

SUMMER/FALL 2014

VoxMeDAL

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A MEDICAL SUCCESS STORY

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first graduating class*

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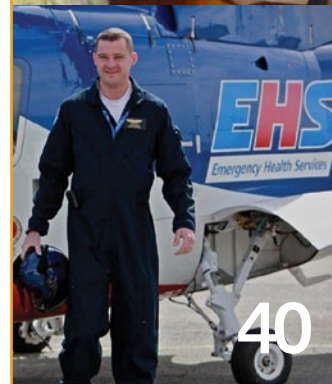
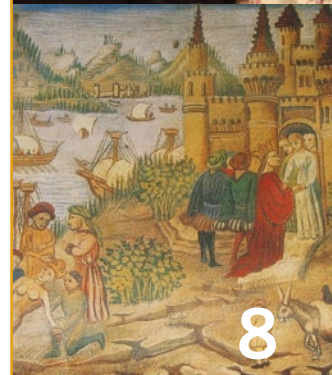
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On our cover: Dalhousie Medicine New Brunswick's first graduating class, pictured in front of the old Saint John General Hospital dome.
Photo: Joy Cummings

Welcome from the new DMAA president

By Dr. David Amirault'76
DMAA President



Dr. David Amirault'76

Like the line from the Talking Heads song "Once in a Lifetime," I ask myself, "How did I get here?" When our past-president, Dan Reid'70, asked me to join the DMAA Executive, I said yes. When I was asked to be president for 2014-15, I said yes, and so it goes.

I am honoured to be the president of the DMAA this year. I know I have huge shoes to fill to follow in the footsteps of that noted raconteur, sportsman, illustrious family physician, and leader, Dr. Dan Reid. On behalf of the board of the DMAA, I would like to express our sincere thanks to Dan for his stalwart leadership over the past three years. I will rely heavily on Dan's experience to tutor me along. As well, I would like to thank the Board of Directors for their leadership and continued mentoring over the next year.

This year saw a number of changes in the organizational structure of the DMAA office. I would like to say special thanks to Dr. Tom Marrie'70, our outstanding dean, for his support of the new direction for the DMAA. In particular, I would like to thank Anne Weeden, assistant dean of operations, for her mentorship of our new office staff.

The DMAA will continue to remain very active in the support of undergraduate medical activities, including financial support and mentoring of undergraduate medical students. In addition, the DMAA supports student awards and plays a very active role in convocation week. Also, this year the DMAA will explore opportunities to support the medical school in fundraising in these very difficult financial times.

This year, I would encourage all medical alumni, when in town, to take a trip to the Tupper Link to view the new touchscreen photo kiosk. This was an initiative of the DMAA Board of Directors and provides a new, interactive way to view the history of the medical school and past graduating classes. This is a great improvement over the old panels of class photographs that one had to sift through in the past.

I would like to remind all alumni about the DMAA Awards Gala Dinner on October 17 at Pier 21. It is your support of the Gala Dinner that allows the DMAA to fund the all-important student initiatives and awards. Pier 21 is a great venue for this event and has become extremely popular over the last few years.

I see now why my father once told me that as you get older, life seems to roll along like a fast-flowing river. As our lives get busier, it is often difficult to find the time to reflect on the past. It is difficult to think about how you got here and who helped you along the way. I would ask that you take this opportunity to get a group of your classmates together this year and come out to the Gala Dinner. Reconnect, share a laugh, and raise a glass. You may even win a major prize. See you there. ■

A handwritten signature in dark ink, appearing to read "D. Amirault".

Congratulations to the class of 2014

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



Dr. Thomas J. Marrie'70

Congratulations to the class of 2014. For any dean of medicine, this is one of the best days of the year. In four short years, you have come from knowing virtually nothing about medicine and care of the sick to having in-depth knowledge of the human mind and body. You are now prepared for the next step on your journey: residency. This year is special because 30 of you are from Dalhousie Medicine New Brunswick. DMNB's progress mirrors your own. In this case, in five short years the program has gone from an idea to reality, and what a reality it is—this is a program that is second to none. Dr. John Steeves'74, faculty, and staff at DMNB are to be congratulated, as is the Government of New Brunswick and UNB Saint John. A lot of people worked together effectively to make this happen.

You are entering a world of rapid change. Nova Scotia will soon go from nine health districts to two. Physician resource planning in every province will affect you. The CaRMS match has taken on new meaning in the last couple of years. Due to the overwhelming number of those in the match, this year just slightly over 6,000, some graduates of Canadian medical schools remain

unmatched after the second round. To deal with this, we have created a special student category that will allow unmatched students to prepare themselves for the next match cycle.

We have just finished the first year of our newest curricular innovation, "Research in Medicine." I will present an update on this program at the fall DMAA Alumni Awards Gala Dinner. This is just another reason for you to attend what is the best alumni event of the year.

I would like to thank our past alumni president, Dr. Dan Reid'70. Dan has steered the alumni association through a number of challenges over the past several years. He leaves the DMAA well-prepared to help raise awareness about Dalhousie Medicine's mission to educate doctors of the future, enhance patient care, and advance innovative research. With the alumni's help, we need to build our endowment funds. If we are to sustain our research and our researchers, we need to substantially grow our research endowments. The current public funding environment is extremely challenging, with funding success rates of less than 20 per cent for new investigators, and researchers are often stalled when bridge funding is not available. In addition,

most funding agencies now expect the funds they supply to be matched by the researcher's host institution.

Every year, many of our faculty members are honoured for their achievements. This year Dr. Ford Doolittle received the Herzberg prize—really given for a career of outstanding research and the highest such honour in Canada. Dr. T.J. (Jock) Murray'63 was inducted into the Canadian Medical Hall of Fame on April 24, 2014, the third of our alumni to receive this award. Last year, Dr. Ian Rusted'48 was so honoured (posthumously). Dr. Walter C. MacKenzie'33 was also inducted on April 24, 2014. As you read this issue, you will learn about the accomplishments of four other alumni—this is the organization to which you, the class of 2014, now belong. ■

Tom Marrie

Evolution and opportunity: Dalhousie Medicine New Brunswick update

We keep moving forward, opening new doors, and doing new things, because we're curious and curiosity keeps leading us down new paths. – Walt Disney

By Dr. John Steeves'74
Associate Dean, DMNB



Dr. John Steeves'74

This is already shaping up to be another milestone year for DMNB. Our first CaRMs Match occurred this spring, and I am delighted to report that our students performed comparably to their classmates in Halifax. The matching program is becoming increasingly competitive. We are enhancing our initiatives on career planning through the curriculum, strategically placing them at critical decision junctures.

In mid-May, we said goodbye to our first class of students at DMNB. This was a momentous and happy celebration as we “launched” them into the next phase of their careers and celebrated our accomplishments as a program. You can see more about our Launch Ceremony in this edition of *Vox*.

As DMNB evolves to become the

administrative umbrella for the Faculty of Medicine in New Brunswick, we are focusing on ensuring that whatever should be done in N.B., can be done in N.B. The original partnering agreement with Dalhousie University, University of New Brunswick, and the Province of New Brunswick is being renewed for 2015-2020. This will set a solid financial footing for our next five years of development.

The Longitudinal Integrated Clerkships Dalhousie (LICDs) continue to expand in N.B. A proposal for converting our traditional clerkship program to an LICD site in Moncton has been developed and is being considered for a start date of 2016. Simultaneously, clinicians have expressed interest in Fredericton for converting their traditional program to an LICD in 2017. Initial discussions have begun.

Our community of physicians and other

academics has shown great support this year with the newly created Research in Medicine (RIM) program. We have successfully matched all of our first-year students with research mentors, and the student projects have begun. We are currently building our bank of mentors who would be interested in supervising a student, and I encourage everyone who may be interested to contact us for more information.

Given the early success of our biomedical research lab, the need for a broader strategic plan for the next five years is apparent. We have already held one workshop that brought together health researchers and key stakeholders to provide input on our scope and direction of research. Our biomedical lab, newly opened in 2013, has already achieved success in capturing three tri-council funding grants in 2014. With six principal investigators now at DMNB, they are starting to expand their labs and are expanding the graduate student program. One of our graduate students, Purvi Trivedi, has recently presented her Master's research at the IHRTP day on May 13 in Halifax. Additionally, this summer we have nine undergraduate students who are participating in summer research activities.

As we head down a new path over the next five years, even more opportunities to explore our curiosity will unfold. ■



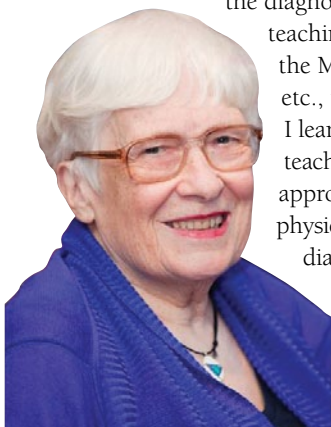
Like the actions to the song “YMCA,” staff from Halifax and Saint John spell out “LIC” on a site tour to Waterville, N.B.

I just wanted to say “thank you” and how impressed I was with the latest DMAA publication—quite the best ever! Both the photos and the articles were not only interesting but happily included Dr. Marrie’70 on the job. We are so very fortunate now in having him steering the ship—what a very wonderful skipper he has been from the start!

I also enjoyed Ross Langley’57’s article describing “the philosophy, practices, and attitudes of Dalhousie Medical School.” I’ve always remembered one of our clinical teachers emphasized “listen to the patient and they will tell you the diagnosis.” Unfortunately, in my experience, even in teaching hospitals this rarely happens these days, but the MDs rush to order expensive lab tests, X-rays, etc., to give them the answer. I think the best thing I learned, which I treasured throughout my medical teaching years, was the importance of the logical approach, i.e. taking a good history, then doing a physical exam, then concluding with several provisional diagnoses, which necessitated appropriate further investigative lab tests, X-rays, etc.

Very best wishes to a great staff!

Sincerely,
Mary Hunter’57



I must thank you so much for sending along the copies of *VoxMeDAL*—what a handsome publication, and, more importantly, what interesting and inspiring information *VoxMeDAL* is providing about the work being done at home and all around the globe by medical school graduates of Dalhousie!

While playing at a music and healing service at the Anglican cathedral last Sunday night, a gentleman tapped me on the shoulder at the end and asked if I really was the granddaughter of Dr. Florence O’Donnell. I asked him how he knew about her, and he replied that he had read the article in *VoxMeDAL* while waiting at the doctor’s office for his appointment recently. He found the article and the whole magazine very interesting and knew several names mentioned in various articles.

Many thanks again for printing the article on my grandmother, and congratulations to you for the work you are doing to make *VoxMeDAL* such a fine publication spreading the word about the important medical contributions of Dal graduates all over the world.

Sincerely,
Averill Piers Baker
Gander, N.L.



Dr. Peter Reardon’14 and Laurel Joudrey, daughter of Dr. Robert F. Scharf.

Myself, my daughter Hannah, and her partner, Michael, were very glad to participate in the Convocation Awards and Scholarship Ceremony to present the Dr. Robert F. Scharf Award in Emergency Medicine to the worthy recipient, thereby paying homage to my dad. It was a lovely day.

Regards,
Laurel Joudrey



Dr. Leila Sloss’14 with Janice Flemming and Marilla Speller, daughters of Dr. J. W. Merritt.

Just a brief note to say how much I enjoyed the awards ceremony and to say thank you and well done for your faultless organisation.

I really enjoyed presenting my father’s award, the Dr. J.W. Merritt Prize, and may even be able to come another year, with luck!

Yours very sincerely,
Marilla Speller
Buckinghamshire, England

120 years later: Women, medicine, and Dalhousie

By Emma Herrington and Sheila Wilson

In 2014, medical students may be unaware of the struggle their female colleagues faced a century ago. As medicine became a field of formal study, women were excluded, and those who attempted to practice medicine were persecuted and shunned from society. Yet, historically, when one considers ancient paintings and literature, women were once revered as traditional healers. Why then did the perception of women shift from naturally capable to incompetent throughout the history of medicine?

In 1881, Dalhousie passed a regulation that allowed women to enter medical school and became one of the first universities to do so. In 1888, Annie Hamilton entered the halls of an exclusively male domain to study medicine. One hundred and twenty years after her graduation in 1894, we look at the history of women as ancient healers, how the institutionalization of medicine changed this perception, and how Annie Hamilton defied all odds and became the first woman to be accepted into Dalhousie's Faculty of Medicine.

Ancient myths, paintings, and legends of women as powerful goddesses and healers have existed for thousands of years. Neolithic (7000–5000 BCE) drawings depict women as part of the divine creation of earth, their ability to create life directly connected to the ability of nature to give life.ⁱ In these pre-patriarchal cultures, the worship of goddesses was common. While male deities were more prolific, archaeologists have uncovered extensive numbers of female images in caves, temples, and sanctuaries. Similarly, female healers were, and still are, celebrated in North American indigenous culture. When asked about the involvement of

women in traditional practices, a Cree male healer stated that, “all healers have knowledge not determined by the community, but received as individuals from the spirit world. The knowledge of women is not separate from that...their knowledge has always been part of the great circle of knowledge.”ⁱⁱ By recognizing that women possess the same ability to learn and develop skills in the area of medicine as men, this traditional



A miniature depicting the Salerno School of Medicine in Salerno, Italy, the world's first medical school.

healer uncovers an idea that was suppressed in Western culture as medicine became a field of study.

Surprisingly, women both studied and taught at the first formal European school of medicine in Salerno, Italy, during the 12th century. Over time, however, the female consciousness was buried by a male-centralized point of view, and medicine was no exception.ⁱⁱⁱ By the 19th century, the idea of being both a woman and a physician was deemed impossible. The persecution was intense enough that a petition was submitted to English parliament in the 15th century supporting the harassment of women wishing to become professional doctors. Female physicians were described as “worthless and presumptuous... possessing neither natural ability, nor professional knowledge”^{iv} who often killed their patients. As the popularity of formal medical education spread, women were obstructed from attending medical school. Medicine not only became regulated and controlled, but also exclusive to men.

Annie Isabel Hamilton was born on March 17, 1866, in Brookfield, N.S. Annie's parents valued both learning and curiosity, thus providing her with a unique environment in which



Dr. Annie Hamilton 1894



Dr. Annie Hamilton's childhood home in Brookfield, N.S.

she could explore her talents. After the death of both her parents when she was 20, Annie chose to stop teaching and applied to Dalhousie Medical School in 1888.^v To the surprise of many, she was accepted. Not much is known about Annie Hamilton while she was at Dalhousie. What we do know is that while she failed in her attempts to make the school smoke-free, she excelled academically and simultaneously developed an interest in the Chinese culture and language. The Dalhousie Medical Faculty (DMF) minutes contain the marks of Annie and her fellow classmates. Annie obtained the second highest mark in histology and botany, and her grades consistently surpassed the average. The DMF even had to lower the mark required to pass histology to 35 per cent, a regulation that did not apply to the gifted Annie: she obtained a final mark of 70 per cent. In 1892, Annie passed her MDCM exams, an achievement that was included in the local newspaper. She later graduated as a Doctor of Medicine and Master of Surgery and opened a practice in the north end of Halifax. In 1903, Dr. Hamilton went to China as a medical missionary and lived there for the rest of her life. Abroad, she spent much of her time teaching, healing, and writing textbooks for her university students. Dr. Hamilton was 75 when she died on December 21, 1941, in Shanghai.

Dr. Hamilton was devoted to her role as a missionary and was outspoken about the need to support the disadvantaged. Her involvement with missionary work began before she was

Student Name	Score
Armstrong Melbourne Bie?	53.
Bohman - Francis J. Bie.	50.
Grant William.	50.
Hamilton Annie Isabel.	81 1/2
Johnson. J. Willard.	83.
Murray Rob't. Henry.	58.
Woodcock. Frey Churchill.	57 1/2

Dr. Annie Hamilton's marks in botany, in comparison to her classmates.

at Dalhousie when, at the age of 14, she raised money for the Missionary Society in Brookfield. But becoming a missionary after graduating as a female physician from Dalhousie was not unusual. Interestingly, of the first 40 female graduates of Dalhousie Medical School, about one third became missionaries.^{vi} They travelled all over the world healing, teaching, and establishing both schools and hospitals.

But why did Dalhousie suddenly decide to accept women into the medical program? Other universities around the world continued to deny women the right to apply. Although no link could be found between religion and Dalhousie's 1881 regulation, the dramatic number of female medical graduates who became missionaries does raise further questions. Were the number of missionaries from Nova Scotia dwindling and the mobilization of professional women seen as a possible solution? Many of those who did graduate from Dalhousie were unable to practice within Nova Scotia as female physicians or were forced to stop once married. Maybe, in some way, the church was seen as a professional refuge, a way for trained women to escape the local prejudices and apply their skills in countries that would accept them.

One hundred and twenty years have passed since the graduation of Dr. Annie Hamilton, which is worthy of celebration. A woman of intelligence, determination, and compassion, Dr. Hamilton was able to recognize her self-worth within a society that diminished the potential of the female mind. Although the same barriers do not exist for Dalhousie's female medical students today, one can hope that every woman applying to medical school does so with the tenacity of Dr. Hamilton.

This information was researched and documented by Emma Herrington and Sheila Wilson. Emma Herrington is a recent graduate of the honours neuroscience program at Dalhousie, and she hopes to attend medical school after finishing a master's degree in global health. Sheila Wilson is a former nurse with a master's degree in religious and women's studies. She previously worked for the Dalhousie Medical Humanities Program. ■

ⁱEisler, R. T. (1987). *The chalice and the blade: our history, our future*. Cambridge [Mass.]: Harper & Row.

ⁱⁱWaugh, E. H., Szafran, O., & Crutcher, R. A. (2011). *At the interface of culture and medicine*. Edmonton, Alta.: University of Alberta Press.

ⁱⁱⁱRuether, R. R. (2011). *Women and Redemption A Theological History* (2nd ed.). Lanham: Fortress Press.

^{iv}Brooke, E. (1997). *Medicine women: a pictorial history of women healers*. Wheaton, Ill.: Quest Books.

^vMacLeod, E. J. (1990). *Petticoat doctors: the first forty years of women in medicine at Dalhousie University*. Lawrencetown Beach, N.S., Canada: Pottersfield Press.

^{vi}MacLeod, E. J. (1990). *Petticoat doctors: the first forty years of women in medicine at Dalhousie University*. Lawrencetown Beach, N.S., Canada: Pottersfield Press.

DMAA welcomes new board members



Dr. George Ferrier'73

Following his graduation from Dalhousie Medical School in 1973, Dr. George Ferrier worked as a general practitioner at the Woodlawn Medical Clinic and later in an academic role at the University of New Mexico. After completing his residency in anesthesia at Dalhousie in 1984, Dr. Ferrier devoted his practise to

rural health care at the Queen's General Hospital for more than 20 years, before moving to British Columbia and working at the Kootenay Boundary Hospital until 2010. He was an officer of the Medical Society of Nova Scotia and has held a number of volunteer positions, some of which include serving as a board member for Maritime Medical Care Inc., the South Shore District Health Authority, and the Western Regional Health Board. Although retired, Dr. Ferrier maintains an active involvement in his alma mater by volunteering his time to tutor medical students, sing in the Dalhousie Health Professions Chorale, and now serve on the DMAA board of directors.



Dr. Peggy Leighton'77

Dr. Peggy Leighton has been in family practice since 1978. In addition to her work as a family doctor, Dr. Leighton has maintained an active involvement with her alma mater, as demonstrated by her participation with the DMAA executive in the 1980s, the Dalhousie Medical School Admissions Committee, and several

hospital committees. She also volunteers with basketball, hockey, and skating clubs, and fundraising initiatives for both Dalhousie University and Acadia University.



Dr. Samantha Gray'07

Dr. Samantha Gray graduated from Dalhousie Medical School in the medical class of 2007 and completed a residency in internal medicine and medical oncology at the Queen Elizabeth II Health Sciences Centre. In addition to her role as a medical oncologist at the Saint John Regional

Hospital, Dr. Gray is an assistant professor in the Department of Radiation Oncology at Dalhousie University, with a cross appointment in the Department of Medicine. She is also involved in various teaching activities at Dalhousie Medicine New Brunswick.

Dr. Katherine Glazebrook'94

Dr. Katherine Glazebrook graduated in the medical class of 1994 and has since led an interesting career as a family physician in Halifax.

The DMAA is very pleased to welcome Drs. Ferrier, Leighton, Gray, and Glazebrook to the team!

On behalf of the Dalhousie Medical Alumni Association, we would like to extend our sincere gratitude to our departing board members: Dr. Denny Johnston'58, Dr. Richard Langley'90, and Dr. Samantha Seaman'02. Their hard work and dedication to the DMAA is much appreciated and will never be forgotten. Thank you!

DMAA welcomes incoming DMSS president Russell Christie'17

Russell Christie'17 is proud to be joining the DMAA as incoming president of the DMSS for the 2014–2015 year. As the incoming DMSS president, Russell intends to progress and enhance the endeavours initiated by past-president Leo Fares, as well as assist the Undergraduate Medical Education Office with upcoming curriculum reform and the upcoming school accreditation.

Russell welcomes alumni to contact him directly with any career initiatives or other opportunities for students. You can reach him at russell.christie@dal.ca.



Euphoria 2014 gives back to community group in Dartmouth

Euphoria is one of the most unique traditions at Dalhousie Medical School. It is an annual variety show in which each class prepares a 30-minute show that includes the many and far-reaching talents of our medical students. In preparation for this event, each class is shrouded in secrecy and competes against the other classes for the best show. This year's winners were the Class of 2016, who told a story about trouble with Dr. Zonka and his magical hospital (a parody of *Willy Wonka and the Chocolate Factory*). This year's charity was the Take Action Society, an organization in Dartmouth that helps kids in a low-income community with after-school programs and activities. With the help of Scotiabank, the DMAA, and the Dalhousie Medicine Class of 2013, the DMSS donated \$12,000 to the Take Action Society.



DMAA kiosk unveiled

With credit to alumni support, the DMAA touch-screen kiosk is finally ready! Located in the Tupper Link, it houses class composites, information on awards and scholarships, Dalhousie Medical School history, and much more. We invite you to take a trip down memory lane by exploring the past, present, and future of Dalhousie Medical School and its accomplishments.



MD Class of 2014

Class of 2014 gives back to students

The DMAA welcomes MD Class of 2014 into the Dalhousie Medical Alumni Association. As a graduation gift, MD Class of 2014 donated \$2014.00 to Dalhousie Medical School to support the Student Conference Travel Fund. Thank you, MD Class of 2014, for your generous support!

"Dalhousie Medical School has increased its commitment to research experience during our medical education, and, as such, many students are travelling to national and international conferences to present their research findings. This year, our class has decided to support future medical students through a donation of \$2014.00 to be dispersed, via the Dalhousie Medical Student Society, through the Student Conference Travel Fund to support students in these endeavours."

Drs. Mike MacDonald'14 and Mary Beth Bissell'14

Tupper Band hits a high note

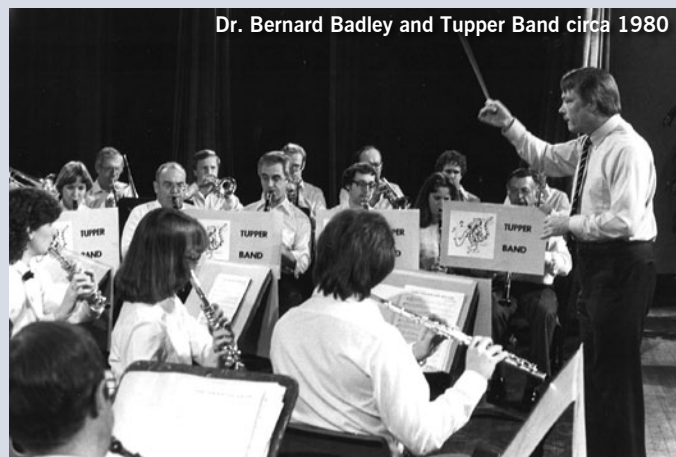
Continuing a tradition that began 35 years ago, the Tupper Band's annual spring concert took place in May. The program ranged from a march through Latin American folk tunes, operatic highlights, and several well-loved classics, to music from the Beatles and *Les Misérables*. The concert was held for the first time in the Cathedral Church of All Saints, where tenor soloist Leander



(L to R): Dr. Bernard Badley and Nicholas Humphreys'16, recipient of the Dr. Bernard Badley Music-in-Medicine Scholarship for 2014.

Mendoza made his first appearance with the band, to the obvious delight of the large audience. Dr. Doug Brown'57, a band member since its inception in 1979, noted: "This year's Tupper Band spring concert was unique: the site, the guest artist, and the contribution of Dr. Badley, yet again over so many years."

The annual spring concert marks the final appearance for many student members whose



educational paths lead them to new challenges, so the band is constantly seeking new recruits to fill the vacancies. Membership is not limited to students—alumni and non-alumni practitioners from medicine and other health professions are welcome to join us for one and a half hours each week during the academic year for the pleasurable task of making music together. If you are interested (or wish to see images and recordings from past years), please visit tupperband.medicine.dal.ca.

Art in Medicine: *Dr. Rollie Perry'61*

Dr. Roland "Rollie" Perry'61, a retired physician with a prominent career, is a leading exemplar of those who have discovered the other side of medicine.

Working out of a makeshift workshop in his garage, Dr. Perry has made countless creations, including toys, trains, cars, planes, animals, pendants, puzzles, and more. One of Dr. Perry's most memorable initiatives was carving "crayon trucks" each Christmas for the Parker Street Food and Furniture Bank in Halifax. For over 10 years, Dr. Perry and his wife, Ira, put together up to 50 trucks for the children visiting the organization during the holidays. Dr. Perry carved wooden trucks with small holes in them, into which Ira would place crayons to match with an accompanying colouring book. Dr. Perry's work was displayed in the Tupper Building from February until April 2014, and it received very positive reviews from passersby.

If you would like your art to be displayed at the medical school, please contact medical.alumni@dal.ca.



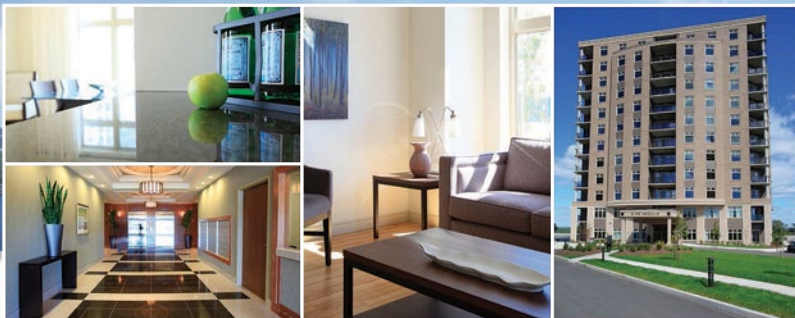
Dr. Rollie Perry'61 and Dean Thomas Marrie in front of Dr. Perry's Art in Medicine display.



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Alumna of the Year Dr. Judy Caines'73

Named DMAA Alumna of the Year for her work in improving breast health and breast cancer screening availability for women in Nova Scotia

"Dr. Judy Caines is most deserving of DMAA Alumna of the Year for her dedicated service and leadership as medical director for the Nova Scotia Breast Screening Program. This program has been very successful and has served as an exemplary model for much of Canada. She has published many articles and has given many presentations provincially, nationally, and internationally on this important facet of women's health."

—Dr. Dan Reid'70

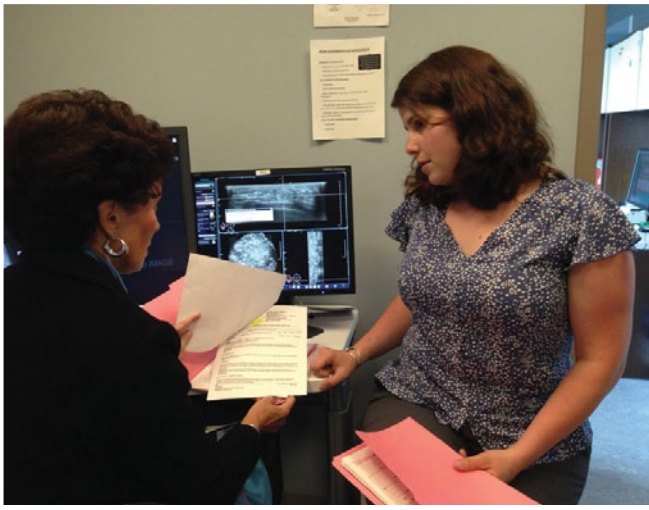


Dr. Caines with Dr. Siân Iles'82, director of Breast Imaging at the IWK.

Dr. Judy Caines is a stellar example of an academic, radiologist, visionary, and researcher. In these roles, Dr. Caines has made many notable contributions to women's breast health and breast cancer, a disease that affects one in approximately eight women in Nova Scotia. She is particularly recognized for her involvement as medical director for the Nova Scotia Breast Screening Program, a service that provides quality and standardized mammography access to women in Nova Scotia.

Since 1991, the Nova Scotia Breast Screening Program has grown from one single screening site to an 11-site, provincially-recognized program. Prior to the development of the NSBSP, Nova Scotia had the second highest breast cancer mortality rate in Canada; however, recent cancer statistics predict that Nova Scotia will have the lowest. To illustrate, from 1987 to 2013, the estimated mortality rate has dropped by 44 per cent. Dr. Caines and her team have been instrumental in reducing these numbers.

Dr. Caines has also been instrumental in bringing innovations to fruition,



Dr. Judy Caines and Sarah McCarthy, patient navigator for the Nova Scotia Breast Screening Program.



Dr. Caines with Dr. Penny Barnes PGM'95, Pathologist at CDHA and member of the Nova Scotia Breast Screening Advisory Body; Jane Parsons, CEO of the Canadian Breast Cancer Foundation—Atlantic Chapter; and Dr. Jennifer Payne, Epidemiologist with the Nova Scotia Breast Screening Program.

such as perfecting and promoting the stereotactic needle core biopsy using a regular mammography machine. This innovative procedure provides a very accurate diagnosis of breast lesions, thus reducing the number of benign breast surgeries in Nova Scotia. Furthermore, Dr. Caines has been involved in the deployment of Full-Field Digital Mammography technology in Nova Scotia and supporting the development of a pioneering approach for measuring mammographic breast density, known as a risk factor for breast cancer. As a 15-year breast cancer survivor herself, Dr. Caines says that she is proud to see thousands of women in Nova Scotia benefit from the work she and her team have done. “Juggling family life, clinical work, and administrative work of the NSBSP has resulted in a very busy life,” she says. “Nevertheless, it has been worth the energy to see the benefits.”

In addition to serving on numerous committees and publishing extensively, Dr. Caines is an outstanding mentor and source of inspiration to medical students at Dalhousie as assistant professor of diagnostic radiology. In addition to this role, Dr. Caines is an active staff member at the QEII Health Sciences Centre and a consult staff member at the Cobequid Community Health Centre. Dr. Caines says that while she enjoys many aspects of her diverse career, she especially enjoys the clinical aspect of her work. “I have most enjoyed my clinical work in breast imaging with direct patient care,” she says. “It is such an opportunity for fulfillment to be able to support a woman and relieve some anxiety during a very critical period in a woman’s life as she deals with a diagnosis of breast cancer, or the possibility of such.”

For her exemplary work in breast health, Dr. Caines has been awarded a number of local and national honours, some of which include the Awareness Achievement Award, National Breast Cancer Awareness (1995); the first Women’s Health Leadership Award for Atlantic Canada, Steering Committee and staff of the Maritime Centre of Excellence for Women’s Health (2000); the Medical Society Distinguished Service Award (2001); Certificate of Recognition, Dalhousie Medical School (2001); the Woman of Excellence Award, Canadian Progress Club (2006); and Honouree for the Inaugural 50 Over Fifty Award, Canadian Breast Cancer Foundation (2008).

Dr. Caines credits much of her success to the tremendous support she has received from her colleagues and other affiliated organizations. Without the assistance of her valued team, she feels that her many successes may not have been possible. “I am particularly grateful to the Canadian Breast Cancer Foundation-Atlantic Region, as well as the many hospital administrators, multidisciplinary teams (radiologists, pathologists, and surgeons), technologists, and clerical and support staff in the various centres throughout the province,” she says. “The four program managers, Marie Peak, Julie Gallant, Theresa Foley, and presently Ryan Duggan, have been a tremendous support and contributed immensely to the success of the program. But most of all, I credit the primary care providers who have promoted the NSBSP to their patients and supported women with breast cancer.” ■

Honorary President Dr. John Stuart Soeldner'59

Named DMAA Honorary President for his significant contributions and dedication to understanding and treating diabetes

"It is an honour for me to nominate my classmate, Dr. J. Stuart Soeldner, as DMAA Honorary President. Dr. Soeldner is an outstanding clinician teacher and a very prolific researcher, having published over 300 scientific papers. He has two patents together with two other researchers and his own patent on a method for detecting antibodies. Dr. Soeldner is an outstanding scientist as demonstrated by being cited as one of the 1,000 most cited contemporary scientists from 1965–1978."

—Dr. Donald Brown'59



Dr. John Stuart Soeldner receives an honorary Doctor of Laws degree from Dalhousie University in 1996.

Dr. John Stuart Soeldner has had a prestigious and distinguished career as a scientist, researcher, clinician, and academic. After graduating magna cum laude in the medical class of 1959, he pursued postgraduate medical research training at Dalhousie Medical School, prior to completing a residency in internal medicine at the Victoria General Hospital. This experience, influenced by Dr. William I. Morse'45, ignited his passion for research. "It all started way back when I was an intern," he says, reflecting on his career. "My old friend Dr. William I. Morse offered me a position to be a research fellow, to which I became deeply involved in research projects, mostly related to body composition and obesity."

Upon completion of his clinical training in 1961, Dr. Soeldner was appointed research fellow in medicine at Harvard Medical School, where he developed a number of clinical studies related to the pathogenesis of diabetes. In this role, Dr. Soeldner rose to associate professor of medicine, and also to associate director and acting director of the EP Joslin Research Laboratory of the Joslin Diabetes Center, affiliated with the Brigham and Women's Hospital and Harvard Medical School. In 1987, Dr. Soeldner was appointed professor of internal medicine at the University of California, Davis School of Medicine, and attending physician at the Davis Medical Center in Sacramento. Although Dr. Soeldner spent most of his time in research, he says that his clinical work, mostly dealing with diabetic patients, was a continuation of the training he acquired as a medical student at Dalhousie. "Throughout my career, I worked in general medical clinics one afternoon a week so I could keep myself up to date," he says. "Dalhousie is the epitome of teaching their students to be outstanding clinicians. Because of my training, I was always interested in the treatment and cause of clinical disease."

While Dr. Soeldner's primary research focus was understanding and treating diabetes, a disease that affects over two million Canadians nationwide, he approached his



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work from various research angles. His research interests included hormonal and immunologic abnormalities in pathogenesis of diabetes mellitus, beta cell function, heredity and diabetes mellitus, implantable artificial beta cell and glucose sensor, retinal microangiopathy in diabetes mellitus, signal therapy, and immunological diseases.

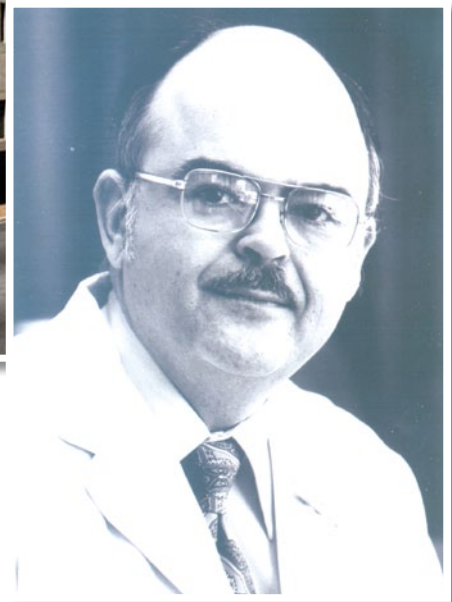
A leader in developing biochemical assays, Dr. Soeldner also earned widespread recognition as one of “The 1000 Most Cited Contemporary Scientists 1965–1978” in Current Contents for his insulin assay, and he was a noted pioneer in the formation of the high pressure liquid chromatography method for measuring hemoglobin A1c, the standard for long-term glycemic control.

From 1984 to 1986, Dr. Soeldner was director of the Central HbA1c Laboratory for the Disease Control and Complications Trial. In his research on the heredity and etiology of diabetes, he stored serum samples for testing new hypotheses and technology that were unimagined at the time the samples were

collected. This trial was recognized as a major milestone in diabetes research and treatment as it fostered the discovery of innovative findings based on 25 years of follow-up research.

For this pioneering approach to research, Dr. Soeldner has been awarded many national and international honours such as the Scientific Award from the Juvenile Diabetes Foundation (1973); the U.S. Senior Scientist Award, Alexander von Humboldt Foundation (1975); the Upjohn Award, the American Diabetes Association (1988); and the President’s Award, American Diabetes Association (1995). He is an honorary member of the College of Physicians and Surgeons of Costa Rica (1971); the Patronato Contra La Diabetes (1975), Dominican Republic; the Harvard Medical Alumni Association (1977); and the Aesculapian Society at the University of Ottawa (1978). Dr. Soeldner was also awarded an honorary Doctor of Laws degree from Dalhousie University in 1996.

In speaking about his research and his clinical work, Dr. Soeldner highlights



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the complexity of understanding the cause, prevention, and cure for diabetes. Although there have been significant advances in understanding diabetes and its many complications, Dr. Soeldner is hopeful that research will one day lead towards finding a definitive cure. “Diabetes research is very complex because it involves a lot of fundamental areas such as metabolism and genetics, and admitting that we have a very poor capacity for treating diabetes,” he says. “As I sit here now and reflect on 55 years since graduating from medical school, there has been a lot of work done, but there are still years and years to go in finding the root cause of diabetes and the best preventative measures.” ■

Family Physician of the Year Dr. Shelagh Leahey'75

Named DMAA Family Physician of the Year for her profound dedication, leadership, and advocacy for family medicine in Southwest Nova Scotia

"Over the years, Dr. Shelagh Leahey's practice has included in-patient care, emergency care, obstetrics and gynecology, and palliative care services. Beginning in 2003, she served as the Continuing Medical Education coordinator for Dalhousie University in the Yarmouth region and also opened the Ocean View Family Practice. When the College of Physicians of Nova Scotia opened the assessment program for international medical graduates, Dr. Leahey was among the first practitioners in the province to step forward as a supervisor and mentor to IMGs who successfully completed the first step of assessment and has remained a major contributor to that program to the present day. She is also involved in Dalhousie's family medicine residency program that has recently established a training centre in Yarmouth. Dr. Leahey's service has been recognized by the College of Family Physicians of Canada in 2011 when she was named Nova Scotia Family Physician of the Year, and locally by the recent opening of the Leahey Wellness Clinic in Yarmouth. This clinic was named in honour of Dr. Leahey's concern for the health of women and children in Southwest Nova Scotia."

—Dr. Jean Gray PGM'72

Dr. Shelagh Leahey has made significant contributions to family medicine in Canada, as noted by her leadership in the development of the Ocean View Family Practice and advocacy for health care in Southwest Nova Scotia. A graduate of the medical class of 1975, Dr. Leahey moved to Yarmouth to set up a family practice in 1976. Currently, Dr. Leahey is the site director for the Southwest Nova location of Dalhousie's family medicine residency training program. She also works part-time at the Tri-County Women's Centre in Yarmouth, a centre that provides services to empower and support women and girls. "Family medicine in Southwest Nova is really a marvelous way to be practising medicine, despite the challenges of distance, the economy, and an aging population," she says.



Photos: Bill Curry Photography

“The area offers a collegial group of health care professionals in medicine such as nursing, pharmacy, physiotherapy, and more, who are committed to patient care and are comfortable with inter-professional practice.”

Throughout her career, Dr. Leahey has held a variety of professional posts and academic positions, some of which include medical director for the Ocean View Family Practice, district chief of staff and palliative care consult physician for the South West Nova District Health Authority, a Continuing Medical Education coordinator for Dalhousie Medical School, as well as a clinical clerk preceptor. She has also served as a board member for the Well Woman Society of Yarmouth, the Yarmouth Art Society, Family and Children’s Services, Cardiovascular Health Nova Scotia, Reproductive Care Nova Scotia, and Cancer Care Nova Scotia.

In addition to serving on a number of boards, Dr. Leahey’s dedication to family medicine has been recognized through various awards such as the Preceptor of the Year award, Dalhousie Medical Clerkship (1997); the Nova Scotia Family Physician of the Year award, College of Family Physicians in Canada (2011); and designation as the founding member of the Leahey Wellness Clinic, now part of the Tri-County Women’s Centre.

Passionate about her work, Dr. Leahey says that her career in family medicine has far exceeded her original expectations. “I imagined my practice would be just as I described for the first 30 years of my work in Yarmouth,” she says. “However, my imagination fell short when it came to the diversity I would be exposed to and the generosity and uniqueness of the people in the areas I served.” Dr. Leahey credits her training at Dalhousie Medical School as one of the key elements in helping her prepare for the diverse nature of rural family medicine. “Dalhousie prepared me for a wide range of family practise styles,” she says. “I was drawn to rural family medicine because of the opportunities of continual learning while using a full range of skills. What I didn’t recognize was that my informal leadership exposure at Dalhousie would also help me prepare for some of the volunteer work I have participated in and have greatly enjoyed.”

Her ongoing commitment to volunteerism, the health profession, and the care of her patients is outstanding. As Dr. Leahey continues to make a difference in the lives of her patients and in the community, she says that she feels a great deal of gratitude towards her patients for allowing her to fulfill a rewarding career in medicine. “I love to hear people’s stories and help them have a healthier life, from before birth to their last breath,” she says. “I receive so much more than I give to patients, such as daily life lessons from them and their families. These lessons have enriched my personal life, while making me endlessly grateful to have the good fortune of being a family doc in Southwest Nova.” ■



Dr. Leahey with a patient.





Young Alumnus of the Year

Dr. Derek Roberts'09

Named DMAA Young Alumnus of the Year for his notable contributions to trauma surgery and critical care medicine research in Canada

"I have had the chance to directly observe Dr. Derek Roberts mature from a medical student to a very successful young investigator. From the beginning, it has been very clear to me that Dr. Roberts is an exceptional individual, one of those rare people we meet in our career as clinician scientists and teachers who truly possess exceptional skills, both academically and personally. Dr. Roberts has already made major contributions to the academic trauma and critical care literature. In my estimation, he has an outstanding publication record, which some academicians would not achieve in a lifetime of work. He has received a total of 34 scholarships, awards, and prizes, including the American College of Surgeons Committee on Trauma Region XI Clinical Science Paper Award, the Trauma Association of Canada Best Trainee Poster Award, and the Community Health Sciences Prize for Academic Excellence. Dr. Roberts is a promising young investigator who has excellent potential to flourish as a surgical researcher in Canada. His focus on knowledge translation and trauma surgery/critical care research would constitute a major contribution to both fields, as there are currently very few individuals in Canada with this research focus and calibre of training."

—Dr. Richard Hall'81

Distinguished Dalhousie Medical School alumnus, Dr. Derek Roberts, has already demonstrated a profound commitment to academic medicine and research in Canada. To date, Dr. Roberts has published extensively in his field, has been awarded numerous scholarships and awards, and has delivered a number of presentations both nationally and internationally related to trauma surgery and critical care medicine.

After graduating with distinction from Dalhousie Medical School, Dr. Roberts completed two years of residency training in the Division of General Surgery, University of Calgary, before joining their competitive clinician investigator and surgeon scientist programs. Currently, he is working towards completing a PhD in epidemiology, supervised by Drs. David Zygun and Tom Stelfox; a clinician investigator program residency, which is embedded within his general surgery clinical residency training; and a Canadian fellowship that affords formal graduate-level training in the science and practice of knowledge translation.

Dr. Roberts says that the medical landscape of trauma surgery has undergone rapid advancements over the past 50 years. However, despite these advances, Dr. Roberts says that significant knowledge gaps still exist in this field. “Despite the advancements in trauma and acute care surgery, a fair degree of variability likely still persists in the treatment and management of critically ill or injured patients,” he says. “While variations in practice are frequently the result of the lack of valid, high-quality evidence to guide surgical decision-making, in some circumstances they may result from a failure to adopt and actively use best evidence in everyday practice. In some settings, practice variation has been reported to have negative implications for patient outcomes, patient safety, quality of care, and health system costs. Thus, although evidence-based surgery is becoming significantly more established, ensuring that best evidence consistently guides surgical practices remains a formidable challenge, as we do not yet fully understand how, and when, to appropriately perform knowledge translation in surgery.”

Much of Dr. Roberts’s initial interest in trauma surgery/critical care medicine and academic medicine was fostered at Dalhousie Medical School under the mentorship of Dr. Richard Hall’81, professor of anesthesia, pharmacology, and surgery. It was under his supervision that Dr. Roberts cared for his first trauma surgery patient and authored his first peer-reviewed publication. “I am fortunate to have been inspired by such a passionate, driven, and truly caring physician in the early stages of my training and medical career,” he says. “His informal mentorship, initiated when I was a first-year medical student, has continued throughout my medical and surgical training. I still frequently look to Dr. Hall for his wisdom and advice when making difficult career, academic, and even personal decisions.”

In addition to fueling his passion for research, Dr. Roberts says that the curriculum, along with mentorship from outstanding professors and clinician teachers, greatly contributed to his desire for discovery and his day-to-day clinical skills. “The blended

teaching format comprised of self-directed, didactic, and problem-based teaching during my medical school training taught me how to effectively work in teams, a skill that is essential for the daily practice of medicine, surgery, and research,” he says. “Instruction provided through courses, problem-based learning cases, and interdisciplinary training sessions in the patient-doctor sessions/blocks were also instrumental in preparing me for those tough nights on call

where sometimes hundreds of difficult decisions must be made accurately, often under considerable time constraints.”

Dr. Roberts says that while he always had an interest in trauma surgery and critical care medicine research, he did not initially anticipate how influential direct patient care, daily clinical practice, and effective mentorship would be to his research interests and to developing his program of research. “A number of my most promising research questions have arisen from clinical observations made during residency training, during daily patient care, or through discussions with local academic intensivists, Drs. David Zygun and Tom Stelfox, and trauma surgeons, Drs. Andrew Kirkpatrick, Chad Ball, and John Kortbeek, in Calgary,” he says. “The mentorship afforded by these individuals has been truly amazing. With their ongoing guidance, insight, and support, the clinician-investigator residency training model brought with it the unique ability to capture and refine questions of importance to patients, to think deeply about the problem at hand, and to innovate. This type of self-reflection and patient-focused research during a time of rapid learning is truly invaluable.”

In bringing analytical rigour to his research, Dr. Roberts hopes to continue to identify evidence-based procedures and methods for their implementation into emergency surgical practices. Thus, he hopes to continue making a difference in this multi-faceted field of medicine. “My ultimate career goal is to make meaningful contributions to the care of trauma and acute-care surgery patients,” he says. “During the initial phases of this effort, this will partly involve synthesizing the baskets of existing trauma and acute care surgical knowledge and developing effective knowledge translation strategies for integration of these baskets of knowledge into surgical practices. Ultimately, through creation of new knowledge and development of better strategies at implementing valid knowledge, I hope to make a positive impact on urgent trauma and surgical patient outcomes.” ■



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Life and practise as a rural family physician

A vacation spot for many is the place that Dr. Ken Murray'72 and his family call home.

Situated on the northeast corner of the Cape Breton Highlands between Ingonish and Dingwall is a small fishing village called Neil's Harbour. Home to approximately 600 residents, this scenic haven is highlighted by fishing boats, a lighthouse, and a quaint coastline along the Cabot Trail. It is also home to Dr. Ken Murray, a family physician who has lived and practised in this rural community for more than 42 years.

Following his graduation from Dalhousie Medical School in 1972, Dr. Murray and his wife, Linda, both from Halifax, moved to Neil's Harbour. "At the time of graduation, there was an opening in Neil's Harbour. A good friend of mine, Dr. Ron Stewart'70, had been there for two years but was leaving to study emergency medicine," he says. "Initially, I had planned to stay about two years. I had opportunities to move elsewhere or to do postgraduate study, but after a couple more years, Linda and I both

decided that this was where we wanted to live. Two years will soon be 42 years, and we are happy about the decision to stay. It has been a great place to work and raise a family."

The community health facility serves a population of approximately 3,000 residents. It is equipped with physicians' offices and lab, x-ray, physiotherapy, occupational-therapy, public-health, home-care, dietetics, and palliative care services. Dr. Murray also helps to provide care to a 19-bed nursing home nearby.

Since 1972, there has been infrequent physician turnover, Dr. Murray says, and from 1987 to 2009, Neil's Harbour has had the same three physicians. Regardless of low physician turnover, Dr. Murray says that the community health facility still hopes to attract new doctors to the area. "We are very eager and open to attracting new physicians who have the dream of embracing a satisfying family practice in a unique, rural setting," he says. He credits the small nature of the community for allowing him to foster close relationships with his colleagues and with his patients. "In a small community, you know almost everyone and they know you," he says. "I enjoy the conversation and interaction with people at work and away from work, and I value this relationship and familiarity. I think it is a big advantage when evaluating illness and when helping families make difficult decisions."

Dr. Murray describes his practise in Neil's Harbour as having both similarities and differences to clinical work in larger communities. "An average office day for me would run from 9 a.m. to 4:30–5 p.m., so it would differ very little from those of colleagues elsewhere," he says. "On-call days involve morning hospital rounds on seven to 10 inpatients followed by scheduled procedures and seeing walk-in patients in the OPD/ER. Some days can be quite busy, while others are less so.



Photo: Dennis Jarvis

Neil's Harbour, N.S.



Dr. Ken Murray'72

Serious emergencies aren't frequent, but when they do occur, we have to jump to a higher gear to provide initial treatment, stabilization, and transfer when needed."

On June 13, 2013, this "higher gear" was put to the test. "In the midst of an already busy morning, an 84-year-old woman came in with an acute MI. After thrombolysis, she became very bradycardic and hypotensive," he says. "EHS had been contacted, but the helicopter couldn't fly that day due to weather. We had to arrange surface transfer." Dr. Murray and his colleagues attended to the woman's unstable condition while an ambulance travelled from Sydney. Once the ambulance arrived, Dr. Murray says that the woman had stabilized and felt perfectly fine. "Do I really need to go to Sydney?" she asked. "I think I'm fine to go home."

That same day, late in the evening, a young pregnant woman came to the hospital at 24 weeks gestation in premature labour. EHS were contacted to arrange a quick transfer to Sydney; however, the helicopter was still unable to fly due to poor weather conditions. Dr. Murray says that worst-case scenario would have been delivery during transfer. He and his team had to rely on assistance over the telephone to slow the labour. "We received a call from the

EHS obstetrical consultant, Dr. Jillian Coolen'03. 'Stay put, we will send help to you,' she said. Two additional RNs were called in, and neonatal resuscitation equipment, premature labour protocols, and medications were laid out. With telephone guidance from Dr. Coolen, all the necessary medications to slow labour were given."

An ambulance with a neonatal team and incubator was dispatched from Sydney, and shortly after the weather cleared, Dr. Murray and his team were advised that Life Flight had been dispatched with a prenatal team. "By the time all help had arrived, 16 people were on hand and involved in the care of mother and her unborn baby," he says. "After about 90 minutes of further monitoring and additional medications, labour was static and travel was deemed safe. The helicopter departed at about 6 a.m." The young

mother delivered a female infant about 36 hours later in Sydney. Following lengthy hospitalizations in Halifax and Sydney, the baby was discharged home in good health and has since continued to thrive.

Although it may be quite different to practise in the city, Dr. Murray enjoys living and working in a rural setting. He says that he and his wife rarely feel the need to take vacation away from home. "We really enjoy winter and winter activity. It is an important part of living where we live. We rarely take vacation time in the winter months," he says. "It's not unusual for us to head out for a snowshoe in a winter storm. Cross country skiing in the Cape Breton Highlands in the late winter or early spring is an exquisite experience. And who would want to leave such a beautiful place in the summer? As Linda says, 'we already live in our cottage.'" ■

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Advocating for Parkinson's care: A true, unplanned privilege



“This acceptance of my disease has allowed me to choose not to let Parkinson's define my life.”

By Dr. Soania Mathur'95

Diagnosed with Parkinson's disease at the age of 27, Dr. Soania Mathur saw the life she planned for herself and her family slip away. However, she regained control of her life and found a new sense of purpose as an advocate for Parkinson's research and support.

As physicians, we are not immune to the burden of disease and the daily challenges that illness brings. Young Onset Parkinson's Disease was a diagnosis I was not prepared to hear at the age of 27 as

I was completing my residency in family practice and expecting my first child. The intermittent, mild rest tremor I had begun to experience six months prior had now evolved into a diagnosis of an incurable neurodegenerative illness.

Needless to say, this was an extremely difficult time in my life, as I faced a diagnosis that, unfortunately, I felt was an obstacle I would never overcome. It was a time of denial, anger, fear, and secrecy, one that regrettably lasted almost a decade.

The motor symptoms of this disease and the side effects of the medications made everyday practice very difficult. As my disease progressed, tasks that were once second nature—giving immunizations, suturing, even taking blood pressures—became more challenging, and sometimes impossible. After 12 years of family medicine, the Parkinson's progressed to the point where it made the pace of clinical practice impossible to maintain.

Ultimately, I decided to leave family practice, a decision that was

extremely difficult to make. I simply could not see a life beyond medicine. I loved being a family physician. I loved my patients. I held very dear the privilege of being privy to their issues and the faith they had in me. I took very seriously the oath I had taken to “apply, for the benefit of the sick, all measures that are required.” I was honoured to be part of their lives and to witness the growth of their children and families.

Eventually, my emotional, and somewhat blinded, attachment to this perception of how life was meant to be began to soften. I started to recognize that the diagnosis and its effects were not within my control, but how I faced this challenge and my resulting life experience were mine to determine.

This acceptance of my disease has allowed me to choose not to let Parkinson's define my life. It has allowed me to move beyond my disease, to focus on those variables in my life that I do have control over, and to give back to my community. This life experience has opened up a whole new world of patient education and advocacy. I now speak



Dr. Soania Mathur'95 with her husband, Dr. Arun Mathur'91; their children; and actor and Parkinson's advocate, Michael J. Fox.

nationally and internationally about the challenges of adjusting physically and emotionally to the challenges of Parkinson's and the coping strategies available to patients. To share the message that through playing an active role in the management of this disease, it is possible to thrive despite the daily challenges Parkinson's brings. It is also imperative to stress the importance of clinical trial participation, which is unfortunately less than adequate and leads to unaffordable delays in research efforts, not to mention a significant waste of time and resources.

I have had the opportunity to work with great organizations devoted towards research and community support, such as Parkinson's Society Canada, The Michael J. Fox Foundation for Parkinson's Research, and The Brian Grant Foundation. Writing has also become another way of contributing, as I write for my own website, designingacure.com; the Huffington Post blog; and as the sole contributor for the Parkinson's site at About.com. As I raise my three daughters, my focus is also on how a chronic disease affects the whole family unit. This has led to my authoring two children's books on the topic, intended to help facilitate the dialogue in affected families: *My Grandpa's Shaky Hands* for young children and *Shaky Hands: A Kid's Guide to Parkinson's Disease*, directed towards older children. Through my new work, I have gained a true sense of purpose.

I am confident that the focus of Parkinson's research is heading in the right direction, although it is difficult to focus efforts against a disease whose etiology is still unknown. But by prioritizing studies directed at finding a biomarker and improving quality of life parameters for those living with this disease, I have hope that better treatments and ultimately a cure are in the not-too-distant future.

Until then, I will continue on this new trajectory my life has taken, a path that initially I regretted but now recognize as an opportunity to make a difference—a true, unplanned privilege. ■



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You can read more about Campbell River at www.campbellriver.ca.

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Providing vital care to refugees

Serving a marginalized population with
The Halifax Transitional Health Clinic for Refugees

By Nicole Tanner

In early 2014, Dr. Tim Holland'11 helped establish The Halifax Transitional Health Clinic for Refugees. The clinic provides health care to newly arrived refugees for their first two years in Canada. Refugees are an underserved population that relies on clinics like The Halifax Transitional Health Clinic for Refugees for essential care they may not be able to receive elsewhere.



How did you become involved with refugee health care?

I became interested in global health during my first years of medical school. I struggled to become engaged with global health without disrupting the local medical systems that I visited in other countries. Finding this challenging, my wife and I made a documentary during the latter half of medical school that explored the ethical issues faced by medical students embarking on global health projects. I was drawn to practising in refugee health care because it is an aspect of global health that exists within the local system in which I live and work. As such, it is much easier to avoid disrupting the local system because I am more intimately involved in that system. That said, there are a lot of specific system issues that arise within refugee health that are new and unknown to me.

This year, you worked with Immigrant Settlement and Integration Services (ISIS) to establish a refugee health clinic. What is the purpose of this clinic, and how does it help serve this disadvantaged population?

The current working name is the “Halifax Transitional Health Clinic for Refugees.” The name is a bit of a mouthful, but we wanted to make sure that the title reflected the purpose of the clinic. The model is based on a transitional health model that has been used successfully across the country. A newly arrived refugee would become a patient within this clinic for the first two years of their arrival in Canada. This allows for the patient to “get caught up” within the Canadian healthcare system. This includes assessing preventative health concerns like blood pressures and blood sugars, as well as health issues more specific to refugee populations, such as infectious diseases and iron deficiency anemia. Furthermore, there are certain

cultural aspects of our health system that many people newly arrived in Canada need to get used to, which range from how to pick up regularly prescribed medications to setting

up language services for appointments. Of course, we also deal with the immediate health concerns of the patients themselves. In many ways, this is the most important aspect of what we do. Usually, within about two years, most patients have their immediate health issues addressed and are not that dissimilar from Canadian-born patients in terms of their health needs. As such, they can be appropriately transferred to a permanent family physician that doesn't need special training in refugee health.

Why is it important to address refugee health?

Refugees are an underserved population with special health concerns. They often arrive in Canada with very pressing health issues that may not be addressed either medically or in a culturally sensitive fashion, as the system is not set up for their needs. Add in a language barrier and you have a perfect recipe for the propagation of illness. This is also a population that arrives in Canada for protection, which we are ethically and legally obligated to provide. But this is also a population that has so much to offer our country, and we should engage in this mutual exchange of care and contribution to the cultural vibrancy of this country. Even if you don't buy the argument that the provision of health care for all people, including refugees, is a social obligation, a refugee health clinic also helps prevent costly emergency department visits and the costs of preventable admissions for health issues that have not been managed properly from lack of access to care.

What are the current trends and gaps in refugee health care?

There are many gaps in refugee health care, which I've described above. However, the biggest gap in care lies within the scope of federal funding for refugee claimants. This subpopulation of refugee patients has suffered from the recent cuts the Interim Federal Health Plan (IFHP). While government-sponsored refugees are covered under MSI, refugee claimants must rely on the IFHP. Previously, this plan covered



Dr. Tim Holland and colleagues.

the majority of their health needs. Unfortunately, the government has slashed this plan to the point that even the most basic health needs cannot be covered. The Halifax Transitional Health Clinic for Refugees will see all refugee claimants, regardless of whether they are covered or not. The visits from refugee claimants are not covered by MSI, but the clinic's physicians have all agreed to see them pro bono. Furthermore, these physicians have pledged 30 per cent of their earnings at the clinic (from caring for patients covered by MSI) toward a special pool of funds administered by the Halifax Refugee Clinic (a legal clinic for refugee claimants). Our hope is that this pool will help cover various basic health needs that arise, such as bloodwork and diagnostic imaging. That said, we're not sure what will happen for the refugee claimant that needs an elective surgery. Hopefully, the federal government's previous cuts will be overturned. Until that time, we'll do what we can to make up for the federal government's shortcomings.

How did your medical education at Dalhousie influence your work and career choices?

Before attending medical school at Dalhousie, I had little interest in global health. Thankfully, Dalhousie Medical School has a strong tradition of student engagement in global health, embodied in the Global Health Office (GHO). The

GHO is an essential element to Dalhousie Medical School, and the opportunities they offer to students helped foster my interest in helping marginalized groups. This extended into my residency when I became interested in refugee health. My mentors at Dalhousie Family Medicine helped focus my global health interests in this particular field.

Is there anything that you would like to add?

Yes! If you're reading this article, there's a good chance that you're a physician. You may even be a family physician in the Halifax Regional Municipality. If you are, we need your help! This clinic is designed as a transitional clinic. This is the most proven method in Canada but for it to work we need to be able to transition patients to permanent family physicians after their first couple years in Canada. I promise that you don't need any special training in refugee health in order to receive a patient ready for transition to a permanent family doctor. We'll do the all refugee health specific things in the first couple years and even get all the usual health issues on track. On top of that, you will receive a well-cared-for patient complete with a single-page summary of their health history and a clear list of medications. If you are willing to receive one or two of these a patients a year, please email me at timothy.holland@dal.ca. ■



Serving his country at home and abroad

Currently a family doctor at CFB Halifax, Captain Shane Smith'09 reflects on his tour of duty in Kabul, Afghanistan.

By Nicole Tanner



In February 2012, Capt. Shane Smith'09 was deployed to Kabul as part of Operation ATTENTION, Roto 1. His mission was to take care of allied soldiers in Camp Alamo and to advise the Afghan clinic in the Kabul Military Training Center (KMTC), the main facility for training Afghan troops.

Upon arrival, Capt. Smith quickly noted how different things were from back home. "They didn't have proper equipment, and it was much dirtier than would be acceptable in a Canadian clinic," he says. "The linens were washed by hand by the medics every day, which meant it wasn't always possible for the linens to be changed with each new patient. It was very different." However, once he started working with the Afghans, Capt. Smith realized that the conditions were the result of insufficient staffing. "They didn't have the staff to keep the clinic as clean as we were used to. They cared a great deal for their patients, and they were doing the best with what they had."

By the time Capt. Smith left in November 2012, conditions changed significantly. "It was quite wonderful," he says. "We got the clinic a washer and dryer so they would be able to have clean linens for patients. We helped improve their vaccination program that provided every soldier with immunizations." Capt. Smith is most proud of working with the Afghans to establish an internal teaching program. Before the program was established, there was no certainty that all of the medical professionals



possessed the same skills. “There was a great heterogeneity of skillsets because some had worked in larger hospitals in Kabul and others had combat experience down south.” To remedy this, Capt. Smith worked with Col. Shir-Afzal, the Afghan chief medical officer, and the Sgt. Major to develop a sustainable program of teaching and learning that would allow Afghans to teach other Afghans. “The topics were driven by them, so they were able to focus on what they wanted to learn,” Capt. Smith says. “The hope was to be able to develop a sustainable practice of teaching and learning that could continue after we left. We noticed significant changes in the time we were there. It was a privilege to be involved, and the Afghan clinicians became great friends of mine.”

Before these friendships were forged, however, the Afghans were hesitant to accept help from Capt. Smith and his team. Unfortunately, on July 4, 2012, a disaster brought the two sides together when five 40,000 tonne propane tanks exploded in Kabul. After the first explosion, Afghans near the tanks immediately left their barracks, which exposed them to the subsequent explosions. The clinic responded to 300 patients, putting a strain on the already understaffed clinic. “The majority of patients weren’t seriously injured. They had burns to the face, hands, and feet, and many had lacerations from running away and climbing over concertina wire,” he says. “The difficulty was the number of patients affected, which would have been lower if they had stayed inside instead of trying to run away. The challenge was to triage the patients within such a large group.” Capt. Smith was particularly impressed with how Col. Shir-Afzal and his team triaged so many patients so effectively. “They organized the patients on the front lawn of the clinic, arranged for the more seriously injured



His Excellency the Right Honourable David Johnston, Governor General and Commander-in-Chief of Canada, presented the Meritorious Service Medal to Captain Shane Alexander Smith, M.S.M., C.D. (Sgt Ronald Duchesne, Rideau Hall ©Her Majesty The Queen in Right of Canada represented by the Office of the Secretary to the Governor General (2014). Reproduced with the permission of the Office of the Secretary to the Governor General (2014).)

patients to be brought inside first to be treated and evacuated to other hospitals by ambulance,” he says. “It was quite impressive to work with them in this environment.”

After this crisis, the Afghans saw that the Canadians truly cared about the Afghan patients, resulting in more openness to Canadian ideas. “They needed to know that we weren’t there to lecture to them or talk down to them, but we wanted to help them build a better clinic and deliver better care,” Capt. Smith says. “It was important to get their trust and listen to their needs.”

As a result of his service in Kabul, His Excellency the Right Honourable David Johnston, Governor General

and Commander-in-Chief of Canada, presented Capt. Smith with a Meritorious Service Medal (Military Division), which recognizes individuals who have brought honour to the Canadian Armed Forces and to Canada. The presentation ceremony took place at Rideau Hall on February 18, 2014. “It was a humbling experience,” Capt. Smith says of the ceremony. However, it is clear that the work itself was its own reward. “I’m very proud of my tour and the team I worked with,” he says. “I am proud to be in medicine, proud to be able to provide the care, and proud to be part of the military. I am very lucky to have been involved and that I am able to do work that is meaningful.” ■

Do you know of fellow alumni making a difference in their field? Let us know at medical.alumni@dal.ca, and we may feature them in VoxMeDAL!

A medical success story

By Dr. John Steeves'74

Dr. John Steeves reflects on the strong foundation laid for medical education and health research in New Brunswick.

Building Dalhousie Medicine New Brunswick (DMNB) was not without its challenges. Some predicted failure based on the historical pattern in New Brunswick developing competing programs in secrecy and isolation. This parochial approach was divisive and wasteful and clearly unsustainable in a small, financially challenged province aspiring to be competitive nationally and internationally.

It was said Fredericton, Miramichi, Moncton, and Saint John would never work together on anything.

DMNB proved that statement wrong. We now live in the global community, where being good locally is no longer an acceptable standard for success. We need to work together to succeed. Going forward, collaboration must be the hallmark of our approach to provincial initiatives.

Dalhousie Medicine New Brunswick is a winning example of this collaboration that others may wish to emulate. Just last month, 28 medical students, residents of New Brunswick, graduated from Dalhousie University after completing their entire undergraduate training program in their home province. This would not have been possible without the tripartite agreement signed by Dalhousie University, the University of New Brunswick, and the Province of New Brunswick, and support from Horizon Health Network. DMNB recognized this historic event in a special ceremony called The Launch.

In the ceremony held in the Marco Polo Cruise Ship Terminal, we acknowledged the many individuals, institutions, and groups who were involved in the successful implementation of the second regional medical campus in New Brunswick. In combination with

the Centre de formation du médicale Nouveau-Brunswick, we can now ensure that qualified New Brunswickers can indeed complete all the requirements for their medical degree while residing in their home province. Furthermore, their training experiences occur in high quality educational facilities established in Fredericton, Miramichi, Moncton, Saint John, and Waterville.

The metaphor of “the launch” of a great sailing ship was used frequently throughout the ceremony, as we recognized that these students were launching into the next phase of their studies in medicine. Of our 28 graduates, 19 will stay in the Maritimes and nine will go far afield to pursue their studies. However, as the students expressed in song, while they may “fly away” for a while, they all want to come back to their New Brunswick home.

As I watched the charter class cross the stage, I was reminded of the commemorative plaque next to their individual handprints that had been pressed into the fresh cement during the construction of the DMNB building at Tucker Park that says, “Leaving your mark and leading the way.” Just as New Brunswick launched the fastest sailing ship of the world, the Marco Polo, built entirely from New Brunswick materials and by New Brunswickers, so too have we left our mark on these future physicians. But the story of DMNB does not stop here. Indeed, DMNB can be so much more if we build upon what we have started.

We need to acknowledge that we are a small province with limited resources, but we shouldn't be apologizing for this. We should be leveraging this; we have the “power of small.” We are able to recognize issues and react quickly to them; we can consolidate and mobilize people in

a rapid manner. These are benefits that we need to use to our advantage. If we stopped the infighting that currently occurs and worked together as one, we would be competitive on a global, not just national, scale. While I speak specifically to working with institutions in health care education, this can be applied across the board.

We have built a foundation here in medical education and health research. We are a small program and have leveraged our size by creating and fostering partnerships that will result in improved health, partnerships in research, and partnerships with the business community. These partnerships are enabling us to effectively use our limited resources and attract additional researchers and funding.

Success is already apparent with three of our four cardiovascular researchers having received highly competitive Natural Sciences and Engineering Research Council of Canada (NSERC) grants this year, partially because of the partnerships that have been developed. We have many other directions that are available to enhance health education and research to improve the health of New Brunswickers—we just have to work together to make it happen.

The ultimate frustration is doing the same thing again and again while expecting a different outcome. If New Brunswick is to address its huge challenges facing health care, we should not expect to do so by approaching things the way we have done in the past. Let's invoke the power of small and collaborate to change our future! ■

DMNB Launch 2014

On Saturday, May 17, 2014, Dalhousie Medicine New Brunswick (DMNB) celebrated the full implementation of its program and recognized the Class of 2014, its charter class.

Many friends and partners of DMNB spoke at the ceremony, including Dr. Tom Marrie, dean, Dalhousie Medical School; Dr. Robert MacKinnon, vice-president, UNB Saint John; Hon. Hugh Flemming, minister of health for New Brunswick; Dr. Preston Smith, senior associate dean, Dalhousie Medical School; Hon. Marilyn Treholme Counsell, OC, ONB, MD; and Dr. Dana Hansen, past-president of the World Medical Association.



To properly "launch" the students into the next phases of their careers, volunteer patients, Dr. Barry Beckett and Charlotte Fewkes, broke a candy champagne bottle against the hull of the ship DMNB.



Drs. Tom Marrie and Preston Smith. Dr. Smith is wearing his special DMNB Class of 2014 hat that was given to him by Dr. John Steeves and the staff of DMNB in recognition of his contribution to the program.



The day began with the Class of 2014 gathering at DMNB to plant a bur oak tree with Drs. Pamela Forsythe (far left), Tom Marrie (far right) and John Steeves (centre). Dr. Lyndsay Russell'14, Class VP, holds the shovel.



Dr. Sandi Ellsworth, Class of 2015, followed piper Dr. Ian MacDonald as they led the procession of students in with the DMNB torch. She is pictured here holding the torch with Drs. Lyndsay Russell'14 and Charlotte Edwards'14.



Pam Murphy, Student Affairs, gives Dr. Jacquelyn Leblanc'14 her DMNB pin.



Dr. John Steeves and Pamela Bourque, COO for DMNB, present the Director's Choice Clinical Skills Award plaque and teddy bear to Dr. Philippe Tremblay'14.

Introducing the Foundation Course in Occupational Medicine

As we spend about 40 per cent of our lives working, it is not surprising that occupation influences who we are. In taking a holistic approach, it is important for physicians to understand the relationship between the work, health, and wellness of their patients. Improving work function and health benefits individuals and, by extension, their communities.

Occupational medicine focuses on the prevention and management of illness, injury, and promotion of health in the workplace. Supporting primary care providers with these knowledge and skills, including the early recognition of occupational ill health and the maintenance and recovery of work ability, will advance the provision of comprehensive, integrated primary care.

Beginning September 4, 2014, Dalhousie University will introduce the Foundation Course in Occupational Medicine, a Maritime-specific adaptation of the course by the same name developed by the University of Alberta. Dr. Anil Adisesh, JD Irving, Limited, research chair in occupational medicine, Dalhousie University, in collaboration with Dr. Nicola Cherry, University of Alberta, division of preventive medicine, developed this regional course to be the foundation of Dr. Adisesh's efforts to enhance the delivery of occupational medicine in the Maritimes' medical community.

The first offering of the course will see 12 physicians from across the region gain a better understanding of work-related health matters, including legislation and industries from the Maritimes, return-to-work planning, and recognizing occupational risks and hazards.

The course is delivered on a part-time basis through teleconferences and two face-to-face seminars in Saint John, N.B. The enrollment size is moderated in order to allow for plentiful discussion and interaction with other local physicians, tutors, and guest speakers. Additionally, physicians receive MainPro credits for successful completion of the course.

To learn more about the Foundation Course in Occupational Medicine, please email maritimes.om@dal.ca or visit foundationcourse.ualberta.ca. ■



Aerial view of Dalhousie Medicine New Brunswick and Saint John Regional Hospital.



Fish-processing production worker in New Brunswick.

DMAA Gold and Silver D Awards

The Dalhousie Medical Alumni Association is proud to sponsor the long-standing tradition of the Gold and Silver D awards. Awarded since early in the medical school's history, the Gold and Silver Ds 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. The Gold and Silver Ds are considered one of the highest honours upon graduation.



Back row: Drs. Will Stymiest'14 (Silver D), Adam Dmytriw'14 (Silver D), Lyndsay Russell'14 (Gold D), Mike MacDonald'14 (Gold D), and Mary Beth Bissell'14 (Gold D).

Middle row: Drs. Joanne Reid'14 (Silver D) and Ashley Sutherland'14 (Silver D).

Front row: Drs. Brittany Hayre'14 (Silver D), Mike Steeves'14 (Silver D), Shumona De'14 (Silver D), Jacquelyn LeBlanc'14 (Silver D), Leslie Ribiero'14 (Silver D), Kim Sutton'14 (Silver D), and Amanda Webb'14 (Silver D).

Dr. C.B. Stewart Gold Medal in Medicine

Dr. Alexandra Legge'14 recognized for her outstanding achievements

At spring convocation, Dr. Alexandra Legge'14 was awarded the Dr. C.B. Stewart Gold Medal in Medicine for the highest standing in the regular medical course upon graduation. In addition to graduating with this honour, Dr. Legge graduated with distinction and was the recipient of nine other awards. Dr. Legge will be pursuing her residency training in internal medicine at Dalhousie University in July.

"It has been a tremendous honour to receive these awards. It was especially meaningful to have the opportunity to meet many of the relatives of the award donors and express my gratitude for their generosity. I've enjoyed my time as a medical student at Dalhousie immensely, and I look forward to continuing my training here at Dalhousie in the Internal Medicine residency program."

Dr. Alexandra Legge'14



Dr. Alexandra Legge'14 and her parents following convocation.



Do you remember?

In 1982, Dr. Patricia Dauphinee'82 gave birth to her son an hour before her scheduled convocation ceremony. Although she missed the ceremony itself, she was presented with her parchment in the hospital by Dean J. Donald Hatcher, Dalhousie President Andrew Mackay, and Dr. Byron Reid'61. Her cousin, Dr. Dale Dauphinee'64, referenced this story in his toast to the class of 2014.

(L to R): Dean J. Donald Hatcher; Dalhousie President Andrew Mackay; Dr. Patricia Dauphinee-Bentley'82; her husband, Mr. John Bentley; and Dr. Byron Reid'61.

Class of 1965 Silver Shovel Award

Recipient: Dr. Geoffrey Williams

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 Dr. James Ross'51's farm. The caduceus is made from bird's-eye maple and the pinecone is made from pine.

The class of 2014 met Dr. Williams early in our education as the unit head of our metabolism course in first year. It was immediately evident that he was not only committed to our learning, but also to our experience. He dedicated countless hours to our education both in the classroom and behind the scenes in developing the new curriculum. His Newfoundland humour and witty one-liners were always refreshing ways to captivate the audience.



(L to R): Drs. Mary Beth Bissell'14, Geoffrey Williams, and Mike MacDonald'14.

We are pleased to say that Dr. Williams is so committed to the class of 2014 that he has decided to follow us as he assumes the role of assistant dean of postgraduate medical education at Dalhousie, where he will continue to mentor many members of 2014. We can think of no individual more deserving of recognition and thank Dr. Williams for his continued support and encouragement over these past four years.

Drs. Michael MacDonald'14 and Mary Beth Bissell'14

Students reflect on being part of the first graduating class of Dalhousie Medicine New Brunswick

I knew from an early age that medicine was for me. Having completed my undergraduate degree at Dalhousie University, my dream was to continue my medical education in the bustling city of Halifax and graduate with an MD from Dal as well. However, the year I was to begin my medical degree was the year that Dalhousie Medicine was opening its sister campus in Saint John, New Brunswick, which would allow New Brunswickers to complete their medical degree primarily within their home province. I had mixed feelings about attending medical school in Saint John. None of us really knew what to expect as we embarked on this four-year journey as the inaugural class at Dalhousie Medicine New Brunswick (DMNB).

However, it did not take long before our doubts were dashed. Dr. Steeves and the rest of the phenomenal DMNB staff strived for a comparable education and experience for us in New Brunswick. We were able to travel to Halifax for school events like Med Ball and perform on stage with our Halifax classmates in our annual Euphoria show.

The advantages of a smaller class and campus soon became apparent as well. Strong relationships quickly formed between classmates, with many of us becoming roommates or travelling the world together on vacations. Being the first class, we knew we would need to take matters into our own hands to create the extracurricular life for which Dal Med is so well known. We were able to initiate numerous interest groups, a choir, community outreach programs, and, of course, organize plenty of social events for us to get to know one another better. The physicians at the various New Brunswick hospitals were always excited to have us and were always keen to teach. With fewer learners comes more opportunity for hands-on learning, which I feel

contributed to the strong clinical experiences we had during our New Brunswick rotations.

The past four years have certainly not been without their bumps, but the support we have received from the DMNB team has made it as smooth as possible. I am thrilled but nervous to begin my pediatric residency at the IWK in July. However, I know Dalhousie has prepared me well, and I look forward to this new and exciting journey.

Dr. Lyndsay Russell'14



Drs. Will Stymiest'14 and Lyndsay Russell'14 in Halifax following convocation.

The last four years have been some of the most interesting, fulfilling, and challenging of my life. Being the first class, we were pioneers and guinea pigs. We enjoyed the support of our faculty and classmates, but we also had to slug our way through a new curriculum and break in a new campus. It didn't take long for us to come together as a class and to feel welcomed by the medical community in Saint John. Although we do feel part of the Dalhousie Medical community as a whole, we will always have a unique set of shared experiences from our time studying in New Brunswick. I feel privileged to have spent my first four years in medicine at Dalhousie and now look forward to new experiences in residency and practice beyond that.

Dr. Will Stymiest'14

Honorary Class Member

Recipient: Olivia Thorne-Sparks

This year, the Class of 2014 nominated Olivia Thorne-Sparks, the daughter of one of our classmates, Mike Thorne, as our honorary class member.

Olivia holds a special place in our hearts. She's been with us since day one of medical school with her curly brown hair, huge smile, and tremendous energy. She's starred in two of our Euphoria productions through both on-stage performances and in video production. She's also a frequent spectator at multiple Dal Med sporting events, and she herself can even throw a pretty mean spin on the foosball table! Four years is certainly enough time to watch someone grow before your eyes and, to our class, Olivia has done just that.

We are proud to have Olivia continue this adventure with us as this year's recipient of Honorary Member of the Class of 2014.

*Drs. Michael MacDonald'14
and Mary Beth Bissell'14*

A toast to the Class of 2014 from Dr. W. Dale Dauphinee, Class of 1964



It is a well-known tradition for the DMAA to invite an alumnus/a who graduated 50 years ago to toast the graduating class. At convocation, Dr. W. Dale Dauphinee'64 gave a toast to the Class of 2014 by welcoming them into the Dalhousie medical alumni family. We would like to send a sincere thank you to Dr. Dauphinee for coming home to his alma mater to toast the class.



An advertisement for New Brunswick Healthcare. The top section has a blue background with a white swoosh. It features the 'New Brunswick' logo in green and blue, with 'Nouveau Brunswick' in French below it. The text 'Have a successful career. Achieve balance in your life. Choose New Brunswick!' is written in green, followed by the website 'www.gnb.ca/health' in blue. Below this, the French version 'Ayez du succès dans votre carrière et un équilibre dans votre vie. Choisissez le Nouveau-Brunswick!' is written in green, followed by 'www.gnb.ca/santé' in blue. The bottom half of the image shows four medical professionals (three women and one man) in white lab coats and blue scrubs, standing in a hospital setting and smiling at the camera.

Class of 1995 Resident Teaching Award

Recipients: Drs. Paul Yaffe and Daniel French

The MD Class of 1995 Resident Teaching Award recognizes a resident who exhibits dedication and excellence in the teaching of undergraduate medical students.

Dr. Paul Yaffe, a general surgeon and ICU fellow, has shown tremendous commitment to medical education. Through his excellent sense of humour, he quickly brings a team together to function as a cohesive unit. For many new medical students, it may be a stressful and intimidating experience to complete rotations in surgery or on the ICU. However, Paul's charisma and personality quickly breaks down those barriers, as he is encouraging to all levels of learners. Downtime on the wards with Paul is either filled with excellent teaching moments about high yield content or pumping out some rejuvenating laughter. For many members of the Class of 2014, Paul has been a wonderful role model to work with, and he has left us with lasting impressions on how to be a better resident, teacher, and, ultimately, a balanced physician.

The second recipient of our Resident Teaching Award is also a senior general surgery resident. Dr. Daniel French cares about



(L to R): Drs. Daniel French, Paul Yaffe, Mike MacDonald'14, and Mary Beth Bissell'14.

the individual medical student and tailors his teaching toward his or her career aspirations, even if they may not be surgery. He is fair, consistent, and challenges you to be a valuable member of his team. He is considerate and conscientious. Whether you see Danny at 5 a.m. fresh off of a full night's sleep or, conversely, after a long night on call, his calm, collected demeanour sets an example for the team around him. He has not only had a hand in moulding our surgical knowledge, but also in making us strong medical students and soon-to-be residents.

Drs. Mary Beth Bissell'14 and Michael MacDonald'14

Every country with universal health care has a national drug plan... Except Canada

Our patients deserve #bettermedicare

Canadian Doctors for Medicare is a physician-led organization committed to protecting and improving Canada's publicly-funded system through evidence-based research and advocacy. We invite you to join in the discussion over pharmacare and other innovations.



Join the conversation. Become a CDM member today.
VoxMeDAL subscribers receive a discounted membership rate of \$60.
Visit canadiandoctorsformedicare.ca for details.

Photo cred: Charles Williams

Dalhousie Faculty of 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 UNIVERSITY MEDAL IN MEDICINE**Alexandra Legge**
For the highest standing in the regular medical course
Presented by: Dr. Thomas Marrie, Dean

GRADUATION WITH DISTINCTION

Talia Brennan	Lisa Friars	Alexandra Legge	Leila Sloss
Heather Chambers	Brittany Hayre	Peter Reardon	Hana Wiemer
Ashley Drohan	Peter Horwich	Rose Savidge	

DR. J. W. MERRITT PRIZE**Leila Sloss**
For the highest standing in surgery in all four years
Presented by: Mrs. Janice Flemming and Mrs. Marilla Speller, daughters of Dr. John W. Merritt (MD'28)

DR. ALLAN COHEN MEMORIAL PRIZE IN NEPHROLOGY**Shumona De**
For demonstrating the greatest aptitude in clinical nephrology
Presented by: Dr. Annalee Cohen, widow of Dr. Allan Cohen (MD'68)

DR. LEO HOROWITZ PRIZE IN DIAGNOSTIC RADIOLOGY**Derek MacDonald**
For demonstration of the greatest interest and aptitude towards the study of radiology
Presented by: Dr. Siân E. Iles (MD'82), Associate Professor of Radiology

DR. ROBERT F. SCHARF AWARD IN EMERGENCY MEDICINE**Peter Reardon**
For outstanding combination of clinical ability, motivation, and professionalism in emergency medicine
Presented by: Ms. Laurel Joudrey, daughter of Dr. Robert Scharf

THE EMERSON AMOS MOFFITT RESEARCH PRIZE**Mary Beth Bissell**
For undergraduate research in anaesthesia
Presented by: Dr. Romesh Shukla (PGM'78), Department Head of Anesthesia

DR. I. M. SZULER AWARD FOR EXCELLENCE IN UNDERGRADUATE INTERNAL MEDICINE**Andrew Caddell**
Awarded to the fourth-year student who, during their MTU rotation, best demonstrates personal and academic qualities exemplified by Dr. Szuler
Presented by: Katherine Radchuck, daughter of Dr. Irene Szuler (PGM'79)

THE BARBARA L. BLAUVELT CARDIOLOGY PRIZE**Andrew Caddell**
Awarded to a fourth-year student who has shown the greatest interest and degree of inclination towards the study of cardiology
Presented by: Dr. Catherine Kells (MD'84), Chief of Cardiology

THE ALBERT A. SCHWARTZ PRIZE IN ORTHOPEDICS**Melanie Matheson**
For demonstrating aptitude and excellence in orthopedics
Presented by: Dr. David Kirkpatrick (MD'79), Department Head of Surgery

DR. EDWIN F. ROSS PRIZE IN PEDIATRIC SURGERY**Ashley Drohan**
For demonstrating an aptitude and interest in pediatric surgical care
Presented by: Dr. David Kirkpatrick (MD'79), Department Head of Surgery

DR. S. G. BURKE FULLERTON AWARD**Leslie Ribeiro**
For greatest promise and potential shown for family medicine in fourth year
Presented by: Dr. Anna Neumann, Department of Family Medicine

DR. LEONARD, KAY AND SIMON LEVINE SCHOLARSHIP**Lisa Friars, Talia Brennan**
For academic excellence and to the medical student who is pursuing studies in family medicine
Presented by: Dr. Anna Neumann, Department of Family Medicine

DR. LAWRENCE MAX GREEN MEMORIAL AWARD**Elizabeth Russell**
For best combining compassion and clinical competence during the clerkship in obstetrics and gynecology
Presented by: Dr. Jillian Coolen (MD'03), Department of Obstetrics & Gynaecology

DR. N. N. ISA ACHIEVEMENT AWARD**Brittany Hayre**
For outstanding achievement during his/her core rotation in the Department of Obstetrics & Gynecology at the Saint John Regional Hospital
Presented by: Dr. Jillian Coolen (MD'03), Department of Obstetrics & Gynaecology

DR. CARL PEARLMAN PRIZE IN UROLOGY**Daniel Keefe**
For the greatest aptitude and interest in urology
Presented by: Dr. David Bell (MD'84), Department Head of Urology

DR. FRANK G. MACK PRIZE**Jacquelyn Richardson**
For showing excellence in the care of urological patients
Presented by: Dr. David Bell (MD'84), Department Head of Urology

SOCIETY FOR ACADEMIC EMERGENCY MEDICINE AWARD**Lucy Patrick**
For excellence in emergency medicine
Presented by: Dr. Chris Cox, Undergraduate Clerkship Director

DMRF DR. RICHARD B. GOLDBLOOM AWARD IN PEDIATRICS**David Burnett**
For best combining medical knowledge, clinical skill, and sensitivity to the social and emotional needs of children and their families
Presented by: Ms. Alison Edwards, DMRF

JAMES WALKER WOOD AWARD IN MEDICINE**Joanne Reid**
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, and more.
Presented by: Dr. Kate Wood, granddaughter of Dr. James Walker Wood

DR. W. H. HATTIE PRIZE**Hana Wiemer**
For highest standing in fourth-year medicine
Presented by: Dr. Charles Maxner (MD'79), Division Head, Division of Neurology

DR. LOURDES I. EMBIL AWARD FOR CARDIOVASCULAR RESEARCH**Peter Horwich**
Awarded for clinical research in cardiology, cardiovascular surgery, cardiovascular pharmacology, physiology, or other fields associated with clinical cardiology
Presented by: Dr. Charles Maxner (MD'79), Division Head, Division of Neurology

DR. J. C. WICKWIRE AWARD**Rachel Shaw**
For demonstrating highest competence in patient contact during the four-year program
Presented by: Dr. Charles Maxner (MD'79), Division Head, Division of Neurology

DR. GRAHAM GWYN MEMORIAL PRIZE IN NEUROLOGY**Michael Thorne**
For demonstrating excellence in neurology
Presented by: Dr. Charles Maxner (MD'79), Division Head, Division of Neurology

DR. JOHN M. EMBIL AWARD FOR EXCELLENCE IN CLINICAL INFECTIOUS DISEASES**Jacquelyn LeBlanc**
For recognizing the commitment and enthusiasm of an undergraduate medical student in the field of clinical infectious diseases
Presented by: Dr. Charles Maxner (MD'79), Division Head, Division of Neurology

HUNTER HUMANITIES AWARD**Sarah Fraser**
For outstanding contributions in the area of medical humanities and demonstrating the humanistic qualities of caring and compassion in the care of patients
Presented by: Dr. Gerri Frager (PGM'89), Director, Medical Humanities

DR. RAM SINGARI BOODOOSINGH MEMORIAL PRIZE**Adam Dmytriw**
For demonstrating clinical skill and a sense of humour that most brings "art" to the practice of medicine
Presented by: Dr. Gerri Frager (PGM'89), Director, Medical Humanities

MICHAEL BROTHERS PRIZE IN NEUROSCIENCE**Adam Dmytriw**
For demonstrating an aptitude in the area of neuroscience
Presented by: Mr. Tommy Brothers, son of Dr. Michael Brothers (MD'80)

DMRF DR. J. DONALD HATCHER AWARD FOR MEDICAL RESEARCH**Adam Dmytriw, Alexandra Legge**
For the most meritorious and significant research project during the undergraduate program, including summer electives
Presented by: Ms. Emma Hatcher Roberts, granddaughter of Dr. J. Donald Hatcher

DR. ROBERT C. DICKSON PRIZE IN MEDICINE**Alexandra Legge**
For highest standing in all examinations in medicine in all four years
Presented by: Dr. Charles Maxner (MD'79), Division Head, Division of Neurology

DR. JUAN A. EMBIL AWARD FOR RESEARCH IN INFECTIOUS DISEASE RESEARCH**Alexandra Legge**
For completing the best research project in infectious diseases during all four years of study
Presented by: Dr. Charles Maxner (MD'79), Division Head, Division of Neurology

DR. MABEL E. GOUDGE PRIZE**Alexandra Legge**
For outstanding achievement among female medical students
Presented by: Dr. Marie Matte, Associate Dean, Undergraduate Medical Education

DR. CLARA OLDING PRIZE**Alexandra Legge**
For the highest standing in the clinical years with character and previous scholarship being taken into consideration
Presented by: Mr. Gordon Hebb, QC, grandson of Dr. Clara Olding (MD'1896)

DR. JOHN F. BLACK PRIZE**Alexandra Legge**
For the highest standing in surgery
Presented by: Dr. David Kirkpatrick (MD'79), Department Head of Surgery

POULENC PRIZE IN PSYCHIATRY**Alexandra Legge**
For the highest standing in psychiatry
Presented by: Dr. Michael Teehan (PGM'84), Assistant Dean, Student Affairs

DR. R. O. JONES PRIZE IN PSYCHIATRY**Alexandra Legge**
For the highest standing in psychiatry during the entire medical program
Presented by: Dr. Michael Teehan (PGM'84), Assistant Dean, Student Affairs

ANDREW JAMES COWIE MD, MEMORIAL MEDAL**Alexandra Legge**
For the highest standing in obstetrics and gynecology
Presented by: Dr. Jillian Coolen (MD'03), Department of Obstetrics & Gynaecology

EHS LifeFlight: A network of care

By Suzanne Rent

The landing of the EHS LifeFlight helicopter on the helipads of the province's hospitals is the most visible sign of the work the program does in critical care. However, the program is more than just air transport. The EHS LifeFlight team provides critical care to ill and injured patients and safe, timely transport via helicopter, airplane, or ground ambulance.

"We refer to ourselves as critical care transport as opposed to air medical transport," says Dr. George Kovacs, who is the medical director for EHS LifeFlight. "It's about time and talent. In other words, it's about the time for our talented critical care team to get there to provide the care at that outlying hospital or scene and then transport to definitive care."

Operating in Nova Scotia since 1996, the EHS LifeFlight team consists of highly-trained critical care paramedics, critical care nurses, and registered respiratory therapists. The obstetric, neonatal, and pediatric teams are based at the IWK Health Centre in Halifax while the adult, aviation, and administrative teams are based at the Halifax Stanfield International Airport. The mode of transport (e.g. helicopter, airplane, or ground ambulance) depends on patient criteria and aviation decisions surrounding weather.

When the program started, other programs were researched for best practices. Ultimately, EHS LifeFlight was tailored to meet the needs of all communities across the province it would eventually serve.

The communities, too, recognized the importance of the program early on and through their District Health Authorities and community hospitals established helipads in their communities and at medical facilities nearby. One of the most important community contributions was through fundraising. "It was a huge

undertaking and had a significant cost," Kovacs says.

EHS LifeFlight is a CAMTS (Commission on Accreditation of Medical Transport Systems) accredited critical care transport program. It is only one of two programs in Canada that has this accreditation standing. EHS LifeFlight is now looked to as a prime example of how transport and critical care can successfully work together.

"It's been a longstanding program with a long history of quality and safety and is quite well respected around the country," says Colin Flynn, who serves as the acting program manager and is responsible for the administration of the program.

As for what lies ahead for EHS LifeFlight, the team says it will continue to do what it does best while improving on its efforts and expanding its services. "The future is to make sure we are using all three modes of transportation in the most effective manner that provides the patient with the optimal environment to receive that critical care, while also being efficient" Flynn says. ■

EHS LifeFlight Fast Facts:

- The EHS LifeFlight team completed 719 patient transports last year
- 48 per cent of transports last year were by helicopter, 35 per cent by airplane
- EHS LifeFlight is accredited by the Commission on Accreditation of Medical Transport Systems (CAMTS). It is only one of two such accredited air medical transport systems in Canada
- Modes of transport by the EHS LifeFlight critical care team include helicopter, airplane, and/or ground ambulance





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Social media and the Internet in health care: A growing trend

By Kimberly MacLachlan

“The future is today.”
—Sir William Osler

Since the birth of the Internet, the way in which Canadians access health information and communicate with their physicians has changed dramatically. According to Statistics Canada, approximately 8.7 million adults used the Internet to search for medical or health-related information. Of those users, more than one third discussed the information they obtained online with their family doctor.ⁱ With this major influx in internet usage, social media and mobile technologies in health care have also continued to multiply and, in doing so, continue to heavily saturate the communication activities of patients, physicians, and health-care systems alike.

Statistics show that one-third of consumers in the United States use social media sites such as Facebook, YouTube, Twitter, and forums to discuss health-related matters such as seeking medical information, tracking and sharing symptoms, and discussing treatments, doctors, and drugs. Forty-one per cent of these social media users said that social media would influence their choice of doctor, hospital, or medical facility.ⁱⁱ Among Canadian users, more than half surveyed reported using the Internet regularly to search for information



Dr. Michael Dunbar'92 and the Gait Monitoring System (GMS) mobile app.

on specific diseases, lifestyle factors, symptoms, drugs, and alternative therapies. Interestingly, this information varied with age, sex, and regional location of users. For example, 18-to 44-year-olds sought more information on lifestyle and the health-care system, whereas users aged 45 and older researched information on specific diseases and medications.ⁱⁱⁱ

Although the Internet and social media have evidently permeated patient communities, a growing number of physicians, residents, and medical students have also begun to expand their use of Internet-based resources. A study by the Canadian Medical Association shows that 46 per cent of the 628 physicians surveyed use apps on their smartphones or tablets for professional purposes, some of which include Epocrates, MedCalc, Medscape, Skyscape, and Lexi-Comp.^{iv} Some mobile apps can even be used to improve patient care and health care delivery. Dr. Michael Dunbar'92, an orthopaedic surgeon specializing in arthroplasty, and his team have developed an app to reduce patient wait times and to follow patients after surgery. This mobile app, called the Gait Monitoring System (GMS), is designed to help measure and monitor a patient's gait to determine whether or not orthopedic care is required. “The accelerometers present in modern smartphones are powerful tools that can remotely assess and monitor a patient's centre of mass displacement during gait,” he says. “As such, smartphones could be used to threshold patients as surgical candidates

and then follow them after the surgery. Gait is one of the subtlest indicators of hip and knee pathology, so these ubiquitous devices offer great promise for new models of delivering health care.”

Another innovative social media resource on the horizon for physicians is The Rounds (therounds.ca), a physician-only network that allows doctors to use their smartphones, tablets, and desktop computers to connect with their peers from all specialties across the country. Dr. Michael Clory, assistant professor of emergency medicine at Dalhousie and co-founder of The Rounds, says that this growth in digital communication for physicians was long overdue. “For a long time, it's been glaringly obvious that Canadian healthcare is due for a digital revolution,” he says. “I joined the team at The Rounds because I realized that they had the vision and tools to lead the charge.” Conor Cox, manager of strategic partnerships at The Rounds, says that this social media network will improve physician-to-physician communication and has the potential to improve patient care. “With The Rounds, physicians can search through hundreds of past discussions and articles specific to their topic of interest, having immediate access to the information they need to deliver better care,” says Cox. “Doctors use Facebook, Twitter, and LinkedIn in their personal lives, but respect that these are not medical resources. The Rounds is a tool that lets them share thoughts and information as easily as those platforms, but in a secure, physician-only environment.”

PHOTO: JAMES INGRAM, JIVE PHOTOGRAPHIC



Dr. Michael Dunbar'92

However, while the exposed nature of social media and self-publication can be a major benefit, it can also be its primary liability in terms of maintaining professionalism and individual privacy. “[I have a] great deal of concern using this form of communication with patients,” notes a Canadian Medical Association survey respondent.^v “I personally feel threatened by all the electronic media. I don’t like to be ‘on display’ and [prefer] to use the little spare time I have for family activities,” says another.^{vi} Phillip Mai, research and communications manager for the Dalhousie Social Media Lab, says that while there are many benefits to using social media in a professional context, it is encouraged that physicians use vigilant care to maintain their professionalism. “Physicians can use social media to connect instantly with other physicians and in certain circumstances with patients,” says Mai. “However, before diving in, just like any profession with a governing body, physicians should check with their regulatory colleges first to see if they are on board and whether they have some guidelines already in place.”

For more information on social media policies and guidelines for physicians in Canada, please access CMA’s national social media guidelines at cma.ca/socialmedia. ■

ⁱ Cathy Underhill and Larry McKeown, “Getting a second opinion: Health information and the internet,” Statistics Canada: Health Reports 19, no. 1 (2008): 1, <http://www.statcan.gc.ca/pub/82-003-x/2008001/article/10515-eng.pdf>.

ⁱⁱ Healthcare IT News Staff, “Rising use of social media in healthcare,” Healthcare IT News, December 18, 2012, <http://www.healthcareitnews.com/infographic/rising-use-social-media-healthcare>.

ⁱⁱⁱ Underhill & McKeown, “Second opinion,” 3.

^{iv} Canadian Medical Association, “E-panel survey summary: Social media use by physicians,” Canadian Medical Association, February 2011, <http://www.cma.ca/advocacy/social-media-use-physicians>.

^v CMA, E-panel

^{vi} CMA, E-panel

Do you think social media should be used in medical school curriculum and/or everyday practise? Write in and be featured in the next issue of *VoxMeDAL*!



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Appointments, awards, and accolades

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

***The following is not a complete list of awards and appointments of Dalhousie medical alumni.*

Dr. Jock Murray'63 inducted into Canadian Medical Hall of Fame

Dr. Thomas John "Jock" Murray'63, former Dalhousie dean of medicine, has been inducted into the Canadian Medical Hall of Fame, a tremendous honour among Canada's most distinguished medical heroes. An accomplished clinician, physician, and academic, Dr. Murray is renowned for his leadership and dedication to multiple sclerosis care and research. Dr. Murray has more than 300 medical publications and numerous awards and appointments, some of which include the Professor of the Year Award at Dalhousie University (1973), Officer of the Order of Canada (1991), The 125th Anniversary of the Confederation of Canada Medal (1992), a mastership in the American College of Physicians (1997), the Dr. A.B. Baker Award from the Academy of Neurology (1997), the Scheinberg Award from the Consortium of Multiple Sclerosis Centres (2000), Mentor of the Year Award from the Royal College of Physicians and Surgeons of Canada (2001), the Queen Elizabeth II Jubilee Medal (2003), and five honorary degrees. More recently, Dr. Murray has been awarded the Kay Reynolds Lifetime Achievement Award (2013), the Osler Gold Medal (2014), and was inducted to the Johnson Society (UK) (2014). Congratulations, Dr. Murray!



(L to R): Drs. Alain Beaudet, Chair of the Canadian Medical Hall of Fame Laureate Selection Committee; Jock Murray'63; and Stewart Hamilton, Chair of the Canadian Medical Hall of Fame Board of Directors.

1950s

Dr. R.N. Anderson'54 received the Dalhousie Gold Headed Cane Award in the humanities, which recognizes a physician faculty member who combines scholarly attainments, humanism, and professional skills, and who serves as an effective role model for students in the medical humanities.

1970s

Dr. Wayne Brown'74 received Doctors Nova Scotia's Senior Membership Award for his exemplary service to the residents of the Eastern Shore thanks to his comprehensive general practice.

Dr. John Chiasson'79 received the Physician Health Promotion Award for his advocacy for healthy living and community involvement.

Dr. Jim Fitzgerald'72 received the Senior Membership Award by the CMA for his leadership in creating and staffing the Cobequid Emergency Centre.

Dr. John Sullivan'74 was installed as president of Doctors Nova Scotia during the association's annual conference in May 2014.

Dr. David Young'73 received the Society of Obstetricians and Gynaecologists of Canada (SOGC) Distinguished Service Award 2013. The SOGC Distinguished Service Award is given annually to a member who has served the Society with distinction throughout the years. The award is reserved for individuals who have worked in an exemplary fashion in their practices and collaboratively with the Society. Dr. Young received this award during the annual meeting in Niagara Falls on June 10–13, 2014.

1980s

Dr. Brian Ferguson'80 was awarded Doctors Nova Scotia's Rural Physician of the Year Award.

Dr. RoseAnne Goodine'81 received the New Brunswick Medical Society (NBMS) Award of Merit, the highest award given by NBMS, which recognizes the recipient's contribution to organized medicine.

Dr. Graham F. Greene'89 was named executive director of the Lakeland Regional Cancer Center.

Dr. Orlando Hung'83 received the Research Recognition Award, which is presented by the Canadian Anesthesiologists' Society to honour a senior investigator who has made major contributions to anesthesia research in Canada.

Dr. Bill Martin'80 received the Dr. Donald Morgan Service Award for his outstanding efforts championing the importance of creating an active teaching environment in Miramichi's medical community. Dr. Martin is a family physician in Miramichi. Awards were presented at the 2014 Celebration of Medicine Gala Awards Banquet on Saturday, May 31 at the Saint John Hilton.

Dr. Evelyn Sutton'84 received the Canadian Rheumatology Association Clinician Teacher Award.

Dr. Geoffrey Turnbull PGM'81 received the CPSNS Gold Headed Cane Award for outstanding professionalism in medical practise.

Dr. Kenneth Wilson PGM'80 was awarded Doctors Nova Scotia's Distinguished Service Award for his long-term work with Operation Smile internationally, and his work with a travelling clinic in Sydney, N.S.

1990s

Dr. Alexa Bagnell'97 received the Canadian Academy of Child and Adolescent Psychiatry Naomi Rae-Grant Award. Dedicated to the memory of Dr. Naomi Rae-Grant, this award is presented annually to a member of the CACAP who is a resident, fellow, or consultant who has done creative, innovative, and seminal work on an aspect of community intervention, consultation, or prevention.

Dr. Gabrielle Horne PGM'96, Division of Cardiology, and the Maritime Connective Tissue Clinic team were the recipients of *Progress* magazine's Innovation in Practice All-Around Award. The award recognizes and celebrates leaders who strive to create a culture of innovation in their sectors. The Maritime Connective Tissue Clinic was cofounded by Dr. Horne and Drs. Jeremy Wood'80 and John Sullivan'74. "Many other Dal Med alumni also work in the clinic," Dr. Horne says, "and without them, we would not have a multidisciplinary team."

Dr. Gaynor Watson-Creed'99 was awarded the 2013 Public Health Champion Award by the Public Health Association of Nova Scotia in November 2013. Given annually by the Public Health Association of Nova Scotia, the award recognizes individuals and organizations that have demonstrated leadership, commitment, and innovation in improving the health of Nova Scotians. In supporting the development of the first population health status report for the CDHA, Dr. Watson-Creed championed the use of disparity measures and worked to better understand the data by engaging community health boards. She was presented with the award last November.

Dr. Darrell White'91 was installed as the new senior associate dean in the Faculty of Medicine, Dalhousie University.

2000s

Dr. Christy Sutherland'08 is the recipient of the 2014 Dalhousie Alumni Association Christopher J. Coulter Award for her work as an advocate for addiction medicine in the downtown eastside of Vancouver. The award recognizes the success of a young Dalhousie graduate for an interesting, unusual, or innovative accomplishment in his or her career, public service, or personal life, and/or notable contributions to society, his or her current community, or Dalhousie.

Dr. Colin van Zoost'09 is the recipient of the 2014 Dalhousie Alumni Association Volunteerism Award for his work in providing care to Halifax's homeless population through the Walk in Our Shoes Foot Care clinic and HaliVAX, an inner-city, community-based vaccination clinic. This award recognizes extraordinary alumni whose volunteer efforts have resulted in the creation of a new program, the dramatic expansion of an existing program, or the continued success of an established program that has been important to its recipients, whether in a local community, region, country, or the world.

Upcoming reunions

Register for your class reunion! Please contact the DMAA at (902) 494-8800 or medical.alumni@dal.ca

Class of 1944

70th Reunion: October 17, 2014
Halifax, NS

Class of 1949

65th Reunion: October 17, 2014
Halifax, NS

Class of 1954

60th Reunion: October 17, 2014
Halifax, NS

Class of 1959

55th Reunion: October 17–18, 2014
Halifax, NS

Class of 1961

53rd Reunion: October 16–18, 2014
Halifax, NS

Class of 1964

50th Reunion: October 17–19, 2014
Halifax, NS

Class of 1969

45th Reunion: September 2–5, 2014
White Point Beach Resort, Queen's County, NS
Reunion representative: Brian Byrne
Contact: brianbyrne5@icloud.com

Class of 1974 (post)

40th Reunion: October 17, 2014
Halifax, NS

Class of 2009

5th Reunion: October 17, 2014
Halifax, NS

MD class of 1974 (pre-internship) celebrates a memorable reunion weekend

The Dalhousie medical class of 1974 1/2 held a reunion at Dalvay by the Sea in P.E.I. from June 20–22, 2014. There were 33 stalwarts who attended to reminisce and catch up. Our lost classmates were remembered. We had two delightful dinners, plus a well-attended CME with excellent talks. Some hardy souls braved a cold afternoon to play golf on Saturday afternoon. We had a special wine tasting Friday evening, as well as a pre-dinner tour of Danny Murphy's phenomenal Gingerwood estate Saturday before dinner. Mr. Murphy's team runs Dalvay with great aplomb. The class is keen to do the next reunion in Hong Kong under the direction of Roy Wong, who travelled to P.E.I. with his wife, Annette, logging the long-distance attendance prize.

Dr. Arthur Zilbert'74

Dr. Eldon Smith'67 awarded honorary degree at spring convocation 2014

Photo: Daniel Abriel, Dalhousie University



At this past spring convocation, Dalhousie University bestowed honorary Doctor of Law degrees upon nine accomplished individuals, one of whom was a graduate of Dalhousie Medical School. Dr. Eldon Smith'67, a well-respected cardiologist in Canada, was recognized for his commendable achievements and research in hypertension and cardiac failure. Dr. Smith also received an honorary degree from the University of Calgary.

"I am absolutely thrilled today to become a member of the class of 2014, and I am certainly grateful to the university for awarding me this great honour," he said. "To the graduates, this is your day. We are all here to celebrate your achievements."

Recalling fondly his memories from medical school, Dr. Smith shared with the graduates how his medical degree from Dalhousie University has adequately prepared him for a meaningful career in cardiology. "It seems impossible for me to believe that it is now almost 50 years since I received my medical degree from the same university," he said. "That degree allowed me to continue my training in three different countries, and never once did I feel that my education at Dalhousie left me unprepared, whether I was dealing with clinical issues or working in the scientific environment."

Offering his wisdom to the class of 2014, Dr. Smith emphasized the

importance of continuous learning in the field. "By the very nature of the careers that you have chosen, learning will be your constant companion," he said. "From now on, learning will take on a new meaning. It will be focused in the present: having to diagnose and treat illness in the patient before you, or how to design the experiment to

address the new questions created by your last experiment, or how to manage a company through a time of economic turmoil." Dr. Smith also emphasized the importance of role models and mentors in shaping his career path. "Don't let yourself think of heroes as something belonging to your youth. Continue to collect them, as I suspect that you will find them enormously important and impactful to you in later life," he said. "I have had heroes at every stage of my life. They have been instrumental in not only what I have done, but how I've done it. Because of what you've achieved, people in your communities will look to you for leadership, and for some, you will become the hero."

In closing his notable speech, Dr. Smith highlighted the importance of leadership, taking risks, and living life to the fullest. Reflecting on his career, Dr. Smith said that he lives with no regrets, a notion that he wished upon the graduates as they pursue their careers in medicine. "Most of us look back on events and wonder what we should've done differently. I've often thought about life in this manner, but I have always concluded that if I had the chance to start over, I would do exactly the same things," he said. "Enjoy your profession, make your mark, and continue to emulate your heroes. Never forget the importance of family and friends. Good luck to all of you." ■

IN MEMORIAM

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

Dr. Agnes Bishop MD'64
Passed away May 19, 2014

Dr. Louis A. Ciampi MD'59
Passed away February 11, 2014

Dr. Gerald Clayden MD'49
Passed away January 31, 2014

Dr. Robert A. Clowater MD'50
Passed away February 19, 2014

Dr. Philip Andrew Cole MD'45
Passed away April 20, 2014

Dr. Donald Dow PGM'75
Passed away May 28, 2008

Dr. Raymond G. Giberson MD'47
Passed away September 3, 2013

Dr. Rajendra Hajela PGM'78
Passed away January 30, 2014

Dr. Robert Hennessy MD'59
Passed away June 19, 2014

Dr. Charles J. Hutton MD'56
Passed away November 4, 2013

Dr. Paul Eric Kinsman MD'57
Passed away May 11, 2014

Dr. Vladimir Lafkovic PGM'92
Passed away February 21, 2014

Dr. Deodath Maharaj MD'65
Passed away April 4, 2014

Dr. Michael C. Nurse MD'73
Passed October 1, 2013

Dr. Ruggles Bernard Pritchard MD'54
Passed away September 6, 2013

Dr. Alexander "Sandy" Steeves MD'71
Passed away May 31, 2014

Dr. Alfred Ross Webster MD'67
Passed away January 31, 2014



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