SUMMER/FALL 2009

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Dr. Robert Roberts KEYNOTE

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Dr. Ya Fatou Samba and family, who travelled from Gambia for Convocation Day.

Cover photo: Kerry DeLorey www.calnenphotography.com

Meet the new DMAA President

Greetings from President Dr. Vonda Hayes

t is a pleasure to bring you greetings as your DMAA President. First, I wish to extend our heartfelt gratitude to Dr. Margaret Casey for serving as our DMAA President for the past seven years. She deserves a huge note of thanks, not only for the length of service she devoted to our Association but also for the fortitude she demonstrated as she led us through the most challenging time in our existence. Thank you Margaret for your dedicated and effective service. We owe you a huge debt of gratitude.

As a result of our strategic plans to develop and implement sustainable programs and fundraising events, our Association is now on a firmer financial footing. It is the long-standing and ongoing support of all members that will bring our Alumni Association to the next level of sustainable growth.

On May 22, it was a thrill to see 91 new medical graduates receive their diplomas and watch their wonder as they realized they will be addressed as "Doctor" from here on. Dr. Robert Anderson '54, a long-standing DMAA

By Dr. Vonda Hayes '71 DMAA President

board member, was awarded Doctor of Laws (*Honoris causa*) during the Convocation Ceremony. Congratulations, Dr. Anderson! Photo highlights of the graduation celebrations can be found in the "Grad Week" section of this edition where you will also find featured our alumni families.

With the end of a school year comes many changes. A prominent one in our medical school is the "changing of the guard." Dr. Harold Cook is completing his term as Dean. One of the major initiatives during his tenure has been the ongoing development of the Dalhousie Medical Education Program in New Brunswick. Thirty medical students are to commence their medical training onsite in Saint John in September, 2010. Please see page 16 for more details on the progress of this program. In the future, we plan to engage our New Brunswick alumni in the work of our alumni affairs. We welcome Dr. John Steeves '74 and Dr. Tom Barry '74 as new members of our Awards Nomination Committee.

We applaud Dr. Cook for his support of



our organization during his time as Dean. His consistent attendance at our board meetings and his insightful contributions have been greatly appreciated. As he completes his term, we thank him for his innumerable contributions to our faculty and wish him well as he steps into this new phase of his career.

At the same time, we welcome our new Dean, Dr. Tom Marrie '70. We will be privileged to hear his first official address as our new Dean at the DMAA Gala Awards Reognition Dinner on September 24, 2009. I wish to take this opportunity to personally invite each of you to attend this special evening, which will be held at the Lord Nelson Hotel. See page 12 for details of this event and of our alumni tours. I look forward to seeing many of you at this notable event.

In closing, we are seeking input from each of you regarding how we can best serve you as your Alumni Association. We look forward to your input over the coming months as we strengthen the work and commitment of the DMAA.

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Welcome to this edition of *VoxMeDAL*

Anticipating another year of sustainable growth

elcome to the new issue of *VoxMeDAL*. We are very excited about this edition and believe the content exemplifies the strong connection that exists among our alumni, faculty and students within the global community. The outpouring of interest and positive feedback about the magazine demonstrates a very powerful message. As you will read in *Vox*, our alumni want to get involved and contribute.

As I had mentioned in last issue of *Vox*, the DMAA is working to develop a medical/research interactive tour for youth. We believe it is of great value to showcase the outstanding resources we have within our medical school to the larger community. Please watch for future updates on our website at alumni.medicine.dal.ca.

We are continuing to work with our alumni and the Medical History Society of Nova Scotia to capture highlights of our archival history. One of our future

By Joanne Webber DMAA Executive Director

endeavours is to present this important history through our digital library on the DMAA website. We are also collaborating with other departments and stakeholders to create a historic artifacts medical museum. In order to feature your stories in this project, I encourage alumni to contact the DMAA office.

We are very pleased to launch the DMAA/DMSS Mentorship Project developed by Sarah Lee '10. Please see page 26 for details. The DMAA is proud to again sponsor the MD graduating class with financial support of \$7,200. Our medical students have expressed their sincere appreciation of the continued DMAA support.

In October, we will be offering our DMAA Student Funding Silent Auction Dinner at Fid Restaurant. Please check our website for future updates. On September 24, we invite you to attend our DMAA Gala Awards and Recognition Dinner at the Lord Nelson Hotel. This evening will also offer historic



visuals from medicine and IWK Centennial, including special groups such as past fraternities. Please join us for a very special evening. Please see page 12 for event details and information on how to sign up for our alumni tours.

In closing, I would like to personally thank Dr. Margaret Casey for her tremendous contributions to the DMAA office. I sincerely appreciate her moral support and the mentorship role she has devoted to me in my role as Executive Director. I am honoured to welcome our incoming President, Dr. Vonda Hayes, and look forward to working with her and welcoming her expertise. I would also like to express my sincere appreciation to Paulette Miles-LeBlanc. Paulette brings creativity and many years of experience that has contributed to the sustainable growth of our organization. I look forward to a very exciting year.

If you have any questions and comments, please feel free to contact me directly: j.webber@dal.ca

WELCOME | MESSAGE FROM THE EXECUTIVE ASSISTANT



New Beginning Meet the DMAA's new Executive Assistant

It was with great pleasure last September that I accepted the position of Executive Assistant with the DMAA. When I first walked through the door of the DMAA office, I had very little knowledge of the objectives and goals of the Alumni Association. With the support and guidance of Joanne Webber and Dr. Margaret Casey, that was quickly remedied. Over the past 10 months, I have learned so much and my personal appreciation for our medical alumni has truly grown.

I bring decades of managerial experience

to the DMAA but feel the most valuable personal skills I will share with our alumni are my event-planning experience, my people skills and my unique sense of humour. I am Mi'kmag of the Miawpukek First Nation in Conne River, Newfoundland and an active member of the Mi'kmaq Friendship Centre here in Halifax. My current volunteer work is focusing on the development of improved living conditions for urban aboriginals and strengthening the bridge of understanding and communication between native and non-native peoples.

Paulette Miles-LeBlanc DMAA Executive Assistant

My many years as a volunteer event coordinator have proven invaluable for me in planning medical alumni class reunions. This year, I have had the pleasure of coordinating 13 class reunions and have sincerely enjoyed the personal interaction with our alumni. I feel truly inspired when hearing alumni speak of their past experiences and how they wish to have the opportunity to share their knowledge and experience with our medical students. I encourage you to continue to share your personal stories and I look forward to working with each one of you.



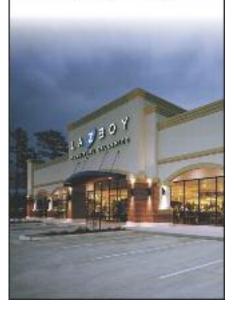




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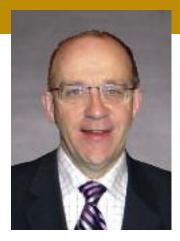
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WELCOME | DEAN'S MESSAGE

DMAA welcomes new Dean this fall

Gearing up for a new academic year



By Dr. Preston Smith '81 Interim Dean, Faculty of Medicine

t's going to be a busy summer at the medical school. Added to the normal flurry of gearing up for a new academic year, we are ramping up for the September 2010 launch of the Medical Education Program in New Brunswick and preparing for the arrival of a new Dean.

We bid farewell to Dean Harold Cook upon the completion of his term at the end of June. Appointed in July 2004, Dr. Cook's strong leadership has stabilized the school financially, set us on a strategic course to strengthen our Maritime mandate and guided us through the development of the Dalhousie Medical Education Program in New Brunswick. During his term, enrolment grew to an all-time high and many outstanding individuals were recruited to leadership positions. We thank Dr. Cook for his vision and his legacy, which serve us well today and for the future.

In September, we welcome Dr. Tom Marrie as our 12th Dean. This will be a homecoming for Dr. Marrie who is returning to his alma mater after a decade in Edmonton. A graduate of Dalhousie, he has enjoyed a 22-year career here, making his mark as an exemplary clinician, researcher and educator and creator of the Division of Infectious Diseases. Most recently he was Dean of the University of Alberta's Faculty of Medicine and Dentistry. His work on infectious diseases is highly regarded worldwide. Welcome back, Dr. Marrie!

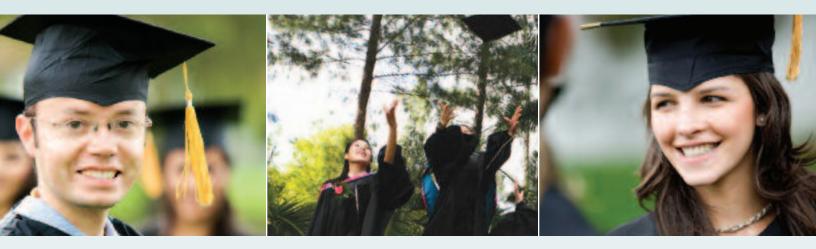
I am honoured to serve as Interim Dean in this time of transition. Being a Dal alumnus, I share your pride in our school's accomplishments and reputation and your excitement about its future. Next door to the Tupper, the Life Sciences Research Institute is rapidly rising, and with it, much-needed research space. Major renovations and constructions are underway in New Brunswick and Halifax as we prepare for the new Medical Education Program.

Our students continue to bring us lustre through their community work and their consistent high performance in national graduate exams and CaRMS placements. (Dalhousie medical students led the country in the CaRMS 2009 first iteration.) And it seems that every month our faculty make headlines with breakthrough discoveries and treatments, contributing to our reputation as a Canadian and world leader in many clinical and research areas. As the saying goes, "we're a happenin' place!"

On a personal note, I wish to thank New Brunswick alumni who attended recent alumni receptions in Saint John, Fredericton and Moncton. I had the pleasure of giving a talk at the Moncton event on our new program in New Brunswick. Fellow alumni Drs. Mike Barry and John Steeves gave similar talks in Saint John and Fredericton, respectively. We were thrilled by the high level of enthusiasm among alumni about the new program.

A special thanks to the DMAA for inviting me to contribute in this issue of *VoxMeDAL*. I appreciate the opportunity to share with you my thoughts and excitement as the medical school heads into a busy summer and an even more eventful fall. In the next issue, our brand new Dean, Dr. Marrie, will write this column and we all look forward with anticipation for his first Dean's Message. Meanwhile, I wish each and every one of you a healthy and happy summer.

6



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VOICE OF ALUMNI

We want to hear your opinions on topics of debate and provoke conversation among our alumni—you too can be published in these pages. Please email medical.alumni@dal.ca or call 494-8800 with your comments.

An honour to welcome grandson into the profession

It was indeed a privilege to attend the Convocation Ceremony for my grandson, Ian Comeau '09, on May 22 and to be on hand to welcome him into our profession. It has been most interesting to witness the evolution of the medical-training process, as it has so dramatically changed over the decades. It is always a pleasant occasion to come back to Dalhousie for these special events, particularly when another member of the family graduates in Medicine. It is especially rewarding to witness a long family tradition in Medicine being extended into the newer generation.

I had always rather treasured a nice DMAA pin that I had received on some occasion many years ago. I inquired at the alumni office if such was still available and the efficient staff there found one tucked away in a drawer. It was an additional pleasure for me to present this pin to Ian at the time of his graduation. *Dr. John Burris '54*

Will medical alumni cure our health-care system?

Dalhousie medical alumni are privileged to see first hand the benefits and harms of our health-care system. Every day, many Canadians experience almost miraculous benefits from health care. Yet increasingly, people suffer unnecessarily because of unacceptable waits for care or because of health-system mistakes.

Medical alumni may be uniquely able to comment on the issues that impair our ability to deliver first-class care. Older doctors who are not economically dependant on Medicare fees might be able to comment, while avoiding the criticism that their ideas are based on self-interest alone.

Perhaps our alumni organization could help develop a working group of alumni who would be prepared to meet occasionally to identify and encourage the implementation of solutions to improve Canadian health care.

Dr David Zitner '74

Thank you Dr. Zitner; on behalf of the DMAA, we invite our alumni to contact us to collaborate on this initiative. Please call (902) 494-8800 or email medical.alumni@dal.ca

Congratulations DMAA

Congratulations on a very successful year as detailed in the most interesting edition of *VoxMeDAL*. *Dr. Barbara Robinson* '47

Share our wisdom

Anyone who has gone through medical school can appreciate that information passed down to us from past students is very valuable. From book recommendations and study guides to elective planning and supervisor selections, this information helps us best prepare for the upcoming decisions we have to make. Naturally, this holds true for outside academic arenas as well, encompassing emotional and psychological preparedness for future challenges. Considering these pressures, it was both enjoyable and enlightening to have the opportunity to sit down with Dr. Donald Brown '59 at the recent Convocation Gala. The wisdom that our alumni have to pass on is invaluable and as they have gone through our steps before, they are both understanding and glad to help their successors. It is always a pleasure to sit with one of our alumni and discuss what the future holds. *Haralambos (Aris) Lavranos '12 Incoming DMSS President*

Enjoy reading Vox

I must say I really enjoy getting *VoxMeDAL* magazine, especially seeing the students and keeping up with the news. I think it's great how enthusiastic they are and involved in so many different projects and directions. Thanks for all of your work! *Dr. Peggy Leighton* '77

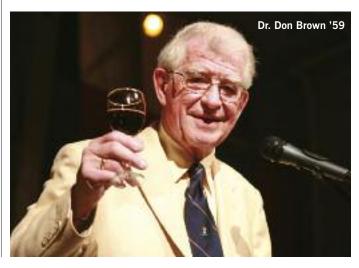
A proud moment

I was so very proud of my nieces, Dr. Joanne Yazer '09 and Dr. Erika Yazer '09. When I saw the grads at the Gala, my heart was filled with pride for each and every one of these graduates. I see these fledglings as they go out into this great big world of responsibility, knowing they will affect our world today and set standards for tomorrow. *Ms. Celia Yazer*

Fifty years of change

I enjoyed the Alumni Dinner very much. It was very exciting to be part of that memorable event. I'm sure the graduates were ecstatic. I felt very grateful and honoured to be asked to pose the toast to the graduating class of 2009. It's amazing how many changes have occurred during the last half century. Only three of my 52 classmates were women, whereas this year over half of the graduates are women. That represents the most outstanding difference in medical practice. The graduates all looked so impressive as they walked past our table coming to their seats of honour. Medical knowledge has been doubling every five years, so the changes during the last 50 years have been phenomenal. *Dr. Don Brown*

Class President '59



MEET THE DMAA BOARD OF DIRECTORS



Dr. Vonda Hayes '71 **DMAA President** Executive



Dr. Margaret Casey '68 **Past President** Executive



Dr. David Fraser '58 Honourary President Executive



Joanne Webber **DMAA Executive** Director Executive Ex-Officio



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Haralambos Lavranos '10 Incoming DMSS President **Executive Ex-Officio**



Ian Murray Director of Alumni **Relations**-**External Relations** Executive Ex-Officio



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Dr. Doug Brown '57 **Board Member**



Dr. Alex Gillis '53 **Board Member**



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Dean '75



Dr. Allan Purdy '74 **Board Member**



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DMAA GALA & TOUR 2009

A GLIMPSE OF MEDICINE IN THE FUTURE

Join us to hear first hand a riveting presentation by keynote speaker Dr. Robert Roberts, September 24, 2009 for the DMAA Awards Gala

By Dr. Robert Roberts '66

enetics is essential to our living on this planet. In the 1960s, with the population increasing at alarming rates, there was pandemic fear that we would not have enough food to feed our tremendous population. Today, the world's population of six billion increases every two years by 300 million, which exceeds the total population of the world in the year 1500.

Applying genetics to wheat growing in the 1980s produced several varieties that dramatically increased wheat production. Today, Canada and the U.S. can grow enough wheat to supply the whole world for 23 years. In 2006, the *Economist* reported that because of the abundance of food, farmers in North America receive annual subsidies not to grow food; the amount spent on these subsidies exceeds the total amount spent on birth control in the last 44 years.

In medicine, the genetic revolution has ushered in the possibility of personalized medicine(1),(2),(3). Personalized medicine refers to customized treatment based on an individual's genetic variants. All diseases have genetic predisposition. A major barrier to personalized medicine has been the inability to identify the genes responsible for common disorders such as coronary artery disease (CAD) or myocardial infarction.

Twenty diseases account for over 80 per cent of all deaths in the world. It is estimated there are at least 1,000 diseasepredisposing genes. While we have had great success in single-gene disorders, the technology for common disorders did not become available until 2005. The availability of 500,000 DNA markers on a computerized array was a major breakthrough. This lead to the first Genome Wide Association Studies to pursue genes predisposing to common chronic diseases such as CAD.

In 2007, we identified the first common risk variant (9p21) for CAD(4). The 9p21 risk allele for CAD and myocardial infarction was confirmed by multiple groups



around the world (5),(6),(7),(8). The risk allele is very common occurring in 75 per cent of Caucasian, Chinese and East Asian populations. If two copies are present, the risk for CAD increases 40 per cent, with one copy, 20 per cent. It was shown to be a risk factor for aortic and intracranial aneurysms. Over 200 risk loci for 13 common diseases have been identified.

The technology is already available to attach genes to silicone chips. In clinical trials for cancer, genetic testing is often performed before administering chemotherapy. One example is Herceptin in the treatment for breast cancer. If a patient does not have the gene for the Herceptin receptor, Herceptin is inappropriate and an alternative therapy is selected.

We are currently performing over 80 million genotypes per day. In collaboration with groups in the U.S., U.K. and Germany, we expect to identify most of the common genetic variants for CAD within the next two to three years.

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Hair for Heroes



(L–R): Andrew Horne, Andrew Moeller, John Morash, Ross Mason



(L–R): Andrew Moeller, Andrew Horne, John Morash

Hair for Heroes is an annual fundraiser for the Daniel MacLellan Memorial Foundation in support of children with leukemia. Instead of shaving their heads, participants requested wild haircuts, with the highest bidders seeing their dreams realized on the med students' heads. Every day led to another hairstyle and the students raised over \$1,500.

Graduation Gala



Grads of the class of 2009 celebrate at the Convocation Gala held at the Cunard Centre.

Master of Ceremonies Dr. Ronald Stewart '70 (centre) celebrating with graduating class of 2009.



Dr. Laine Green, PARI-MP President, cuts the cake at the PARI-MP 40th Anniversary celebration in February. PARI-MP was incorporated in 1969 and represents the interests of almost 500 residents training in all three Maritime Provinces.



History was made at the 2009 Convocation Gala when DMAA President Dr. Vonda Hayes presented one of the two Gold D's awarded this year to her daughter, Dr. April MacPhee. Dr. Hayes received a Gold D in 1971, making this the first time a recipient of this major award has presented the same award to a family member.



Dr. Dana Hanson '74, Dr. Angie McGibbon '98 and Dr. Larry Kennedy '74 at the Dal alumni reception in Fredericton. CMA Past President Dr. Hanson has become the first Canadian in four decades elected to the presidency of the World Medical Association.



Phi Rho members rekindling fond memories of their Phi Rho days.

ANECDOTES

A piece of history of medical fraternities

The DMAA is collaborating with other departments and stakeholders to create a historic medical museum; please get involved–contact the DMAA for details

By Dr. Jock Murray '63

For 80 years, the Alpha Eta Chapter of Phi Rho Sigma Medical Fraternity was a focal point of student life at Dalhousie Medical School, providing social, collegial and educational opportunities to medical students. It has waned in recent years as the social life of medical school and the community has changed. An important institution associated with the medical-school life of past generations, the Fraternity has now dissolved



from a physical institution into a foundation providing financial assistance to medical students. It is important that we record the activities of "the Frat" and remember the lives of those stalwart medical students who were members. The history of Phi Rho in its entirety can be found under "history" on the DMAA website at http://alumni.medicine.dal.ca.

A part of the fabric of medical school

The Medical History Society of Nova Scotia showcases historic instruments and other medical artifacts

By Dr. Allan E. Marble, Chair of the Medical History Society of Nova Scotia

As early as 1868, members of the Faculty of Medicine at Dalhousie University and medical practitioners throughout Nova Scotia began to donate medical artifacts to what was initially described as a medical museum. By 1980, the collection consisted of over 1,000 surgical instruments and a similar number of early medical textbooks.

This collection is now being managed by the Medical History Society of Nova Scotia, which has a 10-member board consisting of members and former members of the Faculty of Medicine as well as representatives from Museum and Archives. The objectives of the Society are to preserve and to illustrate the medical-history heritage of Nova Scotia by collecting medical artifacts and creating displays of these artifacts that are placed in public areas in hospitals and museums across the province.

The Medical History Society of Nova Scotia has also been providing permanent displays for the Faculty of Medicine, both for the Dean and for the Kellogg Library. The first display of medical medals collected by Professor Kurt Aterman may be viewed in frames mounted on the west wall of the Kellogg Library reading room. The second project led to the identification of the "Missing Deans of Medicine" and culminated in a composite photograph that completed the gallery of portraits and photographs of Deans that can be viewed in the foyer of the Sir Charles Tupper Building.

Recently, the Society has researched and designed a framed chart that illustrates the development of the medical curriculum at Dalhousie for the period 1868 to 1932. Another current display at the Tupper Building honours the contributions of Robert M. MacDonald and Clennel E. van Rooyen, two outstanding members of the Faculty of Medicine during the middle of the 20th century.





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Update on the new Medical Education Program in New Brunswick

By Dr. John Steeves '74 Associate Dean, DMEP-NB

Hiring and infrastructure development underway this summer and fall

Construction

With the launch of the Dalhousie Medical Education Program in New Brunswick (DMEP-NB) just one year away, renovations and construction are ramping up this summer. Initial construction is focusing on Halifax and Saint John (the first two years of the program will be delivered in Saint John). Once the program is up and running, work will begin at all New Brunswick sites where clerkship will be delivered.

A more sophisticated informationtechnology platform is required to support the new distributed learning model. The platform will include major technical retrofits to medical school theatres (in the Tupper Link) at the Halifax site to accommodate video conferencing and provide state-of-the-art teaching space.

Renovations to the Saint John Campus Building at the University of New Brunswick in Saint John (UNBSJ) get underway this summer. This fall, construction will begin on the new addition that will house the permanent Learning Resource Centre. Renovations will also begin this summer on the Anatomy and Multipurpose Lab at the Saint John Regional Hospital. Meanwhile, planning is underway for clinical teaching site renovations in all New Brunswick teaching sites.

Hiring

Several administrative and administrative support positions are being filled over the summer and fall. When the DMEP-NB agreement was signed last summer, the government of New Brunswick announced a commitment to create 27 new billing numbers for physicians to teach in the program and to provide clinical care. These billing numbers will be based on teaching needs and the medical school will determine these needs by consulting directly with department heads and local medical-education leaders.

Faculty Development

In May, the Division of Medical Education's annual Summer Institute was held for the first time ever in Saint John and was a huge success. Registration filled up quickly and the Institute was fully subscribed with participants from around New Brunswick. The Institute provided practical information and skills for clinical and inter-professional faculty participating in the DMEP-NB.

Alumni Events

This spring, Drs. Preston Smith, Mike Barry and I were invited to give an update on the DMEP-NB to Dalhousie alumni at receptions in Fredericton, Moncton and Saint John. New Dalhousie clinical faculty in New Brunswick were also invited. The events attracted a good turnout of alumni and new faculty. The presentations on the DMEP-NB were well received and even attracted positive coverage in the Saint John-based *Telegraph-Journal*. I was impressed by the high level of interest in the program on the part of our alumni.

Contact

If you have any questions and comments about the DMEP-NB, please send me an email at **john.steeves@dal.ca** or call (506) 636-6000.



CONSTRUCTION CONTINUES FOR THE NEW LIFE SCIENCES RESEARCH INSTITUTE

Building will be a collaborative environment for health-care research and services



Vork on the multi-million dollar Life Sciences Research Institute (LSRI) at Summer and College Streets is proceeding at pace and on schedule, in June, after recovering from a four-week setback, due to poor construction weather this winter. Carolyn Haddock of MHPM Project Managers, the firm managing the project, said a formwork phasing strategy developed by the construction managers from PCL put the project back on track for its April 2011 target completion date.

The two-tower project, linked by a fourstorey atrium, will provide 105,035 square feet for Dalhousie Life-Science researchers and underground parking for 62 cars in the north tower. Another 50,604 square feet of space—40,000 square feet of it leased by InNOVAcorp, a Nova Scotia Crown corporation under the aegis of the Department of Economic Development—will be available for scientific activity in a south tower. Each four-storey low rise will be topped by a small penthouse unit, housing critical ventilation and other mechanical equipment.

In June, tenders went out for electrical and mechanical work and for interior finishes. Those contracts were expected to be awarded by early July, setting the stage for a final round of tendering to cover the exterior work of landscaping and paving.

The concrete structure of the new building will be completed by September 2009. The foundations, levels one, two and three in the north tower, the parking garage floor and walls were in place by early June. By mid June, construction of the fourth floor of the north tower was to be finished and then the formwork tables (reusable moulds on which concrete is poured) were to be shifted to the south tower where the firstfloor slab was expected to be poured. Once all the concrete is in place, exterior cladding will be installed and the interior work will begin. Views from a live videocam trained on the construction site can be seen at http://129.173.201.220/view/index.shtml.

The LSRI concept will bring a variety of Life-Science investigators together to work on novel projects, many of them with commercial potential. The Brain Repair Centre is slated to occupy floors two and three of the north tower, while the Canadian Lipid Research Centre will occupy the ground level. The top level will house a vivarium or animal-care centre.

The south tower will be dominated by InNOVAcorp. The corporation plans to sublet its facilities to selected early-stage companies to incubate innovative proprietary technologies or services while developing their marketability. The LSRI space will replace InNOVAcorp's BioScience Enterprise Centre in downtown Halifax.

The new Dalhousie-owned complex is expected to provide a collaborative environment for generating new money-making products and services aimed at improving human health. The project is a partnership of the university, the Brain Repair Centre, InNOVAcorp, the IWK Health Centre and the Capital District Health Authority.

GLOBAL HEALTH PRACTICES



Overseas Surgical Experience: Operation Smile By Dr. Kenneth Wilson

In October of 1995, a group from the IWK Health Centre and Dalhousie joined an Operation Smile team in Kissimu, Kenya for our first Operation-Smile mission. Although the experience of visiting and travelling in East Africa was exhilarating, the satisfaction and unbelievable surgical experience of working with Operation Smile proved to be the highlight of our visit.

The obvious benefits of being able to provide this type of care where it was otherwise not available was very satisfying and the continued need made it imperative to return. Since that time, I have participated in 30 other Operation Smile missions to various parts of the globe. Each of these experiences has been different, however, the positive rewards have made this a regular part of my professional life.

Operation Smile began in 1982 by Bill and Kathy Magee. Bill Magee is a Plastic Surgeon from Norfolk, Virginia and one of his fellows from the Philippines suggested they put a team together and travel to the Philippines to treat cleft-lip and cleft-palate patients. The need in the Philippines clearly outstripped the ability of the local surgeons to provide care. Once this need was identified, the Magee's decided that they should continue this type of work on a regular basis. The organization quickly expanded to Central and South America, and from there, to many different parts of the world.

Besides providing care to these patients, Operation Smile has



expanded its mandate and launched an education program, assisting medical professionals from developing countries in improving their skills and providing better care for their patients. Operation Smile has also trained physicians so that the number of providers in many countries has increased significantly. Since care is being adequately provided by local individuals in many countries, there is no longer a need for international teams.

One of the benefits of working in this type of environment is providing care alongside other individuals in your field. The exchange of ideas and techniques helps improve the surgical care for patients in our own country. I have also had the opportunity to take senior Plastic Surgery residents on many of these missions, and the medical and personal experience has proven to be a significant part of our Plastic Surgery Training Program.

Providing care in the developing world has significant challenges and groups like Operation Smile have helped break down some of the barriers that make it difficult to work in this challenging environment. By working with local governments and individuals, the quality of medical and surgical care in many of these countries has been improved significantly and a lasting relationship has been forged. In my opinion, it has been an experience that has expanded my horizons both professionally and as an individual, and I am looking forward to developing an Operation Smile Canada organization which can help to further the development of Operation Smile and add a Canadian touch to the organization.

Teaching and patient care in Uganda By Dr. W. Schelch

My interest in overseas medicine began as a Hospital Corpsman in Vietnam with the U.S. Marines. It only took me 35 years to return to that vocation! From 2003 to 2004, I took a sixmonth sabbatical from my position as Professor of Medicine in the

A 30-year-old Ugandan with severe Kaposi's sarcoma and Appollo Basanero, one of my mentees.



Mary Schlech working in an orphanage.

Division of Infectious Diseases. I spent the first three months in Kampala, Uganda teaching HIV medicine to African physicians at the fledgling Infectious Diseases Institute at Makerere University.

The Institute was established as a centre of excellence by the Accordia Global Health Foundation with funding from Pfizer. From Uganda, I travelled to northern India under the auspices of Interserve and the Emmanuel Hospital Association, working at rural hospitals teaching and seeing patients. HIV again was the focus but I also found myself measuring pregnant teenagers for dates in village clinics and helping out in rudimentary ICUs in district hospitals. If you would like more details about those six months, check out my blog at www.hivaidsafricaindia.blogspot.com.

My heart lies in Uganda, however, and since then I have been returning to Kampala as a Professor-in-Residence three months per year to continue teaching and patient care at the IDI and Mulago Hospital. Many Dalhousie residents and students are also now connected to Uganda and experiences have been overwhelmingly positive. A critical component of my work is also mentoring young Ugandans in clinical and epidemiologic research as a principal investigator of the new Canada-Africa Prevention Trials (CAPT) Network funded by CIHR.

Not all is work, however! Through our many new Ugandan friends, my wife and I have become involved in sponsorship of a rural school and orphanage where we are building two dormitories in honour of a young Ugandan girl, Dorcas Nazziwa, who died after heart surgery in Halifax in 2008. Several people, including most of my kids, have now gone to Uganda from Halifax to work on this project and enjoy the hospitality of the wonderful Ugandan people. You can read more about this at www.ugandaventure.com.

Living the global locum lifestyle By Phil Jost Vice President, CanAm Physician Recruiting

The prevailing locum physician myth, prior to the growing global physician shortage, was that locum physicians were professional drifters who lacked the maturity to run their own permanent practices. The reality is much different.

Most locum doctors today choose the lifestyle as a convenient and lucrative medical-practice option. Their profiles range from recent residency graduates to seasoned physicians contemplating retirement. Graduates choose locum practice as a short-term means for paying down student loans, exploring alternative practice settings and, for the more adventurous, a chance for breaking free and seeing the world after years of study.

Mid-lifers tired of the stress of permanent practice choose a locum lifestyle as a means to reaffirm their independence and achieve career flexibility. More seasoned physicians view the lifestyle as a way of easing into retirement.

As physician shortages increase, so do earnings. Locums now earn 1.5 to 1.7 times the income of staff physicians, not including paid accommodations, travel and other perks. Locum-physician credentials and experience, including IMGs, are comparable to RCPSC and CFPC standards.

Countries that provide locum physicians to Canada—the U.S., U.K., South Africa, New Zealand, Australia and Switzerland—are also very receptive to Canadian locum physicians. In addition, John Philpott, CEO of a leading Canadian recruitment firm, notes that there is increasing interest from international corporations to recruit western-trained physicians for their staff living abroad.

If you fit any of these locum practice profiles and want to find a global locum opportunity to fit your lifestyle, simply search "locums Canada" on your Internet browser.



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DMAA INITIATIVES



What happened when our family became the subject of a reality-TV series

y pager rang and I scrambled to silence it before it woke the household. Behind the big blue tarp hanging from the ceiling joists, my five kids were still sleeping cheek-by-jowl on single mattresses jammed together like Scrabble pieces on the bare wood floor. Construction workers were milling about outside, getting in a last cigarette and finishing their coffee. As I whispered to the nurse on the phone, the sound man slipped a microphone wire beneath my housecoat. I put the kettle on. The cameras were rolling.

Somehow, someway, our family had become the subject of the reality-TV series, *Family Renovation*, set to air on HGTV this fall. Over 13 episodes, the series follows us living in a house undergoing a massive renovation. I'll have to ask my wife sometime how this happened.

It was a bizarre, exhausting year—not without fun and filled with life lessons. Although I am not sure I will ever forgive myself for advancing the genre of reality TV, I think it was a good thing for our family. We learned a lot about ourselves. There was no shortage of hardship and, for the most part, the hardship was of value.

For at least six months, the kids had no bedrooms of their own and just shared space on the floor. It made them closer. They did without TV or the computer, so the three eldest found solace and escape in books. With so much confusion and potential danger surrounding us, the older kids were more than ever forced to shepherd the little ones. We got by with one bathroom, although I am not sure if there was anything positive about this aspect of the experience. At the very least, I think we all have a greater appreciation of our creature comforts.

The kids got to watch first-hand what is involved in building a house. They now know what is going on behind the walls of our home. In the same vein, the older kids know what is involved in making a TV show. I will watch with interest their reaction to the shows, particularly where their memory differs from the edited version of events. I hope this will help them be more critical or even a little skeptical of what they see and read.

In a sense, I hope the show is not popular. From my perspective at least, the fun is over with and the lessons are learned. I hope that whatever degree of notoriety (or even celebrity) that awaits us, it does not offset what I think we learned.

The sad thing is that TV probably does not have the finesse to tell the best aspects of this story. Sure, TV can take the big ingredients of a massive construction and the various demands of having five kids, all of whom had hockey or school or Cubs or whatever, and mix them together and portray it as mayhem. The truth was, despite all the madness surrounding us, we ate every meal together, the kids did their homework, practised piano, and played their sports. I don't think TV can show what to me was most important: that there was something affirming, redeeming or important about the meaning of family in the fact that it all felt normal.



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POST PRACTICE

The DMAA would love to hear about the important work of our alumni after retirement; please write us and share your story.

Retired doctors have a voice with Doctors Nova Scotia

A steering committee for retired and senior doctors By Dr. Gene Nurse '67

As many of you are aware, Doctors Nova Scotia is divided into sections that represent different clinical entities (i.e. Surgery, Family Practice, and so on). A number of physicians began to query who represented retired physicians on the Board of Directors level. It is estimated that 40 per cent of Canada's doctors will retire over the next 15 years and the interests of retired doctors differ from doctors in active practice.

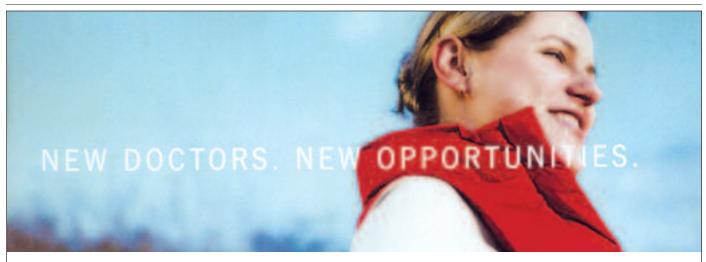
Retired doctors Kempton Hayes, Tarun Ghose and Gene Nurse formed a committee to gauge the interest amongst like-minded physicians. They were quickly joined by over 20 senior and retired doctors interested in forming a non-clinical section that would represent their interests on the board. The original steering committee quickly added Drs. Ron Stuart, Ed Kinley, Robert Reed and Iim Smith.

The goals of a section would: facilitate communication and social interaction among retired and working doctors, provincially and nationally; promote the exchange of ideas; foster and support research on public policy, particularly concerning issues for retired and senior doctors; ensure the interests of retired doctors are supported by the Board of Directors of Doctors Nova Scotia; and liaise with other organizations that deal with matters of interest to retired doctors.

An early formative meeting with about 15 doctors was quite successful. Dr. Don

Wescott. President of Doctors Nova Scotia, discussed the pros and cons of a section, noting the wealth of expertise that was untapped and readily available. The steering committee moved forward, electing Dr. Jim Smith as Chair. The committee must now examine the bylaws of Doctors Nova Scotia, including required executive positions within the new section. Once the executive positions are filled, the embryonic section will start dealing with matters referred by the Doctors Nova Scotia Board of Directors or at the Annual General Meeting. The section would also make recommendations to the Board regarding the interests of retired/senior doctors.

These are early days for the steering committee and there is much work to be done. The committee is interested in hearing from doctors with opinions or ideas on this issue. Contact any of the steering committee members if you have input or wish to participate. Please call the DMAA office at (902) 494-8800 or email medical.alumni@dal.ca.



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NEW ALUMNI

In the eyes of a Resident

Dr. Martha Linkletter '08 is a resident in Pediatrics at Dalhousie University. She has agreed to share her residency experience with *VoxMeDAL* readers for the duration of her program.

By Dr. Martha Linkletter '08

Ye been a resident for a year now and it seems appropriate to reflect on the past 12 months. Last year at this time, I was nervously anticipating starting PGY-1. I wasn't sure how to write an acetaminophen order, I couldn't consistently see a tympanic membrane and I really had no idea what to expect on call.

My first night on call I was paged about a high blood pressure reading in a stable, post-operative five-year-old. Instead of heading into the hospital as I initially bolted to do, in the next 60 minutes I called the nurse three times, pored over blood pressure norms for age and height percentile, had his blood pressure checked twice, in different limbs each time and implored my PGY-2 partner for his advice. The blood pressure was normal each check. I slept poorly that night, agonizing about whether I should go in to assess him myself after his one hypertensive reading. I've come a long way since that night.

The last time I was on call I was in the NICU. That night I was paged, as part of the neonatal team, to an emergency cesarean section. Twins were born with no respiratory effort, no tone and no heartbeat. Our team spent 20 minutes resuscitating the babies. Before I left the room to take one of the very unstable babes to the NICU, I spoke briefly with the father.

He asked me if the twins should be baptized. In this question I could hear so many others. Will my babies live to see the morning? Will they be normal? Did you do everything you could? His unspoken questions were answered with my own. Was there someone who could have done more? Did we do the right thing resuscitating for 20 minutes? What will happen tonight with these babes? Do I



know what needs to be done? What will life be like for these babes if they make it through the night?

At the end of my first year of residency, I have just as many questions and uncertainties as I did a year ago at this time. But they're different. Writing standard orders hardly causes me to pause, I can consistently see tympanic membranes and I know now that I have the knowledge and the ability to reassure parents. I've been surprised that the most difficult and thought-provoking questions I've encountered this year have not been from staff or senior residents. They've been the questions of concerned parents. I look forward to reflecting at the end of my four years of residency and realizing that I know how to answer that worried father's question. Or, at that time I may realize that his question is unanswerable no matter how many call shifts I've done, children I've cared for or years I've practiced.



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Music is the best medicine

Celebrating 30 years...our Tupper Band

Contributions by Dr. Doug Brown '57, Charles Hsuen and Helen Hartley



rom Beethoven to the Beatles, the Dalhousie Tupper Band has been gracing the hallowed halls of the Sir Charles Tupper Building for 30 years. Led by Maestro Dr. Bernard Badley, the band includes students, faculty and staff of Dalhousie Medical School and its affiliated teaching hospitals—people who enjoy moving beyond the stresses and concerns of health care to make music together.

Though band membership has changed over the years, some core players still

show up for practice each week. "It's an informal fellowship of all types of health professionals and community supporters," says clarinetist Barrie Ross, who has been a regular member since the band's inception in 1979. "It provides a structure, allowing changing years of med students and others from high school to post docs, to join in the fun."

Other long-standing members include trumpeter Dr. Doug Brown and clarinetist Helen Hartley. "Being in a band is a longterm dream of mine and I told Bernie my

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interest and I joined in the fall [of 1987]," says Hartley. "It's interesting how I have become so involved in it...I think it's close to 20 years that I have been doing what I do." Hartley is not only the librarian and registrar for the Tupper Band, she is also the "band mother."

Highlights have included Christmas music for the med school, the Victoria General Hospital, the School for the Blind and one memorable occasion accompanying Dr. Richard Goldbloom on the grand piano for the Music in Medicine concert. Dr. Goldbloom is a long-time supporter of the band. "The Tupper Band, under the dedicated, vigorous baton of Maestro Bernie Badley, has a long, deserved reputation for bringing stirring music to our medical-school community," he says.

Playing the flute in the Tupper Band is something that I look forward to each week. It has been a privilege to be a part of this talented group for the past four years. I appreciate the dedication that Dr. Badley and other members of the band have to making this ensemble a success. The Tupper Band enriches the educational experience for medical students and brings together members of all health professions. This experience has been fun and rewarding." —Natalie Parks '11

"The Band gives me an opportunity to do something I love, play the trumpet, and have an experience different than what I do the rest of the week. The Plum Foundation of California has been delighted to have provided support."

-Dr. Bill Baldridge

Dr. Bernard W.D. Badley, Tupper Band Conductor



Dr. Badley grew up in the U.K., graduated in Medicine from the University of London and served as a Military Medical Officer and a Family Practitioner in Cape Breton before joining Dalhousie University's Faculty of Medicine in 1968. He chaired the Committee on Undergraduate Medical Education for five years in the early 1970s and was Vice Dean from 1986 to 1988. He headed the University Division of Gastroenterology and the Victoria General Hospital's Department of Medicine, was the founding Medical Director of Atlantic Canada's Liver Transplantation Program and for several years chaired the Royal College of Physicians Examination Committee in the specialty of Gastroenterology.

From 1988 to 1995 he was President and CEO of the Victoria General Hospital. During that period he was also President of the Association of Canadian Teaching Hospitals, a surveyor for the Canadian Council on Health Services Accreditation and an invited lecturer on continuous quality improvement to health care organizations in Newfoundland, New Brunswick, Ontario, Manitoba, Alberta and British Columbia and to several industrial groups. He received the Nova Scotia Medical Society's Distinguished Service Award in 2000.

Since retiring from full-time clinical practice and administration, he has maintained a clinical role as Gastrointestinal Consultant at the Canadian Forces Hospital in Halifax and is the Medical Director of Nova Scotia's recently launched Colon Cancer Prevention Program.



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It has been a rewarding year

t has been another busy, interesting and rewarding year for the DMSS. The DMSS engages in a broad scope of activities—from representation and advocacy to charitable work and running social events. While I cannot report on all of our activities worthy of noting here, I will touch on some of our highlights from the past year.

The DMSS started the year with a bang by hosting here in Halifax the Annual General Meeting for the Canadian Federation of Medical Students. We hosted over 100 delegates from our 14 member schools across Canada, garnering accolades from both executives and attendees for running a well-organized and well-supported national meeting. We even found time to take our guests out for lobster and dancing at the Shore Club.

With the support of Dean Cook and Tupper Building Services, we successfully advocated for continued 24-hour access to the Tupper Link for Undergraduate Medical Students in the face of restricted hours of By Shane Hawkins '11, DMSS President

access to many of Dalhousie's buildings for other programs.

Funding from the DMAA supports a long list of medical-student projects each year. One example is a new project called MERci, which collects unused but expired medical supplies that are destined for the garbage, sending them to developing countries instead.

Somehow, our tireless VP Internal kept a smile on for the entire year while organizing eight Lifestyles in Medicine evenings on top of a food drive, the 101st Med Ball, Euphoria and the Charity Auction. Fundraising efforts for Euphoria were stepped-up and the event raised \$8,700 for Phoenix Youth Programs. This year was our biggest Charity Auction to date, raising \$15,000 for Camp Triumph, a free summer camp for kids affected by chronic and terminal illnesses.

Our Nova Scotia Representative, with the support of our Deans and Doctors Nova Scotia, was successful in re-establishing a Nova Scotia Summer Elective Program for pre-clerkship medical students. This program will see students spending time in clinical medicine settings outside of Halifax.

Much work has been done to adapt our governance structure and constitution to prepare for the reality that our Student Society will have 25 per cent of its membership in Saint John in 2010. The Global Health Initiative continues to expand its scope and ran many well-received events, including a weekend Global Health Conference with attendance from many health-profession programs. The Everest Co-Chairs oversaw the creation of a new website to support and expand the Everest Challenge.

There are many more projects and accomplishments from that past year deserving of recognition but I hope these will give a sense of the busy and successful year the DMSS enjoyed. The DMSS would like to thank our alumni and the DMAA for contributing so generously year after year to support medical-student initiatives here at Dalhousie.

Become a Mentor, share your knowledge

The DMSS is collaborating with the DMAA to establish a Medical Undergraduate Mentorship Program and we are asking Dalhousie Medical Alumni to bring their experience to medical students. The Mentorship Program will allow physicians to provide medical students with positive role models who can offer both personal and career guidance.

The program is modelled on the successful Ontario Medical Association Mentorship Program. Our goals are:

- To foster and encourage professional interaction between medical students and physicians.
- To facilitate communication concerning the practise of medicine.
- To nurture a supportive and understanding environment for medical students as they adjust to a life in medicine.

We are looking for physicians who are accessible to becoming mentors and are interested in educating students and sharing their experiences. The mentorship duration would be one year but it may be extended if the student and mentor wish. Students and mentors would be matched on a variety of criteria including specialty, location of practice and lifestyle. Mentor-student contact would be primarily by email correspondence, although in some cases, telephone conversations or personal meetings could occur.

We have taken the liberty of enclosing an application form and we hope that you will consider joining this program. This is an opportunity to offer support and guidance to future colleagues and to ensure the continued excellence in medical practice for our communities. Please contact the DMAA for more details at (902) 494-8800 or medical.alumni@dal.ca.

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Combining cultures: Law and Medicine

Dr. Gus Grant makes the case for improving communication in medicine

By Dr. Gus Grant '97



VoxMeDAL approached me with two questions: why did I leave the practice of law to pursue a career in medicine and what can medicine learn from the legal profession. Apparently forewarned about my nature, *Vox* demanded brevity.

Let me dismiss the first question summarily. Enough time has passed for me to make the following confession, albeit sheepishly. After a childhood spent with law as the certain destination, followed by law school, articles and four years in practice, I entered medical school for no real reason. It seemed like a good idea at the time. It remains so today, fortunately.

My answer to the second question, what can medicine learn from the law, may surprise. I believe the medical profession (and medical care in general) would improve by borrowing from the culture of the legal profession.

Like all young lawyers, my head was either in the books or I was lingering around the water cooler trying to pry an opinion on a question from a colleague. I always ate with other lawyers at lunch, drank beer with them at night and the conversation was always law. It did little for my social life but it developed my profession. It's not the same in medicine. Although I practice in a large group, we rarely talk about medicine among ourselves. Rarer still does one family doctor seek an opinion from another. We work together but practise alone.

I had the great privilege of being mentored in law by Ronald Pugsley, Q.C., who later went to the Court of Appeal. My firm, as with most established law firms, maintained both a formal and an informal mentoring tradition in the knowledge that law (like medicine) is a profession where one continues to grow long after being professionally certified. In primary-care medicine, and I suspect to a lesser extent in the specialties, a doctor once licensed is pushed from the nest to fly off. I think this is a shame.

Pugsley was a man of high respect, integrity and polish. He was also ferociously competitive, although he rarely allowed anyone to glimpse the steel or hear the gnashing of his teeth. His crossexaminations were elegant and bloodless. Oftentimes, neither the witness nor the other lawyer seemed aware of the damage being inflicted.

At all times, even in the height of battle, the language of law is one of high courtesy. Lawyers refer to each other as "my friend" or "my learned friend" and to judges as "my lord" or "my lady." They also take great pains to defer to more senior counsel and to observe the etiquette of the court.

Unlike law, medicine is not an adversarial system. But it is a system or structure with many parts that must work together. As a primary-care doctor, it doesn't always feel this way. There is far less professional courtesy in medicine than in law. My point goes far beyond the quaintness of language. I do think language influences culture and, when inappropriate, creates friction between moving pieces. I am sure many family doctors have experienced frustrations in their dealings with consultants and residents. Entirely free of professional courtesy, these interactions are often down right rude and ultimately hurt the quality of patient care. It seems wrong that one professional is asking another for help and the conversation often takes the form of negotiation or argument.

I think most of the problems arise from how anonymous medicine has become. The

absence of market forces is also a contributor. In law, the same lawyers keep popping up on the other side of cases. Trials are heard by the same judges. Inevitably, you are preceded by your reputation. As a lawyer, although your first responsibility is to your client, you must also maintain a good relationship within the Bar going forward.

Sadly, I don't feel this is the case in medicine. Apart from my medical-school classmates, I do not know most of the consultants to whom I refer my patients. Some departments mandate that referrals not go to a specific individual. The triage of referrals is done by persons unknown, at times seemingly for reasons unknown. A faxed request exits into the ether and sometime later, a letter returns from the consultant. I know of two consultants who regularly phone family physicians to discuss matters.

Think of how the consulting services work at the big hospitals. When I need to speak to someone, I am usually put through to a resident or intern who doesn't know me, who I have not developed credibility with and (perhaps this is too cynical) has no reason to develop a relationship with me. Further, interns and junior residents know less about the problem than I do and aren't in a position to give me advice.

The result is that I cheat. When I need advice, I speak directly to a consultant I know, bypassing the systems put in place by the hospital or the department. When I deal directly with consultants whom I know well, things get solved efficiently and in the best interest of the patient. I think medicine should encourage this.

I may be overstating things. Like law, the practise of medicine is a great privilege, often fun and always rewarding. Medicine is under pressure—people are working hard to find solutions and are trying to respond to volumes and demands that are often impossible. Being adversarial in nature, law is more familiar with pressure and competition. Over the centuries, it has developed a culture that medicine could learn from.





DUGGER S



Applying an ethics lens to health-resource allocation Providing ethics support for the N.S. Department of Health's tough choices By Dr. Jeff Kirby '76

Dalhousie's Department of Bioethics is currently providing comprehensive ethics support to the Nova Scotia Department of Health (DoH). Both are collaborating partners (with the province's health districts and the IWK Health Centre) in the Nova Scotia Health Ethics Network (NSHEN) which is now in its second year of opera-

tion. Please contact www.nshen.ca for further information.

One of the challenging issues facing the DoH is the development of health policy to guide 'fair' allocation of limited health resources. The Department's senior leadership is acutely aware of a daunting reality: there are currently insufficient resources





to meet all the legitimate health needs of Nova Scotia's citizens/residents. Unfortunately, there is no established, shared conception of justice for determining which health resources an individual has a just claim to, and there is no existing social consensus regarding which ethics principles and values should inform health resource allocation decision making. Most people favour some aggregation of health benefits, i.e., prioritization in accordance with what is expected to produce the greatest good for the greatest number ('best outcomes'the consequentialist imperative) but reject allocation decisions that do not provide some benefit to 'the worst off' ('fair chances'-distributive and social justice requirements). Given this lack of conceptual clarity, it is important for those who allocate health resources to pay careful attention to procedural justice elements in the creation of values-informed, accountable decision making processes that are meaningfully inclusive of the 'right' stakeholders (including health care receivers and the public).

Two current resource allocation challenges for the DOH are: 1) decision making about the public funding of new expensive cancer drugs, and 2) the prioritization of scarce critical care resources (e.g., access to ICU beds and ventilatory support, etc.) during pandemic influenza incidents. The Department of Bioethics provides regular support to the DoH's Cancer Systemic Therapy Policy Committee in the ongoing development and use of a decision/recommendation making framework that is jointly informed by evidence, economics and ethics. The Committee uses this '3E' Framework in its review of new cancer therapies and its development of public funding recommendations for the Deputy Minister of Health. At the present time, the Department of Bioethics is actively engaged with the DOH and other key stakeholders in the development of a provincial critical care triage protocol for use in pandemic influenza incidents. Please feel free to contact Department of Bioethics website: www.bioethics.dal.ca



Finding warmth in the cold

New friends and strong mentors created a memorable medical-school experience

By Dr. Melvin Ooi '09

hen I first arrived at Halifax International, the customs officer took a good look at my paltry jacket and said, "Son, this is not going to cut it." I politely told him that he was the third person to tell me how cold it is in the Maritimes. His partner on the next aisle promptly interrupted, "Then let me be the fourth."

Coming to Canada from a tropical country halfway across the world, I knew the climate would take some getting used to. But if my experience here has taught me anything, it's that stereotypes are always wrong. My two years in Halifax have been perhaps the warmest of my life (figuratively speaking, of course, as I still find it ridiculously cold in the winter).

There were glitches, at first. Phrases like "clear as mud" were favourites among my mentors and had me pondering for days (mud is murky brown!). A loonie means a dollar-I can't tell you how many times I stared at the cashier until I figured out that she meant something else. A case of "lymphnoid(!?)" as described by an elderly patient is not a new disease. And how almost all conversations inevitably included a brief discussion of the weather. These little quirks and idiosyncrasies are what made the Maritimes so endearing and unique. In time, I realised that a double-double at Timmy's doesn't get you two cups of coffee.

Cliché as it sounds, Canadians are what make Canada great. The hospitality and friendliness of Nova Scotians never ceases to amaze me. Fleeting encounters with strangers quickly turn to lasting friendships. I recall an incident during a short stint in P.E.I. where a passer-by, having taken a pity on my snow-covered shoes, drove me to Zellers to get a pair of rubber boots. New friendships forged with classmates as we went through what seems like endless exams and long days in wards will be well cherished.

My mentors at Dal have all played a huge role in my education, inspiring me to strive harder through the dedication that they show in their work. My Dalhousie experience, especially the people that I have met, has left a lasting impression in my life. I hope my two short years here have the same effect on them.







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The bigger world beckons

Ya Fatou Samba overcame many obstacles to achieve her dream of studying medicine

Dr. Ya Fatou Samba and mother.

t was a major decision to leave my home country of the Gambia (the smallest country on mainland Africa) in exchange for the bigger world. Yes, my judgment was first and foremost driven by my determination to learn medicine but there was more to it than that. I also aimed to master the finest art and skills in medical practice. With this goal in mind, I felt I was armed with much courage and fortitude to break all obstacles and doubts regarding my aspirations to succeed.

Shortly after completing my high-school

education at home, my long and ambitious medical-degree journey

took me to one of Nigeria's centres of academic excellence—Ahmadu Bello University. Here, I initially registered into the pre-medical training program with the intention of completing my medical education there. However, the

educational instability did not allow me to. Returning home, I joined the third intake of the first-ever medical school in the Gambia. There, I completed the pre-med training program. At that time, my older sister, who was reading for a doctorate in the U.K., was visiting Malaysia. It was during this period that she was introduced to the International Medical University (IMU) in Kuala Lumpur. Her strong interest in the institution's style of medical education convinced me to apply. I started at IMU in 2004.

Two-and-one-half years later, I subsequently completed IMU's pre-clinical MD

By Dr. Ya Fatou Samba '09

curriculum and then came to Canada. This followed my success in being matched to my first choice of twinning for the clinical phase of the MD program. My choice of Dalhousie was related to my familiarity with the academic link that existed between Nova Scotia and the Gambia. This was also strengthened by my knowledge of Dalhousie's history of distinction in training medical students. I was not disappointed!

In Halifax, and particularly in Dalhousie, I was pleasantly surprised by the hospitality of the people, although the winters were not fun! The university community, patients and hospital staff, remain part of the fun memories that formed my studentship in Halifax. I will be heading to Newfoundland—a colder place with warm people—to embark on my residency in General Surgery. Upon completion of residency, I will return home to the Gambia to practice, no doubt with memories of Canada only enjoyable.

The personal touch

For Derek Smith, medicine was a chance to inspire

en years ago I was helping out a friend in Brampton, Ontario by teaching math to senior highschool students during a critical teacher shortage at her school. This experience came at a pivotal point in my life, as I had recently decided to withdraw from my study of engineering and did not yet have a clear plan for my future. The satisfaction I felt from teaching those eager students made me realize that I wanted a career in which I could make an impact in people's lives on a personal level. The seeds for a career in medicine were sown.

I returned to university to earn my bachelor's degree in Science, followed by a master's degree in Immunology. With my graduate studies complete, I felt I was By Dr. Derek Smith '09

ready to pursue a career in medicine.

From my first days at Dal I felt comfortable and eager to delve into my new studies. I enjoyed all aspects of my studies and was fortunate enough to win prizes in Anatomy, Physiology and Psychiatry in pre-clerkship. As much as I enjoyed my academic study, the social side of medicine was what truly brought me to the field. I was honoured to be chosen as the COPS representative for my class and was happy to contribute to the newly formed Professionalism Committee. My early interactions with patients through my clinical electives assured me that I had found what I was looking for in medicine.

During my clerkship rotations, I discovered the amazing field of Neurology and I



am thrilled to be starting my residency in Neurology at the University of Ottawa. Although the next phase of my training is taking me back to Ontario, my experiences at Dalhousie have enriched my life immeasurably and as a Dal alumnus, I will be forever grateful.

Homemade jam and tea towels

The joy of practising medicine in rural communities



Lauren, fifth from left, with fellow classmates and translator in Nha Trang, Vietnam.

really like talking to patients. This is the fundamental reason that I chose to pursue a career in Family Medicine. During my time at Dalhousie Medical School, I have been lucky enough to complete clinical rotations in a wide range of locations: from Nha Trang, Vietnam to Calgary, Alberta, to Sherbrooke, Nova Scotia. Ultimately, the practise of medicine does not seem to change with geography. There may be more CT scanners or longer waits for labtest results but in my rather limited experience to date, the job remains pretty much the same. The patients, however, do not.

In rural areas, I was impressed by the willingness of patients to do their part for medical education. I completed my Emergency Medicine rotation in Sydney, Cape Breton. This place holds the record for the highest number of patient volunteers whom allow medical students to perform procedures on them for the very first time. And although it didn't play a major role in my decision making, I have been given homemade jam and tea towels while on rural rotations.

Over the past few years, I have noticed the discrepancies in access to health-care

services in rural versus urban areas. This was particularly evident in the areas of sexual and reproductive health, which are of personal interest for me. I am committed to doing social-justice work and I see

By Dr. Lauren Brodie '09

a career as a Family Physician as an extension of this. By providing services where they are needed most, I hope to have a role in making comprehensive health care more accessible to all Nova Scotians.



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Sailing into a career in medicine

An exciting career in international sailing informs a passion for medicine

By Dr. John Haverstock '09



tudy for an anatomy exam or head to Brazil to race in the world championships? I faced this difficult decision when I started medical school back in the fall of 2005. It was the beginning of an exciting challenge and the ending of another, so I had mixed emotions. After 10 years of training and competing, I was finishing up my time competing internationally in the Laser, a single person, 4.3-metre dinghy.

After aspiring to medical school while working the winters in mental health and orthopaedic-surgery research, I was excited to start my studies. I had dedicated myself to sailing during the spring, summer and fall before medical school. The culmination of four years of international racing was the Olympic trials in 2004 and several world championships.

While sailing and medicine have little in common, racing was the formative experience of my youth and taught me the value of training, reflection and balance. My success in racing gave me the confidence to take on further challenges and continue learning. After finishing my undergraduate

degree in Kinesiology at Dal, I set my sights on medicine.

The lessons I learned from training and competition were not wasted when I retired from racing. I began school with several goals: excel academically, balance my lifestyle and make some good friends. I felt these were key to my success and my enjoyment of life in a demanding field and I used different techniques learned from competition and sport psychologists.

In first year, I jumped at the chance to be

involved in the Everest Project, which taught the value of health and well-being to Grade 4 students in Halifax. I wanted to share my beliefs about the value of physical activity in promoting vitality. The following year, I cochaired the event as the first and second-year med students reached over 70 classrooms. In four years at Dal,

I've made great friends, studied hard and enjoyed my time. Now as I head off for a residency in Orthopaedic Surgery, I hope to embrace the challenges and maintain my balance as I help others regain their physical abilities. My grandfather once told me to "find a job you love and you'll never work a day in your life." I'm not sure he was talking about a career in orthopaedics, but I followed his advice and couldn't be more excited.



Everest Project-Medical Student Community.

On the other side of the world

Siddharth Kogilwaimath recalls his first impressions of Canada

By Siddharth Kogilwaimath '09

still remember the day I landed in Halifax. After 22 hours of flying, with three stop overs added in for measure, I was finally here. I had never been on the "other side of the world" before and as I remember, everything seemed new. Who'd have thought driving on the wrong side (or the right side?) of the road was OK or that talking about the weather took up an entire conversation or that even eating pizza was an actual meal (where's the rice, I say!).

It took me a while to come to terms with a city that had only 350,000 people, since I'm from Hyderabad, India, which is home to seven million people. Now, that's a city, I used to think! My early days in Halifax were spent sleeping odd hours, figuring out new accents, trying not to get car sick, being homesick and meeting lots of friendly new people. I remember the buzz word of the season: summer. I was amazed how everyone would get excited just saying the word, with smiles from the left ear to the right. Having been through two Canadian winters, especially after the excitement of the first snow fades faster than labour in a G7P8 mom, I now understand easily what the excitement is all about! And then clerkship hit—faster than a speeding truck—and the rest is history. Just kidding! It was certainly the most trying time of my life but I'm glad I came out the other side, hopefully a tad bit smarter. On another note, I think I can finally claim to have become a Maritimer— enjoying breakfasts that would clog up an elephant's aorta and triple-triples to force a pancreas into early retirement! If that's not evidence enough, who else can claim to know 50 different MacDonalds, who were all people, huh?



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GRAD WEEK

Dr. C.B. Stewart Gold Medal



Dr. Ryan Maldre '09 from Thorburn, Pictou County, Nova Scotia, received the Dr. C.B. Stewart Gold Medal for highest standing in regular medial course; the Dr. S. G. Burke Fullerton Award for greatest promise and potential shown for Family Medicine in fourth year; the Dr. R.O. Jones Prize in Psychiatry for highest standing in psychiatry during the entire medical program; the Dr. J.W. Merritt Prize for highest standing surgery in all four years; the Dr. Clara Olding Prize for highest standing in the clinical years, character and previous scholarship being taken into consideration.

DMAA Gold & Silver D's

The DMAA is proud to sponsor this long-standing tradition of our Gold & Silver D's Awards. Recipients are selected by DMSS committee on the basis of class participation, activity with the DMSS, sports involvement, outstanding class spirit and leadership or involvement that is not part of formal class positions.



Gold D recipients Dr. April MacPhee,

Graduation with Distinction

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

Michael Da Rosa Katy Adair Finley Kim Haberer Nathan Lamond Anna London Ryan Maldre Meaghan O'Brien Derek Roberts Derek Smith

Silver Shovel Award

Dr. Lynne MacLeod

Resident Teacher of the Year

Dr. Karthik Tennankore Dr. Allison Ball

Honourary Class Member

Ms. Megan Wilson

Gold and Silver D's Awards

Gold D's

- 1. Matthew Acker
- 2. April MacPhee

Silver D's

Mary McHenry
 Jaclyn Flemming
 Deborah Pink
 Bradley MacDougall
 Daniel McIsaac
 John Paul Harmon



Silver D recipients Dr. Deborah Pink, Dr. Daniel McIssac, Dr. Bradley MacDougall, Dr. Mary McHenry, Dr. John Paul Harmon and Dr. Jaclyn Flemming.

Graduation with Distinction

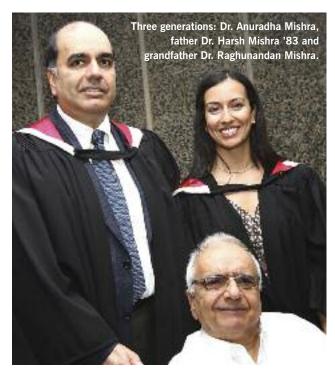
Awarded to students who reach a high standard set by the Faculty of Medicine.



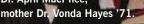
L–R (Front): Drs. Katy Adair-Finlay, Meagan O'Brien, Anna London, Ryan Maldre (Back): Mike da Rosa, Kim Haberer, Derek Roberts, Nathan Lamond, Derek Smith.

Alumni families

The DMAA is proud to welcome our newest alumni families









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Dr. Murray Yazer '08, Dr. Joanne Yazer '09, Dr. Erika Yazer '09, father Dr. Harold Yazer '71.



Dr. Camille Bonnell-Allanach, husband Dr. Will Allanach '97, sons Sammy and Charlie.





Dr. Laura Whyte, mother Dr. Jeanne Ferguson '97.





Dr. Ian Comeau and grandfather Dr. John Burris '54.

Dr. Katherine McHenry, father Dr. Chris Jamieson (University of London,





Graduating Class Prize Lists

- Dr. C. B. Stewart Gold MedalRyan Maldre for the highest standing in the regular medical course
- Dr. John F. Black PrizeCraig Wilson for the highest standing in surgery

Dr. Ram Singari Boodoosingh

- Memorial PrizeDevin Pugsley for demonstrating clinical skill, a sense of humour and bringing "art" to the practice of medicine
- Dr. S. G. Burke Fullerton Award . .Ryan Maldre for greatest promise and potential shown for Family Medicine in fourth year

Andrew James Cowie, MD

Memorial MedalNathan Lamond for the highest standing in Obstetrics and Gynecology

Dr. Robert C. Dickson Prize

in MedicineDerek Roberts for highest standing in medicine in all four years

Dr. Richard B. Goldbloom Award

- in PediatricsKaty-Adair Finlay for best combining medical knowledge, clinical skill and sensitivity to the social and emotional needs of children and their families
- Dr. Mabel E. Goudge Prize . . .Katy-Adair Finlay for outstanding achievement among female medical students

Dr. Lawrence Max Green

Memorial AwardT. B. Kate Collins for best combining compassion and clinical competence during the clerkship in Obstetrics and Gynecology

Dr. Carl Perlman Prize

in UrologyDevin Pugsley for the greatest aptitude and interest in Urology

Dr. Graham Gwyn Memorial Prize

in NeurologyDerek Smith for demonstrating excellence in Neurology

Dr. J. Donald Hatcher Award for Medical

ResearchDerek Roberts for the most meritorious and significant research project during the undergraduate program including summer electives

Dr. W. H. Hattie PrizeNathan Lamond for highest standing in fourth year medicine

Dr. Leo Horowitz Prize in

- Diagnostic RadiologyJoanne Yazer for demonstration the greatest interest and aptitude towards the study of Radiology
- Hunter Humanities Award ...Stuart Whittaker for outstanding contribution in the area of medical humanities and demonstrating the humanistic qualities of caring and compassion in patient care

Dr. N. N. Isa

Achievement AwardDerek Roberts for outstanding clinical proficiency and interest in Obstetrics and Gynecology

Dr. R. O. Jones Prize

Kidney Foundation of

- Canada Erica Schollenberg Dr. Allan Cohen Memorial Prize in Nephrology for demonstrating the greatest aptitude in clinical Nephrology
- Dr. Frank G. Mack PrizeJaclyn Flemming for showing excellence of care in urological patients
- Dr. Harold Ross McKean Award in OphthalmologyAnuradha Mishra for demonstrating the highest skills in Ophthalmology
- Dr. J. W. Merritt PrizeRyan Maldre
- for highest standing in surgery in all four years

 Michael Brothers Prize

- Poulenc Prize Anna London for the highest standing in Psychiatry

Dr. Robert F. Scharf Award in Emergency

Society for Academic

Emergency MedicineKirstin Moritz for excellence in Emergency Medicine

Dr. J. C. Wickwire AwardMichael Da Rosa for demonstrating highest competence in patient contact during the four-year program

Dr. Lourdes I. Embil Award for Cardiovascular

- Dr. I. M. Szuler Award Colin Van Zoost for undergraduate Internal Medicine for the fourth-year student who demonstrates personal and academic qualities exemplified by Dr. Szuler
- Dr. Morris Jacobson Prize Lauren Brodie for demonstrating a strong aptitude and interest in Rural Family Medicine

The Emerson Amos Moffitt

Research PrizeDerek Roberts for undergraduate Research in Anaesthesia

The Dr. Juan A. Embil

AwardKatherine Matheson for excellence in Infectious Diseases Research

The Dr. Leonard Kay &

Simon Levine AwardAnn London for pursuing studies in Family Medicine

American Academy of Neurology

PrizeDerek Smith for excellence in clinical Neurology

The Albert A. Schwartz Prize

in OrthopaedicsMatthew Lewington

Match Day

By Dr. Matt Acker and Dr. April MacPhee *Co-Class Presidents '09*



After hours of Canadian Residency Matching Service (CaRMS) application paperwork, dozens of forms, countless delays in airports across the country and hundreds of dollars in postage fees, Match Day finally arrived, exactly as scheduled, at 1 p.m. on March 9.

Imagine the prospect of your future being laid out in front of you with a single click of a mouse, with no option to delete, cut and paste or refresh. Many people chose to discover their results in seclusion, while others did so in the company of classmates or loved ones. As the afternoon rolled on, one by one, members of the class of 2009 came together in the Med School Lounge to share what their future would hold. Those who were doing electives away kept in close touch with email, phone calls and even Facebook, sharing in the excitement of the day.

On Match Day each year, we share our results by writing our future destinations and training programs on the Match Day board. It's a single piece of bristol board with nearly 100 faces, each with a blank space below. Like a rite of passage, we all fill in our individual results on the board for all to see.

This was an achievement we've been preparing for since our first day at Dalhousie Medical School. We'd waited so long for this day but as much time as we spent agonizing over our rank lists and preparing for interviews, the emotions were short-lived. As quickly as it came, Match Day was over and our energy became redirected on the next big step. Congratulations class of 2009—we've reached another milestone in our careers and residency awaits!

MATCH DAY

Dalhousie 2009 Medical Graduates: where they're headed Congratulations to the Class of 2009. You can see where they will be pursuing their residency programs at hospitals and universities near you.

Anatomy Pathology

Erica Schollenberg, Dalhousie University, Halifax, N.S.

Anesthesiology

Patricia Doye, University of Queens, Kingston, Ont. Daniel McIsaac, University of Ottawa, Ottawa, Ont. Allana Munro, Dalhousie University, Halifax, N.S. Christopher Nash, Western University, London, Ont. Ada Poranek, Dalhousie University, Halifax, N.S.

Emergency Medicine

Ehab Eshtaya, University of Alberta, Edmonton, Alta. Mary Fotheringham, University of Alberta, Edmonton, Alta.

Family Medicine

Camille Allanach, Dalhousie University, Moncton, N.B. Lauren Brodie, Dalhousie University, Sydney, N.S. Erica Brown, Dalhousie University, Moncton, N.B. Gregory Campbell, Northern Ontario School of Medicine, Thunder Bay, Ont. David Comstock, Dalhousie University, Halifax, N.S. Casey Corkum, University of Toronto, Toronto, Ont. Mark Foley, Dalhousie University, Halifax, N.S. Patrick Gilbride, Dalhousie University, Fredericton, N.B. Kendra Gilmore. Dalhousie University, Fredericton, N.B. Andrew Giorno, Dalhousie University, Sydney, N.S. Nermine Gorguy, Western University, London, Ont. Anna London, Dalhousie University, Saint John, N.B. Bradley MacDougall, Dalhousie University, Halifax, N.S. Stuart MacKinnon. Dalhousie University, Halifax, N.S. Angela MacLaren, Dalhousie University, Charlottetown, P.E.I. Ryan Maldre, Dalhousie University, Moncton, N.B. Patrick Maloney, Dalhousie University, Halifax, N.S.

Michael Matchett, Dalhousie University, Moncton, N.B. Amy McAllister, Dalhousie University, Halifax, N.S. Graeme, McBride, Dalhousie University, Halifax, N.S. Elizabeth McNaull, Memorial University, St. John's N.L. Kirstin Moritz, University of Alberta, Edmonton, Alta. Jason Orlik, University of British Columbia, Kelowna, B.C. Erin Palmer, Dalhousie University, Saint John, N.B. Christopher Riddle, University of Toronto, Toronto, Ont. Shane Smith, University of Queens, Kingston, Ont. Kevin Spencer, University of Ottawa, Ottawa, Ont. Stuart Whittaker, Dalhousie University, Halifax, N.S. Laura Whyte, Dalhousie University, Moncton, N.B. Alicia Williams, Dalhousie University, Halifax, N.S. Jeffrey Williamson, Dalhousie University, Saint John, N.B. Erica Yazer, Dalhousie University,

General Surgery

Sydney, N.S.

Blair MacDonald, Queens University, Kingston, Ont. Joseph Ojah, University of British Columbia Derek Roberts, University of Calgary, Calgary, Alta. Ya Fatou Samba, Memorial University, St. John's, N.L.

Internal Medicine

Yien Chiong, Indiana, U.S. Jaclyn Flemming, Dalhousie University, Halifax, N.S. John Paul Harmon, Dalhousie University, Saint John, N.B. John Igoe, Dalhousie University, Halifax. N.S. Siddharth Kogilwaimath, Memorial University, Saint John's, N.L. Sueyi Lai, Chicago, U.S. Nathan Lamond, Dalhousie University, Halifax, N.S. Meaghan O'Brien, University of Manitoba, Winnipeg, Man. Tim Olynch, Dalhousie University, Halifax, N.S. Melvin Ooi, Massachusetts, U.S.

Mark Tutschka, Western University, London, Ont. Colin Van Zoost, Dalhousie University, Halifax, N.S.

Internship

Wai Voon Ong, Malaysia

Lab Medicine

Tarek Ezzat, University of Toronto, Toronto, Ont.

Neurology

Derek Smith, University of Ottawa, Ottawa, Ont.

Neurosurgery

Victoria Bonn, University of British Columbia

Obstetrics & Gynaecology

Diane Ahn, Dalhousie University, Halifax, N.S.
Katie Collins, University of Alberta, Edmonton, Alta.
Ian Comeau, McGill University, Montreal, Que.
Stephen Foulem, Memorial University, St. John's, N.L.
Stephanie Johnston, University of Manitoba, Winnipeg, Man.
Emma Plaskacz, Dalhousie University, Halifax, N.S.

Ophthalmology

Anuradha Mishra, Dalhousie University, Halifax, N.S.

Orthopaedics

CJ Foote, McMaster University, Hamilton, Ont. John Haverstock, Western University, London, Ont. Matthew Lewington, Dalhousie University, Halifax, N.S. Cai Redmond-Wadden, University of Ottawa, Ottawa, Ont.

Otolaryngology

Matthew Grady, Dalhousie University, Halifax, N.S.

Pediatrics

Katy-Adair Finlay, University of Alberta, Edmonton, Alta. Kim Haberer, University of Manitoba, Winnipeg, Man. Mary Jamieson, Dalhousie University, Halifax, N.S. Anna Kubow, Memorial University, St. John's, N.L. Kate MacCulloch, Dalhousie University, Halifax, N.S. April MacPhee, Memorial University, St. John's, N.L. Tania Wong, Dalhousie University, Halifax, N.S.

Plastic Surgery

Margaret Wheelock, University of Manitoba, Winnipeg, Man.

Psychiatry

Rob Clements, University of British Columbia Jacob Cookey, Dalhousie University, Halifax, N.S. Risa Marie Mandzuk, McMaster University, Hamilton, Ont. Katherine Matheson, Dalhousie University, Halifax, N.S. Deborah Pink, University of Toronto, Toronto, Ont.

Radiation Oncology

Robert Stewart, McMaster University, Hamilton, Ont.

Radiology

Michael Da Rosa, University of Toronto, Toronto, Ont. Tetyana Martin, Dalhousie University, Halifax, N.S. Joanne Yazer, Dalhousie University, Halifax, N.S.

Radiology Nuclear Medicine

Craig Wilson, Dalhousie University, Halifax, N.S.

Urology

Matthew Acker, Dalhousie University, Halifax, N.S. Devin Pugsley, Dalhousie University, Halifax, N.S.

UPDATES | AWARDS & ANNOUNCEMENTS

Congratulations to members of our Faculty of Medicine community who have recently received significant appointments, awards and acknowledgements.

Dr. John Noseworthy

We are thrilled to hear the news that Dalhousie medical alumnus **Dr. John** Noseworthy has been appointed new President and CEO of the Mayo Clinic, effective November 2009. Dr. **Noseworthy** specializes in treating multiple sclerosis and is currently Medical Director of the Mayo Clinic Department of Development. He joined the clinic in 1990 and served as Chair of the Department of Neurology from 1997 to 2006. John is an enthusiastic supporter of Dalhousie and acknowledged the important role of his medical education during his acceptance speech for the Alumnus of the Year Award at a recent DMAA Awards Dinner.



Dr. Ross Leighton, new President of Doctors Nova Scotia

Dalhousie Faculty of Medicine and Doctors Nova Scotia are pleased to announce that **Dr. Ross Leighton** '79 is the new President of Doctors Nova Scotia. **Dr. Leighton** was installed on June 6 during the association's annual conference in Baddeck. As an Orthopaedic Surgeon, he understands the impact long waits have on patients. Working in a specialty where waits are among the longest, he sympathizes with patients affected by the troubled healthcare system. The new President wants to see government move forward with major health-care system improvements. Over the next year, he hopes to address this issue, as well as improve physician engagement within the association. During his one-year term as President, **Dr. Leighton** will also maintain his responsibilities as an Orthopaedic Surgeon at the QEII Health Sciences Centre and as a professor at the Dalhousie Medical School.

Community of Scholars Awards of Excellence Dinner

Ms. Cathy Charles, Department of Family Medicine and Ms. Roisin **McDevitt**, Department of Biochemistry & Molecular Biology received the Community of Scholars Staff Awards for Professional Excellence. Dr. Ismail **Cajee**, Department of Emergency Medicine and **Dr. Dora Stinson**. Department of Pediatrics, received the Community of Scholars Awards of Excellence in Clinical Practice. Dr. Simon Jackson, Department of Medicine, Division of Cardiology and Dr. Mohsin Rashid, Department of Pediatrics, Division of Gastroenterology, received the Community of Scholars Awards of Excellence in Medical Education.

Dalhousie Medical Research Foundation Awards

Dr. Kiril V. Rosen, Department of Pediatrics and Department of Biochemistry and Molecular Biology, received the Award of Excellence in Basic Medical Research.

Dr. Jean-Francois Legare, Department of Surgery and Department of Microbiology and Immunology, received the Award of Excellence in Clinical Research. Dr. Scott Halperin, Department of Pediatrics and Department of Microbiology and Immunology, received the Max Forman Senior Research Prize. Dr. Allen Finley, Anesthesia and Psychology, received the 2009 Dr. John Savage Memorial Award for Excellence in Global Health and Dr. Robert Schwarz, Department of Urology, received the Dr. Allan Cohen Memorial Award for distinguished community service.

Dr. Jock Murray

Congratulations to Professor Emeritus and former Dean **Dr. Jock Murray** who was recently recognized with the 2009 Dr. Lawrence McHenry Award for contributions to the history of Neurology.

Dalhousie Alumna Achievement Award

Dr. Nuala Kenny '72

Dalhousie Alumni Association Award of Excellence for Teaching Dr. Tracy Taylor-Helmick '98

Dr. Mahesh Raju, Assistant Dean for Medical Education in New Brunswick, was recently named the 2009 18thannual Canadian Society of Internal Medicine/Royal College Osler Lecturer.

Dr. J. Godfrey Heathcote, Head of the Department of Pathology, has been appointed the first Editor-In-Chief of the new *Canadian Journal of Pathology*. Dr. Heathcote will be responsible for overseeing the medical and scientific content of the journal and will have final authority in all decisions regarding manuscript publication status.

Dr. Eric Gozna, a New Brunswick Orthopaedic Surgeon, is the recent recipient of the R. Wayne Putnam Award from the Continuing Medical Education Office.

Dr. Catherine Cervin, Interim Head and Academic Leader for the Maritime Network of Family Medicine, was recently named a 2009 CAME Certificate of Merit Award Winner.

Peter Zed, College of Pharmacy and Department of Emergency Medicine, and co-investigators were awarded two national awards—the Patient Care Enhancement Award and the Pharmacotherapy Best Practice Award from the Canadian Society of Hospital Pharmacists for their research work.

RESEARCH: TUPPER'S SCIENTISTS AND THEIR STUDENTS

Below is a narrative from one of our medical school professors, Richard Wassersug, about what he likes about Dalhousie. It is followed by a narrative from one of his students, who discusses the impact his philosophy has had on her career. We would love to hear your thoughts on Dr. Wassersug's view of our medical school and university. Is eclecticism exceptional at Dalhousie and one of our under appreciated strengths?



Dalhousie excels in eclecticism

Faculty have diverse interests and passions that go beyond their academic specialties

By Dr. Richard Wassersug

When I arrived at Dalhousie University some 30 years ago, I quickly became aware that many faculty come here not just to teach and do research. Our license plates call Nova Scotia a "playground" and indeed the Dalhousie faculty like to both work and play.

Many of the first professors I met were avid sailors. Others had more technical hobbies, ranging from amateur HAM radio operators to bird watching. Over the years, the breadth of interests of my colleagues has impressed me. I eventually realized that one area where Dalhousie excels is in eclecticism itself.

I find it intriguing that our world-renowned Biochemist, Dr. Ford Doolittle, has recently pursued a degree in Fine Arts and that we have Marine Biologists who are well-recognized amateurornithologists, brew masters, and home renovators. I think eclecticism characterizes our university in a positive way and that characterization has solid historical roots that are not often recognized or appreciated.

Going back a generation or more, before the Internet, to be in Halifax meant to be isolated in a rather provincial part of the world. Being so isolated meant that people could have multiple interests and were, in fact, encouraged to do so. Because we saw our town as small and isolated, we not only accepted but also appreciated individuals with multiple areas of expertise. Faculty at Dalhousie have been free to branch out beyond their areas of expertise.

I've relished that freedom and appreciate the fact that my university supports my diverse interests. Students in my lab often work concurrently on projects that are in vastly different academic areas. It's a pleasure to be at a university where I can be open about all of my academic interests and have students who can join me in exploring the world, not only in depth, but also in breadth.

Lab work in high school lays the foundation for medical school



Hands-on scientific research can lead young students to careers in science

By Lesley Robert

I started working in Dr. Richard Wassersug's lab when I was in Grade 10. He needed some clerical help and I needed some money. Now, seven years later, I am starting medical school. What started as a part-time job in high school turned into one of the most rewarding experiences of my time at Dalhousie.

Shortly after I started working with Dr. Wassersug, he had an opportunity to study how animals responded to weightlessness during parabolic flight. This project was funded by the Canadian Space Agency with the condition that it involve high school students. I was one of the students involved in that project and a co-author on the paper that came out of that study. In my first year at Dalhousie, I presented our findings at an international conference in San Diego. I also wrote a popular article for an education magazine about my research experiences as a high school student.

Both Dr. Wassersug and I began scientific research while in high school. This got us interested in whether students who have the opportunity to do hands-on research while in high school are more likely to maintain a career in science. I was the first author on a research project we published showing that to be correct.

Another of Dr. Wassersug's research interests is the psychology of androgen deprivation. Two years ago, he began a survey of men who choose to be castrated but are neither transsexuals nor prostate-cancer patients. I helped design the project and analyze the data. In the last two years, we've published three papers together in the *Journal of Sexual Medicine* on those men. I was lead author on one of the papers.

To gain more experience in other research areas, I did an honour's project with Dr. Roger Croll investigating the neuroanatomy of the zebrafish taste system. I'm spending part of this summer finishing that research, which I hope to submit for publication this fall.

I believe the breadth of experience that I received as a student working in the Wassersug lab will be excellent preparation for the various activities and challenges I will face in medicine. The eclectic nature of the research topics I have explored makes me comfortable taking on new endeavors. I am grateful for the preparation and education I have received in Dr. Wassersug's and Dr. Croll's labs and I look forward to facing the challenges that await me in medical school.

updates | NEWS & NOTES

The DMAA would love to hear from you. Please send us items that you would like to share. Your submissions may include personal milestones (such as weddings and births), new employment, community involvement and recognition, awards and appointments and published works.



Class of 1966 celebrates 42 years

The class was a little late starting reunions—the first being at year 20. But we have had six more since that and have rotated through different parts of Atlantic Canada, with the first class visit to Newfoundland in September 2008.

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We chose the UNESCO World Heritage Site at Gros Morne National Park. For folks that might be looking for an interesting and different location to have a reunion, this is perfect. The geological history and geomorphology of the place makes for a phenomena worth seeing. The park provided us with an interpreter who started the weekend off with an informative presentation that put a perspective in place for all.

There are three major boats trips in the immediate area and we were able to take advantage of two of them. The first was a trip through what was once a fiord and is now an oligotrophic fresh water lake, called a pond in Newfoundland parlance. We saw a moose swimming in it—the park is full of them—and lots of eagles.

The second trip was the "Ise the By Tour" of Bonne Bay, loaded with information about the unique spot, laced with humour, a whale that performed for us and lots more eagles.

The area is nothing less than spectacular and is worth a close look by anyone searching for a reunion site. *Pete Blackie '66*

Class of 1979 celebrates 30 years



At our 25th reunion, the class decided on a cruise for our 30th. On February 9, 16 of the Class of 1979 boarded the Celebrity Solstice in Fort Lauderdale for a one-week eastern Caribbean cruise and a CME course on travel and tropical medicine, offered by Sea Courses. The port stops included San Juan, Puerto Rico, St. Kitts and St. Marrten islands, with lots of optional shore activities. Thirty years dropped away quickly as old friendships were renewed and stories told, embellished and laughed at yet again. What fun to hear all the family stories as a whole generation has grown up since our graduation. The camaraderie for which the class of 1979 was so famous reappeared immediately as we held our first cocktail reception the first night at sea, just a couple of hours after boarding.

This turned into the group meeting for breakfast, cocktails, deck time, dinner and dancing afterward in a variety of awesome venues. *The Solstice* is a brand new ship and the entertainment was superb.

The CME, provided by Sea Courses, was well organized and the faculty expert. The lectures were informative, entertaining and provocative, challenging both thinking and practise patterns. The staff were also very helpful with organizing group events for the reunion.

Consensus was that it was a grand event. The class of 1979 also plans a get together at the Dalhousie Refresher Course in December for the land-locked members and plans are being started for our 35th at a resort on P.E.I. for the summer of 2014. Stay in touch by emailing vlogan@accesscable.net. *Vance Logan '79*

Phi Rho Sigma dinner

On May 15 at the Ashburn Golf Club in Halifax, the alumni and spouses of Phi Rho Sigma Medical Fraternity enjoyed a reception and dinner to celebrate the many years that Phi Rho played such an important role in the life and education of many medical students.

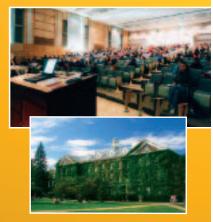
During the heyday of medical fraternities, the majority of students and faculty belonged to one or the other of the two medical frats. The Phi Rho chapter at Dal started in 1925 and was active until the late 1990s when interest in the fraternity waned to the point that it was discontinued.

The get-together at Ashburn was a great success with much reliving of past experiences, seeing old friends again and great story telling. It was generally agreed that we should do this yearly and not let the memory of Phi Rho Sigma die.

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UPDATES | NEWS & NOTES

We are attempting to maintain an upto-date list of alumni addresses, phone numbers and emails, it would help if alumni who were not at the dinner would send their contact information to either Ed Rafuse (erafuse@eastlink.ca) or Carlyle Phillips (cphillips@s.sympatico.ca).

Ed Rafuse '61

Dr. John Fraser '66 Fall Classic Annual Golf Tournament

The Dr. John Fraser '67 Fall Classic Annual Golf Tournament will be held on Monday, September 28, 2009 at the River Oaks Golf Course. The proceeds will go to the Twin Oaks Birches Health Care Charity Foundation. Please contact Dr. Phil Jardine '56, at (902) 889-2498 for information or to book a team.

Living Library



Dr. Arleigh Robertson chats with medical students during the PARI-MP Living Library event "Check Out a Resident" in February. This event was an excellent opportunity for students to spend time with resident volunteers, discussing anything from choosing a specialty to being a parent while in residency.

Let's give them something to talk about next year!





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updates | IN MEMORIAM

If you know of anyone to note in this section, forward the information to the DMAA by mail or email medical.alumni@dal.ca.

Dr. George Battcock '50 Passed away March 26, 2009

Dr. Alvin Buhr Passed away April 19, 2009

Dr. James Ian Chisholm '52 Passed away Feb. 7, 2009

Dr. Graham F. Colquhoun '47 Passed away March 11, 2009

Dr. Louis Edmund '43 Passed away April 1, 2009

Dr. Eric Louis Hansen '75 Passed away March 20, 2009

Dr. Ronald Hurley '57 Passed away Feb. 24, 2009

Dr. George Karpati '60 Passed away Feb. 6, 2009

Dr. Louis E. Lawton Passed away April 1, 2009

Dr. Malcolm MacAuly '58 Passed away March 16, 2009

Dr. George MacDonald '62 Passed away May 17, 2009

Dr. Robert Bruce Miller '49 Passed away June 11, 2009

Dr. Frederick Prince '56 Passed away June 2, 2009

Dr. Wilson R. Siddall '57 Passed away March 30, 2009

Dr. Frank Wanamaker '41 Passed away June 12, 2009

Dr. Ross J. Yoneda '77 Passed away May 17, 2009

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UPDATES | REUNIONS

Is your class reunion coming up? Planning is underway for several reunions. Contact the DMAA office at medical.alumni@dal.ca for further information.

Class of 1944

65th Reunion Halifax, N.S. Sept. 24–26, 2009 Contact DMAA (902) 494-8800 medical.alumni@dal.ca

Class of 1949

60th Reunion Halifax, N.S. Sept. 24–26, 2009 Contact DMAA (902) 494-8800 medical.alumni@dal.ca

Class of 1954

55th Reunion Halifax, N.S. Sept. 24–26, 2009 Rob Anderson, Reun.rep. (902) 494-8800 medical.alumni@dal.ca

Class of 1959

50th Reunion Halifax, N.S. Sept. 24–26, 2009 Don Brown, Reun.rep. (902) 494-8800 medical.alumni@dal.ca

Class of 1964

45th Reunion Saint Andres, N.B. 2010 Lou Simon, Reun.rep.

Class of 1969

40th Reunion Stanhope Resort, P.E.I. Sept. 8–10, 2009 James Hickey, Reun.rep.

Class of 1974 Pre Inter.

35th Reunion Contact DMAA (902) 494-8800 Arthur Zilbert, Reun.rep.

Class of 1974

Post Inter. 35th Reunion Halifax, N.S. Sept. 24–26, 2009 Contact DMAA (902) 494-8800 medical.alumni@dal.ca

Class of 1979

30th Reunion Caribbean Cruise Feb. 8–15, 2009 Vance Logan, Reun.rep.

Class of 1984

25th Reunion Saint Andrews, N.B. July 9–12, 2009 Greg MacLean, Reun.rep.

Class of 1988

21st Reunion Halifax, N.S. Sept. 24–26, 2009 Contact DMAA (902) 494-8800 medical.alumni@dal.ca

Class of 1989

20th Reunion Halifax, N.S. Sept. 24–26, 2009 Contact DMAA (902) 494-8800 medical.alumni@dal.ca

Class of 1994

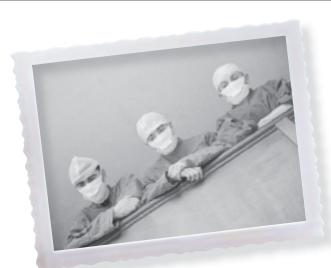
15th Reunion White Point Resort June 26–28, 2009 Khrista Burchill, Reun.rep.

Class of 1999

10th Reunion Delta Halifax Hotel Oct. 16–18 Sheri Samson,Reun.rep.

Class of 2004

5th Reunion Contact DMAA (902) 494-8800 medical.alumni@dal.ca



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