

A woman with short brown hair, wearing a black long-sleeved top with a colorful patterned V-neck and cuffs, sits in a crowd of people. She is looking off to the side with a slight smile. The background is filled with people, including a young boy in a pink shirt and a woman in a blue and white patterned sari.

SUMMER/FALL 2013

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On our cover: Dr. Anna Stratis '07 improving healthcare in India

Photo: Graham Crouch  
grahamcrouch.com



# Proud to be a graduate of Dalhousie Medicine

By Dr. Dan Reid '70  
DMAA President



(L to R): Husband and wife, Dr. Meaghan Keating '13 and Mike MacDonald '14 with DMAA President, Dr. Dan Reid '70 at convocation gala.

The annual meeting of the DMAA has just, in June, noted several signal events that I wish to share with each and every alumnus.

The current DMAA Board of Officers will serve another year. Their commitment to your association is outstanding. Covering graduation years from 1958 through 2009, they bring a longitudinal view to our varied and successful activities. My personal thanks to each of them (see the page 3 for details).

Our financial status is very secure and we continue to operate within our budget, and will do so in the coming year. Thank you for your continued and future financial support.

A new electronic Kiosk will be installed in the Tupper Link this current year. This will update all class photos, award recipients at graduation and link to the DMAA's web page. In a simple-to-use touch screen and wheelchair accessible format, this should prove of great interest on your "next visit" to your alma mater.

This year's DMAA Alumni Gala Awards Dinner will take place at Pier 21 on October 18, 2013. We hope to highlight both in person and video presentation many of our medical school's unique historical and clinical achievements. It will truly make you proud to be a grad of Dal Medical School. Be there!

Our Executive Director, Joanne Webber was congratulated on her recent graduation from Saint Mary's University, Executive MBA Program. She, along with Paulette Miles and our co-op student Kim MacLachlan will continue to offer you and your class every support you might need in attending and organizing class reunions and attending alumni events.

Remember your alma mater and especially medical school needs when you next receive that Dalhousie Annual Giving request. Dean Marrie, I assure you, is putting it to excellent use.

Dean Marrie is entering the fifth and final year in his service as Dean of Medicine. A search committee is now struck to find his successor. Big shoes to fill for sure. Another great reason for you to attend the October Gala Dinner as he bids us adieu.

I wish you a pleasant Summer and Fall season.



Second from left, Dr. Dan Reid '70 at convocation 2013.

# Engagement: *How do we engage students and alumni?*



By Joanne Webber  
DMAA Executive Director

Recently, I had the privilege of participating in convocation as a graduate. After a long duration of grueling hard work, I have completed my MBA. Over the years, I have been a customer of purchasing "higher education." I have taken courses from a variety of universities, including Saint Mary's, Saint Francis Xavier, Athabasca University, Sauder School of Business and, of course, Dalhousie University. **What have I learned?** From a consumer's perspective, it is the people; the calibre of the faculty, university resources, and the staff that truly make the difference. This calibre is the foundation upon which universities stand. It shapes the culture, level of engagement and the educational experience of our future alumni.

Dalhousie Medical School stands out for its many traditions, which fosters long-term engagement for students and alumni. For example, the role of the DMAA volunteers, Med Ball, Euphoria and the long history of awards. Such awards include the MD Class of 1965 Silver Shovel Award, established to honour medical school professors who have shown dedication, compassion and true commitment to medical students. The MD Class 1995 Resident Teacher Award was also created to recognize the important role played by residents in teaching undergraduate medical students. Through these awards, students show their gratitude to those key influencers who have truly impacted their educational journey.

**But what exactly are the key ingredients that make these people stand out?** Please see pages 38 & 39.

Engagement can be considered in two dimensions: emotional engagement, meaning that alumni and students self-identify with the university; and behavioural engagement, representing alumni and student participation in university activities. In today's declining resource pool, universities must differentiate their services in order to recruit and retain their students. How do universities differentiate themselves? We know that there is great value in the importance of culture, symbolism and tradition. Dalhousie Medicine scores high on all of these variables, and there are many stories which validate this point, peppered throughout this issue of VoxMeDAL.

As Executive Director of the DMAA and through exploring alumni engagement best practices in my MBA, I have discovered that the university experience is based on a holistic approach. This approach includes meaningful experiences, long-standing traditions and the special people that separate Dalhousie Medicine from other medical schools. We have included some of our faculty and staff who have been identified by students as key people in their educational experience, recognized by awards such as the Rosemary Gill Award (please see page 46). Research indicates that when university staff on every level, delivers outstanding services, student satisfaction increases.

**Satisfied students become engaged students, who evolve into engaged alumni.**

The DMAA works to engage our students through various initiatives, one being \$12,000 to support medical student projects, \$2,000 to Resident Research Prizes, and support to Convocation. Dalhousie Medical School offers some of the best teaching, clinical and research experiences as you will see highlighted on pages 8 and 32. These initiatives separate ordinary medical programs from exemplary medical programs within universities across Canada. I invite you as alumni to get involved with Dalhousie Medicine, and stand behind our students and programs. As alumni members of our association, you are part of this equation.

Sincerely,  
Joanne Webber  
j.webber@dal.ca

# Faculty of Medicine Update

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



Dean Marrie enjoying convocation awards celebrations with newest alumni Dr. Andrew Marsh '13

As I write this on a rainy afternoon, it is hard to imagine that another academic year has come to an end—congratulations and best wishes to MD Class of 2013. For the first time last year, we had family members present at the Convocation Awards Ceremony. This year, the awards ceremony was another great success, with many family members attending in honour of our alum. This event is such a success that it will be part of graduation day henceforth (see page 40 and 41).

I would like to thank our alumni board and our office staff for all the work that they do to make this organization a success. Under Dr. Dan Reid's leadership the annual gala has become an event that you can't miss. Last year we had almost 300 alumni attend and this year we would like to see even more of you. We are still working on the right formula for this event and this year it will be just right. In fact we are bringing the medical school to you as part of your evening's program. Intrigued?

Believe it or not we are almost finished revising the undergraduate medical education program. Our associate dean, Dr. Marie Matte is busy implementing the recommendations of the clerkship review committee. PIERS and AnNCRs [a maritime flavor] are new. PIERS (Positioning, Integration, Evaluation, Review/Research)-communication skills, clinical reasoning, professionalism,

student wellness, pharmacology and therapeutics are stressed in these sessions. We also plan a one-month junior resident experience to better prepare students for the transition to residency. Application and Consolidation and Review (AnCR) sessions are designed to provide opportunities for clinical clerks to consolidate and integrate clinical learning. Students will meet three times throughout year 3 & 4 in small groups of 6-10 students. Students will present cases from their own clinical experiences to their small group and facilitator. Case presentations will be designed to encourage discussion on all aspects of the clinical case, including patient presentation, disease etiology, and treatment and management of the patient.

The class of 2017 will be the first to benefit from the new **Research in Medicine (RIM) program**. We are announcing this to the incoming class as follows: "This is an integral component of the undergraduate medical program for all medical students enrolled in Dalhousie Medical School and is meant to develop skills of critical thinking and creativity through a mentored research project conducted longitudinally throughout the four-year curriculum". This program will help our graduates advance knowledge in their profession and will better equip them for 21st century medical practice.

Our goal in creating the Research in Medicine program is not to have every physician become a researcher, but for

every physician to be able to *think* like a researcher and contribute constructively to the generation of new knowledge. We want our medical students to develop critical thinking skills in real-world scenarios, so they learn to approach problems in ways that yield meaningful outcomes.

I am most pleased to end by congratulating Dr. Jock Murray on his honorary degree from his alma mater, which he received at convocation in May. Contact Dean Marrie at; [tmarrie@dal.ca](mailto:tmarrie@dal.ca)



# Dalhousie Medicine New Brunswick Update

*“What is now proved, was once only imagined” – William Blake*

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

We have been busy over the past few years in fundraising and building the research infrastructure at our building in Saint John. Our research lab facility construction is finally completed and now needs to become fully “operational.” We have recently hired our third tenure track faculty in cardiovascular research, and are in the final interview stage of our fourth. We hope to have our full complement of biomedical researchers in place by the fall of 2013 just in time for the grand opening of the lab.

This summer we will be welcoming our research chair in occupational medicine; the first endowed chair in occupational medicine in Canada. With the arrival of the chair, the process of hiring a PhD educator and part-time research associate will begin. These positions will support the chair in bringing a new area of competency in occupational medicine to maritime academics.

This past spring also marked the announcement of the first-ever collaborative research grants between Horizon Health Network and Dalhousie Medicine New Brunswick. Three projects were successful in receiving the Chesley Research Foundation's support. The projects include research in cardiac stem cells, the use of plant bacteria in combating disease, and the use of bedside ultrasound equipment in the emergency department.

Our curriculum this fall will support research with the proposed Research in Medicine (RIM course). RIM will develop the foundational thinking and research skills in our student physicians that will be essential for the innovation and critical assessment necessary for improving the health of the people we serve. It will hopefully also encourage a research culture and cultivate new research relationships between basic scientists and clinical physicians in New Brunswick.

This past spring we held our first

memorial service in New Brunswick, recognizing the contribution of individuals and their families to the study of medicine and medical research. The ceremony, held in Quispamsis, New Brunswick engaged more than 30 students in song, poetry and expressions of thanks. A big thank you to Dr. Wendy Stewart and to the students who organized this event.

This fall we will mark the arrival of the class of 2017 and the full complement of students in the undergraduate medical program. The class of 2014, our first cohort of students, will begin their final undergraduate year with its focus on preparing for their residency selection (CaRMS process) and the much anticipated match day.

As alumni, we can all reflect on what we now consider “proved” in clinical practice today compared to our own undergraduate training “facts” as we started. How much of it was imagined by us back then?



**Dean Marrie '70 and Dr. Steeves '74 in front of the construction of the research lab space at DMNB.**



**Dr. Keith Brunt, Department of Pharmacology in the new biomedical research lab at DMNB.**



**Students at DMNB will have the opportunity to work on research projects in the new lab space.**

## Recalling fond memories in the classroom circa 1940's

In our time, there was a well-known professor of pathology, Dr. R. P. Smith, who would come into the classroom, rustling his gown, and begin taking the roll. When he would come to me he would say, "Wallie," and I would answer, "here" (answering for my brother Wallie) and he would then move next to Ian and say, "Nigel" and Ian would answer, "here," (answering for his brother "Nigel") and this would be the same with every R. P. Smith lecture. I thought you might enjoy this prankish memory of our years as medical students.

This photo was taken during the banquet at the 2003 reunion. I am the gentleman second from the left. Now it happens that Ian and I were classmates. The gentleman fourth from the left is Dr. Nigel Rusted, brother of Ian, and the gentleman first from the left is my brother Wallie.

**Dr. Doug Roy '48**



(L to R): Drs. Wallace Roy '38, Douglas Roy '48, Ian Rusted '48 and Nigel Rusted '33.



## DMSS President Boasts Clinical Excellence at Dal Med School

*"Students at Dalhousie Medical School have among the best clinical experience across the country".*

"Recently, I had the opportunity to attend the Canadian Federation of Medical Student's Spring Annual General Meeting in Quebec City, and participated in the President's Roundtable. This meeting of the student medical society presidents across the country was a venue to discuss various

topics that are pertinent to current medical students. One of the main discussion points this year was clinical exposure. The conversation surrounded how student's established clinical electives, when clinical exposure occurs in their curriculum, and to what degree they received patient contact. One thing became evident very quickly: Dalhousie Medical students are exposed to the best clinical experience across the country. We receive early clinical exposure from day one, through our shadow-a-physician day and longitudinal clinical electives. As well, we receive early clinical training in our year-long skilled clinician course. We develop skills such as history taking and clinical examinations before many of our peers, and are given the opportunity to hone these skills as we continue through our medical degree. Without a doubt, Dalhousie Medical School exhibits excellence in clinical exposure."

**Dr. Elias Fares '16, PhD**  
**DMSS President**



Dear DMAA,

My family and I received our copies of VoxMeDal. I must tell you it was really well done. Kudos to you and your team. I brought my copy to my medical clinic in Secret Harbour, Western Australia, and my staff, colleagues and a few selected patients all loved it! It must be very rewarding for you to know that your work and efforts travel all over the world!

Thank you very much again.

**Dr. Norman Pinsky '80**



## Thank You on Behalf of MD Class 2013

I would like to thank the DMAA for their continued support over the last four years. Donations from alumni have helped us succeed with student initiatives and projects from the beginning. It is also thanks to the DMAA that many students in the Class of 2013 were recognized and awarded for their hard work over the years following our convocation. We are proud to be welcomed as the newest members of the DMAA and look forward to being able to give back to future classes of Dalhousie Medicine.



**Dr. Patricia MacDonald '13**

## Enjoyed Medical Convocation Awards Ceremony

Dear DMAA:

I really enjoyed the medical convocation awards ceremony, both its history of the different awards and the person behind the name. It is always a nice touch to have a family member present the prize.

We also received some detail about the recipients of each award and their future plans. I believe it was a good format to separate the awards from the graduation. The reception was well presented and enjoyed. I encourage more alumni to attend this ceremony.



**Drs. Joyce Curtis '76 and Angela Giacomantonio '13**

**Dr. Joyce Curtis '76**

See pages 40–41.

## Alumni Skype with students

Dear Joanne,

I am disappointed that I am unable to attend the DMAA Live Interactive Skype between medical students and alumni event; helping students explore career choices in medicine.

I am most interested in perhaps being involved in this initiative next year when I am back working



in Halifax. As a pathologist, I have a particular interest in different ways to introduce/expose medical students to my specialty, which is very rewarding, but not often been seen as first career choice among medical students.

Thanks,

**Dr. Gillian Bethune '07**

See page 22 for alumni Skype initiative.

Dear Joanne

It was inspiring to hear Dr. Sutherland speak through Skype about her varied practice and role as an advocate working in addiction medicine. I got the sense of the passion she has for her work right away and couldn't help but feel excited about the opportunities that lie ahead for me.

—Spencer Holowachuk '16, Med 1

Dear Joanne:

During first and second years of study, medical students would benefit from exposure to every career option. As a third year student over half way through my first year in clerkship, there are still disciplines of medicine that I would like to be exposed to, to help us navigate and select our electives for fourth year based on the career we are interested in. That's why I think these Skype sessions offered by Dalhousie alumni are so valuable. They give students insight into possible careers from a first-hand perspective and can help inform decision-making.

—Sarah Fraser '14, Med 3

Dear Joanne,

I am very interested in this initiative to connect students with alumni through Skype and, as we had discussed in the past, this is in line with the Dalhousie Alumni Board initiative we are doing with setting up alumni mentors with students in different faculties. I would like to know more about the DMAA Alumni and Student initiative and if I can help and become involved.

Thanks,

**Dr. James Fraser '86**

See page 22 for alumni Skype initiative.



## The Other Side of Medicine: A Project Initiated by Alumni, for Alumni

Dr. Merv Shaw '65 is collaborating with the DMAA to showcase Dalhousie medical alumni art in the main foyer of the Sir Charles Tupper Medical Building. Over the last decade, the importance of humanities and sciences as an integral part of medicine has received increased recognition here at Dalhousie Medical School, and is now incorporated into medical school curriculum, clinical teaching, and medical practice of students, alumni, and faculty.

### CRAFTING MEANINGFUL WOODEN MASTERPIECES

*Dr. Oliver Millard '55 tunes into his artistic side by carving life-like structures of wooden waterfowls.*

Dr. Oliver Millard '55 graduated from Dalhousie Medical School in 1955, before practising urology in Halifax from 1964–1994. From an early age, he would help his father carve fine furniture pieces in Liverpool, which began his keen interest in carving wooden waterfowls. Dr. Millard says that his medical training in surgery [even though he practised urology] has helped him to prepare for the meticulous detail needed to master every piece. “I think as a physician you have to have



**Dr. Oliver Millard's carving of a wooden waterfowl.**

something else to do,” he says. “There’s so many things that you can do, and carving is one of them that is sort of secondary to surgery. Surgery training made it a little easier to learn how to carve.”

### A PHYSICIAN'S CANVAS



*Dr. Everett Smith '56, describes the importance of art in medicine following his retirement from psychiatry.*

A career in psychiatry can be challenging to say the least. After practising in a field where tangible results were difficult to achieve, for example treating patients with dementia or psychosis, Dr. Smith was first introduced to his artistic passion for painting. “I felt that painting might be an enjoyable experience and might result in a more or less ‘permanent product’,” he says. In the past few decades, Dr. Smith says that he has noticed a significant interest in the humanities and formal introduction of art into the medical curriculum. “Medicine and the arts have always been interrelated disciplines,” he says. “Certainly from my experience in medical school, any association with the arts was noticeably absent.”



**Dr. Smith's drawing of a Solstice at Carters Beach near Liverpool, Nova Scotia.**

## Welcome to our newest alumni members, MD Class of 2013







## DMAA Welcomes Incoming DMSS President, Dr. Elias Fares '16

Dr. Elias (Leo) Fares '16 is proud to be joining the DMAA as incoming president of the DMSS for 2013–2014. In addition to pursuing medicine, Leo has completed a Bachelor of Science in Biochemistry & Molecular Biology and Microbiology & Immunology, as well as a PhD in Pharmacology. To date, Leo has a number of accomplishments including research publications, research awards, scholarships, and an active involvement in both volunteer and extra-curricular pursuits. In his role as DMSS president and class president, Leo plans to undertake a series of grassroots initiatives to enhance career exposure and student body experience here at Dalhousie Medical School. Leo welcomes alumni to contact him directly for future career initiatives for students. E-mail: [efares@dal.ca](mailto:efares@dal.ca)

**Canadians take pride in two things; our healthcare and our hockey and I feel extremely lucky to be involved in both**

*By Devin Piccott '16*

With my bags packed and passport in hand, I headed on an adventure that led me over 6,000 kilometers to the town of Asiago, in the north of Italy. My adventure did not start at that moment, but more than 10 years prior. After realizing that I would never play professional hockey, I dropped the mitts and picked up the whistle. Refereeing hockey was not my original chosen path, but soon became a major activity in my life and a way to stay involved in the game I love.

After landing in Venice and finding delegates from other countries, we headed north to the town of Asiago for the World Under 18 Championships. Here I would spend the next nine days as the only Canadian in a sea of foreign language and culture. The hockey was top notch and the sense of community was outstanding. Referees are seldom

noticed in a hockey game, except for when they have “missed a call,” however, we officials pride ourselves with the same determination, focus and sense of teamwork as the players. This sense of pride was more evident than ever at the World Championships.

The tournament was my first true international experience and hopefully not my last. Although it appears I have the potential to pursue a career in hockey officiating, I feel as if I have more to offer and, therefore, it is not my preference; medicine is. In the big picture, becoming a great doctor is far more important to me than being a great referee. I can foresee the day when I will have to stop officiating. However, at the current time, I have struck a good balance and hope to remain on the ice for as long as possible.





# medicine

**DALHOUSIE MEDICAL ALUMNI HOMECOMING WEEKEND 2013**

**BRINGING DALHOUSIE MEDICAL SCHOOL TO THE GALA**

**Book Now!**

**DMAA Alumni Awards Gala Dinner**

**October 18, 2013 at Pier 21, Halifax, NS**

In 1958, the Dalhousie Medical Alumni Association was officially launched at a dinner at the Nova Scotian Hotel. Ever since, an annual dinner is held to celebrate our talented group of Dalhousie medical alumni. The DMAA will be celebrating our 55th year of recognizing our outstanding four award recipients and celebration of all MD classes, with special mention for classes ending in 3s & 8s. Meet our new President Dr. Richard Florizone



## Event Highlights:

*Presentation of DMAA Alumni Support to Students;*

- DMSS Student Projects
- DMAA Entrance Scholarships
- Resident Research Prizes
- Meet our new president Dr. Richard Florizone

## Special Presentations Include:

Riveting presentation by Dr. David Clarke, Interim Head of Neurosurgery, who performed the world's first virtual brain surgery using NeuroTouch



Dr. John Steeves '74 mentoring students.



Dean Marrie '70—hands-on teaching.

## 2013 Class Reunions

**DMAA Fall Reunion & Awards Gala Dinner, October 18, 2013 at Pier 21, Halifax**

*All classes are welcome. Please contact the DMAA.  
See registration form on page 13.*



# We are pleased to introduce our 2013 DMAA Alumni Award Recipients:

**DMAA Alumnus of the Year, Dr. John Akabutu '67**, for his work in providing advanced oncologic care for the children of Northern Alberta and for innovation in cord blood stem cell storage and associated research improving the lives of newborns.

**DMAA Honorary President, Dr. Robert Baillie '70**, for being a practising exemplar of the highest qualities of a Dalhousie medical alumnus throughout his cardiology career including dedication to service to his patients and community, innovation in practice and commitment to life-long learning.

**DMAA Family Physician of the Year, Dr. Peter MacKean '81**, for his persistent, passionate advocacy for family medicine in PEI and community-focused advancement of post-graduate training founded on the four principles of family medicine.

**DMAA Young Alumnus of the Year, Dr. Jordan Sheriko '11**, for his vision and advocacy for children living with family members who have chronic illness, for being instrumental in bringing happiness to young lives that have been growing up in an illness-centered world, and for his founding efforts in the establishment and permanent home for Camp Triumph.

.....  
**Online registration is now open! [alumni.dal.ca/dmaagala](http://alumni.dal.ca/dmaagala)**

Full Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

Guest Name (s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

**DMAA Alumni Awards Gala Dinner: Friday, October 18, 2013, 6 p.m.**

*Canadian Museum of Immigration at Pier 21*

*1055 Marginal Road, Halifax, NS*

*Tickets: \$125*

Number of Tickets: \_\_\_\_\_ X \$125

Total Amount: \$ \_\_\_\_\_

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

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

Account Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on card: (Please print): \_\_\_\_\_

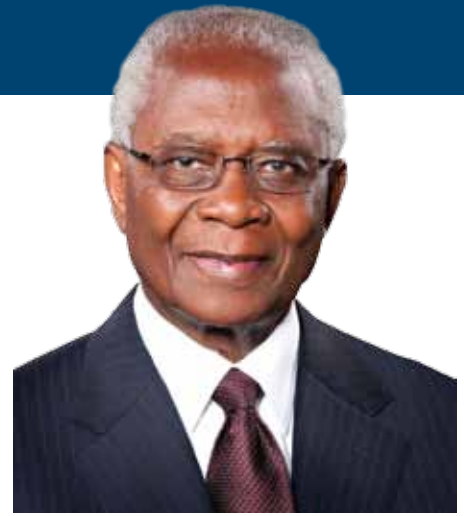
Signature: \_\_\_\_\_

Mail or fax registration form to: Dalhousie Medical Alumni Association

5850 College Street, Room 1-C1 • PO Box 15000 • Halifax, Nova Scotia • B3M 4R2 • Fax: 902.422.1324

# DMAA Alumnus of the Year: Dr. John Akabutu '67

Named DMAA Alumnus of the Year for his work in providing advanced oncologic care for the children of Northern Alberta and for innovation in cord blood stem cell storage and associated research.



*Dr. Akabutu has been a friend and colleague of mine for more than 40 years. Since he graduated from Dalhousie Medical School, he has accomplished many achievements worthy of this honour, "DMAA Alumnus of the Year." The most significant achievement is the introduction of advanced oncologic care for the children in Northern Alberta. When Dr. Akabutu arrived in Alberta, the survival rate for acute lymphoblastic leukemia was less than 10 per cent. By the time of his retirement, the survival rate had reached almost 95 per cent. Dr. Akabutu also introduced comprehensive hemophilia care to Northern Alberta. This took hemophiliacs out of emergency rooms, improved their overall quality of life, and gave them control over their chronic disease. The clinical benefits and cost reduction in health care that resulted from this change are substantial. For these accomplishments, the Dr. John Akabutu Comprehensive Centre for Bleeding Disorders at the University of Alberta Hospital was named in his honour. Dr. Akabutu pioneered cord blood stem cell storage for transplantation in Canada. This was in 1996, a time when this was not thought to be possible. Despite difficulties funding the program, it survived and provided the template for the national program funded by the provincial governments.*

*Together with a colleague, Dr. Akabutu discovered that cord blood stem cells that were cultured in their laboratory to mesenchymal-like cells prevented oxygen-induced lung damage in neonatal rats. This may be of significant value in the future for the prevention of lung damage due to oxygen therapy in premature infants. Dr. Akabutu's many medical and civic awards speak for themselves as far as his dedication to his profession and to his community, both local and at large. I cannot think of any individual more worthy of this award.*

—Dr. David H. Seaman '67

**Dr. John Akabutu's philosophy to practise:** 'I see things that are and I ask why; I see things that never were and I ask why not'  
—George Bernard Shaw. Above all, use your errors as a source of learning and for personal growth.

**D**r. Akabutu has made many notable contributions to medicine as a sterling clinician, researcher, and academic. During his tenure as a teacher at the University of Alberta, Dr. Akabutu says that he is very fortunate to work with both students and residents. "Teaching younger colleagues was both a privilege and a joy," he says. "I am proud to count several general pediatricians and pediatric hematologists/ oncologists as friends whom I was able to guide during their training periods. Watching these younger colleagues develop into staunch physicians has been very fulfilling to me as a mentor."

Dr. Akabutu has held numerous positions and appointments throughout his distinguished career, some of which include serving as president of the medical staff of the University of Alberta Hospital, founder of the Pediatric

Oncology Program, founder of the Alberta Cord Blood Bank, Canada's First Public Cord Blood Stem Cell Repository, director of the Division of Pediatric Residency Training Program, member of the Alberta Medical Association, and Honorary Consul General for the Republic of Ghana with jurisdiction for Alberta, Saskatchewan and Manitoba. He has received the Physician of the Century Award: One of 100 Alberta Physicians Honored for Contributions to Medicine in the Province of Alberta; the Province of Alberta Centennial Medal; the City of Edmonton Civic Award: One of 100 Edmontonians of the Century and the Queen's Diamond Jubilee Medal in 2012.

In addition to his many awards and appointments, stem cells from Dr. Akabutu's bank have been successfully transplanted in 10 children with cancer in Canada, USA, the UK and Poland;

most of which have been cured of their malignancies. "Everyone else said it could not be done," he says. "True, it has been a struggle to fund it, but it has survived and has provided the template for the national program being funded by the provincial governments."



Dr. Akabutu '67 at the  
Cord Blood Bank.



## DMAA Honorary President: Dr. Robert Baillie '70

Named as DMAA Honorary President for being a practising exemplar of the highest qualities of a Dalhousie medical alumnus throughout his cardiology career, including dedication to service to his patients and community, innovation in practice and commitment to life-long learning.



*Dr. Baillie is a wonderful example of the finest traditions for which our alma mater stands. During his time at Dalhousie, his bright, positive outlook constituted a tonic against the sometimes arduous and challenging nature of medical education, and to a person we appreciated his friendship even on first meeting him. Following his specialty training, Dr. Baillie located in Sydney and there he remained for the rest of his career. In a community that in the seventies boasted only three internists, his hard work and perseverance saw that number grow to 18 by the time of his recent retirement. But numbers alone do not tell the story. His commitment to his specialty saw the development of a first-rate cardiac care unit, and an up-to-date echocardiography service, among other clinical programs instituted largely through his dedicated efforts.*

*In the field of prevention of cardiac and other diseases, he stood out as a potent advocate of tobacco control and treatment of other addictions. His advocacy for community-based exercise, nutritional and healthy lifestyle initiatives, set him apart from many others in our profession, and the people of Sydney and Cape Breton, and well beyond the island continue to benefit from his "setting the bar high" in these programs sustained to this day.*

—Dr. Ron Stewart '70

**Dr. Robert Baillie's philosophy to practise:** *Those of us who became physicians owe a huge debt to the taxpayers of Nova Scotia for heavily subsidizing our education and providing us with up-to-date hospitals, stocked with the latest of technology and well trained staff. And then they pay us handsomely for doing something we love. In the words of JFK, we should never be asking what our province, hospital or community can do for us, but rather what we can do for them to repay the debt we owe.*

Dr. Baillie hailed from Tatamagouche, Nova Scotia. Following his graduation from Dalhousie Medical School in 1970, he pursued residency training in internal medicine with a subspecialty in cardiology. This helped set the stage for his very significant career in medicine. "I was inspired by two very dedicated physicians, Dr. R. N. Anderson who taught and practised evidence-based medicine before the term was even coined, and the larger-than-life Dr. Spud Chandler," he says. "They shaped my approach to and practise of medicine forever."

Throughout his career, Dr. Baillie was a leader in providing healthcare, particularly for the people of Cape Breton. He was instrumental in inserting permanent pacemakers in Sydney, providing cardiac stress testing and cardiac ultrasounds, and in the establishment of a heart failure clinic and a cardiac rehabilitation clinic. "The heart failure clinic was one of the most

satisfying adventures of my career," he says. "We were able to markedly decrease hospitalization rates in our clinic treated patients and had a modest decrease in mortality."

In the early days of his career, Dr. Baillie and his team attended to the two hospitals in Sydney, the large psychiatry hospital, the two hospitals in Glace Bay and the hospitals in New Waterford, North Sydney and Sydney Mines. By the time he retired in 2007, Dr. Baillie's department had expanded to more than 30 persons of various subspecialties. He credits his team and his patients for allowing him to have a most satisfying career in medicine.

"By ourselves, as physicians, we can't accomplish much on our own. We look good because we are part of a great team, and my teammates have been among some of the best," he says. "The most valuable members of the team are your wingers and your defensemen, from great administrators who were willing to push the limits and purchase new

technologies, to ward clerks searching for medical records for an old chart in the middle of the night, to the great nurses I have the privilege to work with, my wife, herself a career nurse, and the technicians of every type; Radiology, Laboratory, Nuclear, Cardiac, Medical Record, Ultrasound. Every member of that team plays a vital role in successful patient outcomes, none of which would be possible without each and every member playing his or her role."



Dr. Deborah Zwicker presenting Dr. Baillie '70 with the Prix d'Excellence on behalf of the Royal College of Physicians and Surgeons of Canada in 2006.

# DMAA Family Physician of the Year:

## Dr. Peter MacKean '81

Named DMAA Family Physician of the Year for his persistent, passionate advocacy for family medicine in PEI and community-focused advancement of post-graduate training founded on the four principles of family medicine.



*In PEI, the phrase “family physician” and the name Dr. Peter MacKean are interchangeable. He is the recipient of many awards for his leadership and teaching excellence both nationally and locally from his Dalhousie academic department and clinical colleagues. Dr. MacKean has won numerous awards for his practice in family medicine such as the Family Physician of the Year Award from CFPC, the Jean Pierre Despins Award, the Dalhousie PEI Preceptor of the Year Award, and the Doctor Tom Moore Award. He has become the leading PEI advocate for the clinical and academic development of family medicine.*

*Dr. MacKean joined the group practice in Kensington, PEI in 1983, and three years later became a medical student preceptor. In 1997, he began supervising Family Medicine Residents, and later served as national president of the College of Family Physicians of Canada and co-chair of the national Colloquium on Relationship between Family Physicians and Specialists in Canada. In 2012, Dr. MacKean joined the Dalhousie University Department of Family Medicine Cabinet as a PEI site representative and Resident Research Coordinator. As the voice of family medicine in PEI, he has given freely of his time in numerous public presentations and serving or leading government committees on health policy. He is an alumnus role model for both present and future physicians in clinical practice and life-long learning for the benefit of the patients and communities they serve.*

—Dr. John Steeves '74

**Dr. Peter MacKean's philosophy to practise:** Family physicians are the backbone of the Canadian health care system.

In Kensington, Dr. MacKean's practice involves a full spectrum of care from cradle to grave, managing a 2500 patient office practice, which includes comprehensive care, hospital care, and house calls. “My initial thoughts were that I wanted to be the best that I could be,” he says. “I enjoy so many aspects of practise, but the most rewarding for me is to care for people when they are experiencing some of the most critical times in their lives such as births, terminal illness, death, or dealing with cancer or abuse.”

In his role as a supervisor of family medicine residents and medical student preceptor, Dr. MacKean says that teaching is a core part of his work. “I had temporarily contemplated going into teaching before going into medicine,” he says. “To date, I have had more than 70 medical students or family medicine residents spend time with me in practice, which has been one of the most

rewarding aspects of my career.”

As a member of Western's Masters of Clinical Science Program, and as Research Co-ordinator for the PEI site of the Dalhousie Family Medicine Residency program, Dr. MacKean hopes to gain more exposure to research. “I've always been interested in research, in the observation and exploration of many things that we carry out daily in practice,” he says. “Research agendas have traditionally been quantitative in nature and therefore not geared toward patient centered care. An important way in which improvements can be made in this realm is by encouraging more qualitative and mixed methods research, and then incorporating these results into our care.”

Dr. MacKean takes a holistic approach to medicine by looking at illness from many different angles. Dr. Ian McWhinney, deemed by many as the father of family medicine in Canada,

shared a similar philosophy to practice, emphasizing the important role of family physicians within the Canadian healthcare system. “There will always be suffering, so there will always need to be a healer,” says Dr. MacKean in quoting Dr. McWhinney. “The healer will need to be a generalist physician because he or she is the most highly trained to understand the whole person, in all of their biological, psychological and social characteristics.”





# DMAA Young Alumnus of the Year: Dr. Jordan Sheriko '11

Named DMAA Young Alumnus of the Year for his vision and advocacy for children living in an illness-centered world and for his efforts in the establishment of Camp Triumph.



*I cannot honestly think of a more deserving candidate for the "DMAA Young Alumnus of the Year Award," than Dr. Jordan Sheriko. I have had the pleasure of knowing Jordan in a personal, professional and extra-curricular setting. Throughout my medical school and residency career, I've had the opportunity of meeting a lot of impressive and high-achieving individuals, but no one seems to have accomplished so much and impacted so many lives as Jordan Sheriko. Both of Jordan's parents were diagnosed with cancer when he was a young boy, giving Jordan an idea that would change the lives of so many young children and teenagers in the Atlantic Provinces: the idea of Camp Triumph.*

*Camp Triumph became a camp for youth who have a family member with chronic illness. The goal of the camp was to provide a fun and carefree week for the participant, where they can be stress free. Jordan made the camp his main focus in life. When I would see him, he would always be working on something for camp, whether it was applying for a grant, looking for a new location for camp, or going through designs for a camp lodge. Now in 2013, Camp Triumph is on a permanent residence, open for four weeks, with a camp lodge, sleeping lodge, recreational centre, and much, much more. Despite all of his successes, if you meet Jordan in any setting, you'll encounter a humble, calm, and levelheaded person. He is someone that you want to share time with and call a friend.*

—Dr. Andrew Moeller '11

**Dr. Jordan Sheriko's philosophy to practise:** It is important to look beyond the organ system we are treating and remember the impact on the whole person and their family. Being able to connect and identify the struggles other family members may be having goes a long way to helping our patients deal with their illnesses.

**D**r. Sheriko's commitment to the health profession and improving the lives of children is outstanding. During his Bachelor of Science in psychology and biology at Acadia University, Dr. Sheriko demonstrated his compassion towards children affected by chronic illness by completing an honours thesis entitled: "Positive and negative outcomes in children living with a family member who has chronic illness or disability." After graduating from Dalhousie Medical School in 2011, he pursued a residency in pediatrics, where he continues to touch the lives of his patients at the IWK Health Centre and children at Camp Triumph.

"It has been a privilege to meet all of the campers and families that have come to Camp Triumph," he says. "They have taught me so much about life and disease, and I carry these lessons

with me every day when I see my own patients."

Dr. Sheriko is only in the early beginnings of his career, but he has already demonstrated stellar scholastic achievements, active extra-curricular involvement and a profound dedication to community service. While Camp Triumph is a full-time job on its own, Dr. Sheriko, excelled at school and basketball, having top marks high enough to get into medical school and the highest three-point shooting percentage in basketball in all of Canada. He has been awarded numerous appointments, some of which include the Queen Elizabeth

II Medal, the Millennium National Excellence Award, the Terry Fox National Humanitarian Award, the Weston National Award- now known as the Loran Award, the Dr. D. A. Gillis Entrance Scholarship, the DMRF Dr. Richard Goldbloom Award in Pediatrics, and was a Rhodes Scholar Finalist.



Camp Triumph

Award recipient profiles written by Kim MacLachlan.

# DMAA Support Forever Changed my Life & Career Path

Dr. Anna Stratis '07 works to improve healthcare in New Delhi, India after receiving DMAA scholarship as a first-year medical student.

By Dr. Anna Stratis '07

I was so fortunate to receive a DMAA Entrance Scholarship upon entering Dalhousie Medicine. In fact, it was this very generous award that allowed me to take my first global health experience after my Med 1 year. This trip serendipitously took me to Hyderabad, India, the experiences of which I spoke about in a *VoxMeDAL* article in 2004. My life and future career path would be forever changed.

After graduating from Dal Med in 2007 and completing my family medicine residency from UBC, I finally realized my dream and moved to New Delhi, India in 2009. I am currently working as the chief medical officer of a non-profit organization in Delhi called World Health Partners. I oversee all medical aspects of programming for our organization, which

utilizes social franchising, technology and supply chain innovations to engage large networks of rural private providers to improve the quality of health service delivery in areas of public health interest. In developing countries with weak public sector infrastructure, the private sector usually thrives in an unregulated fashion to fill the gap. This is especially prevalent in India's poorest states in the North, where people seek care predominantly from informally qualified providers due to a lack of qualified doctors in all but the large towns and cities. One of our projects in the rapidly developing state of Bihar is funded by the Bill and Melinda Gates Foundation under the "Ananya" initiative. Here we are employing some really neat product innovations and technology systems to drive informal rural

providers in improving service delivery in TB care, childhood diarrhea and pneumonia, and visceral leishmaniasis.

My role at World Health Partners is strictly administrative. My work involves overseeing the clinical activities of our Central Medical Facility, doctors and paramedical staff who conduct consultations over telemedicine to patients located in rural and remote areas. I also take evidence-based, internationally recognized guidelines and oversee the adaptation to protocols that fit our unique health service delivery approach. I oversee the development of our telemedicine EMR; health platforms for TB and other applications; and medical technologies uniquely adapted to fit our low-resource areas, including teleradiology and teleradiology.



Photo: Graham Crouch (grahamcrouch.com)



With our Telemedicine Centre owners.



I am not eligible for a permanent license to practice in India; nor will I ever be, if current legislation does not change. My barrier is not that of qualification, it is one of citizenship. If I were an Indian citizen with the same Canadian medical training, I would be able to write a single 'foreign medical graduate examination', which would enable me to obtain a permanent license to practice with the Medical Council of India. However, because I am not an Indian citizen, I am not eligible for licensure. I may practice under a temporary license but, with its multiple restrictions, this is not a sustainable path for practice in this country long-term. What this means is that there is a failure of reciprocity between India and Canada in terms of the rules governing

*(Continued on page 20)*



A concert at the residence of the Governor of Goa with the Capital City Minstrels.

## Dalhousie Medical School Humanities Makes a Difference

There are many elements to the curriculum at Dalhousie Medical School which impact Dalhousie's unique learning experience for students. One of these elements is the Dalhousie Medical Humanities. Dr. Anna Stratis '07 shares her experience with the medical humanities program and how it influences her work in India.

Not only did my experience in the medical humanities at Dalhousie enrich my life as a health professional, but it also helped to reinforce the importance of integrating into the community in which you live and practice. That community, for me, is very different than my community back in Canada, so integration becomes ever more important. Living in India, a country with a fascinatingly different spectrum of cultures than where I was raised, is essential for me to become part of the fabric of the society in which I am living. In doing so, I achieve true fulfillment in my work. Becoming a part of society makes the long-term sustainability of my plan to work in another country possible. Thanks to the musical motivation of Dr. Ron Stewart in the Medical Humanities program and the Chorale, as well as the treasured experiences of singing with incredibly talented fellow medical students, my music continues to be an integral part of my work and my life. I am part of a variety of choirs and singing groups in Delhi. I have also discovered camaraderie with hearty recreationalists who overcome temperature extremes to participate in sport. I cycle to work and around Delhi, and I have ran two half-marathons, learning that ORS, the life-giving fluid in treating children's diarrhea, is also the substance that can get you through 21km in Delhi's September heat. I am fairly functional in Hindi, and have moved beyond getting around in rural Bihar to making jokes in Hindi. I can never tell whether my friends and colleagues are laughing with me or at me, but it's all part of the charm of learning this beautiful language.

With all these skills and experiences that I picked up during my studies at Dalhousie University, the entire world of medicine will always be at my fingertips, and my ability to find balance between medicine, music, and all the other recreational activities that keep me grounded, will allow me to integrate into my community, wherever I live.



Rural Bihar



medical practice. However, the world's borders are starting to fade, and the global movement of professionals is becoming more bidirectional, with larger numbers of western-trained doctors taking a greater interest in living and working in developing countries like India.

The fact that I have been unable to practice clinically has been a very big blessing for me. It has allowed me the time to observe and to learn in this very complex and multifaceted system. I think that the lessons that I have learned as an observer and participant in the health policy side are excellent preparation for my future practice and work in this country. My training at Dalhousie has also laid the foundation for lifelong learning and effective patient-centered practice. Perhaps the single most valuable skill I took away from my medical and research training was a proficiency for evidence-based medicine and efficiency in searching peer-reviewed literature, along with basic skills in clinical applications in epidemiology, statistics and research methodology. In global health program implementation, there is a huge demand for operational research skills and competency in evidence-based practice.

I feel well-equipped to be a life-long learner, and my ability to quickly refresh my knowledge in any clinical area, using published literature, is a skill that I pass on to the doctors working in our Central Medical Facility, who yearn to learn more about more modern resources beyond textbooks.

I also learned about the art of medicine at Dalhousie. I have become more and more incredulous over the years at my immense luck at studying in such an enriching medical school where patient-doctor communication and attention to the patient experience were taught in such a well-integrated fashion. From the many hours spent with standardized patients, to holding the hands of real patients, and from singing in the Chorale and painting for Art in Medicine shows, I have learned about my place in the world, as a doctor and a human being with the incredible privilege of walking beside individuals and their families as they experience the happiest moments of life, as well as the most difficult.

Through my work, I dream of being part of a movement toward permanent positive change in health care in this country. Personally, if I want my efforts

to be sustainable, I feel that I must commit long-term to this country, as it will take me many years to learn the complex intricacies of this country and to pick up enough tools in hand to be able to contribute. I intend to settle in India and become part of this country's history of an exciting resurgence in family medicine, establishment of public health infrastructure, and a drive towards establishing universal health care. I believe that the skills that I was so lucky to acquire in my years of medical and research training in Canada are incredibly valuable in countries like India, and I hope to be part of a movement that establishes bridges between undergraduate and postgraduate family medicine teaching programs between India and Canada. Even though becoming eligible for a permanent license to practice in this country requires a change in current legislation, I think there are others out there like me, and I believe that, with good ideas, anything is possible if you work with enough dedication.



Photo: Graham Crouch (grahamcrouch.com)



In the field with my dedicated colleagues at World Health Partners.

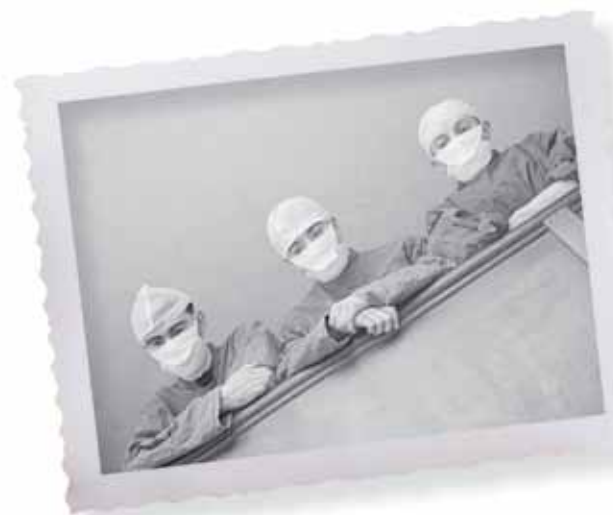
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# DMAA New Alumni Skype with Medical Students Initiative

Dr. Christy Sutherland '08 speaks about her experience as an addiction medicine specialist in Vancouver



The DMAA and DMSS are pleased to introduce alumni video conferencing sessions, to allow students to gain exposure to various career specialties in medicine. The inaugural meeting hosted Dr. Christy Sutherland '08, an addiction specialist and family doctor who graduated from Dalhousie Medical School in MD class of 2008. In addition to her work as an advocate for evidence-based health care in the downtown Eastside of Vancouver, she is the medical director of the Bosman Hotel Community, one arm of the Canada wide At Home/Chez Soi study, works at Onsite Detox—the facility connected to North America's only supervised injection site, and serves as part of the Community Transitional Care Team—an inpatient hospital ward for patients with addiction. Here are some key points from her presentation.

## Top 10 Addiction Medicine Pearls

### 10th Pearl: Addiction is most definitely an illness

Addiction is a multifactorial illness of the brain, and the risk of addiction is influenced by genetics, exposure to a substance, and trauma. To illustrate, we know that addiction is 40% to 60% genetically informed, as there are many twin and adoption studies that show us the genetic link for addiction, mostly studied with alcohol. Another important aspect of addiction is that the illness actually changes DNA transcription in the nucleus accumbens, the reward center in the limbic system. Within the nucleus accumbens, as the dopamine [the neurotransmitter that modulates reward] pathway becomes dysregulated through drug abuse, the brain changes the DNA transcribed to create proteins such as CRF, and dynorphin. These proteins are produced to counteract the feeling of a positive reward, and allows the brain to try and achieve allostasis. The brain also decreases the production of neuropeptide Y: a self-soothing pathway.

As quoted by George Carlin, “you wanna know what cocaine makes you feel like? It makes you feel like doing more cocaine.” This George Carlin quote describes the feelings of someone with the illness of addiction, and at the same time is descriptive of the changes in the neurocircuitry of reward. The drug achieves salience: it becomes more important than food, shelter, and family. This leads to the devastating medical, social, and psychological sequelae of addiction.

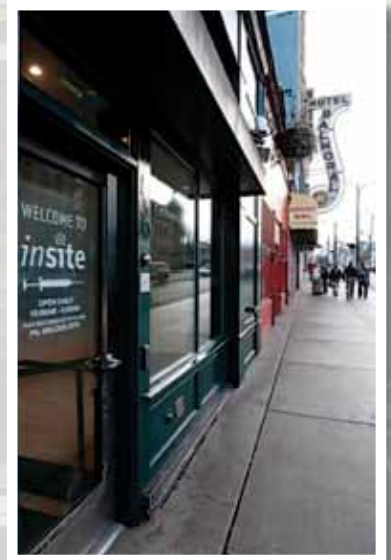


Photo: Vancouver Coastal Health



## 9th Pearl: If you treat addiction, it gets better

There are many evidenced-based interventions to help treat addiction such as detox, recovery, contingency management, medication, and AA, NA and SMART meetings. It is also important to think of addiction as a chronic, relapsing and, remitting illness: a lifelong illness that gets better and worse over time. Many wonder about relapse rates, which for addiction are very high. Relapse is part of the recovery process. For example, if a patient has hypertension and is started on HCTZ, we never ask what percentage will have an elevated blood pressure again in their life; we know that most patients will have a high blood pressure reading again sometime, but that does not mean that treating hypertension is futile. With any chronic illness, we want to decrease morbidity and mortality, and help patients improve their overall quality of life. Recovery is a long process that requires support, housing, counseling, perhaps medication, and a lot of hard work and courage.

## 8th Pearl: It is incredibly rewarding to treat something that gets better

I always knew that I wanted to be a family doctor. Family medicine is so rewarding, especially working in addiction medicine. A lot of times, people will come into the office and you may not have much to offer them for conditions such as chronic pain, or fibromyalgia, and it can be frustrating and disheartening. But when you learn more about addiction treatment, and apply these skills, you see your patients get better over time, and it is extremely rewarding.

## 7th Pearl: Addiction is common

The lifetime prevalence for alcohol use disorder is 13.5%, and the lifetime prevalence of drug dependence (other than alcohol) for men is 9.2% and for women is 5.9% (*Principles of Addiction Medicine: Fourth Edition*, pg. 14). Thus, addiction is very common, and it is something that you will see in your colleagues, your friends, and your patients.



## 6th Pearl: Harm Reduction saves lives

Here in Vancouver, I work at "Onsite Detox," an inpatient detox facility specifically made for the users of Insite. Insite costs about \$3 million dollars a year to run, and saves the healthcare system \$9 million dollars in immediate costs: decreased ambulances, hospital time and police calls. This does not factor in the decreased HIV, endocarditis, osteomyelitis and Hep C, which cost millions of dollars throughout a patient's lifetime. Harm reduction saves lives and saves money, therefore it should not receive the amount of criticism that it does. Often communities will show a lot of resistance towards methadone clinics and safe injection sites because many people are unaware that if you have a facility in your neighborhood, there are less needles around, less mortality, less crime, and drug use is less visible to the public. Additionally, low barrier medical facilities are a way to engage patients in recovery, and are an easy entry into health care for someone who may be reluctant to approach a doctor. As a result, it improves the health of the whole community. It is also a myth that people



Photo: Canstock Photo



Prepping rig

Photo: Vancouver Coastal Health



have to reach “rock bottom” before entering treatment. As with any illness, the sooner you intervene, and the sooner you start treatment, the better the prognosis.

## 5th Pearl: Methadone is a well-studied, evidence-based intervention

Methadone increases the health of individual patients, as well as communities by decreasing HIV, Hep C, crime, sex work, and death. Methadone also decreases profit for organized crime: waging economic warfare against gangs. Therapeutic methadone is taken orally once a day, and works by blocking and occupying the mu receptors in the brain. This prevents the patient from being able to get high from an opioid, and it decreases cravings, prevents withdrawal, and increases abstinence, which eventually leads to recovery.

## 4th Pearl: Addiction is expensive

	Health Care	Overall
Tobacco	\$96 billion	\$193 billion
Alcohol	\$30 billion	\$235 billion
Illicit Drugs	\$11 billion	\$193 billion

*(Principles of Addiction Medicine: Fourth Edition)*

It is interesting to me that the most expensive addictions are the two addictions that are legal. Tobacco is the #1 cause of preventable death in North America, and cigarette-related causes account for the leading death cause for almost half of all tobacco users.

## 3rd Pearl: It is important to use evidence-based practice in the face of moral judgments from a government or a community

This idea is what drew me to the field of family medicine and addiction medicine. As a family doctor, you get to become an activist for your patients and for your community by influencing policy. Family doctors are at the forefront of illness, and we are the ones who are in the community and need to advocate strongly for our patients. There is still the misconception that addiction is a choice. No one would ever choose that lifestyle. No one would ever choose to have their children taken away, or do survival sex work, or risk their lives for crack.

## 2nd Pearl: As an addiction medicine doctor, you get to be an activist

In the four pillars of family medicine, it is stated that family physicians have the responsibility to advocate for public policy that promotes their patients' health. This is another reason why I love being a family doctor, because I get to advocate on behalf of my patients.

## 1st Pearl: Harm reduction is pragmatic and non-judgmental

Don't judge others. No one has ever gotten better through shame, and part of addiction is that people feel ashamed and embarrassed about their illness. Those who are shamed by their doctors are going to become disengaged from treatment; they will become bitter towards the healthcare system; will not respond to an intervention and will continue using the drug. If you explore the patient's problems in a non-judgmental and empathetic manner, patients will come back to see you and you can support them through their journey to recovery.



Photo: Vancouver Coastal Health

Injection Room at Insite



## What are the legal implications for facilities such as Insite?

Insite operates under a constitutional exception to the Controlled Drugs and Substances Act.

## How do you approach a patient, especially those who are teenagers, to begin treatment?

It's a challenge for sure. I use motivational interviewing when I approach my patients, so I think about the stages of change. Often when teenagers begin smoking crack, they are in the pre-contemplation stage and still enjoy using the drug. This makes it harder to treat these patients, in comparison to those who have been using for years, who hate the drug, are motivated to change and are asking for help. When people are in the pre-contemplation stage, you try to work within their dichotomy of thinking. Another approach that I use is asking the patient permission to teach them about the addiction. Sometimes when you begin to teach patients, they will become very defensive because they are not accustomed to being taught, and are worried that you might think they are stupid. So I might say "is it ok if I tell you a little bit about why I am worried about your health?" This allows you to talk about your concerns for the patient and the risks associated with using drugs, which will ultimately help you work with them through the various stages of change.

If you are interested in participating in a skype session with students, please contact the DMAA at [j.webber@dal.ca](mailto:j.webber@dal.ca) or 902-494-4816.

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# Preventative Medicine in Malaysia



Dr. Ken Lin Tai '08 benefitted from the hands-on approach to medical education at Dalhousie, and as such has pushed for the same approach to be used by her medical students in Malaysia.

By Dr. Ken Lin Tai '08

I had always wanted to pursue a career in public health, and in medical school I thought there would be nothing cooler in the world than being a disease detective, hunting down exotic viruses in the remotest regions of the planet. Well, I was wrong, because teaching public health subjects to a group of 19- and 20-year olds can be just as exciting and challenging. It just wasn't what I had in mind upon graduating from Dalhousie Medical School.

The hallways of the school of public health at Johns Hopkins University (where I completed my preventive medicine residency) were constantly filled with individuals sharing their inspiring stories of working in health missions in the wilderness of South America and Africa. But there were also plenty of conversations revolving around the "medical brain drain" problem afflicting many developing nations. I decided to return to Malaysia after the completion of my residency because I realized that there was still much work to be done at home. Malaysia, like most developing

countries, is seeing an increase in the prevalence of non-communicable diseases. Malaysians are getting heavier and unhealthier. We are now the most obese country in South-East Asia, and we are currently ranked sixth in Asia. The rate of cardiovascular diseases, diabetes and cancer has risen in the past decade. Smoking rates among young Malaysians are alarming (the 2011 Global Adult Tobacco Survey showed that more than half of all Malaysian men between the ages of 25 to 44 are smokers). The burden of non-communicable diseases is becoming a strain on the nation's heavily subsidized public healthcare system. The menace of communicable diseases cannot be ignored either, as globalization has made emerging infectious diseases originating from countries near and far an ever-present threat.

As physicians play such an important role in health promotion, I believe that the delivery of adequate and relevant public health training for future doctors must remain a priority in Malaysian medical schools. I decided to venture

into the world of academia to be a part of this process, and I am now a faculty member at a local medical school located just outside the country's capital city, Kuala Lumpur. I primarily teach and conduct research in public health-related topics, such as epidemiology and disease prevention and control. Imparting public health knowledge to medical students can be a trying affair at times, for many of them come to medical school just wanting to diagnose rare illnesses. It is not unusual for me to hear questions like, "What does public health have to do with me becoming a doctor?" or "Why can't I just learn how to treat patients?" on my first day of class with these students. The job is made tougher by the fact that most medical students in Malaysia enter medical school after completing a one or two-year pre-university course post-high school, since undergraduate education is not a prerequisite for medical school admission. As the faculty uses problem-based learning and collaborative learning models alongside more traditional teaching methods, many of these students



face problems migrating from a teacher-centric environment to a student-centered learning environment normally found in institutions of higher learning.

But along with its challenges, this job has also presented me with opportunities that I wouldn't have had elsewhere. As the faculty is fairly new (we will be admitting our fourth class of medical students later this year), I have been considerably involved in the faculty's medical curriculum development and implementation process. I had benefitted immensely from the hands-on approach to medical education at Dalhousie, and as such have pushed for the same approach to be used with my medical students.

Aside from the challenges mentioned earlier, other new developments will change the way Malaysian physicians practice in the future. The government is currently considering an overhaul of the national healthcare system in an effort to better control healthcare costs and to improve accessibility and health outcomes. The number of new medical schools has rapidly increased in the last few years, causing an acute shortage of teaching staff and calling into question the quality of medical education in the country. Some, including myself, continue to worry that there are not enough measures taken to improve the availability of postgraduate programs for young doctors in Malaysia.

These are interesting times indeed, and I am excited to be a part of it all!



Dr. Ken Lin Tai '08 with second year medical students in Malaysia.

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# Physician Resource Plan puts community needs first



Dr. David Gass '73

A year after releasing its physician resource plan, *Shaping our Physician Workforce*, the Nova Scotia government is well on the way to laying the groundwork that is needed to realize the plan.

"This plan is designed to match physician resources to the projected needs of communities across Nova Scotia," says Dr. David Gass, Class of '73. A former head of Dalhousie's Department of Family Medicine, David is now co-leading the rollout of the plan, as physician advisor to the Health System Workforce Branch in the Department of Health and Wellness. "We're working back from a 10-year planning horizon to ensure what we do now results in the right number and mix of physicians in the right locations in the future."

A big part of this effort involves working with Dalhousie Medical School—and medical schools across Canada—to create the right mix of training positions in each university's residency programs.

"We may need to add capacity to family

medicine and other generalist training programs and reduce the entry seats in other specialties," says Dr. Andrew Warren, Dalhousie's associate dean of postgraduate medical education. He's co-leading a medical education working group with David, which will recommend a mix of residency training programs to meet future needs. As Andrew notes, "The needs of our communities are shifting, with the aging of our population, rising rates of chronic disease and changing patterns of population distribution."

Based on consultants' in-depth analysis, *Shaping our Physician Workforce* calls on Nova Scotia to place more family physicians and consulting specialists in communities, so that certain core services are available in every district. At the same time, it recommends that higher-level specialty services be coordinated on a province-wide basis, so that these specialists have the patient loads and professional interactions they need to maintain and advance their skills.

As David points out, the physician

resource plan is part of a broader plan designed to give Nova Scotia the right numbers and mix of nurses, paramedics, therapists, and other specialized care providers as well. This fits perfectly with the plan's recommendation to increase access to collaborative primary care teams.

"Research shows that today's medical graduates are more attracted to collaborative practice environments," David notes. "Helping create more multi-disciplinary care teams in Nova Scotia communities will serve as a powerful tool for recruiting and retaining not only physicians but other health professionals as well."

The Department of Health and Wellness and Dalhousie Medical School have formed other joint working groups to address key issues related to the plan. In addition to the medical education working group, there is a recruitment working group, which will focus on attracting physicians to rural communities and retaining international medical graduates. The data working group, meanwhile, will improve tracking of physician distribution across the province.

Other provinces are taking notice, as Nova Scotia is one of the first provinces in Canada to adopt a needs-based approach to physician resource planning.

"We're excited by the progress that's been made over the past year in Nova Scotia," notes Dalhousie Medical School's senior associate dean, Dr. Preston Smith. "As a medical school, we want to know that our programs are going to graduate the mix and number of physicians our communities need—not just in Nova Scotia but in New Brunswick and Prince Edward Island as well. The work in Nova Scotia is breaking new ground that will smooth the way for other provinces in the future."



(L to R): Drs. Allyn Walsh, David Gass '73 and Preston Smith '81

# Brain Repair Centre sharpens focus on knowledge translation



Drs. Vic Rafuse, Ying Zhang, Sultan Darvesh '88 and Alan Fine celebrate the awarding of the inaugural Brain Repair Centre Knowledge Translation Grants.

Helping Dalhousie neuroscience researchers translate their ideas into real-world solutions has become a major strategic focus for the Brain Repair Centre (BRC). There's a lot to the lengthy, expensive and complex process of commercialization, so the BRC is approaching the task from a number of different angles. First and foremost, it's stepping up with cold hard cash to help researchers bridge the funding gap between peer-reviewed grants and venture capital.

"We have a lot of people in our research community who have a great idea for a new agent, device or procedure, but they're stuck because there's no funding available to develop a prototype or conduct proof-of-principle or safety studies...it's like hitting a brick wall," says BRC director Dr. Vic Rafuse, a professor in the Department of Medical Neuroscience (formerly Anatomy & Neurobiology). "So we've established the BRC Knowledge Translation Grant program to get them over this barrier."

The BRC recently awarded the inaugural \$30,000 BRC Knowledge Translation (BRC-KT) grants to three Dalhousie Medical School researchers: Dr. Sultan Darvesh, a neurologist and professor in the Department of Medicine; Dr. Alan Fine, a professor in the Department of Physiology & Biophysics; and Dr. Ying Zhang, an assistant professor in the Department of Medical Neurosciences.

Sultan is using his grant to optimize a new radioactive molecule, which he has developed to detect the hallmark signs of Alzheimer disease at an early enough stage for the disease to potentially be treated. Also in the realm of imaging, Alan has invented the world's first lensless microscope—a revolutionary device that can be downsized to fit on the tip of a biopsy needle. The BRC-KT grant will allow Alan and his collaborators to explore how the device can be used to diagnose brain tumours and improve the safe, efficient and thorough removal of cancerous tissues from the brain.

Ying, meanwhile, is spearheading the

development of a new technology for rapidly screening potential treatments for ALS (Lou Gehrig's disease). Unlike current high-throughput screening systems for ALS, this technology tests the ability of drugs to maintain or restore crucial synaptic connections between motor neurons and the muscle fibres that they activate.

The BRC-KT grants are just one among several new initiatives for the BRC. The centre hosted the 1st Annual BRC Research Day in December 2012, co-sponsored the 2013 Canadian Spinal Cord Conference—the first national scientific meeting on the spinal cord ever to be held in Halifax—in April, and is preparing to help host an international motor neuron meeting in Halifax in 2014. This spring, it began hosting a series of conversations to bring the neuroscience community together to share information and ideas about successful commercialization.

"Now that we have this tremendous infrastructure in place in the Life Science Research Institute, we want to maximize the impact we can make," says Vic. "By helping neuroscience researchers translate their findings into real-world applications, we hope to improve quality of life for people with neurological injuries and disease, while contributing to Nova Scotia's knowledge economy."

The Nova Scotia Department of Rural and Economic Development and Tourism continues to support the BRC, along with Dalhousie University, Capital Health and the IWK Health Centre. The BRC is working on new fundraising initiatives, including online donations in partnership with Dalhousie Medical Research Foundation, so it can expand its support for neuroscience innovation that will help the medical community treat neurological disorders. More information can be found on its website, [www.brainrepair.ca](http://www.brainrepair.ca).



# New fundraising partnership aims to raise \$10 million for medical research

**D**alhousie Medical Research Foundation (DMRF) and Dalhousie University External Relations have joined forces to dramatically increase funding for medical research. The Dean of Medicine has charged the partners with an ambitious goal: to raise \$10 million over the next three years, which they aim to do through a new major gifts fundraising campaign. The long-term plan is to substantially increase the DMRF's endowment in order to provide sustainable support to the research enterprise at Dalhousie Medical School.

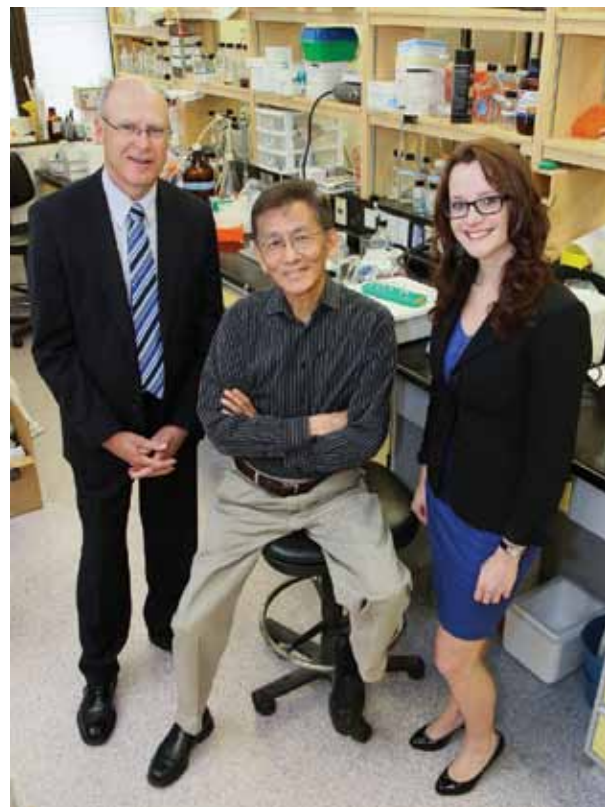
"Endowed funds raised through the new major gifts campaign will be used to expand and maintain state-of-the-art core research facilities available to all of the medical school's researchers," notes Joanne Bath, who has joined DMRF as its first Director, Major Gifts. "They will also provide vital matching and bridge funds to medical researchers." Although not limited to these areas, Dalhousie Medical School emphasizes four key research themes: cancer, cardiovascular disease, neuroscience, and immunology.

"This partnership combines the unique strengths of DMRF and External Relations to yield a greater benefit to medical research than either could accomplish on its own," notes Rob McDowall, who heads External Relations' development efforts on behalf of Dalhousie's three health faculties (medicine, dentistry and health professions). "It's the perfect match—DMRF is focused solely on medical research and has very strong connections with the research community. External Relations, meanwhile, has extensive experience in the specialized world of major gifts fundraising. By pooling these complementary areas of expertise, we will be able to reach our goals for medical research."

The future of research at the medical school depends on successful fundraising efforts. "Given the economic and fiscal pressures of today and the foreseeable future, it's absolutely essential that we cultivate our own sustainable sources of funding for research," says Dean Tom Marrie. "It's up to us to ensure that our researchers have access to the seed funding they need to launch their ideas, and the local matching funds they need to leverage large grants from federal agencies. If we're going to realize our potential to be a leading research institution and driver of economic growth in the life sciences sector, we need a much larger endowment to build upon."

DMRF and External Relations are working closely together on a coordinated approach to ensuring these important dollars are raised. This includes building a compelling case for support that articulates the importance of priority research initiatives and the impact they will have on people in the Maritimes and beyond.

"I'm looking forward to building lasting relationships with donors who are as interested and excited as I am to learn more about the amazing discoveries happening at Dalhousie Medical School," says Joanne. "These discoveries and innovations have the potential to benefit individuals living here at home and around the globe."



**Dr. Patrick Lee brings Joanne Bath and Rob McDowall up to speed on progress in his lab. Dr. Lee and his team are pursuing the use of viruses to target cancer cells. "These viruses kill cancer cells specifically while sparing normal cells," notes Dr. Lee. "They also invoke the body's own immune system to fight cancer."**

# Dalhousie Medicine Introduces the First Endowed Research Chair in Occupational Medicine in Canada

This Summer, Dalhousie Medicine New Brunswick welcomes Dr. Anil Adisesh as its Research Chair in Occupational Medicine. Dr. Adisesh studied medicine at the University of Liverpool, UK. After completing training in general medicine he qualified in family medicine, quickly developing an interest in occupational medicine. He moved to Guy's and St. Thomas' hospitals in London (UK) to specialise in occupational medicine where he undertook early research using exhaled Nitric Oxide in occupational asthma. He later transferred to the University of Manchester (UK) for doctoral studies. His research focused on the health effects of organic dust exposures.

A specialist physician since 1997, Dr. Adisesh has worked at the UK national Health and Safety Laboratory in Buxton, Derbyshire from 2004. He has extensive industry experience including in the chemical, healthcare, education, insurance, basic metal manufacture, engineering, electronics, construction, and commercial diving sectors amongst others. His clinical interests are in occupational toxicology, allergy and hand arm vibration.

Dr. Adisesh will be the first endowed Research Chair in Occupational Medicine in Canada. The five-year term position will support the development of research, academic and scholarly work at Dalhousie Medicine New Brunswick. One facet of his work will include the creation of translational research that contributes to the development of enhanced occupational public policy. His experience and expertise will enhance the delivery of occupational medicine throughout the continuum of care in the Maritime Provinces through the delivery of clinical care, academic programs, research, and leadership.

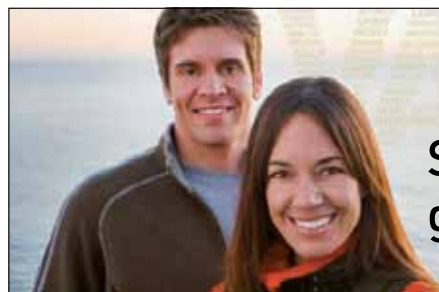
Teaching medical students and qualified doctors about workplace health is something he has been keenly involved in throughout his career. Dr. Adisesh's role as Research Chair at DMNB will provide him with the opportunity to develop and provide

curriculum content that grounds Dalhousie students in the principles of occupational medicine and disability management. It will also give him the chance to develop occupational medicine curriculum content appropriate to specific specialties for Postgraduate studies.

Dr. Adisesh is currently the Chair of the World Health Organization (WHO) Global Working Group on Occupational Health for the Revision of the International Classification of Diseases (ICD 11). Complimentary to this, as co-Chair to the International Labour Organization Working Group on diagnostic and exposure criteria guidance on occupational diseases, he is involved in compiling information that will be of use to physicians, legislators and others concerned with occupational health.



Dr. Anil Adisesh



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# Research in Medicine (RIM) Program is ready to be launched



**A**s highlighted in the previous VoxMeDAL, Dalhousie Medical School is about to launch a unique and innovative program, Research in Medicine (RIM) program. RIM will allow every medical student to understand the role of research in healthcare by conducting their own research program over the course of their undergraduate medical training. This program represents a first of its kind for Canadian medical schools, and one of only a few such programs in the world.

Over the past few months, necessary infrastructure has been put in place to ensure a successful and rewarding experience for the class of 2017. Specifically, a talented and dedicated group of program directors have been recruited. The group spans the full spectrum of research experience and expertise, and will guide students in their choice of research program, providing broad oversight as they progress through RIM.

A number of faculty members have embraced the role of student mentor, providing our students with a wealth of research opportunities from which to choose. Academic management of the program will be under the leadership of the associate deans for Research and Undergraduate Medical Education; administrative leadership will be provided by Jesslyn Kinney, Program Manager, and supported by a newly hired RIM Administrator. The medical school's IT staff has developed an effective set of web-based tools to facilitate interactions among our students, mentors, and program directors.

As part of the program, each student

will participate in at least one full summer dedicated to research during their undergraduate training. To ensure that students are properly supported for this summer research period, the medical school has identified a number of sources

for student stipends, and is actively seeking additional resources to guarantee sufficient support.

For further information about any aspect of the program, contact Jesslyn Kinney (rimp@dal.ca).

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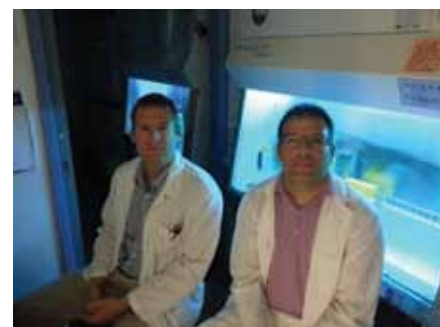
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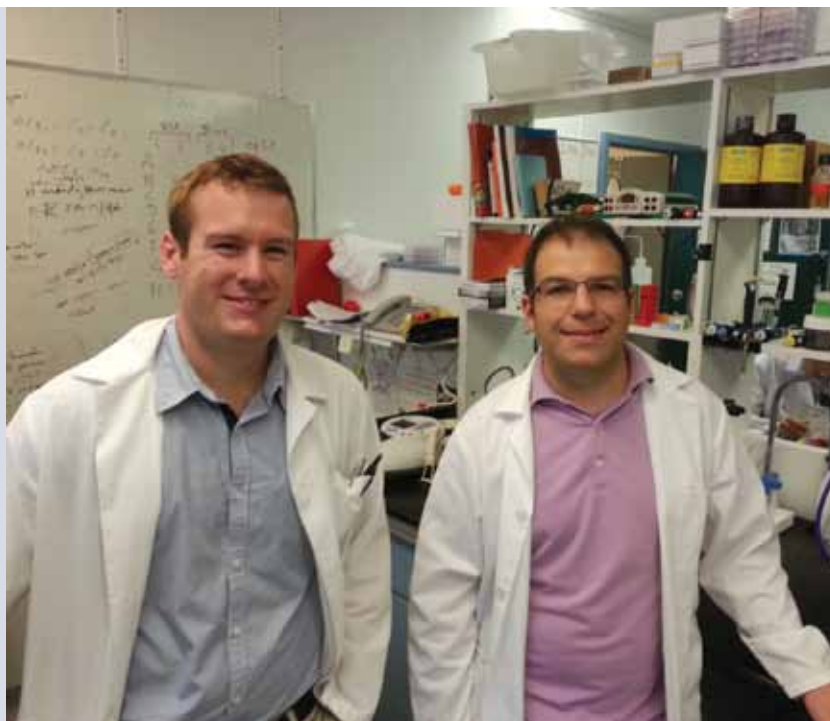
# Dalhousie Medical School researchers publish two of the top five cancer research papers in Canada



(L to R): Dr. Kyle Phipps and Dr. Drew Leidal

Drs. Drew Leidal, Microbiology & Immunology, and Kyle Phipps, Biochemistry & Molecular Biology, recently published two of the top six cancer research papers in Canada. Both were awarded the Canadian Institute of Health Research's Institute for Cancer Research (ICR) Publication Prize.

*"These two remarkable trainees have made a significant contribution to our understanding of the cellular conditions that allow cancer to arise and the factors that influence the spread of cancer," says Dr. Gerry Johnston, Associate Dean (Research). "The national recognition also affirms the high quality of our trainees and the cancer research that is conducted at Dalhousie. We are very proud of these talented young investigators."*



## How a viral infection undermines anti-cancer defenses

Under the mentorship of Dr. Craig McCormick (Microbiology and Immunology), Dr. Drew Leidal has been investigating how a human herpes virus promotes the development of cancer. Approximately one-sixth of all cancers are caused by viral infection, and Leidal found that a virus (Kaposi's sarcoma-associated herpes virus or KSHV) allows development of cancer by undermining inherent anti-cancer defenses.

"Viruses are excellent teachers," said Leidal. "By studying cancer-causing viruses we not only learn about malignancies such as Kaposi's sarcoma, but also about cellular pathways that are frequently disrupted in cancers unlinked to viruses."

Leidal is interested in how KSHV can bypass oncogene-induced senescence, one of the body's best cancer defenses. A very visible example of senescence is the formation of moles on our skin.

Most moles are actually the result of a successful defense against skin cancer, and are full of senescent cells that are incapable of dividing.

As Leidal's paper demonstrates, KSHV has found a way to bypass the senescence barrier through a viral protein called v-cyclin that drives cell proliferation. "Remarkably, we have found that rapidly proliferating KSHV-infected cells fail to undergo oncogene-induced senescence, and are prone to developing into cancers," said McCormick.

## Key protein facilitates cancer growth

"Research shows that macrophages migrate from the blood stream to the tumor site by utilizing S100A10 to activate plasmin, a protease," said Phipps.

Dr. Waisman, supervisor to Phipps and professor of Biochemistry & Molecular Biology, explains that S100A10 acts



like a pair of scissors on the outside of macrophages, empowering the macrophages with the ability to chew their way through tissues and enter the tumor site. Once in the tumor, macrophages release substances that stimulate cancer cell growth. "We used to think that the only cells that mattered in a tumor were the cancer cells," said Waisman. "Now we see that other cells must collaborate with cancer cells to drive tumor growth and permit an evolution of the cancer cells into metastatic cells."

Phipps and Waisman are working on identifying pharmaceutical agents that can block the action of S100A10, thereby preventing the movement of macrophages into tumors. Chemically blocking macrophages, or the S100A10 protein they carry, could slow—even stop—cancer growth.



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# In the Eyes of a Urology Resident

**Dr. Matt Acker '09**  
*Resident, Department of Urology*

**A**s I approach my final year as a urology resident, there is much to reflect on but still more to look forward to. Residency has been both all and nothing that I expected it would be. The demands are significant, but the sleepless nights, tense moments and difficult decisions have become far more manageable as I approach the end of my training.

I recall being told that your pockets get lighter as you gain experience and confidence, and I think this holds true. As an eager medical student, I sported a lab coat that weighed in at about 10

pounds, complete with stethoscope, reflex hammer, penlight, multiple pens, and a pocket guide to something in every pocket. I see it now in our first-year residents, some of whom carry a more ergonomic man-purse type affair compared to the neck-strain inducing lab coat of my former years. I was there once (except for the man purse), but now carry just a pen, an emergency granola bar and a new sense of confidence to approach most any situation. I suppose that is forward progress.

Residency has been an interesting journey of sacrifice, benefits and unique



relationships. I've had some solid mentors along the way. I've borrowed what I can from each of them, and I'm developing my own hybrid model for future implementation. My fellow residents are also a constant source of new knowledge. The collegial yet competitive spirit we all harbour pushes me to be a better clinician for our patients. I find myself at ease with patients and more easily relate to them, not with medical lingo but in terms they can well understand. I've also learned that not all patients understand what a DRE entails, but if they remark in shock that I need to "feel up the prostrate through the back passage" then the message has been clearly received.

With the demands and sacrifices of residency have come many rewards and opportunities for which I am grateful, not the least of which is that I am not the patient. But most of all I get to do amazing things most people will never have the chance to do, and have been given the privilege of listening to patients' very personal stories and the opportunity to serve others each day.

I'd like to believe I'm well on my way to becoming a capable and competent physician and surgeon. Sir William Osler once said, "One finger in the throat and one in the rectum makes a good diagnostician," so as a urology resident, I figure I'm at least half way there. Have there been ups and downs along the way? Yes. Does residency suck sometimes? Yes. Has it been worth it? Absolutely.

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# DMAA Gold & Silver D Awards

The culture of Dalhousie Medical School is founded upon many rich and historic traditions. Dalhousie Medical Alumni Association is proud to sponsor this long-standing tradition of our Gold & Silver D Awards. The Gold & Silver D's acknowledge the commitment shown by our medical students. Recipients are selected by the 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 the formal class positions. These new alumni have demonstrated leadership qualities that will serve Dalhousie Medical School well in the future.

## Gold D's



(L to R): Drs. Mitchell Drake '13 and Kyle Jewer '13

## Silver D's



Front Row (L to R): Drs. Emily Wilson '13, Patricia MacDonald '13, Dorothy Thomas '13 and Erin MacDonald '13  
2nd Row (L to R): Drs. Laura Kinlin '13, Meagan Keating '13 and Fiona Stewart '13  
3rd Row (L to R): Drs. Kyle Jewer '13 (received Gold D), Julie Ellsworth '13 and Mitchell Drake '13 (received Gold D)  
Top Row (L to R): Drs. Michael Gniewek '13 and Rhys Kavanagh '13

## Graduation with Distinction



(L to R): Drs. Kathleen McNeil '13, Corinne Dewar '13, Laura Kinlin '13, Colin Turner '13, Kyle Jewer '13, Alison Dixon '13, Alison Rodger '13, Amy Trottier '13, Mallory Troup '13, Christine Young '13 and Amr Zaki '13



# What is the most valuable asset of any organization?

*Excellent teachers do more than just disseminate information; they inspire others, and shape the professional identities of the next generation of physicians.*

*It has been said that the quality of an organization is no more or less than the quality of its people. While modern facilities, advanced technologies and an excellent curriculum are key assets, in the end they can only support the faculty, staff, and students who make up the medical school. In order to achieve excellence, the medical school needs faculty who demonstrate excellence in clinical care, research, and teaching. Teaching is the activity that defines the medical school historically, and it remains at the heart of what we do as an institution. Through the Faculty of Medicine's Faculty Development Program, we want to engage faculty who have been identified by the students as excellent teachers to help deliver our programs. Through sharing knowledge and skills, excellent teachers can teach and inspire their colleagues as well as their learners.*

Dr. Lara Hazelton '94, MD, MEd, FRCPC  
Attending Staff, Outpatient Mental Health Services,  
Associate Professor, Department of Psychiatry  
Co-Director of Faculty Development, Faculty of Medicine

## Dalhousie Medical Students share why they selected Recipients for Excellence in Teaching Awards

*Exemplary professors inspire, and have specific traits which engage their students. Some of these traits include the ability to communicate effectively, connect with their students and impact their learning experience and future career paths. The Dalhousie Medical Alumni Association is proud to uphold the long-standing tradition of celebrating excellence in teaching awards.*

## MD Class 1965 Silver Shovel Award

### Recipient: Dr. Brock Vair '76

The MD Class of 1965 Silver Shovel Award was established in 1965 to honour a medical school professor who has shown exemplary dedication, compassion and true commitment to medical students. The Silver Shovel Award, carved by Dr. Merv Shaw '65, was made out of maple grown in Nova Scotia from the farm of Dr. James Ross '51, DMAA Honorary President 1999, Birdseye Maple for the caduceus, and Pine for the pine cone.

"Dr. Vair was selected by our class, among many talented clinician teachers we have encountered for the dedication and passion he brings to his work. In providing support of Dr. Vair's nomination for this award, students consistently cited as strengths were his clear, straightforward teaching style and calm, patient demeanour. You never feel "in the way" with Dr. Vair. He is unfailingly approachable and always makes time for questions during a procedure or on rounds.

He is calm and sensible in his approach to teaching. A student always knows where he or she stands with Dr. Vair; his expectations are always clear. When he asks a question or demonstrates a skill, you can trust that it is relevant and that you need to know it. In the hurried, bewildering days of a general surgery rotation, he does what he can to keep things simple.

Dr. Vair is actually an alumnus of Dalhousie as a member of the class of 1976; he also completed his residency training in Halifax. After completing fellowship training in the United States, he returned to Dal to begin his practice. Now, after having completed my three-week general surgery rotation, I can tell you I was exhausted and not altogether sad to move on. Without doing the math, I can say that Dr. Vair has spent a great deal more time on the General Surgery wards than the graduates in this room. That Dr. Vair continues to maintain such a high level of passion and excitement toward teaching is truly incredible, and it should come as no surprise that Dr. Vair has been awarded the Silver Shovel on multiple occasions in the past. It is with great pleasure that we recognize his continuing contribution to our medical school."

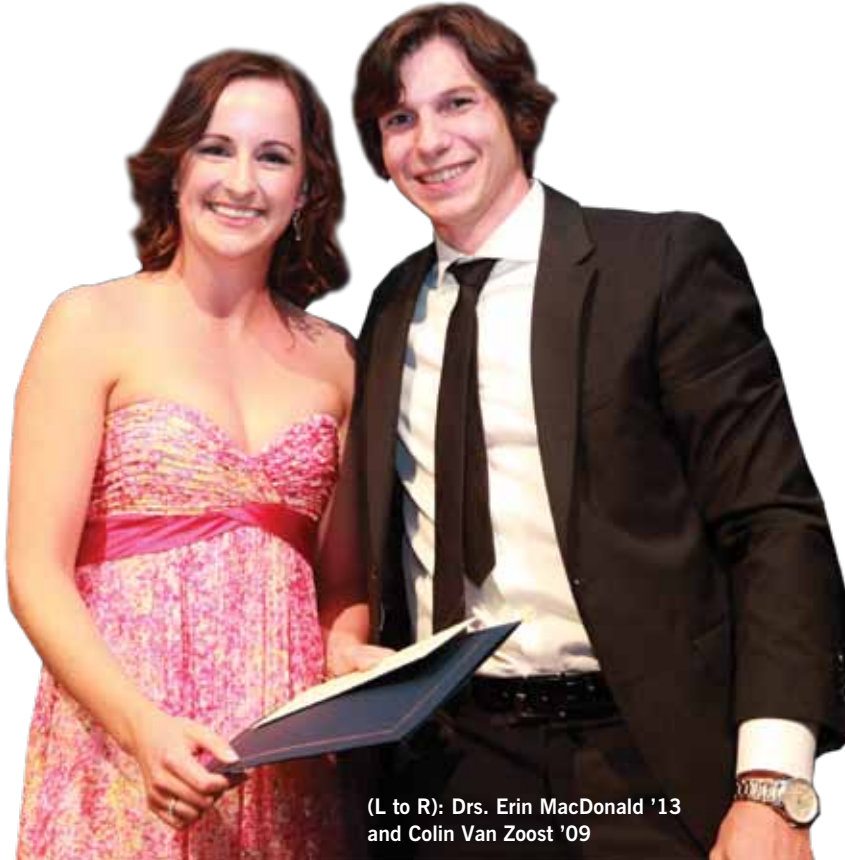
—Dr. Mitchell Drake, Co-President,  
MD Class of 2013



(L to R): Drs. Kyle Jewer '13, Brock Vair '76, and Mitchell Drake '13

# The MD Class 1995 Resident Teacher Award

Recipient: Dr. Colin Van Zoost '09



(L to R): Drs. Erin MacDonald '13  
and Colin Van Zoost '09

The MD Class 1995 Resident Teacher Award recognizes residents who exhibit dedication and excellence in the teaching of undergraduate medical students. This year's award is presented to Dr. Colin Van Zoost '09. MD Class of 2013 is not the first class to recognize Dr. Van Zoost as the recipient of the Resident Teacher Award, as he also received this honour in 2011.

"Colin's enthusiasm for teaching is inspiring, never allowing his hectic resident schedule to slow him down. In the past four years at Dalhousie, Colin could be found hosting tutorial sessions, working closely with the internal medical interest group, and acting as a personal contact for many classmates who were looking to follow a career in Internal Medicine. Last year his dedication led to a research partnership with one of our fellow classmates. Their work inspired his vaccination campaign for Halifax's homeless population.

I had the privilege of volunteering with Colin at the foot clinic he joined as a med student. Colin's contribution has been key, in turning the clinic into the successful charitable organization it is today.

Quite simply, Colin is a brilliant resident whose dedication to helping his community and fellow students is remarkable. It is with great pleasure that the MD Class 1995 Resident Teaching Award to our friend, Dr. Colin Van Zoost."

—Dr. Mitchell Drake, Co-President,  
MD Class of 2013

# Honourary Class Member

Recipient: Ms. Sharon Graham



(L to R): Presented by  
Dr. Dorothy Thomas '13  
to honorary class member,  
Ms. Sharon Graham

"This year, the class of 2013 has nominated Sharon Graham to receive the award for Honourary Class Member. In one word, she is awesome. Sharon has been with the Faculty of Medicine since 1985 and in her current role as the Director of Admissions and Student Affairs since 2002. In this role, she had a lot to do with getting us into Dal Med and she was instrumental in getting us through it. Sharon, together with the Admissions and Student Affairs team, are there for the good times, like dishing out scholarships and lining us up for convocation, as well as being there for the not-so-good times when life throws you a curve ball and you need a little support.

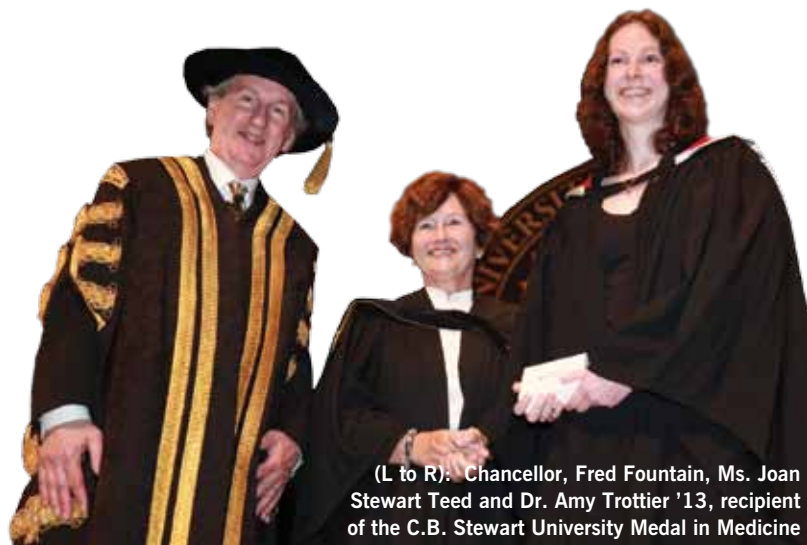
We are not the first class to recognize Sharon's "awesomeness" and I doubt we will be the last. She has won this award twice before: in 1999 when it was first awarded; and again in 2005. Why is she awesome? Because she is caring, knowledgeable, remarkably resourceful, and if you have a fight on your hands she is right by your side. Sharon, on behalf of my colleagues, thank you for everything you have done for us and welcome to the Class of 2013. "

—Dr. Dorothy Thomas '13



*Dalhousie Faculty of Medicine Donors are a very important and critical element to the advancement of the university. We are very proud to highlight a small sample of our donor families who have made the special trip to present awards in their family's name to our graduating recipients.*

## Dr. C.B. Stewart Gold Medal



(L to R): Chancellor, Fred Fountain, Ms. Joan Stewart Teed and Dr. Amy Trottier '13, recipient of the C.B. Stewart University Medal in Medicine

### Dr. Amy Trottier '13 Recognized for her Outstanding Achievements

The C.B. Stewart University Medal in Medicine is awarded annually upon graduation to the student achieving the highest standing in the regular medical course provided that he or she has reached the high standing set by the faculty for that purpose. This year's gold medal was awarded to Dr. Amy Trottier '13.

Dr. Amy Trottier '13, a native of Halifax, graduated with first-class honours in her undergraduate degree at Dalhousie, receiving the University Medal in Chemistry. Upon graduation from her MSc degree, also at Dalhousie, Dr. Trottier received the Governor General Gold Medal, and continued to perform at a consistently high level in every aspect of her undergraduate medical education.

At the end of each of the first, second and third year, Dr. Trottier was awarded the Ross Stewart Smith Scholarship for high academic standing. At the completion of both first and third year, she received the Dr. Mabel E. Goudge scholarship given to the female student with the highest standing in their class. As well, Dr. Trottier received the Dr. J.V. Graham Award for attaining high standing in the first and second year anatomy course.

In addition to receiving the C.B. Stewart Gold Medal at convocation, Dr. Trottier is also the recipient of the Mabel E. Goudge Prize for the

female with the highest standing over the four-year program, the Dr. Clara Olding Prize for highest standing in the clinical years, The Dr. John Black Prize in Surgery, The DMRF, Dr. Richard B. Goldbloom Award in Pediatrics, The Robert C. Dickson Prize in Medicine, The Dr. R.O. Jones Prize in Psychiatry, all in addition to graduating with Distinction.

Since entering in 2009, Dr. Trottier has remained involved with hockey, playing for the Conrad Crushers in the Nova Scotia Women's Hockey League during all four years of medical school. Her team won the provincial championship in 2011 and 2012, and won the Atlantic championship in 2011. Dr. Trottier plans to head to Alberta where she will complete a residency in internal medicine at the University of Calgary. It is with sincere pleasure that we welcome Dr. Amy Trottier into the DMAA community.

### Dr. C.B. Stewart University Medal in Medicine

*Joan Stewart Teed, daughter of Dr. Chester B. Stewart '38*



(L to R): Dr. Amy Trottier '13 and Ms. Joan Stewart Teed

"I love Dean Marrie's idea to personalize the presentation of donated awards, both at the Dalhousie Medical Convocation and the special awards reception later in the day. It is a popular new development, witnessed by the fact that some families fly to Halifax to present the prizes. For our family, the Dr. C.B. Stewart Gold Medal is a meaningful remembrance of our Dad who was Dean of Medicine and VP of Health Sciences for many years. Like the late Dr. Andy MacKay, Dean of Law and President, part of his soul is with Dalhousie. The convocation this year held a special new twist; a song written and performed by a graduating student, backed by two classmates, about the panic "now there's no one to call." Congratulations to the graduates and their families."



(L to R): Drs. Annalee Cohen and Jacob Matz '13

## The Kidney Foundation of Canada, Dr. Allan D. Cohen Memorial Prize in Nephrology

*Dr. Annalee Cohen, widow of Dr. Allan Cohen '68*

"It has been 16 years since I attended a Dalhousie Medical School Convocation. For me it was very nostalgic to be part of the process again. I enjoyed the ceremony and chatting with new and old faces. It was a very warm and friendly experience. I found the awards ceremony to be very emotional. I had never attended one in this format. It was very powerful for me to see my late husband's photo and bio on the large screen and to be introduced as his widow. I did thoroughly enjoy meeting the recipient, chatting with him, learning of his plans and telling him a bit about Allan Cohen. The ceremony was well done and pleasant."

## Dr. Leo Horowitz Prize in Diagnostic Radiology

*Dr. Michael D. Horowitz, son of Dr. Leo Horowitz '38*

"I've been to Halifax and the Dalhousie convocation ceremony twice now. Growing up, it was clear to me that my father always thought that Halifax, and Dalhousie, in particular, was a very special place. Dalhousie offered my father, and my uncle a special opportunity that was not readily available to them in the United States at that time. And for me, being at Dalhousie, I was able to see what he experienced."



(L to R): Drs. Michael Horowitz, Douglas Choo '13, and Dr. Horowitz' daughter, Katrina Horowitz

## Dr. John W. Merritt Prize

*Janice Merritt Flemming, daughter of Dr. John W. Merritt '28*

"I was pleased to be able to meet the 2013 prize recipients and to wish them well for their futures especially the recipient of the Dr. John W. Merritt prize for highest standing in surgery in all four years of study. Many thanks to the medical school for hosting the prize presentation ceremony and reception. It is an honour to be included in the proceedings. Each class is so interesting and talented and each has its own distinct personality."

(L to R): Ms. Janice Flemming and Dr. Kathleen McNeil '13



## Dr. Clara Olding Prize

*Gordon D. Hebb QC, grandson of Dr. Clara Olding '96 (1896)*

"I was very pleased to present the Dr. Clara Olding Prize this year to the exceedingly accomplished Dr. Amy Marie Trottier. Clara was my grandmother. Although, unfortunately, I never met my grandmother because of her untimely death from cancer when my father was just 15 years old, I came to know her through my father and others. She was the only one of 10 children of a Pictou County farming family to go to university, which she financed by teaching school. She was only the third woman to graduate from Dalhousie's medical school when she received her MD, CM in 1896. This pioneer established a family practice in Saint John, successfully overcoming prejudice against women doctors, and then, upon her marriage to Dr Arthur Hebb in 1903, practised part time in Chester. She homeschooled her children for their early years of education and all four of them went on to graduate from Dalhousie. (Many of her grandchildren and great-grandchildren, including several doctors, also graduated from Dalhousie.) She was an active member of her community including, for example, heading the local Red Cross. Our family is immensely proud of her accomplishments. It was an honour to be able to present the Dr. Clara Olding Prize on her behalf."

—Gordon D. Hebb QC, Chief Legislative Counsel, House of Assembly, Halifax, Nova Scotia



(L to R): Dr. Amy Trottier '13 and Mr. Gordon Hebb



# Medicine Convocation Awards & Scholarships

*The convocation awards and scholarships have significant meaning to our graduates. This year, the ceremony was celebrated by a number of faculty members, alumni families, and friends, some of whom travelled from afar. Dalhousie medical students represent the future of Dalhousie Medical School, and we would like to offer a special thank you to the alumni, alumni families and friends for your continued support.*

**Dr. C. B. Stewart Gold Medal, MD 1938.....Amy Trottier**  
for the highest standing in the regular medical course

**Dr. J. W. Merritt Prize, MD 1928..... Kathleen McNeil**  
for highest standing in surgery in all four years

**The Barbara L. Blauvelt Cardiology Prize ..... Lauren Clark**  
awarded to a fourth year student who has shown the greatest interest and degree on inclination towards the study of Cardiology

**Ms. Lourdes I. Embil Award for Cardiovascular Research..Sebastian Launcelott**  
awarded for clinical research in Cardiology, Cardiovascular Surgery, Cardiovascular Pharmacology, Physiology or other fields associated with Clinical Cardiology

**The Emerson Amos Moffitt Research Prize, MD 1951 ... Sebastian Launcelott**  
for undergraduate research in Anaesthesia

**Dr. S. G. Burke Fullerton Award, MD 1952.....Mitchell Drake**  
for greatest promise and potential shown for family medicine in fourth year

**Dr. Leo Horowitz Prize in Diagnostic Radiology, MD 1938.....Douglas Choo**  
for demonstration of the greatest interest and aptitude towards the study of Radiology

**Dr. Lawrence Max Green Memorial Award, MD 1967 ..... Thor Christensen**  
for best combining compassion and clinical competence during the clerkship in obstetrics and gynecology

**Andrew James Cowie, MD Memorial Medal, MD 1933.....Julie Ellsworth**  
for the highest standing in obstetrics and gynecology

**The Dr. N. N. Isa Achievement Award ..... Jeff Himmelman**  
..... Meaghan Keating  
for outstanding achievement during his/her core rotation in the Department of Obstetrics & Gynecology at the Saint John Regional Hospital

**Dr. Carl Pearlman Prize in Urology, MD 1937 .....Jeffrey Himmelman**  
for the greatest aptitude and interest in Urology

**Dr. Allan Cohen Memorial Prize in Nephrology, MD 1968 ..... Jacob Matz**  
for demonstrating the greatest aptitude in clinical nephrology

**Poulenc Prize .....Colin Turner**  
for the highest standing in psychiatry

**Michael Brothers Prize in Neuroscience, MD 1980 ..Andree-Michelle LeBlanc**  
for demonstrating an aptitude in the area of Neuroscience

**Dr. Robert F. Scharf Award in Emergency Medicine ..... Alex Dong**  
for outstanding combination of clinical ability, motivation and professionalism in Emergency Medicine

**Dr. I. M. Szuler Award for Excellence, MD 1979 .....Alison Rodger**  
awarded to the 4th year student who during their MTU rotation best demonstrates personal & academic qualities exemplified by Dr. Szuler

**Society for Academic Emergency Medicine Award..... Jennifer Gillis**  
for excellence in Emergency Medicine

**Dr. Harold Ross McKean Award in Ophthalmology, MD 1934 .....Amr Zaki**  
for demonstrating the highest skills in Ophthalmology

**Dr. Mark J. Cohen Prize in Ophthalmology .....Amr Zaki**  
to the graduating student who shows the most promise to be an outstanding clinician in Ophthalmology at a Canadian University

**Dr. Ram Singari Boodoosingh Memorial Prize, MD 1964.....Darren Gilmour**  
for demonstrating clinical skill and a sense of humor that most brings "art" to the practice of medicine

**Hunter Humanities Award, MD 1957 ..... Paul D'Alessandro**  
for outstanding contributions in the area of medical humanities, and for demonstrating the humanistic qualities of caring and compassion in care of patients

**DMRF Dr. J. Donald Hatcher Award for Medical Research. Paul D'Alessandro**  
for the most meritorious and significant research project during the undergraduate program including summer electives

**Dr. Edwin F. Ross Prize in Pediatric Surgery, MD 1931 .... Paul D'Alessandro**  
for demonstrating an aptitude and interest in pediatric surgical care

**The Albert A. Schwartz Prize in Orthopedics, MD 1940.....Andrew Marsh**  
For demonstrating aptitude and excellence in Orthopedics

**Dr. W. H. Hattie Prize ..... Kyle Jewer**  
for highest standing in fourth year medicine

**Dr. J. C. Wickwire Award, MD 1927 ..... Celia Robichaud**  
for demonstrating highest competence in patient contact during the four year program

**Dr. Graham Gwyn Memorial Prize in Neurology .....Shannon MacDonald**  
for demonstrating excellence in neurology

**Dr. John M. Embil Award for Excellence in Clinical Infectious Diseases, MD 1989 ..... Laura Kinlin**  
for recognizing the commitment and enthusiasm of an undergraduate medical student in the field of Clinical Infectious Diseases

**Dr. Leonard, Kay and Simon Levine Scholarship, MD 1967 .....Emma Logan**  
.....Janice Townsend  
for academic excellence and to the medical student who is pursuing studies in Family Medicine

**Dr. James Walker Wood Award in Medicine .....Janice Townsend**  
awarded to a student entering a Family Medicine Residency Program at Dalhousie University with preference given to those involved in extracurricular activities such as: medical research, rural family medicine interest groups, community participation, leadership qualities, music, drama, etc.

**Dr. Mabel E. Goudge Prize, MD 1909 .....Amy Trottier**  
for outstanding achievement among female medical students

**Dr. Clara Olding Prize, MD 1896 .....Amy Trottier**  
for highest standing in the clinical years, character and previous scholarship being taken into consideration

**Dr. John F. Black Prize .....Amy Trottier**  
for the highest standing in surgery

**DMRF Dr. Richard B. Goldbloom Award in Pediatrics.....Amy Trottier**  
for best combining medical knowledge, clinical skill, and sensitivity to the social and emotional needs of children and their families

**Dr. Robert C. Dickson Prize in Medicine .....Amy Trottier**  
for highest standing in all examinations in medicine in all four years

**Dr. R. O. Jones Prize in Psychiatry, MD 1937 ..... Amy Trottier**  
for highest standing in psychiatry during the entire medical program

# A Toast to the Class of 2013 from Dr. T. Jock Murray, Class of 1963

*It is traditional for the DMAA to invite an alumnus who graduated 50 years ago to toast the graduating class. Dr. Jock Murray '63 toasts MD Class of 2013 by welcoming them into the esteemed Dalhousie Medical Alumni Association.*



It is an honour to bring greetings and congratulations to the graduates of 2013 from the Class of 1963. Fifty years ago, our class crossed a jerry-rigged stage at the old Dalhousie rink, aware that we had been given a solid education for our future as physicians. We had memorable teachers and a good grounding for our life ahead.

Back then, medical school was very different. We were a class of 51 men and one woman when we began medical studies in 1958. The Forrest Building was our medical school, and we did not get our MD until after a year of rotating internship, paying \$100 a month with a schedule of 36 hours on-service and 12 hours off service year-round. Because we were then able to enter practice after graduation, many of us spent many years in family practice before returning to a

specialty, whereas others would commit to a life in family practice. If you did return, there was no difficulty getting the residency you wanted.

Hospitals were also simpler places. There were no automated tests, and we did the hemoglobin, urinalysis, and white cell counts and differentials on each patient. There was no intensive care unit; no cardiac unit; no emergency physicians; no organ transplants; no laproscopic surgery; no measles, mumps or rubella vaccines; no beta blockers; no erythropoietin; no amniocentesis; no bone scans; no CT; no MRI; no PET scans; no ultrasound; no Swan-Ganz catheters; no lasers; no DNA microassays; and most of the drugs you now prescribe were not available.

Just appearing on the medical scene as we graduated were birth control

pills, kidney transplantation, oral polio vaccine, hip replacement, CPR, in vitro fertilization and cardiac catheterization. It would be 30 or 40 years before any of our class would turn on a computer. Medicare came in during our first decade in practice, and Americans decided not to have a national health care program. It is interesting that the Americans are now looking to the best that they can take from the Canadian system.

So, we have completed a half-century since graduation. What have we learned? Smoking causes cancer. World War II would not end all wars. There have been 42 wars since then, and eight major wars and 27 armed conflicts going on as we speak. Ours was a simpler time. Yours will be a different, more complex but a more dynamic and exciting time, with a rate of change that we could not conceive of in 1963. But something that did not change for the Class of 1963 over the half-century, and will not change for the Class of 2013, is the privilege and the joy and the personal rewards of caring for people.

Keep that fixed in your minds and your hearts as you move to the next step in your careers. The changes of the class of 1963 and the class of 2013 will cover a century.

We, the Class of 1963, toast you, the class of 2013 and wish you well for the future.



# Dalhousie 2013 Medical Graduates: Where They're Headed

*Congratulations to the Class of 2013. You can see where they will be pursuing their residency programs at a hospital and university near you.*

\*This list does not reflect the entire list of graduates.

## Anesthesiology

**Bernice Duan**, University of Ottawa, Ottawa, ON  
**Kyle Jewer**, Dalhousie University, Halifax, NS  
**Mallory Toner**, Dalhousie University, Halifax, NS

## Diagnostic Radiology

**Ibraheem Afzal**, McMaster University, Hamilton, ON  
**Douglas Choo**, Dalhousie University, Halifax, NS  
**Ahmed Fagir**, Memorial University, Saint John's, NL  
**Matthew Wu**, Dalhousie University, Halifax, NS

## Emergency Medicine

**Alex Dong**, University of Western Ontario, London, ON  
**Heather Flemming**, Dalhousie University, Halifax, NS

## Family Medicine

**Ian Arbuckle**, University of British Columbia, Vancouver, BC  
**Keith Baglole**, Dalhousie University, PE Moncton, NB  
**Hameeda Charania**, Queen's University, Kingston, ON  
**Thor Christensen**, Dalhousie University, PE  
**Kathleen Clark**, University of Calgary, Calgary, AL  
**Matthew Clarke**, Queen's University, Kingston, ON  
**Sasha Cormier**, Dalhousie University, Moncton, NB  
**Marcella Cronkhite**, University of Calgary, Calgary, AL  
**Michel Daoust-Wheatley**, University of British Columbia, Vancouver, BC  
**Corinne Dewar**, Dalhousie University, Annapolis Valley, NS  
**Mitch Drake**, University of Calgary, Calgary, AL  
**Suha El Masalmeh**, Dalhousie University, Annapolis Valley, NS  
**Laura Flanagan**, University of British Columbia, Vancouver, BC  
**Allison Geddes**, University of Toronto, Toronto, ON  
**Angela Giacomantonio**, University of Toronto, Toronto, ON  
**Jennifer Gillis**, Dalhousie University, Annapolis Valley, NS

**Darren Gilmour**, Queen's University, Kingston, ON  
**Kaitlyn Goodine Everett**, Dalhousie University, Fredericton, NB  
**Annette Harris**, Dalhousie University, Halifax, NS  
**Nina Hynick**, Dalhousie University, Halifax, NS  
**Koleen Jensen**, Dalhousie University, Halifax, NS  
**Meaghan Keating**, Dalhousie University, Sydney, NS  
**Peter Kennedy**, Dalhousie University, Halifax, NS  
**Jean-Marc Lafleur**, Queen's University, Kingston, ON  
**Emma Logan**, University of British Columbia, Vancouver, BC  
**Patricia MacDonald**, Dalhousie University, Saint John, NB  
**Courtney MacEwan**, McMaster University, Hamilton, ON  
**Lisa MacInnis**, Dalhousie University, Sydney, NS  
**Andrew MacLean**, Dalhousie University, Halifax, NS  
**Nancy MacPherson**, University of British Columbia, Vancouver, BC  
**Heather Maxwell**, Memorial University, Saint John's, NL  
**Ashley Simon**, Dalhousie University, Halifax, NS  
**Angela Stewart**, Dalhousie University, Halifax, NS  
**Jamie Szabo**, Dalhousie University, Halifax, NS  
**Janice Townsend**, Dalhousie University, Saint John, NB  
**Mallory Troup**, University of Calgary-MMTP, Calgary, AL  
**Robert Warren**, Dalhousie University, Halifax, NS  
**Emily Wilson**, University of Western Ontario, London, ON  
**Christine Young**, University of Toronto, Toronto, ON

## General Surgery

**Paul D'Alessandro**, University of British Columbia, Vancouver, BC  
**Krista de Boer**, University of Saskatchewan, Saskatoon, SK  
**Rhys Kavanagh**, Dalhousie University, Halifax, NS  
**David MacFarlane**, Dalhousie University, Halifax, NS

## Internal Medicine

**Ripa Akter**, Memorial University, Saint John's, NL  
**Krista Butts**, University of Ottawa, Ottawa, ON  
**Alison Che**, Dalhousie University, Halifax, NS  
**Lauren Clark**, University of Calgary, Calgary, AL  
**Alison Dixon**, Dalhousie University, Halifax, NS  
**Joshua Gould**, Memorial University, Saint John's, NL  
**Tasha Kulai**, Dalhousie University, Halifax, NS  
**Brigitte Longmuir**, Queen's University, Kingston, ON  
**Kathleen Powell**, Dalhousie University, Halifax, NS  
**Alison Rodger**, Dalhousie University, Halifax, NS  
**Dorothy Thomas**, University of Saskatchewan, Saskatoon, SK  
**Jill Trinacty**, University of Ottawa, Ottawa, ON  
**Amy Trotter**, University of Calgary, Calgary, AL  
**Colin Turner**, Dalhousie University, Halifax, NS

## Internship

**Mariam Shehu**, Nigeria

## Neurology

**Laura Baxter**, University of Calgary, Calgary, AL  
**Achelle LeBlanc**, University of Ottawa, Ottawa, ON  
**Ishita Siddiq**, University of Toronto, Toronto, ON

## Obstetrics/Gynecology

**Julie Ellsworth**, Queen's University, Kingston, ON  
**Lauren Jain**, Dalhousie University, Halifax, NS  
**Shannon Joice**, Dalhousie University, Halifax, NS  
**Laura KarisAllen**, University of Alberta, Edmonton, AL  
**Kayla Sheppard**, Memorial University, Saint John's, NL

## Ophthalmology

**Amr Zaki**, Dalhousie University, Halifax, NS

## Orthopedic Surgery

**Andrew Marsh**, Queen's University, Kingston, ON  
**Jacob Matz**, University of Western Ontario, London, ON

**Marcus Van Aarsen**, University of Western Ontario, London, ON

## Otolaryngology

**John Scott**, University of Western Ontario, London, ON

## Pediatrics

**Laura Kinlin**, University of Toronto, Toronto, ON  
**Alison Lopez**, Memorial University, Saint John's, NL  
**Erin MacDonald**, Dalhousie University, Halifax, NS  
**Kathleen McNeil**, Dalhousie University, Halifax, NS  
**Fiona Stewart**, University of Calgary, Calgary, AL  
**Carrie-Lee Trider**, Queen's University, Kingston, ON

## Physical Medicine and Rehabilitation

**Shannon MacDonald**, University of Toronto, Toronto, ON  
**Paige Stevens**, Queen's University, Kingston, ON

## Plastic Surgery

**Alison Martin**, Dalhousie University, Halifax, NS

## Psychiatry

**Jillian Boyd**, Dalhousie University, Halifax, NS  
**Celia Robichaud**, Dalhousie University, Halifax, NS  
**Kathleen Singh**, Dalhousie University, Halifax, NS

## Research

**Stanley Jeram**, Dalhousie University, Halifax, NS  
**Jo Lene Low**, Dalhousie University, Halifax, NS  
**Nirmal Randhawa**, University of Winnipeg, Winnipeg, MB

## Urology

**Jeffrey Himmelman**, Dalhousie University, Halifax, NS

## Vascular Surgery

**Sebastian Launcelott**, University of Manitoba, Winnipeg, MB



## Match Results of CMGs by School of Residency & Discipline

The CARMS table indicates the overall Postgraduate Medical Educational Residency Matching results for all incoming graduates to each medical school in Canada.

Discipline	Memorial	Dalhousie	Laval	Sherbrooke	Montreal	McGill	Ottawa	Queen's	NOSM	Toronto	McMaster	Western	Manitoba	Saskatchewan	Alberta	Calgary	UBC	Total
Anatomical Pathology	0	0	0	0	3	3	2	0	0	0	1	2	1	0	3	1	1	17
Anesthesiology	4	5	7	5	9	5	7	5	2	14	6	7	5	6	5	5	11	108
Cardiac Surgery	0	1	1	0	0	0	0	0	0	1	1	1	0	0	1	0	0	6
Dermatology	0	0	3	3	4	3	2	0	0	6	0	0	0	1	3	3	4	32
Diagnostic Radiology	3	4	5	4	9	9	4	2	0	8	5	4	4	4	5	6	7	83
Emergency Medicine	0	2	4	0	5	3	8	4	0	7	5	4	4	2	6	4	10	68
Family Medicine	26	37	85	62	115	65	47	55	34	135	81	43	34	20	71	82	107	1099
General Pathology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
General Surgery	4	6	5	5	6	4	6	4	2	11	9	4	3	5	8	6	7	95
Hematological Pathology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Internal Medicine	10	14	18	25	42	29	22	13	1	48	23	24	12	9	23	22	45	380
Laboratory Medicine	0	2	0	0	0	0	0	1	0	4	0	0	0	0	0	0	0	7
Medical Genetics	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	1	1	5
Medical Microbiology	0	0	1	2	2	0	0	0	0	0	1	0	0	0	0	0	0	6
Neurology	0	1	1	2	2	3	3	0	0	5	2	2	1	0	1	3	5	31
Neurology - Pediatric	0	0	0	0	1	1	0	0	0	1	0	0	0	0	1	0	1	5
Neuropathology	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Neurosurgery	0	1	1	1	1	0	1	0	0	4	0	2	1	1	1	2	1	17
Nuclear Medicine	0	0	0	2	2	1	0	0	0	0	0	0	0	0	1	0	0	6
Obstetrics & Gynecology	4	5	5	5	6	4	6	3	0	11	6	5	6	5	8	6	8	93
Ophthalmology	0	2	3	2	5	4	3	2	0	4	1	2	1	1	2	1	3	36
Orthopedic Surgery	2	3	4	4	5	3	5	3	1	9	2	5	3	3	3	4	5	64
Otolaryngology-Head & Neck Surgery	0	2	2	2	3	2	2	0	0	5	2	3	2	0	2	1	1	29
Pediatrics	6	5	8	7	11	8	9	4	2	16	8	8	8	5	8	10	13	136
Physical Medicine & Rehabilitation	0	0	1	0	1	0	2	0	0	3	3	2	2	0	3	2	2	25
Plastic Surgery	0	2	1	1	2	1	1	0	0	3	3	2	2	0	3	2	2	25
Psychiatry	1	3	6	5	14	8	7	2	0	27	7	2	8	3	8	7	16	124
Public Health & Preventive Medicine	0	0	1	0	2	1	1	1	0	3	0	0	1	0	1	1	1	13
Radiation Oncology	0	1	1	0	0	1	1	0	0	4	0	2	1	0	1	1	2	15
Urology	0	2	2	2	2	2	3	1	0	4	3	3	2	0	3	0	3	32
Vascular Surgery	0	0	0	0	1	1	1	0	0	2	1	2	1	0	0	0	1	10
<b>TOTAL</b>	<b>60</b>	<b>98</b>	<b>165</b>	<b>139</b>	<b>255</b>	<b>162</b>	<b>143</b>	<b>100</b>	<b>42</b>	<b>336</b>	<b>169</b>	<b>128</b>	<b>101</b>	<b>66</b>	<b>171</b>	<b>172</b>	<b>258</b>	<b>2565</b>



# APPOINTMENTS, AWARDS AND ACCOLADES

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

## PROFESSIONAL & SERVICE AWARDS



It is with great pride to announce that the Dalhousie Medical Alumni Association's Executive Director—**Ms. Joanne Webber** has achieved her Master in Business Administration. Congratulations Joanne on this outstanding accomplishment!



Recipients of the **Rosemary Gill Award** are: **Dr. Gerri Frager PGM '89, Ms. Brenda Armstrong, Dr. Penny Corkum and Ms. Carolyn Young.** This award celebrates faculty or staff members who provide outstanding service to students in non-teaching roles.

**Dr. Stan Kutcher**, Department of Psychiatry, is the recipient of the Association of Faculties of Medicine of Canada **John Ruedy Award for Innovation in Medical Education.**



**Drs. Laurie Mallery PGM '91 and Paige Moorhouse '02**, Department of Medicine, received a **Public Sector Leadership Award** from the Institute of Public Administration of Canada for their work with the PATH program. Drs. Laurie Mallery and Paige Moorhouse are also recipients of this year's **3M Health Care Quality Team Award** in the category of *Programs and Processes in a Non-acute Care Environment.*



**Dr. John Ross**, Department of Emergency Medicine, received the **Dr. John Savage Memorial Award for Faculty Leadership in Global Health.**



**Dr. Karen Mann**, professor emeritus in the Division of Medical Education, Dalhousie Medical School, was recognized this year by the Royal College of Physicians and Surgeons of Canada and awarded the **Duncan Graham Award.**

## RESEARCH AWARDS



**Judah Goldstein**, paramedic, Department of Emergency Medicine, was awarded a **Knowledge Translation Bursary** by the Division of EMS to present his study "Epidemiology of Pre-Hospital Emergency Responses for Older Adults in a Provincial Emergency Medical Services System". Mr. Goldstein will be the first paramedic in Canada to earn his PhD.



**Drs. Stefan Kuhle and Sara Kirk**, Department of Obstetrics & Gynaecology, were awarded a **CIHR Operating Grant** (Population Health Intervention Research). Title: "The Influence of Comprehensive School Health on School Culture and Health Behaviors in Children." Amount: \$199,833/2 years.



**Alex Legge**, MEDII, was awarded the **Medical Student Prize** for her oral presentation at the Department of Obstetrics & Gynaecology Research Day "Obesity Does Not Impact in Vitro Fertilization Outcomes in Women."



**Dr. Chris Nash '09**, PGY3, Department of Obstetrics & Gynaecology, was awarded **The Ross Stewart Smith Memorial Fellowship** of \$3,000 in May 2012.

**Dr. David Young '73**, Department of Obstetrics & Gynaecology, was awarded Best of Four Oral Presentation at the 2012 Society of Obstetricians and Gynaecologists of Canada: "Experience with an Inception Cohort of Blastocyst Elective Single Embryo Transfer (eSET) Without Provincial Health Insurance."





## CANADIAN INSTITUTES OF HEALTH RESEARCH OPEN OPERATING GRANTS



**Dr. Jason Berman**, Department of Pediatrics & **Dr. Graham Dellaire**, Department of Pathology – *“New Insights into Mast Cell Development and Contribution to Malignant Progress – Further Exploitation of the Zebrafish Model.”*



**Dr. Christy Woolcott**, Department of Obstetrics & Gynecology (with Dr. Linda Dodds, Dr. Trevor Dummer, Sarah McDonald, Dr. Hude Quan and Mohamed Abdoell) – *“Do Pregnancy Characteristics Help to Predict the Future Risk of Maternal Cardiovascular Outcomes? A Population-Based Longitudinal Cohort Study.”*

## CANADIAN INSTITUTES OF HEALTH RESEARCH INFECTION & IMMUNOLOGY BRIDGE FUNDING

**Dr. Patrick Lee** & postdoctoral fellow **Shashi Gujar**, Department of Pathology – *“Molecular and Immunological Characterizations of Reovirus Oncolysis.”*



## SPECIAL RECOGNITION

**Dr. Raymond LeBlanc**, Department of Ophthalmology and Visual Sciences and Vice-President, Research and Academic Affairs for CDHA, recently retired after a long and distinguished career. He is well known both nationally and internationally for his work as leader of the Dalhousie Glaucoma Research Team.



## RESEARCH CHAIRS

**Dr. Joanne Langley '84**, Department of Pediatrics and Community Health & Epidemiology, has been appointed Dalhousie University's **CIHR-GSK Chair in Pediatric Vaccinology**.



## APPOINTMENTS



**Dr. Richard Langley '90** has been appointed the role of President for the Canadian Dermatology Association for the 2013-2014. Dr. Langley will be the official spokesperson of the CDA and will chair several committees.

**Dr. B. Anthony Armson '81**, Department of Obstetrics & Gynaecology was named President of the Canadian Society of Maternal Fetal Medicine (CSFMF) and President-Elect of the Association of Professors of Obstetrics & Gynaecology of Canada (APOG).



**Dr. Ian Epstein '04** was named director of postgraduate medical education in the Department of Medicine, effective March 2013.

**Dr. Stephen Couban '86** has been appointed Division Chief, Hematology at Capital Health.



**Dr. Evelyn Sutton '84**, has been appointed for a second term as head of the Division of Rheumatology for Capital Health.



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## Dr. Jock Murray '63 Awarded Honorary Degree

Dr. Thomas John (Jock) Murray '63, former Dean of Medicine, received an honorary degree from Dalhousie University at the May 24, 2013 Convocation Ceremonies accepting a Doctor of Laws degree. Dr. Murray also received an honorary degree from the Nova Scotia College of Art and Design (NSCAD) at their convocation on May 13, 2013, accepting a Doctor of Fine Arts degree.



"There have been significant changes in medicine since I crossed the stage at the old Dalhousie rink to accept my diploma in 1963, one being the expectation for the social responsibility of a physician," said Dr. Murray upon receiving his honorary degree. "The social responsibility for health professionals of all fields today involves not just individual patients, but a broader social responsibility within a community and within a health care system, and to be an advocate, not just for individual patients, but for the wider community and for the system that cares for them."

Dr. Murray, showing great confidence in class of 2013, said he is certain the class would measure up to their broader responsibility, as he and many other

Dalhousie graduates have done in the past. "You have already shown social responsibility in many ways throughout medical school," he said.

In quoting Woody Allen, Dr. Murray said that 80 per cent of success is showing up. "Go to the meeting in support of something you feel is important. Look for an opportunity to serve. Don't let a wrong go by in silence. Send a cheque to the group who foster something you believe in. Write the letter. Stand up. Raise your hand. Speak up. Volunteer. Write the politician," he said.

He told the graduates, "You may ask, isn't it enough to just ask me to be a good physician? Certainly, we expect that of you, and Dalhousie has assured that you will be excellent professionals. What I am saying is that as professionals, you have the responsibility to be more."

In closing his notable speech, Dr. Murray quoted the words of St. Luke, words that his wife often repeated to his children: 'Much is expected of those to whom much has been given. And from the one who has been entrusted with much, much more will be asked.' "You have worked hard, and you have achieved. You are deserving of the praise and congratulations given to you today. But you cannot forget that to you much has been given. Now much is expected," he said.

## Congratulations on your Retirement

Dr. Ben Goldberg '55 recently retired in May 2013, after 58 years in practise, specializing in developmental neuropsychiatry. Dr. Goldberg was the recipient of The Lifetime Achievement Award of the National Association on Dual Diagnosis (developmental disability and psychiatric disorder), along with the Queen Elizabeth II Diamond Jubilee Medal. He says that he is looking forward to now devoting his time to golf, tennis and enjoying the achievements of his 14 grandchildren in the various continents through Skype.

Dr. Ben Goldberg, FRCPC, O.Ont, Dal '55

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# MD Class 1983 celebrates 30th reunion

The Dal Medicine Class of '83 held its 30th class reunion in Antigua in January 2013. Twenty-three class members, and others, shared the weeklong gathering at the Jolly Beach Resort. Classmates presented at a very successful accredited CME symposium covering topics as diverse as the latest in "apps" for medicine, cervical cancer screening and carotid artery stenting for stroke prevention.

Classmate and Antigua native Dr. Dane Abbott organized a tour of the major public hospital, Mount Saint John Medical Center, where he is both Medical Director and one of three ob-gyn docs. Several MSJMC medical staff participated in the CME symposium. Dane and Temeka, welcomed us to their home, their warm hospitality will not be forgotten. Dr. Jean Cameron coordinated a school supply drive as a legacy from our visit; boxes of library books and other materials were presented to Principal Joseph from Bowlands Primary School near Jolly Beach. Many of the children attending there had parents who worked at the resort, which made this gift especially fitting.

The class was pleased to see Dr. Monica Ray, a gastroenterologist in Cleveland, and Dr. Chris Comeau (and his wife, Christine), a family doc in Ogdensburg, NY, who both made it to their first reunion. It was the first time they have had a chance to catch up with many classmates since graduation. A special commemoration was held to honour the memory of Dr. Ty Wong who died 28.11.11 after an accident.

Potential designations of the Class of '83 Endowment Fund were discussed. Stay tuned for an announcement planned for the fall Dalhousie Medical Alumni dinner in Halifax.

*Please see the detailed version on the DMAA website.*



Taken at the home of classmate Dr. Dane Abbott in St. John's, Antigua on Feb. 1, 2013.

Back: (L to R) Dr. David Anderson, Dr. Sandy MacLean, Dr. Fred Watkins, Dr. Steve Lownie, Dr. Randy Burrill, Dr. Chris Graham, Dr. Hal Barnett, Dr. Dane Abbott, Dr. Kent Pottle, Dr. Ian Zatzman, Dr. C. Jean Cameron, Dr. Paul Christensen, Dr. Orlando Hung, Dr. Blair O'Neill

Front: (L to R) Dr. Steve Bartol, Dr. Leslie Houck, Dr. Janet Howard, Dr. Kim Murray, Dr. Claire LeBlanc, Dr. Lynn Hansen

Missing: Dr. Gail Bisson, Dr. Chris Comeau, Dr. Monica Ray, Dr. Jamey White

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**BERMUDA**

October 13-20, 2013  
Geriatric Medicine Review

**MEKONG RIVER - VIETNAM  
AND CAMBODIA**

November 26-December 11, 2013  
Gastroenterology & Cardiology

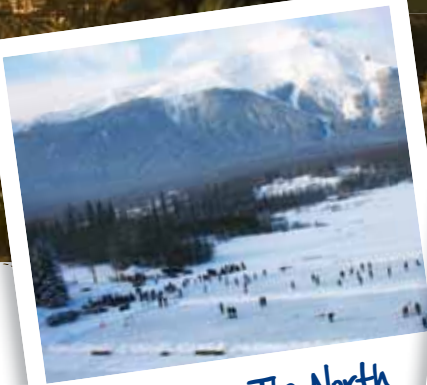
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Photo: Picture BC



## IN MEMORIAM

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

**Dr. Charles Clifford Anderson '83**

Passed away May 11, 2013

**Dr. Vincent Patrick Audain '69**

Passed away May 12, 2013

**Dr. Douglas Black '44**

Passed away March 11, 2013

**Dr. Pierre A. Casthely PGM '74**

Passed away July 14, 2010

**Dr. Charles Chipman '53**

Passed away June 13, 2013

**Dr. Gordon Coulson '61**

Passed away August 2, 2012

**Dr. Roy Emil Englund '67**

Passed away May 26, 2013

**Dr. David Alexander Gass '52**

Passed away June 2, 2013

**Dr. David W. Johnson PGM '66**

No date of passing available

**Dr. Clive MacDonald '60**

Passed away February 10, 2013

**Dr. Ruth V. McLeese '59**

Passed away July 4, 2013

**Dr. Irwin Mackay Murray '44**

Passed away May 26, 2013

**Dr. Henry Joseph Presutti '56**

Passed away February 16, 2013

**Dr. Arthur H. Shears '50**

Passed away May 22, 2013

**Dr. Edward George Thomson PGM '71**

Passed away March 27, 2013

**Dr. Howard G. Thistle '60**

Passed away July 8, 2013

**Dr. Donald S. MacKeigan '44**

Passed away July 6, 2013

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