

## Progress and Profiles 2011-2012



2011-2012 Capital Health/Dalhousie University

## Department of Medicine

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

*The front cover photograph is of Respiriologist, Dr. Nancy J. Morrison, Professor, Dalhousie Faculty of Medicine and her patient, Mr. Duane Grant of Dartmouth, N.S. Dr. Morrison was the recipient of the Department of Medicine's 2012 Achievement Award. This award reflects an individual's sustained, exceptional commitment to the mission of the Department of Medicine.*

*Dr. Morrison is a committed and caring physician and strong patient advocate. She is Medical Director of the Medicine Intermediate Care Unit (IMCU), and Assistant Medical Director for the Adult Cystic Fibrosis Clinic. She has chaired the Department of Medicine's Undergraduate Medical Education Committee since 2006, and prior to that served as the Department of Medicine Clerkship Director from 1999 – 2006.*



## Message from the Department Head

2011-12 marked a very strong year for the Department of Medicine at Capital Health and Dalhousie University. The Department continues its reputation for providing exemplary patient care for the people of Nova Scotia and, for some conditions, Atlantic Canada. A number of prestigious awards have been received by individual physicians and groups for excellence in clinical care at the local and national level.

Education remains a cornerstone of the Department at the undergraduate, postgraduate and continuing practitioner level. This year marks the end of an era in our post-graduate education with Dr. Darrell White, our Internal Medicine program director moving on to other challenges after six years in this position. Dr. White was at the helm for a very successful review by the Royal College last winter. All 15 residency-training programs in the Department of Medicine received full approval with a number cited for excellence. Our residency programs continue to attract excellent trainees, which bodes well for the future of the Department and health care in our region.

A number of Department members received large and prestigious research awards over the past year. Special congratulations to Dr. Donald Weaver, who was named the first recipient of the Dalhousie Medical Research Foundation Irene MacDonald-Sobey Endowed Chair in Curative Approaches to Alzheimer's Disease in June 2012. This chair will support Dr. Weaver's work to search for better treatments for this devastating disease.

2011-12 represents a year of ongoing change for the Department. Our Department and its members are engaged in leadership roles and are working collaboratively with colleagues in Capital Health, Dalhousie University, Doctors Nova Scotia and the Department of Health and Wellness to create an improved process for the management of academic departments at our centre. Our department is also in the midst of a strategic planning exercise, which will help define several core priorities for the next five years of our development. I would like to thank and acknowledge the collegiality, professionalism and dedication of our Department's faculty and staff as we move forward in our clinical and academic pursuits. I look forward to an even stronger 2012-13.

Sincerely yours,



David R. Anderson, MD, FRCPC  
Head, Department of Medicine, Dalhousie University  
District, Chief, Department of Medicine, Capital Health  
Professor of Medicine, Community Health & Epidemiology, Pathology



# Increasing Patient Convenience and Reducing Costs

**A**MID GROWING DEMAND for health services and burgeoning health budgets, healthcare administrators and providers explore many avenues to reduce spending while continuing to provide high quality patient care. In many instances it takes a multi-step, interprofessional approach to doing things differently to reduce costs and deliver the best possible patient care. One such initiative is a pilot project that enables patients to access rituximab, a drug that must be administered intravenously, outside of hospital thus improving convenience for patients and reducing Capital Health's drug and human resource costs.

Rituximab effectively reduces the painful debilitating symptoms of rheumatoid arthritis. It is prescribed to patients for whom lower cost drugs are no longer effective. As a treatment for rheumatoid arthritis, rituximab is administered intravenously in two doses two weeks apart at a cost of thousands of dollars per patient. Most patients received the drug only at the QEII Health Sciences Centre up until spring 2012. Capital Health covered the full cost of the rituximab and the costs of administering the drug. In June, after months of planning and preparation, the option of receiving rituximab outside of the hospital in privately run community based clinics became available – a more convenient option for some and one that enables the drug costs to be covered in full or in part by private and public insurers.

The months of planning and preparation began with the work of an interprofessional group, led by Bernadette Chevalier, drug utilization pharmacist, that reviewed how drugs were being managed and administered by outpatient clinics at Capital Health. Through consultation with Dr. Evelyn Sutton, Head, Division of Rheumatology and professor of medicine, the group identified the administration of rituximab in the medical day unit as an area for further review and, potentially, changes to improve patient care and reduce costs.

"We knew Dr. Sutton had previously inquired about the potential of making rituximab available to patients outside of hospital and that it was possible given the right setting and by healthcare providers with the right skill set so

this served as a starting point of sorts. As we moved forward and connected and then collaborated with colleagues at Capital Health and stakeholders including Nova Scotia Pharmacare and private insurers, Hoffmann-La Roche Ltd., Innomar, Bayshore Home Health, and Pharmasave, we pieced together what needed to happen to make rituximab available outside of hospital and to make it possible to have the costs of the drug and its administration covered," explains Bernadette.

Although patients are asked to first use their public or private insurance to cover the cost of rituximab and a pharmaceutical patient assistance program is available, Capital Health will cover the costs as a last resort payer, which ensures there is never a cost direct to patients.

The pieces of the project came together as the number of collaborators grew, but it was also necessary for Capital Health to invest in the project in order to then reduce costs.

"The project is dependent on many pieces and one of those pieces is a medication resource specialist, Heather Hemming, who works with patients to ensure their rituximab treatments are paid for, either by private or public insurers or by Capital Health. She also enrolls patients in the pharmaceutical-sponsored patient assistant program. The half-time position is new and was initiated at a cost to Capital Health," says Bernadette.

The investment has been paying off thus far. The project has garnered very positive feedback from patients and has resulted in significant cost savings to Capital Health. It may well serve as a model for the management and administration of drugs at other outpatient clinics at Capital Health.

*L-R: Vickie Sullivan, Director Cancer Care Program; Randi Monroe, Director Rehabilitation and Supportive Care; Dr. Evelyn Sutton, Rheumatology Division Head; Bernadette Chevalier, Pharmacist; Heather Hemming, Medication Resource Specialist*







*Bayshore Home Health nurse Wendy Gauthier sets up patient Mary Ernst for her rituximab infusion treatment.*



### **Gold-Headed Cane Award**

The Department of Medicine congratulates Dr. Rajender Parkash, the recipient of the College of Physicians and Surgeons of Nova Scotia 2012 Gold-Headed Cane award for outstanding professionalism in the practice of medicine. A member of the Division of General Internal Medicine at Capital Health since 2009, Dr. Parkash practised medicine in Yarmouth for 36 years where he played a major role in caring for patients with diabetes, cardiovascular disease and renal disease. In presenting the award, the College noted that Dr. Parkash is “a devoted patient advocate and professional role model, and is widely respected for his exceptional selflessness and dedication to patients.”

# Past, Present and Future: Postgraduate Internal Medicine Education



*Internal Medicine Academic Half Day is held Thursday afternoons. Lectures are presented by Department of Medicine and other Faculty, and are transmitted via interactive computer link to Saint John, NB.*

**D**R. DARRELL WHITE, hematologist and professor of medicine, has ably led the Department of Medicine's postgraduate education program for the last six years as its director, overseeing changes to the medical teaching unit (MTU) at the QEII Health Sciences Centre, shepherding the establishment of a Saint John, New Brunswick, based residency training program, and securing full approval of the postgraduate program in the Royal College of Physicians and Surgeons of Canada accreditation program.

Under Dr. White's leadership and following a thorough review of the MTU, the Department of Medicine changed its model for the unit at the QEII to allow for more attending staff to be available to residents, reduced the number of "on call" shifts, and added a team of residents and an attending staff dedicated to emergency care. The result has been consistently favourable evaluations.

Two or three residents per year now complete their residencies through the internal medicine residency program based at the Saint John Regional Hospital. While residents in many disciplines do part of their training at the Saint John Regional Hospital, the Department of Medicine is the first department at Dalhousie to establish a residency program for a specialized discipline in New Brunswick.

Establishing the internal medicine residency program in New Brunswick, part of the Department of Medicine's ongoing distributed learning efforts, increased the department's capacity to accept more, and thus graduate more, internists. The move is just one of the changes to the postgraduate program that impressed Royal College of Physicians and Surgeons reviewers who granted the program full (6 year) approval through its accreditation process in early 2012.

*(L-R) Dr. Darrell White, Program Director for the Core Internal Medicine Residency Training Program from 2007 – 2013, is gradually transitioning the role to Dr. Ian Epstein, effective March 1, 2013.*

Dr. White will turn over the Department of Medicine's postgraduate portfolio to Dr. Ian Epstein, gastroenterologist and assistant professor of medicine, in March 2013.

"The program is in great shape. One of the best in Canada, I believe. My job will be to keep it at the top. I have huge shoes to fill but I also have the advantage of following someone whose dedication to residents and to the department I want to emulate," says Dr. Epstein.

His focus will be foremost on the residents.

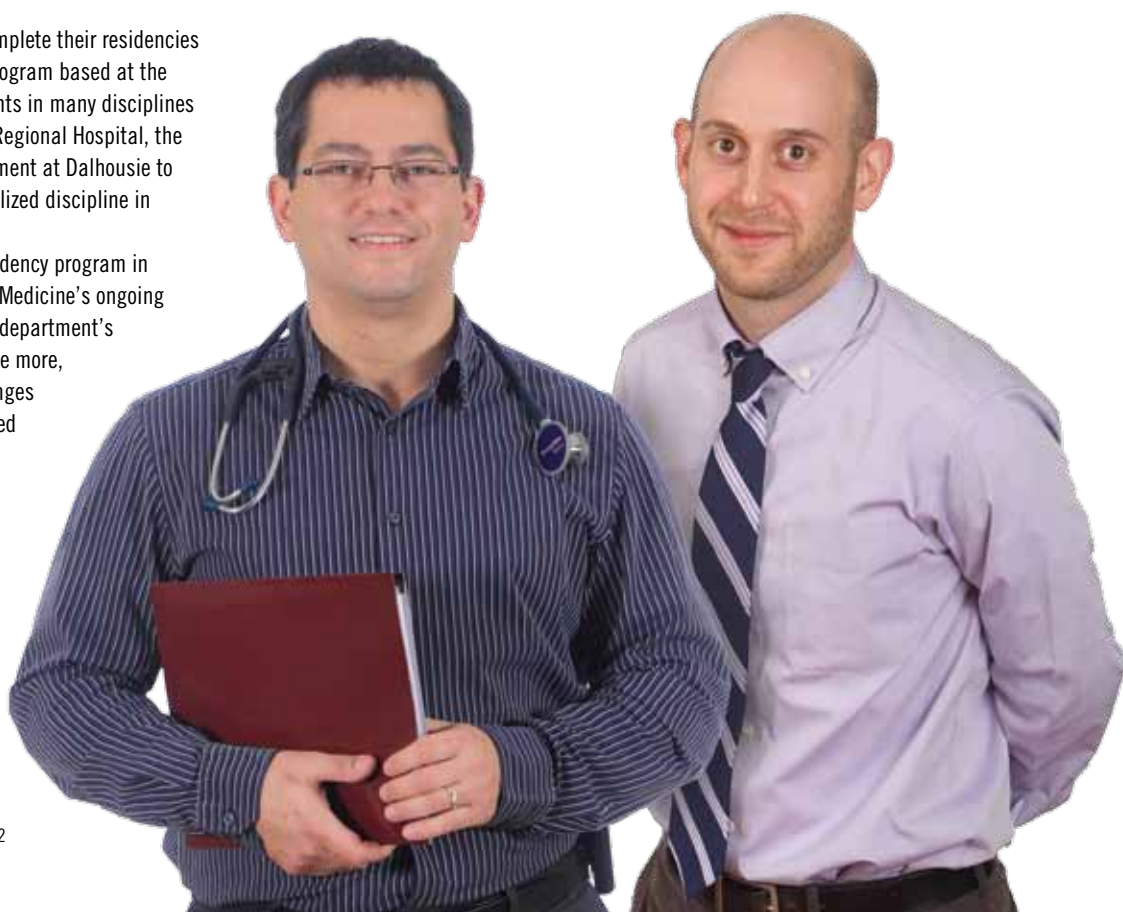
"My number one responsibility is to be there for the residents. That means ensuring they get the best possible education and training to be the best possible doctors, regardless of what specialty or subspecialty they choose, and despite growing demand for healthcare and increased pressures on funding," notes Dr. Epstein.

Keeping the postgraduate program among the best in Canada calls for Dr. Epstein and Meegan Dowe, postgraduate education coordinator, to solicit and seize opportunities, identify and mitigate risks and to maintain frequent face time with residents.

More specifically, they aim to expand the Department of Medicine's teaching sites across Nova Scotia and New Brunswick, to increase capacity for teaching residents and medical students, advocate for better information technology infrastructure in support of distributed learning and explore the potential of opening a third MTU to complement those at the QEII and Saint John Regional Hospital. Dr. Epstein also wants to more formally introduce career counseling into the program.

"Many residents assume there are ample job prospects in all specialties and subspecialties when in fact that isn't the case. I would like for us to be better informed of the physician resource needs here and across Canada so that we can appropriately counsel residents," says Dr. Epstein.

Leading up to March, Dr. Epstein will work with Dr. White and Meegan to learn more about the postgraduate program, putting him in good stead to lead the postgraduate portfolio into the future.







*Saint John registered nurse and Complicated Hypertension Clinic coordinator, Anita Fenn, attends to a patient.*

## Education Awards

Department of Medicine's Spring Party is an annual event where we celebrate the accomplishments of both residents and faculty. In June 2012, the following awards were announced:

- 25 Year Meritorious Service Awards were presented to: Drs. Christopher Gallant, John Hanly, B. Lynn Johnston, David Haldane, K. Sue Robinson, Laura Finlayson, and John Dornan
- Excellence in Medical Education Awards were presented to: Drs. Stephen Workman, Rosario Rebello, Hussein Beydoun, and Christine Dipchand
- Excellence in Resident Research: Dr. Colin van Zoost
- Special Recognition in Resident Research: Drs. Nathan Lamond and Colin van Zoost
- Special Resident Recognition (Interesting Case Rounds): Dr. Colin van Zoost
- Special Resident Recognition (Journal Club): Dr. Tim Olynych
- Excellence in Undergrad Teaching (Resident): Dr. Nathan Lamond
- Excellence in Summer Grand Rounds: Dr. Colin van Zoost
- Outstanding Resident Award PGY1: Dr. Jordan Webber
- Outstanding Resident Award PGY2: Dr. Brian Buchanan
- Outstanding Resident Award PGY3: Dr. Colin van Zoost
- Chief Residents: Drs. Jaclyn Flemming & John Igoe



*Dr. David Anderson presents the Brian M. Chandler Lifetime Achievement Award in Medical Education to Dr. Mahesh Raju, Saint John Campus, June 2012.*



*MOSH nurse Rick Swain spends time on Spring Garden Road talking to clients. As a small gesture of health and caring, Rick gives out nutritious muffins while asking a client about his current well being and his plans for shelter in the next day or so.*

## The Impact of Geriatric Medicine Research

**A** 71-YEAR-OLD MAN LOOKS UP at the Mobile Outreach for Street Health (MOSH) nurse. He's unhappy, he doesn't like where he lives. Lately, he never does and he makes his displeasure so clear, so often, that he now is on a regular tour of Halifax's homeless shelters, spending a few days in each until he wears out his welcome. Over the last few months, how he voices his displeasure has changed: 'Before, he'd be in the other guy's face, shaking his fist. Now he just comes to the desk and complains.'

What is happening with this man? However much he might be influencing his social environment, his social environment is also influencing his health. But how? These are the types of questions that motivate researchers in the Division of Geriatric Medicine.

The answers can be surprising. Dr. Melissa Andrew, the newest clinician-scientist in the division, recently demonstrated the importance of social

circumstances. She looked at a sample of the fittest people aged 70 and older across Canada and found that, compared to the fittest people with the greatest degree of social engagement and resources, the most socially vulnerable fittest people were more than twice as likely to die.

The results — what happens to the fittest — also tell us something important about ageing in general. Dr. Arnold Mitnitski, university research professor of medicine and one of the world's leading mathematical gerontologists, has thought a lot about this. With his geriatrician colleague, Dr. Kenneth Rockwood, he has developed a mathematical model of how our brain and bodies change with age. As it turns out, what happens to our health as we age can be related directly and precisely to the health outcome of society's fittest people. What is new in Dr. Mitnitski's formulation is that the risk for everyone else (those who are not the fittest) adds to the risk born by the fittest people (baseline risk) in

*L-R: Patti Melanson, MOSH Nurse; Randi Parks, PhD student; Dr. Arnold Mitnitski, Research Professor of Medicine and Mathematics; Dr. Susan Howlett, Dalhousie Professor of Pharmacology; Dr. Melissa Andrew, Geriatrician; Dr. Olga Theou, Postdoctoral Fellow; Dr. Kenneth Rockwood, Professor of Medicine & Kathryn Allen Weldon Chair in Alzheimer Research*





a very precise way. For example, the risk borne by the fittest people in Somalia will be higher than the risk borne by the fittest people in Saskatchewan. Yet in both regions, the risk for everyone else will increase in direct proportion to the risk experienced by the fittest people. Insights like this allow the impact of aging and interventions to be understood precisely and are helpful on a large scale.

Dr. Olga Theou, a postdoctoral fellow in the division, has studied how national income relates to health. She formally correlated per capita GDP to the proportion of people in a country who are very fit: the higher the GDP, the more people who are fit.

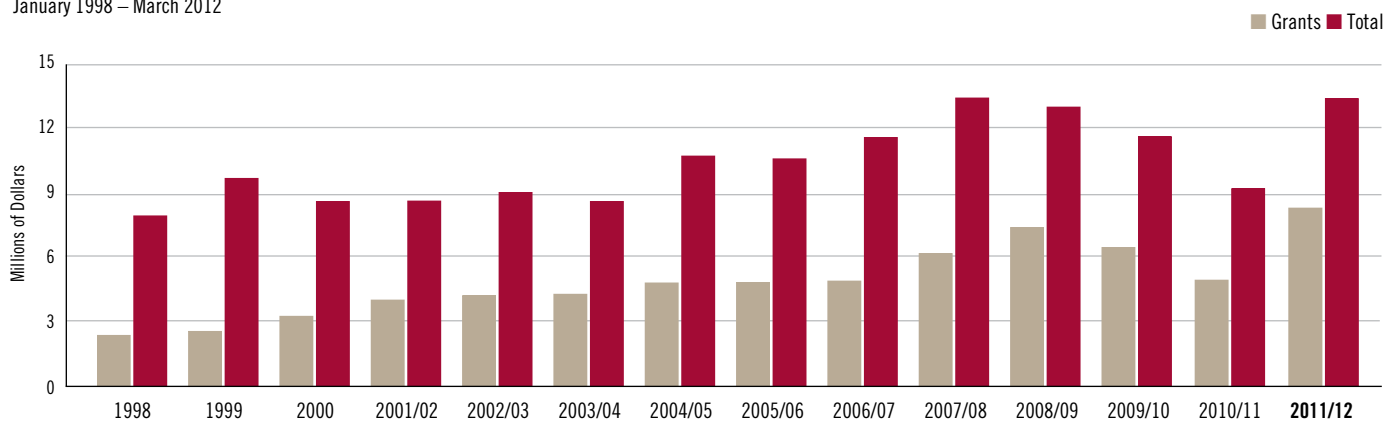
Understanding how to measure health precisely, so that relationships like this can be understood, also extends to the small scale. In her laboratory, Dr. Susan Howlett, professor of pharmacology and a longtime division member, and her PhD student Randi Parks have studied how heart cells release calcium, which is crucial to whether hearts pump blood effectively. The two have shown that a precise measure of aging developed in the division – and known as a frailty index – significantly explained much of the difference in calcium release in hearts of the same age: Fitter hearts, not necessarily younger ones, performed better than frailer hearts, not necessarily older ones.

So from molecules to society, members of the Division of Geriatric Medicine are using methods and measures developed at Dalhousie and Capital Health to understand how aging works. And dozens of groups around the world are using these approaches too.

The patient whom the MOSH nurse saw didn't become vulnerable in just a few days. Until he was in his mid 40's, he had a family and a steady job. His world had slowly become undone. Division members saw this man at the North End Clinic in Halifax. They determined that his problems were manifestations of the slowly progressive brain damage seen in frontal temporal dementia. He responded to a medication that sometimes works in this disorder, a drug that has been studied in brains donated to the Maritime Brain Tissue Bank. Dr. Sultan Darvesh, a neurologist and organic chemist who is cross-appointed to the Division of Geriatric Medicine, runs the Maritime Brain Bank and did some of these studies. Before being treated, imprisonment or long-term psychiatric institutionalization seemed the only two eventualities for this patient. Instead, he is now living with his once-estranged sister. This is just one example of the practical difference that geriatric medicine research makes.

### Department of Medicine (DoM) Research Funding

January 1998 – March 2012



### DoM Research Awards

The Department's Research Day, held on May 17, 2012, was a very successful event with a record number of abstracts submitted and over 100 faculty and residents in attendance. The podium presentations were of the highest caliber, as was the guest lecture by Dr. Proton Rahman "Genetics in Rheumatology Practice – The Last Mile Problem". Dr. Rahman is a clinician scientist at Memorial University in St. John's, Nfld. He is active in spondylitis genetics research, especially as it pertains to the genetics of psoriatic arthritis.

Awards were given in the following categories:

- Best Resident/Student Oral Presentation – Sanjog Kalra
- Best Core Resident/Student Poster Presentation – Hany Abdelhady (grad student)
- Best Sub-Specialty Resident Poster Presentation – Natalie Parks
- Resident's Choice – Best Faculty Oral or Poster Presentation – Dr. Weaver



# Cardiology

## Our Patient Care

- Two new Cardiac Catheterization Laboratories opened in June, 2012, providing state-of-the-art imaging. One of the labs has been built to hybrid operating room standards which will facilitate the implementation of the newly approved transcatheter aortic valve implantation (TAVI) Program.
- Primary angioplasty and rescue angioplasty expanded, resulting in a reduction in mortality and length of stay.
- 2011-2012 saw the introduction of an educational platform and process enabling family physicians to refer directly for echocardiograms and stress tests.
- The Connective Tissue Clinic under the direction of Drs. Gabrielle Horne, John Sullivan and Jeremy Wood was recognized by Accreditation Canada as a "Leading Practice".
- Dr. John Sapp's research on deep needle VT ablation is recognized internationally with referrals from patients around the world for this new clinical technique.



TAVI Team

## Our Team

- We welcomed Dr. Tony Lee and Dr. Brian Clarke as full-time physicians. Dr. Kim Styles also joined as the part-time member while she completes the second year of her Echo Fellowship.
- We bid a fond farewell to Dr. Peter Crofts who retired after 29 years of practice.

## Our Teaching

- A new IMCU Teaching Service was implemented under the leadership of Dr. Robbie Stewart.
- A Royal College Survey of Cardiology Residency Training Program received full accreditation.
- Dr. Simon Jackson and Ms. Nicole Chiasson step down as Adult Program Director and Program Director Administrative Assistant; Dr. Sarah Ramer and Ms. Cara Yee are welcomed as the new Residency Leadership Team.



*Dr. Catherine Kells, Division Chief*

**Division Physicians:** Magdy Basta • Iqbal Bata • Hussein Beydoun • Brian Clarke • Jafna Cox • Richard Crowell • Helen Curran • Martin Gardner • Nicholas Giacomantonio • Ronald Gregor • Chris Gray • Gabrielle Horne • Simon Jackson • Bruce Josephson • Catherine Kells • Bakhtiar Kidwai • Chris Koilpillai • Tony Lee • Richard Lodge • Michael Love • Nancy MacDonald • Paul Mears • Syed Najaf Nadeem • Ratika Parkash • Ata-Ur-Rehman Quraishi • Mirosław Rajda • Sarah Ramer • John Sapp • William Sheridan • John Stewart • Robert Stewart • Kimberly Styles • Lawrence Title • Jason Yung

## Dr. Najaf Nadeem, cardiologist

A less-invasive alternative to open heart surgery is now available at Capital Health – welcome news for people with aortic stenosis for whom open heart surgery is too invasive and traumatic to withstand.

Transcatheter aortic valve implantation (TAVI) is an innovative method for replacing diseased aortic valves that involves inserting a replacement valve, strengthened with a stent, into the heart.

"TAVI has been shown to substantially improve survival and quality of life for people who are not eligible for open heart surgery. It can also be performed on a beating heart in half the time required for open heart surgery," says Dr. Najaf Nadeem, interventional cardiologist and assistant professor of medicine, who led the efforts at Capital Health to make the procedure available.

Upon returning to Capital Health in 2008 after fellowship training in structural heart disease interventions in Toronto, Dr. Nadeem began establishing a structural heart disease program, which would include the availability of the TAVI procedure, at the QEII Health Sciences Centre.

He first collaborated with Dr. John Sullivan, cardiac surgeon and professor of surgery. The two then further studied TAVI; educated colleagues and administrators at Capital Health about its potential and requirements; and recruited the specially trained team necessary to perform the procedure.

TAVI involves inserting a replacement aortic valve into the body by a catheter in the femoral artery [in the groin] or the left side of the chest and moving it through the chest into position. The procedure is often a life saver for people with aortic stenosis who experience chest pain, dizziness and symptoms of heart failure due to decreased blood flow from the heart. Aortic stenosis can lead to angina or sudden death.

"Once our efforts gained traction, we held team meetings every two weeks to prepare for making TAVI available at Capital Health. One of the first steps after studying TAVI was to identify patients who most needed the procedure. A screening clinic was started in 2010. Initially patients who were identified as candidates for TAVI were referred to the Saint John Regional Hospital where a program had already been established," says Dr. Nadeem.

Drs. Nadeem and Sullivan and the TAVI team received Capital Health approval of the TAVI procedure, and thus establishment of the structural heart disease interventional program, in spring 2012. Shortly thereafter, the TAVI team went to St. Paul's Hospital in Vancouver for training.

The first procedure was performed at Capital Health in September 2012.



# Clinical Dermatology & Cutaneous Science

## Our Patient Care

- A skin cancer screening event was held at The Canada Games Centre as part of a yearly Sun Awareness week coordinated by the Canadian Association of Dermatology.
- The passage of a Nova Scotia bill to ban tanning salon use by individuals under age 19 years last year has been a stimulus for other provinces to adopt similar policy. Congratulations to The Sun Safe Nova Scotia Coalition, led by Dr. Peter Green and Doctors Nova Scotia for spear-heading this Canada-wide advocacy policy which has potential to decrease future skin cancer rates.

## Our Education

- Our Residency Training Program, which was granted full approval by the Royal College of Physicians and Surgeons in February 2012 has five residents, including a resident doing a half-time program and two residents who completed their first two years of training in Saskatchewan.
- Our undergraduate training program for elective rotations is always fully subscribed, with a waiting list.
- Dr. Peter Green has continued his work creating online learning modules for Dermatology. In conjunction with Allister Barton, he introduced the Wimba classroom, allowing residents in all Maritime sites to participate live in on-line teaching.
- Congratulations to Dr. Peter Green who received the Professor of the Year award from Dalhousie's second year medical school class.

## Our Team

- Our team consists of two full time physicians, and nine part-time community based physician Division members. We have excellent dermatology nurses, phototherapy technicians and clerical support staff.
- Welcome to Dr. Kerri Purdy, who joined the Division as a part-time faculty member in 2012, after completing her residency training with us, and her specialist certification exams with the Royal College of Physicians and Surgeons. Dr. Purdy will conduct one half day clinic per week in general dermatology as well as the dermatology-plastic surgery clinic in collaboration with Dr. Martin LeBlanc every second week.
- A fond farewell to Dr. Rob Miller who completed his association with the Division on March 30, 2012.



*Dr. Laura Finlayson, Division Chief*

**Division Physicians:** Mary Lou Baxter • Laura Finlayson  
• Christopher Gallant • Peter Green • Colleen Kelly •  
Richard Langley • Scott Murray • Kerri Purdy • Michael  
Reardon • Maria Torok • Robert Tremaine

## Dr. Peter Green, dermatologist

Medical students now use the latest in e-learning tools to study dermatological conditions thanks to Dr. Peter Green who identified a gap between common teaching methods and the way in which students wanted to learn. Dr. Green is a dermatologist, associate professor of medicine and chair of undergraduate medical education in dermatology.

"Students were coming into lectures with laptop in hand, but we weren't incorporating technology into our teaching. And when I read between the lines of the student evaluations, it was evident we weren't meeting their expectations," Dr. Green explains.

Prompted by a suggestion from Dr. Tim Fedak, director of distributed education in the Dalhousie Faculty of Medicine, Dr. Green began to explore the potential of Blackboard and SoftChalk e-learning tools, which were being introduced at Dalhousie. E-learning was a novel concept in medical education and remains untapped in many areas.

Three years later, the e-learning tools are fully integrated into the teaching of dermatology, resulting in higher student satisfaction and higher exam scores. Students spend an average of 7.5 hours each with the dermatology online learning material, which supplements in-person case based learning and lectures.

Heather Chambers, a Dalhousie medical student who completed the dermatology unit last year, recently put her knowledge to the test and won a New York Times contest wherein readers were asked to diagnose a mystery illness. She attributes her quick, accurate diagnosis to Dr. Green's e-learning modules.

"The material stuck with me in part because the online tools allowed me to repeatedly study the visuals, which are critical to diagnosing dermatological conditions," says Heather.

While the project consumed many hours, days and weekends, Dr. Green received support from Dalhousie faculty who were familiar with the tools and from summer student, Ruiari Meagher, who provided valuable guidance and input from a student perspective and helped develop the initial materials.

Since he began incorporating e-learning into his teaching, Dr. Green has won three teaching awards: Professor of the Year for Med II (2009 and 2010) and Dalhousie Medical School's Silver Shovel for outstanding undergraduate teacher (2012).

Dalhousie is one of just a few medical schools in Canada that offer e-learning for clinical disciplines such as dermatology. Dr. Green presented his work in the area at the 2012 Canadian Dermatology Association Annual Meeting where it was received with much interest and enthusiasm and prompted a number of inquiries from others involved in medical education across the country.





# Digestive Care & Endoscopy

## Our Patient Care

- A Colon Cancer Prevention Program is available province-wide as of March 2011. This program was launched by Cancer Care Nova Scotia to prevent colon cancer morbidity and mortality by detecting it early when treatment is most effective. Nova Scotians between the ages of 50 and 74 will now have access to a home screening kit. Those testing positive will undergo screening colonoscopy.
- Led by Dr. Donald MacIntosh and colleagues, Drs. Dana Farina, and Duane Sheppard, a Colonoscopy Master Class Program was developed in conjunction with Cancer Care Nova Scotia. This has provided colonoscopy refresher courses with skills improvement aimed at Nova Scotia endoscopists.

## Our Education

- Our Residency Training Program received full approval from Royal College Accreditation following a site visit in Feb, 2012.

## Our Team

- Dr. Donald MacIntosh resigned from his position as acting division head to focus on the co-leadership of the District Endoscopy Program.
- Dr. Kevork Peltekian took over as Interim Chief of the division in October, 2011.
- Dr. Desmond Leddin received the Canadian Association of Gastroenterology distinguished service award in 2012.
- Dr. Geoffrey Williams was awarded Professor of the Year by the Dalhousie Medical Class of 2014.
- Dr. Sunil Patel completed 10 years as Program Director of the Gastroenterology Residency Training Program.
- Dr. Kevork Peltekian has been appointed President of the Canadian Association Study of Liver for a two year term.
- Dr. Stacey Williams joined our Institution-Based Practice in March 2012.
- A fond farewell to Dr. Michael Curley who has re-located to Calgary, Alberta.



*Dr. Kevork Peltekian, Interim Division Chief*

**Division Physicians:** Ian Epstein • Dana Farina • Steven Gruchy • Desmond Leddin • Donald MacIntosh • Sunil Patel • Kevork Peltekian • Duane Sheppard • Geoffrey Turnbull • Geoffrey Williams • Stacey Williams • Wendy Winsor

## Dr. Stacey Williams, gastroenterologist

Dr. Stacey Williams now practices exclusively at the QEII Health Sciences Centre. In early 2012 she closed the gastroenterology clinic she operated on Spring Garden Road in Halifax. She had worked there for 8 years starting from the time she completed her postgraduate medical training. At that time, she was one of three gastroenterologists who operated the clinic, sharing resources, costs and patient referrals.

"I loved it. We worked closely together and with the primary care physicians from whom we received our referrals. We were also flexible in the way our practice operated, we could extend hours as needed or reduce hours for slower times such as holidays. And we offered very good customer service per se because we were a small team. We often heard from patients that they appreciated the 'small things' the clinic offered," says Dr. Williams.

As a community based physician, Dr. Williams was self-employed but also belonged to the Department of Medicine, Division of Digestive Care & Endoscopy, which enabled her to perform endoscopy at the QEII Health Sciences Centre and to teach medical students and residents.

"Being a division member helped lessen the isolation I sometimes felt and allowed me to continue with teaching, which are some of the challenges of community based practice," notes Dr. Williams.

The biggest challenge for Dr. Williams, however, became the need to balance the books. Both of her colleagues with whom she operated the clinic and shared the costs of doing so relocated in the last few years. She took on many of their patients who needed recurring follow up, but it lessened the time for her to see new patients and to provide consults.

"Because of the way community based physicians are reimbursed by MSI for different types of appointments, my income was declining and it became more and more difficult to cover the costs of the clinic," says Dr. Williams.

In March 2012, she moved her practice to the QEII Health Sciences Centre where she works as part of the Division of Digestive Care & Endoscopy, sharing clinic space and referrals, and providing care on an inpatient basis as well as to patients who come for clinic appointments.

"I miss the clinic, especially the small clinic feel, but I enjoy the fact that I do more teaching now, interacting with students and residents on a daily basis, and collaborate with many colleagues. And I don't have to worry about the costs of operating my own clinic. There are lessons in my story in that being a community based physician who also belongs to an academic department and/or division is an excellent arrangement. There are, however, better models for reimbursement of community based physicians that will help ensure community based specialty clinics are financially viable and thus are available to patients."



# Endocrinology & Metabolism

## Our Patient Care

- The most significant concern for the division presently is a physician manpower shortage, which is resulting in our inability to meet patient wait time standards. The Department of Medicine's new Alternate Funding Agreement with the Nova Scotia Department of Health & Wellness is allowing for the recruitment of an additional 2.0 FTE endocrinologists and efforts in this regard are on-going.

## Our Research

- The Endocrine Research group continues to be very active, participating in a number of important peer-reviewed funded clinical trials, as well as significant contract research activity. Dr. Imran continues with his basic and clinical research activities. Dr. Kaiser has been actively involved in osteoporosis research and has been active in the Canadian Multicentre Osteoporosis Study (CaMos).

## Our Education

- Dr. Stephanie Kaiser continues as Program Director. We had three subspecialty residents in the Program for 2011-2012. Dr. Tom Ransom continues as Undergraduate Education Director.

## Our Team

- We are delighted to welcome Dr. Barna Tugwell, who recently joined the division as a full time faculty member.
- A fond farewell to Dr. Dale Clayton who re-located to Vancouver, BC and to Dr. Carl Abbott, who has retired.



*Dr. Stephanie Kaiser, Division Chief*

**Division Physicians:** Shirl Gee • Ali Imran • Stephanie Kaiser • Thomas Ransom • Barna Tugwell • Churn Yip

## Dr. Shirl Gee, endocrinologist

Good blood sugar control – even before pregnancy – is critical for women with diabetes who want to have a healthy baby. A baby's organs begin to develop in the very early weeks of pregnancy, often before a woman knows for sure she is pregnant. If a mother's blood sugar level is high during this time, the baby has a higher risk of congenital abnormalities.

"Most women are intent on controlling their blood sugar once they know they are pregnant, which is very important to their health and the health of their baby, but in some cases, it is too late to ensure the baby's health will be optimal," says Dr. Shirl Gee. She also notes that poorly controlled sugars are associated with higher rates of miscarriage.

Dr. Gee, endocrinologist and assistant professor of medicine, helps women to get and keep their blood sugar under control before getting pregnant. She offers a preconception diabetes clinic together with a multidisciplinary team that includes an obstetrician gynecologist, dietitian, and diabetes educator at the IWK Health Centre. Dr. Gee was instrumental in starting the clinic, which was instituted about three years ago after recognizing that an increasing number of women were being referred to the diabetes and pregnancy clinic for pre-conception support.

"We were receiving more referrals for pre-conception support and an increasing number of referrals of pregnant patients to the diabetes and pregnancy clinic and couldn't adequately meet demand with the one clinic. The logical step was to designate time and expertise to pre-conception support. This was done by offering a monthly pre-conception clinic," says Dr. Gee.

More than 9 million Canadians live with diabetes. While the prevalence of type 1 diabetes is generally stable, the number of people with type 2 diabetes is growing rapidly as a result of a number of factors, including eating habits and decreasing amounts of exercise. Dr. Gee and the pre-conception clinic team are exploring the need to add additional clinic hours and to educate primary care providers on the clinic's mandate to ensure those women who need their support are able to access it – a "sort of phase two of the project," Dr. Gee notes.

"Our focus has been on assembling the appropriate team, establishing the clinic and ensuring we're meeting patients' needs. We are now at the stage where we want to ensure those women who most need our support are advised of the clinic via their primary care provider and are able to access the clinic within a reasonable amount of time," says Dr. Gee.



# General Internal Medicine

## Our Patient Care

- General Internists serve as Senior Internists in the Emergency Department, as Attending Physicians on the Medicine Teaching Unit and Intermediate Care Unit. General Internal Medicine ambulatory clinics also include specialty clinics for patients with Hypertension, Heart Failure, Vascular Medicine, Hyperbaric Medicine and Allergy/Immunology.

## Our Teaching

- Three residents completed the General Internal Medicine training program in June 2012 and subsequently passed their Royal College of Physicians & Surgeons specialist exams. Dr. Michael Mindrum is currently working in Kentville NS; Dr. Joe Rigley will be working in Miramichi, NB and Dr. Raid Shaarbaf will be establishing a medical practice in New Glasgow, NS.
- There will be five General Internal Medicine residents for the 2012/13 academic year.

## Our Team

- The Renal Dialysis Unit in the Yarmouth Regional Hospital was dedicated in honor of Dr. Rajender Parkash for his 30 years service as an Internist in Yarmouth, April 2011. Dr. Parkash continues to provide valuable clinical service to our division.
- Dr. Simpson received the Excellence in Medical Education Award in June 2011.
- Dr. Stephen Workman received a Professional Kudos Award from the Professionalism Committee in the Faculty of Medicine, June 2011.
- Dr. Brent Culligan joined the division as a 0.2 FTE faculty member effective March 1, 2012.
- A fond farewell to Dr. Ben Cooney who retired in June, 2012 and Dr. Brian O'Brien who retired in September, 2012. Dr. O'Brien was the recipient of the Laureate Award by the American College of Physicians in October, 2011.
- General Internist Dr. Elizabeth Mann was named President of the College of Physicians and Surgeons of Nova Scotia in May, 2012 for a two year term. The CPSNS serves as the licensing and regulatory body for the medical profession of Nova Scotia.



*Dr. David Simpson, Interim Division Chief*

**Division Physicians:** Paul Charlebois • Lori Connors • Brent Culligan • Stephen Duke • Jennifer Hancock • Babar Haroon • Anne Marie Krueger-Naug • Gina Lacuesta • Jorin LindenSmith • Elizabeth Mann • David Manning • Sarah McMullen • Rajender Parkash • Rosario Rebello • David Simpson • Stephen Workman • Khawar-Uz Zaman

## Dr. Stephen Workman, internist and bioethicist

Dr. Stephen Workman believes that telling it like it is, not like it isn't, can help patients, families and healthcare providers to confront death. The result, he says, is the best possible patient care.

The internist, bioethicist and associate professor studies the role of physicians in healthcare and particularly the traditional philosophy of care that emphasizes life over death even when continued life is unlikely and obtained at great cost, if at all. He has been featured in the *New York Times*, CBC Radio's *White Coat Black Art* and multiple medical journals.

"We — people — are taught through our social values that the role of physicians is to keep people alive. Physicians can, in fact, do most anything with today's equipment and technology, the question we have to ask and answer is 'Should we?' " says Dr. Workman. "When physicians can aptly acknowledge and share with the patient and family that the patient may very well die, there is a power shift from the physician to the patient and family because the patient and family are then better able to face the prospect of death and make care decisions accordingly."

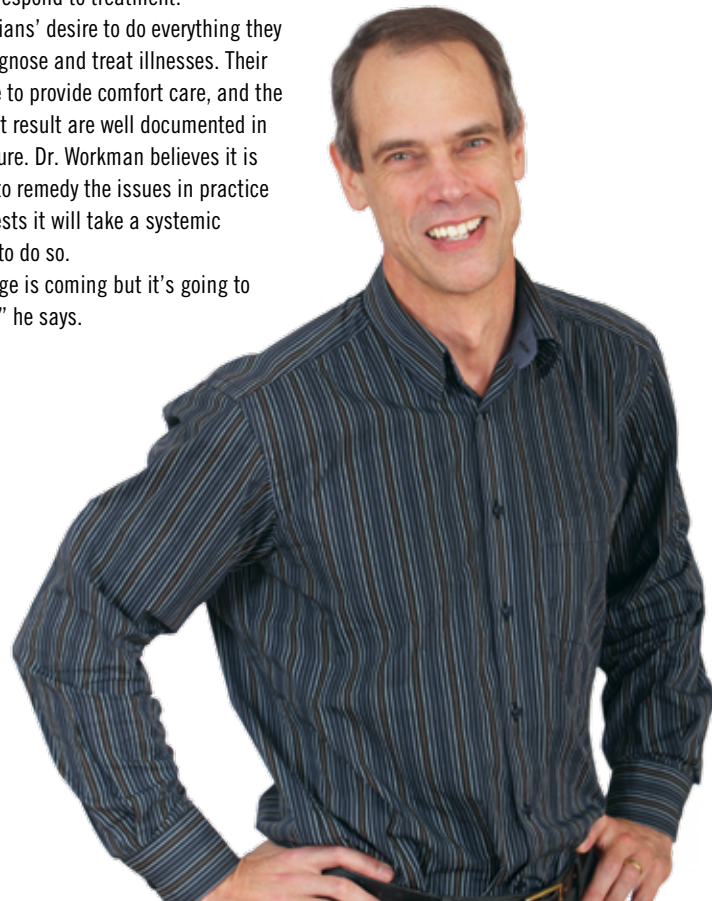
He notes that when the patient and family are helped to accept the prospect of death, they will often choose not to undergo test after test or new drug after new drug especially when those options cause significant discomfort or pain.

Dr. Workman's current interest is in how best to provide comfort care, which focuses on ensuring the patient is comfortable rather than solely on keeping the patient alive. He believes that comfort care should be entrenched in physician's thinking for the duration of care and should not be labeled separate and apart.

"Physicians should be routinely and often assessing prognosis in all relevant situations and sharing their assessment with the patient and family. They can then openly explore patients' and families' goals and expectations for treatment," says Dr. Workman. "As physicians, we have to acknowledge the impotence of our efforts at some point, and accept responsibility and limitations. We have to be willing to say 'Your father may well die' instead of 'Your father is critically ill' and 'Our treatments are not working' instead of 'Your father is failing to respond to treatment.'"

Physicians' desire to do everything they can to diagnose and treat illnesses. Their reluctance to provide comfort care, and the issues that result are well documented in the literature. Dr. Workman believes it is now time to remedy the issues in practice and suggests it will take a systemic approach to do so.

"Change is coming but it's going to take time," he says.





# Geriatric Medicine

## Our Patient Care

- The PATH (Palliative and Therapeutic Harmonization) Clinic developed by our team continued to expand with training of 4 community teams and 3 Long-term Care facilities in Ontario.
- The Division of Geriatric Medicine has helped create guidelines for the treatment of hypertension with frailty.
- Our Division's new Memory Clinic at the Cobequid Centre continues to be successful in bringing care closer to patients' home communities.

## Our Research

- Our researchers are highly productive on a local, national and international stage, with 29 peer-reviewed publications in 2011.
- Dr. Melissa Andrew completed her PhD in Interdisciplinary studies.

## Our Teaching

- Dr. Janet Gordon has taken a leadership role in the re-design of the undergraduate medical school curriculum in order to integrate principles of good care for older adults into the curriculum.

## Congratulations to

- Dr. Kenneth Rockwood was given a career achievement award by the Japanese Geriatrics Society at their Annual Meeting in Tokyo.
- Dr. Rockwood also gave the Paul Handa Lecture at the Saint John Regional Hospital. In July, he published a paper on non-traditional risk factors for dementia in the journal *Neurology*. It was accompanied by an editorial drawing attention to how this advanced our understanding of dementia epidemiology. The paper was widely discussed in the lay press, including major national newspapers (*The Globe and Mail*, *The Times of London*, *New York Times*) and other major media (CNN, CBC, ABC, BBC, Time magazine).
- In 2011 the number of career scientific citations to Dr. Rockwood's work, as tracked by Web of Knowledge, exceeded 10,000.

## Welcome Aboard to

- Drs. Olga Theou (PhD Western), Heather Elbourne (PhD Southampton), Roxanne Sterniczuk (PhD, Calgary) and Chunxiu Wang (PhD Capital Medical University, Beijing) undertaking post-doctoral fellowships in Geriatric Medicine Research. Their doctoral work was, respectively, in the areas of human physiology, nursing, neuroscience and epidemiology. Dr. Sterniczuk, who will also work with Dr. Ben Rusak in the Department of Psychiatry, has the special distinction of winning the top ranking award in her CIHR Post Doctoral Fellow competition, as well as being a Killam fellow.



*Dr. Laurie Mallery, Division Chief*

**Division Physicians:** Melissa Andrew • Costa Apostolides • Daniel Carver • Susan Freter • Glen Ginther • Janet Gordon • Katalin Koller • Chris MacKnight • Laurie Mallery • Paige Moorhouse • Kenneth Rockwood

## Dr. Olga Theou, postdoctoral fellow

The human body is meant to move, but by how much, how often, under what circumstances and to what end? Dr. Olga Theou wants to answer some of these questions and is studying movement in seniors as a first step to doing so. Dr. Theou is a postdoctoral fellow in the Division of Geriatrics who has designed a research study, under the supervision of Dr. Kenneth Rockwood, geriatrician, professor and leader in geriatric research, to measure, track and record the movements of adults 65 years of age and older who are in hospital.

"We think seniors aren't moving enough while in hospital to aide in their recovery and for optimal health. To test the hypothesis we need to first measure seniors' movements," says Dr. Theou. "The assertion is that people who move more will recover faster and get out of hospital sooner."

Study participants will wear an accelerometer, which will track and measure all of their movements, from sitting up to standing to walking. The technology, which is very sensitive and can measure magnitude, direction and orientation of movements, will also record when participants are at rest whether lying down, sitting or standing.

"This is the first study of its kind to look at a broad spectrum of movement and to measure rest periods as well. Previous studies have been limited to measuring the quantity of specific movements, for example, the number of steps a patient takes," notes Dr. Theou. "This study recognizes that movements such as standing up that are presumably simple may actually require extensive exertion depending on the person doing the moving."

The second phase of Dr. Theou's study is to analyze the data in consideration of length of stay and outcomes and to determine whether there is a correlation between movement and shorter hospital stays and movement and better outcomes.

"The effects of the study results could be far reaching, affecting everything from physical activity guidelines to the design of hospital units to requirements for physiotherapy professionals," says Dr. Theou.

Dr. Theou is funded by the Internal Medicine Research Foundation and her work is part of Geriatric Medicine Research, a multidisciplinary research group at Dalhousie and Capital Health that studies aging, particularly frailty and cognition.



# Hematology

## Our Patient Care

- The Division began a new satellite clinic, staffed by Drs. Andrea Kew and David Macdonald in Sydney Nova Scotia, due to the departure of a hematologist.

## Our Research

- Division members continue to maintain positions of prominence within the National Cancer Institute of Canada Clinical Trials Group: Dr. Stephen Couban co-chairs the Hematology Site Group; Dr. Darrell White is a member of the Myeloma Committee; Dr. David Macdonald is a member of the Lymphoma Committee, and also of Audit and Monitoring Committee, together with Dr. Wanda Hasegawa.
- Dr. Stephen Couban was the recipient of a \$100,000 grant from the Terry Fox Research Foundation study myelodysplasia and acute myeloid leukemia.
- The Division employs 15 full time research staff through grant and contract research support.

## Our Education

- The Undergraduate Education Program for the Division of Hematology is led by Dr. Sudeep Shivakumar, who has played a lead role in the re-design of the medical school curriculum with respect to Hematology.
- The Postgraduate Education Program continues to develop under the direction of Dr. Andrea Kew. This year, she led the successful accreditation of the postgraduate training program by the Royal College of Physicians and Surgeons.
- Dr. David Jones completed his Hematology Training Program in December 2011 and Dr. Arleigh McCurdy completed training in June 2012.

## Congratulations to:

- Dr. Arleigh McCurdy received an award for Best Sub-Specialty Resident Poster Presentation at DoM's Research Day; Dr. David Anderson received the Resident's Choice Best Faculty Oral or Poster Presentation at the same venue.
- Dr. Wanda Hasegawa received a DoM Excellence in Medical Education Award at the DoM Spring Party on June 9, 2011.

## Welcome Aboard to:

- Dr. Mary-Margaret Keating who joined the Division of Hematology in July, 2012.



*Dr. Stephen Couban, Interim Division Chief*

**Division Physicians:** David Anderson • Stephen Couban • Wanda Hasegawa • Ormille Hayne • Mary Margaret Keating • Andrea Kew • David Macdonald • Sue Robinson • Sudeep Shivakumar • Darrell White

## Drs. Sudeep Shivakumar and Mary Margaret Keating, hematologists

Drs. Mary Margaret Keating and Sudeep Shivakumar are the newest recruits to the Division of Hematology. Each at the start of their career, they represent the availability of diverse career opportunities and expertise within the division.

Dr. Shivakumar provides patient care at the QEII Health Sciences Centre, seeing patients who often have a blood clot in a vein deep inside the body (deep vein thrombosis) and/or blockage in the arteries of the lung (pulmonary embolism).

"Though I subspecialize in thrombosis, I see patients with a range of hematology related illnesses. The opportunity for diverse clinical experience is one of the reasons I wanted to practice as part of this division," says Dr. Shivakumar.

His love of teaching is another. Dr. Shivakumar is assistant professor of medicine and director of the undergraduate medicine program in hematology. He teaches most of the undergraduate hematology lectures, supervises residents, and is making changes to the hematology curriculum as a result of the Dalhousie Medical School's curriculum renewal. In 2012, he was awarded Professor of the Year by the class of 2015.

Dr. Shivakumar also has several research projects underway to study the effectiveness of new drugs to prevent or treat thrombosis.

For Dr. Keating, no two days are ever the same. She practices at the Dartmouth General Hospital and the Woodlawn Medical Clinic in Dartmouth, Nova Scotia, and at the QEII Health Sciences Centre in Halifax. She is one of few internal medicine specialists and the only hematologist at the Dartmouth General Hospital. She is also the only community hematologist in Dartmouth.

Dr. Keating sees patients with all types of hematology related illnesses who are in hospital or referred by primary care physicians or specialists in the Halifax region and beyond.

"I wasn't sure about the combination of the community practice and the hospitals, but I enjoy the diversity now that I'm used to the pace," says Dr. Keating. She also notes that the model enables her to see a high number of patients and has helped reduce the hematology consult waitlist in the Halifax region.

Being a member of the Division of Hematology while maintaining a community practice enables Dr. Keating to teach, be involved in research and to consult routinely with colleagues.



# Infectious Diseases

## Our Patient Care

- We see patients with a variety of infectious diseases in our outpatient clinics. A growing part of our practice is management of patients on home intravenous antimicrobial therapy for chronic infections.
- An unacknowledged aspect of our patient care contributions are the hundreds of telephone calls we take each year, giving patient management advice to physicians caring for patients throughout Maritime Canada.

## Our Research

- Dr. Rafael Garduño, a Canada Research Chair (Tier II) Scientist who holds grants from the Natural Sciences and Engineering Research Council of Canada, had a very productive year, publishing five papers on different aspects of *Legionella pneumophila* pathogenesis.
- Dr. Shelly McNeil continued as Principal Investigator of the Public Health Agency of Canada/Canadian Institutes of Health Research Influenza Research Network Serious Outcomes Surveillance Network, which is the largest adult acute care network of its kind in Canada.

## Our Education

- Our Infectious Diseases Resident Training Program is active, and closely linked with the Medical Microbiology Resident Training Program, which are both led by Dr. Todd Hatchette.

## Our Teaching

- Our Division is involved in all levels of teaching, from undergraduate to continuing medical education, and graduate studies.

## Congratulations to

- Dr. Johnston received an MSc in Public Health Sciences (Epidemiology) from the University of Toronto.
- Dr. McNeil was elected an Infectious Diseases Society of America (IDSA) Fellow.
- Dr. Kathy Slayter was awarded "Specialties in Pharmacy Practice Award" from the Canadian Society of Hospital Pharmacists and the Dalhousie University, College of Pharmacy Professional Experience Preceptor of the Year Award.

## Welcome Aboard to

- Dr. Joanne Salmon joined the ID Division in January 2012 as a Saint John, NB-based appointed member.



*Dr. Lynn Johnston, Division Chief*

**Division Physicians/Faculty:** Ian Davis • Rafael Garduño • David Haase • Lynn Johnston • Shelly McNeil • W.F. Schlech • Nikhil Thomas

## Dr. David Haase, infectious diseases specialist

As a group, Nova Scotia's black communities do not access health care at the same rate or frequency as other population groups. They are also disproportionately affected by illnesses and conditions such as diabetes, hypertension, and sickle cell anemia. Dr. David Haase believes things should and can be different. The infectious diseases specialist and professor of medicine is co-president of the Health Association of African Canadians. Its mandate is to improve the health of African Canadians in Nova Scotia.

The Health Association of African Canadians is a volunteer organization, started in 2000, that partners with other organizations in the health, government and non-profit sectors to help inform, educate and empower African Canadians and to build capacity among healthcare providers and others who support the health needs of Nova Scotia's black communities.

Dr. Haase got involved in the association as a presenter at one of its workshops where he spoke about HIV and sexually transmitted infections. He then became a member, and later took on an executive position before serving as co-president.

"The health services and programs, which are needed to support African Nova Scotians, are fragmented, which detrimentally affects their impact. There isn't a systemic approach to improving the health of our black communities. The Health Association of African Canadians partners with many organizations to influence programs and services, connect them with others and provide multidisciplinary expertise and perspectives," explains Dr. Haase.

Some of those organizations include the Canadian Diabetes Association, Capital Health, IWK Health Centre, and the Office of African Nova Scotian Affairs. The association is currently working with the Nova Scotia Department of Health and Wellness on its mental health strategy to help ensure the strategy meets the needs of African Canadians.

"Building relationships and working together will make a difference," says Dr. Haase.

Being co-president of the Health Association of African Canadians is just one of the ways Dr. Haase is helping to make a difference for black communities. He also advises Dalhousie's Dean of Medicine on how to increase the number of African Nova Scotians in medical school as a member of the Faculty of Medicine African Nova Scotian Advisory Committee.

"Fewer than a handful of African Nova Scotians have entered Dalhousie Medical School in the last several years," notes Dr. Haase. "Having more African Nova Scotian healthcare providers working in our communities will help improve the health of black communities by fostering greater trust of the healthcare system and better informing the delivery of healthcare based on first hand experience."





# Medical Oncology

## Our Patient Care

- We are in the process of operationalizing the Atlantic Canada Center for Lung Cancer Molecular Testing which will service patients across Atlantic Canada. This will be the first center in Canada to provide multiplex testing for lung cancer.
- Dr. Snow has joined a collaboration to create a national database of head and neck cancer patients.

## Our Research

- Dr. Snow was successfully granted in March 2012 a Canadian Breast Cancer Foundation Studentship for a student research project.
- Dr. Drucker was successful in receiving a grant in the amount of \$134,250.00 from the Canadian Breast Cancer Foundation Atlantic Region in July 2011.

## Our Education

- Medical Oncology Residency Training Program received full Royal College accreditation in February 2012. Dr. Alwin Jeyakumar will assume the role of program director for the Medical Oncology residency training program as of July 1, 2012.
- Dr. Snow assumed responsibility for all off service postgraduate learners (PGY 1-3) in addition to undergraduate medical education.

## Our Team

- Drs. Mary Davis, Mary MacNeil, Stephanie Snow and Wojciech Morzycki co-hosted the third, highly successful Atlantic Canada conference on lung cancer. Guest speaker at this event was Ruth M. Goldbloom, O.C.
- Dr. Lori Wood (with Dr. Ricardo Rendon from Urology) co-hosted the 5th Annual Atlantic Uro-oncology Meeting.
- Dr. Daniel Rayson chaired the Canadian Neuro-endocrine Tumor Society Annual Conference.
- A fond farewell to Dr. John Jensen, who retired as of May 2012.

## Welcome Aboard to

- Dr. Nabeel Baseer Samad, Clinical Associate, joined the division in September 2011.
- Dr. Robyn Macfarlane, joined the Division as a Medical Oncologist in October 2011.



*Dr. Mark Dorreen, Division Chief*

**Division Physicians:** Bruce Colwell • Mary Davis • Mark Dorreen • Arik Drucker • Bahram Forouzesh • Alwin Jeyakumar • Sarah Kirby • Ronald MacCormick • Robyn Macfarlane • Mary MacNeil • Julia Merryweather • Wojciech Morzycki • Rajbir Pahil • Daniel Rayson • Stephanie Snow • Lori Wood • Tallal Younis

## Dr. Robyn Macfarlane, medical oncologist

Dr. Robyn Macfarlane is back at home practicing as a medical oncologist at the QEII Health Sciences Centre. She specializes in treating prostate, kidney, bladder and testicular cancers and is the newest member of the Division of Medical Oncology. Dr. Macfarlane spent more than six years in Vancouver for postgraduate and fellowship training but always kept the idea of establishing her career in Halifax in mind.

Dr. Macfarlane is a graduate of Dalhousie Medical School who has deep roots in Nova Scotia. When asked why she wanted to return to Halifax, she simply said, "My family is here." It's true that her family is her primary reason for coming home, but there is more to her story.

"Throughout my residency, I did electives in medical oncology across the country. I was fortunate enough to do one at Dalhousie, and when I got to know the group I quickly recognized how well they worked together. Although I wasn't certain there would be a position available at the end of my training, I was thrilled to learn that there was one," says Dr. Macfarlane.

She also points out that the positives have added up since she began working in the division in late 2011.

"The Division of Medical Oncology and the Capital Health and Dalhousie community offer opportunities to build my career in an environment that is just big enough to facilitate advancement in clinical care, research and education much the same as the largest academic health centres but not so big that members get lost in the shuffle. I also really appreciate the people I work with and the care delivery model in the Nova Scotia Cancer Centre, which facilitates collaboration among physicians and nurses to best support patients," says Dr. Macfarlane.

As for next steps in her career, Dr. Macfarlane intends to build on her clinical trials research and pursue her interest in translational research, particularly in the area of prostate cancer. She is actively looking for collaborators within and beyond the Dalhousie community.

"Dalhousie has an excellent reputation for basic science research and there is a move to undertake more translational research. The time is right for me to begin to explore more research opportunities," says Dr. Macfarlane.



# Nephrology

## Our Patient Care

- The Renal Program has put in place a number of quality and patient safety initiatives. These include ongoing quality care teams such as professional practice, vascular access, anemia management, cultural diversity, mineral metabolism, practice and safety, peritoneal dialysis and kidney patient advocacy teams. The team has also created a Nephrology quality leader position. The program was recently recognized by Capital Health's Performance Excellence Department for their excellent work.

## Our Team

- Congratulations to Dr. Steven Soroka who was recently named vice-president, Medicine at Capital Health. Dr. Soroka will assume his new role in January 2013, and will also maintain a clinical and research presence in nephrology.
- Congratulations to Division Head, Dr. Kenneth West, who was elected President, District Medical Staff Association for Capital Health for a two year term.
- Dr. Michael West is on sabbatical from Sept 2012 – March 2013. He is developing his research in two exciting areas: Dr. West is working with a team of collaborators from across Canada to explore the first use of stem cell-mediated gene transfer in Fabry's Disease. This CIHR funded project, has the potential to transform the care of patients with Fabry's Disease. He is also working with a group of researchers from the Netherlands that has a large population of patients with Fabry's disease. This collaboration will allow the team to answer many outstanding questions regarding treatment of Fabry's disease that cannot be elicited from smaller cohorts.
- Dr. Meteb Al Bugami finished his two year Nephrology residency training in June 2012. He will continue his training with us for an additional year as a transplant fellow.
- Dr. Karthik Tennankore, a former Nephrology resident, began a one year renal fellowship with us in July 2012, to further his training in dialysis therapies and research methods.
- Welcome aboard to: Dr. Talal Alfaadhel started his two year Nephrology residency training in July 2012.



*Dr. Kenneth West, Division Chief*

**Division Physicians:** Christine Dipchand • Neil Finkle  
• David Hirsch • Tammy Keough-Ryan • Bryce Kiberd •  
Romuald Panek • Penny Poyah • Steven Soroka • Kenneth  
West • Michael West

## Dr. Steven Soroka, nephrologist

Can I and we do better? Dr. Steven Soroka asks this question on a daily basis. Not always verbally but always internally. It's part of who he is and what has guided his career. The nephrologist and professor of medicine has led quality and patient safety initiatives, including accreditation processes, from the time he was an intern.

The key, he says, to ensuring we are doing the best we can in healthcare is to evaluate what we are doing as individuals and as programs or services and then to reflect on what the evaluation tells us.

"We can't be afraid to look in the mirror, to study and reflect on what we see. There are other components of the quality cycle, including planning and action, but the study and reflection elements seem to be the most challenging," says Dr. Soroka.

Capital Health's Renal program, for which Dr. Soroka is the physician co-lead, recently won the Capital Health Award for Quality & Patient Safety. The multidisciplinary team adopted a model of continuous quality improvement about eight years ago and has since put in place the necessary infrastructure, policies and practices. It collects and analyzes data on an ongoing basis and then uses the data, together with other information, to make changes, big and small, to improve patient care. It also regularly solicits feedback from a patient and family advisory committee, which was organized as part of the quality improvement efforts.

"You have to have a vision for the program or service, assemble a team of people who believe in that vision and then build the capacity necessary to work toward the vision," notes Dr. Soroka. "Our intent for the renal program was and is to provide the highest quality, evidence-informed care in a multidisciplinary environment."

Dr. Soroka will lend his expertise in quality and patient safety to Capital Health on a broader scale as its vice president of medicine, effective January 2013. One of his goals is to build on Capital Health's quality and patient safety efforts and to take a grassroots approach whenever possible.

"The healthcare system has a role to play in improving quality and patient safety by ensuring resources and infrastructure are in place to evaluate and make changes, but we also have to empower healthcare providers and encourage them to ask and answer difficult questions; push for more education at the undergraduate and higher levels; and advocate for increased involvement of patients and families," he says.



# Neurology

## Our Research

- Dr. Don Weaver, neurologist and chemist, was awarded the Heinz Lehmann Award from the Canadian College of Neuropsychopharmacology. The award recognizes outstanding contributions by an individual in the field of research in neuropsychopharmacology in Canada.
- Dr. Weaver was also awarded the 2011 Dr. Jonas Salk award for his ground-breaking work into drugs to alleviate neurological conditions associated with seizures and dementia. The award was presented at the March of Dimes' signature fundraising event, Ability and Beyond Gala, on May 3, 2012 in Toronto.
- It was quite a year for Dr. Weaver, who also named to the Dalhousie Medical Research Foundation Irene MacDonald-Sobey Endowed Chair in Curative Approaches to Alzheimer's Disease in June 2012. The Sobey Foundation donated \$2 million to establish this award, which will provide stable funding for Dr. Weaver's research lab, consisting of 20 scientists, mostly chemists.

## Our Education

- The neurology residency training program, under the leadership of Dr. V. Bhan, received accreditation by the Royal College of Physicians and Surgeons in February.
- Dr. Laith Shimon successfully completed his neurology residency training and passed the Royal College Exam. He is currently working as a community-based neurologist in Sydney, Cape Breton.
- The Undergraduate Neurosciences Program was significantly revised in the year 2011 under the leadership of Dr. Ian Grant. This represented a major commitment by Dr. Grant who developed an excellent Neurosciences Unit in collaboration with his colleagues in Basic Sciences, Psychiatry and the Division of Neurology.

## Our Team

- Congratulations to Mike Megeney, EEG/EMG Technologist, who successfully earned the designation of Registered Electromyography Technologist (Canada).
- Welcome aboard to Dr. Jeremy Moeller, who joined the Division a community based Neurologist. Jeremy is working with Dr. Roger McKelvey in Dartmouth.



*Dr. Charles Maxner, Division Chief*

**Division Physicians:** Timothy Benstead • Virender Bhan • Sultan Darvesh • Ian Grant • Gordon Gubitz • David King • Sarah Kirby • Richard Leckey • Alexander MacDougall • Charles Maxner • Roger McKelvey • Jeremy Moeller • Stephen Phillips • Bernd Pohlmann-Eden • R. Allan Purdy • Mark Sadler • Kerrie Schoffer • Donald Weaver

**Dr. David Clarke**, neurosurgeon, **Susan Rahey**, neurophysiology program coordinator and **Dr. Mark Sadler**, neurologist

For people living with medically resistant epilepsy, surgery may bring relief and allow them to participate in activities many of us take for granted. The surgical procedures to treat epilepsy, which are performed by a specially trained neurology and neurosurgical team, are available at Capital Health. They are not available, however, to millions of people who live with epilepsy in developing countries.

In April 2012 Dr. Mark Sadler, neurologist and professor of neurology, Susan Rahey, neurophysiology program coordinator, and Dr. David Clarke, neurosurgeon and professor of surgery, travelled to Cuba to help change that. The team delivered a four-day educational program on surgical procedures to treat temporal lobe epilepsy.

The initiative was prompted by an invitation from Dr. Justo Gonzalez, Chief of Neurosurgery, Hermanos Ameijeiras Hospital in Havana, following his visit to Capital Health in 2011. Dr. Gonzalez plans to establish an epilepsy surgical program at Hermanos Ameijeiras Hospital, the largest health centre in Cuba.

Prior to delivering the education program, Dr. Sadler, Dr. Clarke, and Susan spent months preparing. They secured funding from the American Epilepsy Society, the Divisions of Neurology and Neurosurgery, and UCB Pharma Canada Inc.; designed the program; sourced and pre-circulated journal articles; and secured and readied all of the materials they would need upon arriving in Cuba.

Dr. Gonzalez selected program participants from among several centres in Cuba, and acted as the liaison for the Halifax team. The program was offered free of charge.

"Our role was to familiarize the program participants, who were highly qualified neurologists, neurosurgeons, nurses and other health care professionals, with the process of patient selection, interpretation of non-invasive investigations and planning of temporal lobe epilepsy surgery," says Dr. Sadler.

Planning for an epilepsy surgery program at Hermanos Ameijeiras Hospital is still underway, with the hope of beginning to offer temporal lobe epilepsy surgery in 2013.





# Palliative Medicine

## Our Patient Care

- There are 6 palliative medicine physicians; 3 full time and 3 part time.
- Physicians provide 24 hour, seven day/week emergency and on call coverage for the Capital Health Integrated Palliative Care Service (CHIPCS). This includes patients in the community and in hospital.
- Attending service coverage is provided for a 13 bed inpatient unit. Inpatient consultation service is provided at the HI, VG, VMB, Abbie J. Lane, NSRC and Dartmouth General Hospital.
- Outpatient clinics are held at the Nova Scotia Cancer Centre and the Cobequid Multi-Service Centre.
- Palliative Medicine physicians provide daily home consult service to patients/families in the home setting.
- Palliative Medicine provides one day per week service to patients in West Hants.

## Our Team

- Welcome to Dr. Jeff Dempster, who joined the Division in August 2011. Dr. Dempster completed training in Added Competence in Palliative Medicine at Dalhousie, then practiced as a palliative care consultant for the past year in rural Nova Scotia. He has assumed a lead role on quality initiatives for the Division and also sits on the residency program committee.
- Dr. Robert Horton is leading a major initiative to develop a public-private partnership for the creation of an inpatient Hospice and Center of Excellence in Capital Health.

## Our Teaching

- From July 1, 2011 - June 30, 2012 a total 47 learners rotated through the Palliative Medicine service.
- Jointly accredited by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada and led by Residency Program Director, Dr. David Dupere, the Dalhousie Faculty of Medicine postgraduate Year of Added Competence in Palliative Medicine received full approval from the survey team during the accreditation process in 2012.
- Dr. Anne Marie Krueger-Naug and Dr. Jessica Hemmings completed postgraduate training in Palliative Medicine in 2011. Dr. Krueger-Naug will join the Divisions of General Internal Medicine and Palliative Medicine in 2012. Dr. Hemmings is now a staff physician with the Palliative Care service of the Saint John Regional Hospital.

## Our Research

- Dr. Paul McIntyre is a co-investigator on a new CIHR grant proposal looking at community-based primary health care at the end-of-life.
- Dr. Robert Horton continues to collaborate with the Division of Respiriology in a research program studying palliation in chronic obstructive pulmonary disease.



*Dr. Paul McIntyre, Division Chief*

**Division Physicians:** Liana Aires • Jeffrey Dempster • David Dupere • Robert Horton • Ken Johnson • Anne Marie Krueger-Naug • Paul McIntyre

## Glenna Thornhill, palliative care home consult nurse

What does dignity mean to you? What would it mean to you if you were nearing the end of your life? Only you know. It is part of the palliative care team's role, however, to support people to feel dignity in the months, weeks or days leading up to their death.

Glenna Thornhill provides care and support to people who are nearing the end of their life. She is a home consult nurse in palliative care – a unique, challenging and rewarding role she loves and has been doing for 23 years.

Wanting to add to what she was offering patients and families, Glenna attended a Dignity Therapy workshop in June 2012, for which she received education funding and used her vacation time. The therapy, which was developed by Dr. Harvey Chochinov, University of Manitoba, focuses on helping patients with terminal illnesses to share what is most meaningful to them and to document their legacy. The intent is to offer another tool to support people to feel dignity as they face end of life.

The multi-step therapy involves meeting with the patient to discuss their expectations for the therapy; conducting and recording an interview with the patient, which is guided by standard questions developed by Dr. Chochinov; transcribing the interview and making edits together with the patient until the patient has deemed the document final; and presenting the document to the patient.

"The ten to twelve hour process results in a record of the patient's life, but its value to the patient lies in the process itself," notes Glenna. When asked why patients would want the therapy, she says the reasons vary significantly.

"For some patients, the therapy reminds them that at the end of their life they still have something to offer. It isn't unusual for people to feel, at the end of their lives, that their lives are worthless. For others, the document that is created becomes a sort of apology to their families. For still others, especially those whose lives are considered "short," it helps them to see that their life was valuable despite length," says Glenna.

She has so far conducted the therapy with a small number of patients but the feedback from patients and their families has been excellent.

Glenna applied for a grant to make Dignity Therapy available at Capital Health and enable her to become more familiar with the therapy, collect feedback from patients and families and assess the feasibility of making the therapy more widely available within the organization. She notes that her initiative has been supported by the Division of Palliative Medicine and Capital Health's palliative care service. Glenna will present a report in early 2013 on the results of her work.



# Physical Medicine & Rehabilitation

## Our Patient Care

- Following our first full year since reconfiguring our inpatient units, we revisited our inpatient data to evaluate the impact of this change. We have decreased the length of stay an average of 5 days per admission. Our wait times for inpatient transfers to the rehabilitation service have also decreased, averaging 4-8 days. We continue to explore ways to maximize our inpatient beds and improve patient flow.
- Our acquired brain injury outreach and day program celebrated its second year of operation. This program has allowed several patients with ABI to be discharged to the community who otherwise would have gone to long-term care.
- We participated in a national environmental scanning project for spinal cord injury rehabilitation (ESCAN) and were recognized for excellence in the management of neuropathic pain and in wheelchair skills related to the rehabilitative management of this population.

## Our Research

- We continue to participate in multiple clinical research projects. Through our research we have been able to support a full time research coordinator who has been a great support.

## Our Education

- Dr. Sonja McVeigh was a key member responsible for the redesign of the Musculoskeletal undergraduate curriculum for the medical school and is congratulated for her excellent work.
- Dr. Amra Saric continues as our residency training director. She has made valuable changes to our program, keeping it fresh and challenging to our residents. We received full Royal College approval for our program in February 2012.
- In addition to providing significant teaching in the Dalhousie Medical School our physicians provide education in the Schools of Health Professions, Kinesiology and Engineering at Dalhousie.

## Our Team

- Congratulations to Dr. Peter Inkpen for successfully completing our Residency Training Program and Royal College Exams in June 2011. He plans to practice in BC.
- Welcome to Dr. Shaun Boe, who has joined our division as a cross appointment from the School of Physiotherapy. Shaun's focus is on motor recovery after stroke and he will be a valuable collaborator both clinically and in research.



*Dr. Christine Short, Division Chief*

**Division Physicians:** Edwin Hanada • Brenda Joyce  
• Lee Kirby • George Majaess • Sonja McVeigh •  
Anita Mountain • Amra Saric • Christine Short

## Melanie Ellerker, nurse, ambulatory care and Dr. Anita Mountain, physiatrist

Patients with neuromuscular disorders such as cerebral palsy and muscular dystrophy were never quite sure what to expect when it came time to transition from the IWK neuromuscular clinic to that at Capital Health. They do now.

About a year ago, Dr. Anita Mountain, physiatrist, Melanie Ellerker, Capital Health ambulatory care nurse, and the IWK neuromuscular clinic team began to make the transition easier for patients, families and the clinical teams and to improve the continuity of care.

"We knew, as did the IWK's team and the patients and their families, that the transition from the pediatric service to the adult service wasn't optimal so we made it a priority to improve it," says Dr. Mountain.

There was little communication between the services and formal processes and practices weren't in place to ensure patients and their families became familiar with the adult rehabilitation neuromuscular clinic.

"Patients' and parents' questions and concerns would increase as the time to transition approached. Though Anita and I would discuss the needs and care of patients with higher needs, we realized we needed to put more formal practices and processes in place for all patient transitions. Anita has taken the lead on those," says Dr. Jason Howard, pediatric orthopaedic surgeon and assistant professor of surgery.

The coordinator of the IWK neuromuscular clinic now attends the clinic at Capital Health on those days designated as transitional clinic to help support patients who are visiting the clinic for the first time, the IWK and Capital Health teams meet regularly to discuss how to further improve the transition and continuity of care, and plans are underway to provide patients with information on the rehabilitation neuromuscular clinic at Capital Health while still receiving care at the IWK.

"We have made a number of small changes and have greatly improved the communication between the services over the last year, which have made a difference to patients and to the clinical teams," notes Dr. Mountain.

"Both the IWK and Capital Health teams are learning more about how the other works which allows us to address patients questions and

to make adjustments to the way we do things. Our goal is to provide a transition tailored to the patients we serve," says Melanie.



# Respirology

## Our Patient Care

- The chronic obstructive pulmonary disease outreach program “INSPIRED” continues to garner support and accolades, including a commendation in Province House from the Minister of Health in April 2012 and a press release through Canada Press. Currently there are more than 75 patients enrolled in the program and feedback has been consistently very positive. The INSPIRED Program continues to consistently achieve 75% reductions in Emergency Room visits and admission/length of stay for patients enrolled in that program by comparison with their previous experiences.
- Division members continue to be prominent at national and international levels. Dr. Graeme Rocker has been an invited plenary speaker at various Palliative Care Conferences. Dr. Paul Hernandez leads the Canadian Thoracic Society COPD Clinical Assembly.

## Our Research

- The division continues to participate in a number of grant-funded research studies, predominately focusing on COPD and asthma.

## Our Team

- We are delighted to welcome Dr. Meredith Chiasson who joined the division on July 1, 2012. She has recently completed a Fellowship year gaining further expertise in the management of Cystic Fibrosis. She will initiate a non-CF Bronchiectasis clinic; follow our lung transplantation patients; and will develop a career as a clinician teacher.
- Congratulations to Dr. Graeme Rocker for receiving a Silver Capital Health Quality Award for the INSPIRED Program.
- A fond farewell to Dr. Dennis Bowie who retired on June 30, 2012 following 28 years of dedicated service.



*Dr. Graeme Rocker, Division Chief*

**Division Physicians:** D.M. Bowie • Meredith Chiasson • Paul Hernandez • Gosia Klonowska-Phillips • Colm McParland • Roger Michael • Debra Morrison • Nancy Morrison • Scott Rappard • Graeme Rocker

## Dr. Debra Morrison, respirologist

More than 2,000 people sought support from the sleep disorders clinic at the QEII Health Sciences Centre in 2011-2012. Since opening in 1990, demand for clinic services has been intense and growing.

The multidisciplinary clinic includes a team of physicians and sleep technologists who provide consultation, diagnosis and treatment of various sleep disorders such as insomnia, sleep apnea, restless leg syndrome and narcolepsy. The team, which is part of the academic chronobiology program, also conducts extensive research, and provides undergraduate and postgraduate medical teaching.

“We are a relatively small but vital group,” says Dr. Debra Morrison, respirologist, associate professor of medicine and clinic director. “In the last year alone, we saw about 2,300 patients, conducted just over 550 sleep studies (480 nighttime, 78 daytime of which 21 were pediatric) and began or completed several initiatives to help us meet demand, lessen wait times and improve quality patient care. We are trying to seize every opportunity to support patients.”

The clinic, which also includes a sleep lab, is a group of cramped rooms that serve as a waiting area, administrative offices, clinical offices, and three sleeping areas wherein patients can be observed and monitored.

“We recently opened a fourth bedroom by installing a murphy bed in what had been used primarily as office space so that we can support more patients,” says Dr. Morrison. “We have also broadened our reach by working with the neuromuscular clinic team to provide sleep disorders expertise for patients with amyotrophic lateral sclerosis (ALS), which often causes hypoventilation. Also, through a joint initiative with the Department of Psychiatry and the IWK, we now have a sleep technologist with experience in pediatric sleep disorders so that we can work with the IWK Health Centre to better support children and youth.”

Other initiatives include changes to the way support staff work and to processes and procedures so that the clinic runs more efficiently, and planning for new, larger space, which Dr. Morrison recently learned will be available to the clinic in the near future — welcome news!

“The new space offers a huge opportunity to improve quality patient care.

As such, we are seeking as much input as possible from patients on the design of the space so that we can be sure it meets their needs,” says Dr. Morrison.

Striving to meeting patients’ needs has been Dr. Morrison’s mantra since becoming clinic director in 1998. She is an expert in sleep apnea and very active clinical researcher who also heads the second year medical school Metabolism II unit in undergraduate medicine in the Dalhousie Faculty of Medicine, and teaches medical residents.





# Rheumatology

## Our Patient Care

- Ambulatory care visits increased again this year, continuing a trend of the past decade. Of necessity, due to limited physician resources, our referrals are restricted to those patients with inflammatory arthritis, systemic vasculitis or those for whom there is diagnostic uncertainty.
- We operate more than 20 half day clinics per week.

## Our Research

- Dr. Hanly remains the only physician member with protected research time. He continues to be lead investigator in a CIHR funded international study in CNS Lupus. He has accepted a leadership role within the department as Chair of the research committee.
- Drs. Sutton, Bakowsky and Taylor participate in national research groups in scleroderma, vasculitis and spondyloarthropathies respectively.

## Our Teaching

- Drs. Bakowsky, Taylor and Wong are COPS tutors at Dalhousie's medical school and Dr. Taylor is the unit head for the Musculoskeletal/Dermatology block. All members contribute to MSK clinical skills teaching.

## Our Team

- We have four full time and four community based rheumatologists and one family practitioner who has advanced training in Rheumatology.
- Multidisciplinary clinics run on Tuesday and Friday mornings with nursing, OT and PT and the GP specialist.
- A fond farewell to Grace McCurdy, research nurse with the division for the past 18 years.



*Dr. Evelyn Sutton, Division Chief*

**Division Physicians:** Volodko Bakowsky • John Hanly • Juris Lazovskis • Souad Shatshat • Emily Shaw • Evelyn Sutton • Trudy Taylor • Jill Wong

## Dr. Trudy Taylor, rheumatologist

About 30 young adults and their families make the transition from the rheumatology clinic at the IWK Health Centre to that at Capital Health each year. For some, the transition brings about anxiety and stress; for all, it is met with apprehension.

"Most patients have come to see the rheumatology team at the IWK as a source of comfort, support and strength – much like family or close friends – thanks to years of receiving excellent care in the pediatric setting. When the time comes to transition from pediatric to adult rheumatology care, they are often anxious about the change," says Dr. Trudy Taylor, rheumatologist.

Dr. Taylor notes that while she can't replicate the trusting relationships that patients and families have forged with the pediatric team right away, she can begin to establish them as part of the transition from the IWK to Capital Health. She has been working with the pediatric rheumatology team over the last three years to formalize practices that make the transition easier for patients and their families. They have introduced consultation(s) with the patient, family and pediatric clinical team prior to the transition to adult care, the provision of information on the adult rheumatology clinic and education about adult rheumatology care and how and why it differs from pediatric rheumatology care.

The pediatric team pioneered rheumatology transitional care about 10 years ago and in partnering with its members Dr. Taylor is building on its work from the adult rheumatology perspective.

Every two months, she spends a day at the pediatric rheumatology clinic meeting with patients who will transition to the adult rheumatology clinic. She consults with patients alongside their pediatric rheumatologist so that together they can provide information, answer questions and plan, with the patient, the smoothest transition.

"A patient's transition is tailored to meet his or her needs. I consult with some patients and families many times before I see them in the adult rheumatology clinic. Others I consult with once. We also vary the depth and breadth of information about adult rheumatology care according to patients' and families' interest and need," Dr. Taylor explains. All patients receive the same information on the rheumatology clinic: location, hours, contacts, blood collection availability, parking, and more.

Dr. Taylor is the sole rheumatologist at Capital Health who is dedicated to transitional care. As a lecturer of rheumatology, she aims to share her experience and knowledge of transitional care. Whenever possible, a resident accompanies her to the pediatric rheumatology clinic to see first hand what questions patients and families ask, what their concerns are and how they are addressed by the rheumatologists.

"Transitional care isn't new but there is always a need to improve our knowledge and build capacity, and based on the feedback we receive from patients and families, we're doing a good job of making the transition smooth. It's valuable for fellows and residents to see that," says Dr. Taylor.



# Saint John Campus

## Our Patient Care

- The New Brunswick stem cell transplantation (SCT) program, directed by Dr. Terrance Comeau, was implemented at the Saint John Regional Hospital (SJRH) in 2012. The hospital foundation raised \$700,000 enabling the construction of a state of the art stem cell processing laboratory. The program performs autologous stem cell transplants for diseases such as lymphoma, leukemia, multiple myeloma and germ cell tumors. The program has performed 40 transplants to date.
- The TAVI (Transcatheter Aortic Valve Implant) Program at the NB Heart Centre began in April 2010 and to date has completed 64 TAVI procedures. The TAVI team includes: Drs. Vernon Paddock, Marc Pelletier, Darren Ferguson, Brian Archer as well as anaesthesiologists, nurses, and anesthesia technologists. This new treatment option is for patients with severe aortic stenosis. Outcomes have been positive thus far.

## Our Team

- Dr. Mahesh Raju has shaped the landscape of medical education in New Brunswick, most recently for his efforts in pioneering an integrated rural family medicine/emergency medicine program for Dalhousie. He has worked as Assistant Dean, Postgraduate Training in NB among several other important roles. Dr. Raju is well known for his excellence in clinical care and leadership. He has practised general internal medicine and critical care in Saint John since 1990, and has been department chief. His efforts in internal medicine have been recognized by the American College of Physicians with the Laureate award in 2008 and he was awarded the Canadian Society of Internal Medicine Osler Lectureship in 2009. He was elected Governor of the American College of Physicians – Atlantic Chapter 2010, and was presented with the Department of Medicine's Brian M. Chandler Lifetime Achievement Award in Medical Education in 2012. Dr. Raju retired in July, 2012.



*Dr. Paul Sohi, Clinical Head Department of Medicine, Saint John Regional Hospital*

**Division Physicians:** Oriano Andreani • Colin Barry • Kathy Baxter • Ricardo Bessoudo • David Bewick • Graham Bishop • Margot Burnell • Alan Cockeram • Terrance Comeau • Gary Costain • Sean Dolan • John Dornan • Geoffrey Douglas • Peter Fong • Patricia Forgeron • Cory Gillis • Nessa Gogan • Eric Grant • Samantha Gray • Robert Hayes • Cynthia Hobbs • Jaroslav Hubacek • Stephen Hull • Pamela Jarrett • Douglas Keeling • Renju Kuriakose • Sohrab Lutchmedial • Elizabeth MacDonald • Martin MacKinnon • Gregg MacLean • Donna MacNeil • David Marr • Lisa McKnight • Vernon Paddock • Christine Pippy • Mahesh Raju • Phillip Reid • Anthony Reiman • Elizabeth Rhynold • Ewa Sadowska • Joanne Salmon • Greg Searles • Paul Sohi • Robert Stevenson • Robert Teskey • Satish Toal • Duncan Webster • Peter West • Chadwick Williams

## Dr. Martin MacKinnon, nephrologist, Saint John Regional Hospital

Medications and lifestyle changes can often help people control hypertension, but sometimes they fall short and other interventions are in order. That's where Dr. Martin MacKinnon, nephrologist, and Anita Fenn, nurse and clinic coordinator, come in. The two offer a complicated hypertension clinic at Saint John Regional Hospital in New Brunswick where they diagnose and treat elevated blood pressure that is not easily controlled.

Dr. MacKinnon opened the clinic in 2009 after recognizing a need amongst patients who were being referred for hypertension but not achieving the desired results. Hypertension is a serious ailment that is alarmingly common in the Maritime Provinces. It is a major risk factor for stroke, heart attacks, heart failure, and aneurysms of the arteries, and is a cause of chronic kidney disease.

"Common hypertension is routinely controlled through consultation with a primary care physician but complicated hypertension takes more time to diagnose and can be difficult to treat," says Dr. MacKinnon.

The complicated hypertension clinic offers more intense support to patients, more in-depth assessments and frequent follow up, and routinely employs equipment that may not be required for the treatment and management of common hypertension. Many of the patients referred to the clinic with complicated hypertension have other illnesses as well, particularly diabetes, vascular disease and chronic kidney disease.

When considering establishing the complicated hypertension clinic, Dr. MacKinnon referred to much of Dr. Paul Handa's work. The nephrologist and professor of medicine was the first Maritime physician to launch blood pressure screening surveys in 1976 and to help the public and medical community become aware of hypertension, its consequences and the importance of medical interventions.

"The Department of Medicine at Saint John Regional, largely thanks to Dr. Handa's work, has established a reputation for excellence in the study and care of hypertension. With the complicated hypertension clinic, we are building on his work and continuing our leadership in the area," notes Dr. MacKinnon.

Part of that leadership includes research. Dr. Paul Bonner, a resident in the Department of Medicine who works with Dr. MacKinnon and has been studying the establishment of the complicated hypertension clinic and patient progress, has received ethics approval for a study to identify which patients are more and less likely to manage their hypertension through the clinic.

"We have been recording patient data since the opening of the clinic. Early indicators suggest our work is having a positive impact on many patients. We're looking forward to a conclusive study of the data," says Dr. MacKinnon.



# 2011–2012 Statistics

*In 2011/12 there are 136.7 FTE physicians in Department of Medicine's 15 divisions including Medical Oncologists in Sydney and Kentville. All are faculty members with Dalhousie University's Faculty of Medicine.*

## Clinical Care

- DoM physicians provided in-patient care for a total of 112,814 bed days at the QEII.
- 16,063 in-patient consultations were provided.
- 145,108 ambulatory patient visits to clinics.
- 16,341 registered chart checks and phone consultations provided by DoM physicians.
- Geriatricians and Palliative Medicine physicians provided and/or supervised 2,108 home visits.
- 2,661 cardiac catheterizations performed and an additional 1,744 PCIs performed by interventional cardiologists.
- 88,379 ECGs performed.
- 7,485 Stress Tests and 3,909 holter monitors and loops.
- 716 pacemakers, AICDs and BIVs inserted.
- 494 cardiac electrophysiology studies and ablations performed.
- 12,511 cardiac echos performed.
- 8,636 patients were treated in Dermatology Phototherapy Unit.
- 8,726 endoscopies performed by Gastroenterologists.
- 10,725 hematology procedures performed in Medical Day Unit.
- 97 bone marrow transplants performed.
- 40,236 hemodialysis procedures performed at Capital Health only.
- 914 acute hemodialysis procedures performed on in-patients.
- 13,697 chemotherapy treatments provided at Capital Health and Cape Breton.
- 2,682 EMGs performed.
- 1,567 EEGs performed.
- 2,119 telemedicine consultations by dermatologists and physiatrists.
- Satellite clinics are provided by Geriatric Medicine, Hematology and Medical Oncology.

## Education & Research

- DoM has a total of 97 residents – 51 core Internal Medicine trainees; 46 subspecialty residents.
- DoM faculty provided 292 hours teaching Clinical Methods & 96 hours teaching Rotating Electives for Med 1 students.
- DoM faculty provided 606 tutor hours for Med 1 & 2 Case Base Learning.
- Med 2 Teaching for Cardiology, Musculoskeletal, Neuro, Respiratory and Consolidated Clinical Skills totaled 942 hours provided by DoM faculty.
- DoM faculty provided 390 hours acting as examiners for Med 2 & 3 student's clinical exams (OSCE's).
- A total of 767 undergraduate electives were provided by DoM faculty in a variety of divisions in 2011/12, plus another 226 in Saint John.
- A total of 800 four-week clinical rotations were supervised by DoM faculty for postgraduate trainees (residents) in 2011/12, including 320 rotations for non-medicine residents (the equivalent of 27 full time residents).
- DoM faculty received a total of \$13,552,798 in research funding in 2011/12, including Industry/Contract funding of \$5,344,466 and grants totaling \$8,208,333.
- DoM faculty presented their work at 168 National and International medical conferences and 47 locally held medical conferences.
- DoM hosted 96 visiting professors from other universities who spoke at departmental and divisional rounds.
- 11 Peer reviewed and 1 non peer reviewed book chapters and review articles were published by DoM faculty in 2011/12.
- One peer reviewed book/monographs was published in 2011/12.
- One thesis was published.
- 3 non peer reviewed and 14 peer reviewed letters to the editor or Editorials were published.
- 178 peer reviewed papers were published and 15 non peer reviewed papers were published.
- Department of Medicine physicians presented 504 continuing medical education lectures, seminars or events outside the department.





- For more detailed information regarding the academic and administrative deliverables provided by Department of Medicine, please see the **Faculty, Academic and Administrative Monograph 2011/12** on our website: <http://dom.medicine.dal.ca/publications/annualreports.htm>



- For detailed information related to specific clinical activities provided by Department of Medicine Divisions, please see the **Compendium of Divisional Activity 2011/12** on our website: <http://dom.medicine.dal.ca/publications/annualreports.htm>
- For up-to-date guidelines and processes for referring patients to Department of Medicine specialists in all Divisions, please see the Department of Medicine Triage Process and Wait Time Standards for Ambulatory Care on our website: [http://dom.medicine.dal.ca/waittimes/AccessToSpecialists\\_WaitTimes.pdf](http://dom.medicine.dal.ca/waittimes/AccessToSpecialists_WaitTimes.pdf) or <http://waittimes.novascotia.ca/>
- To review current wait times for ambulatory care (updated quarterly on Jan 31, Apr 30, July 31 and Oct 31), please see our website: <http://dom.medicine.dal.ca/waittimes/currentwaittimes.htm> or <http://waittimes.novascotia.ca/>

DoM

DEPARTMENT  
*of* MEDICINE  
*Improving Lives*

**Department of Medicine**

Capital Health & Dalhousie University  
QEII Health Sciences Centre, VG Site  
Suite 442 Bethune Building  
1276 South Park Street  
PO Box 9000  
Halifax, Nova Scotia B3K 6A3  
Canada

Phone: 902.473.2379

Fax: 902.473.4067

Email: [David.Anderson@cdha.nshealth.ca](mailto:David.Anderson@cdha.nshealth.ca)

Website: <http://dom.medicine.dal.ca>



Capital Health



**DALHOUSIE**  
**UNIVERSITY**  
*Inspiring Minds*