As one can see in this Newsletter, there are a lot of things “New” in our DoM! We have New faces and New people, and some people are doing New things in our DoM and some have moved onto New opportunities. It is remarkable but understandable in these modern times that change has led to many things that are truly New.

The world is changing rapidly and daily - if one takes but a glance at the News page on the internet, one could argue that things are changing by the minute as New articles are updated instantaneously as they occur! So, the speed of change is amazing and our “New” DoM has to adapt to these changes internally and in relationship to our partners in the health care field to meet our clinical and academic deliverables.

Few realize how widespread our enterprises are with respect to what we do on a daily basis. In addition to our local and provincial involvement in medical care and academic endeavours, we are involved nationally and internationally in unique and important education and research initiatives, many of which are leading edge and New in the true sense of the word. The depth and breadth of the activities of our Department Members is impressive at all levels and need to be celebrated on a regular basis, which is the underlying theme of the “double entendre” of Medicine Matters.

Despite all this “Newness”, which I suspect will continue to evolve on a rapid and large scale, there is a lot that appears to remain the same – but do not be fooled. In the over 35 years I have been involved with this Department, I have seen amazing changes and it is not the old Department in any way or fashion at present - in the future I suspect it will be radically different as we redefine our roles in health care, education and research.

There are however also “New” things not even dreamt of by our predecessors and they include: our New AFP, New Hospitals and New Administrations, New Diseases and New Treatments, New Ideas on Medicare and Privatization Issues, New Ways of Working and New Attitudes, and New Ideas on Professionalism, to name a few. Many have old roots but we have to develop New ways to deal with them…. Bottom line is: we are all about people, a reNEWable resource that is for sure – if we get the right people and they do the right things, we will succeed. We have many challenges and opportunities here to move forward into this brave New world!

Dr. R. Allan Purdy  
Professor and Head, Department of Medicine, Dalhousie University  
District Chief, Department of Medicine, Capital Health  

Congratulations to the Department of Medicine physicians receiving a Dalhousie University promotion, effective July 1, 2007:  
Full Professor: Associate Professor:  
Dr. Iqbal Bata Dr. Virender Bhan  
Dr. Jennifer Klotz Dr. Bruce Colwell  
Dr. Nancy Morrison Dr. Mark Dorreen  
Dr. Lawrence Title Dr. Rob Green  
Dr. Mahesh Raju  
Dr. John Sapp  

Over 120 physicians and residents welcomed Dr. Martin A. Samuels, Neurologist-in-Chief and Chairman, Department of Neurology, Brigham and Women’s Hospital; and Professor of Neurology, Harvard Medical School as the first Department of Medicine Master Clinician Series speaker. Dr. Samuels gave an “Overview of Neurocardiology” at Grand Rounds and presented “Neurohematology” at the Division of Neurology Rounds. In addition, Residents were fortunate to have Dr. Samuels provide bedside teaching at clinical rounds.
Research joins clinical care and education as the “big three” goals of the DoM. Reflecting this importance, the DoM's research thrust is being refocused and many changes are highlighting this rejuvenation.

For starters, we have opened a new research administration office, Rm. 441, 4th floor, Bethune Building. This is providing us with a new visibility. The research office assists the scores of grant applications which arise from DoM researchers. Grants are being submitted regionally (Nova Scotia Health Research Foundation), nationally (Canadian Institutes of Health Research, Heart and Stroke Foundation) and internationally (National Institutes of Health).

In terms of major grant applications, the DoM recently participated in the major Canada Foundation for Innovation Research Hospital Fund application submitted by the CDHA – an application that will dramatically change the face of clinical research in Nova Scotia. This CFI-RHF proposal is composed of four research themes with DoM researchers being extensively involved in two: the Clinical NeuroScience Centre [CNSc] and the Facing Up to Frailty themes.

The Clinical NeuroScience Centre will be a co-localized cluster of facilities that support innovative, patient-centered research in brain disorders; based on two propositions: 1. brain disorders should be studied using a single integrated approach that merges psychiatry, neurology and psychology into one harmonized “clinical neuroscience” approach; and 2. the implementation of this integrated approach is best achieved at the time of first clinical presentation. CNSc research will transform these hypotheses to “standard of care”, and in doing so will transform the standard clinical approach to brain disorders.

Facing Up to Frailty is a pioneering, innovative research program that aims to make routine hospital care better for frail elderly people. By using mathematical insights to strategically adapt and employ new technologies, DoM researchers will capture the range of information needed to truly embrace the complex needs of frail elderly patients. From this, they will develop approaches that can be integrated into routine health care processes.

Clearly, these are exciting times on the busy research agenda of the DoM.

Dr. Donald Weaver
Director of Research, Department of Medicine

DOM RESEARCH DAY
NOVEMBER 22, 2007
ROYAL BANK THEATRE & PRINCE GEORGE HOTEL

Research

CLINICAL

UPGRADE TO ECHO LAB

Thanks to the Working Miracles Campaign and generous donations by the Sobeys Foundation and Servier Canada, the Division of Cardiology is pleased to announce a $700,000 upgrade of the echo lab. The Division of Cardiology at the QEII HSC provides acute and tertiary care and services to approximately 1.2 million individuals in Nova Scotia and Atlantic Canada. The addition of a new Digital Echocardiography Network will allow timely access and support to the most informative non-invasive test that is the most commonly used imaging procedure in cardiology. This network will ultimately enhance the quality of care provided by cardiologists and their supporting staff to acutely ill patients. A celebration/tour was held September 17.

Nephrology Wait List Blitz

Despite dramatic increases in the number of ambulatory visits to the kidney clinic over the past 5 years, the Division of Nephrology has not only managed to keep up with the increased patient load but has achieved dramatic improvements in wait times for new patient referrals. These remarkable improvements in wait times were achieved in all triage categories: urgent, semi-urgent and elective. Division Head Dr. Michael West commented that “improved access to care was realized through a major commitment by all nephrologists, nurses and clerical staff to maximize the number of patients seen. Under the leadership of manager Debbie Hutchings-Mulcahy, the clinic underwent changes to patient bookings and clinic flow which also contributed to the increased efficiencies. However, these gains may be short-lived with the recent departure of two nephrologists in the last 10 months”. Recruitment efforts are underway in an effort to ensure patient access to both ambulatory clinic and dialysis care remain at current levels.

Source: PHS Data Prepared by DOM Information Office

Source: STORM Data Prepared by DOM Information Office
**EDUCATION**

Department members spend considerable time and effort teaching, working with residents, and ensuring the training programs remain high quality and state of the art.

Internal Medicine and subspecialty training at Dalhousie has been well regarded over time and recently expanded, providing Dalhousie with virtually all subspecialty training options available elsewhere in Canada.

The Internal Medicine training program and associated subspecialty training programs constitute the largest number of postgraduate trainees at Dalhousie. Currently this number includes 52 residents in the core postgraduate years (PGY) of PGY1 to PGY3 with 36 additional residents in PGY4 to PGY6. Two core residency training positions are based in Saint John, New Brunswick as of July 2007.

Residency training consists of three core years of general internal medicine with either one additional year for a general internal medicine specialist or two to three additional years for subspecialists.

The core internal medicine residency training program received full approval status from Royal College of Physicians and Surgeons at its review in 2006. Dr. Iqbal Bata ably led the program as Program Director from 2002 to 2007.

In a time of cost restraint and national physician shortages, coupled with an aging (patient and physician) population, new specialist training and an ability to recruit physicians to the Maritime Provinces is clearly a priority. And, as you see in the listing of new department members, the DoM is pleased to be retaining a number of our recent trainees.

Dr. Darrell White
Program Director, Internal Medicine Residency Training Program

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**DISTRICT DEPARTMENT**

**REVITALIZATION OF DARTMOUTH GENERAL**

Dr. Desmond Leddin, DoM Head/Chief of Community Hospitals, is pleased to report that an active recruitment program has attracted a number of new specialists to DGH: Drs. Jason Yung and Daniel Woo, Cardiology; Dr. Scott Rappard, Respirology; Dr. Duane Sheppard, Gastroenterology; Dr. Stephen Duke, Internal Medicine; and Dr. Mada Nestel, Intensive Care.

The DGH group, which was always strong clinically, now has a greater critical mass which permits delivery of excellent clinical care in a sustainable practice environment.

Dr. Stephen Duke has been appointed the new Chief of Service Internal Medicine, Dartmouth General. As the District Department of Medicine continues to expand and new opportunities develop at Dartmouth General, enhanced communication and coordination within the District Department of Medicine is a priority.

In order to support the recruits, new office space has been developed for both physicians and administration, a new endoscopy unit has been constructed, and state of the art echocardiography equipment has been installed. The overall result is greatly enhanced functioning of DGH, better patient care for the population of Dartmouth and the Eastern shore, and streamlined communications between DGH and the QEII sites.

Dartmouth General is playing an increasingly important role in medical education. It provides an excellent opportunity for residents and other students to work in a practice environment which closely resembles a community hospital. As such, it is an important part of the Department of Medicine’s commitment to training physicians for practice in a variety of settings.

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**COBEQUID CLINICS**

Cobequid Community Health Center provides care to patients from all over the Capital Health District, with an emphasis on the local area, in an ambulatory setting. Although there is a busy emergency room, there are no in-patient beds.

The Department of Medicine has always provided care for emergency referrals from Cobequid. However, the Department of Medicine has now opened clinics at Cobequid in Cardiology, Gastroenterology, and Neurology. Endocrinology has been involved with diabetes care at Cobequid for many years.

The response from patients has been very positive. They appreciate being able to access care closer to home, as opposed to driving into Halifax. From a physician perspective, it is a pleasure to work in Cobequid. The environment is calm, friendly and several of the physicians working in Cobequid live close to the clinic, which saves on travel time.
Dr. Sugeet Baveja joins the Division of Cardiology as part-time junior faculty while continuing as a Senior Fellow. He did his Internal Medicine training in India. He completed his Adult Cardiology training in 2005 from the University of Toronto and completed a two-year fellowship in Interventional Cardiology from Dalhousie University in July 2007. He is interested in primary angioplasty for acute MI and teaching (undergraduate and postgraduate).

Dr. Janice Chisholm, a native Nova Scotian, joined the Division of Critical Care in July 2007. She received her Doctor of Medicine and then completed her anesthesia residency at Dalhousie University. Dr. Chisholm then went on to complete her critical care fellowship training at the University of Pittsburgh.

Dr. Arik Drucker, a one-year locum in the Division of Medical Oncology, did his undergraduate study, with BA in biochemistry and molecular biology, at Boston University, and attended Memorial University Medical School. His Medicine residency training and Medical Oncology fellowship was at Dalhousie. His wife is in the Emergency Medicine Program here, and they have a two-year-old boy, Noah.

Dr. Eamonn Eeles, Division of General Medicine, is from the UK having qualified in medicine at University College London in 1994. He has just completed specialist training in internal medicine and geriatrics in Cardiff, Wales, and is embarking on a one-year locum consultant post in internal medicine with affiliation to the department of geriatrics. Dr. Eeles relocated with his wife and fellow geriatrician, Dr. Ruth Hubbard, and their two (lively) children.

Dr. Chris Gray trained in Internal Medicine and Cardiology at Dalhousie University. He will be starting a two-year Fellowship in Electrophysiology at the University of Western Ontario beginning in January 2008. In the interim, he is helping the Division of Cardiology’s overworked electrophysiologists.

Dr. Stephen Gruchy, Division of Gastroenterology, received his undergraduate and internal medicine residency education at Memorial University of Newfoundland. He completed a residency in Gastroenterology at Dalhousie University in 2007 and is enrolled in a Masters of Clinical Epidemiology Degree at Memorial.

Dr. Dietrich Henzler, Division of Critical Care, attended the University of Hamburg and Hannover Medical School, receiving a degree in Anesthesiology in 1999 and Intensive Care Medicine in 2001. Most recently he was Senior Consultant, Deputy Director of the Department of Anesthesiology, and Assistant Professor, Medical Faculty of the RWTH Aachen. Dr. Henzler is married with four children.

CONGRATULATIONS

Dr. Simon Jackson, Division of Cardiology, received the Dalhousie University Faculty of Medicine Lea C. Steeves Award for Excellence in Continuing Medical Education.

Dr. Richard Langley, Division of Dermatology, won this year’s DSU Teaching Award for the Faculty of Medicine, unique in that students nominate and vote on their teachers.

Dr. Ross Langley, Division of Hematology, has been honoured with the Mastership of the American College of Physicians.

Dr. Stephen Phillips, Division of Neurology, received the Heart and Stroke Foundation of Canada’s Award of Merit.

Dr. R. Allan Purdy received a Lifetime Achievement Award from the Headache Cooperative of New England. The award has been given only 5 or 6 times and only to one other Canadian.

The Szuler Award was presented to Ryan MacDougall, Med 4, who, in his 3rd year Medicine rotation demonstrated the clinical and personal skills that made our colleague Dr. Irene Szuler such a valued and excellent clinician.

Dr. Ormille Hayne, Division of Hematology, has been chosen as the 2007 recipient of the Professional Association of Residents in the Maritime Provinces (PARIMP) Excellence-in-Teaching Award.