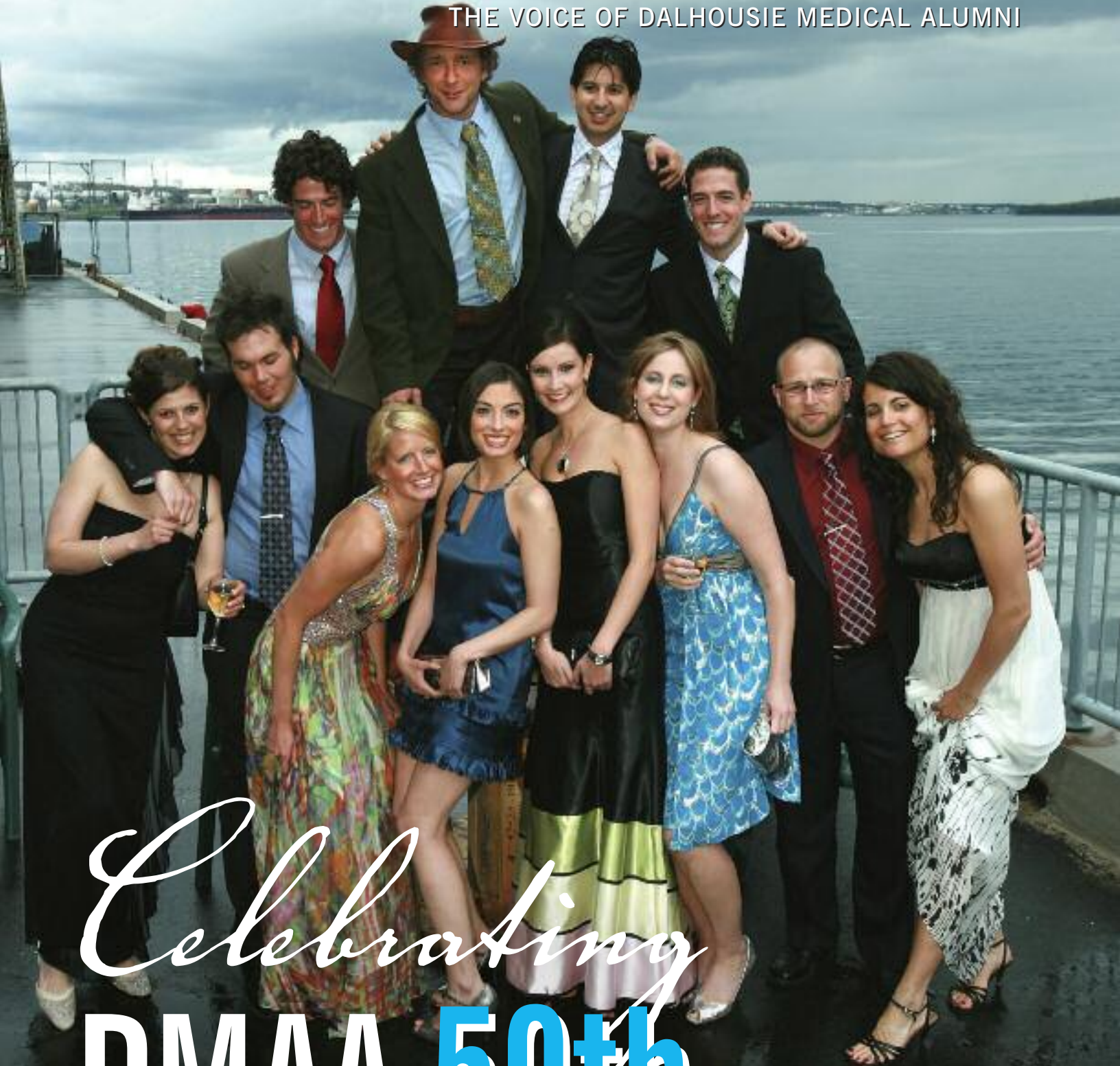


SUMMER/FALL 2008

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#### On our cover:

A group of this year's Medical School grads celebrate together on Halifax's waterfront.

Cover photos: Kerry Delorey, Calnen Photography

# TIME TO CELEBRATE

The DMAA celebrates its 50th anniversary and charts a course for the future



**By Dr. Margaret Casey, '68**  
*President, Dalhousie Medical Alumni Association*

I am delighted to welcome you to this issue of *VoxMeDAL* where we are celebrating a signal anniversary, the DMAA's 50th anniversary. The DMAA was an initiative of committed alumni over 50 years ago. Its founding members wanted to promote connections among alumni, future generations of physicians and the Faculty of Medicine. The Association has evolved with the changing climate with great success while remaining focused on its original mandate. We have much to celebrate and I call your attention to some of our accomplishments of the past six months: the DMAA Entrance Scholarship Fund has again provided scholarships to three students who will enter medical school in 2008; the Medical Alumni Endowments and Scholarship Fund currently holds \$610,746.45; the George Flight Chair in Medical Education fund, representing donations from hundreds of alumni, is currently at the level of \$99,944.61

and we expect this amount to increase with help from the External Relations office; we continue working closely with the Dalhousie Medical Students' Society, providing financial assistance for their initiatives whenever possible; thirteen reunion classes are meeting this year.

Most of all, however, we are celebrating the friendships and associations that we made during our time in Medical School. We are pleased to introduce the class of 2008, an accomplished group of young colleagues who have been productive and innovative during their four years in undergraduate medicine. We welcome them to the ranks of alumni, applaud their achievements and wish them well as they begin residency training. The graduates of today have interesting pre-medical backgrounds and we get an inside view of some of these in the following pages.

The Medical School 50 years later is vastly changed and we examine the admissions interview process, the Tupper facility, the Kellogg Library and the Learning Resource Centre, all of which reflect immense change not only in technology, but in approach to medical education. Dean Cook reports on the exciting development of the New Brunswick Campus slated to have its first class enter in September, 2010.

There is increasing involvement in global health among our alumni and we hear from a surgeon, a psychiatrist and an anesthesiologist about their work in various aspects of international health.

It has been a great privilege for me to work with Board members this year as we have moved to broaden the scope of the DMAA. I thank them for their hard work and their commitment to the mandate of the Association. On behalf of the Board, I thank Joanne Webber, our Executive Director, for her energetic and enthusiastic work. Finally, on behalf of alumni, I thank Dean Cook for his continued support. We look forward to seeing you at the Gala celebration of the DMAA's 50th anniversary! □



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By Joanne Webber  
DMAA Executive Director

# GROWING SUPPORT

A recap of DMAA special events and fundraising initiatives

The DMAA celebrates its 50th anniversary in 2008 and it has been a whirlwind of activities within our Association. In January, we hosted a lovely reception in the Kellogg Library to highlight the generous gift presented by the class of 2005. The celebration included a painting by Jeffery Burns, which is an outstanding contribution to our Medical School.

In April, Matt MacDonald, along with the Dalhousie Medical Student Society, collaborated with the DMAA Partners in Health to bring Dr. David Walton to Dalhousie. This was a very informative and enlightening evening for the Dalhousie community. We want to thank those who supported this event.

The DMAA was proud to support our medical graduates again this year with gala dinner tickets and many items within their convocation package. Our DMAA fundraiser at Fid restaurant was a huge success. The dinner and wine pairing was enjoyed by all and thanks to those who supported this event.

During our annual DMAA orientation luncheon for new medical students, many requested more interaction with alumni. As a result, we are pleased to inform you we will be inviting alumni of various specialties to join us and mingle with the students. This is an excellent opportunity to develop mentorship relationships that will be fostered over the course of their medical career. Please contact the DMAA to see how you can become involved.

Convocation 2008 was a memorable experience. It was extremely rewarding to see the smiles, laughter and joy on the faces of all the families and our new alumni. Please enjoy some of these moments captured in the photos below, as seen through the lens of Kerry Delorey from Calnen Photography.

I am especially pleased to announce a full calendar of events and activity outlined for this calendar year. I want to personally extend an invitation to our alumni to continue your genuine support of mentorship projects with medical students. Please contact our office to learn of the ongoing opportunities in place this year. ☐



# UNPRECEDENTED GROWTH AND CHANGE



By Dr. Harold Cook  
Dean, Faculty of Medicine

Unveiling a new Dalhousie MD program for New Brunswick

June 10 was a landmark day for Dalhousie University and the Faculty of Medicine with the signing of an agreement with the New Brunswick government and the University of New Brunswick (UNB) offering a Dalhousie MD program in New Brunswick.

In the winter issue of *VoxMeDAL* I reported that we had completed preliminary negotiations with the submission of a draft agreement among Dalhousie, the Government of New Brunswick and UNB. With the agreement now finalized and signed, we look forward to welcoming the first class of 30 students at the New Brunswick site in September, 2010.

The New Brunswick-based program will be an extension of our current MD program here in Halifax. Dalhousie Medical School will run the program, while UNB Saint John will provide some infrastructure and services and the government of New Brunswick will provide the funds.

Regional hospitals across the province will be integral to the program's delivery and success. The first two years it will be offered in Saint John, while students will complete their clerkship years in Moncton, Fredericton, the Miramichi and other sites

across the province. A permanent site has been secured for the first two years of the program, in the Saint John College building of UNB. We are in discussions with the Atlantic Health Sciences Centre about additional space being made available in the Saint John Regional Hospital. The Government of New Brunswick has announced a commitment of \$4 million to be divided among the four regional anglophone hospitals, to complete the renovations required to welcome the first students.

We are truly excited about the New Brunswick-based Dalhousie MD program. It is a natural progression in a long history of Dalhousie medical education in New Brunswick and it fits well with our Medical School's Strategic Vision of "Improving the Health of our Maritime Communities."

All in all, it has been a memorable few months for the Faculty of Medicine as we engage in many exciting initiatives and celebrate significant milestones. As alumni, you may take great pride in the excellent reputation of your alma mater and in how we continue to build this reputation through outstanding achievement and a deep commitment of service to our Maritime communities and beyond. □



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The DMAA is proud to introduce Voice of Alumni. We want to hear your opinions on topics of debate or interest. We want to provoke conversation amongst our alumni. We want to hear your opinions. You too can be published in these pages. Please email [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca)

# Specialty choice

The timing is too soon



>> By Sarah Lea, '10

At the graduation gala of the class of 2008, I had the pleasure of sitting at the DMAA table and had a long talk with Dr. David Fraser about Medical School, residency training and choosing a specialty. Dr. Fraser began his career as a family doctor here in Halifax where he practiced for eight years until deciding to move into the field of radiology, where he has had a rewarding career.

We spoke of how the system is so different now and that medical students are required to choose what area of medicine they want to specialize in essentially by the end of our third year. For some students, this isn't a problem. They come into medicine knowing that a particular specialty is right for them, whether it be plastic surgery or rural family medicine. But for other students, myself included, it's a much more daunting choice.

In the first two years of Medical School, there is a limited amount of clinical exposure to some specialties because the goal of this period is to learn proper history and physical exam techniques. There is also an electives unit throughout the first and second years, where students are free to arrange an elective in any specialty that interests them and spend three hours each week working with a preceptor in the hospital or their clinic.

When students reach year three, however, they begin their clerkship and do rotations through a core of specialties, including Obstetrics and Gynecology, Pediatrics, Surgery, Emergency Medicine, Psychiatry, Family Medicine and Internal Medicine. It is generally throughout the clerkship experience that many students begin to rule in or rule out their specialty choices, while arranging their fourth year elective experiences in the areas they think they may be interested in specializing.

The problem, however, is that there are still a number of specialties that students have limited exposure to. For example, a student interested in anesthesia may not have the opportunity to spend any time with an anesthesiologist until their fourth year if they haven't done an elective in their first two years in that specialty. I have many friends who are on their last rotation for their Med 3 clerkship and are still unsure of their specialty choice. As a student, it's daunting to have to make such a huge decision when you haven't experienced all specialties. I am just finishing my second year and as of yet, I don't know what area I would like to specialize in. Hopefully my clerkship experience will help me with that! ☐

# Medical postgraduate re-entry restrictions

>> By Dr. David Fraser, '58

After graduating from Dalhousie Medical School in 1958, I was offered opportunities to join family practices in the Halifax-Dartmouth region. Following consultation with my senior colleagues, I decided to set up a new solo practice in the rapidly growing districts of Armdale and Fairview. I erected a sign in front of my office and placed an announcement in the *Halifax Herald* stating that I was available for

appointments. In a very short time, I had a busy family practice of primarily young families, which meant lots of pediatrics and obstetrics.

It was a wonderful experience because I enjoy working with patients of all ages. However, working in an excessively large practice was overwhelming. At that time, placing limitations on the number of patients I accepted in my practice was never a consideration. After eight years and with



the encouragement of several colleagues and the chairman of the radiology department at

Dalhousie, I decided to go back and do post-graduate studies in that specialty. Upon completing the four-year course, I received my Royal College qualifications. Re-entry to do post graduate work was a very simple transition although the \$3,000 salary offered for a first year resident was not a living wage.

Following my four years of training, I

joined the Dalhousie faculty and the Victoria General Radiology department. One year later, I spent a year at Harvard doing a fellowship in cardio-vascular radiology before returning to Dalhousie. In the 1960s and 70s, it was common practice for medical graduates to spend a few years in family practice before deciding to specialize. Over 50 per cent of my fellow residents at

Dalhousie had spent some time in family practice as had the majority of the radiology faculty.

It has become a concern to many of us that in more recent years re-entry to specialize is almost impossible. Medical students must now decide by their third year on the focus of their future careers. As I understand it, national changes in policy were based on manpower requirements because of a national shortage of practicing physicians and the lengthy training periods.

As I see it, the downside of an early decision on future practice is that many students do not have sufficient knowledge or experience to make the best choice and may find that their early selection is unsuitable. Having the opportunity to spend some time in family practice puts them in a better position to make a correct choice. Even a brief time spent in family medicine provides a better understanding of patient needs and a more sensitive approach as a specialist, particularly to the requirements of the referring family physicians.

Some years ago our CHAR (Canadian Heads of Academic Radiology) were so concerned about the lack of positions for re-entry that they sent a letter to all Deans of Canadian Medical Schools indicating their disagreement with this policy. Subsequently, some Medical Schools have since created a few positions for re-entry. Dalhousie now has two positions annually but that is for all specialties. In my opinion, all specialists benefit from at least a brief experience in family practice, but at present, our system does not permit that to occur to any significant degree. □

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## CANADA'S HEALTHCARE LANDLORD



# DMAA Awards call for nominations

The DMAA Awards are an opportunity to recognize the outstanding accomplishments of Dalhousie Medical alumni. We encourage you to nominate your friends and colleagues. Descriptions and criteria for each of the four award categories are outlined below. Nominations should be sent to the DMAA office no later than August 15, 2008.

## Honorary President:

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

## Alumnus of the Year:

This award has been made annually since 1968 to recognize unique and important contributions of a retired or active physician to clinical practice, teaching and/or research on a national level. International recognition, publications and participation in national professional and academic societies constitute an expected profile for nominees in this category.

## Young Alumnus Award:

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

## Family Physician Alumnus/a Award:

This award was inaugurated in 2007 to recognize the contributions family physicians make to their medical practices and to their communities. The lifetime work of physicians practicing in small and rural communities is often unacknowledged. The DMAA wishes to honour a family physician who exemplifies good medical care, is a role model in the practice of family medicine, is a teacher of undergraduate medical students and residents and is an advocate for the health of his or her community. Alumni practicing in the Maritimes are the focus of this award, however, non-local nominees will also be considered.

## Please submit nominees to:

medical.alumni@dal.ca or (902) 494-8800.



Dr. David Janigan, class of 1957.

Photo: Jim Clark



Dr. Graham F. Pineo, class of 1962.



Dr. Kenneth Murray, class of 1972.



Dr. Michael Dunbar, class of 1992.



Dr. Ross Langley accepting on behalf of Dr. David Janigan, class of 1957.



*Dr. Margaret Casey, '68  
President, Dalhousie Medical Alumni  
Association*

## Anniversary gala dinner and history highlights

On October 2nd, 2008 we will be celebrating the 50th anniversary of the DMAA with a gala dinner at the Westin Nova Scotian Hotel, the site of the inaugural dinner described by Barbara Blauvelt in her write up. We invite you to join us for this great event and are honoured to welcome Dr. Ivar Mendez as the keynote speaker.

This is particularly significant as construction is ready to begin in the Life Sciences Research Institute, which will house the Brain Repair Centre. Ground-breaking research is taking place in departments across the Faculty of Medicine and this is a unique opportunity for us to gain some understanding of Dr. Mendez's work and mark this special milestone in the history of the DMAA.

The history of Dalhousie Medical School is long and fascinating, with one highlight being the opening of the Tupper building in 1967, Canada's Centennial

year. As you read the Dean's comments, it is clear that this exciting history continues to unfold. It is also clear that alumni remain connected to their classmates and to their memories of the Medical School.

The Medical School of our memories, however, is evolving and this event will highlight some of the extraordinary work that is being done. As well, Dalhousie medical alumni continue to achieve excellence in their profession and we will recognize them during the evening with the annual DMAA Awards. Please book a table with your classmates—this is a celebration not to be missed.



*Barbara Blauvelt  
First Director of the Dalhousie Alumni  
Association*

## Early history of the DMAA

In about 1956, Bill Murray '43 had a

dream of forming a medical alumni association. He recruited such prominent alumni as CM (Tabby) Bethune '31, Clarence Gosse '39, Bengé (HB) Atlee '11, Norman Gosse '22, RO Jones '37, CW Holland '02, CB Stewart '38, SR Johnston '09, and GB Whiswell '14. All of these physicians enthusiastically supported the idea of forming a medical alumni association.

At a meeting of the Medical Society at the Nova Scotian Hotel, Tabby, Bill and I manned the registration desk where we sought support for the formation of the association. We were met with resounding success, and in 1958, the Dalhousie Medical Alumni Association was officially launched with great fanfare at a dinner at the Nova Scotian Hotel. The response was so large that it was difficult to accommodate all those wishing to attend. To support the Association's activities, we proceeded to collect annual dues of \$5 and life membership dues of \$200.

The Association was incorporated as a legal body with the assistance of Donald McInnis. Each year, an annual dinner and dance was held with great celebration including musical skits and oral presentations. Medical alumni are a very talented group of individuals and it was a highlight of the year to attend one of these occasions.



*Tupper  
2008*



*Queen Mother  
at the opening  
of Tupper 1967*



*Outpatient clinic circa 1935*

The Association grew and grew with Tabby and Bill encouraging new developments. I am sure you will agree that medical alumni are a close-knit group with great loyalty to their medical school. I have always received the utmost support from everyone as we worked to make a success of the organization and all of its aims and objectives.

We initiated the Alumnus of the Year and Honorary President awards and were therefore able to honour alumni who had excelled in their careers. The first Honorary President was Dr. CL Gosse in 1958. I especially note that early members spanned across all areas of medicine and I am pleased to see that this continues. I thoroughly enjoyed every minute of my involvement with the DMAA. It was a great experience.



*Dr. Tom Traves  
President, Dalhousie University*

## Building on excellence

Working with a medical school was a new experience for me when I became Dalhousie's President in 1995 and I greatly enjoyed the new learning involved with understanding academic medicine. I was greatly assisted in this process by the academic leaders of the Faculty, but I probably learned just as much from dedicated alumni who shared their history and insights. Above all I was impressed by our grads' dedication to their patients, their profession and to Dalhousie, which obviously had provided a great learning experience. We have a great tradition of excellence on which to build our future.



*Dr. Dennis Johnston, '58*

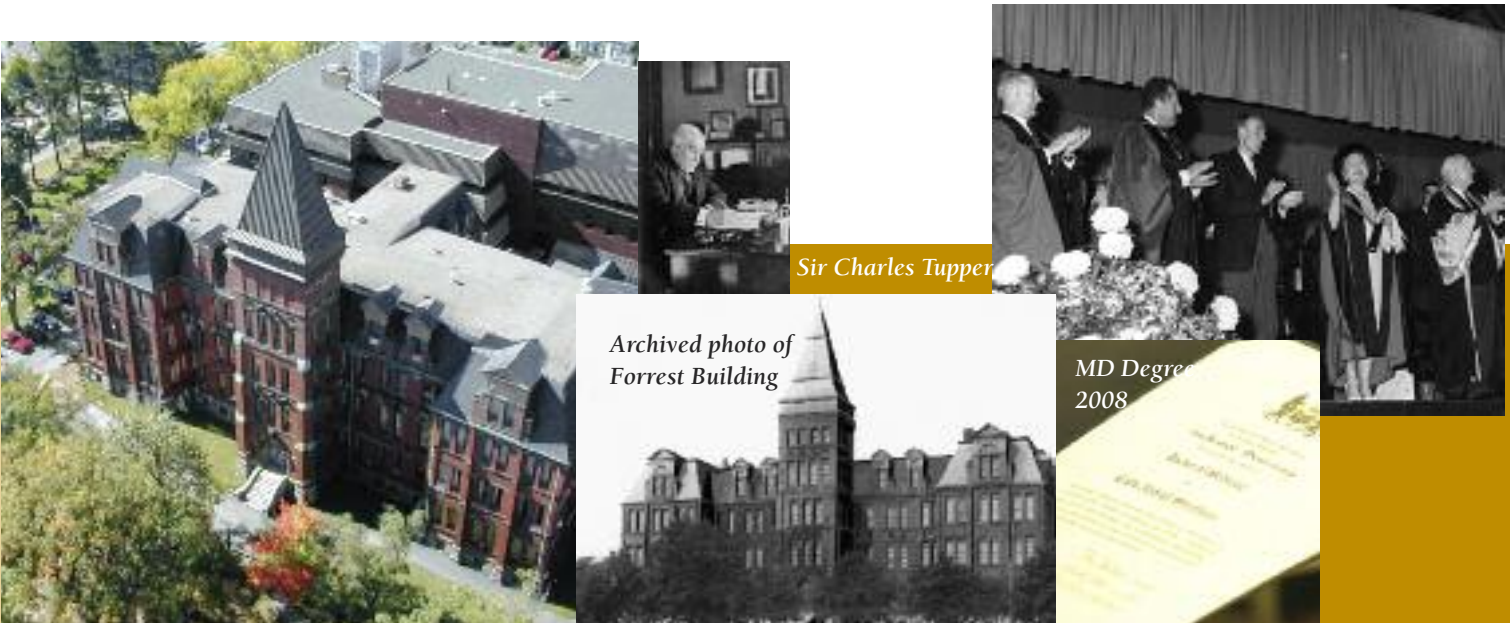
## Appreciating the DMAA

I was the President of the DMAA for 1991 and 1992. This was a banner year because Barbara Blauvelt retired. She had been

Executive Director of the DMAA since its inception in 1958 and had made a lasting impression with many medical students during her tenure. In honor of her service, the DMAA held a banquet attended by several hundred people and established the Barbara Blauvelt Bursary Fund. To this day, the principle of the fund is over \$96,000, providing entrance bursaries for medical students.

I feel that the DMAA is a unique and valuable organization because we keep in close touch with over 6800 medical alumni. The commitment and loyalty of our membership is obvious and demonstrated by their contributions to the university.

One of my favorite memories associated with the medical school, is the night in September in 1967 when the Sir Charles Tupper Medical Building was officially opened. It was a magnificent evening weather-wise. The Queen Mother was present in all her grandeur; there were 100 pipers in the courtyard and their bon vivance created the perfect evening. I attribute my successful career to in large part to Dalhousie and continue in my retirement to offer my services to the DMAA Board.



*Sir Charles Tupper*

*Archived photo of  
Forrest Building*

*MD Degree  
2008*



## Gala dinner keynote speaker Dr. Ivar Mendez

Over the past few years, scientists and clinicians of the Brain Repair Centre (BRC) and Division of Neurosurgery have focused on strategies that may have a high impact on the treatment of neurological diseases in the future. We have been working on cell restoration paradigms to repair the brain and the spinal cord, electronic systems to influence brain functions, improving symptoms of patients with movement disorders. We're also working on robotic technology to treat patients in remote geographical areas.

During my presentation I will provide a summary of the innovations that have been generated in Halifax that are allowing us to find solutions in the laboratory bench and translate them to the clinical realm. These innovations have helped us reach a critical mass of expertise and infrastructure that is keeping Halifax on the leading edge of basic and clinical neurosciences.

*Dr. Ivar Mendez  
Professor and Head, Division of Neurosurgery  
Chairman, Brain Repair Centre,  
Dalhousie University*

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*"Dr. Ivar Mendez"  
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*Dr. Ivar Mendez*



*Alumni and friends of class 1951*

*Dean Cook*



*Margaret Casey, '68*

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## News from Admissions and Student Affairs

### How a new interview method is improving Faculty of Medicine interviews

By Sharon Graham

For the first time ever, interviews for applicants to the Faculty of Medicine were held at the Halifax infirmary on Summer Street this past February. All 299 applicants were interviewed on just one weekend with the Admissions and Student Affairs office using the Multiple Mini Interview (MMI) process pioneered by the McMaster University Faculty of Medicine. The process is able to accommodate a large number of applicants during a short time period but also provides some very valid, objective data. McMaster has been using the MMI process for six years and it has been proven to be more reliable than the traditional interview process in judging an individual's merits and dilutes a single, misrepresentative, negative interaction. The MMI has been modeled after the Objective Structured Clinical Examination (OSCE) that is used to assess student competence. All interviewers participate in a training workshop prior to interview weekend and then another brief orientation on the day of the interviews.

In the MMI, applicants move between interview "stations" in a 10-station circuit with two rest stations. First year medical students, known as the "shepherds," escorted nervous applicants to the station start doors. Scenarios are posted on the outside of each door and applicants are given a few minutes to read them before they begin. Each station lasts eight minutes and there is a two-minute break between each one to allow applicants to read the next scenario. At each station, applicants interact with or are observed by, a single rater. The stations are designed to assess the applicant's personal qualities such as: critical thinking, awareness of

societal health issues, communication skills and ethics, among others. Scientific knowledge is not assessed.

Overall, the MMI was a huge success. Feedback from both interviewers and applicants was extremely positive and the data collected helped the Admissions Committee feel confident with their file decisions. Lessons learned will be incorporated next year. Here are just a few of the comments received from the applicants following their interview:

"This has been an awesome experience! Much less stressful than I anticipated. Thanks"

"MMI seems to be a great interview process. I really enjoyed it—highly preferred over traditional interviews."

"Very efficient and organized. I am thoroughly impressed with everything. The people at Dal and Halifax are so nice!"

"Loved the MMI format. I endorse it fully because it is much more fair that way. It was also very well-organized."

"I found the MMI substantially more comfortable than the traditional interview."

"I actually enjoyed this interview format as I felt it allowed me to express myself better."

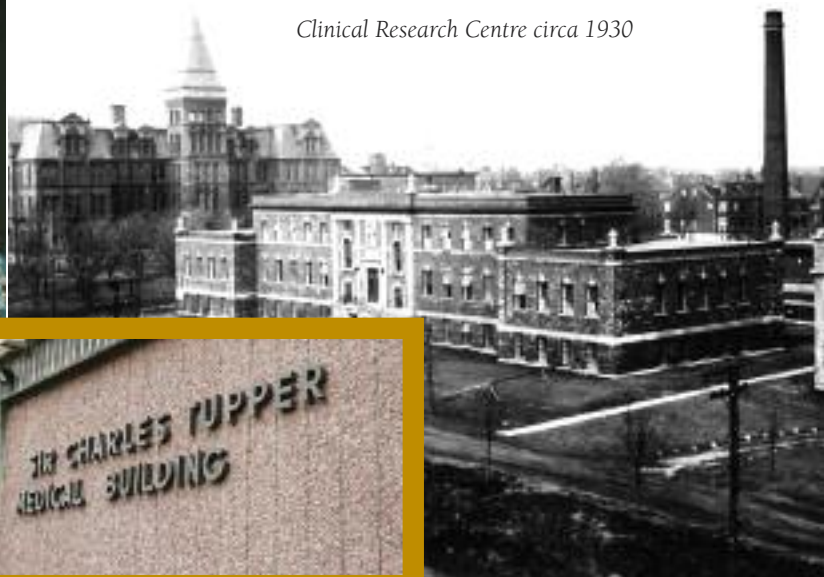
Interested in learning more or participating in this exciting new initiative in the Faculty of Medicine? Why not give us a call at (902) 494-1874 or send us an email at [medicine.admissions@dal.ca](mailto:medicine.admissions@dal.ca). All interested participants will be invited to an interviewing workshop in January, 2009. We look forward to hearing from you.

## Boosting enrolment and infrastructure

### MD programs in our region are preparing for new growth

By Dr. Harold Cook  
Dean, Faculty of Medicine

Clinical Research Centre circa 1930



Sharon Graham, Director of Admissions, with her team Tracy Teed and Anita MacDonald

Thanks to exciting new developments, Medical School enrolment is growing in both New Brunswick and Nova Scotia. The New Brunswick-based MD program will be increasing our first-year New Brunswick seats from 20 to 30 when the program is launched in September 2010. Enrolment will also be increasing at the Nova Scotia site. Recently, the Nova Scotia government announced plans to increase enrolment of Nova Scotia students at the Medical School by 10, beginning in September 2008. With these additional Nova Scotia seats, enrolment will grow from the current 90 first-year seats to 100. Once the New Brunswick program is up and running, the total number of first-year students across both campuses will expand to 110. These changes represent a significant enrolment increase—just five years ago, the number of first-year seats was only 82. Furthermore, we anticipate additional enrolment increases in Nova Scotia in the near future.



We are operating at near capacity within our current enrolment and we must ensure that we have adequate resources and infrastructure to offer the same high standards in our medical education program with additional students. With such unprecedented growth of our Medical School, we are vigorously planning for additional and updated space at both sites. We continue to work collaboratively with the faculties of Health Professions and Dentistry to define and

design a major education building project for the Halifax site, which we anticipate will be part of Dalhousie's Capital Campaign to be launched later this year.

In addition, plans are already underway to expand the Saint John site by 2011, the second year of the program, probably with an addition to the existing Saint John Campus building. This addition would likely house a new Learning Resource Centre as well as a research pod providing labs and offices for four researchers hired in conjunction with the new MD program in New Brunswick.

We also eagerly anticipate the soon-to-be-constructed Life Sciences Research Building to be located on the corner of Summer and College Streets in Halifax. The \$60-million complex will provide much-needed research space for the region's growing life sciences and biotechnology sectors and will have as its lead tenant the world-renowned Brain Repair Centre.

## Learning Resource Centre

The LRC is a hub for leadership, learning and fine-tuning skills

By Renee Skelley

The Learning Resource Centre (LRC) has been an important part of the School of Medicine since 1998. The multi-functional facility offers a clinic-like atmosphere in which future and practicing physicians and other health professionals learn procedural, diagnostic and communication skills. The Centre embodies the Medical School's commitment to lifelong learning by providing learning resources for students in undergraduate, postgraduate and continuing medical education programs.

The opportunities for students to develop and practice their skills have changed dramatically over the years. Hospitalized in-patients in Halifax are often older, acutely ill and represent a limited range of clinical presentations for learners. The LRC provides a safe environment for teaching through practical



Learning Resource Centre, procedure training



Learning Resource Centre, parent tot program



Histology lab circa 1935

learning experiences with simulated patients and “hands-on” procedural skills modules. In doing so, a broader range of patients and clinical presentations can complement “real” patient experiences at the bedside or in the clinic. For example, medical students learn and practice history and physical examination skills which complements the in-patient teaching by clinical departments.

Since 1998 the LRC has evolved into two areas of emphasis.

**Teaching and Learning:** Simulated Patient Educators and Procedural Skills Coordinators are fundamental to the development, implementation and evaluation of programs such as Parent-Tot, procedural skills and others. Students are assured of a learning environment where they can practice without fear of affecting patient care by making mistakes and are given detailed feedback in a clinical context.

**Evaluation:** Objective Structured Clinical Exams (OSCEs) were introduced to Dalhousie by the Medical Council of Canada. Today, they are common in our second- year program and third-year clerkship. The LRC expertise in evaluation has grown beyond medical education. It is a partner with the Clinician Assessment for Practice Program (CAPP), assessing the readiness for practice of international medical graduates for the College of Physicians and Surgeons of Nova Scotia. Our work with other health professions includes being a regional assessment centre for the Pharmacy Examining Board of Canada (PEBC), contributing to licensure of Pharmacists in Canada.

The LRC continues to provide leadership and innovation in medical and health profession education. Discussions are on the horizon at Dalhousie on how inter-professional health care teams can learn and practice in simulated learning environments and collaboration with Capital Health on integrating programs and sharing resources.

The LRC includes: Executive Director Bruce Holmes, two Administrative staff, six Simulated Patient Educators, two Procedural Skills Coordinators and a database of over 300 simulated patients aged six months to 80 years. For more information, e-mail the LRC at [lrcmed.dal.ca](mailto:lrcmed.dal.ca) or visit our website at <http://lrc.medicine.dal.ca/index.htm>.

## A fresh new look

The Sir Charles Tupper Medical Building officially opened in 1967—take a look at it now!

**By Greg McNutt**  
Tupper Building Services, Faculty of Medicine

The Tupper Building is always teeming with activity, from medical research, instruction, and seminars to guest lecturers and other medical-related initiatives. There's also activity in support services, laboratory renovations and many other building-related projects. A recent survey by Housing and Conference Services of foot traffic in the structure found that 8,000 trips are made in the building each day—the same number you'd see in a small town.

Recent renovations in the building were completed in 12 laboratories, many department offices, Classroom 3H and the Dalhousie Medical Student Society (DMSS) lounge, as well as improvements to the grounds around the building. The presentation and layout of the renovated laboratories has created positive environments for research, teaching and learning.



*The 3H then and now*



*Sir Charles Tupper Building*



*Exterior of the Tupper Building, then and now*



Classroom 3H has transformed from its original 1968 design into a state-of-the-art instructional classroom with wireless Internet service, a ceiling mounted projector and custom podium (with a document camera and symposium interactive display), e-link seats with power, audio (stereo and mono) and tablet arms to accommodate laptops. Being involved in this project and seeing the transformation first hand was very exciting. Thirteen tutorial rooms in the Link were renovated, each with a dedicated flat screen monitor and two additional tutorial rooms in the planning stages. Theatre D now has a new dedicated ventilation system. Many classrooms and theatres are set up with leading-edge presentation equipment. As student enrolment increases, keeping up with the increasing size of instructional space and technology needs will be the next challenge.

Students from the DMSS were very much involved with the renovation of their lounge. Some improvements here include new soft seating, a cafeteria area, a dedicated computer and a television entertainment system. Entry into the lounge is controlled by a DalCard access system and the room and electronic equipment are on alarm. Many thanks to the DMSS Lounge Committee for their hard work in what has become a terrific space for students to relax, interact and share ideas.

The cafeteria is also undergoing a renovation this summer that will transform the space into the “Tupper Link Common

Area” for all to enjoy. A collaboration of a working group comprising Faculty members, graduate medical students and a design firm will transform this area into an inviting space for study, interaction, and yes, even a place to eat your lunch or perhaps host an after-hours event.

These are just some of the exciting improvements and renovations that have been taking place over the past year and the coming season will be just as busy. The overall level of activity in the building is very impressive and will only increase as the LSRI is constructed next door and is linked physically to the building. Now if we could only build another elevator to handle all this activity...

## Online library expansion

An important healthcare database is now available for all Nova Scotians

By Patrick Ellis

For several years, Nova Scotia’s health libraries have made the Cochrane Library electronically available to all health practitioners. In the past year, this subscription has been expanded to include all Nova Scotians through Nova Scotia’s Public Libraries. Now anyone with a valid public library card may access the



DMSS student lounge, then and now



database, which contains the best available evidence about the benefits and harms of healthcare interventions.

The database is already available to citizens of New Brunswick, Saskatchewan, Northwest Territories, Yukon and Nunuvut. On the international level, it's gradually being made available to nations such as Australia, Great Britain, Finland, India, New Zealand, Norway, Poland, Spain and Sweden; it's also freely available to citizens in several developing countries.

At the heart of the Cochrane Library is the full text Database of Systematic Reviews, which identifies the best randomized controlled trials. Included in these reviews, are plain language summaries for the layperson as well as a results section, statistics for the clinician and author conclusions. These reviews assess if a treatment is effective, identify potential risks, harms or ineffective treatments to help improve the health and healthcare of Canadians and reduce overall costs.

Several other databases are also included in the database. There are citations to high-quality reviews in the Database of Reviews of Effects (DARE). The Central Registry offers the world's most complete listing of randomized controlled trials. Other useful components include the Health Technology Assessments and the Economic Evaluations.

As with most health knowledge delivery in Canada, there are many gaps. There is an effort underway by the Canadian Cochrane Collaboration, with the support of the Canadian Health Libraries Association, to get a national license for the Cochrane Library; you may visit this website to learn more about this initiative: <http://hlcl.epetitions.net>. To learn more about the database, go to <http://www.ccn.cochrane.org/en/index.html> or contact:

Patrick Ellis, Health Sciences Librarian  
W. K. Kellogg Health Sciences Library  
Tupper Medical Building  
5850 College St., Dalhousie University  
Halifax, Nova Scotia, Canada, B3H 1X5  
(902) 494-1669

## News from the Department of Anatomy and Neurobiology

New infrastructure, equipment upgrades and unique teaching methods enrich learning  
By Rob Sandeski

We have seen many positive changes over the years in the Department of Anatomy and Neurobiology. Some changes are obvious, such as modernizing the former museum. It has been relocated, expanded and infused with computers and learning software, transforming this central area into a learning resource centre available for student use.

With the reinvigoration of the plastination program, students have access to models made through a special process that embeds specialized polymers into the materials, producing durable, long-lasting specimens that can withstand much handling. The gross laboratory has been renovated and expanded to allow for larger class sizes and a better learning environment. The gross labs have also been outfitted with the latest technologies: data projectors, screens, a camera and a Smart podium. Supplemental teaching materials, like videos and CDs, are being produced in this lab. Slides are being digitized here in the department, and our new system allows students' computers to function like a microscope.

Other changes in our department are not so visible. The morgue in the Tupper basement has been renovated and upgraded. While our mode of teaching now includes new methodologies using the latest technologies, the department still relies on the traditional, hands-on gross anatomy experience, including cadaveric dissection.

In addition to traditional embalming, we have adapted a novel preservation technique that gives residents, physicians and other learners the opportunity to learn using life-like cadavers. Many life-saving techniques have been practiced with these new cadavers, providing an invaluable experience that increases the quality of care for patients. All of us who support this program—

Outpatient clinic



Rob Sandeski and Jennifer Willison, anatomy technicians



Gross anatomy

whether on the front lines or behind the scenes, as long term employees or new department members—are proud of our department’s history, where we are today and where the future of teaching will take us tomorrow.

## Working with international psychiatry

### Dalhousie partners with Trinidad and Tobago to draft mental health reform

By Dr. Sonia Chehil

Dalhousie Medical School’s Department of Psychiatry has embarked on a partnership with the Trinidad and Tobago’s Ministry of Health to review and draft mental health legislation for the southern Caribbean nation. Dalhousie’s partnership with the Government of Trinidad and Tobago in mental health began almost a decade ago and focused on training health workers to provide mental health care in hospitals and communities

Neuropsychiatric conditions make up about 15 per cent of the global burden of illness, according to the World Health Organization, the Institute of Medicine (USA), the World Bank, and the Global Forum for Health Research. In Trinidad and Tobago, mental health has been recognised as one of the priority challenges the country has been facing for several decades. In 2003, while mental and behavioural disorders, as well as diseases of the nervous system, accounted for only 4 per cent of total hospital discharges, these cases took up almost half of the total length of hospital stay (48 per cent) recorded among all hospitals in the country for that year.

This highlights the vast human, financial and material resources that are being expended on the care of mental health illnesses, as well as the current long-term institutionalized care of mental

health patients. The government’s Vision 2020 envisages a “Caring Society” that includes the removal of “the barriers that prevent many people from realizing their full potential, barriers that impede social mobility and social justice and which consign people to poverty and disadvantage.”

Ultimately, addressing mental health is a major priority of the government, as it aims to ensure social inclusion, where “everyone will be provided with an opportunity to make a contribution to national development.”

To finalize the draft for the Mental Health Bill, a three-day workshop with a delegation from Trinidad and Tobago was hosted in March by the International Psychiatry section of the Department of Psychiatry of Dalhousie University, in collaboration with the Health Law Institute of Dalhousie and the Nova Scotia Department of Health.

The major outcome of the visit was the re-arrangement of the sections of the Mental Health Bill according to the recommendations gathered from an expert team.

Among the significant recommendations from the three-day workshop include the following:

Separating the responsibility for civil mental health patients from forensic mental health patients, with the former remaining with the Ministry of Health, while the latter being assigned to the Ministry of National Security. Securing the Forensic Unit should also be under the remit of the Ministry of National Security;

Creating separate Mental Health Tribunals for civil and forensic patients, respectively, with the former under the responsibility of the Ministry of Health and the latter under the Ministry of National Security, with technical guidance from the MOH.

Separating the procedures for admission of children from adult mental health patients to mental health facilities.



Presentation of John Savage award to Dr. Sonia Chehil, presented by Michael Savage



atomy lab, 2008



Dalhousie College 1875, Grand Parade

# DMAA Fundraiser

Dinner, wine pairing and silent auction in support of medical student projects

The DMAA held its first annual fundraising dinner and silent auction on June 9 at FID Restaurant in Halifax. The restaurant is owned and operated by chef Dennis Johnston and his wife, maître d' Monica Bouché. It provided an elegant setting for the six-course meal, which was complemented by carefully chosen wines that were individually discussed by sommelier Susan Legallais.

The evening was a tremendous success and the DMAA is proud to recognize the support from our alumni, business community and retailers who generously contributed to the success of this very special occasion. An extended thanks to Dr. Denny Johnston, class of '58, for his hard work and expertise in ensuring the success of this event. Please look for this event again next year as we value your

continued support for medical student projects.

We would especially like to thank the businesses, retailers and alumni who generously donated to our silent auction:

- Frida Jewellery*
- Aramark*
- Clintar Landscaping*
- Calnen Photography*
- Domaine de Grand Pré*
- Ambassatours*
- The Lord Nelson*
- The Westin Nova Scotian*
- Zest Spa*
- Ski Martock*
- Neptune Theatre*
- Jay Wells Salon*
- Atlantic Gardens*
- Lakeland Plant World*
- Dr. David Janigan*
- Dr. Robert Anderson*
- Dr. Allan MacLeod*

In closing, the DMAA is committed to fostering and supporting special projects that enrich the learning experiences of medical students. We welcome your support to the DMAA in achieving this goal. Please contact the DMAA at (902) 494-8800 or e-mail [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca). □



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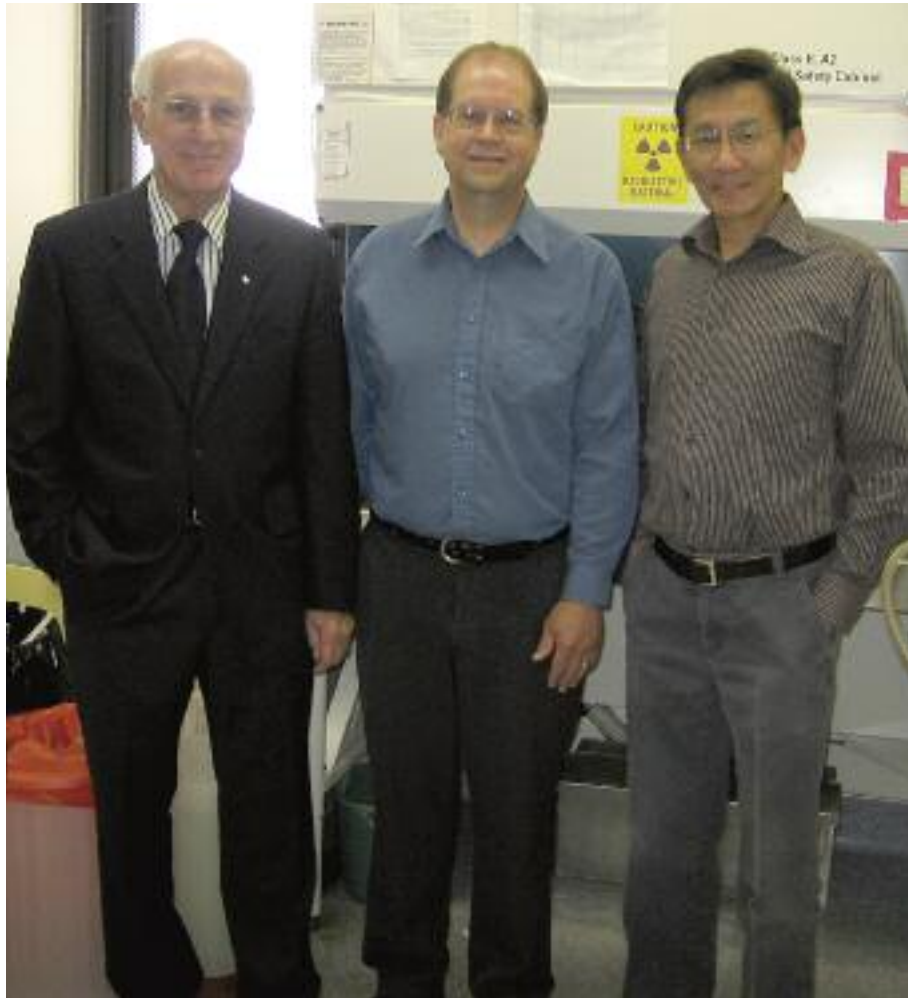
## Alumni Research Tour

See first hand the exciting research going on at the Medical Research Labs

>> Dr. Alex Gillis, '53

As part of our 50th anniversary celebrations, the DMAA is proud to present a special guided tour of Dalhousie's Medical Research Labs on October 3 at 10 a.m. This is a great opportunity to acquaint medical graduates with the range of exciting research happening in the Faculty of Medicine. Advanced registration is required by calling (902) 494-8800 or by e-mailing [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca).

"A special message for all those who will be at the class reunions in October: Be sure to register for the Alumni Research Tour. This is a great opportunity to have researchers in the Faculty of Medicine demonstrate why they are in the top echelons of what they do. You will not be disappointed!" ☐



Left to right: Dr. Alex Gillis, '53, Greg McNutt and Dr. Peter Lee

## CME CRUISES



An excellent blend of education, touring and entertainment.  
R. Parkash Yarmouth NS

### UPCOMING CME CRUISES

<b>Alaska Glaciers</b> Aug 17 - 24	Addiction Medicine Psychiatry
<b>Mediterranean</b> Sep 13 - 20	Women's Health
<b>Panama Canal</b> Nov 7 - 17	Respirology Surgery
<b>Caribbean</b> Dec 21 - 28	Family Medicine
<b>South America</b> Jan 18 - Feb 1	Dermatology General Medicine
<b>Caribbean</b> Feb 8 - 15	Travel Medicine Tropical Medicine
<b>Southeast Asia</b> Feb 28 - Mar 14	Women's Health Endocrinology
<b>Caribbean</b> Mar 22 - 29	Clinical Medicine Physician Health

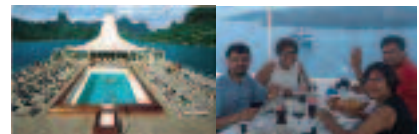
### NEW CME CRUISES

<b>Tahiti / Marquesas</b> Apr 4 - 18, 2009	Women's Health Infectious Diseases
<b>Mediterranean</b> Jun 6 - 14, 2009	Endocrinology
<b>Greece / Israel</b> Aug 31 - Sep 13, 2009	Clinical Medicine
<b>Dubai to Mumbai</b> Oct 24 - Nov 2, 2009	Cardiology Ophthalmology

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 These exemplary initiatives project leadership, commitment and  
 dedication to the medical profession.

# 50 for Life

Supporting medical student education at Dalhousie

»» By Shane Hawkins, '11

The Dalhousie Medical Student Society (DMSS) is pleased to announce that the 07/08 academic year marked the inaugural issuing of bursaries from the "50 for Life" Medical Student Bursary fund. Sixteen bursaries of \$1,000 were awarded to four students in each year for a total of \$16,000 in support.

The "50 for Life" fund was established in 2007 by the DMSS with the support and guidance of Dr Richard Goldbloom.

The fund was established to help address the considerable debt load borne by medical students financing increasingly expensive medical educations. Every Dalhousie medical student contributes \$50 to the fund every year and the Dean's Office matches this \$20,000 student contribution.

Students are encouraged to continue paying \$50 each year after they graduate for the duration of their professional lives. The vision for the "50 for Life" fund is to build an endowment that will provide substantial support for medical education through the participation of many individuals making modest annual contributions. Medical students at Dalhousie are taking a leadership role in addressing student debt by establishing this fund and by working to establish a culture of lifelong support of medical student education.

Students invite alumni, clinical departments and others with a stake in medical education at Dalhousie to participate with us in building this endowment and insuring that medical education remains financially accessible for all. If you would like more information about the "50 for Life" fund or are considering participating, please contact the DMSS president at dmss@dal.ca. □



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## Dalhousie Medical Alumni Stories project update

Call for stories and anecdotes from alumni

»» By Thomas Tran, '10



In the previous edition of *VoxMeDAL*, a project had been undertaken to collect anecdotes and stories from past students and Faculty members of the Dalhousie Medical School. It is my pleasure to announce that construction of the website to house these stories has begun. A link to the website can be found at <http://alumni.medicine.dal.ca/> under Alumni Stories Project.

It is my belief that every physician throughout his or her career has lived through at least one experience that is worth telling as a story. It may be one that still makes them laugh decades later. Or it may be one that recounts the ordeal of a particular patient that has made a lasting impression on their life and on the way they practice medicine. What we learn from a Medical School curriculum makes practicing medicine possible but it is the experiences during practice that make medicine worthwhile.

The greatest tragedy is that these stories are rarely passed on to the next generation of students. This is why the Dalhousie Medical Alumni Stories project was created. Every story sent in by alumni will be stored on the project website and made available to other alumni. Once a sufficient number of stories have been collected, an anthology will be published and its proceeds will go towards future student endeavours.

These stories should be a minimum of 500 words and can be submitted via e-mail at [dalmedstories@gmail.com](mailto:dalmedstories@gmail.com). Your participation is essential to the success of this project and we thank you for your time. □

## Dr. David Walton discusses health care solutions

Partners in Health is a grassroots non-governmental organization providing health care for the poor and vulnerable

>> By Matt MacDonald, '10



Left to right: Dr. Margaret Casey, '68, Dr. David Walton, Matt MacDonald, '10

On Thursday May 1, the Dalhousie Medical Students' Society (DMSS), in collaboration with the Dalhousie Medical Alumni Association (DMAA), had the privilege of hosting a presentation by Dr. David Walton, from the respected grassroots non-governmental organization Partners in Health (PIH). Started by Dr. Paul Farmer, PIH provides a preferential option for the poor in health care. The Boston, Massachusetts-based organization works in Haiti, Peru, Guatemala, Mexico, Russia, Rwanda, Lesotho, Malawi and Boston.

Dr. Walton, an attending physician at Brigham's and Women's Hospital's Division of Social Medicine and Health Inequalities, has been working in Haiti for the past 10 years. Walton spoke elegantly and frankly about the struggles of Haitians, especially in the midst of the recent world food crisis. He described how PIH is working with poor, rural Haitian communities to provide compassionate and pragmatic

healthcare solutions.

Walton elaborated on how PIH's community healthcare workers (accompagnateurs) were key figures in ensuring the success of TB and HIV/AIDS treatment programs. Accompagnateurs help identify people in ill-health, get them access to care and partner with patients through long and difficult treatment regimens. Walton also spoke about gender-inequality, an issue that continues to determine poor health outcomes for women in Haiti and around the world.

The work of PIH has received much deserved recognition and, two days after Dr. Walton spoke at Dalhousie, *60 Minutes* featured both Drs. Walton and Farmer and their work in Haiti. Proceeds from the Walton event went towards the work of PIH and to help support DMAA-sponsored medical student projects. The DMSS would like to thank the DMAA for their support of the Walton event. □

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# Everest Project day

Positive feedback and physical activity are the cornerstones of influencing lifestyle choices

>> By Dana Lee, '10

Each year, the day I look forward to the most in my Medical School curriculum is the Everest Project day. Every spring since the year 2002, Dalhousie University's medical students have visited numerous elementary schools in the Halifax Regional Municipality (HRM) to educate Grade 4 students about healthy eating and lifestyle choices.

Initiated by medical students, the project aims to reduce the burden of adverse health consequences from inactivity and obesity in our community. An initiative that promotes healthy eating and lifestyle choices to children, the project also medical students the chance to build relationships and share knowledge within the communities where they will practice. The project involves an interactive curriculum that includes physical activity and positive feedback. In order to emphasize healthy eating and lifestyle choices, children are given 'Everest Challenges' to complete over time. The project has grown to include 85

participating Grade 4 classes in HRM.

This year, I entered the classroom of Grade 4 students feeling both enthusiasm and fear as 28 pairs of eyes scrutinized my partner and myself. I was well prepared to teach the curriculum and was confident in my teaching skills, which I had sharpened and molded in the Case-Oriented Problem-Stimulated (COPS) tutorials for the past two years. However, I was not sure of the students' expectations and level of knowledge. Within minutes of teaching, their level of knowledge and the complexity of our discussions flabbergasted me. I was asked by students to talk about DNA, different blood groups and osteoporosis. I only learned about the DNA in high school! I walked out of their classroom feeling content and hopeful that with such bright children, we are one step closer to the summit of Mount Everest. For more information about the Everest Project, visit [www.dmss.ca/everest.php](http://www.dmss.ca/everest.php). □



# Interprofessional Education at Dalhousie



It's all about smashing barriers and building answers

>> By David LaPierre, '10

It is my honour to accept the position of President for the Health Sciences Students' Association (DalHSSA). Medical education, at Dalhousie and in the rest of Canada, is in the midst of transformation. Interprofessional healthcare has taken hold, from primary and tertiary care in our cities and rural communities, and is having a substantial impact on health education as a result. There are still many lessons to learn and hurdles to cross, including funding structures. But everyone—the World Health Organization, federal and provincial governments, the Canadian Medical Association and Doctors Nova Scotia—recognizes that increased collaboration among healthcare professionals is critical for the future-of-healthcare puzzle.

With the second longest-running program in Canada, Dalhousie has been a leader for the past 10 years in preparing students for tomorrow's interprofessional workforce. Our initiatives have focused on small group sessions where we discuss clinical scenarios as we learn more about each other's roles. These have been very useful, but there is increasing recognition, among faculty and students, of the need to move interprofessional learning into clinical placements. These experiences, as we have learned from initial projects, are phenomenally useful as we work and learn alongside each other with real patient and family needs as our focuses.

The DalHSSA is working to address long-standing divides

among healthcare students and encourage both social interactions and educational experiences among the over 22 health professional programs here at Dal. We have our work cut out for us, as our almost 3,000 students are divided among three faculties: Medicine, Dentistry and Health Professions, creating some challenging logistical issues. However, we are moving enthusiastically to work with faculty and practitioners to create opportunities where we can meaningfully interact with each other, especially in clinical situations.

As medical students and physicians, we have a special opportunity to address existing divides among health professions. Other students, potentially using a historical lens, view medicine at the top of the hierarchical heap, creating barriers that keep us from truly working together. It is therefore our responsibility to show others, during our training and in practice, that we respect other professions and value their contribution to the health of our patients.

It will take every health discipline, working together as equals, to meet the complex and ongoing needs of our population and DalHSSA is proud to work with the DMAA to see this through. Please visit our website at [www.HealthAtDal.ca](http://www.HealthAtDal.ca) to learn more about our work and offer suggestions on how we can learn together to make healthcare in Nova Scotia the best in the world. □

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Dr. Carl Breckenridge, VP Research, Dalhousie University;  
Dr. Ray LeBlanc, VP Research and Academic Affairs, Capital Health

World class medical research and patient care result from innovative partnerships like the recent appointment of Dr. David Hoskin as chair holder of the Canadian Breast Cancer Foundation - Atlantic Region Endowed Chair in Breast Cancer Research. This new chair is the result of an exciting collaboration between Dalhousie University, the Capital District Health Authority, the Canadian Breast Cancer Foundation - Atlantic Region, CIBC and the QEII Foundation. Research chairs draw the brightest minds to Atlantic Canada to help find cures and further cement the relationship between Dalhousie and the QEII.

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*The DMAA is proud to welcome and introduce our newest alumni; we are pleased to present an inside view of just a few of our new members.*

## Over the moon

David Philips used to train astronauts but now he's launched an exciting new career in medicine

>> **By David Philips, '08**

**T**eaching astronauts how to control robots may be an engineer's dream job. But for me, it was the culmination of my training as an engineer and a springboard to my ultimate aspiration: mixing aerospace engineering with medicine.

I was hired by the Canadian Space Agency after finishing grad school, and I was over the moon with my position. My job was to train Canadian, American and international astronauts how to use the Canadarm2 and Dextre, two Canadian-built robots that repair the International Space Station. The three years I spent there were daunting and wonderfully fulfilling: working on a high-tech job using high-tech simulators, teaching the best of the best in their fields and needing to know how different sub-systems worked and what to do when they stopped working. In retrospect, it should have been great preparation for Medical School.

Medical School had always been a calling to me, but it was hard to leave my extraordinary engineering job. When I finally took the plunge, I was immediately faced with a challenge: the human body was too complex to simplify into a few equations. The gulf between the art and science of medicine was daunting for an engineer. In fact, it wasn't until I was introduced to the neurosurgery department at Dalhousie that I found the intersection



between the two. The opportunities for a cross-trained physician were endless and enticing and I had previous experience with tele-robotics. Neurosurgery itself was elegant, complex and was the career that I had dreamed of finding.

With robotics, engineering and surgery covered, I turned my attention to integrating my interest of space with medicine. In my final month of Medical School, I found myself in the midst of an aerospace medical elective at NASA. In the mornings, we would receive lectures about the complexity of medicine in space and tours of the available equipment. In the afternoons, I studied how to use ultrasound to measure a surrogate marker of increased intracranial pressure. Within four years of leaving the Canadian Space Agency, I was already combining my knowledge of engineering and neurosurgery with spaceflight and terrestrial medicine. Most people would say aerospace engineering and medicine are quite literally worlds apart, but for me, they are the launch pad for my future career. □

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# So that's what snow looks like!

International medical student Wei Jin Wong reflects on new discoveries

>> By Wei Jin Wong, '08



It's 9:30 a.m. on a cold November morning in 2006. I'm in the Nephrology ward at the Victoria General Hospital and the first snowfall of the winter has just begun. Large clumps flurry, frenzied. I am caught staring out the window by the R1 I'm working with.

"Wei Jin, what are you looking at?" he asks me as I point outside, a puzzled look on my face. "What's going on outside?" I ask, "Looks like someone is blowing clumps of dust off the VG roof. Are they cleaning it?" The room, patient included, explodes in laughter. "You're not serious are you?" they ask. "What's going on?" I implore. "It's SNOWING," they answer. "Oh. Right," I say.

In May 2006, I and five other Malaysian students left the warmth (pun intended) of our homes for Halifax. A bit of background—the International Medical University in Malaysia sends six students to Dalhousie University every year to join the current Med 3 class for clerkship and then graduation.

To say that my two years spent in Halifax were interesting is at once an all-encompassing yet totally inadequate statement. A completely different sense of humour was met with many an awkward silence, followed by my staple, "In my country..." excuse. I was quite thoroughly confused when someone first

greeted me with "What're ya sayin'?" (umm, I haven't said anything) and "How's it goin'" (how's what going?).

As I look to my future, I will remember my time in Halifax with a sense of ambivalence. I am definitely a better physician for it—I've learned to adapt quickly but I will definitely not miss the -30 degree weather, the season-long lack of sunlight and the absence of spicy Malaysian food (my cooking still leaves a lot to be desired).

My time spent in such a completely different culture has ignited a travel lust in me for new terrain, new languages and new food. Med 4 electives have opened up doors to Tanzania, England and New York. Now Zurich beckons for post-grad research, a path I would not have trodden if not for my cross-cultural experiences in Halifax.

There are so many more observations, so many more odd, poignant moments that I can mention, but I would like to end this with some thanks to Drs. Sinha and Blake, the amazing staff of the UME, the Admissions Office, the ladies of the LRC and of course, to VoxMeDAL for granting me the opportunity to write a few words. Thank you. I now know what snow looks like! □

# The art of medicine

With Art in Medicine, medical students use art to explore complicated medical issues

>> By Shannon Curtis, '08



Art has always been a part of my life. From a very young age, I have enjoyed exploring my more creative side. When the time came to apply to Medical School, Dalhousie stood out. It is known across the country as a Medical School that favours well-rounded students who have interests outside of medicine. You can see this by the many student-run interest groups on campus, including the one closest to my heart—Art in Medicine (AIM).

This project started over a decade ago by Dr. Jonah Samson. As a medical student, Dr. Samson recognized the value of using an art-based approach to highlight medical topics not covered in Medical School curriculum.

In my first year of Medical School, the AIM show was called *End of Life*. I attended seminars and workshops in the fall and submitted a piece for the spring show. The fact that I was able to explore a medical topic through art was very liberating. It is one thing to read a text on death and dying but expressing it on paper was a whole new thing. I soon began to realize how important this experience was for me and I wanted to share it with other students.

I then became an AIM coordinator, and over the past three years, I have been one of the project's main organizers. All three years were amazing experiences, however, this year, being my last, left a truly lasting impression. This year's art show, *Sensation*, explored the intricacy of sensory loss. Below is an excerpt from this year's AIM publication:

“Sight, hearing, taste, touch and smell. As medical students, we have learned about the five senses. We have been taught about the

chemical pathways, the circuits and the function of each sense. These are taken for granted by many people. Yet, if lost, life becomes dramatically altered. It is this component of sensation that is not covered in our studies. There are some topics that just cannot be taught from a book. What we have tried to do through our art is to explore the experiences of others affected by sensory loss.

The world shapes us into the people we are. We are able to take pieces of our world with us because our senses allow us to interact with the surrounding environment. *Sensation* is a method of communication, a way to interrelate with each other and share in common experiences. Most of us can recall the feeling of sand beneath our toes, the sound of rain tapping on the roof during a thunderstorm, or the vibrant colors of a sunrise stretching far into the horizon.

However, for those with sensory loss, these experiences may no longer or have never been possible. Instead, these people have a much different interaction with their environment. Often, there is frustration, anxiety, anger and isolation. There can be a loss of identity. As future physicians, we need to be aware of the obstacles that can occur with sensory loss. The full five senses can't be relied on. They must adapt and perceive the world in a unique way.” (*Sensation*, 2008)

I believe that my Medical School experience was made richer through my involvement with AIM. I hope in the years to come that many other students are touched by the program and are able to incorporate it into their careers as physicians. □

## Home on the range—and at the clinic, too

Beau Blois discusses the surprising similarities between farming and rural medicine

>> By Beau Blois, '08

I have always found it to be satisfying to be a “jack of all trades.” Rural medicine and dairy farming are both professions that fit this designation. I am the eighth generation of a family farm in Gore, Nova Scotia. We produce mainly dairy, forestry and blueberry products. As a recent graduate of the School of Medicine, it only seemed natural that I would match to a rural family medicine residency.

After spending the last four years of my life studying medicine, I realize that agriculture and medicine actually have a lot in common and that the skills needed in each occupation often overlap. In green pastures and calf barns, my daily chores as a young boy were to raise black-and-white dairy calves. This fostered in me skills of identifying illness and nurturing health—talents that have been useful in all of my core clerkship rotations. During my Pediatric Emergency rotation, I had relative comfort in assessing severity of illness, and with little trouble, I could handle children that were difficult to examine.

During my BScH at Acadia University, each morning before class, I milked 65 cows at a farm in Grand Pre. It was during this time that I changed my career path from veterinary to human medicine. I did this because I enjoyed the human interaction of the academic setting and the novelty of rising at 5 a.m. for cows was wearing thin. The discipline and work ethic required to both milk cows in the morning and pursue an honours degree in Biology would serve me well, whether as a farmer or a physician.

When I started Medical School, I had well over a thousand obstetrical deliveries under my belt. Much of this experience came from living the life of a dairy farmer's son and always being second on call. It was not uncommon for my father to shake me from sleep in the wee hours of the morning to help him with a difficult labour. Other obstetrical experience came from working on New Zealand's largest dairy farm during calving season where I helped deliver over 800 calves in only four weeks. I lived there during the two years between my undergrad and my medical training. I also managed a kiwifruit and citrus packing operation in Keri Keri, New Zealand. There were many challenges that I had to face in that leadership role as I had ultimate responsibility for the packing facilities. Each day, packing kiwifruit was an elaborate



exercise in multitasking and effective communication with my 70 employees.

My skills in medicine and agriculture were recently tested while volunteering in Africa. I attended the International Conference on Rural Family Medicine in Calabar, Nigeria and studied for three weeks on clinical elective at Mulago hospital in Kampala, Uganda. I then travelled north to Sudan where I spent two weeks volunteering for a non-governmental organization called Volunteers for Economic Growth Alliance (VEGA) in Yei, a rural town in southern Sudan. While there, I taught 21 subsistence farmers the basics of modern farm management practices. I found that my Dalhousie COPS experience was helpful and I used the small discussion group model to help farmers explore management and marketing issues, as well as larger concepts such as goal-setting, record-keeping and profit-margin calculations.

Growing up in a rural area prepares you for the lifestyle of a rural doc outside of his practice. Research shows that doctors from rural areas are more likely to return there to practice. Given this fact, plus the current shortage of family physicians, I think we should encourage more youth from agricultural backgrounds to pursue careers in medicine. □

*The DMAA is proud to introduce a few of our award winners*

**Dr. C.B. Stewart  
Gold Medal,  
Andrew James  
Cowie, MD  
Memorial Medal &  
Dr. Robert C. Dickson  
Prize in Medicine  
Winner – Allison Grant, '08**

As with everything in life, Medical School has been more than one day, one person and one experience. What has made my time at Dalhousie Medical School truly special is the sum of the parts.

From valuable experiences on the Admissions Committee, to interactions with incredible clinicians and mentors (particularly Allan Purdy and Peter Brown), to euphoric victories and crazy dinner parties shared with my spirited classmates, I will never forget the last four years of my life. I am so grateful for all the opportunities afforded to me and owe a debt of gratitude to those who have challenged and supported me as teachers, study partners and friends.

When asked in a residency interview how I explain my academic successes in Medical School, I answered simply: I love what I do. Although a lot of hard work is necessary for any real success in life, I firmly believe that passion is the basis for all great accomplishments. I feel very fortunate to be embarking on a career that I feel passionate about and one that I believe will give me a lifetime of fulfillment and happiness. □



**Dr. Morris Jacobson Prize  
Winner – Beau Blois, '08**

This new award will be given each year to a graduate entering rural family practice. Awarded this year to Beau Blois, the award is donated by Myrna (Jacobson) Yazer in memory of her father, Morris Jacobson, class of '27, whose story she relates below:

My father Morris Jacobson graduated from Dalhousie University in 1927. After a surgical residency in New York, and a brief period of practice in Manitoba, he returned to Halifax in the early 1930s to start a family practice on Gottingen Street.

He developed a large practice, including weekly well baby clinics. He worked hard to obtain sponsors such as Farmer's Ltd. for his clinic and was the first to supply free milk to young children in one of the Brunswick Street area schools. My father was a dedicated doctor who would frequently be called out at all hours of the night to attend patients in Sambro, McNab's Island, Waverley or Halifax proper. He was on call seven days a week, going to wherever his patients were and often being paid in deer meat, lobsters or not at all.

At the outbreak of war, he joined the army as a medical officer and was eventually stationed with a Scottish regiment. Jacobson might have been a Russian Jew but he would have loved to have been a Scottish Jew for whenever he heard the skirl of the pipes, his face lit up like a true Scot. He wore a kilt proudly and made sure his daughters had kilts of their own.

Following the war, he returned to his practice on Gottingen Street but hard work and stress took their toll and he passed away at the young age of 54. How proud he would be to know that one of his children and seven of his grandchildren followed his footsteps in the practice of medicine. He said that the most important tool in his black bag was his ability to listen. It was as true then as it is today. □



## Harold Ross McKean Award in Ophthalmology

Winner – Stephanie A. Wood, '08

I was very honoured to be among the graduates receiving prizes at the Dalhousie Medical School Convocation Awards ceremony. My medical studies inspired numerous areas of interest, many I could have followed as a specialty. However, ophthalmology best represented my interest and passion. It combines the diverse aspects of practice I have enjoyed during my undergraduate medical education—from the spectrum of patient population to the treatment of emergent acute affliction to insidious chronic disease.

My interest in ophthalmology began with my undergraduate honours research at the Optic Nerve and Retina Research Laboratory at Dalhousie University, where I developed an appreciation for the delicate structures of the eye and layers of the retina. With an ignited passion for medicine, I subsequently pursued clinical research at the Eye Care Centre, working closely with ophthalmologists and glaucoma patients.

Although I was fortunate to work with renowned physicians and researchers, it is through my earliest patients that I discovered how compelling it is to look upon the world and its aesthetics. These experiences continue to inspire me as I learn not only the medical and surgical components of ophthalmology but also the virtues of adaptability, patience and courage.



As I continue to pursue my ophthalmological training at the University of Toronto, my experience at Dalhousie University has provided me with countless rewarding and unforgettable experiences. I have been fortunate to have the faith and support of my family and friends, in addition to the encouragement of professors and physicians. I am privileged to be a graduate of a Medical School that takes such pride in its students as it helps them to obtain the knowledge and clinical skills they need to become competent, compassionate and ethical professionals. □

### Graduation with Distinction

Awarded to students who reach a high standard set by the Faculty of Medicine.

Melissa Brooks  
 Andrea Faryniuk  
 Carrie Ferguson  
 Allison Grant  
 Matt Greer  
 Osama Loubani  
 Lorine Pelly  
 Laci Stevens  
 Julie Timko  
 Ellen Vessie  
 Stephanie Wood

### Silver Shovel Award

Dr. Richard Langley

### Resident Teacher of the Year

Dr. Steve Pooler

### Honourary Class Member

Mr. Malcolm Ferguson

### Class of 2008 DMAA Awards

#### Gold D's

1. Mike Ripley
2. Amy Hughes
3. Shannon Curtis

#### 3. Jill Hudson

4. Katerina Spacek
5. Erin McCarvill
6. Ash Wiley
7. Peter Sullivan

#### Silver D's

1. Beau Blois
2. Martha Linkletter

8. Joel Kennedy
9. Jessica Butler
10. Chloe McAlister



## Graduating Class Prize Lists

**Dr. C. B. Stewart Gold Medal**  
Allison Grant

**Dr. John F. Black Prize**  
Erin McCarvill

**Dr. Ram Singari Boodoosingh Memorial Prize**  
Ashley Wiley

**Dr. S. G. Burke Fullerton Award**  
Sarah Conrad

**Andrew James Cowie, MD Memorial Medal**  
Allison Grant

**Dr. Robert C. Dickson Prize in Medicine**  
Allison Grant

**Dr. Richard B. Goldbloom Award in Pediatrics**  
Laci Stevens

**Dr. Frederick S. Goodine Scholarship**  
Matthew Greer

**Dr. Mabel E. Goudge Prize**  
Andrea Faryniuk

**Dr. Lawrence Max Green Memorial Award**  
Ciorsti MacIntyre

**Dr. Carl Perlman Prize in Urology**  
Gavin Langille

**Dr. Graham Gwyn Memorial Prize in Neurology**  
Osama Loubani

**Dr. J. Donald Hatcher Award for Medical Research**  
Jennifer Ahmed

**Dr. W. H. Hattie Prize**  
Stephanie Wood

**Dr. Leo Horowitz Prize in Diagnostic Radiology**  
Ellen Vessie

**Hunter Humanities Award**  
Stephanie Carpentier

**Dr. N. N. Isa Achievement Award**  
Amy Hughes

**Dr. R. O. Jones Prize in Psychiatry**  
Stephanie Wood

**Kidney Foundation of Canada Dr. Allan Cohen Memorial Prize in Nephrology**  
Jessica Butler

**Lange Book Prize**  
Andrea Faryniuk.

**Dr. Frank G. Mack Prize**  
Jill Hudson

**Dr. Harold Ross McKean Award**  
Stephanie Wood

**Dr. J. W. Merritt Prize**  
Andrea Faryniuk

**Michael Brothers Prize in Neuroscience**  
David Phillips

**Dr. Clara Olding Prize**  
Andrea Faryniuk

**Poulenc Prize**  
Andrea Faryniuk

**Dr. Robert F. Scharf Award in Emergency Medicine**  
Jennifer Ahmed

**The Albert A. Schwartz Prize in Orthopedics**  
Maude McInnis

**Society for Academic Emergency Medicine**  
Cherie-Lee Adams

**Dr. J. C. Wickwire Award**  
Ciorsti MacIntyre

**Dr. Lourdes I. Embil Award**  
Ciorsti MacIntyre

**Dr. I. M. Szuler Award**  
Osama Loubani

**Dr. Morris Jacobson Prize**  
Beau Blois

**The Emerson Amos Moffitt Research Prize**  
Murray Yazer

**The Dr. Juan A. Embil Award**  
Monique MacFarlane Conrad

# Match Day moments

>> By Katerina Spacek, '08



It makes waiting for your Med School acceptance letter trivial. It makes Objective Structured Clinical Exam (OSCE) nerves jealous. It makes Euphoria performances child's play. Everything pales in comparison to the emotional rollercoaster that is Match Day.

After several months touring Canada and the world to complete medical electives, ensuring the cornucopia of documents required by Canadian Residency Matching Service (CaRMS) were received on time, and dazzling interviewers across the board, the hard part began—the agony of creating a rank list to indicate your top residency program preferences and hoping those views were reflected by the programs you chose.

We help patients make difficult decisions every day but for most medical students, this was a truly taxing dilemma that weighed heavily on our minds because it would dictate our future career paths. The short two-week countdown to Match Day seemed to last forever until the day in March we had all been anticipating finally arrived.

Some chose to check alone in an isolated location, others chose the Tupper Library and still others waited until their class sweethearts arrived back in Halifax to check together later in the evening. With the click of a mouse, destiny revealed itself. Happiness, excitement, disappointment and ambivalence touched our class that day as we came to terms with what our futures will hold and the realization that the light at the end of the tunnel was starting to blind our eyes. □



## Dalhousie 2008 Medical Graduates— where they're headed

Congratulations to the Class of 2008. You can see where they will be pursuing their residency programs at a hospital and university near you.

### Anesthesiology

**Michael Fader**, University of Toronto, Toronto, ON  
**Pavan Khumar**, University of Saskatchewan, Saskatoon, SK  
**Murray Yazer**, McGill University, Montreal, QC  
**Jordan Zacny**, University of Ottawa, Ottawa, ON

### Cardiac Surgery

**Maria Currie**, Western University, London, ON

### Dermatology

**Erin Mullan**, McGill University, Montreal, QC

### Emergency Medicine

**Cherie-Lee Adams**, McMaster University, Hamilton, ON  
**Jennifer Ahmed**, University of Toronto, Toronto, ON  
**Osama Loubani**, Dalhousie University, Halifax, NS

### Family Medicine

**Jillian Achenbach**, Dalhousie University, Halifax, NS  
**Ryan Arbeau**, McMaster University, Hamilton, ON  
**Michael Aucoin**, University of Calgary, Calgary, AB  
**Heather Austin**, Dalhousie University, Moncton, NB  
**Robert Best**, University of British Columbia, Victoria, BC  
**Jessica Butler**, University of Ottawa, Ottawa, ON  
**Kelsey Cameron**, Dalhousie University, Fredericton, NB  
**Sarah Conrad**, Dalhousie University, Halifax, NS  
**Amanda Crosby**, Dalhousie University, Halifax, NS  
**Mary Curtis**, Dalhousie University, Fredericton, NB  
**Susan Cutler**, Dalhousie University, Halifax, NS  
**Daralyn DeBaie**, Dalhousie University, Halifax, NS  
**Elena Garcia del Busto**, Dalhousie University, Sydney, NS  
**Paul Gibbons Gomez**, McGill University, Montreal, QC

**Matt Greer**, Dalhousie University, Saint John, NB  
**David Heughan**, Dalhousie University, Sydney, NS  
**Jacqueline Kerr**, University of Calgary, Calgary, AB  
**Kathryn LeGross**, University of British Columbia, Nanaimo, BC  
**Mei Woei Loke**, University of Alberta, Edmonton, AB  
**Maude MacInnis**, Dalhousie University, Halifax, NS  
**Susan MacKean**, Dalhousie University, Halifax, NS  
**Colin MacKenzie**, University of British Columbia, Prince George, BC  
**Ryan McCallum**, University of Calgary, Calgary, AB  
**Erin McCarvill**, University of Queens, Kingston, ON  
**Heidi Milner Gero**, Dalhousie University, Saint John, NB  
**Kelly Morris**, Dalhousie University, Halifax, NS  
**Anupama Pallen**, McMaster University, Hamilton, ON  
**Helen Rockwell**, Dalhousie University, Halifax, NS  
**Michelle Saxon**, Dalhousie University, Halifax, NS  
**Jennifer Sinclair**, Dalhousie University, Moncton, NB  
**Sarah Smith**, McGill University, Montreal, QC  
**Katerina Spacek**, University of Ottawa, Ottawa, ON  
**Laci Stevens**, University of Calgary, Calgary, AB  
**Christy Sutherland**, University of British Columbia, Vancouver, BC  
**Julie Timko**, McMaster University, Hamilton, ON

### Family Medicine (Rural)

**Beau Blois**, University of British Columbia, Okanagan, BC  
**Melissa Ringer**, University of British Columbia, Okanagan, BC  
**Peter Sullivan**, University of British Columbia, Okanagan, BC

### General Surgery

**Andrae Faryniuk**, University of Manitoba, Winnipeg, MB  
**Nicholas Gaudet**, University of Toronto, Toronto, ON  
**Trevor Hamilton**, University of

Calgary, Calgary, AB  
**Chloe McAlister**, University of Toronto, Toronto, ON

### Housemanship

**Caryn Khoo**, Singapore

### Internal Medicine

**Stephanie Carpentier**, Dalhousie University, Halifax, NS  
**Kathleen Clarkson**, Dalhousie University, Halifax, NS  
**David Liu**, University of British Columbia  
**Ciorsti MacIntyre**, Dalhousie University, Halifax, NS  
**Elana Maydanski Murphy**, Dalhousie University, Halifax, NS  
**Mononita Roy**, University of Ottawa, Ottawa, ON  
**Alexa Smith**, University of Ottawa, Ottawa, ON  
**Michael Stewart**, University of Calgary, Calgary, AB  
**Colin Struthers**, Dalhousie University, Halifax, NS  
**Ernie Yap**, New York, USA

### Internship

**Eugenia Chock**, Australia

### Neurology

**Tania Chandler**, Memorial University, St. John's, NF

### Neurosurgery

**David Phillips**, University of Manitoba, Winnipeg, MA

### Obstetrics & Gynaecology

**Melissa Brooks**, Dalhousie University, Halifax, NS  
**Carrie Ferguson**, Memorial University, St. John's, NF  
**Alia Mukhida**, University of Ottawa, Ottawa, ON  
**Michael Ripley**, Dalhousie University, Halifax, NS

### Ophthalmology

**Stephanie Wood**, University of Toronto, Toronto, ON

### Otolaryngology

**Andrea Darnbrough**, University of

Manitoba, Winnipeg, MA  
**Morgan Langille**, University of Calgary, Alberta, AB  
**Michael McNeil**, Dalhousie University, Halifax, NS

### Pediatrics

**Martha Linkletter**, Dalhousie University, Halifax, NS  
**Kathleen Nolan**, Dalhousie University, Halifax, NS  
**Lorine Pelly**, Memorial University, St John's, NF  
**Jocelyn Silvester**, University of Manitoba, Winnipeg, MA

### Physical Medicine Rehabilitation

**Monique MacFarland Conrad**, Dalhousie University, Halifax, NS

### Plastic Surgery

**Reza Ahmadzadeh**, Dalhousie University, Halifax, NS

### Preventive Medicine

**Ken Lin Tai**, Johns Hopkins, Baltimore, USA

### Psychiatry

**Meagan MacNeil**, Dalhousie University, Halifax, NS  
**Helene Mik**, University of Toronto, Toronto, ON

### Radiology

**Allison Grant**, University of Toronto, Toronto, ON  
**Bruce Precious**, Dalhousie University, Halifax, NS  
**Ellen Vessie**, University of British Columbia  
**Ash Wiley**, Dalhousie University, Halifax, NS

### Research

**Tarran Vyas**, Dalhousie University, Halifax, NS  
**Wei Jin Wong**, Switzerland

### Urology

**Jill Hudson**, Dalhousie University, Halifax, NS  
**Gavin Langille**, Dalhousie University, Halifax, NS

*Our alumni are using their talents all around the globe.  
Please share your experiences abroad.*

## Preventing childbirth-related death and injury

Kybele is heeding the call to improve obstetrics around the world >> By Dr. Ron George, '01

Pregnancy and childbirth are the leading causes of death and disability among women worldwide. Kybele is a non-profit humanitarian organization dedicated to improving childbirth conditions worldwide through medical education partnerships. This organization brings Canadian, American, Australian and European healthcare professionals into host countries where they work alongside doctors and nurses in their home environments. Our goal is to prevent childbirth-related injury and death, which affects millions of women and newborns each year. Kybele combines anesthesiologists, obstetricians, nurses, midwives, neonatologists and internists committed to improving childbirth safety.

In June 2007, I travelled to Ghana as part of a Kybele mission in the capital city of Accra. Ghana is a major initiative of Kybele. We were working within the country's existing infrastructure, helping to identify and build healthcare leaders and lobbying for the provision of appropriate health services for women and newborns. Kybele is launching a five-year joint collaboration with the Ghana Health Service, aimed at reducing maternal and neonatal mortality rates in Ghana. I am returning to the county this September to help evaluate recent initiatives.

Our latest Kybele mission was to Egypt. On our preliminary visit, we visited hospitals in Cairo, Alexandria and Ismailia. We spent several days working alongside Egyptian doctors, nurses and medical trainees, assessing the needs in this country, which is



a vital first step in the Kybele process. I am looking forward to returning to Egypt next year to see if our visit has been a catalyst for change. For more information about this organization, please visit [www.kybeleworldwide.org](http://www.kybeleworldwide.org). □



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# Médecins Sans Frontières—Somalia

Advice on bringing healthcare to the people of war-torn nations >> By Dr. Patrick Whelan, '81

Somalia is on the northeast coast of Africa. It is the brazen point of the horn of Africa. It is a failed country. This concept is difficult to define but simply no one person or organization has been able to establish and maintain control over the country for the last 15 years. Most people are aware that this has had devastating consequences for its 12 million inhabitants. There is no public service or infrastructure, including a healthcare system. Attempts by UN-supported organizations and other non-governmental organizations have met with mixed success. This is because the projects cannot be made secure in the often violent environment that exists in Somalia.

Recently, Médecins Sans Frontières (MSF) began several projects in the country and specifically in the capital, Mogadishu. This city has been devastated by conflict for the past 15 years. MSF established a surgical hospital to treat war-injured people in the area. The Red Cross estimates that an average of 35 people are shot daily in Mogadishu. This can rise to 200 during conflict escalations. Since downtown Mogadishu is too dangerous for a hospital, one was established in a suburb called Daynile. A medical and obstetrical hospital already existed there at the site of a pre-rebellion army base. This hospital was set up with the support expatriate Somalies and a symbiotic relationship was established between MSF and this unit.

The first surgeon at the MSF hospital was Dr. Chris Wiggins of Chilliwack, British Columbia. Chris had previous experience with MSF while I had not and our sign over, which took place at the airfield, both terrified and reassured me, which seemed the metaphor of my entire trip. I believe that many Canadian surgeons would like to work in a Third-World environment. To paraphrase a bank robber, this is "because that is where the sick people are." That's certainly true in Somalia. Fear of this type of setting combined with the inertia that exists in an established surgical practice would tend to keep you at home.

My experience in Somalia was one of the highlights of my professional career. I

am certainly happy my apprehensions about my abilities and safety did not keep me from it. Reducing anxiety is possible by following these simple tips:

## Go with a good group

There are many good organizations providing care in shattered countries, such as the Canadian Forces. I do not regret choosing MSF. They provide excellent logistics and the quality of people in the organization was exemplary. My ability to provide adequate care was certainly not limited by this organization. They also demonstrated an obsession with security that was initially difficult for me to understand. The Somalies we worked with and cared for were universally friendly and appreciative. I never felt personally threatened and realized this was largely because of planning and security measures MSF had established long before my feet hit the ground. I later realized that security concerns transcended personal safety for if

I or any of our workers were injured the project would have been terminated.

## Prepare for your new practice

In my case, I was 20 years from my surgical training when I went to work overseas. I knew that I would be responsible for C-sections and this I learned by observation in the months prior to my departure. Similar time in the burn unit and fracture clinic might have assuaged my considerable anxiety the first time I faced these common problems.

## Use the resources available to you

Dr. Wiggins had established a library at the Daynile hospital. There are many publications suitable for rural practice and war surgery. In all its missions, MSF maintains Internet and telephone connections world-wide via satellite and I was able to communicate directly with specialists here in Canada about difficult clinical problems. □

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- Community involvement and recognition
- Awards and appointments
- Published works

**Dr. John Fraser '67 Fall Classic Annual Golf Tournament**

The Dr. John Fraser '67 Fall Classic Annual Golf Tournament will be held on September 29, 2008 at the River Oaks Golf Course. The proceeds will go to the Twin Oaks Birches Health Care Charity Foundation. Please contact Phil Jardine, class of '56, at (902) 889-2498 for information or to book a team.

**New addition**

Ian Dobson, class of '95, and Corinna Chung, class of '94, are pleased to introduce the newest additions to their family, eight-month-old twins, Fern and Min. Dobson and Chung have been living in Thunder Bay, Ontario for 12 years. The twins join two older siblings,

Jett, aged five, and Tye, aged two. Life is pretty busy with the four kids, to say the least. Corinna is on maternity leave but will be returning to her family practice and to her position at the Northern Ontario Medical School. Ian is the Chief of Anesthesia at Thunder Bay Regional Health Sciences Centre. There are many Dalhousie graduates in Thunder Bay and more seem to arrive every year. Everyone is doing well and always enjoy hearing from fellow alumni.

**Noteworthy Achievements**

Recently, we celebrated the opening of the Skills Centre for Health Sciences, a joint initiative of Dalhousie, Capital District Health Authority and the IWK Health Centre. This exciting centre

moves health care training to a more progressive, innovative and technology-focused model through a state-of-the-art simulated learning environment.

Earlier this year, we also marked the official opening of the newly-renovated **Transplant Research Centre** in the Sir Charles Tupper Medical Building. The centre is one of the leading transplant research labs in Canada and a world leader in research on late cardiac rejection.

**In other news:**

**Geoff Maksym**, School of Biomedical Engineering and the Department of Medicine, received Atlantic Innovation Funding, worth up to \$2 million over a five-year period, to develop and commercialize a new device for diagnosing and monitoring lung function.

**Eva Grunfeld**, Division of Medical Oncology, Department of Medicine, was recently named the Cameron Chair in Cancer Control Research.

**Louise Parker**, Division of Medical Oncology, Department of Medicine, is the new Canadian Cancer Society (N.S. Division) Population Health Research Chair.

**Kenneth Rockwood**, Division of Geriatric Medicine, Department of Medicine, will lead a newly established national research chair dedicated to Alzheimer's research and Dementia.

**David Hoskin**, departments of Microbiology, Immunology and Pathology, is the new Canadian Breast Cancer Foundation Atlantic Region's Endowed Chair in Breast Cancer Research.

**The Canadian Centre for Vaccinology**, directed by **Scott Halperin**, was recently named part of a \$25.5-million national

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initiative to fast-track vaccine development.

- Dean Harold Cook

### Dalhousie Medical Alumni gather at the World Trade Center

On June 14, a Department of Anesthesia reception was held in Halifax at the annual meeting of the Canadian Anesthesiologists' Society. Some 50 anesthesiologists and guests from across Canada and the U.S. gathered to reconnect with their old friends and colleagues from Dalhousie, while catching up on the latest news from the East Coast. Some were Dalhousie Medical School graduates, some had completed their residency here, while others had undertaken various fellowships or electives at Dalhousie.

A warm and friendly welcome was extended to all, and the **Department of Anesthesia** would like to thank the DMAA for the calculator and pen sets they gave as gifts. Everything, from the wine and hors d'oeuvres to the sunset view of the harbour, was greatly enjoyed by our guests and the keepsakes were the icing on the cake.

- Mike Murphy

**Gift from Class of '05:** On January 25, 2008, the class of 2005 made a unique contribution to the Faculty of Medicine, a painting by Jeffrey Burns, former artist-in-residence at the Faculty of Medicine. Titled *Ex Profundo*, this compelling work hangs in the Kellogg Library. In celebration of this generous donation the DMAA hosted a reception for Alumni, Faculty members and medical students. Class President Fiona Kouyoumdjian, introduced speakers, University President Tom Traves, Dean Cook and Kellogg Library Director Patrick Ellis who all expressed their appreciation of this gift and of the three paintings donated by Jeffrey Burns, which now hang in the Clinical Research Centre. We thank them for this wonderful addition to the Medical School.

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If you know of anyone to note in this section, forward the information to the DMAA by mail or e-mail [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca).

**Dr. Howard Andrew Gee Smillie, MD '59** passed away on March 30, 2008. He graduated from the University of British Columbia Medical School in 1959. He interned and practiced medicine in British Columbia, Ontario and Baden Soleingen, Germany. He specialized in psychiatry at Dalhousie University. He was Staff Psychiatrist and then Medical Director at the Halifax County Rehabilitation Centre, as well as a private practitioner. Despite his declining health, he maintained his sense of humour and the desire to find ways to help those who were less fortunate.

**Dr. Sheila Basrur, MD '82** passed away June 2, 2008. She began her education at the University of Western Ontario where she graduated with a B.Sc. in 1979 and went on to receive her M.D. from the University of Toronto in 1982. She returned to Canada from India and Nepal and with her experience of rural health projects in Maharastra state in India, completed a Master of Health Sciences in Community Medicine in 1987 from the University of Toronto. She went on to be appointed Medical Officer of Health at the East York Health Unit. In 1998, she became the first Medical Officer of Health for the newly merged City of Toronto. In 2004, she was appointed Chief Medical Officer of Health, the first in the history of the province to be appointed by the Legislative Assembly. She earned the Amethyst Award, the highest award granted to a member of the Ontario Public Service. She was awarded Honourary Doctorate degrees from Ryerson University and York University. On April 10, 2008, she was awarded the Order of Ontario at a special ceremony at her bedside presided by the Honourable Lieutenant Governor David C. Onley.

**Dr. Michael Thomas Casey, CM, MD FRCS (C) FACS '53** passed away June 10, 2008 peacefully at home in Halifax.

He was brought up in Halifax, graduated from St. Mary's High School and then attended Dalhousie University graduating with B.Sc. and MD degrees from the faculty of medicine in 1953. He trained at New York University's Surgical Residency Program at Bellevue Hospital followed by further residency training in Thoracic Surgery in New York. He practiced surgery for over 40 years in Halifax and developed the Thoracic Surgical Service at the Halifax Infirmary. He shared his knowledge and concern for others as an Associate Professor of surgery at Dalhousie where he was a dedicated clinician and teacher of residents and medical students. Prior to beginning his surgical career in Halifax, he went to Nigeria for a year as a surgeon at a hospital in the bush region of the country. It was a rewarding period for him and he learned what could be accomplished without the essentials of the modern hospital. This experience led to a lifelong interest in Third World medicine, which he pursued through volunteer service in Haiti, St. Lucia and Guiana. His lifelong dedication to his patients in Halifax and the developing world was recognized in 2002 with the Elizabeth Seton Award and in 2004 with an appointment to the Order of Canada.

**Dr. Eric James Downing, MD '73, PGM '77** passed away June 9, 2008.

**Dr. Harold John Blackwood** passed away January 10, 2008. He graduated from Dalhousie University Medical School General Surgery in 1951.

**Dr. Barry Elmer Ling, MD '75** passed away Feb. 8, 2008. He practiced Orthopedic surgery in Charlottetown, PEI.

**Dr. James Adrian MacInnis, MD '50** passed away on Jan. 15, 2008. He practiced General Medicine in Bath until 1997.

**Dr. Owen Audain '77**, of Moncton, passed away May 12, 2008.

**Dr. William Graham Moores '60**, passed away November 24, 2007.

**Dr. John Henry Budd, MD '33** Dalhousie University Medical School. He did his first year of internship at Victoria General Hospital in Halifax, moving to Cleveland to complete his residency at St. Vincent Charity Hospital and at Evangelical Deaconess Hospital. He specialized in family practice and gynecology from 1934 to 1978. John was a veteran of World War II, serving as captain in the U.S. Army in Europe as a Neurosurgeon and General Surgeon in the 4th Auxiliary Surgical Group, earning five Battle Stars and a Meritorious Service Plaque. He was elected President of the American Medical Association in 1976, elected the first member of the Ohio Medical Hall of Fame in 1997, served as a past Chief of Staff at Deaconess Hospital, the first President of the Medical Staff at Parma Community General Hospital, past President of the Cleveland Academy of Medicine, a member of the Ohio State Medical Association and a fellow of the American Academy of Family Physicians. He received the Honours of the Academy Award and the Distinguished Membership Award from the Cleveland Academy of Medicine. In 1974, the Ohio State Medical Association awarded him its Distinguished Service Citation.

**Dr. Morton S. Rucker, MD '64** of Bradenton passed away January 4, 2008. Morton graduated from Dalhousie Medical School and started a general practice in Highland Falls, N.Y. He went on to be a psychiatrist first at Rockland State Hospital, then at Karen Horney Institute in New York City. He practiced in New York City, Exeter, NH, then a Clinical Professor in psychiatry at The University of Tennessee in Memphis. While there, he served on the Governor's Advisory Board on Mental Health. He moved to Suffolk, VA

and was on the board of directors at Obici's Hospital and was Chief of Medicine. He started Obici's inpatient psychiatric unit, and became its Director, until he moved to Florida in 1992 where he worked in the Forensic units of the State Hospital at Chattahoochee and G. Pierce Wood Hospital in Arcadia until his retirement in 1993.

**Dr. J. Barry Roberts, MD '80** passed away December 26, 2007.

**Dr. William Ernest Greenlaw, MD '57** passed away April 25, 2008. Bill graduated from Dalhousie Medical School and was a Medical Officer in the RCAF from 1957 to 1979. Bill practiced internal medicine at the Halifax Infirmary from 1979 to 1994, continuing in private practice until 2006.

**Dr. Margaret Elizabeth Churchill, MD '60** passed away April 25, 2008. She attended Dalhousie University, receiving

her B.Sc. and her medical degree, followed with a postgraduate degree in pediatrics from the Children's Hospital in London, Ont. and the Montreal Children's Hospital. In 1964, she started a solo pediatric practice in Yarmouth until 1990. She was Medical Director of the Yarmouth Hospital from 1989 to 1991. She was also a past President of the Nova Scotia Medical Society.

**Dr. Michael Alexander McCulloch, MD '59** passed away May 4, 2008. He attended Dalhousie University Medical School and went on to be a family physician in Oakville, ON.

**Dr. Harry Oxorn, C.M., MD, FRCSC, Professor Emeritus, '45** University of Ottawa passed away March 16, 2008. He graduated from Dalhousie University Medical School and completed post-graduate studies at Yale and McGill University. He was Head of obstetrics and gynecology at Reddy Memorial and

Ottawa Civic hospitals, taught at the University of Ottawa, McGill and Hong Kong University. His textbook *Human Labour and Birth* (1964), is still considered one of the most comprehensive books of its kind. In 1994, he received the President's Award from the Society of Obstetricians and Gynecologists of Canada and in 2003 he was appointed as a Member of the Order of Canada; both honours were presented for outstanding contribution to his profession.

**Dr. K. Ross Parker, MD '56** Dalhousie University Medical School passed away February 24, 2008.

**Dr. Regis L. Callaghan, '60** Graduated with honours from Dalhousie, passed away April 2008 after a noble battle with cancer. Retired from his Ob&Gyn practice in Deaborn, Michigan. Survived by wife Maxine and daughter Patty.



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# Halifax respirologist honoured

Dr. Dennis Bowie receives the Royal College Award for Outstanding Service

The Royal College of Physicians and Surgeons of Canada awarded Dennis Bowie the Prix d'excellence for Atlantic Canada. This award recognizes fellows of the College who have made significant contributions as medical educators or provided outstanding service to their communities and to the College.

"I am humbled to have been recognized by my peers with this award," says Dr. Bowie. "Over the course of my career, I have worked hard to overcome my deficiencies through learning, to remove barriers for good patient-centred care and to give patients compassionate treatment. My hope is that others, especially students and patients, have benefited from my experience and knowledge to their betterment. I am appreciative of those who thought me worthy of this honour in recognizing my efforts—it

suggests that others may share my values. As well, I recall the words to me of a senior physician who indicated 'medicine is a humbling experience and the day you forget it, you will be humbled,' as I have been many times."

Dr. Bowie, MD, FRCPC is Associate Professor of Medicine at Dalhousie University and Respirologist in the Department of Medicine with the Capital District Authority. In addition, he is Head of the Atlantic Thoracic Society as well as the past President of the Canadian Thoracic Society. He also served as Head of the Division of Respirology from 1991 to 2001. Dr. Bowie is an exemplary teacher and clinician and his research interests include asthma, lung disease, respiratory infections and pulmonary function. □



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**Class of 1977—31st reunion cruise**

>> By Peggy Leighton



For our 30th reunion, a Caribbean cruise won the final tally when we surveyed our class and on April 6 to 13, in our 31st year, we were able to set sail. We travelled on *Millenium* by Celebrity, meeting in Fort Lauderdale, travelling to Puerto Rico, St. Thomas, the Dominican Republic and Haiti. We then waved at Cuba as we travelled back to our final port.

We had a fantastic time. A cruise was perfect for getting together whether it was for cocktails, (a different venue each evening—Piano bar, martini bar...) then dinner at 8:30 p.m. or at the shows and dancing after that.

During our days at sea, we had relaxing deck time in the sun to reminisce, and lots of shore trips, including golf, shopping, sailing, snorkelling and touring on our island stops.

On our second formal night, we had group photos taken on the grand staircase—and on our last night, a wonderful gourmet meal in The Olympia dining room, with beautifully crafted wall panelling from the original luxury liner, sister to the *Titanic*.

We had some good laughs during our Continuing Medical Education (CME) hours—the front row people sat in the front, the back row...guess where—but we had excellent sessions with enthusiastic discussion.

We caught up on our professional lives, now as varied as rural family doc to academic clinician and international businessman. But we really enjoyed catching up on our families, children and even grandkids, sharing their dreams and exploits. Lots of good memories and

stories of our days at Dalhousie were revisited. If laughter is the best medicine, we were well treated!

The unanimous vote on our final evening was that the cruise was a resounding success. And when would we get together again? Nancy and I offered to set up a Mediterranean Cruise for the 40th but everyone said, “Why wait that long!”

So the plan for our 35th is a weekend resort getaway in the Maritimes—likely in September. We hope to have a big turnout (including land lubbers!). Stay tuned and send us your e-mails. Peggy Leighton ([peggy.leighton@ns.sympatico.ca](mailto:peggy.leighton@ns.sympatico.ca)), Nancy MacDonald ([nancymacdonald@ns.sympatico.ca](mailto:nancymacdonald@ns.sympatico.ca))

# Upcoming Reunions

Is your class reunion coming up? Planning is underway for several reunions. Contact the DMAA office at [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca) for further information. The DMAA marks its 50th anniversary in the first week of October, 2008. Surf to <http://alumni.medicine.dal.ca> for more info.

**Class of 1943**

65th Reunion  
Halifax, N.S.  
October 2–4, 2008

**Class of 1948**

60th Reunion  
Doug Roy, reunion rep.  
Halifax, N.S.  
October 2–4, 2008

**Class of 1953**

55th Reunion  
Contact DMAA for details.  
Halifax, N.S.  
October 2–4, 2008

**Class of 1958**

50th Reunion  
Dennis Johnston,  
reunion rep.  
Halifax, N.S.  
October 16–18, 2008

**Class of 1963**

45th Reunion  
Rollie Langille, reunion rep.  
Halifax, N.S.  
October 2–4, 2008

**Class of 1966**

42nd Reunion  
Rocky Harbour, Nfld.  
September 4–7, 2008  
Pete Blackie, reunion rep.

**Class of 1968**

40th Reunion  
The Westin Nova Scotian,  
Halifax, N.S.  
Art Coakley and Stephen  
Brown, reunion reps.  
Halifax, N.S.  
October 2–4, 2008

**Class of 1973**

35th Reunion  
Keltic Lodge, N.S.  
September 12–14, 2008  
Alf Bent, reunion rep.

**Class of 1978**

30th Reunion  
Whistler, B.C.  
September 19–21, 2008  
Joanne Blaxland,  
reunion rep.

**Class of 1983**

25th Reunion  
Stanley Bridge, P.E.I.  
August 1–4, 2008  
Jean Cameron and David  
Anderson, reunion reps.

**Class of 1988**

20th Reunion  
Contact DMAA for details.

**Class of 1993**

15th Reunion  
Lord Nelson Hotel  
Halifax, N.S.  
August 15–17, 2008  
Stephen Miller, reunion  
rep.

**Class of 1998**

10th Reunion  
Rodd Brudenell River  
Resort, P.E.I.  
August 8–10, 2008  
Rene Wong and Alyson  
Shaw, reunion reps.

# 2009

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**Deadline:** October 1, 2008

\$750,000 over five years for established physician-scientists

- Candidates must have an M.D. or M.D.-Ph.D. degree, hold an appointment or joint appointment in a subspecialty of clinical medicine, and hold a current license to practice medicine in the U.S. or Canada.
- Candidates must be academic investigators at the assistant professor or early associate professor level, holding a tenure-track or equivalent position at the time of application.
- BWF is interested particularly in supporting investigators who will bring novel ideas and new approaches to translational research.
- Degree-granting institutions in the United States and Canada may nominate candidates.

### **2009 Career Awards for Medical Scientists**

**Deadline:** October 1, 2008

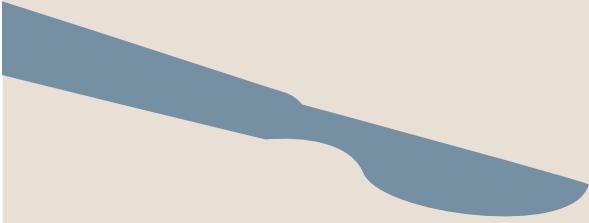
\$700,000 over five years for established physician-scientists

- Candidates should have an M.D., D.D.S., D.V.M., Pharm.D., or equivalent clinical degree.
- Proposals must be in the area of basic biomedical, disease oriented, translational, or molecular, genetic, or pharmacological epidemiology research. Proposals that are in the area of epidemiology should contact BWF to determine the eligibility of the proposal. Proposals in health services research or involving large-scale clinical trials are ineligible.
- BWF encourages proposals in reproductive science.
- Candidates must have at least two years of research experience and be in a mentored position at the time of application.
- During the award period, at least 75 percent of the awardee's time must be devoted to research-related activities.
- Degree-granting institutions in the United States and Canada may nominate candidates.

**Complete program information, eligibility guidelines, and application forms are available in June at [www.bwffund.org](http://www.bwffund.org).**



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