



DoM

Communities of Care

Department of Medicine | ANNUAL REPORT | 2024-2025

Dalhousie University, Faculty of Medicine | Nova Scotia Health, Central Zone



Department of Medicine



Land Acknowledgement

We Teach, Research, and Serve patients on Mi’kma’ki, the ancestral and unceded territory of the Mi’kmaq people. The people of the Mi’kmaw Nation have lived on this territory for millennia, and we acknowledge them as the past, present, and future caretakers of this land.

We are all Treaty people. This territory is governed by the Peace and Friendship Treaties signed between the Mi’kmaq and the Crown in the 1700s. These Treaties did not involve the surrender of land but rather established an ongoing relationship built on peace, mutual respect, and shared responsibility.

Acknowledging this land also means acknowledging our role as Treaty People. Whether Indigenous or non-Indigenous, we are all part of these Treaties. This carries an obligation to honour them – not only in words, but in how we live, work, and build relationships with one another. Being Treaty People means committing ourselves to reconciliation, learning about the history and culture of the Mi’kmaq, and working together in partnership, respect, and peace.

By making this acknowledgement, we affirm our responsibility to walk together in a good way, to listen and learn from one another, and to strive for a future grounded in justice and respect.

Acknowledgement of African Nova Scotian Legacy

We recognize that African Nova Scotians are a distinct people whose histories, legacies, and contributions have enriched that part of Mi’kma’ki known as Nova Scotia for over 400 years.

Cover: Back Row (L to R): Dr. Maia von Maltzahn, Geriatrician; Jenna MacDonald, Resident; Dr. Paige Moorhouse, Geriatrician; Ann Nelson, Physical Therapist; Kate Newton, Registered Nurse; Dr. Alex Rogers, Geriatrician; Dr. Susan Freter, Geriatrician; Lexi Steeves-Dorey, Health Services Manager. **Front Row** (L to R): Robyn Soulsby, Nurse Practitioner; Terri Ross-Beaudry, Social Worker; Margaret Martell, Registered Nurse; Dr. Alison Dixon, Geriatrician; Kimberly Hill, Nurse Practitioner

Special thanks to Lenny Mullins for the original photography on our cover and pages 2, 33, 35, 38, 39, 42, 44, 46, and 47.

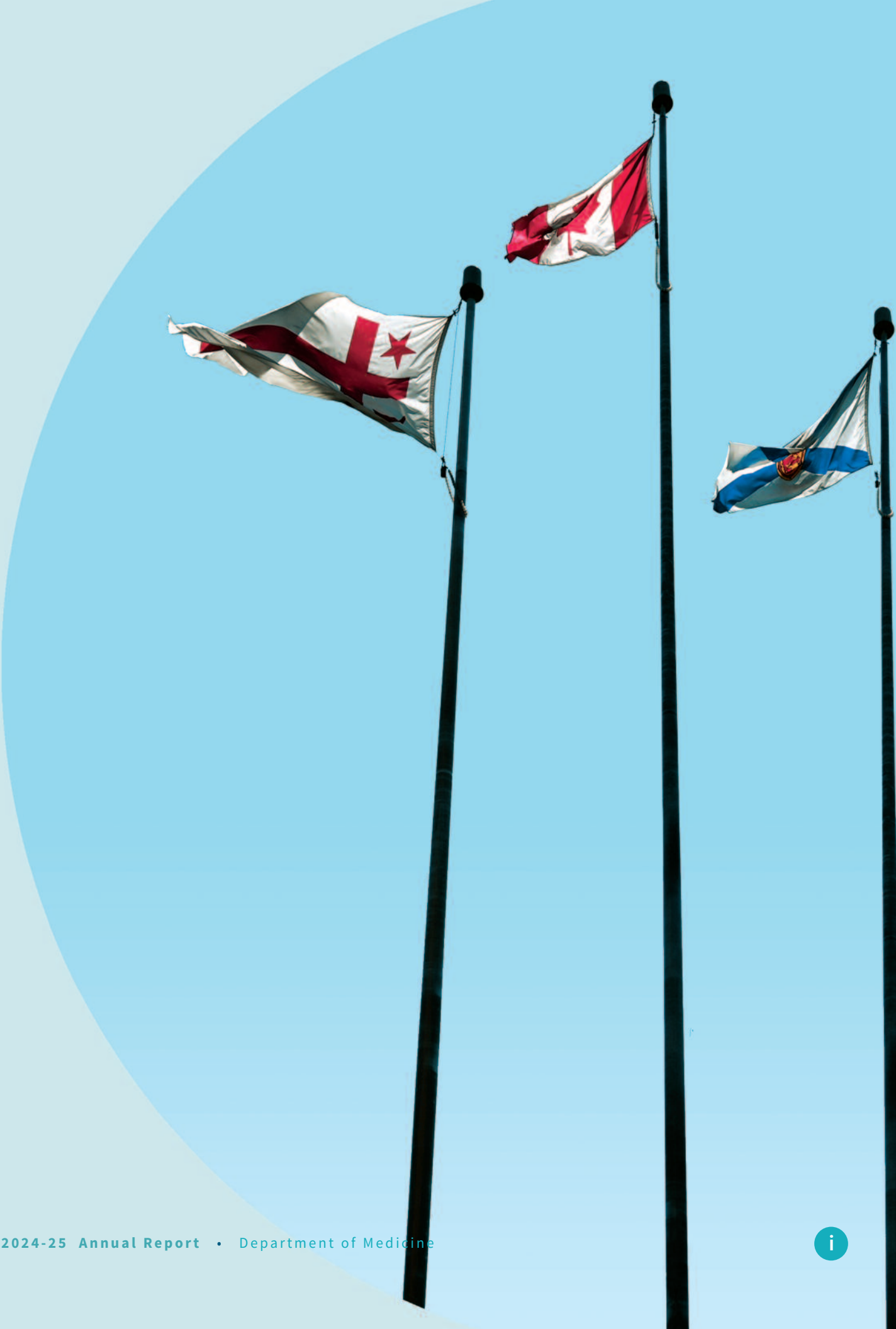




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Greetings

Message from the Department Head

This year asked a lot of us. Referrals climbed, beds ran over capacity in many areas, and the complexity of patient needs continued to grow. Yet what stands out most is how we met those pressures together. Our theme, Communities of Care, reflects the simple truth that our strength lives in connection: with each other, with patients and families, and with partners across the Faculty of Medicine and healthcare system.

You'll see that spirit throughout this report. Teams redesigned access to help people reach the right expertise sooner: centralized triage and shared waitlists in several services; redesigned referral pathways and a Virtual Ward to support safer, earlier discharge; and stroke and geriatrics models that bring timely, goal-aligned care where it's needed.

Many programs also moved services closer to where people live: advanced endoscopy in Dartmouth, in-home dialysis, nurse-practitioner-led oncology clinics, approaches to palliative care that prioritize care at home or direct admission when appropriate, and neighbourhood clinics delivered with community health partners.

“Together, we teach, learn, and discover to build high quality, compassionate care, one connection at a time.”

Our academic mission thrived alongside the care we gave. Faculty earned national and international recognition for their academic work. We added newly endowed research chairs and our physician and PhD researchers received external research funding that advanced discovery directly impacting patient care. Our learners benefited from freshly accredited programs and strengthened teaching.



We welcomed new colleagues, celebrated milestones and retirements, and deepened interprofessional practice among the professionals who make our care possible: associate physicians, pharmacists, nurses, technologists, and many other health care professionals.

We still face real constraints – physician resources haven't kept pace with clinical demands, long wait times persist in many areas, and on-call pressures continue to grow. Despite these challenges, the year affirmed that progress comes from partnership and a culture that prioritizes shared problem-solving. Thank you to patients and families for your trust; to our teams for your dedication; to our academic department members across the Maritimes for your leadership; and to our collaborators across the Faculty of Medicine and Nova Scotia Health for your steadfast support.

Together, we teach, learn, and discover to build high quality, compassionate care, one connection at a time.

Christine Short, MD, FRCP(C), FACP

Head, Department of Medicine, Dalhousie University
Central Zone, Nova Scotia Health
Associate Professor of Medicine, Dalhousie University



Our Vision

A vibrant department respected for its culture of collaboration and commitment to the health of its communities.

Our Mission

Together, we advance patient care by fostering excellence in research and education.

Our Values

- **High-value care:** Strive for optimal outcomes and available resources, every day for every patient.
- **Continuous drive for improvement:** Never compromise our conviction that high quality research and education are essential to delivering high quality care.
- **Respect:** Show others that we value and appreciate them through our words, actions and relationships.
- **Forward-thinking:** Take the long view; consider what's needed now and 20 years out.



Who We Are & What We Do

United by our mission to advance patient care through excellence in research and education, the following snapshot profiles who we are and what we do: our specialized divisions, the people who power them, the care we provide, the learners we teach and mentor, and the research we lead.

These metrics reflect the coordinated effort and shared purpose of our department: **communities of care working together to deliver care, teach, and discover.**

OUR SPECIALTIES

Cardiology
Clinical Dermatology & Cutaneous Science
Digestive Care & Endoscopy
Endocrinology
General Internal Medicine
Geriatric Medicine
Hematology
Infectious Diseases
Medical Oncology
Nephrology
Neurology
Palliative Medicine
Physical Medicine & Rehabilitation
Respirology
Rheumatology

OUR PEOPLE

- 226 AFP Subspecialty Physicians
- 5 PhD Researchers (Dal and NSH)
- 7 Endowed Research Chairs
- 607 Dalhousie Faculty Appointments (Academic; joint/cross/adjunct, community-based specialists)
- 156 Medical Residents (PGY1-PGY6)
- 97 Administrative Professionals

PATIENT CARE

- 218,948 Ambulatory Care Registrations
- 152,968 In-Person Visits
- 51,708 Virtual Visits (including phone, Zoom, Telus, MEDEO, Real Presence & Telehealth)
- 70% In-Person
- 24% Virtual
- 126,740 Inpatient Days of Care/Daily Inpatient Care Visits
- 26,172 Inpatient Consult Visits
- 2,442 Consults by the Senior Internist in the ED
- 178,428 Other Services (such as ECGs, Echos, PFTs, Caths, EMG, etc.)

EDUCATION & TRAINING

- 156 Medical (postgraduate) Residents
- 106 Med 3 Clerks attended a total of 424 internal medicine subspecialty rotations (12-week long internal medicine track in which students choose 4 out of 16 available subspecialty rotation options)
- 154 Med 4 Clerks attended a total of 204 electives (an elective is 2-4 weeks in length)
- 201 Staff taught 373 different sessions for Med students

RESEARCH & DISCOVERY

- 258 Peer-reviewed publications (by 387 Department of Medicine authors)
- 99 Published abstracts (by 148 Department of Medicine authors)
- 58 Non-peer-reviewed publications (by 59 Department of Medicine authors)
- 108 Research oral presentations (by 174 Department of Medicine authors)
- 149 Poster research presentations (by 221 DoM authors)

RESEARCH FUNDING

Total Research Funding – \$13,961,984

\$ Total funds (by division) received from Nova Scotia Health and Dalhousie in the 2024-2025 fiscal year (April 1, 2024 to March 31, 2025).

1,126,387 Cardiology	24,044 Dermatology	473,552 Digestive Care & Endoscopy
1,190,387 Endocrinology & Metabolism	57,914 General Internal Medicine	1,263,147 Geriatric Medicine
4,802,177 Hematology	1,034,130 Infectious Diseases	1,000,194 Medical Oncology
1,674,544 Nephrology	558,614 Neurology	124,622 Palliative Medicine
64,288 Physical Medicine & Rehabilitation	477,510 Respirology	90,475 Rheumatology



Division Highlights

This year's division highlights reflect a **shared commitment to better care and easier access.**

Among many achievements outlined by our division leaders, you'll read about the expansion of clinics and streamlined referral pathways; new interdisciplinary models; advanced practice through research, education, and leadership; and much more.

Cardiology



The Division of Cardiology’s focus this year was on patient care, research, and education through innovation and collaboration. **Dr. Ratika Parkash** was appointed the **Heart & Stroke Foundation of Nova Scotia Endowed Chair in Cardiovascular Outcomes Research**, recognizing her leadership and dedication to advancing cardiac research. **Dr. John Sapp’s** landmark study, published in the *New England Journal of Medicine*, proved that first-line catheter ablation is superior to antiarrhythmic drugs for the treatment of ventricular tachycardia in ischemic cardiomyopathy – demonstrating significant reductions in death, VT storms, and ICD shocks, and establishing a new standard of care.

Reflecting the division’s commitment to excellence in clinical and academic medicine, **Dr. Chris Koilpillai** received the Department of Medicine Brian M. Chandler Lifetime Achievement Award in Medical Education, **Dr. Nick Giacomantonio** received the Department’s Achievement Award for community cardiovascular health leadership, and **Dr. Gabrielle Horne** earned a Clinical Excellence Award for her work with the Maritime Connective Tissue Clinic. Community engagement also flourished through initiatives such as **Heart Valve Disease**

Awareness Week and local and national engagement through **Wear Red Day**. Meanwhile, a shared community cardiology position **improved access to general consultations – serving 3,000 patients this year.**

Dr. Ata Quraishi
Division Head

Dermatology



This year, we continued to provide high-volume, quality care for the dermatologic needs of Nova Scotians, with consistent effort across the whole division to improve patient experience in as many ways as possible.

With a team of devoted admins, four full-time AFP dermatologists, eight residents, and strong community partners, we accomplished a lot: 4-4.5 clinic days weekly at Bayers Lake Community Outpatient Centre (BLCOC); expanded specialized services (vulvar dermatology, cutaneous toxicity, transplant skin-cancer, and a Fotofinder/pigmented-lesion clinic); continued outreach in Indian Brook and Millbrook; and ongoing telemedicine to Aberdeen. The Mohs clinic remained busy providing non-

melanoma skin cancer treatment. We also reorganized patch-testing clinics to enhance patient care and teaching, and improved our ability to offer timely advice by revising our call structure and by using Virtual Hallway, a digital peer-to-peer consultation platform.

In addition, our residents presented at Atlantic Provinces Dermatology Association and the Canadian Dermatology Association (CDA)’s centennial meeting in Halifax at which **Dr. Ashley Sutherland** and I were recognized for our work. Dr. Sutherland received the CDA Early Career Volunteer Award and I received the CDA Award of Merit. Dr. Sutherland and I also served as city co-chairs for our annual scientific meeting.

We’d also like to extend congratulations to **Drs. Joel Bergman** (joining us as full-time academic with protected research time) and **Jeff Wang** (now in Ottawa community practice) on completing PGY-5.

Dr. Kerri Purdy
Division Head

Digestive Care & Endoscopy



Demand for digestive care continues to climb. In 2024-25 we received **9,876 consults – up from 5,599 in 2019-20** – with wait times in endoscopy rising.

We responded by expanding advanced endoscopy care close to home: Radiofrequency Ablation launched at Dartmouth General in January 2025 with **Dr. Robert Berger**, ending the need for patients to travel to Moncton; Endoscopic Submucosal Dissection began under **Dr. Harrison Petropolis**, enabling en-bloc removal of high-risk lesions and often avoiding surgery; and **Dr. Rachel Sullivan** now leads our AXIOS Stent and Electrocautery-Enhanced Delivery System program for cyst and gallbladder drainage in non-surgical candidates.

We also marked the retirement of **Dr. Kevork Peltekian**, the founder and pillar of hepatology services for Atlantic Canada. With his legacy in mind, we look forward to continued access expansion across our many communities of care.

Dr. Dana Farina
Division Head

Endocrinology & Metabolism



Endocrinology was busy this year under increasing clinical demands and a changing patient-care landscape.

Our small team of ~6 saw nearly 13,000 patients, providing secondary, tertiary, and quaternary care. We also launched Canada’s first publicly funded radiofrequency ablation program for thyroid nodules and established a rare-disease registry for uncommon endocrine disorders to enhance patient care and research. Our multidisciplinary program **generated over \$1M in research revenue** and it continues to attract fellows nationwide.

For students, we created a volunteer pathway, which helps patients benefit from smoother clinic visits and added support while giving students valuable learning and mentorship opportunities.

We also welcomed **Dr. Nadine Vaninetti**, a bone-disease specialist, to grow a bone research program.

I heard from one of our national colleagues this year that Halifax is viewed as a centre of excellence in Endocrinology. This gave me a lot of pride in our people who work tirelessly to achieve excellence in every area. Building on this excellence, we look forward to expanding our model of care to involve nurse practitioners and hospitalists with a goal to streamline services and continue improving patient care where it’s most needed.

Dr. Ali Imran
Division Head

General Internal Medicine



To meet surging inpatient demand this year, General Internal Medicine went above and beyond the call of duty. The Division has transitioned to carrying **87% of overall Medical Teaching Unit (MTU) coverage (including the new MTU-C) and 95% of Semi-Nocturnist shifts.** Bed numbers climbed from the 50s (2023) to the 70s-80s in early 2025, despite a staffing model built for 42 beds.

In addition, we piloted a Virtual Ward for earlier supported discharge, redesigned Emergency Department referral pathways with Hospital Medicine, and earned first-time accreditation for the Associate Physician program. Furthermore, **Dr. Nabha Shetty’s** leadership of The Greener Medical Teaching Unit (MTU) initiative catalyzed a powerful multidisciplinary effort across Medicine, Pharmacy, Nursing, Environmental Services, Food and Nutrition Services, and Infection Prevention and Control while integrating learners in multiple domains on the MTU – work recognized nationally.



GIM team at work

We also expanded our community care clinics this year by deepening ongoing relationships with the North End Community Health Centre & MOSH (Mobile Outreach Street Help), and, with the help of **Dr. Tommy Brothers**, advanced harm-reduction care in hospital through Nova Scotia Health's new 'Harm Reduction' policy.

Despite the increasingly pressing and challenging inpatient service demands, we remained focused on providing a nimble and effective service to the Department and QEII, which couldn't be possible without our incredible team.

Dr. Travis Carpenter
Division Head

Geriatric Medicine



Our division reshaped access to geriatric care this year through a new centralized referral and triage system, co-led by **Lexie Steeves-Dorey**, **Dr. Maia von Maltzahn**, and **Dr. Samuel Searle**, with support from **Heather White**. Along with expanded clinic and

home-visit capacity – including a Dartmouth site – and fuller use of our interprofessional team, these changes **reduced wait times by over 340 days and increased patient volumes by 40%** compared to 2023, which has been an astonishing feat.

Building on this progress, **Dr. Alison Dixon** launched a clinic for older adults with Parkinson's and movement disorders, offering care in Halifax, Dartmouth, and through home visits. The clinic takes a team-based approach, engaging nursing, physiotherapy, occupational therapy, social work, and pharmacy to provide comprehensive, community-centred care.

Research and academic activity also thrived, with more than 40 publications in leading journals. **Dr. Ken Rockwood** was appointed an

Officer of the Order of Canada, **Dr. Sultan Darvesh** received the King Charles III Coronation Medal, and **Dr. Kata Koller** was named Division 5 Representative to the Royal College. **Dr. Alison Dixon** and **Dr. Maia von Maltzahn** also received departmental awards for clinical and educational excellence.

Dr. Paige Moorhouse
Division Head

Hematology



Waitlists began to ease this year – a tangible sign that our access work is paying off.

Academically, our research momentum grew under **Drs. Amy Trottier** and **Luke Chen**. Dr. Trottier secured a Research Nova Scotia New Health Investigator grant (\$89,235 over two years) to pilot DNA-from-nail-clippings for germline testing in blood cancers.

Meanwhile, Dr. Chen's work reached broad audiences through institutional features published by Dalhousie and Every Cure as well as international coverage from the New York Times and New Yorker. He also received the

Department's Grand Rounds Excellence award.

Our team also grew with **Dr. Ron Yan's** arrival, while **Dr. Alfredo de la Torre** advanced expertise in cellular therapy during a fellowship in Spain. Next, we're preparing to broaden options for Nova Scotians through CAR-T and other novel therapies.

Dr. Sudeep Shivakumar
Division Head

Infectious Diseases



This year, Infectious Diseases widened access while strengthening provincial leadership.

At the Sexually Transmitted Infections Clinic, led by **Dr. Todd Hatchette**, we introduced online Qmatic booking, self-collection visits, an extra evening clinic, and additional nursing resources – changes that have **more than doubled monthly patient throughput**.

Our outreach capacity grew as well under **Dr. Mariah Hughes'** passion, who was recognized with the DoM Clinical Excellence Award. **Dr. Mark Robbins'** expertise in Transplant ID

was highlighted by Dalhousie's Early Career Award of Excellence in Clinical Practice. With many pharmacy partners including **Drs. Tasha Ramsey** and **Emily Black**, we also helped shape Nova Scotia's Antimicrobial Resistance Action Plan to improve outpatient antimicrobial use.

Additionally, we grew our team by welcoming **Dr. Alexander Pupek** who specializes in tropical medicine, and our members have continued to take on high-level leadership roles: I began my term as President of Doctors Nova Scotia, and **Dr. Mark Downing** stepped into the role of DoM's Deputy Department Head, Clinical.

Dr. Shelly McNeil
Division Head

Medical Oncology



Reflecting on the year, I will say that exemplary cancer care – in all ways – is what anchored us.

With Cancer Care Program partners, we made great advancements with the Oncology Triage Project. Whereas

referrals were previously sent to individual physicians as they were received, they are now reviewed centrally, divided by tumor site of expertise, assigned a clinical priority, and scheduled as soon as possible with the next available physician.

We also grew capacity by welcoming **Drs. Julian Surujballi and Abdul Farooq**; adding a general practitioner in oncology; expanding the associate-physician program; and broadening nurse-practitioner roles, including immunotherapy and breast cancer care. Upon arrival, Dr. Surujballi was designated our Quality Lead and has helped to drive workforce planning. Dr. Farooq very quickly developed a busy clinical practice in the areas of hepatobiliary and upper gastrointestinal malignancies.

Expanding in other ways, our community oncology programs continue to foster treatment closer to home, and, spearheaded by **Dr. Ravi Ramjeeasingh**, we launched *Nova Scotia Oncology Research Day*, which brought together over 200 multidisciplinary healthcare professionals from across Eastern Canada.

Overall, our division members have continued to optimize their work within an increasingly complex and challenging care environment, while maintaining academic and educational excellence.

Dr. Ashley Davidson
Division Head

Nephrology



Across Nova Scotia, we helped kidney care move closer to where people live.

In 2024, the Kidney Transplant Program performed over **140 kidney transplants**, and our Central Zone Kidney Transplant Program follows over **550 Nova Scotians**. Our dialysis program has supported care closer to home by opening several hemodialysis facilities across Nova Scotia. We also launched the Multi-Care Kidney Clinic in Central Zone to support people with eGFR <15 with their kidney care and kidney replacement therapy planning. In November, our Home Dialysis Program opened the New Start Unit and helped more patients transition to independent therapies.

Research in the division also thrived. The Kidney Research Institution of Nova Scotia (KRINS) received a \$1M gift from Bob and Nancy Vanwart to study cognitive impairment and arrhythmia burden in dialysis patients (led by **Dr. Tennankore**) and our team earned Canadian Institutes of Health Research funding (**Dr. Vinson**) as well as national awards (**Drs. Soroka, Thorne**).

In addition, **Dr. Jo-Anne Wilson** embarked on an innovative area of research focused on engaging community pharmacy in the safe prescription of medications for patients with kidney failure. We would like to acknowledge all of the wonderful, caring, and patient-focused people on our care teams and in our clinical research program. To all the nurses, social workers, pharmacists, medication-access staff, renal assistants, and administrative staff who work together, we truly appreciate your commitment to providing exceptional care.

Drs. Steven Soroka, Karthik Tennankore
Co-Division Heads

Neurology



Annual Neurology Curling Bonspiel, October 2024

This year, the Division of Neurology continued to provide high quality care despite facing many challenges.

Patient volumes and demand grew across all programs, with new referrals and inpatient services consistently exceeding capacity. Neurology on-call work also escalated, placing additional strain on community neurologists and creating pressures for recruitment and retention.

Despite these challenges, the **Acute Stroke Unit benefited greatly from the award-winning NSH Early Supported Discharge Program**, which enables stroke survivors to return home sooner with strong supports in place, earning uniformly positive feedback from patients and families. Another major advance was the **implementation of the Acute Stroke Nurse role**, which has improved door-to-needle times for IV thrombolysis and strengthened acute stroke response.

Additionally, education and research remain vital strengths. All PGY4 and PGY5 residents succeeded in Royal College exams, and Research Director **Dr. Ben Whatley** – who, despite high clinical demands, has developed an impressive body of work – advanced CIHR- and NSH-funded epilepsy studies, including the first human trial linking blood-brain barrier dysfunction and epilepsy.

Looking ahead, the division is focused on expanding capacity through new physician FTEs, additional administrative support, and dedicated acute stroke beds. Guiding all of this is a culture of innovation, compassion, and service – and a team that’s always asking, ‘*how can I help?*’ You have never met a more dedicated or caring group of people.

Dr. Gordon Gubitz
Division Head

Palliative Medicine



With patients and families front of mind, we **expanded our Palliative Care Unit by two beds** this year and doubled down on care that aligns with people’s goals – avoiding emergency visits when that’s not what they want. Instead, when appropriate, we arrange direct admissions for end-of-life care and we support care at home: approaches that ease stress and improve quality of life for patients and that reduce pressure on acute care.

As for our team, we grew with the addition of **Dr. Maya Kovacs**, and four colleagues achieved Royal College certification in Palliative Medicine.

We also strengthened research leadership as one of ten national hubs in the Pan-Canadian Palliative Care Research Collaborative, led locally by **Dr. Caitlin Lees**.

Drs. Caitlin Lees, Liz Amos
Co-Division Heads

Physical Medicine & Rehabilitation



2024-25 was a year marked by collaboration and innovation for our division. We launched new initiatives such as the Rapid Musculoskeletal (MSK) Trauma Clinic, the Surgical Procedures for Ameliorating Spasticity (SPASM) Clinic for upper extremity spasticity, and phenol neurolysis for spasticity management – **making Halifax the first centre in Atlantic Canada to provide this treatment**. We also began rehabilitation and trauma consults in March 2025, further strengthening continuity of care across the system.

Research activity included a **landmark study by our Wheelchair Research Team**, which demonstrated that delays in wheelchair provision are

associated with longer hospital stays. This work has prompted a randomized trial now underway to test whether faster access can reduce both length of stay and costs. Educationally, three residents graduated in June 2025, and we welcomed a new staff physiatrist to begin in 2026.

Every day provides new reminders that **what might be routine tasks for us can be life-changing turning points for our patients' quality of life**. We are dealing with a unique, ageing population with increased rates of chronic disability, and looking ahead, we are counting on the Nova Scotia government to approve additional positions for residency training and staff positions in Physical Medicine & Rehabilitation.

We're also excited about the opening of the Upper Extremity Lab in June 2025 and plans to establish a Gait Analysis and Innovation in Treatment (GAIT) Lab in partnership with the QEII Foundation.

Dr. Amra Saric
Division Head

Respirology



This year, Respirology **matched or exceeded pre-pandemic activity across clinics, pulmonary function, sleep studies, and bronchoscopy**. Under **Dr. Sarah MacIsaac's** leadership, we launched provincial, multidisciplinary interstitial lung disease case rounds with respirology, thoracic surgery, chest radiology, and pathology.

Education advanced with Royal College accreditation for Sleep Disorder Medicine AFC (led by **Drs. Debra Morrison, Margaret Rajda, and Alex Nelson**) and a refreshed Med-2 respiratory skilled clinician course. Research stayed strong: the CanCOLD study has **received over \$14M and produced 80+ publications**.

Under the co-leadership of **Dr. Colm McParland**, Medical Director of the Pulmonary Function (PF) laboratory, Director **Cynthia Stockman**, and Manager **Judith Turner**, the QEII PF Laboratory team received an 'Unsung Heroes' award from Nova Scotia Health for dramatically reducing wait times for PF testing, all while replacing PF equipment and recruiting and training new technologists.

We also expanded the lung-transplant team, led by **Dr. Meredith Chiasson**, which now cares for **~90 post-transplant patients from Nova Scotia and PEI**. Colleagues **Drs. Sanja Stanojevic and Graeme Rocker** were honoured with King Charles III Coronation Medals.

Looking ahead, we're excited to welcome **Dr. Alexandra Ditttrich** back to Halifax after completing a cystic fibrosis and lung transplantation fellowship at University of Toronto;

her work will help us meet growing clinical demand in these subspecialty areas.

Dr. Paul Hernandez
Division Head

Rheumatology



Despite limited clinical FTE, we continued to see high volumes of complex patients this year. With a rheumatologist in every Nova Scotia zone, we review every referral and redirect when appropriate, so people see the right specialist close to home.

Our division also saw major academic milestones: **Dr. Evelyn Sutton** completed ten years as Associate Dean of Undergraduate Medical Education and the **Quigley Family Endowed Chair in Rheumatology was awarded to Dr. Alexandra Legge**. This Research Chair was the vision of **Dr. John Hanly**, Rheumatology's former research director, who worked tirelessly with the NSH Foundation to bring this to reality. By facilitating the development and fundraising for this position, Dr. Hanly has left our Division with a legacy of dedicated

funds to support and protect rheumatology research at Division with a legacy of dedicated funds to support and protect rheumatology research at Dalhousie/DoM, and we couldn't be more thrilled that it was awarded to Dr. Legge, who is a major researcher in our division.

Clinically, our **Early Inflammatory Arthritis Clinic continues to prove why our work matters**. Seeing patients with a high probability of new inflammatory arthritis allows us to provide care that protects their physical function, employment, and quality of life.

We also converted two vacant fee-for-service positions to AFP and are finalizing two new hires. They'll be joining a team of tremendous clinicians whose hard work remains steadfast even in the face of shortages in clinic space – as well as staff who continue to put patients first.

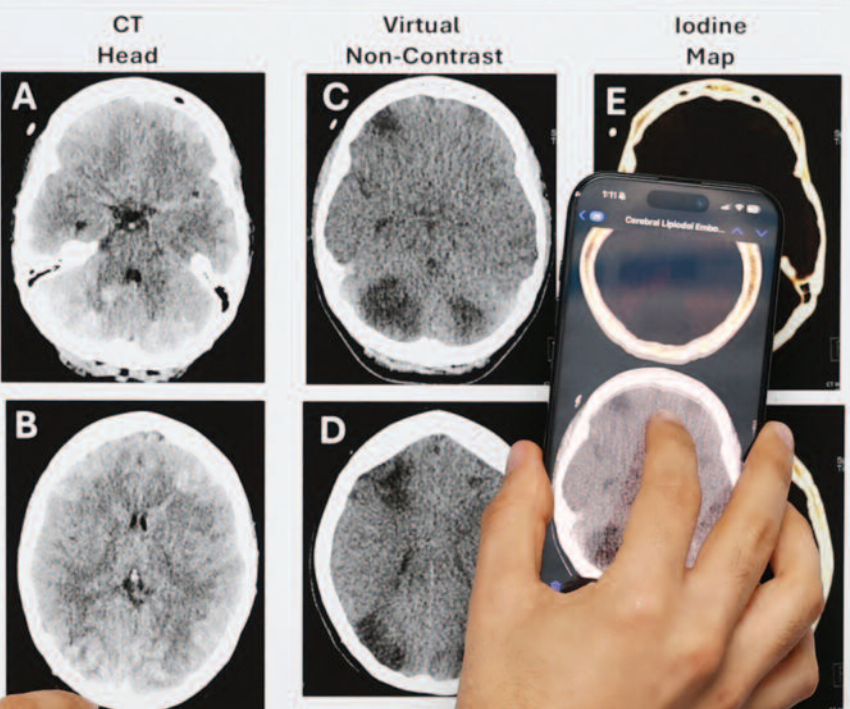
Dr. Trudy Taylor
Division Head



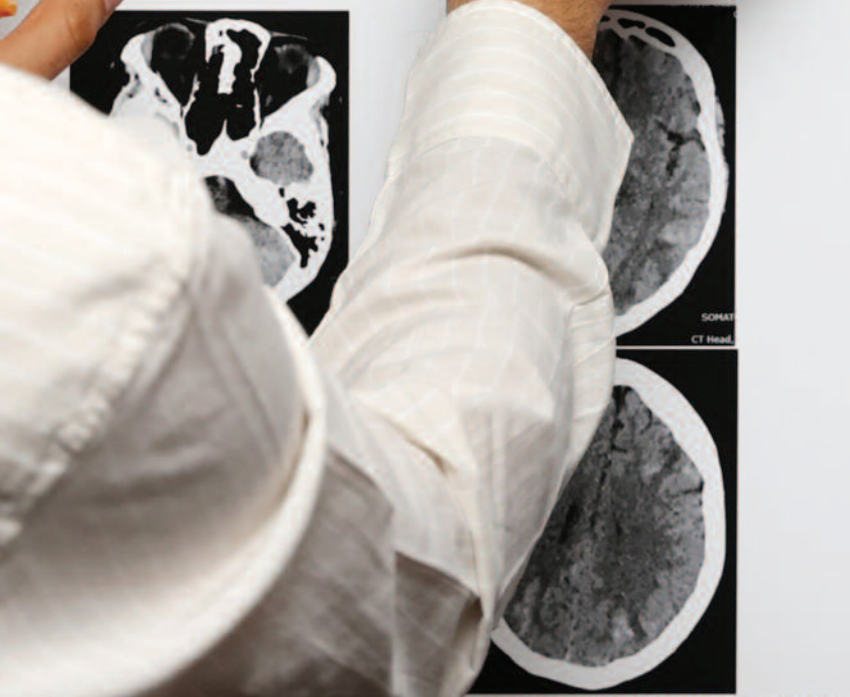
phatic procedures that use
of CLE include
edness.
stic

initial CT head scan. This confirmed the diagnosis of CLE because the hyperintense signal was not present on virtual non contrast images (excluding acute intracranial blood) and was present on the iodine map (iodine is present in lipiodol).

After being medically optimized and treated with IV fluids, she was transferred to the rehabilitation hospital for intensive inpatient occupational therapy and physical therapy. She recovered to an independent state with minor residual right arm weakness/sensory loss. A CT Head scan (Figure 3) showed interval resolution of edema and lipiodol with territorial infarcts in hemispheres and cerebellum.

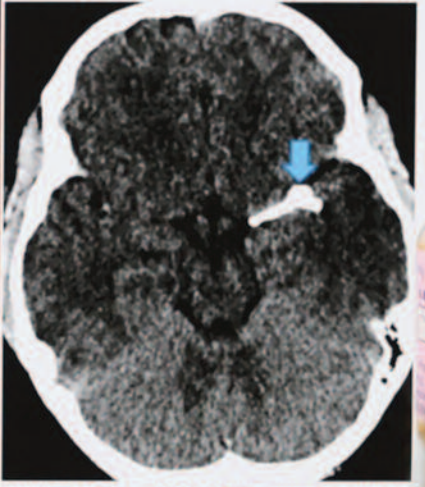


2. Dual Energy CT Head scan
phangiographic procedure. CT Head
attenuation lesions in both cerebral and cereb
lesions do not appear on the Virtual Non-Con
, the lesions appear red, which is consistent

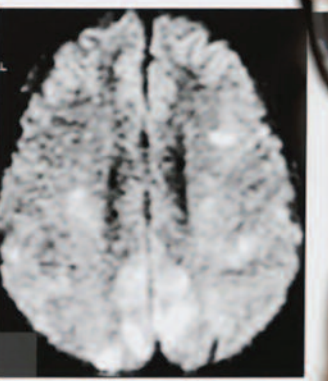


Contrast CT Scan obtained 16 days after the
resolution of territorial infarction of territorial
infarcts in the occipital lobes and small cortical infarcts in both cerebral hemispheres
and the left cerebellar hemisphere.

headache (2), and headache (2) as
procedure¹⁻³. CLE demonstrated in
CT Head images in each of these cases
uniquely captured lipiodol within the middle
as a 'hyperdense MCA sign' on a non-contrast CT



Although an MRI Brain was not done
published reports show MRI scans with
in both cerebral hemispheres¹⁻².



Published case reports show that patie
rehabilitation either back to baseline o

Conclu

The clinical presentation and diagnostic
to other published case reports/serie
entity¹⁻⁵. To our knowledge, howev
documented patient with CLE secondary
and pulmonary artery anastomosis to asce

It is therefore reasonable to consider CLE
complex congenital cardiac anomalies
procedures using lipiodol.

This case also highlights the
distinguishing contrast d

- References:
1. Wu L, Yang YF, Liang J. Transcatheter arterial lipiodol embolization for the treatment of intracranial aneurysms. *World Neurology*. 2014;16(3):398-400.
 2. Kirschen MP, et al. Lymphatic embolization for the treatment of intracranial aneurysms. *World Neurology*. 2014;16(3):398-400.
 3. Yoo KM, et al. Arterial embolization for the treatment of intracranial aneurysms. *World Neurology*. 2014;16(3):398-400.
 4. Cox M, et al. Lipiodol embolization for the treatment of intracranial aneurysms. *World Neurology*. 2014;16(3):398-400.
 5. Geer, et al. Lipiodol embolization for the treatment of intracranial aneurysms. *World Neurology*. 2014;16(3):398-400.



Education, Research, & Quality Improvement

Together, education, research, and quality improvement turn any clinical department into a **learning health system** – forming their own community of care, preparing the providers of tomorrow, and making care safer and better for patients.

Here, you'll find updates from our Education, Research, and Quality Improvement portfolio leaders, a spotlight on our Internal Medicine Residency Program, and a special feature on **Dr. Ratika Parkash** from the Division of Cardiology, who was named the Heart and Stoke Foundation's Endowed Chair in Cardiovascular Outcomes this year.



Education

Improved Training Experiences in 2024-2025

As a clinical and academic department, our education portfolio is where our “communities of care” take shape – training **75 Core Internal Medicine (Core IM) residents (PGY1-3)** across our teaching sites through a mapped, hybrid Academic Half Day (AHD) that aligns with Royal College competencies.

Adding a **Lead Resident** for the NB, Moncton regional stream and maintaining a rota of lead residents in Halifax and Saint John strengthened shared leadership across the Core IM program this year.

The year also brought meaningful improvements to the learning environment: a **third Medical Teaching Unit (MTU)**, a more consultative **emergency department (ED) rotation**, and a re-energized MTU education committee – changes that eased moral distress and burnout for learners and faculty. We also expanded flexibility and career exploration with a **second PGY2 elective** and a **Research selective**; notably, **two Core IM trainees** are now in the Clinician Investigator Program. And lastly, our commitment to open dialogue through resident town halls is keeping concerns visible and solvable while also strengthening trust and belonging.

DoM



Exemplary Leadership

We’re proud to recognize **Dr. Peter Gregory** who received the Department’s Stephen Couban Award for his resident mentorship, and we’re also proud to celebrate important leadership transitions: **Dr. Maia von Maltzahn** as Program Director, effective June 1, 2025 (as I have taken on a new role as Associate Dean, Continuing Professional Development and Medical Education (CPDME) effective April 1, 2025), and **Dr. Joffre Munro** as Assistant Dean, Clerkship, effective March 2025. We thank **Dr. Jorin Lindensmith**, as well, for longstanding excellence on the Residency Program Committee (RPC).

Under this new leadership, the Department is excited to continue adapting to learner needs and advancing education to better serve our communities.

Dr. Lori Connors, Associate Dean, CPDME

Education Spotlight

Spotlight on the Core Internal Medicine Residency Program: Building Community and Leadership in Residency

At Dalhousie University, the Core Internal Medicine (Core IM) Residency Program is putting education first while also preparing future leaders.

Education Comes First

“Education is at the forefront of the experience for residents,” says incoming program director **Dr. Maia von Maltzahn** (pictured right). She describes a culture built on mentorship, feedback, and psychological safety. “There has been a strong commitment at the postgraduate level and in the Department of Medicine to create a learning environment that is supportive and psychologically safe.”

That approach has paid off. “I met with a number of residents from the graduating 2025 cohort, and there was a universal sentiment: they felt ready for practice and subspecialty training. I think that speaks to the connection trainees have made with faculty during their time in the program.”

Training Across the Region

Residents train at the QEII, Dartmouth General, Saint John Regional, and in regional and community hospitals across the Maritimes. “They do rotations in regional and community centres, and those are consistently positive experiences where they gain independence and valuable teaching from community-based physicians,” Dr. von Maltzahn says.

Equally important is the sense of belonging. Weekly lunches, an annual resident retreat, and regular faculty connections help create a sense of community. “We make a concerted effort to keep those connections strong.”

Preparing Tomorrow’s Leaders

Leadership development is also a priority. “One of my goals is for trainees to feel like they can be leaders in the healthcare system regardless of where they end up working. I hope residents feel prepared to be leaders, whether they work in an academic centre or in a community hospital.”



Dr. Maia von Maltzahn
Core IM Program Director



Dr. Aaron LeBlanc
Saint John Core IM Site Director

The program stays responsive, too. “When there are challenges in clinical learning environments, our program has worked with Department of Medicine leadership to ensure the education mandate leads decision-making.” Monthly town halls also keep learner feedback flowing; this practice was instituted by the previous program director, **Dr. Lori Connors**, but Dr. von Maltzahn intends to maintain this important communication channel.

Adapting to Change

Looking ahead, Dr. von Maltzahn is preparing for new challenges like the move to One Patient One Record (OPOR). “Any training program always needs continuous effort to make sure its needs are being met. I anticipate that the switch to OPOR will be a critical inflection point, and we will be strong advocates for the infrastructure and technological support we will need to make this transition a success.”

Above all, Dr. von Maltzahn says she is very fortunate: “I feel lucky to be a part of this program and to share in its success and the future of the residents.”





Visit Dal Solutions (dal.ca/research-and-innovation/dal-solutions) to read about Dr. John Sapp's breakthrough in heart treatment best practice – sparking a global rethink for life-threatening cardiac arrhythmias.

Photo by: QEII Health Sciences Centre
Dr. Sapp photo by: Daniel Abriel

Research

Advancing Research at Every Opportunity

The Department’s research portfolio had a prolific year – **258 publications, 108 oral and 150 poster presentations, 208 lectures, 142 peer reviews, 48 grant-panel roles, 4 Research Ethics Board (REB) participations, and over 13M in research funding** – showing the impressive breadth of our work.

We continued to **invest in our communities of care** by backing ideas at every career stage: University Internal Medicine Research Foundation (UIMRF) grants were awarded to **Drs. Nabha Shetty, Thomas Brothers, and Vicki Munro**, and research training through the Clinician Investigator Program for **Drs. Lucy Eum, Jasmine Mah, and Ayla Raabis**.

We also celebrated excellence across roles: Research Excellence Awards went to **Drs. Michael Stewart, Janet Roberts, and Amanda Vinson**; Research Staff awards to **Elizabeth Larsen and Suzanne Greeley**; and the DoM Lifetime Achievement in Research Award to **Dr. John Sapp**.

Building Reputation and Collaboration

Our community’s reputation grew worldwide, too: **Dr. Kenneth Rockwood was appointed to the Order of Canada** and received major international honours, underscoring our global leadership in frailty research. Canadian Institute of Health Research (CIHR) recognized **Chris Blanchard** for CIHR peer-review excellence, and for my own part, I am proud to have offered national public-health leadership at the National Advisory Committee on Immunization.

In the spirit of collaboration, we worked with our Quality Improvement Committee to create a combined Research, Innovation & Quality Day and ran a Quality Funding Competition, strengthening ties across our core functions. We look forward to continued service to our communities in the year ahead.

Dr. Melissa Andrew
Chair, Department of Medicine Research Committee



Research Spotlight

Revolutionizing Cardiac Care: Dr. Ratika Parkash on Digital Innovation, Equity, and the Future of Research

A national leader in cardiac electrophysiology and digital innovation, Division of Cardiology’s **Dr. Ratika Parkash** – named Heart and Stroke Foundation of Nova Scotia Endowed Chair in Cardiovascular Outcomes Research this year – has spent the last five years focused on transforming care for patients with heart failure and arrhythmias: two of the most common and burdensome cardiovascular conditions in Canada.

Her research aims to improve clinical outcomes overall, but especially to dismantle the structural barriers that prevent patients in rural and underserved areas from accessing high-quality care.

Research That Empowers Patients

Heart failure affects over 750,000 Canadians, and Parkash sees it as both a local and national priority. Her research spans device therapy, remote monitoring, and digital health innovations that allow for earlier intervention and better follow-up, which deliver what she describes as “better care than patients would otherwise receive.”

“Save lives, improve care, and make it accessible for everyone”

One of her current focuses is a digital health platform for cardiovascular risk management that prioritizes patient empowerment. “Instead of a family doctor trying to stay on top of everything, the platform helps patients advocate for their own care,” she explains. “I really do hope it will provide care uniformly, regardless of where patients live or how they speak. That’s how we save lives.”

Equity as a Design Principle

Parkash is candid about the inequities she sees in the system. “It’s not fair if people living in Antigonish may get inferior care,” she says. “It shouldn’t be that way.” Her

research now includes an explicit focus on equity, examining urban-rural divides, gender differences, and access gaps. These principles are embedded in the VIRTUES framework, a model of care she champions that builds patient security, understanding, and trust through better information, reduced travel burden, and personalized digital support. The environmental benefits aren’t lost on her either. “We had grand rounds on the carbon footprint this morning,” she notes. “This is something that would impact that too.”

Collaboration Across Boundaries

Parkash’s work is very collaborative. Within the Department of Medicine, she is working with colleagues in Geriatric Medicine to explore the intersection of frailty and device therapy. That collaboration was made possible, in part, by her Heart and Stroke Foundation of Nova Scotia Endowed Chair in Cardiovascular Outcomes Research, a role that gives her time, space, and research funds to pursue promising partnerships.

Her vision also extends beyond Halifax. “I’ve been working to understand where research lies at community sites such as the Annapolis Valley and Cape Breton so we can align under the same goal: get all patients involved in research if we can.” National and international partnerships further strengthen her work, with active collaborations in the United States, Australia, Germany, France, and the United Kingdom.

Sustaining a Culture of Research

The journey has not been without obstacles. Parkash points to the disruption of the COVID-19 pandemic as a major challenge, but also a turning point. “We came out the other side very strong,” she says, crediting the leadership of colleagues like **Laura Hamilton**, alignment with the Maritime Heart Research Centre, and a bridging grant from the Department of \$64,898. “No one is working alone. There is no solo researcher going it alone; they have support from our infrastructure.”



Still, clinical pressures remain immense, especially for physician-researchers. “Much of it is personal,” she reflects. “You have to ensure you’re doing the research but not sacrificing your personal life. If you’re supported by leaders, they don’t balk when you protect yourself.”

Looking Ahead

As the Department of Medicine evolves, Parkash remains focused on integration: of systems, data, platforms, and people. “Nothing works when it is separated,” she says. That’s why integration with OPOR, the province’s new One Patient One Record system, is a major priority for her team. The ultimate goal is simple but powerful: “Save lives, improve care, and make it accessible for everyone.”



Photo by the QEII Foundation

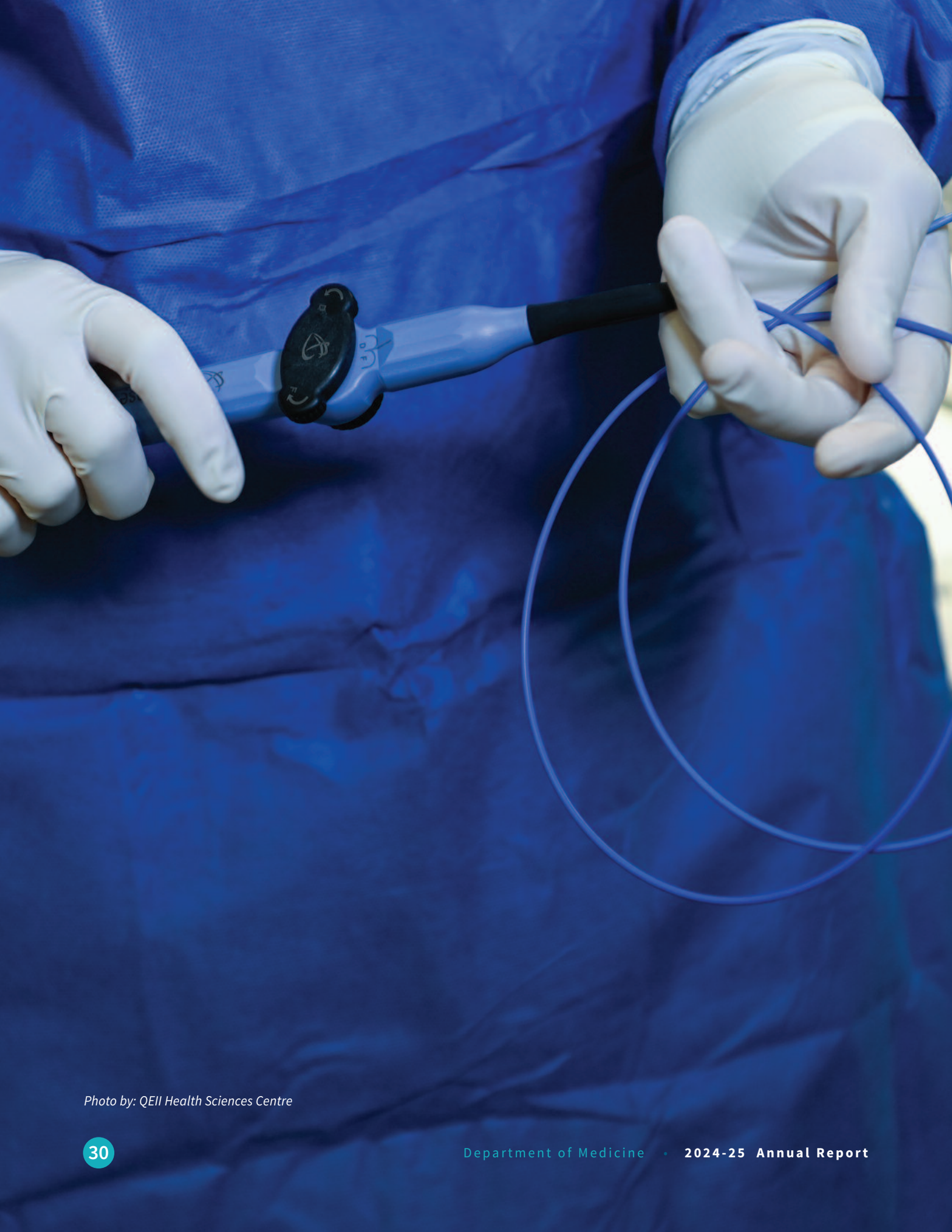


Photo by: QEII Health Sciences Centre

Quality Improvement

Investing in Improvement and Shared Learning

Quality Improvement (QI) in the Department of Medicine really embraced our communities of care this year by **convening seven divisions at the Department's Research, Innovation, and Quality Day** (May 28, 2025) and seeding frontline change through **five peer-reviewed QI Initiative grants (up to \$50,000 total)** – a tangible investment in better care, less waste, and shared learning.

We also launched the QI Seminar Series to give busy clinicians practical tools in improvement science. Our first series webinar, co-led by Nova Scotia Health's Quality Improvement & Safety team, clarified the differences between research and QI and earned strong feedback from novice participants.

Before its integration with Research Day, Quality Day (held in May 2024) featured guest speaker **Dr. Fahad Razak** (Canada Research Chair in Data-Informed Healthcare Improvement), who shared GEMINI database insights that are directly improving patient outcomes – underscoring the value of data-driven care. We also celebrated **Mirna Gerges**, recipient of Best Presentation by a Medical Student/Trainee.



Strengthening Safety and System Partnerships

To reflect our shared commitment to safety, the former QI Steering Committee evolved into the **Quality Improvement and Safety Committee**, aligning more closely with provincial partners to collaborate and build capacity. Our work is being noticed externally: **visiting colleagues have called our departmental approach "miles ahead,"** citing Quality Day and dedicated funding as a model for systems-level QI administration. We also continue to partner with Central Zone QI & Safety Council, DoM Executive, and the Strategic Planning Renewal Committee to embed improvement across programs.

Looking ahead, we're excited to build on this momentum to **improve clinical outcomes, reduce waste, and strengthen the health of our communities.**

Dr. Ferhan Siddiqi, Chair, Department of Medicine Quality Improvement and Safety Committee



Moving Forward, Together

In the following pages, you'll find stories of important work and promising initiatives in the Department of Medicine that were launched or advanced in 2024-25, even among the pressures and system-wide strain experienced this year. These examples are living **proof of how communities of care rise to meet challenges, making progress possible even in difficult times.**

While only a few stories are highlighted here, they reflect a broader reality: the Department of Medicine is actively evolving and consistently strengthened by connection and community.

DoM



From left to right: Drs. Alison Dixon, Alex Rogers, and Maia von Maltzahn

Faster, Closer, Better: How Geriatrics is Meeting the Needs of an Ageing Population

When pandemic pressures and long waitlists threatened timely care for older Nova Scotians, the Division of Geriatrics redesigned their approach from the ground up.

Tackling Wait Times

“The waitlist and the moral distress that comes from long wait times drove the work,” says Division Head, Paige Moorhouse. “We needed to find a way to get people seen earlier, by the right provider, and closer to home.”

Centralized Triage Takes Shape

The solution was a centralized triage program that reallocated resources to better meet patient needs, making care more accessible while helping to build a more responsive community of care. Referrals are now triaged by a geriatrician, and as Dr. Moorhouse notes, *“many patients’ needs can be met by a non-geriatrician provider; they’re seen faster by a nurse practitioner, social worker, occupational therapist, or pharmacist.”*

Care Built on Collaboration

A collaborative health team has been essential to the new triage system – along with support from managers, directors, and other health-system leaders. Nurse practitioners lead geriatric outreach teams based in Dartmouth and Halifax, while specialists like occupational therapists or social workers provide home visits when possible, to assess whether patients require a geriatrician’s expertise.

The centralized triage team has also collaborated with the movement disorder stream in the Division of Neurology, providing specialized support for people with frailty or movement disorders. The team is now exploring partnerships with a community geriatric psychiatrist to provide shared care for complex cases. As Dr. Moorhouse puts it, *“the team is nimble and flexible. We tried things, tweaked them, and learned along the way.”*

“We needed to find a way to get people seen earlier, by the right provider, and closer to home.”

Progress & Pressure Ahead

The program’s impact on patient care has been broad and positive. Patient postal codes are used to schedule appointments as close to home as possible – a practice that supports local communities and informs future resource planning. Patients also benefit from standardized referral processes and earlier access to specialized support. Streamlining these systems has even helped the Division of Geriatric Medicine identify other gaps and opportunities for equity-focused improvement.

There is still more to do. The team is exploring group follow-up visits, expanded education, crisis-management strategies, and stronger community support. Yet demand remains high – every week, referrals exceed what the team can accommodate. *“If you want to be responsive, you need some redundancy in resources,”* says Dr. Moorhouse. *“People can’t drop everything to respond to a crisis if they are fully booked.”*

Grounded in teamwork and driven by a shared purpose, the centralized triage program demonstrates that even in a strained system, progress is possible – and equitable, community-based care is within reach.

Climate-Conscious Healthcare Starts Here

On the Medical Teaching Unit, sustainability isn't an afterthought: it's a clinical priority that shaped several innovative projects throughout the last year.

From de-prescribing unnecessary inhalers to rethinking hospital food, the team is proving that greener care can also be better care. As **Dr. Nabha Shetty** – a physician championing this work through the Greener MTU initiative – observes, *“climate change is a health crisis, and the way we provide healthcare exacerbates that crisis. Some things are in our hands, and we can change them.”*

Cutting Emissions in Treatment and Food

One important change led by the Greener MTU team this year involves the metered dose inhalers (MDIs) to treat respiratory illnesses. Dr. Shetty notes that, due to the greenhouse gas propellants in MDIs, the use of 1 inhaler is equal to driving nearly 300km by gas powered car – so reducing their use has a real impact.

In collaboration with Pharmacy, led by **Tamara Baker** and supported by Nova Scotia Health's Quality Improvement program, the Greener MTU team safely de-prescribed nearly 30% of metered dose inhalers and transitioned 50% of remaining patients to dry-powder inhalers, which don't use greenhouse gas propellants. Two pharmacy elective students, who developed the protocols and conducted the trials, were critical to the initiative's success.

Another green initiative – this one with the QEII's Food and Nutrition Services – is increasing plant-based meal options for patients by 30%. As Dr. Shetty explains, offering more plant-based foods is *“better for patient health, [and] better for planetary health.”* To reduce the hospital cafeteria's carbon footprint of hospital food and offer healthier alternatives, two of three beef options are being replaced with plant-based meals, and the burgers that remain will be made with both beef and black beans.

Educating and Empowering Learners

Planetary health rounds, another success story from last year, are led entirely by a 'green team' of senior Internal Medicine residents. These rounds explore everything from the carbon footprint of care through published lifecycle analysis to the ways climate change is affecting patients. Each month, the MTU learners bring their findings back to colleagues, sparking discussion and ideas for greener practice. Dr. Shetty feels this information is *“terrifying in some ways, but it also builds hope that we're in this together and can have an impact.”* The model is spreading – the University of Toronto is now establishing a similar program with its MTU.

Building a Culture of Sustainability

This work also reflects a growing community of practice among learners, clinicians, and operational leaders who are committed to sustainability in healthcare. The Greener MTU team is showing how collective action, shared knowledge, and leadership from all levels can help embed planetary health into day-to-day care.

“Healthcare really does have a big role to play in sustainability”

As Dr. Shetty wisely notes, *“action alleviates anxiety. Many people are suffering in silence about the world and the future for our children. I hadn't realized how much I could impact things at work, but healthcare really does have a big role to play in sustainability.”*

Photo at right: Dr. Nabha Shetty (picture far right) and the Greener MTU team of nurses and residents



Metered Dose Inhaler

Dry-Powder Inhaler



Data-Driven Solutions for a Growing Need in Cancer Treatment

Cancer care in Nova Scotia is keeping pace with advances in treatment and the compassion patients deserve – but timely access remains the system’s greatest challenge.

“A successful cancer care program needs to offer the most up-to-date treatments, delivered by professional and compassionate people, in a timely fashion,” says Dr. Julian Surujballi, an oncologist involved in the Division of Oncology’s workforce planning project. “We excel in the first two points but need to improve in the third.”

Using Science to Forecast Demand

Despite securing ~5 new positions since 2020, the Division of Medical Oncology’s physician complement hasn’t kept up with the surge in clinical demand for cancer care. In response, the Division launched a workforce planning project – with the help of NSH colleagues like Alistair Maksym (pictured left, centre) – grounded in queuing theory: the scientific study of waiting in lines. Using real-world data and modern modelling, the project predicts how many oncologists are needed to deliver timely care, keep waitlists short, and plan as patient volumes rise.

Turning Data into Action

The benefits go beyond forecasting, and they’re already proving to have a real effect. The model can estimate the impact of a 10% increase in consults, determine the staffing levels required to meet standard-of-care wait times, predict the effects of retirements, and recommend the most effective roles for new hires. This approach equips the Division with the evidence needed to advocate before access worsens rather than reacting after the fact – as is so common in an overstrained system.

Proactive planning ultimately strengthens the broader community of cancer care in Nova Scotia, helping patients, providers, and administrators work from the same evidence base.

Human Costs & Urgent Stakes

Still, the stakes remain high. Oncologists, deeply committed to their patients, are experiencing moral distress and burnout as they work beyond capacity. *“In oncology, any delay in treatment can decrease a patient’s chance at survival, and people are overextending well past their limits to bridge the gap,”* says Dr. Surujballi. *“Wait times in Nova Scotia lag behind those in other provinces, and this overextension cannot be sustained indefinitely.”*

“In oncology, any delay in treatment can decrease a patient’s chance at survival”

Despite the challenges, the Division of Medical Oncology remains as dedicated as ever. Their compassion paired with data-driven planning addresses urgent clinical needs while also building a smarter, more responsive cancer care system – one that supports patients and providers alike.

Photo: From left to right: Dr. Julian Surujballi; Alistair Maksym, Workforce Planning Consultant; and Dr. Ashley Davidson

Acute Stroke Nurses: Closing Critical Gaps in Life-Saving Care

In stroke care, every second counts. The difference between recovery and irreversible damage – or even life and death – hinges on timely intervention.

In the 2024-25 fiscal year, the Division of Neurology’s Acute Stroke Program continued to close the gap between symptom onset and life-saving treatment by embedding a dedicated nurse into the patient journey from the earliest signs of stroke. The results include faster interventions, smoother coordination, and stronger collaboration across the care team.

“[Embedding nurses into] the Acute Stroke Program addresses a critical gap in care coordination and treatment efficiency during the hyper-acute phase of a stroke,” says Julia Macdonald, who has worked in the program and now supports it as a nurse educator.

At the Patient’s Side From the Start

Unlike traditional stroke pathways – where nurses may join the patient’s care team at later stages – acute stroke nurses are involved from the moment symptoms begin. They are present for the initial response, assist in delivering acute treatment, and coordinate transitions to the appropriate care units.

For nurses, the role is both distinctive and deeply gratifying. *“It’s incredibly rewarding and unique compared to more conventional roles,”* Macdonald notes. *“We have a firsthand view of the difference timely care makes.”*

“We have a firsthand view of the difference timely care makes.”

Pictured from left to right: Binsu Varghese, Registered Nurse (RN); Jake Bennett, RN; Julia Macdonald, Clinical Nurse Educator; Margot Murray, RN; Joanna Cariaga, RN; and Tiberio Hernandez, RN

Strengthening Nursing Teams

On top of enhanced patient care, the program strengthens the neurology nursing team as a whole – expanding the professional scope for neurology nurses and improving retention. Floor nurses also gain a deeper understanding of the acute phase of stroke care, leading to better team collaboration and knowledge-sharing across units. What’s more, the role has created leadership opportunities, helping nurses grow professionally in new, meaningful ways.

Sustaining Innovation Under Pressure

Like many innovations, however, the program faces some challenges. Sustainability depends on maintaining a skilled, consistent team, but turnover remains a concern due to the seniority and specialized training the role requires. Despite the challenge, Macdonald believes that *“involving the whole team in problem-solving can foster ownership and trust,”* emphasizing the communal nature of the work.

Ultimately, by placing highly trained nurses at the very front of the stroke care pathway, the program is proving that communities of care, teamwork, early intervention, and role innovation are powerful tools that can transform urgent care and save lives.



Meeting People Where They Are: Community-Based Innovation Expands Access to Infectious Disease and STI Care

Across Halifax, two interconnected initiatives are changing how patients access care for infectious diseases and sexually transmitted infections (STIs). Though different in approach, both are rooted in a shared vision: care that meets people where they are, delivered by teams who listen, adapt, and innovate.

At the center of this shift are two efforts: a growing community-based outreach service for individuals experiencing homelessness or living with chronic infections, and the expansion of the Victoria General's STI Clinic, which has more than doubled its capacity in the past few years. Together, they tell a story of clinician-led innovation, interprofessional teamwork, and a deep commitment to health equity.

Community Outreach for Complex Infections

The idea behind the infectious disease outreach program is simple: bring care to the patients who can't or choose not to come to the hospital due to physical, environmental, or social barriers. Dr. Mariah Hughes, an infectious disease specialist who has led the initiative in partnership with the Mobile Outreach Street Health (MOSH) team, began by holding monthly clinics at a local shelter. A year later, those clinics now occur three to four times a month at several community sites.

"These are patients with ongoing substance-use disorders, unstable housing, or long-standing mistrust in traditional care," explains Dr. Hughes. *"We were seeing patients discharged with life-threatening infections like HIV or endocarditis who never returned for follow-up – and some of them were dying. We had to do something different."*

By meeting patients where they live, gather, or receive services, the outreach team has reconnected dozens of people to care, including HIV and hepatitis C treatment, vaccination, and cancer screening. Dr. Hughes also supports frontline staff, joins citywide clinical rounds, and provides inpatient and outpatient services at the Victoria General Hospital.

Pictured from left to right: Dr. Mariah Hughes, Infectious Diseases (ID); Caitlin Sampson, RN, ID; Sam Smith, Community Transitions, The Bridge Shelter

"This is not about charity. It's about equity," she says. *"Consistency and accountability are what build trust. If someone doesn't want to see me that day, I come back. That's how the relationship grows."*

In this work, community is both a setting and a partner in care. Patient feedback has directly shaped how the service operates. *"We've done STI screening blitzes because people asked for them. And I've had patients bring friends back with them to re-engage in care."*

Reimagining the STI Clinic Model

At the VG STI Clinic, the goal has been similar: remove barriers, simplify access, and increase volume. When the pandemic made the old walk-in model impossible, the clinic introduced a dual-stream system: patients with symptoms could see a physician, while those seeking routine screening could self-administer their own tests using pre-prepared kits. According to Dr. Todd Hatchette, a member of the Division of Infectious Diseases, this process *"was very collaborative; we have a great team of nurses, a great division head, and a manager who worked hard to secure funding so we could expand the clinic."* The result was a doubling in clinic volume, from about 20 to more than 40 patients a night.

"Consistency and accountability are what build trust. If someone doesn't want to see me that day, I come back. That's how the relationship grows."



To make access easier, the team also reduced their reliance on an overburdened phone line in favor of *Qmatic*, a digital platform that allows appointments to be booked 48 hours in advance. “People used to call hundreds of times trying to get through,” says Dr. Hatchette. “Now it’s much more convenient, but we’ve still preserved some phone-based appointments for those who need them.”

This expansion was made possible through collaboration at every level, including nursing, management, infectious diseases, Public Health, and a phlebotomist who now enables blood screening during evening clinics. Partnerships with Public Health are especially critical for syphilis testing, and the clinic reserves slots to ensure these patients are assessed quickly.

Feedback from patients, clerical staff, and physicians at the Sexual Health Centre helped drive many changes – from *Qmatic* to the mail-out STI kits now being piloted. “We haven’t done formal outreach to community organizations yet,” Dr. Hatchette shares, “but we’re always listening and adjusting.”

Innovation Under Constraints

Both initiatives operate under real resource constraints, which is a consistent theme across the healthcare system. Staff turnover, volume pressures, and limited physical space all challenge the sustainability of these programs. And there’s more work to do: pre-exposure prophylaxis for HIV isn’t yet fully integrated into the clinic due to spatial limitations, and STI services remain limited in rural communities.

“We have a great team of nurses, a great division head, and a manager who worked hard to secure funding so we could expand the clinic.”

Regardless, the teams are finding ways forward. The outreach program is exploring new sites, and the STI clinic is running three nights a week, supported by nurse-led daytime services. What makes these efforts remarkable is more than the innovation – it’s the deep collaboration and shared commitment to serving people who might otherwise fall through the cracks.

For Dr. Hughes, the impact of community outreach is already clear. “We have been able to reconnect with many patients in the community who are living with HIV and hepatitis C, and re-engaged them in care, including vaccination and cancer screening,” she says.

With trust, flexibility, and a willingness to meet people where they are, these programs are proving that responsive, community-based care is essential to reach the people who need it most.



Take-home STI test kit



DoM

Milestones & Achievements

Milestones and Achievements recognizes moments and people behind our shared progress. Here, you'll find retirements that cap decades of service, awards that raise our profile, promotions that grow leadership, and residents graduating into practice and scholarship.

Above all, this section shows that **people are the foundation of everything we do** – teaching and mentoring, discovering and innovating, and providing care across our communities, making us stronger as we continue to move forward together.

Retirements

- **Dr. Wojciech Morzycki**
Medical Oncology – Retired December 31, 2024
- **Dr. Kevork Peltekian**
Digestive Care and Endoscopy – Retired March 31, 2025
- **Dr. Rosario Rebello**
General Internal Medicine – Retired March 31, 2025

Promotions

Associate Professor

- **Dr. Kristin Ikeda**
Neurology
- **Dr. Kata Koller**
Geriatric Medicine
- **Dr. Anne Marie Krueger-Naug**
Palliative Medicine

Endowed Research Chairs

In 2024-25, the Department of Medicine had seven endowed research chairs. As leaders in their fields, the research chairs have a critical role in increasing knowledge of their area of expertise through research and teaching:

- **Dr. Leah Cahill, PhD**
Howard Webster Department of Medicine Research Chair
- **Dr. Sultan Darvesh, DMRF**
Irene MacDonald Sobey Endowed Chair in Curative Approaches to Alzheimer's
- **Dr. Shane Journeay**
JD Irving Endowed Chair in Occupational Medicine at Dalhousie Medicine New Brunswick
- **Dr. Mary Ellen Macdonald**
J & W Murphy Foundation Endowed Chair in Palliative Care (started September 2022)

- **Dr. Ruth Ann Marrie**
Multiple Sclerosis Clinical Research Chair
- **Dr. Ratika Parkash**
Heart and Stoke Foundation Endowed Chair in Cardiovascular Outcomes
- **Dr. Karthik Tennankore**
QEII Foundation Endowed Chair in Transplantation Research

Department of Medicine Awards

Brian M. Chandler Lifetime Achievement Award in Medical Education

- **Dr. Evelyn Sutton**
Rheumatology

Dr. Scott Murray Award

- **Dr. Joel Bergman**
Dermatology

DoM Achievement Award

- **Dr. Chinmoy Chowdhury**
General Internal Medicine
- **Dr. Daniel Rayson**
Medical Oncology
- **Dr. Hussein Beydoun**
Cardiology
- **Dr. Mariah Hughes**
Infectious Diseases
- **Dr. William Sheridan**
Cardiology
- **Dr. Simon Houston**
Respirology

DoM Excellence in Administration Award

- **Breanna Simmons**
Cardiology
- **Cristina Umayam-Morier**
General Internal Medicine
- **Daniele Hernandez**
DoM Education Office

- **Heather Fraser**
DoM Central Administration
- **Meghan Patterson**
Digestive Care and Endoscopy
- **Nadine Evans**
Cardiology

DoM Excellence in Leadership Award

- **Dr. Gordon Gubitz**
Neurology
- **Dr. Chadwick Williams**
Digestive Care & Endoscopy

DoM Excellence in Medical Education Award

- **Dr. Andrew Caddell**
Cardiology
- **Dr. Maia von Maltzahn**
Geriatric Medicine
- **Dr. Wan Cheol Kim**
Cardiology
- **Dr. Ziran Meng**
General Internal Medicine

Excellence in Quality and Innovation

- **Dr. Robbie Stewart**
Cardiology

DoM Grand Rounds Overall Excellence Award

- **Dr. Luke Chen**
Hematology, for his presentation “HLH and other cytokine storm syndrome”s

Grand Rounds Guest Speaker Award

- **Dr. Jeffrey McCurdy**
Ottawa Hospital, for his presentation “Modern Multidisciplinary Management of Ulcerative Colitis in Hospital: Everything you Need to Know”

Grand Rounds Award of Merit

- **Dr. Simon Jackson**
Cardiology, for his presentation “Pulmonary Hypertension 2025: Topics of Interest for the General Internist”

Outstanding Resident Award

- **Dr. Jenna MacGregor**
PGY5
- **Dr. Jordan Thorne**
PGY5
- **Dr. Mary Purcell**
PGY5

Undergraduate Student's Choice Teaching Award

- **Dr. Sean Taylor**
Neurology

Research Awards

Department of Medicine Research Lifetime Achievement Award

- **Dr. John Sapp**
Cardiology

Department of Medicine Research Excellence Awards

- **Dr. Kim Anderson**
Division of Cardiology
- **Dr. Caitlin Lees**
Division of Palliative Medicine
- **Dr. Lori Wood**
Division of Medical Oncology

Department of Medicine Research Staff Excellence Awards

- **Elizabeth Larsen**
Clinical Research Coordinator, Nephrology
- **Suzanne Greeley**
Clinical Research Coordinator, Cardiology

Department of Medicine Resident Research Excellence Awards

- **Dr. Jeremy Slayter**
PGY2
- **Dr. Joshua Low**
PGY4-6

Department of Medicine Resident Research Publication Awards

- **Dr. Jeremy Slayter**
Physical Medicine and Rehabilitation, PGY2

University Internal Medicine Research Foundation (UIMRF) Awards & Fellowships

UIMRF approved the following awards in 2024-2025

UIMRF Junior Department Member Grant

- **Dr. Tommy Brothers**
General Internal Medicine – Awarded \$50,000 for “Barriers and Facilitators to Hospital-Based Substance Use Care Across Nova Scotia: the Safe Harbours-Nova Scotia Study”

UIMRF Pilot Funding Grants

- **Dr. Vicki Munro**
Endocrinology and Metabolism – Awarded \$20,500 for “Impact of COVID-19 and Virtual Care on Ordering Patterns of Thyroid Ultrasound”
- **Dr. Nabha Shetty**
General Internal Medicine – Awarded \$25,000 for “Carbon Footprint, Resource Use and Cost of the Last Week of Life based on Location of Death”

UIMRF Internal Fellowship Award

- **Dr. Heng Wu**
Geriatric Medicine – Awarded \$60,000 for “Frailty Dynamics and Outcomes in Relation to Physiological and Social Factors in Male and Female Older Adults”

Quality Project Awards

- **Dr. Mark Downing**
Infectious Diseases – Awarded \$9,500 for “Impact of Reusable Gowns as Part of a Greening Initiative on Outbreak Management”
- **Dr. Keigan More**
Nephrology – Awarded \$7,326 for “Standardizing Potassium Management in the Setting of Missed Hemodialysis Treatment”
- **Dr. Ashley Sutherland**
Clinical Dermatology & Cutaneous Science – Awarded \$7,990 for “Redefining the Dermatology Referral Process to Optimize Patient Care”
- **Dr. Allen Tran**
General Internal Medicine – Awarded \$1,925 for “Improving Disinfection of Point-of-Care Ultrasound Machines”
- **Dr. Maia Von Maltzahn**
Geriatric Medicine – Awarded \$9,800 for “Asynchronous Knowledge Translation of Behavior and Psychological Symptoms of Dementia and Promoting Appropriate Antipsychotic Prescribing in the Veteran's Memorial Building”

Core Internal
Medicine Residency
Training Program
Awards

Stephen Couban Outstanding
Faculty – Residents' Choice Award

- **Dr. Peter Gregory**
General Internal Medicine

Outstanding Academic Performance
Award – PGY1

- **Dr. Max Griffin**
Internal Medicine

Outstanding Academic Performance
Award – PGY2

- **Dr. Sage Dixon**
Internal Medicine

Outstanding Academic Performance
Award – PGY3

- **Dr. Michael Chen**
Internal Medicine

Outstanding Resident Award PGY1

- **Dr. Todd Rekrut**
Internal Medicine

Outstanding Resident Award PGY2

- **Dr. Mark O'Reilly**
Internal Medicine

Angie McGibbon Outstanding PGY3
Resident Award

- **Dr. Tajdeep Brar**
Internal Medicine

Academic Advisors of the Year Award

- **Dr. Peter Gregory**
General Internal Medicine

- **Dr. Nicole Beckett**
Rheumatology

Excellence in Summer Grand Rounds
2025 Award

- **Dr. Andrew Jamroz**
PGY3, Internal Medicine
- **Dr. Elizabeth Richardson**
PGY3, Internal Medicine

Excellence in Summer Grand Rounds
2025 Award

- **Dr. Andrew Jamroz**
PGY3, Internal Medicine
- **Dr. Elizabeth Richardson**
PGY3, Internal Medicine

Excellence in Undergrad Teaching
Award

- **Dr. Bailey Burrell**
PGY2, Internal Medicine

Entrustable Professional Activities
(EPA) – Fastest EPA Completion

- Nova Scotia Faculty –
Dr. Jorin Linden Smith
General Internal Medicine

- New Brunswick Faculty
Dr. Ross Morton
Nephrology
Resident
Dr. Sienna Davis
PGY2

Entrustable Professional Activities
(EPA) – Highest Number EPA
Completed

- Nova Scotia Faculty –
Dr. Jonathan Gale
Critical Care
- New Brunswick Faculty –
Dr. Lior Shirnin
Geriatric Medicine
Resident –
Dr. Mark Bartolacci
PGY6, Cardiology

Outstanding EPA Narrative Feedback
– New Brunswick Faculty

- **Dr. Ross Morton**
Nephrology

Lead Residents

Lead Residents 2025 (Halifax)

- **Drs. Sanjana Sudershan**
PGY3, Internal Medicine
- **Alexander Willms**
PGY3, Internal Medicine

Lead Resident 2025 (Saint John)

- **Dr. Suraj Mahida**
PGY3, Internal Medicine

MTU Lead Resident 2025 (Halifax)

- **Dr. Jordana Compagnone**
PGY3, Internal Medicine

MTU Lead Resident 2025 (Saint John)

- **Dr. John Shadarevian**
PGY3, Internal Medicine

DoM



Graduating Residents

PGY3 Core Internal Medicine
Graduating Residents

- **Dr. Ahmad Alenezi**
- **Dr. Aleksandar Borisov**
- **Dr. Tajdeep Brar**
- **Dr. Michael Chen**
- **Dr. Jordana Compagnone**
- **Dr. Lindsay Cormier**
- **Dr. Patrick Gallagher**
- **Dr. Jason Hearn**
- **Dr. Victoria Howatt**
- **Dr. Andrew Jamroz**
- **Dr. Daniel Liwski**
- **Dr. Suraj Mahida**
- **Dr. Ashley Martel**
- **Dr. Aaron Moulson**
- **Dr. Elizabeth Richardson**
- **Dr. John Shadarevian**
- **Dr. Alana Soares**
- **Dr. Herman Stubeda**
- **Dr. Sanjana Sudershan**
- **Dr. Kamyar Taheri**
- **Dr. Alexander Willms**
- **Dr. Maryam Yunus**

PGY4 Core Internal Medicine
Graduating Resident

- **Dr. Muhammad Ali Khalid**

Specialty and Subspecialty
Graduating Residents

PGY5

- **Drs. Mehdi Belbraouet**
- **Dr. Joel Bergman**
- **Dr. Willem Blois**
- **Dr. Allen Chang**
- **Dr. Adam Deveau**
- **Dr. Maximillian Fiander**
- **Dr. Patrick Holland**
- **Dr. Sarah Howse**
- **Dr. Natasha Larivee**
- **Dr. Joshua Low**
- **Dr. Jenna MacGregor**
- **Alexandra Malley**
- **Dr. Brigid McFadden**
- **Dr. Thomas McFarland**
- **Dr. Maggie McGuire**
- **Dr. Grace Park**
- **Dr. Emily Patterson**
- **Dr. Brandon Persaud**

- **Dr. Alexander Pupek**
- **Dr. Mary Purcell**
- **Dr. Jacqueline Reuangrith**
- **Dr. Emily Sheppard**
- **Dr. Peiran Sun**
- **Dr. Jordan Thorne**
- **Dr. Jeff Wang**

PGY6

- **Dr. Mark Bartolacci**
- **Dr. Suzanne Boursalie**
- **Dr. Nathan Flores Miranda**
- **Dr. Reem Zubaid**



Department of Medicine

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