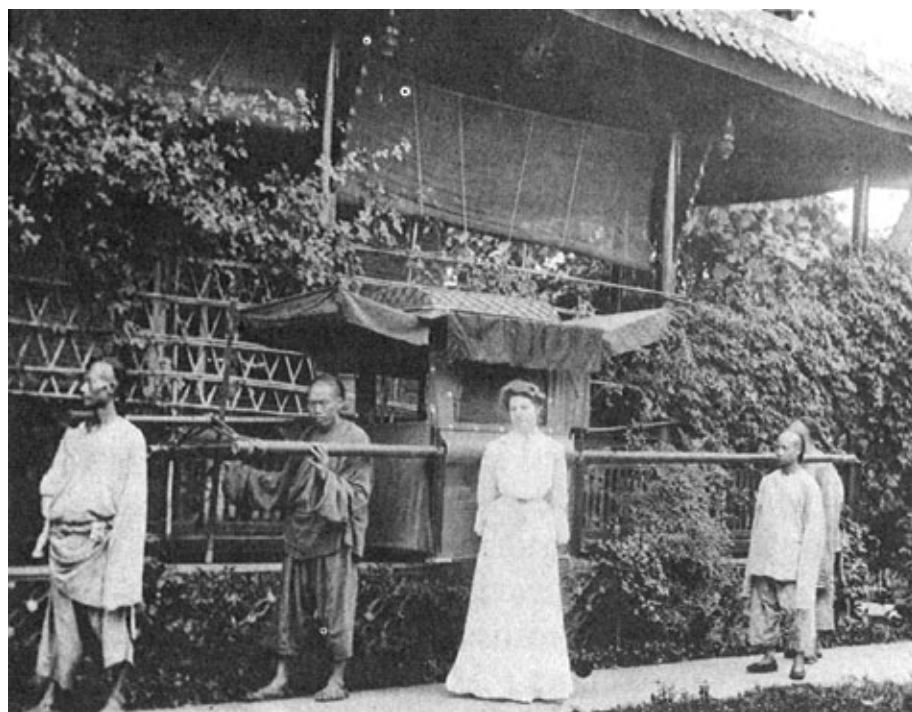
Missionary Society of the Canadian Methodist Church.

Following her arrival in Shanghai, getting to Chengtu was an astonishing adventure. Small steamers could navigate the Yangtze River to Nanking, Hankow, and as far as Ichang. At this point passengers transferred to houseboats which had to be towed by 75 "trackers" on the river bank. They pulled all the way upriver with long ropes, always against

the current and against rushing torrents in the gorges. It took travelers two months to reach Chungking, and a further two months to get to Loshan, at which point the Ming River made for easier passage northwards to Chengtu. The last two weeks of the incredible journey were made by sedan chair, sleeping at inns where they were available, and under the watch of hired armed guards for protection against bandits. The whole trip from Shanghai to Chengtu took over six months, and could be done only in winter in the low-water period.

Chengtu is the capital of Szechwan province and is mainly the centre of farming. Once there, Dr. O'Donnell took charge of the women's hospital, which she later had enlarged, and also organized a training school. Her colleagues in Chengtu were the staff members of the university which was built at that time by Canadian, French, German and English joint efforts, all under the auspices of the Methodist Church. Very few details are known of young Dr. O'Donnell's day-to-day life in Chengtu, but an excerpt of her report to the Methodist Conference of 1907 reads as follows:

To the hospital comes the little slave girl, sometimes almost murdered by ill-treatment and neglect; the childless wife begging to be helped as her husband is about to discard her; the 13-year-old daughter-in-law whose



Dr. Florence O'Donnell'1901 in front of Chengtu Hospital, China, in 1907

mother-in-law has beaten her eye out; the weak and puny child whose poor little inflamed and suppurating feet testify to the cruel practice of foot binding; the thin emaciated wreck in the bondage of opium; and in the midst of it all the call comes to go out at once to an opium suicide.

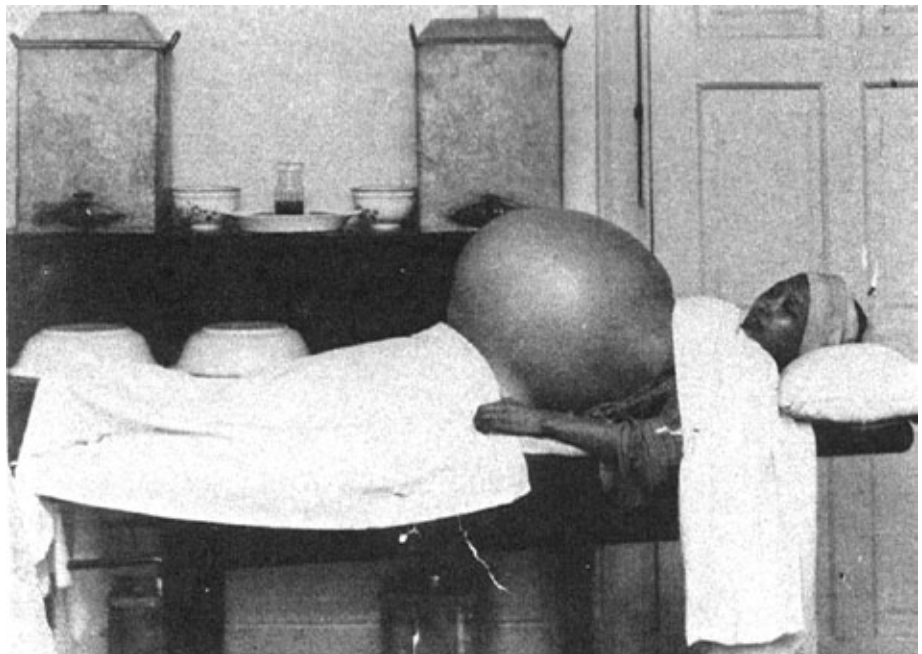
After six years in China, Dr. O'Donnell took the long and hazardous trip back to Canada and to Halifax to get married. She had been in Montreal on her way to China when she met her fiancé, William Harrington Piers of Halifax. He had followed her to Toronto and proposed marriage to her instead of many years of duty in China, but to no avail. Young Dr. O'Donnell was committed to go as a medical missionary to the hospital in Chengtu. After seven long years of patient waiting, she and Mr. Piers were wed in October 1908. Like her own maternal great, great, great grandfather, Mr. Piers's forebear, Lewis Piers, was also one of the founding fathers of Halifax with Cornwallis. Following her marriage, she ceased to practise medicine and dropped her medical appellation. She and her husband took up residence on Pryor Street in Halifax, and enjoyed a summer residence in Chester from 1916 on. During both world wars, Mr. and Mrs. Piers were generously hospitable to members of the armed forces.

Dr. Florence Maud O'Donnell Piers died on September 28, 1958, twenty years after the death of her husband, aged 81, and is buried in the family plot in Camp Hill Cemetery. They were survived by three children, Walter McLarren Piers of Halifax, Rear Admiral Desmond William Piers of Chester, and Emily Virginia Finch-Noyes of Victoria, B.C. Although no records of her six years in China are known to exist, all three of her children inherited many Chinese artifacts of considerable value. One such legacy was an attractive scroll of Chinese characters which Commodore Piers hung in the library of the Commandant's House at the Royal Military College in Kingston, Ontario.

One evening when members of the new Canada Council were being entertained, the Dean of Oriental Studies from the

University of Toronto asked if the scroll pertained to a family member. When informed that no one knew the significance of the scroll, the learned professor then translated. It was a most laudatory tribute from a high-ranking mandarin lady "to the wonderful white lady who came from far away across the oceans to heal our illnesses. She saved the life of our

daughter, and when asked what reward she would accept, the lady doctor humbly requested that our daughter's foot should be unbound and never be bound again." The ornamental cloven foot shoes removed from the feet of this child for a reward, as requested by Dr. O'Donnell, are still proudly held in the family's possession.



A patient of Dr. Florence O'Donnell'1901 in Chengtu Hospital, China



Photo: Nicole Tanner

Dr. Florence O'Donnell Piers's grave site, Camp Hill Cemetery, Halifax, NS



MD CLASS OF 2017

| | |
|--|--|
| 990: Total Applicants | 59: Number of Women: (54%) |
| 450: Maritime Applicants | 50: Number of Men: (46%) |
| 519: Non-Maritime Applicants | |
| 21: IMG (International Medical Graduates)/Saudi | ACADEMIC STATS |
| 79: Halifax Campus Seats Available | 24: Average Age (age range from 20-39) |
| 30: Dalhousie Medicine New Brunswick Seats Available | 3.8: Average GPA Score |
| | 29: Average MCAT Score |

New DMAA Board Members



Dr. Cindy Forbes

Dr. Forbes is a graduate and class president of the Dalhousie Medical Class of 1985. She is a family physician in Fall River, Nova Scotia, and currently is a candidate for the nomination for President of the Canadian Medical Association. She has been actively engaged

in many different medical leadership positions during her professional career, including President of Doctors Nova Scotia and Chair of the Council on Health Care and Promotion of the Canadian Medical Association. Dr. Forbes and her husband Greg (BComm'79) met at Dalhousie University and have been married for 32 years and have two daughters. She recently participated in the 2013 World Masters Games in Turin, Italy, in sprint canoe/kayak events. We are thrilled to welcome Dr. Forbes to the DMAA Board of Directors!

Dr. Aisling Porter'10

Dr. Aisling Porter graduated from Dalhousie Medical School in 2010 and is currently a fourth-year resident in Pediatric Cardiology at the IWK Health Centre. She is joining the DMAA Board of Directors as a representative of the Professional Association of Residents in the Maritime Provinces (PARI-MP).

Dr. Porter was involved in the Dalhousie Medical Student Society during her time in medical school as the VP-Internal and again as her class Co-President. Dr. Porter then completed post-graduate training in Pediatrics at the IWK Health Centre and began Pediatric Cardiology training this past summer. She is excited to be joining the Board of the DMAA this year.



New Web Portal Highlights Dal Med's Community Engagement

A new web portal, Dalhousie Medicine in the Community, sheds light on the many ways that members of Dalhousie Medical School are involved in the broader community and illustrates how communities play a vital role in the medical school's mission to educate physicians, improve health care, and advance research.

Visit the new portal at www.medicine.dal.ca/community.html to learn about the many ways the medical school is connecting, sharing, and partnering with communities.



Dalhousie Medical Community participating in The Heartland Tour, a community bike ride to promote heart health and active lifestyles across Nova Scotia

An Up-to-date Name for the Office of CME

The office currently known as Continuing Medical Education is evolving and assuming an expanded role at Dalhousie University. As such, the office has been renamed **Continuing Professional Development**.

The name change is due, in part, to the growth of the office: the faculty development portfolio has been added to their previous menu of services. Other undertakings moving this unit beyond the provision of "medical education" include research, webinars for the Nova Scotia Department of Health and Wellness, collaboration on the Katie program in health and wellness, academic detailing, Mini Medical School, and an Atlantic initiative to reduce polypharmacy in long-term care residences.

The new name, Continuing Professional Development, will be featured on their website (any online searches for "Dalhousie CME" will be redirected to the up-to-date website) and on all communications. Website: cme.medicine.dal.ca



CPD staff

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2013 DMAA Awards & Fall Reunion

Celebrating 55 years of the DMAA



Sir Charles Tupper display at reception donated by Dr. Jock Murray'63



Dr. David Clarke, Interim Head, Division of Neurosurgery, performs neurosurgical simulation.

It's hard to believe that five years have passed since the Class of 2008 (my wonderful friends and colleagues currently spread across North America) has graduated from Dal. Being present at this year's DMAA Gala dinner was a reminder of many fond memories from medical school, as well as gratitude for the training we received.

I was seated at a table with my classmate Shannon Curtis and her husband, Malcolm Ferguson, who was understandably voted the honorary member of the Class of 2008 at graduation. We were at the "young table" with the recipient of the DMAA Young Alumnus of the Year Award, Dr. Jordan Sheriko, with his partner and proud family—what an amazing guy!

Looking around the room that evening and seeing some of those who had inspired my early days at Dalhousie University—Dr. Richard Goldbloom, Dr. Ron Stewart, Dr. Richard Langley—seated with their classmates and residents from their programs, made me nostalgic for my time in Halifax. Seeing a live demonstration of a neurosurgical training simulator reminded me why Dal grads are sought after when their training is complete.

A huge thanks goes out to the staff of the DMAA, as well as to the staff at Pier 21. It was a wonderful event that will hopefully become a homecoming call to all of my classmates once their fellowships are complete.

Dr. Amy Brennan'08



MD Class of 1948 enjoying dinner with MD Class of 1958.



MD Class of 1953 celebrating 60th reunion.

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DAVE REYNO
PHOTOGRAPHY
WWW.REYNO.COM

FRIENDS
OF DMAA:



BRONZE:



MD Class of 1963 celebrating 50th reunion.



MD Class of 1970 supporting classmate, Dr. Robert Baillie '70, the DMAA Honourary President Award recipient.



Why do we celebrate reunions? I think I have been involved in every class reunion since our first in 1953, and in those days you graduated after internship, not before. I wasn't the class president, but I was local and involved. The class president, Ken MacLennan, died and I took his place, but not as the class president (we don't have one). Somewhere along the line, I was on the Alumni Board and had more to do with the reunions. I even played in a small music group that performed during reunion events. As a result of my experience, I know quite a bit about class reunions.

So, why do we celebrate reunions? Perhaps primarily to recall warm relations of classmates and teachers; to talk about class events; and, of course, to see how the old ship is doing today. To this end, the gala is perhaps the most important event of the reunion.

Dr. Doug Roy '48

Guests are grandly piped into the dining hall by a member of the Royal Canadian Mounted Police.



Alumni signing congratulatory cards.



Dalhousie Medical School Deans' display at reception.

DAVE REYNO PHOTOGRAPHY

SILVER:  **ROGERS**

GOLD:



PLATINUM:

Lawtons
DRUGS

CALL FOR NOMINATIONS FOR 2014 DMAA ALUMNI 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, 2014.

Alumnus/a of the Year: Awards have been made annually since 1968 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.

Honourary President: This award was introduced 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.

Family Physician of the Year: Inaugurated in 2007, the broad intent of this award 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.

Young Alumnus/a of the Year: Instituted in 2002, this award recognizes a Dalhousie Medical School graduate in the first two decades of his/her career who has made a significant contribution to Dalhousie Medical School, other medical schools, or to their community. This contribution can be in clinical practice, teaching, research, or public service.

Dalhousie Medical Alumni Association 2014 AWARD NOMINATION FORM

Nominate a Classmate!

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

Date: _____

Nominee's Name: _____

Nominee's Address: _____

Phone: (Home) _____ (Other): _____

Email: _____

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 biography, highlighting achievements and why you feel they should win this award. Include information that is relevant to this candidate's nomination: professional and voluntary positions held; 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 1-C1
PO Box 15000
B3H 4R2

*Nominations must be received
before 4:30 p.m.
April 1, 2014*

**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:
(902) 422-1324

GALA 2014 DMAA AWARDS

DMAA ALUMNUS/A OF THE YEAR

2013 Dr. John Akabutu'67
2012 Dr. David Dodick'90
2011 Dr. Franklin H. Sim'65
2010 Dr. William Stanish'70
2009 Dr. Dana Hanson'74
2008 Dr. Roderick McInnes'70
2007 Dr. Graham F. Pineo'62
2006 Dr. Nuala P. Kenny'72
2005 Dr. John Noseworthy'75
2004 Dr. Allan Purdy'74
2003 Dr. T.J. "Jock" Murray'63
2002 Dr. G. Ross Langley'57
2001 Dr. Robert Roberts'66
2000 Dr. Anthony R. Measham'65
1999 Dr. James A. Phillips'51
1998 Dr. Ian Rusted'48
1997 Dr. George Flight'50
1996 Dr. Douglas Roy'48
1995 Dr. David Hawkins'60
1994 Dr. Eldon Smith'67
1993 Dr. Kenneth Grant'57
1992 Dr. Daniel J. Tønning'38
1991 Dr. Eldon E. Eagles'36
1990 Dr. Anne Hammerling'34
1989 Dr. Margaret E. Churchill'60
1988 Dr. Harry D. Roberts'36
1987 Dr. J. Fraser Nicholson'37
1986 Dr. W. R. Carl Tupper'43
1985 Dr. Harold L. Scammel'27
1984 Dr. M. Jean Whittier'29

1983 Dr. I. Roy Gold'38
1982 Dr. Luther R. Wynter'25
1981 Dr. Harold J. Devereux'36
1980 Dr. James B. Crowe'43
1979 Dr. R. Ian MacDonald'30
1978 Dr. Carl R. Trask'38
1977 Dr. J. Percy McGrath'17
1976 Dr. Walter C. MacKenzie'33
1975 Dr. Clarence L. Gosse'39
1974 Dr. Eva W. Mader MacDonald'27
1973 Dr. F. Murray Fraser'32
1972 Dr. Edwin F. Ross'31
1971 Dr. Charles J. Beckwith'27
1970 Dr. W. Sidney Gilchrist'27
1969 Dr. Malcolm B. Dockerty'34
1968 Dr. Clarence M. Bethune'31

DMAA HONOURARY PRESIDENTS

2013 Dr. Robert Baillie'70
2012 Dr. Jean Gray PGM'72
2011 Dr. Anthony Measham'65
2010 Dr. Dale Dauphine'64
2009 Dr. Ron Stewart'70
2008 Dr. David Fraser'58
2007 Dr. David T. Janigan'57
2006 Dr. Alex Gillis'53
2005 Dr. Merv Shaw'65
2004 Dr. Robert N. Anderson'54
2003 Dr. Dennis Johnston'58
2002 Dr. Harris Miller'52
2001 Dr. J. H. (Jack) Quigley'51

2000 Dr. Kenneth MacKinnon'45
1999 Dr. James F. Ross'51
1998 Dr. Burke Fullerton'52
1997 Dr. Lewis Woolner'42
1996 Dr. William F. Mason'61
1995 Dr. J.F.L. (Jack) Woodbury'43
1994 Dr. Alan Drysdale'55
1993 Dr. Emerson A. Moffitt'51
1992 Dr. Chester B. Stewart'38
1991 Dr. Irving A. Perlin'43
1990 Dr. Mary C. MacKay'60
1989 Dr. Alan J. MacLeod'50
1988 Dr. Joan M. Crosby'51
1987 Dr. J. Barbara Robinson'47
1986 Dr. N. Barrie Coward'28
1985 Dr. Donald I. Rice'51
1984 Dr. Carl K. Pearlman'37
1983 Dr. Robert O. Jones'37
1982 Dr. Donald R. Webster'25
1981 Dr. Kenneth M. Grant'29
1980 Dr. L. George Dewar'43
1979 Dr. Joseph B. MacDonald'33
1978 Dr. Angus E. Murray'30
1977 Dr. Frederick C. Jennings'31
1976 Dr. Willard C. O'Brien'19
1975 Dr. Clarence M. Bethune'31
1974 Dr. Jephtha S. Munro'19
1973 Dr. John C. Wickwire'27
1972 Dr. David Drury'18
1971 Dr. Daniel F. MacInnis'18
1970 Dr. James W. Reid'26
1969 Dr. J. Percy McGrath'17
1968 Dr. H. Bengt Atlee'11

1967 Dr. Gordon B. Wiswell'14
1966 Dr. Hugh W. Schwartz'11
1965 Dr. Stephen R. Johnston'09
1964 Dr. Robert A. MacLellan'08
1963 Dr. Daniel Murray'03
1962 Dr. James R. Corston'02
1960 Dr. Samuel Williamson'96
1958 Dr. Charles L. Gass'14

DMAA FAMILY PHYSICIAN OF THE YEAR

2013 Dr. Peter MacKean'81
2012 Dr. Michael Perley'80
2011 Dr. Stephen Hart'72
2010 Dr. Donald Brown'59
2009 Dr. Frederick Goodine'59
2008 Dr. Anita Foley'75
2007 Dr. Kenneth Murray'72

DMAA YOUNG ALUMNUS/A OF THE YEAR

2013 Dr. Jordan Sheriko'11
2012 Dr. Duncan Webster'01
2011 Dr. Nicholas Giacomantonio PGM'98
2010 Dr. Simon Jackson'90
2009 Dr. Carman Giacomantonio PGM'97
2008 Dr. Heather Scott'88
2007 Dr. Michael Dunbar'92
2006 Dr. Andrew D. Badley'90
2005 Dr. Richard Langley'90
2004 Dr. David Bell'84



Online registration for 2014 is now open! alumni.dal.ca/dmaagala

Full Name: _____ Class Year: _____

Guest Name (s): _____

Phone: _____ Email: _____

☐ I do not give consent for the above to be updated as my preferred contact information

Count me in! Please register me for the following events:

DMAA Alumni Awards Gala Dinner:
Friday, October 17, 2014 | 6 p.m.

Canadian Museum of Immigration at Pier 21
1055 Marginal Road, Halifax, NS
Tickets: \$125

Number of Tickets: _____ x \$125

Total Amount: \$ _____

☐ My cheque for \$ _____ is enclosed. (Please make cheques payable to the Dalhousie Medical Alumni Association)

Please charge \$ _____ to my ☐ Visa ☐ MasterCard ☐ American Express

Account Number: _____ Expiry Date: _____

Name on card: (Please print): _____

Signature: _____

Mail or fax registration form to:

Dalhousie Medical Alumni Association

5850 College Street, Room 1-C1 | PO Box 15000 | Halifax, Nova Scotia | B3H 4R2

Fax: 902.422.1324

Please join us for 2014 DMAA Alumni Awards Gala Dinner

October 17, 2014
Canadian Museum of Immigration at
Pier 21, Halifax, 6 p.m.

Special Invitation to Reunion Classes
ending in 4s & 9s
All MD Classes & Guests Welcome
Purchase tickets on page 19

Whether your class is meeting in July or
October, we encourage all classes to join
us in this very memorable Dal Medical
Homecoming celebration.

Class '59



Class of 1959 55th Reunion

Dear classmates, please join me at our
55th reunion, to be held along with the Fall
Reunion and Awards Gala weekend on October
17, 2014, at Pier 21 in Halifax. Our class
reunion dinner will be held the following night,
Saturday, October 18, 2014, at another metro
location.

REUNION REPRESENTATIVE:
Dr. Donald C. Brown '59

Dalhousie Continuing Professional Development: Providing high-quality CPD to physicians of the Maritimes!

The Office of Continuing Professional Development (formerly the Office of Continuing Medical Education) is pleased to offer support to alumni by providing CPD 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. While 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. Inquiries about both accreditation and meeting management can be directed to Mary Ann Robinson at (902) 494-1459 or mary.ann.robinson@dal.ca.

Class '61



Class of 1961 53rd Reunion

Greetings to the Class of '61. Our reunion is
but eight months away. Your committee has
organized a full schedule of events. It will take
place from October 16-18, 2014, at The Lord
Nelson in Halifax. Plan to attend and please
pre-register with the DMAA office. Travel safe,
and I'll see you there!

REUNION REPRESENTATIVE:
Dr. Bob Fraser '61 (Chair)

Class of 1974 (Pre) 40th Reunion

The MD Class of 1974 (pre) will be celebrating
their 40th MD class reunion at Dalvay by the
Sea in PEI from June 20-21, 2014. There
will be a reception on Friday, a CME program
Saturday morning, recreational programs
Saturday afternoon, and a dinner on Saturday
night. For more information, please contact Dr.
Arthur Zilbert '74: arthurzilbert@gmail.com

REUNION REPRESENTATIVE:
Dr. Arthur Zilbert '74

Class '79



Class of 1979 35th Reunion

The MD class of 1979 will be celebrating its
35th class reunion on Prince Edward Island.
Details are being formalized. For further
information, please contact Dr. Gary McLean '79
at: drgarymclean@gmail.com

REUNION REPRESENTATIVE:
Dr. Gary McLean '79

Class '84



Class of 1984 30th Reunion

Block off your calendars, Class of '84, and tell
your families, colleagues, and office assistants
that you will be away February 8-15, 2014, in
beautiful Antigua.

The giant, enormous, fantastic 30th reunion for
the Dal Med School Class of '84 is on!

Our personal tour and travel guide, Dr. John
Murdoch, has organized an amazing deal at the
fantastic, super-amazing Verandah Resort and
Spa. (verandahresortandspa.com)

The Verandah is a luxury, all-inclusive resort
and spa on the beautiful beaches of John's
homeland in Antigua. You will see from the
website that the resort welcomes couples and
families and has tons of water sports, tennis,
sailing, etc.!!!

For more information, please contact Dr. Cathy
Kells '84 at: catherine.kells@cdha.nshealth.ca

REUNION REPRESENTATIVE:
Dr. Cathy Kells '84

Class of 1989 25th Reunion

The Class of 1989 wishes to customize their 25th year reunion plans to meet everyone's needs. Dr. Hilary Writer'89 requests that classmates please take five minutes to complete the following survey to help plan for the reunion: www.surveymonkey.com/s/TQRG3WD.

For more information, please contact Dr. Hilary Writer'89 at: hwriter@cheo.on.ca

REUNION REPRESENTATIVE:
Dr. Hilary Writer'89

Class '94



Class of 1994 20th Reunion

The Class of 1994 will celebrate their 20th reunion at the Fox Harb'r Resort, NS, from July 25-27th, 2014. For more information, please contact Dr. Krista Burchill'94 at kburchil@maine.rr.com.

REUNION REPRESENTATIVE:
Dr. Krista Burchill'94

Class '04



Class of 2004 10th Reunion

Dear members of MD Class of 2004,

We hope you and your families can join us in Halifax this summer to celebrate our 10 year reunion! The reunion will be held on the weekend of August 8-10 at the Prince George Hotel in Halifax. More details to follow soon. Please contact us ASAP (email: millerpei@gmail.com) to ensure we have your up-to-date contact information.

REUNION REPRESENTATIVES:
Drs. Megan Miller'04 and Jonathan MacLean'04

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From Dean Chester Stewart's Address to the Inaugural Meeting of the Dalhousie Medical Alumni Association

June 19, 1958



Dean Chester B. Stewart

Without the assistance of the broader community groups, it would have been impossible for the Medical School to continue its operations. This is a rather blunt statement, but it is absolutely true. Since 1947, the Medical School has received supportive grants, and in 1954, very substantial increases in the grants were made almost doubling the total.

I need hardly mention to our alumni that a specific group which is most vital to the progress of our Medical School is the affiliated hospitals. Dalhousie Medical School is in a position which is almost unique among North American universities in the amount of clinical material available for teaching purposes in such a relatively small city. Without the close co-operation and pleasant association made possible by the attitude of Dr. C.M. Bethune'31, the Medical Superintendent, very few of the advances that have been made in this medical centre would have been possible. These associations with all the hospitals have been most helpful and pleasant.



Halifax Medical College, circa 1900.

"Our reputation is, as it always has been, in your hands and it is you who have made that reputation what it is ... Thanks to all of the alumni who contributed so generously to this campaign. I do not know what methods of persuasion they employed, but I can only say that I wish I had half their gifts."

I have purposely left to the last the most important group to the success of any medical school programme, the alumni, the graduates. Our reputation is, as it always has been, in your hands and it is you who have made that reputation what it is. One of our most distinguished younger alumni and one of the most

vigorous and active workers in anything for the good of Dalhousie volunteered to undertake the campaign on behalf of the Medical School. He is well known to all of you, Dr. Clarence Gosse'39. Dr. Gosse, with the assistance of a number of alumni in various parts of the four Atlantic Provinces, did a most outstanding job. As a result of his efforts and those of his associates, many of the changes which you have seen in the Medical School buildings have been made possible: the modernization of the teaching laboratories in the Medical Sciences Building, the construction which is now going on in the Forrest Building, and the furnishing and equipping of new teaching and research laboratories, which we hope will be undertaken shortly in the Pathology Institute. Thanks to all of the alumni who contributed so generously to this campaign. I do not know what methods of persuasion they employed, but I can only say that I wish I had half their gifts. For the work which Dr. Gosse and his associates did on behalf of the Alumni Association, may I ask that the alumni extend their thanks?

"With a team such as this there is no reason at all, none whatsoever, why Dalhousie Medical School should not be the top institution of medical education in the country."

Well, Ladies and Gentlemen, I hope this has not been too boring to you, but I did want to introduce the team so to speak, the University administration, Government, affiliated hospitals and Alumni and to say quite frankly that with a team such as this there is no reason at all, none whatsoever, why Dalhousie Medical School should not be the top institution of medical education the country.

***Note: Dr. Stewart's speech was edited and modified for publication*



L to R: Dr. McGrath, Kentville; The Hon. C. L. Gosse'39, MD., then Lieutenant Governor of Nova Scotia; Mrs. Fred Jennings and Dr. Jennings, Saint John; and Donald A. Weir'56, then president of the Dalhousie Medical Alumni Association, Dartmouth.

Building on Long-Standing Traditions and Rich History...

*** The following information was derived from history captured by Dr. Jock Murray'63 and the Medical History Society of Nova Scotia*

1868 + 1868

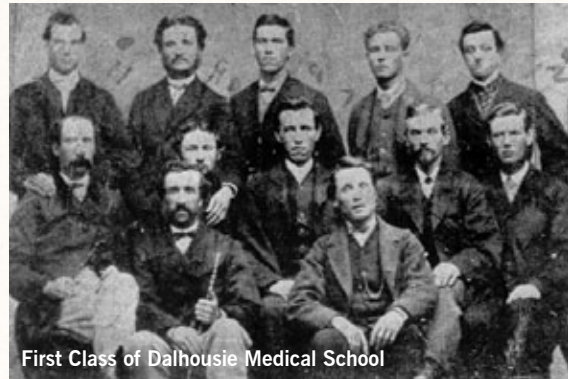
The Dalhousie Faculty of Medicine is founded
With the support of the Premier, the Honourable Dr. Charles Tupper, and a provincially-funded hospital on the South Common in Halifax, the Faculty of Medicine came into being, some 50 years after the founding of Dalhousie University.



A plaque in the Charles Tupper Building in memory of the founders of the Faculty of Medicine at Dalhousie University

Dr. Alexander P. Reid, a local Halifax physician, becomes the first Dean of the Faculty of Medicine at Dalhousie College

1872



First Class of Dalhousie Medical School

The first class graduates from the Dalhousie Faculty of Medicine

During this time, fees for a medical class at Dalhousie Medical School were \$6.00, a demonstrator's ticket was \$4.00, and matriculation fees were \$1.00. With only fourteen graduates in MD Class of 1872, the first graduating class from Dalhousie Medical School, the establishment of Dalhousie Medical School became more prominent on an international level, and the class sizes continued to increase to approximately 25-30 graduates in the late 1900s.

1875

Halifax Medical College, located on the Northeast corner of College and Carleton Streets, was responsible for medical education from 1875 to 1911 in affiliation with Dalhousie University.



Forrest Building

1886

The Forrest Building is opened

The Forrest Building was the home of most of the medical science departments of the Medical School before the opening of the Medical Science Building. Until 1967, the building housed the department of anatomy and microanatomy, as well as research laboratories in physiology and surgery.

1889

Dr. George L. Sinclair appointed Dean, Halifax Medical College

1890

Dr. George Lawson appointed Dean, Dalhousie Faculty of Medicine

1894



Dr. Annie Hamilton'1894

The first woman graduates from the Dalhousie Faculty of Medicine

Although there were no female applicants, in the 1880s the Faculty of Medicine at Dalhousie University created a motion to encourage women to apply to Dalhousie Medical School. The first woman to apply and graduate from Dalhousie Medical School was Annie Hamilton, MD Class of 1894. Following graduation,

Dr. Hamilton had a distinguished career, practising in Halifax for a short time, making her calls on her bicycle, before becoming a medical missionary in Shanghai, China. Many of the women graduating in the following years became very distinguished, participating in global medical missions in China, India, and other international countries as medical missionaries, including Dr. Florence O'Donnell'01, featured on page 10. At a time when many medical schools denied women admission, Dalhousie Medical School granted women access to its classes.

1895

Dr. Edward Farrell appointed Dean, Dalhousie Faculty of Medicine

1900

Dr. George L. Sinclair appointed Dean, Dalhousie Faculty of Medicine



Dalhousie doctor examining patient, circa 1900

1911

Dr. A.W.H Lindsay appointed Secretary to the Faculty (No one was given the title of "Dean" at that time)

1919

Dr. John Stewart appointed Dean, Dalhousie Faculty of Medicine

Colonel Dr. John Stewart served in Dalhousie's Stationary Hospital No. 7 during World War I before returning to Canada to serve as Dean.

1924

The Dalhousie Students' Medical Society is founded

Previous to 1924, the Dalhousie Medical Society was in a somewhat dormant state. In 1924, a new constitution was drawn up, based on that of the Medical Society of Edinburgh University, and it was named the Dalhousie Students' Medical Society, known today as the Dalhousie Medical Students' Society.

This history is featured in the 1928 Dalhousie Yearbook.



The Dalhousie Medical Students' Society, from the Dalhousie Yearbook, 1928

1932

Dr. Harry Goudge Grant'1912 appointed Dean and Professor of Preventative Medicine, Dalhousie Faculty of Medicine

1939

The Medical-Dental Library opens, replacing the medical libraries on the Carleton Campus dating back to 1876 (please see Medical-Dental Library History on page 10).



Medical Dental Library

1954

Dr. Chester Stewart '38, respected epidemiologist, appointed Dean, Dalhousie Faculty of Medicine

1958

The Dalhousie Medical Alumni Association is founded

1964

The Sir Charles Tupper Medical Building is proposed

In 1964, the federal government granted \$2,500,000 to each province to construct a confederation memorial. The Tupper building was accepted as Nova Scotia's memorial.

1965

Construction begins on the Sir Charles Tupper Medical Building

Dr. C.B. Stewart turns the sod to mark the beginning of construction on the Tupper Building.



1967



The Queen Mother attends the official opening of the Sir Charles Tupper Medical Building

The Sir Charles Tupper Medical Building opens

The official opening of the Tupper Building was attended by the Queen Mother, Dr. Henry Hicks, Prime Minister Lester B. Pearson, Premier R. L. Stanfield, and Dean Chester Stewart. The building houses the W.K. Kellogg Health Sciences Library and the six medical science departments of the Medical School. Each department has accommodation for teaching and research. The two-storey arcade connects the tower to the Clinical Research Centre (formerly the Dalhousie Public Health Clinic), houses the lecture rooms for both pre-clinical and clinical departments, seminar rooms, student study areas, and the student lounge and cafeteria.

1968

Dalhousie Medical School celebrates its centennial

In honour of 100 years of Dalhousie Medical School, the Centennial Fund was created to raise money for the school. By the end of September, \$200,000 had been raised, a considerable portion by alumni.

Dalhousie Medical Centennial Committee: Chairman, C.L. Gosse; Secretary, L.C. Steeves; Members at large, C.B. Stewart and J.C. Szerb

1971

Dr. Lloyd Macpherson serves as Acting Dean, Dalhousie Faculty of Medicine prior to being appointed Dean in 1972

1976

Dr. J. D. Hatcher appointed Dean, Dalhousie Faculty of Medicine

1985

Dr. T. J. (Jock) Murray '63 appointed Dean, Dalhousie Faculty of Medicine

1992

Dr. John Ruedy appointed Dean, Dalhousie Faculty of Medicine

1999

Dr. Noni MacDonald appointed Dean, Dalhousie Faculty of Medicine

2003

Dr. Harold W. Cook appointed Dean, Dalhousie Faculty of Medicine

2009

Dr. Thomas J. Marrie '70 appointed Dean, Dalhousie Faculty of Medicine

2010

Dalhousie Medicine New Brunswick is opened
Admitting 30 students each year, DMNB provides students in New Brunswick with the opportunity to study medicine in their home province at a variety of different teaching sites.

2011

Life Sciences Research Institute is opened
The Life Sciences Research Institute (LSRI) provides research and incubator space for life sciences, one of the region's fastest growing sectors. The LSRI is home to the world-renowned Brain Repair Centre, which is dedicated to finding treatments, cures, and prevention strategies for conditions such as Parkinson's disease, Alzheimer's disease, and spinal cord injury.



DMNB MD Class of 2014, the first class to enter Dalhousie Medicine New Brunswick





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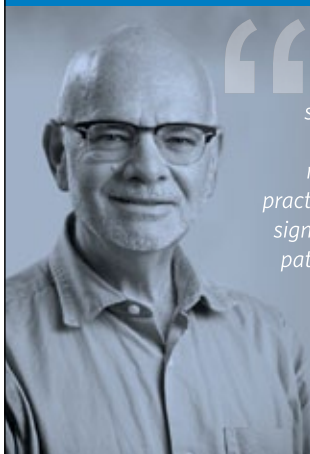
Legacy gifts are a testament to your experience at Dalhousie and all it has meant to you – an education and a lifetime of memories. Your gift could support a bursary fund, or strengthen the program within one of your preferred faculties. Giving back to Dal through a bequest, large or small, helps to ensure lifelong success for the generations that follow.

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Dalhousie Medical Alumni Culture and Traditions

Personal reflections from Dalhousie Medical Graduates

The following testimonials capture the culture and sense of “belonging” to their beloved Dalhousie Medical School. These shared views bind their identity to medicine and demonstrate their deep connection to their alma mater.

Alumnus and alumna mean in Latin “to nourish or be nourished” by a university, college, educational facility or post-secondary institution (Farlex, 2013).



“For me, acceptance into Dalhousie Medical School was one of the most transformational periods in my life. There are those moments when people never forget where they were and what they were doing in that moment. For me, one of those signature moments was where I was and what I was doing when I opened that envelope and was first made aware that

I was accepted into Dalhousie Medical School.

“The medical education and the clinical skills that I acquired at Dalhousie Medical School are really the reason that I am standing here today. Dal medical alumni learn from the finest teachers and mentors, not only in the region or country, but in the world. I can honestly say this because I have done post-graduate training across other institutions in Canada and across the United States. I’ve interacted with faculty, Fellows, students, and residents from Melbourne to Moscow, and I will tell you that Dalhousie graduates are the finest in the world.”

Dr. David Dodick, MD Class '90



“Dalhousie medical alumni are a unique group of people who were selected out of a highly competitive applicant pool. They dedicate themselves to medicine and a lifetime of serving patients. They become experts in a specialty or field in which other people have no or very little understanding. After committing themselves to four grueling years of intense existence,

there is an earned sense of accomplishment and confidence that binds ‘us’ as a group.”

Dr. Merv Shaw MD Class '65





"There are probably several perspectives on the culture of Dalhousie Medical School. For example, the perspective of the culture might differ between a first-year student just beginning classes and an established clinician or clinician-teacher.

"To try to describe the philosophy, practices, and attitudes of Dalhousie

Medical School, or our Class of 1957, is not easy. As I see it, one of the most important elements in our culture is our respect for expertise in patient care.

"Expertise in patient care begins before you even see the patient, in your values as you enter the room, such as in having respect for him or her, whatever values she/he has, and appreciation of their autonomy in making all decisions that affect them.

*"Expertise in patient care is further based on one's medical knowledge, appropriate technical skills, understanding and appreciation of contemporary medical science, and research (this is from whence our knowledge and skills came and which will provides us with something better in future), recognition and appreciation of the importance of patient and community values, and of the patient-doctor relationship of which 'compassion' is an essential element. * All of these items are conflated into the term 'competence,' and indeed competence in sought in those pursuing different types of careers in medicine and medical science.*

"Individuals possessing those traits are highly valued by their peers, and they are said to display professionalism, to be 'professionals' and 'experts' in their discipline. In our daily lives and work, we witness the respect and accord given to such individuals; we seek them out to refer our patients to and ask them to be our personal physician when needed.

"If creating competence and sustaining it in individuals is central to our culture, each of the above words used to define competence need to be further dissected so as to identify the specific elements that should guide our teaching. I will only mention a single item in Dalhousie Medical School's culture as an example of what I mean.

"In 1965, nearly 50 years ago, a bedside teaching and learning program began for first-year medical students at Dalhousie Medical School, to begin about six weeks after they began their studies. The idea arose out of a retreat of individuals in the departments of physiology, biochemistry, radiology, surgery, and medicine. The basic science departments swapped time to allow this to occur in first-year medicine. This was not to be demonstration-type teaching. Demonstration teaching was extant in medical education at the time and historically, but the actual participation of students early in first-year medicine in patient-physician relationships, history-taking, physical examination, and using the scientific method to consolidate that information through a process referred to as ratiocination, or clinical reasoning, into a plan for diagnosis, treatment, and fully informing the patient, was novel. This

was certainly the first instance of this type of early hands-on bedside teaching-learning in Canadian medical schools, and probably in North America, and is now almost universally employed.

"This early patient contact program would appear to fit the definition of an essential element of our culture: the development of an idea, which became important, was sustained and incorporated into our lives, as an educational behaviour and way of life for this school and medical centre. I should note first-year students still rank it as the most enjoyable course in first year.

"In respect to a description of the class of 1957's culture, I am reminded of a talk to final-year students given at the University of Toronto's medical school graduation by one of the greatest clinicians Canada ever produced. Note his use of the word 'humility.' He said:

"To begin with, you have demonstrated that you have learned how to learn from books, and lectures and discussions of various sorts—and have been examined mostly on the basis of what you can say about all these things. Now you are entering on a phase of your training where it is what you can do that counts. I hope I did not offend you when I said you had acquired the "rudiments" of certain skills, but I can assure you that you will not reach a professional level of accomplishment in the examination of patients until you have carried it out at least a thousand times, and that only under circumstances where you are given time enough to conduct the examination at your own pace, and where your findings can be checked and criticized by those more experienced in the art. I hope you will enter into your internships and residencies not with the idea of demonstrating how proficient you already are, but rather with the humility of the person who is starting at the bottom again and hoping to learn from experience with patients, and from functioning as a practitioner. I don't think it is any accident that we speak of "practicing" medicine, and the analogy of the professional musician, striving to perfect his art throughout his lifetime, is not far-fetched at all. Having spent many hours trying to learn to play the violin, I can say that it is no more difficult than it is to attain real proficiency in the interviewing and physical examination of patients, and I can testify that when I reached the status of consultant, my contribution, more often than not, was in eliciting some details of the history or examination that had been overlooked, rather than any esoteric knowledge of medicine."

"To summarize all this in a line or two, a large part of our culture is to help students become good doctors. Central to that is attaining and maintaining their competence."

Ross Langley MD Class of 1957

***"Compassion" was the subject of an address to a graduating class in medicine at Dalhousie in the 1970s, by one of our greatest clinicians and teachers.**



Leave Your Mark on Dalhousie Medical School...

Giving has been a long-standing tradition at Dalhousie Medical School, and Dalhousie MD classes have contributed to the success of their beloved medical school. Some classes have generously organized a class gift to express their gratitude for having the privilege to attend Dalhousie Medical School. A Class Gift is organized by a class as a group and is directed to benefit the medical school. Terms of reference are established formally through Dalhousie External Relations first to recognize how the funds will be used.



The Silver Shovel Award

MD Class of 1965

Established the Dalhousie Faculty of Medicine Silver Shovel Award, hand-carved by Dr. Merv Shaw'65

MD Class of 1970

Established Euphoria and continues to offer funding towards the event operations

MD Class of 1972

Established the Dalhousie Medical International Health Education Fund

"Through the Dalhousie Medical Global Health Office, this bursary is awarded to assist Dalhousie Medicine students study abroad in a developing country. Last year, assisted by this bursary, two medical students travelled to Rwanda. They enthusiastically reported on their medical and cultural experiences that will have a lasting influence on their medical careers. At our 40th reunion, our class made a commitment to continue to support the international study program."-Dr. Ian MacDonald'72, Class President

MD Class of 1973

Established a Silver Anniversary Fund

Donated \$2000 to the DMAA in 2008 and \$2000 to the Kiosk MD Class Composite Fund in 2013

"The Silver Anniversary Fund was established between 1988 and 1993 to commemorate our upcoming 25th year anniversary by establishing a fund to support an annual bursary for one or more medical students of good standing at Dalhousie Medical School, enrolled in their second or third year. The class thought this was a way to express their gratitude for having the privilege of attending medical school at Dalhousie. The terms of the fund were developed for the 25th reunion in 1998 at Dundee, Nova Scotia, and the value of funds at the time was \$26,736. As of 2013, the fund value now stands at \$72,000. Starting with the 2004-5 academic year, awards have been made to thirteen students in need, totaling over \$31,000."-Dr. Alf Bent'73, Class President

MD Class of 1983

Donated \$125,000 to establish an undergraduate student health and wellness program

MD Class of 1995

Established the Resident Research Award, which is continually funded by the DMAA

MD Class of 2003

Supported the Sir Charles Tupper MD Photo Collection Project

MD Class of 2004

Supported the Dalhousie Humanities' project to renovate Theatre A

MD Class of 2005

Assortment of Jeffrey Burns paintings (Artist-in-Residence 2004) displayed throughout the Faculty of Medicine



Painting by Jeffrey Burns, Artist-in-Residence, 2004

MD Class of 2009

Donated \$2009 directed to the Capital Campaign for Medical Student Bursaries

"The MD Class of 2009 is proud of all that Dalhousie Medicine has to offer, and soon after graduation began giving back. Our objective was to help offset the increasing financial burden being felt by many medical students. After graduation, the Class of 2009 was pleased to present Dean Marrie with a cheque in the amount of \$2009 to be applied to the Capital Campaign for Medical Student Bursaries."

-Dr. Matt Acker'09, Co-Class President

MD Class of 2012

Donated furniture to the Learning Resource Centre

"The class of 2012 wanted to recognize the staff at the Learning Resource Centre who were an integral part of our medical training, always going out of their way to accommodate us. Our class gift was new couches and a seating area for the staff at the LRC when they relocated to their new building on Barrington St. Thanks again from all of us!" -Dr. Stephanie van Zanten'12, Class President

**Please note this list does not include every class gift to Dalhousie Medical School, the DMAA, the grad class challenge, endowments, or the broader community. The DMAA is seeking class gift history; please contact the DMAA with any information you may have about your class's gift. To organize a class gift, please contact Ms. Nadine Woon, Dalhousie External Relations, via e-mail at nadine.woon@dal.ca or call (902) 494-4347.*

Celebrating a Significant Gift to Medicine

We are proud to announce the recent donation of \$125,000 from MD Class of 1983 to Dalhousie Medical School, specifically to an undergraduate program in health and wellness for Dalhousie's medical students. To honour this significant donation, the Dalhousie Medical Alumni Association 30 Cup has been established and will be presented to the medical class making the greatest collective contribution to the Dalhousie Faculty of Medicine 30 years post-graduation.

Class President, Dr. David Anderson'83, presented this gift on behalf of his class at the 2013 DMAA Alumni Awards Gala Dinner. A significant thank you goes to Dr. C. Jean Cameron'83 for being instrumental in rallying the class to establish and raise these funds. The following is Dr. Anderson's address at the DMAA Awards Gala.



"It is exciting that Dalhousie's Dean of Medicine 'gets' the importance of incorporating this work into the medical curriculum."
– Dr. C. Jean Cameron'83

On this occasion, which is the 30th anniversary of the graduation of our medical class of 1983, it is my pleasure, on behalf of my classmates, to make a legacy gift to Dalhousie medical school in appreciation of the education and training that we received here.

Our Endowment Funded gift will establish an undergraduate student program in health and wellness that will benefit Dalhousie's medical students of all years and at each campus location.

We believe that it is important for medical students to learn the skills to maintain their own physical and mental health as it is to learn how to manage diabetes, cast a broken bone, remove a gallbladder, or deliver a baby. It is a fact that many physicians across the country are stressed and distressed. Many physicians have not learned to care for



Dean Marrie presents Dr. David Anderson'83 with the DMAA 30 Cup

their own health needs or how to support their colleagues. This impacts our families and our ability to care for others. We aim to change this.

Our vision is a program that will truly become an integral part of every medical student's training so that in a few years all graduating doctors will be able to take what they have learned out into the community to help prevent valuable physician resources being lost to addictions, poor fitness, depression, or just plain unhappiness and discontent. Over the years, some of our own classmates have shared that, during their years in medical school or while out in practice, there were very difficult times when having had tools at hand to cope better with stress or having a colleague at hand who was well-trained in physician health would have made a big difference. We aim to have the doctors-of-the-future graduate with knowledge that will be the "preventative medicine" for physician health.

We believe an integrated program focusing on the physical and mental health of medical students will allow them to graduate as better doctors, doctors who will be positioned to stay happier and healthier during long, productive careers.

Our class fund was established a decade ago and through future donations from our class the fund will grow as the program grows, evolves, and expands. We would encourage others to join with our efforts.

Photo: Nicole Tanner

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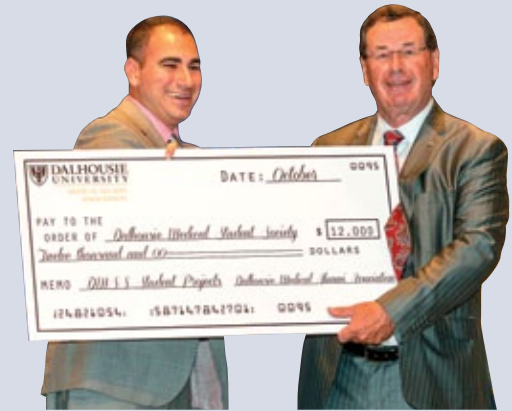
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DMAA STUDENT-FUNDED PROJECTS 2013-2014

The DMAA plays a pivotal role in supporting Dalhousie medical students. The unique element of our association is our strong network of medical alumni who make the difference in supporting Dalhousie Medical School initiatives, such as supporting the Dalhousie Medical Student Society (DMSS) by funding student projects on campus and in the community. Our medical students are very grateful to you for your continued support.

"On behalf of the student body, I would like to sincerely thank you for your generous donation to the Dalhousie Medical Students' Society. With the funding you have provided, we have been able to support several student initiatives. These include programs such as our lifestyles in medicine events, which allow us to gain exposure to a life and career in medicine. As well, these funds support our programs that give back to the community, including our Everest, Making Waves, and SHOUT outreach programs, among many others. This would not be possible without the generosity of our alumni. Once again, we thank you."

-Dr. Elias (Leo) Fares'16, PhD



DMAA President presenting DMSS President with \$12,000 cheque supporting student projects

| PROJECT TITLE | AMOUNT ALLOTTED | NUMBER OF STUDENTS DIRECTLY BENEFITED |
|--|-------------------|---|
| Psychiatry Interest Group | \$210.00 | Approx. 20-30 students |
| Dalhousie Medical Journal | \$400.00 | Approx. 400 students |
| Surgery Interest Group | \$500.00 | Approx. 160 students |
| Internal Medicine Interest Group | \$250.00 | Approx. 20-30 students |
| Anesthesia Interest Group | \$455.00 | Approx. 100 students |
| Obstetrics and Gynecology Interest Group | \$350.00 | Approx. 20 students per event |
| DMNB Obstetrics and Gynaecology Interest Group | \$250.00 | Approx. 20-30 students |
| Aboriginal Health Interest Group | \$600.00 | Approx. 20 students |
| Dal Med Journal Club | \$250.00 | Approx. 30 students |
| Making Waves Halifax | \$600.00 | Approx. 60 students |
| Elective in Emergency Health Services (Med I and II) | \$400.00 | Approx. 3-6 students annually |
| Radiology Interest Group | \$500.00 | Approx. 125 students |
| Federation of Medical Women of Canada - Dalhousie Branch | \$100.00 | Approx. 40-60 students |
| SHOUT (Sexual Health Outreach) | \$500.00 | Approx. 900 junior high students |
| Phi Chi Nu Sigma Medical Fraternity | \$500.00 | Approx. 75 students |
| Anatomy Interest Group (Med II) | \$100.00 | Approx. 35 students |
| EMIG | \$400.00 | Approx. 80 students |
| Women in Medicine Saint John | \$175.00 | Approx. 25 students |
| Medical Equipment Recovery Initiative (MERCI) | \$600.00 | Approx. 8 students with a plan to recruit 10-15 additional students this year |
| Global Health Initiative | \$500.00 | First and Second Year Students |
| DMNB Pediatrics Interest Group | \$100.00 | Approx. 60 students (Med I and Med II - DMNB) |
| DMNB Yoga | \$100.00 | Approx. 15 students |
| Walk In Our Shoes Foot Clinic | \$250.00 | Approx. 20 students |
| DMNB Gives Back | \$200.00 | Approx. 60 students |
| Dal Med Climbers & Co. | \$300.00 | Approx. 25 students |
| DMNB Emergency Medicine Interest Group | \$240.00 | Approx. 30 students per event |
| DMSS Wilderness Medicine Interest Group | \$300.00 | Approx. 100-200 students |
| Public Health Interest Group | \$150.00 | Approx. 40-50 students |
| Gourmet Food Interest Group | \$200.00 | Approx. 35 students |
| DMNB Surgery Interest Group | \$280.00 | Approx. 40 students |
| Total | \$9,760.00 | The remaining funds will be disbursed in early 2014 |



Making Waves Halifax



In early November, members of the Aboriginal Health Interest Group visited the health centre at Pictou Landing First Nation. They met with local health care providers, including the community physician, nursing staff, and community outreach workers to learn about cultural competency in working with Aboriginal communities.

A Labour of Love for a Parent and Physician

Dr. Duncan Webster'01 shares his personal journey; opening avenues of collaboration to advance CDG research in Saint John and Atlantic Canada.

By Mollie McGuire
Student Intern, Foundation Glycosylation

As Maria struggled through her first year of life with the extremely rare enzyme deficiency known as ALG9-CDG, I recall one day speaking with my colleague and former Dean of Medicine, Dr. Noni MacDonald. With years of experience working with children battling chronic disease, Noni explained that as parents of sick children learn to cope with a difficult situation, they take the initial dreams that they have held for their child and they gradually set them down. Once they do that, they can begin to pick up new dreams and live more graciously and with renewed hope and happiness. This is hard to do, but over the years this is what Anita and I have done as Maria's parents. As Maria's father, I hope that one day she will learn to walk, and I dream that one day she will have the ability to effectively communicate. And I desperately pray that she will maintain relative health and comfort. As a physician, I see great opportunity in gaining insights into Maria's disorder. Her condition is rare yet holds many secrets to cellular function and physiology. Through focused research, treatments may be developed for this currently untreatable condition and a deeper understanding may be gained of this essential cellular process of glycosylation that impacts all cells, as well as many directly and indirectly related disorders.

– Dr. Duncan Webster'01



Drs. Pulinilkunnil and Kienesberger with Maria Webster.

Glycosylation is an extremely important function by which all human cells build sugar chains or glycans that are subsequently attached to other functional molecules, including proteins and lipids. The products of these attachments are called glycoproteins or glycolipids and are required for the normal growth and function of all tissues and organs. The process of glycosylation requires over 100 enzymes, each triggering separate steps in the glycosylation pathway. A malfunctioning enzyme, no matter where it falls on the pathway of glycan synthesis and metabolism, can result in a congenital disorder of glycosylation (CDG). The specific malfunctioning enzyme determines the sub-type of CDG and the impact on the body structures and functions that may vary to a great degree.

In the past 35 years, glycobiologists have identified nearly 70 human glycosylation disorders, each with its own defective enzyme. Among the rarest

type is ALG9-CDG, of which Maria Webster, the six-year-old daughter of Dr. Duncan Webster'01, is the third in the world to be diagnosed. Maria's CDG syndrome includes hypotonia, frequent seizures, cystic kidneys, and hepatomegaly with severe cognitive and physical developmental delays. There is currently no treatment for her disorder. As a result, Maria's family established Foundation Glycosylation (the FoG) in 2011 to raise both awareness of the disorder and funds to support research targeting therapies for CDG. With the help of many researchers, including DMNB's Drs. Thomas Pulinilkunnill and Petra Kienesberger, much progress has been made.

In collaboration with Dr. Webster, Dr. Kienesberger aims to investigate the mechanisms for heart function defects in CDG patients and find new ways to treat cardiac dysfunction and improve quality of life and life expectancy for CDG patients with heart disease. Dr. Pulinilkunnill, also working with Dr. Webster, aims to examine molecular pathways by which impaired glycosylation promotes intracellular distress specifically in organelles like mitochondria, endoplasmic reticulum, and lysosomes that are mainly responsible for generating energy, performing quality check on proteins, and degrading cellular waste. This collaborative research will identify and characterize novel pathways and proteins mediating pathological effects of defective glycosylation. Moreover, researchers will employ yeast and zebrafish as model organisms for addressing this research, which will help find novel therapies targeted at improving organ function in individuals with CDG. Their next goal is to validate protocols and platforms that will enable measurement of glycosylation intermediates and examine signaling pathways that link glycosylation disorders with cell and organ defects. This is a promising development that will advance CDG research in Saint John and Atlantic Canada.



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A Glimpse into the Life of a Clinical Pharmacologist

“Imagine that one day, a simple office test will tell you whether a drug is likely to work for your patient or whether it’s more likely to cause harm.”

By Lorie Chater

Dr. David Juurlink '94 is a renowned Clinical Pharmacologist practising in Toronto, Ontario. He has a special interest in drug safety, adverse drug events, and the epidemiology of drug-drug interactions. His many designations allow him to perform a broad spectrum of duties, including research, teaching, and caring for general medicine inpatients. Dr. Juurlink also oversees a Clinical Pharmacology consultation service, where he and his residents see a wide variety of complex cases.

“One day we’ll consult on someone with a fever and hepatitis from a suspected adverse drug reaction, and the next, we’ll be asked to manage an overdose in the emergency department,” says

Dr. Juurlink. “The clinical work is great, but more than half my time is devoted to drug safety research, which allows me to use a different part of my brain. The variety of what I do is the best part of my job. It keeps things interesting.”

The specialty has diversified over the past four decades, Dr. Juurlink says, and while therapeutics is still a major focus, drug safety and toxicology are increasingly prominent elements.

“There’s also a growing trend towards ‘personalized medicine,’ which sounds futuristic, but to an extent it’s already here,” he says. “Imagine that one day, a simple office test will tell you whether a drug is likely to work for your patient or whether it’s more likely to cause harm. I think that’s pretty cool.”



“At the risk of seeming critical, society has developed an expectation that there’s a pill for many of life’s challenges, and well-intentioned physicians sometimes affirm that expectation with a prescription. We should be prescribing drugs for only one of two reasons: to make people feel better or to make them live longer. Unfortunately, many of our prescriptions do neither, and yet they all carry risk.”



When asked about gaps in pharmacology, Dr. Juurlink perceives the role of genetics in drug response as a major one, although this is becoming clearer with time. The greatest gap, he suggests, is in our expectations of drugs generally.

“At the risk of seeming critical, society has developed an expectation that there’s a pill for many of life’s challenges, and well-intentioned physicians sometimes affirm that expectation with a prescription,” he says. “When you think about it, we should be prescribing drugs for only one of two reasons: to make people feel better or to make them live longer. Unfortunately, many of our prescriptions do neither, and yet they all carry risk. Perhaps I’m sensitized to this because I see the harms first-hand every day.”

Although he subspecialized in Clinical Pharmacology, Dr. Juurlink envisioned a different career while in medical school.

“I imagined I’d work as a general internist in a teaching hospital, subspecializing in Infectious Disease,” he says. “This was largely the product of working as a medical student alongside Tom Marrie. He was such a great role model: the smart, compassionate doctor you’d want for yourself if you were sick.”

Clinical Pharmacology came into the picture in part because of the people Dr. Juurlink encountered at Dalhousie, including Rick Hall, with whom he’d done a pre-med elective, and Jean Gray, who did much of the undergraduate teaching in pharmacology. Without those exposures, Dr. Juurlink says he may not have entertained clinical pharmacology as a speciality at all.

“I love the variety of what I do. I get to work with great colleagues, and I even get to channel my ‘Inner Tom’ once in a while. You can’t ask for more than that.”

Cancer-Removing Subspecialty on the Rise

Of the 18 accredited Mohs surgeons in Canada, three are graduates of Dalhousie Medical School

By Lorie Chater



Mohs surgery was developed in the 1930s by American surgeon Dr. Frederic Mohs, primarily for skin cancers on the head and neck. This procedure offers the highest cure rates, while also sparing as much normal tissue as possible. Mohs surgery is proven to be more cost-effective than electrosurgery, radiation, and other excisional procedures.

Dr. Jillian Macdonald'05, Associate Professor of the Department of Medicine at the Ottawa Hospital, is one of only 16 accredited Mohs surgeons in Canada, along with fellow alumni, Dr. Robert Hayes'00, the only Mohs surgeon to service the Maritime Provinces, and Dr. Christian Murray'98, the director of the Mohs surgery fellowship at the University of Toronto.

High demand, long waitlists

"Mohs surgery is a very unique specialty with a growing demand and increasing waitlist," says Dr. Macdonald. "Unfortunately, Canada is extremely under-serviced in this field, and Mohs is still not particularly well-known among our medical colleagues, or even the general population."

Each year, Dr. Hayes's clinic in Saint John, New Brunswick, treats approximately 500 patients from across Atlantic Canada with challenging basal and squamous cell carcinoma.

"Every year we see more and more skin cancers in Atlantic Canadians, and the current demand for Mohs surgery is outpacing the supply," says Dr. Hayes.

"Whenever possible, I favour a team approach with the patients referring dermatologist, plastic surgeon, radiation oncologist, or otolaryngologist."

Dr. Murray agrees with his colleagues that Mohs surgeons are expanding their ability to treat patients, but the wait list continues to grow.

"Mohs saves money for the health



system because it reduces costs associated with treating recurrences and does not require radiation, hospital operating rooms, or inpatient stays,” says Dr. Murray. “Cost-effectiveness is critical to our health system and certainly any method that combines safety, effectiveness, and improved quality of life measures will be popular with patients and health care providers alike.”

A day in the life of a Mohs surgeon

“I really love what I do, and I think in large part it’s because of the relationships I’m able to form with my patients,” Dr. Macdonald says. “Patients are often anxious and worried about having surgery, but I’ve got a great team that is very invested in Mohs and we do everything we can to put patients at ease.”

Throughout the day, Dr. Macdonald is face-to-face with her patients, as they come in for all-day surgery. Because the patients are awake throughout the procedure, Dr. Macdonald is able to speak directly with each patient, learning more about their everyday lives to develop a sincere and trusting bond.

“It’s rewarding because these patients are very grateful for the care that we provide,” she says. “I feel privileged to have the opportunity to do this kind of work and have patients leaving relieved.”

Surprisingly, Dr. Macdonald has not always known that she’d be doing this kind of work. Coming from an athletic

background, Dr. Macdonald originally considered orthopedic surgery. As medical school progressed, she found herself enjoying her plastic surgery electives and core dermatology lectures while developing a particular interest in skin cancer. Dr. Macdonald discovered Mohs surgery in her third year of residency and found it to be a natural fit, as the subspecialty virtually marries dermatology and plastic surgery.

Awareness and expertise

Dr. Macdonald stresses that awareness is still a big challenge but notices that more colleagues, such as ENT specialists, general practitioners, and dermatologists, are beginning to refer patients to Mohs surgeons. With a catchment area including a population of approximately two million people, Dr. Macdonald also sees the increasing demand of Mohs surgeons as a major challenge.

“I recommend that students look into Mohs surgery as an option if they enjoy the core elements of dermatology and really want to incorporate technical skills and surgery into their practice,” says Dr. Macdonald. “It’s a holistic and all-encompassing approach to skin cancer that allows you to see the full clinical picture, as well as the pathological or histological picture, and then administer the treatment.”

Dr. Murray adds that expertise in Mohs surgery requires exposure to high volumes of complex skin cancer patients, meaning

that the appropriate education is crucial.

“I think at this point in time, you really need to complete an accredited fellowship after a dermatology residency to become proficient,” says Dr. Murray. “Our centre sees over 3,000 Mohs patients per year, the most in Canada, and that experience provides comfort for the Mohs team and also the patient, who knows Mohs is unpredictable by nature.”

Dr. Murray also considers his colleagues a source of enjoyment in practice.

“We have a great relationship with so many exemplary surgeons, radiation oncologists, and dermatologists. This respect translates to happier patients and better outcomes because we refer appropriate cases back and forth and each of our strengths work together for the best interests of the patient.”

Dr. Ed Kinley'56 receives Order of Nova Scotia

A well-deserved honour

By Kim Humes



Lt. Governor J.J. Grant, Dr. Edwin Kinley'56, and Premier Stephen McNeil at the Induction Ceremony



Dr. Edwin Kinley'56

Dr. Cecil Edwin Kinley'56 is responsible for a lot of firsts: he performed the first adult open-heart surgery and the first coronary bypass operation in Nova Scotia, and he implanted the first cardiac pacemaker and established the first cardiac intensive care unit in Atlantic Canada.

Despite his prolific career, the humble heart surgeon is quick to stress that any success he has had comes from his ability to collaborate. "I have been able to garner support and gather people who can make things happen," he says. "Most activities are like this: if you get people together that have something to contribute, things will get done."

His philosophy is one that resonates with the greater community, and the Province of Nova Scotia has awarded him the Order of Nova Scotia for his pioneering contributions to cardiac surgery and research in Nova Scotia and beyond. In addition to the aforementioned "firsts," Dr. Kinley also assisted with setting up the Cardiac Surgery programs at the IWK and Victoria General Hospitals and the development of training programs for surgeons, nurses, cardiac perfusionists, and respiratory therapists. In fact, it is these training programs that Dr. Kinley says he is most proud of in his career. "Collaborative education leads to collaborative practice," he says. "Teamwork is extremely important in the healthcare field; there has to be collaboration and synergy between all health professionals, including doctors, nurses, and technicians."

Technicians did not even exist when Dr. Kinley attended Dalhousie Medical School in the 1950s. Interns did much of the work that technicians now perform. There have been other significant changes in the medical school landscape as well. “There was only one female in our class and everyone wore ties,” he says. “Our classes were in the Forrest building, and we used cadavers in our Anatomy classes, no simulations like today. There was a lot of socializing, specifically through the two medical student fraternities and other societies.”

The approximately 20 classmates remaining from the MD Class of 1956 keep in touch through Dalhousie Alumni reunions, the Nova Scotia Medical Society, and various medical events throughout the province. Thanks to the convenience of the Internet, many also keep in touch through email.

Dr. Kinley recalls the commitment of the Psychiatry and Pathology faculty members to their professions and students. “They were all impressive speakers,” he says, “and heavily involved in medical politics.”

It is possible that Dr. Kinley was inspired by this engagement, as he contributes so much to his own community. To honour his passion for accessible medical education, the C.E. Kinley Lectureship Fund is awarded annually to a student of Native Canadian or African-Canadian descent. Dr. Kinley was inspired by the philanthropic work of his father, Dr. Cecil Edwin Kinley’23, who “always stressed the importance of access to higher education.”

On behalf of the entire Dalhousie Medical Alumni, we would like to congratulate this renowned surgeon, scientist, and community leader on his well-deserved award.



**Dr. C. E. Kinley’23,
Dr. Kinley’s father**



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Dr. Chris Simpson, Kingston, Ont.

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Reminiscing on a 30-Year Surgical Practice

Dr. David Gibeault MD Class 1974

For the last 10 years of my practice, when I saw a patient who had been in many other medical offices and had numerous treatments but was still having significant symptoms, I was convinced that if I took a careful history, the patient would lead me to the diagnosis.

As health care professionals, we can positively affect every aspect of patients' lives to the benefit of our entire society. Recently, I closed my practice and retired. I had an orthopedic hand surgery practice in the same city for 30 years, which I started as a faculty member in the orthopedic section of a state university. After 10 years, I left that position and opened a solo practice, where I remained for the next 20 years.

After practising for about 20 years, I began to look back at the convoluted path that I had created. In the last five years of my practice, I became a little more philosophical and began to realize that my path through all these years of my practice was, in reality, being directed by



Dr. Gibeault involves himself in a variety of hobbies that allow him to focus on his intense career as a hand surgeon. One of such hobbies is horseback riding through the desert in Tuscan, Arizona.

my personal convictions. In the university system, there were an ever-increasing number of patients to be treated. The students, interns, and residents could provide some patient care, but they lacked knowledge and experience to provide quality, “specialty-level” care. If a patient had made it to my service, I felt he/she deserved the specialty care expertise for which he/she had been referred. The house staff on my service were there to participate in specialty-level training. If the patient care was primarily provided by the house staff, the patient care was not at the level it should be, and I would have missed the chance to provide the training the house staff required. My convictions dictated how I had to function, but clearly this was a collision course in this university system that needed volume patient care.

Charles R. Swindoll expressed some very fascinating ideas on life choices that he called “attitude.” To paraphrase, he said that life is 10 per cent what happens to us and 90 per cent how we respond to it. He refers to attitude as “the single most significant decision I can make on a day-to-day basis. Attitude keeps me going or cripples my progress.” Swindoll is saying what I have often felt when trying to convince colleagues or friends of what we need to do: we can either approach a complex situation as a puzzle to be solved, or we can look for all the ways our plan can fail. It can be either a challenge or an obstacle; it all comes down to our attitude. Our patients are looking for the “can-do” attitude in their doctors, and our unspoken demeanour is perceived by our patients. We need to exude confidence and conviction in our patient interactions.

Sir William Osler said, “The good physician knows the disease the patient has. The great physician knows the patient who has the disease.” For the last 10 years of my practice, when I saw a patient who had been in many other medical offices and had numerous treatments but was still having significant symptoms, I was convinced that if I took a careful history, the patient would lead me to the diagnosis. Being the senior hand surgeon, I would get many “hand-me-down” patients who had been treated without resolution of their problem. As a scientist with a deep understanding of the regional anatomy, the range of pathology that can afflict these structures, and the positive and negative effects of the previous treatments, my job was to have the patient concisely describe the symptoms and the evolution of the disability. It became a matter of translating the patient’s description into a diagnosis of pathologic anatomy. I feel we often make an incorrect diagnosis because we fail to take a complete history; we jump to conclusions before we gather all the facts. The young physician needs to learn early to listen to the patient!

At a hand surgery national meeting many years ago, one of the presenters showed a slide that said, “No patient cares what you know unless he knows that you care.” Patients have a deep, burning need to know that you, the physician, are on their team; they are your first priority, and you will do all in your power to resolve their condition. Once patients know that you care, they feel optimistic that you can and will help them with their problems. Now you have a team! It is my opinion that once you have established that bond, compliance is better: patients are more open to ask questions and become better informed. If the

course of their medical condition is difficult, patients know that you are standing with them as an ever-present and steadfast ally. They also become great advocates for your practice. That bond of care and trust is enormous!

Through all of my practice, I have insisted on honesty. An upfront attitude in your communications can help you to avoid misunderstandings. With this honesty must come an offer to again discuss the situation and repeat your offer of availability. My home phone number has always been listed in our local phone book, and I often tell patients that if they need me to look up my number and call. It has rarely been abused!

And finally, I must tell you about my last patient before I retired. The day before my office permanently closed, we had a call about an elderly man with severe, sudden onset wrist pain. The question was, “Should we bring him in or refer him to someone else?” The pain sounded severe, and I knew the difficulty he would have being seen soon, so I said we should get him in ASAP. He was 90 years old and usually very active, but at present he was disabled with this wrist pain. After a careful history, physical exam, and x-ray in my office, I diagnosed an acute chondrocalcinosis right wrist. We talked about it his condition: I showed him his x-ray, discussed the treatment, and told him what to expect from this in the future. I told him that I would contact his doctor and send him a copy of my office notes so he could reread what I had told him. As he was leaving, he stopped and said, “Doctor, I will really miss you! I like everything you do!” Amazing! Those were the exact sentiments that I had about closing my practice, but I had never been able to put it in words as well as this gentleman had done. I like everything I have done in my practice for the last 30 years. He left me with a special feeling as I was ending a career that had meant so much to me.



Message to alumni from President Florizone



I joined Dalhousie University as its eleventh president in July, and I've had several opportunities to meet with Dean Tom Marrie and his leadership team since arriving seven months ago. I've also had a chance to speak with a number of faculty, staff, and students since my term began last summer.

In September, I made my first visit to Dalhousie Medicine New Brunswick. It was energizing to witness the excitement in Saint John following the announcement of our chair in occupational medicine research, Dr. Anil Adisesh.

I'm always impressed with the medical school's Maritime reach. With more than 100 teaching sites and 1,700 clinical faculty scattered across Nova Scotia, New Brunswick, and Prince Edward Island, it's easy to see that our students, residents, and clinicians are having a real impact on patient care across the region.

As we move through 2014, I look forward to continuing our work with government. In Nova Scotia, for example, we're in the process of rolling out the Physician Resource Plan (PRP), which

was released in early 2012. The PRP is a strategy that will guide us in training the right mix of doctors for the Maritimes. Next July, five new family medicine residents will begin training in Yarmouth; this is a step forward in helping to attract more general practitioners to our rural areas.

Medicine is the most research-intensive faculty at Dalhousie University, bringing in almost \$70 million in investment from funding agencies, foundations, and industry partners across the country. We need to keep the momentum going. This investment brings state-of-the-art research facilities to the Maritimes, and helps recruit top-flight doctors, researchers, and students into Dalhousie's academic health sciences community. And our commitment to establishing core facilities to increase translational research and attract commercial ventures will help us to remain an internationally recognized health research institution.

The fact that Dalhousie is offering the most up-to-date MD program in Canada is also something of which to be proud,

and Dalhousie students will be even more enriched once the doors to our new centre for integrated health education open in 2016. The building will house students studying in our health-related faculties, encouraging an environment for inter-professional learning and discovery.

The work that's generated out of Dalhousie Medical School advances health education, research, and patient care. It also informs health policy in Maritime Canada and around the world, leading to better health outcomes for us all. The fact that our medical school has such a strong alumni association behind it—the DMAA is one of only a few independent associations across the country, I've learned—enables us to have a much stronger impact on the health of our people and economy.

I look forward to continuing a close working relationship with the medical school and the Dalhousie Medical Alumni Association.

If you would like to contact President Florizone directly, please do so at:
richard.florizone@dal.ca



Department of Medical Neuroscience upgrades anatomy facilities and improves student education

By Cory Burris

The Human Body Donation Program, Department of Medical Neuroscience, has been revitalized after making several upgrades to its physical facilities.

Among the recent renovations was refurbishing the gross anatomy laboratory. Located on the 14th floor of the Sir Charles Tupper Medical Building, the anatomy lab was fitted with a flat screen monitor, a surgical lighting system, and iPads at each examination table. The new equipment has improved how instructors present lectures and gives students the ability to access online resources to complement their learning experience.

The anatomy morgue facility was also renovated. The new refrigeration unit in the morgue and portable racking allows for an expansion of the Human Body Donation Program. The program continues to be a vital component for the training of medical and health professional students and has grown to include post-graduate training through the development of the “clinical cadaver” program. The upgrade has provided technical staff with a modern work environment.

The department extends a special thank you to the Faculty of Medicine and Facilities Management for providing the expertise and necessary funding for these renovations.


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Dalhousie Medical Research Advances

By Dr. Gerry Johnston
Associate Dean, Research



Dalhousie Medical School not only produces some of the country's finest physicians but also conducts world-class health research. Medicine is the most research-intensive faculty at Dalhousie, with annual funding from a variety of sources.

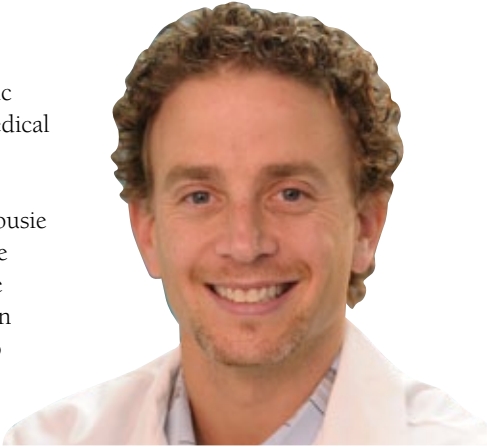
Dalhousie Medical School researchers are part of a vibrant research community involving health professionals in many fields, as well as biomedical engineers, computer scientists, health economists, ethicists, and many others. The growing reputation and impact of this collaborative research community is attracting brilliant young researchers from all over the world. There is insufficient space to profile all of the exciting and innovative research, but the past year has seen some remarkable developments. To name but a few:



Left to right: Drs. John Archibald PhD'01, W. Ford Doolittle, Michael Gray, and Andrew Roger PhD'97 in Rideau Hall. (Photo: P. Muir)

- Dr. W. Ford Doolittle, professor emeritus of the Department of Biochemistry and Molecular Biology at Dalhousie, received the prestigious Gerhard Herzberg Canada Gold Medal for Science and Engineering. The Natural Sciences and Engineering Research Council of Canada awards the Herzberg Medal annually for both the sustained excellence and overall influence of research work conducted in Canada in the natural sciences or engineering. **For more on Dr. Doolittle's work, please view "2 Minutes with W. Ford Doolittle" at youtu.be/wdfC9AS_bv0.**

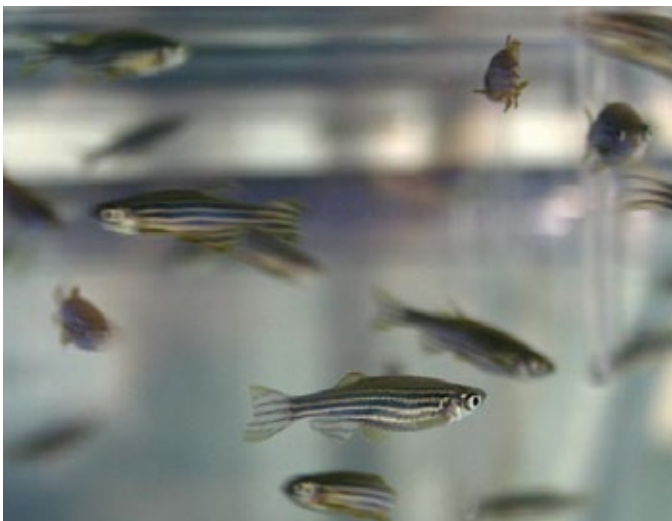
- Led by Dr. Jason Berman, a pediatric oncologist, the Medical School, Dalhousie Medical Research Foundation, Dalhousie University, and the IWK hospital have begun construction of a core facility to conduct ground-breaking research using zebrafish, a small tropical



Dr. Jason Berman

fish that can mimic many aspects of human development and physiology. This \$1.5M investment will allow Dr. Berman and his Dalhousie colleagues to explore the development of human disease, identify novel therapies, and determine the best treatment for individual patients (a tangible example of personalized medicine). The zebrafish core facility will be located on the first floor of the LSRI building, will join an existing core facility for proteomics, and advance the Medical School's plan to co-locate and enhance all of our existing core facilities that are now distributed throughout the medical school complex. This world-class initiative will create a legacy for medical research here and propel our researchers onto the world stage.

The use of zebrafish and the new zebrafish core facility have already attracted national attention from the Centre for Drug Research and Development (CDRD), a not-for-profit national enterprise to accelerate drug discovery for the benefit of all Canadians. CDRD has entered into a partnership with our zebrafish facility to designate the facility as the Atlantic Node of CDRD.



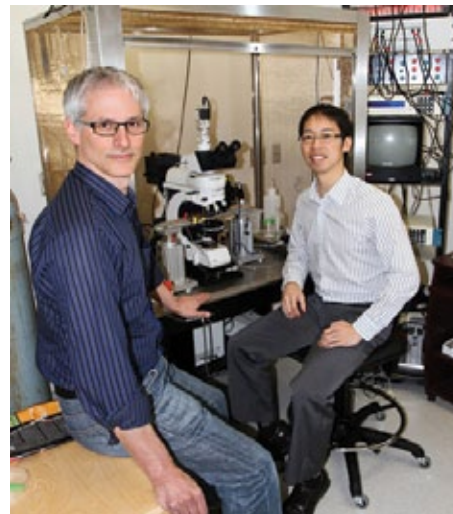
Zebrafish can mimic many aspects of human development and physiology.



Photo: Steve Kaiser Photography

Dr. Noni MacDonald receives a Discovery Award at the 11th Annual Discovery Awards for Science and Technology.

- On November 21, 2013, the Discovery Centre held its 11th Annual Discovery Awards for Science and Technology. In the category of Professional of Distinction, Drs. Noni MacDonald (a past Dean of Dalhousie Medicine) and Michael Graven were recognized for the world's first integrated national patient-health information system established in Belize, a development that has improved patient outcomes and lowered health-care costs. In the Innovation category, Drs. Manohar Bance, Rob Adamson, and Jeremy Brown were recognized for developing cutting-edge hearing devices and technologies to deal with hearing loss.
- Dr. Rob Brownstone, a neurosurgeon, researcher, and holder of a prestigious Tier I Canada Research Chair (along with his



Drs. Rob Brownstone and Tuan Bui

postdoctoral fellow Dr. Tuan Bui) was able to define a neurological circuit within the spinal cord controlling the ability to grasp objects (Neuron 78: 191-204, 2013). This breakthrough holds the promise of restoring hand function with treatments directed toward a better understanding of the spinal cord circuit.

These are exciting and promising times for our medical school, and the upcoming year promises to be no less eventful.

Family Medicine finds a new home in southwest Nova Scotia

Unlike traditional family medicine residencies, residents will be assessed on a specific set of competencies, rather than “time in the trenches.”

As of July 1, 2014, Dalhousie family medicine residents will be able to complete their residency training in the southwest end of Nova Scotia, in communities from Digby to Shelburne.

Roughly two years in the making, the new Dalhousie Southwest Nova Family Medicine Teaching Site is headquartered at the Yarmouth Regional Hospital. Most of the learning, however, will take place in the offices of a dozen family-physician preceptors, who’ve been preparing for more than a year now for their new roles as faculty members in Dalhousie’s family medicine department.

“It’s an intense process to get ready for this new residency program,” says the teaching site’s director, Dr. Shelagh Leahey’75, a long-time family physician and Dalhousie medical alumna, who gladly accepted the opportunity to help her community launch a family medicine residency program. “But the enthusiasm of our preceptors and the support from Dalhousie Medical School have been phenomenal. Everything is going smoothly.”

Five first-year family medicine residents

will embark on their training in Southwest Nova in July 2014, followed by another five in 2015. Like their counterparts at Dalhousie’s other family medicine teaching sites, these residents will be taking part in a “triple C” residency, which means it: (1) is centred in family medicine, (2) is comprehensive in care for the lifetime of the patients, and (3) exposes them to continuity of education and care.

“Unlike traditional family medicine residencies, where residents learn mostly from specialists in hospital-based services, our model grounds residents firmly in the family medicine environment,” explains Dr. Greg Archibald, head of the Department of Family Medicine. “Residents spend most of their time in a ‘home practice,’ where they have their own roster of patients to follow for two years under the guidance of their primary preceptor.”

In addition to seeing patients in their preceptors’ offices, residents will follow their assigned patients into the hospital and other care settings as needed, learning from specialist physicians, nurses, dietitians, and other health professionals along the way. At the same time, they

will learn the essentials of running an independent family practice, so they are fully prepared for the business-management side of a career in family medicine. Also unlike traditional family medicine residencies, residents will be assessed on a specific set of competencies, rather than “time in the trenches.”

“We’re thrilled with the teaching model and the faculty development help we’re receiving,” says Dr. Leahey. “Dalhousie sends experts here to run training sessions and has also trained one of our local physicians, Dr. Tom Muise’85, to provide ongoing education and support to our preceptors. They’re learning how to prepare their practices for the addition of a resident, how to teach on the fly, how to assess resident performance, and other skills they’ll need.”

Most of all, Dr. Leahey and her colleagues—and the people of Digby, Yarmouth, and Shelburne counties—are eager to welcome their first group of family medicine residents this coming July.

“This is something we’ve wanted for a long time,” says Dr. Leahey, explaining that her end of the province has suffered from a shortage of family physicians for the better part of 20 years.

“Research shows that in recent years, 70 per cent of Dalhousie’s family medicine graduates have stayed in the Maritimes to practice,” notes Dr. Archibald, adding that when residents develop strong ties in a community during their training, there’s a greater chance they will want to stay there. “We feel confident this new site will result in more family doctors for Southwest Nova. The leaders and preceptors display a high level of commitment, and the community is very supportive, based on the size and excitement of the crowd that gathered for the official announcement in Yarmouth this September.”



Dr. Shelagh Leahey’75 has a laugh with colleagues.

2013-2014 Molly Appeal to bring live-cell imaging to Atlantic Canada

Live-cell imaging equipment to be purchased through the 2013-2014 Molly Appeal will provide Dalhousie cancer researchers with the ability to see what is happening inside living cancer cells—in real-time, at a microscopic level.

“Live-cell imaging is the new gold standard for cancer research,” says Dr. Roy Duncan, the professor in the Department of Microbiology & Immunology who spearheaded the proposal to Dalhousie Medical Research Foundation to establish this new facility. “The insight it provides is like the difference between looking at a still shot to figure out what happened at an event and watching the whole thing unfold in high-definition video.”

More than 20 principal investigators and their teams will use the new live-cell imaging facility, which will become part of Dalhousie Medical School’s CORES program (Centralized Operation of Research Equipment and Supports). As a core facility, it will be available to all members of the local cancer research community, 24 hours a day, seven days a week.

Live-cell imaging enables researchers to track individual proteins inside cancer cells, to see exactly what proteins are

involved in that cancer. “Live-cell imaging will help us identify proteins that can be used as markers for diagnosing specific sub-types of cancer, as well as proteins that may be targets for new, more effective treatments,” says Dr. Duncan. “At the same time, it will provide us with a powerful way of testing how well cancers respond to potential new treatments.”

Dr. Duncan and his team will use the facility to identify proteins that could be used as markers of aggressive prostate cancer. Other researchers benefitting from the equipment include pediatric oncologist Dr. Jason Berman, who will use the facility to test potential new personalized cancer treatments in zebrafish. Cancer biologist Dr. Paola Marcato and her collaborator, cancer surgeon Dr. Carman Giacomantonio PGM’97, will use live-cell imaging to see how cancer stem cells drive the growth and spread of cancer. Their findings will help them develop strategies for stopping these nearly indestructible cancer-generating cells.

The live-cell imaging facility will be a crucial addition to Dalhousie Medical School’s growing cancer research capacity. For more information, visit www.mollyappeal.ca



“There is truly groundbreaking work happening here at Dalhousie, with incredible potential to save and improve peoples’ lives.”

Frank Sobey is one of several cancer survivors who shared their stories in support of this year’s Molly Appeal. As a survivor of prostate cancer who was faced with the difficult decision to undergo radical surgery, Mr. Sobey is particularly intrigued by Dr. Roy Duncan’s work. Dr. Duncan and his team will use equipment purchased through the proceeds of this year’s Molly Appeal to search for biological markers that reveal how fast- or slow-growing a prostate cancer might be, so men and their doctors can make the most appropriate treatment decisions. “My experience with cancer reaffirmed my already-strong belief in the value of research,” says Mr. Sobey, who has been chairman of Dalhousie Medical Research Foundation’s board since 1997. “There is truly groundbreaking work happening here at Dalhousie, with incredible potential to save and improve peoples’ lives.”



Dr. Roy Duncan spearheaded the proposal to bring a live-cell imaging facility to Dalhousie Medical School.



MNB research team. Front row: Dr. Petra Kienesberger, Dr. Shirya Rashid, Dr. Thomas Pulinilkunnil, Dr. Keith Brunt. Back row: Dr. Anthony Reiman, associate dean, DMNB Research and Dr. Anil Adishes, research chair in occupational medicine.



Dr. Brunt explains the type of research that will be conducted in the lab.



Dr. Thomas Pulinilkunnil explains the equipment during the tour of the lab.



Dr. Gibanananda Ray, DMNB research lab technician, works with cell cultures.

Newest biomedical research lab opens in the Maritimes

Dalhousie Medicine New Brunswick (DMNB) officially opened its biomedical research lab on October 25, 2013, at its Saint John location. This New Brunswick research institution focuses on cardiovascular and occupational medical research.

Dr. Anthony Reiman, Assistant Dean, DMNB research, welcomed everyone and emceed the opening. Dr. Reiman was joined by Dr. Preston Smith '81, Senior Associate Dean, Dalhousie Medical School, and approximately 30 people, including campaign cabinet members, donors, and local researchers. Representatives of the Province of New Brunswick's Department of Post-Secondary Education, Training and Labour; the Horizon Health Network; and the University of New Brunswick participated in the opening event. Tours of the new lab area with the scientists were offered to attendees.

The newly constructed laboratory space is where the funding will be used, the research will be conducted, and the graduate students will be educated. The new lab has already helped create a unique graduate program that involves both Dalhousie University and the University of New Brunswick. Researchers at DMNB have the ability to supervise both Master's and PhD students from both institutions. Additionally, the lab will support undergraduate medical students with new opportunities to learn the importance of research in medicine.

Presently, the lab has one technician and small handful of graduate students and post-doctoral fellows. At full operation, it is expected to house 35 researchers, technicians, and students.

The modern, multipurpose design of the lab allows for easy collaboration and equipment sharing.

The lab builds upon the existing research expertise in New Brunswick and the Maritimes. Collaboration and partnerships with institutions like the University of New Brunswick and the Horizon Health Network will be essential to the success of the new research facility.

The four cardiovascular researchers in the lab are establishing partnerships with organizations like the New Brunswick Heart Centre to improve current practices and develop new interventions for patients. The cardiovascular researchers are Keith Brunt (Pharmacology), Petra Kienesberger (Biochemistry and Molecular Biology), Thomas Pulinilkunnil (Biochemistry and Molecular Biology), and Shirya Rashid (Pharmacology). Their areas of expertise range from nanoparticles and regenerative translational medicine, to lipids, to diabetes, to proteins that impact cholesterol, and the impact each of these has on heart function.

The research interests of Anil Adishes, the J.D. Irving, Limited, Research Chair in Occupational Medicine, include indoor and environmental air quality in relation to workplaces, which include nanoparticulates (nano-sized particles). These particles have been recognised as causes of cardiovascular and respiratory disease.

The researchers, under direction from Dr. Reiman, are creating a centre of excellence in both cardiovascular research and occupational medicine at Dalhousie Medicine New Brunswick.

Reaching out to Halifax's homeless— with foot care and vaccines

When Dr. Colin Van Zoost'09 arrived in Halifax to begin his medical training at Dalhousie in 2005, he was not prepared for the sight of so many homeless people huddled in doorways downtown. "I grew up in the Annapolis Valley; I had never encountered homelessness before," says Dr. Van Zoost, who completed his MD in 2009 and his internal medicine residency in July 2013, both Dalhousie. "It was all new to me."

The plight of homeless people struck a chord with Dr. Van Zoost, whose school-principal father often provided a temporary home and support to students who needed help getting their lives on track.

"I saw at a young age how easy it can be for people to fall into bad circumstances and how hard it can be to get back on your feet," recalls Dr. Van Zoost, who began working with Halifax's homeless in his first year of undergraduate medicine as a volunteer at the Sunday Suppers/Foot Clinic at St. Andrew's Church. "It's similar for the homeless people I know—they're great people who are struggling because they have no means, no tools, and no voice."

Dr. Van Zoost feels physicians have a responsibility to advocate for the voiceless people in their communities who face overwhelming health and social challenges. Now a general internist and assistant professor at Dalhousie Medical School, he is out in the community, getting more people involved in street-level efforts to improve the well-being of homeless and marginalized people.

Recently, he and several medical students formalized the St. Andrew's foot clinic, incorporating it as a not-for-profit association—"Walk in Our Shoes Foot Care"—with Dr. Van Zoost as president. The name holds a lot of meaning for Dr. Van Zoost, who continued to volunteer with the clinic all through his training, bringing more students and residents with him along the way, including nursing students. "I want young health-professionals-in-training to get to know homeless people one-on-one," he says, "to break down the stigma and give them a more personal sense of what it's like to live with nothing, so they're more open and compassionate."

Over the years, Dr. Van Zoost was instrumental in bringing in licensed foot care nurses to provide care at the clinic, so clients could receive the full gamut of foot care and students could learn from the pros. "There's more to it than you might think," he explains. "Homeless and marginally housed people spend most of the day on their feet, generally in broken-down shoes and damp socks. They suffer from a lot of problems with their feet and are so grateful for a foot massage and whatever treatment they need, topped off with a new pair of socks and new shoes donated by retailers in the community. It means so much to them."

A big believer in interprofessional teams, Dr. Van Zoost also works with MOSH nurses (Mobile Outreach Street Health nurses), as well as medical and nursing student volunteers, on HaliVax, an initiative that he launched in 2012 after completing a research project that found very low rates of pneumococcus vaccination among Halifax's homeless population. He and his collaborators have since doubled the rate and plan to continue with an annual blitz that takes them to shelters, soup kitchens, and other key locations to deliver both the pneumococcus and influenza vaccines. Dr. Van Zoost also holds internal medicine clinics in these locations, helping homeless people get their chronic illnesses under control.

"I love internal medicine and have the detail-oriented brain of an internist," he says. "But, I also have the heart of a family doctor and a strong inclination toward community health and preventive medicine. My volunteer work with marginalized communities gives me the chance fulfill both roles."



Dr. Colin Van Zoost'09 is reaching out to Halifax-area homeless people through HaliVax, an initiative he launched in 2012 to improve vaccination rates among the homeless. Dr. Van Zoost also leads Walk in Our Shoes Foot Care, an outreach effort that provides foot care to the homeless and marginally housed.

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Alumnus Presents the Gairdner Foundation Lecture

Roderick McInnes'70 CM, OOnt, MD, PhD, FRSC

Dalhousie Medicine, Class of '70

Alva Chair in Human Genetics

Canada Research Chair in Neurogenetics,

Director, Lady Davis Institute, Jewish General Hospital,

McGill University



Dr. Rod McInnes'70

On November 14, 2013, I had the honour of giving the first Gairdner Foundation Lecture at the 5th Annual New Brunswick Health Research Conference in Saint John. To a heterogeneous audience of health researchers working in areas ranging from the molecular basis of cancer to health services and policy research, I spoke about Genetics and the Future of Medicine. I first

thanked Dr. Richard Goldbloom for

his wonderful mentorship when I was at Dalhousie Medical School, guiding me to train with Dr. Charles Scriver at McGill.

The field of medical genetics today has unrecognizably changed from 1970. Now, one can hardly find an issue of the New England Journal of Medicine, for example, that doesn't have one or more articles on the genetic basis of disease. Genetics is no longer the province only of uncommon single gene diseases,

such as cystic fibrosis and PKU, but of every disease. The genes associated with more than 3000 of the 7000 rare inherited diseases have now been discovered, and most of the remainder will likely be identified over the next decade. These discoveries have a profound impact on affected individuals and families, allowing accurate disease prediction and increasingly effective treatments, even cures. Gene therapy has been successful in about a half-dozen single gene diseases, seemingly providing life-long cures. A Dalhousie research group called IGNITE, led by Chris McMaster, has discovered the gene affected in two rare disorders, including a familial gastric cancer, and is well on the road to finding the causative mutation and possible therapies in nine others.

In some disorders, such as familial breast cancer, there is a major genetic contribution, but other unknown factors come into play. Women who carry a mutant BRCA1 gene, for example, have a 50 per cent chance of developing breast cancer. The genetic basis of the common diseases has been found to be genetically complex, meaning that variant forms of many different genes contribute to the risk of the disease. For example, variants of more than 60 genes have been associated with an increased risk of Type 2 diabetes; the increased risk conferred by each of these variants is small, from 10-30 per cent. To date, the clinical impact of such finding is negligible, but these discoveries are beginning to provide completely new insights into the biological pathways that underlie a complex disease like Type 2 DM.

Dr. Ronald Pearlman, the Associate Scientific Director of the Gairdner Foundation, and I were treated royally in Saint John by Dr. John Steeves, Associate Dean of Medicine at Dalhousie Medicine NB. In a very short time, Dr. Steeves and the DMNB team have done an extraordinary job of creating the DMNB campus. The new building, for teaching and research, is remarkable. Particularly impressive were the audiovisual facilities that allow real-time lectures to be delivered to DMNB med students from Dalhousie in Halifax. Moreover, DMNB has attracted a first-class initial research team of six basic scientists who are developing excellent programs, particularly in cardiovascular disease.



L to R: Dr. John Steeves, Associate Dean of Medicine, DMNB; Dr. Rod McInnes; Dr. Rodney Ouellette, President and Scientific Director of the Atlantic Cancer Research Institute; and guest.

Helping Others Learn from Our Mistakes

Françoise Baylis, PhD, FRSC, FCAHS Professor and Canada Research Chair in Bioethics and Philosophy, Dalhousie University

Dr. Françoise Baylis, Canada Research Chair in Bioethics and Philosophy, is developing new strategies that would allow bioethicists to make just and lasting policy contributions. Her work challenges readers to think broadly and deeply about the direction of health care, health research, and health technology. It aims to move the limits of mainstream bioethics and develop more effective ways to understand and tackle public policy challenges in Canada and abroad. Baylis's research will help decision-makers develop and implement ethically sound policies and programs.

In the last issue of VoxMeDAL, Dr. John Akabutu '67 shared his philosophy: "Above all, use your errors as a source of learning and for personal growth." This is eminently sound advice to which I offer the following friendly amendment: "Above all, use your errors as a source of learning, not only for yourself but also for others."

This perspective is the *raison d'être* for a new journal on medical error spearheaded by Dr. Mark Graber. The journal is called *Diagnosis*, and the first issue will be published in early 2014. The goal is to promote awareness and learning about diagnostic error. The hope is that health care providers will learn by reading, not by repeating. A Nova Scotia case will be among the first case discussions included in the journal.

In 2007, a 17-year-old patient, Jessica Barnett, died. On autopsy, the medical examiner identified the cause of death as a rare genetic heart condition that had not been diagnosed or treated during her lifetime. In 2010, Jessica's parents and the physicians involved in her care agreed to an out-of-court settlement. Now, the parents would like the physicians to write about their experience of caring for Jessica, so that other physicians can learn from their mistakes. Sadly, at the time of writing, the physicians involved in Jessica's care have declined the invitation to contribute to the case discussion.

When things go wrong in medicine, patients can be harmed. Not all patient harms, however, are the result of medical error. It is possible, for example, that a patient will suffer bad consequences, not because of error, but because of a statistical probability of a known negative side effect. For example, if there is a 10 per cent chance of death with a particular health intervention, it is to be expected that 10 out of 100 patients will die,

and this will not be because of error on the part of care providers. In addition, sometimes breakdowns in communication, failures in coordinating care, and other contextual factors contribute prominently to adverse medical events. Sometimes, however, harms to patients do result from medical error. Sometimes, a physician will lack relevant knowledge, sometimes he/she will lack relevant skills, and sometimes he/she will make an error in judgement when pulling together the relevant facts and resources to form a clear picture of what should be done.

"To err is human."

That being said, we can (and we should) take steps to reduce medical error and thereby create safer environments for patients. To this end, there is an imperative to share information and experiences about past errors, so that they can remain things of the past.



Dr. Françoise Baylis, PhD, FRSC, FCAHS

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Mindfulness Training for Health Care Professionals

Dr. John Lovas

Physician self-awareness and self-care are considered important for coping effectively with challenging patients. Mindfulness-based interventions (MBI) are promising tools to help physicians not only to manage these regularly-recurring situations, but also to improve empathy, decrease burnout, and improve overall sense of wellness.



Over three decades of teaching dental and dental hygiene students, I've noticed a declining ability to maintain focused attention on a single person or activity. Indeed "studies on attentiveness show that people are only briefly and unpredictably attentive. Attention habitually diverts to unrelated thoughts and feelings, leaving any tasks at hand to be managed 'on autopilot.' These studies suggest that mindlessness ('mind wandering,' 'zoning out,' 'task-unrelated thought') is 'one of the most ubiquitous and pervasive of all cognitive phenomena' and that it often occurs unintentionally, without awareness, occupies a substantial proportion of our day, and leads to failures in task performance." (1) The internet, emails, smartphones, etc., further compound this "continuous partial attention." (2)

So this scattered, distracted way of being is a common human phenomenon, yet it short-changes everyone. Health care professionals in particular, in training or practicing, should be concerned about the inefficiency, error-proneness, and inherent stressfulness of mindlessness. Furthermore, a fascinating recent study suggests that people feel authentic and happy only when fully present and engaged. (3)

Since an early basic skill cultivated through mindfulness meditation is

improved awareness, we hoped that introducing mindfulness training at the dental school might benefit our students professionally and personally. "Mindfulness can be considered a universal human capacity proposed to foster clear thinking and openheartedness." Important for our multicultural student population is the fact that the meditation practices by which mindfulness is cultivated require no particular religious or cultural belief system. During mindfulness practice, participants "maintain awareness moment by moment, disengaging from strong attachment to beliefs, thoughts, or emotions, thereby developing a greater sense of emotional balance and well-being." (4)

Since January 2009, we've held 20 eight-week Mindfulness-based Stress Reduction (MBSR) workshops at the Faculty of Dentistry, patterned after Jon Kabat-Zinn's evidence-based program. These workshops are open to students, staff, and faculty from Dentistry, Medicine, Law, and the rest of Dalhousie University. Participating dental, dental hygiene, and medical students may earn elective credits, while graduates may earn continuing education credits.

Mindfulness workshop participants are gently guided through sitting meditation and other mind-body exercises that help increase and stabilize their ability to remain attentive to one thing at a

time. Through this enhanced skill alone, participants are pleasantly surprised to experience, even while still taking the workshop, a significant improvement in their ability to remain peaceful and focused under pressure. However, we continue building on this foundation of increasing awareness. We train to become aware of thoughts, emotions, and behaviours that are no longer adaptive, practice nonjudgmentally accepting these, letting them go, and returning awareness to engage more wisely, with whatever our present moment holds. We intentionally, patiently, progressively release these internal frictions so that we enjoy a progressively wiser, more direct relationship with ourselves, others, and life itself.

Physician self-awareness and self-care are considered important for coping effectively with challenging patients. Mindfulness-based interventions (MBI) are promising tools to help physicians not only to manage these regularly recurring situations but also to improve empathy, decrease burnout, and improve overall sense of wellness. (5) A recent randomized controlled study showed that MBI also decreased stress and anxiety in third- and fourth-year medical students. (5)

It's a great pleasure and privilege to offer mindfulness electives and continuing education courses for medical students and graduate physicians, respectively.

1) Lovas JG, Lovas DA, Lovas PM. Mindfulness and Professionalism in Dentistry. J Dent Educ 2008; 72(9): 998-1009.

2) Rose E. Continuous partial attention: Teaching and learning in the age of interruption. Antistasis 2011; 2(1): 17-19.

3) Killingsworth MA, Gilbert DT. A wandering mind is an unhappy mind. Science 2010; 330(6006): 932.

4) Ludwig DS, Kabat-Zinn J. Mindfulness in Medicine. JAMA 2008; 300(11): 1350-2.

5) Sanyer ON, Fortenberry K. Using mindfulness techniques to improve difficult clinical encounters. Am Fam Physician 2013; 87(6): 402.



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APPOINTMENTS, AWARDS, AND ACCOLADES

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

Note: The following does not represent all of the awards and accolades awarded to the entire Faculty of Medicine.

PHOTO: JOHN SHERLOCK



Dean Marrie, along with Dr. Mary Anne White, professor in the Department of Chemistry, was recently inducted as a Fellow of the Royal Society of Canada (RSC). The RSC, Canada's National Academy, promotes learning and research in the arts, the humanities, and the natural and social sciences. Joining an elite group of more than 2,000 scholars, artists, and scientists, Dean Marrie was peer-selected as having made remarkable contribution to his field of learning.



Dr. Allan Abbass'87, Department of Psychiatry, was named the recipient of 2013 Douglas Utting Award. The award is given to an individual working in Canada who has made a significant contribution to the study, understanding, or treatment of depressive disorders.



Dr. Kathy Gallagher'89, Department of Family Medicine, was named one of Canada's Family Doctors of the Year by the College of Family Physicians of Canada.

Dr. Jean Gray PGM'71, Continuing Medical Education, received the Queen Elizabeth II Diamond Jubilee Medal for significant contributions to drug regulatory policy in Canada.



Dr. Thomas John (Jock) Murray'63, Professor Emeritus, has received the Kay Reynolds Lifetime Achievement Award from the Multiple Sclerosis Society of Canada for his career in the care of MS patients, MS research, and innovation as founder of the Consortium of MS Centers (USA) and the Canadian Network of MS Centers. Dr. Murray will also be inducted into the 2014 Canadian Medical Hall Of Fame as a visionary world health leader and recognized by the Nova Scotia Science Hall of Fame.

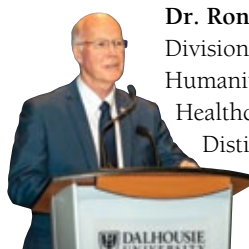
Dr. Colin Josephson'06, Department of Medicine, is the recipient of the inaugural Canadian Society of Clinical Neurophysiologists (CSCN) National Clinical Fellowship in Epilepsy and Electroencephalography for 2013-2014. Dr. Josephson is also the recipient of the Canadian League against Epilepsy (CLAE) Mary Anne Lee Award for best Canadian neurology or neurosurgery resident research.



Dr. Mark Taylor PGM'88, Department of Surgery, has received the Cancer Care Nova Scotia (CCNS) Pioneer Excellence Award. Dr. Taylor raised funds for specialized equipment and trained fellow Head and Neck surgeons in the new technique. The comprehensive program he developed has changed how laryngeal cancer is treated in the Maritimes.



Dr. Peter MacDougall began serving as Chair of the Canadian Anesthesiologists' Society Continuing Education and Professional Development Committee on September 1. The committee is responsible for oversight of CPD development and accreditation for CAS education programming.



Dr. Ronald Stewart'70, Professor Emeritus, Division of Medical Education, Medical Humanities Program, has received the Canadian Healthcare Association's 2013 Award for Distinguished Service recognizing prominent citizens who have shown dedicated service both at home and abroad.



Dr. Preston Smith'81, Senior Associate Dean, Education at Dalhousie Medical School, has been appointed dean of the University of Saskatchewan's College of Medicine. The five-year term will be effective July 1, 2014. Currently the chair of the education council, Dr. Smith has made countless contributions to Dalhousie Medical School, including overseeing the development of Dalhousie Medicine New Brunswick; leading curriculum reform; and being instrumental in starting new family medicine residency programs in PEI, NB, and NS. "While sad to leave Dalhousie," Dr. Smith says, "I feel the Maritime medical education community, Dalhousie University, the Faculty of Medicine, and Dean Marrie have been intensively training me for the exciting opportunity to take on the role of Dean at the University of Saskatchewan. The support I have received here at the Faculty has been overwhelming and for that I am truly thankful."

TEACHING AWARDS



Dr. Graham Dellaire and **Dr. Penny Barnes PGM'95** were the 2013 recipients of the David Janigan Teaching Awards in Pathology.



Photo: Michelle Doucette Photography

Recipients of the 2013 Anesthesia, Pain Management, and Perioperative Medicine Teaching Awards include **Dr. Shawn Hicks'04**, Clinical Teacher of the Year; **Dr. Andre Bernard'06**, Mentor/Role Model of the Year; and **Dr. Janice Chisholm'00**, Resident Advocate of the Year.

APPOINTMENTS



Dr. David Bell'84 will serve a second term as Head/Chief of the Department of Urology.



Dr. James Calvin'75 has been appointed as Chair/Chief, Department of Medicine, Schulich School of Medicine and Dentistry, Western University, and its teaching hospitals, London Health Sciences Centre and St. Joseph's Health Care London.



Dr. Narendra Vakharia'93, Department of Anesthesia, Pain Management, and Perioperative Medicine, was appointed the Medical Director to the Department's Office of Education.



Dr. Michael Teehan PGM'84 has been installed as the new president of the Canadian Psychiatric Association.



Dr. Brock Vair'76, Department of Surgery, has been appointed the inaugural Chair of the Beardsley Bethune Chair in Surgical Education.

Class of 1948 Reunion – 65th Anniversary

Of a possible eight, three stalwarts signed up, Nate Epstein, Larry Sutherland and Doug Roy, and Deek Grant in spirit, and attended our 65th class reunion, crutches and all. Not too bad for 90 years of age. For openers, we had dinner at Cut, a high-end steakhouse. The following day, Gala Day, in company with Abbie, Deek's daughter, we had lunch at the Royal Nova Scotia Yacht Squadron. Abbie then drove us out to Bedford to see Deek in the new Northwood home. Then back to the Nellie, for a short rest before the Gala. Doug gave Nate and Larry a copy of a book that he had recently written, to rest upon. Pier 21, the site of the Gala, was a challenge to the memory of ninety year olds, particularly to Nate and Larry, who only had five years of class members to recall. And the following day, back home.

There is a strong possibility that the Class of '48 has seen its last reunion.

Doug Roy'48



MD Class of 1948 visit Dr. Robert "Deek" Grant'48 in his Halifax nursing home



MD Class of 1953 celebrate their 60th reunion at the DMAA Alumni Awards Gala Dinner

Class of 1953 Reunion – 60th Anniversary

On the 60th anniversary of their graduation, several members of the class of '53 celebrated yet another remarkable milestone. Attendees joined hundreds of alumni and friends at the annual gala and met for a private dinner on the following evening. Regrettably, only 22 members from an original class of '58 remain, and only seven are in Atlantic Canada. As expected, attendance has dwindled at anniversary dates, but loyalty to the Medical School and many happy memories remain strong. And we look forward to another reunion in 2018!

Alex Gillis'53

Class of 1958 Reunion – 55th Anniversary

The MD Class of 1958 had a 55th reunion dinner on October 19th at Café Chianti. Those attending were Stan and Dorrine Stolar, Warren and Phyllis Jacobs, Dave and Jean Fraser, Bernie and Bernice Hicks, Ike Fried, and Denny and Lalia Johnston. We had a very pleasant get-together and as well as relating our own stories, we talked about all the others (not there) that we have been in touch with.

Denny Johnston'58



MD Class of 1958 celebrate their 55th Reunion at the DMAA Alumni Awards Gala Dinner

Class of 1963 Reunion – 50th Anniversary

The Class of 1963 gathered at the annual Medical Alumni Weekend and enjoyed renewing old friendships and reminiscing about medical school and graduation a half century ago.

When we entered Dalhousie in 1958, our classes were in the Forrest Building, and the MD in 1963 followed a year of internship. During the dinner at Pier 21 on Friday evening we were able to catch up on our lives and careers, and information about classmates absent or gone. On Saturday morning we had breakfast at the University Club to continue the stories and we were pleased that Dean Marrie joined us and congratulated us on our anniversary.

Those who had not been back to Halifax in recent years used the beautiful warm autumn weekend to explore old haunts in Halifax. On Saturday evening we gathered for a dinner at The Bicycle Thief restaurant on the waterfront boardwalk.

It was a wonderful reunion weekend and we look forward to planning for our 55th reunion in 2018.

T. Jock Murray'63



MD Class of 1966 celebrate their 47th reunion in Shediac, NB

Class of 1966 Reunion – 47th Anniversary

The med class of '66 celebrated their 47th-year reunion in Shediac from Sept 5-8, hosted by Doug and Dianne Inglis. With 18 classmates in attendance, supported by spouses and accommodated in local B&Bs, we enjoyed a superb time reconnecting. Highlights included the Meet and Greet, a sunset cruise on Shediac Bay, a lobster supper, and erudite academic presentations, including updates on Humour and Magic. With Dean Tom Marrie and his wife as special guests for the closing banquet, we ended on a high note.

We are all looking forward to our 50th, and with a little luck, maybe 25 of us will see you all in Halifax in 2016!

Garth Christie'66

Class of 1968 Reunion – 45th Anniversary

The Dal Med class of '68 held their 45th reunion at the Dal Faculty Club on the 19th of October. Our special guest was Dr. Tom Marrie, who graduated one year behind us but looks much younger. Our honoured guest answered some challenging questions from the group. Margaret Casey suggested that we do something to help the medical school, such as adopting a medical student that

has financial needs and pay the tuition collectively for the four years, something that may make a difference. Wei-meng and Carlyle suggested that the next reunion be on a European River Cruise, and a few others suggested that Ilse d'La Madeliene may be a good place for a reunion. The photo attached was taken on the 18th of October at the general medical alumni meeting. Missing from the photo are Dr. and Mrs. Carlyle Chow, Dr. and Mrs. John Collingwood, Dr. and Mrs. Gary Curtis, Dr. and Mrs. Donnie Geldart, Dr. and Mrs. Don MacQuarrie, and Dr. and Mrs. Henry Muggah. We reviewed the class roll call and found out what the non-attendees are up to and the unfortunate class members that are no longer with us. We will try to have another reunion in two years. Following the guidelines above, I will put together a small committee to work on the organization. I cannot think of a better group with which to be associated.

Love to all,

Art "The Coke" Coakley'68



MD Class of 1968 celebrate their 45th reunion at the DMAA Alumni Awards Gala Dinner



MD Class of 1973 celebrate their 40th reunion at the Algonquin Resort, St. Andrews-by-the-Sea, NB

Class of 1973 Reunion – 40th Anniversary

The Dalhousie Medical Class of 1973 met for their 40th class reunion at St. Andrews by the Sea, New Brunswick, on September 5-8, 2013. The Algonquin Resort was undergoing major renovations that were quite a bit behind schedule, but we managed to take over one wing in the Prince of Wales building. There were no eating or other facilities other than a well-stocked hospitality suite at the end of the hall. The resort helped us line up the Huntsman Marine Aquarium for morning lectures and an evening dinner with entertainment by a local Irish singer-dancer-performer. The morning breakfasts were held at Kingsbrae Inn just down the street, and this was an instant hit. The 37 class members attending had a variety of activities, including the usual golf tournament, CME lectures, pub crawl, nighttime discussions in the hospitality suite, closing dinner and dance at the golf course club, and Sunday morning at the St Andrew's home of Eric and Ellen Gozna. The spirit of the class lives on in full force each time we meet. Thanks to Dalhousie Medical School for giving us that opportunity to commence our lifelong work in 1968, in the new Sir Charles Tupper Medical Building, and for keeping faith in us until graduation with our internship completed five years later.

Class of 1978 Reunion – 35th Anniversary



MD Class of 1978 celebrate their 35th reunion at Rodd Brudenell River Resort in PEI

Class of 1993 Reunion – 20th Anniversary



MD Class of 1993 celebrate their 20th reunion at Fox Harb'r in Wallace, NS

The Class of 1993 held their 20-year reunion from August 23-25 at Fox Harb'r. One hundred and twenty attendees, including 51 classmates, had a fantastic, sun-drenched weekend at an unbeatable resort. All events were very well attended, and the golf and skeet-shooting were a big hit. But the most-welcomed part of the weekend was catching up with old friends and sharing memories. The CME event was stellar, with many classmates sharing their expertise. Everyone agreed that planning the 25th reunion should begin straight away. Stay tuned for more news on 2018!

Steven Miller, MD'93



Dr. Denny Johnston '58

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 23, 2014, at 6:00 pm for dinner at 7:00 pm.

Please RSVP by emailing dennisjohnston@ns.sympatico.ca or erafuse@eastlink.ca.



Euphoria 2014

Saturday, February 22 at 7p.m. at the Rebecca Cohn Auditorium

Save the date! Euphoria will be held on Saturday, February 22 at 7p.m. at the Rebecca Cohn. Euphoria, Dalhousie Medical School's annual variety show, is sold out every year, so buy your tickets early! All proceeds go to charity, with a different charity selected each year. To purchase tickets, please call (902) 494-8800 or stop by the DMAA office. Euphoria was established by MD Class '70 over 40 years ago and is absolutely not to be missed!

Many Years, Many Memories

Virginia Fox, one of the longest-serving employees at Dalhousie University, celebrates 44 years of service

By Lorie Chater

In late 1969, when Henry Hicks was president of Dalhousie and current president, Dr. Richard Florizone, was born, a young woman named Virginia Fox started working at the mailroom warehouse on 1459 Oxford St. Forty-four years and five presidents later, she retired from Facilities Management in December 2013 and holds countless memories of her time at Dalhousie University.

When asked about Henry Hicks, she recalls him as a very talkative and generous man.

"He was always telling stories about his fishing adventures and was also an avid stamp collector," she says. "He even offered university staff his backyard for them to plant vegetables."

Virginia was also fortunate enough to form a friendship with Barbara Blauvelt, the first Director of the Dalhousie Medical Alumni Association, whom she

remembers fondly. At the time, Barbara was running the Dean of Medicine's office and would regularly stop by the mail room to personally drop off her packages. "Barbara would visit the mailroom and was very easy to get along with," says Virginia. "I got to know the very caring and sympathetic side of her."

As Virginia delivered mail across the whole campus, she can easily compare today's buildings to those of the past. In 1969, the buildings that existed were completely different; for example, Dentistry was located in dental trailers and Physiotherapy was in houses. Not only that, but Virginia remembers working 44 hours a week, as staff were expected to work until noon on Saturdays.

During her time at Dalhousie, Virginia most enjoyed the occasional picnic lunches and the friendships she has formed over the years. The people and the job itself are what ultimately inspired Virginia to stay at Dalhousie University for 44 years of dedicated service.



IN MEMORIAM

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

Dr. William (Bill) Acker MD'68
Passed away September 13, 2013

Dr. C. Miller Ballem MD'43
Passed away August 30, 2012

Dr. Wilfrid I. Bent MD'36
Passed away December 7, 2013

Dr. Eva Balazs PGM'53
Passed away October 13, 2013

Dr. Isaack Boniuk MD'62
Passed away August 1, 2013

Dr. William Chernin MD'83
Passed away January 4, 2014

Dr. Kevin Coady MD'79
Passed away August 2, 2013

Dr. Kersti Covert MD'66
Passed away November 17, 2010

Dr. Judith Durance MD'72
Passed away January 24, 2014

Dr. W. Alan Ernst MD'51
Passed away August 16, 2013

Dr. Kent Ellis MD'59
Passed away March 4, 2004

Dr. Arthur Maxwell House MD'52
Passed away October 17, 2013

Dr. Horace Jacobson MD'49
Passed away January 3, 2008

Dr. David Thomas Janigan MD'57
Passed away August 3, 2013

Dr. Alan Keith Lawson MD'61
Passed away April 8, 2013

Dr. Jonathan I. Morrison MD'40
Passed away January 27, 2001

Dr. Gerald (Jerry) Harvey Ross MD'74
Passed away October 29, 2013

Dr. Stacey Ann Schwartz PGM'93
Passed away September 13, 2013

Dr. Russell Webster MD'66
Passed away August 11, 2013

Dr. Donald Andrew Weir MD'56
Passed away November 1, 2013

Dr. James C. Yarn MD'60
Passed away August 10, 2011



Loss of a Great Medical Pioneer

Remembering Dr. Maxwell House
Dr. Maxwell House, former lieutenant

governor of Newfoundland and Labrador, passed away on October 17, 2013, at the age of 87. Born in Glovertown, N.L., in 1926, Dr. House graduated from Dalhousie Medical School in 1952 and completed post-graduate training at the Montreal Neurological Institute and the National Hospital in London, England. Dr. House helped establish the Memorial University medical school and served as director of continuing medical education, associate dean for professional affairs, and professor of neurology. A true innovator, Dr. House founded the Telemedicine Centre at Memorial University in 1976 and helped bring distance education services to remote communities. As a result of his innovation and leadership, he received the Order of Canada in 1989. Dr. House will be greatly missed by his classmates, colleagues, students, and all those he helped throughout his exemplary career.



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Telephone: 250-287-7441.
E-mail: aldermed@shawbiz.ca





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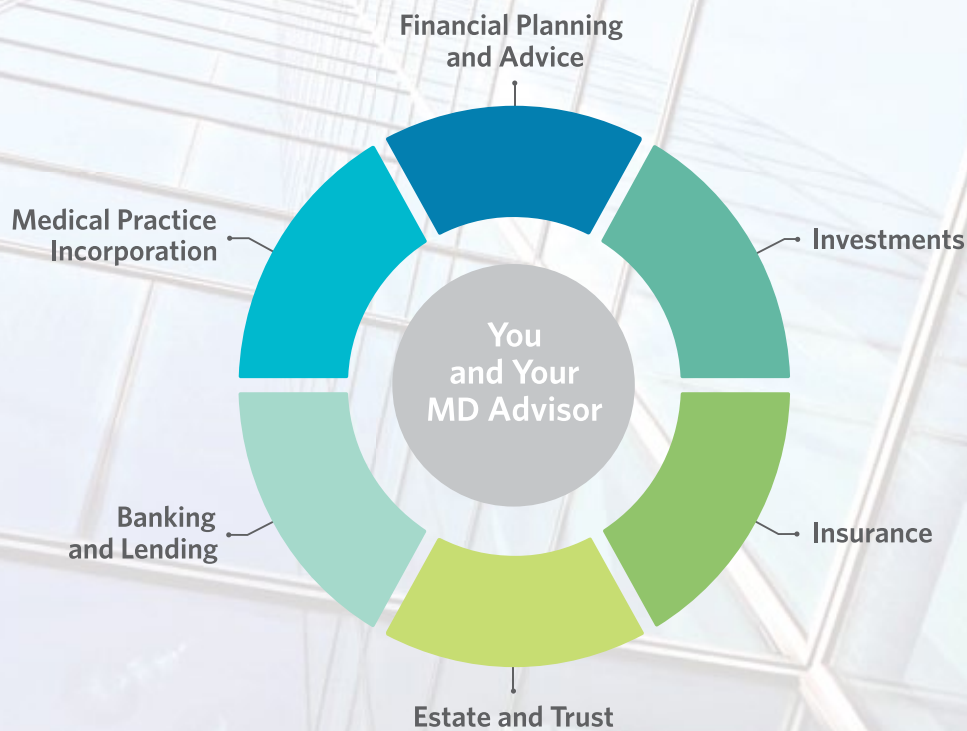
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