



MEDICINE MATTERS

DALHOUSIE UNIVERSITY & CAPITAL HEALTH, HALIFAX, NOVA SCOTIA

DEPARTMENT OF MEDICINE NEWSLETTER

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CARDIOLOGY • CRITICAL CARE • DERMATOLOGY • ENDOCRINOLOGY • GASTROENTEROLOGY • GENERAL MEDICINE
GERIATRIC MEDICINE • HEMATOLOGY • INFECTIOUS DISEASES • MEDICAL ONCOLOGY • NEPHROLOGY • NEUROLOGY
PALLIATIVE MEDICINE • PHYSICAL MEDICINE & REHABILITATION • RESPIROLOGY • RHEUMATOLOGY

CITIZENSHIP

The Department of Medicine's mission statement "*creating, promoting and delivering high quality medical education, research, administration and health care*" extends far beyond the Department. These pages present a few of our local, Capital Health, Dalhousie, provincial, national and international activities. At the center of all of our activities is the patient – whether it is in the role of clinician treating a patient, researcher advancing cures and drugs, medical expert advising boards and governments or educator preparing the next generation of physicians. The focus is clear: how can we best serve the patient? And, not surprisingly, much of it takes place beyond "the walls" of the DoM.

Dr. Steven Beed, Division of Critical Care, serves as medical advisor to the new Nova Scotia Organ and Tissue Donation Program.

Dr. Eva Grunfeld, Division of Medical Oncology, was recently named principal investigator for a 5-year \$1.5M CIHR New Emerging Team grant in Access to Quality Cancer Care.

Dr. Lynn Johnston, Division of Infectious Diseases, is the Capital Health Epidemiologist.

The Division of Dermatology, under the guidance of **Dr. Jennifer Klotz**, has been running an active telemedicine consultation service since 1996, utilizing videoconferencing and digital pictures. Patients appreciate not having to travel to Halifax for appointments.

Dr. Allan Purdy, Professor and Head, Department of Medicine, Dalhousie University; and District Chief, Department of Medicine, Capital Health; sits on the Board of Directors of Doctors Nova Scotia and is a member of the Board of Directors of the American Headache Society.

Dr. Graeme Rocker, Division of Respiriology, national profile re the Canadian Strategy on Palliative and End-of-Life Services and international collaboration with Cambridge University re breathlessness.

Dr. Donald Weaver, Professor in the Division of Neurology, the Howard Webster Department of Medicine Research Chair, a Canada Research Chair in Clinical Neuroscience, and a recent ADR Centennial Award (\$1M) winner (Alzheimer's research), has over 100 patent filings

and is the co-founder of three drug companies.

And the list goes on and on. Royal College of Physician and Surgeons of Canada examiners. Involvement in the New Brunswick education initiative. Hundreds of continuing medical education presentations and research articles published annually. The next *Medicine Matters* will focus on our innovative collaborative hospital-based activities.

The Department of Medicine strives to exhibit good citizenship, and is proud of the breadth and depth of the accomplishments of our members. We hope you find 'the tip of the iceberg' presented here informative.



Ms. Chris Power, President & CEO, Capital Health; Dr. Harold Cook, Dean, Faculty of Medicine, Dalhousie University; Ms. Lea Bryden, CH Vice-President Marketing & Communications; and Mr. Neil Ritchie, CH Chief Operating Officer, joined Dr. Allan Purdy and the Department of Medicine Executive/Divisional Chiefs Committee for their annual appreciation lunch. Ms. Power provided an update on CH's Quest.

KUDOS

A Dalhousie clinical research team led by **Dr. David Anderson**, Division of Hematology, Department of Medicine, and consisting of **Dr. Michael Dunbar**, Department of Surgery and **Dr. Pan Andreou**, Department of Community Health and Epidemiology, has received funding from the Canadian Institute of Health Research (CIHR) for one of the largest investigator initiated clinical trials coordinated from Capital Health. The \$2.8 million study will be performed at ten Canadian orthopedic surgery centres over a four-year period. The major objective of the study is to determine whether low dose aspirin is as effective and safe at preventing venous thrombosis as daily injections of the anticoagulant LMWH when administered following hospital discharge in patients who received LMWH while in hospital after total hip arthroplasty.

BETTER STROKE CARE FOR NOVA SCOTIANS

Stroke is a leading cause of death and disability that affects more than 1,400 Nova Scotians each year. The Queen Elizabeth II Health Sciences Centre is home to the largest stroke center in the Atlantic region. The acute care components are based in the Halifax Infirmary where patients requiring hospitalization are admitted to the Department of Medicine Neurology Service and ambulatory patients are evaluated in the Neurovascular Clinic. Approximately one-quarter of the stroke patients cared for in the HI are transferred to the Nova Scotia Rehabilitation Centre for further treatment to maximize their recovery. Treatment may be continued in the Stroke Rehabilitation Clinic following discharge from hospital. Statistics indicate 20% of stroke patients admitted to the HI and 40% admitted to the NSRC are from outside Capital Health.

There is an urgent need to improve stroke care. Stroke mortality rates in Nova Scotia are among the highest in the country. A recent province-wide audit of in-hospital treatment showed that care frequently falls short of the *Canadian Best Practice Recommendations for Stroke Care*. Although these data are new, awareness of the problems is not. In fact, a determined group of Nova Scotians – health professionals, policy makers, administrators and lay people – have been working for several years on ways to address the problems. Their work has culminated in a plan to reorganize services in Nova Scotia. This operational plan is now ready for implementation and will be proposed in the Department of Health's business planning process for 2008-09. The main aim is to enhance stroke care services in all District Health Authorities. Each district stroke program is envisaged to provide enhanced preventive therapies, acute-phase interventions and rehabilitation treatment.

Last year saw the release of the first-ever Canadian Best Practice Recommendations for Stroke Care, compiled by the Canadian Stroke Strategy. CSS is a joint initiative of the Heart and Stroke Foundation of Canada and the Canadian Stroke Network. **Ms. Alison McDonald** (NSRC physiotherapist) and **Dr. Stephen Phillips** (Division of Neurology) are co-chairs of the CSS Best Practices Working Group, which includes **Ms. Michelle MacKay** (Specialty Nurse Practitioner, Neurology), **Dr. Gordon Gubitz** (Division of Neurology) and a broad range of individuals involved in stroke care nationwide. This work informs the activities of Cardiovascular Health Nova Scotia (CVHNS), the Department of Health's provincial program which is leading the implementation of the stroke strategy in all nine District Health Authorities. Stephen Phillips, Director, Acute Stroke Program, is the CVHNS Stroke Clinical Advisor. **Ms. Chris Power**, Capital Health CEO, was recently appointed to the CSS Steering Committee.

Progress to date is due to the combined efforts of many individuals province-wide. Other Capital contributors are **Ms. Paola Booker** (Manager, Nova Scotia Rehabilitation Centre), **Dr. Brenda Joyce** (Head/Chief, Division of Physical Medicine and Rehabilitation), **Ms. Shannon Nearing** (Specialty Nurse Practitioner, Neurology), and **Dr. Andrew Travers** (Department of Emergency Medicine).

WITH DIGNITY AND RESPECT

Providers of palliative care strive to help patients achieve a high quality of life that enables them to live as fully as possible in the time they have remaining.

Since the late 1960s, palliative care has been advocated as the preferred approach to caring for people with advanced, progressive illness for whom cure is no longer possible. Cancer is the most common diagnosis, with non-malignant illnesses such as ALS and end-stage COPD comprising about 20% of referrals. In Greater Halifax, palliative care has been available to patients and their families in hospital and at home for over 20 years.

The **home consultation team** of the Capital Health Integrated Palliative Care Service includes specialist nurses and physicians partnered with community-based family doctors and other health care professionals. The team works together so patients can remain at home as long as possible, with many of them able to die at home, if that is their wish. Contact with families continues with follow-up from the Bereavement Program.

Palliative care at home has grown significantly over the years in response to the needs of the community and will continue to change to ensure palliative home care is there for all who need it.

BLOOD AND MARROW TRANSPLANT PROGRAM OUTREACH CLINICS

The CDHA Department of Medicine Blood and Marrow Transplant Program started in 1992 and has steadily grown over the last 15 years. **Dr. Stephen Couban**, Director, Blood and Marrow Transplant Program and Division of Hematology, reports that currently, approximately 100 autologous and allogeneic blood and marrow transplants are undertaken each year. Patients are referred from across Atlantic Canada, and they and their families often need to travel many miles on many occasions as well as live away from home for extended periods of time.

A decade ago, the BMT Program started an Outreach Clinic in Moncton. Approximately 40% to 50% of new patient referrals for the BMT Program are received from New Brunswick so Moncton was a logical first choice. Typically, one transplant physician and one or two BMT nurses travel to Moncton by car every six weeks. The Moncton BMT Clinic has been incredibly well received by patients and their families. We have developed excellent working relationships with the oncology team in Moncton and we have also received invitations to consider establishing clinics elsewhere in New Brunswick. Recently, the Moncton Clinic increased in frequency to once a month and last year, a monthly clinic in St. John's, Newfoundland was established. There are also savings in terms of human resources at the tertiary and quaternary centre since the clinics are held locally rather than at the CDHA. We have also learned from our colleagues and have been able to bring some innovations from other centres home to Halifax.

EDUCATION

The Department of Medicine has a long history of physicians actively involved in education and the administration of education at all levels. Two key players in the Faculty of Medicine, Dalhousie University, from the Department of Medicine are:

Dr. Martin Gardner, a Professor with the Division of Cardiology, took the helm as Associate Dean for Postgraduate Medical Education, Dalhousie University, in July of 2004. Like many in the Department, Dr. Gardner feels it “is a natural progression to continue with education programs on the Faculty level and find ways to make them work better”. Dr. Blair O’Neill, Head, Division of Cardiology, calls Dr. Gardner “an extraordinarily gifted teacher who is ensuring all our postgraduate trainees receive the best possible education at Dalhousie.”



Dr. Gardner reports one of his key goals for his five-year term as Associate Dean is “to expand training opportunities for residents outside of Halifax.” Currently Internal Medicine residents are training in Saint John, New Brunswick, and Dr. Gardner is examining the opportunities for training in other Maritime locations. The expansion of training sites means distributed learning for trainees has become a priority and Dr. Gardner feels it will remain a priority for the future of Medical Education in the Maritimes.

Dr. Evelyn Sutton, a Professor and Head/Chief of the Division of Rheumatology, was appointed Assistant Dean, Admissions and Student Affairs, Dalhousie University, in September of 2007 for a five-year term. Dr. Sutton agreed to take on the role at the request of the Dean following several years as an active member of the Admissions Committee for Dalhousie Medical School.



It is a role she describes as overseeing all aspects of the admissions process and helping to facilitate the well being of the students who are ultimately accepted. Dr. Sutton says this is one role she could not do “without the cooperation of the diverse groups within the Faculty of Medicine on the Admissions Committee.” Her goals include “trying to streamline the process for admission, making it less mysterious and more transparent”, and “moving towards a completely online application.” On the student affairs side of her role, she reports her key goal to be helping students with their decision processes regarding career decisions.

The Department of Medicine has more than forty members in the Saint John Department of Medicine who participate in the training of residents and students. There are currently two Saint John based Dalhousie University Internal Medicine residents, and the Program is looking to match two additional Saint John based trainees in the 2008 CaRMS Match currently taking place. In the 2007-08 academic year, 28 core DoM Internal Medicine residents will rotate through the Saint John site for two of their thirteen rotations (28 days each), providing valuable training in another setting. Presently, Saint John based trainees complete three rotations at the Halifax site in their first year.

PATIENT CENTERED CARE

MEDICAL ONCOLOGY

With a focus on providing patient-centered care, a number of Divisions within the Department offer outreach services across the Province. **Dr. Mark Dorreen**, Head/Chief, Division of Medical Oncology, reports that, amongst these, is the Division of Medical Oncology. It is based in two locations, the larger in Halifax and the smaller at the Cape Breton Regional Cancer Centre, Sydney. All Medical Oncologists in the Province are members of the Department of Medicine.

A major benefit of the Department of Health’s agreement to fund 3.4 new Medical Oncologist positions has been the enhancement of satellite and outreach services. Also, spearheaded in 2006 by Cancer Care Nova Scotia, the Department of Health is providing an additional \$1.13 million to enhance the coordination of these services and, in particular, to ensure availability of adequate local staffing and facilities.

The Cape Breton Regional Cancer Centre operates a clinic in St. Martha’s Hospital, Antigonish, staffed by **Dr. John Jensen** two days a week. He also holds a monthly satellite clinic at the Inverness Consolidated Hospital. Halifax-based **Dr. Mary Davis** provides bi-monthly outpatient services at the Yarmouth Hospital. **Dr. Julia Petric** is based at the Valley Regional Hospital in Kentville and coordinates all referrals from the Annapolis Valley catchment area. The Aberdeen Hospital is staffed monthly by two of three Halifax-based Medical Oncologists, **Drs. Wojciech Morzycki, Tallal Younis and Alwin Jeyakumar**.

All referrals within the Province continue to be routed through the referral offices in either Sydney or Halifax. Many more centres administer a full range of cytotoxic chemotherapy under the direction of either Halifax or Sydney Medical Oncologists, ensuring that the great majority of patients can receive treatment as close to their home base as possible.

PEI LINK

Dr. David Hirsch, Division of Nephrology, travels to Prince Edward Island twice a year for week long clinics in Charlottetown and Summerside. He is accompanied by a nurse from the home dialysis unit. While there he sees patients from all over PEI who are on either hemodialysis or peritoneal dialysis, thus saving patients from traveling to Halifax for this clinic and reducing the number of their trips here from four to two a year. The DoM receives support from the Department of Health PEI in support of the travel and lodging costs for these trips. Dr Hirsch also takes a nephrology resident, Dr Bruce Jones, to the clinics. Dr Jones intends to practice nephrology in Charlottetown, and this is a good way for him to become familiar with the PEI dialysis patients.

WELCOME TO THE DoM



Dr. Andrea Kew became a member of the Division of Hematology in January 2008. She is well known at the DoM, having completed a Wickwire Blood and Marrow Transplant Fellowship at Dalhousie in 2006-07, following a Hematology residency and undergraduate training at Dal.



Dr. Sarah Ramer hails originally from the Kingston, Ontario area, and completed her Bachelor of Science at Queen's University in 1997. She attended the University of Calgary for medical school, and then made the journey east for residency in internal medicine and Cardiology at Dalhousie. After finishing her cardiology, Dr. Ramer completed an echocardiography fellowship at Mount Sinai hospital in Toronto, where her focus was exercise stress echocardiography. She returned to work at the QEII at the beginning of November.



Dr. Geoff Williams is a welcome addition in January 2008 to the Division of Gastroenterology following completion of his FRCPC Internal Medicine (2002-2006) and Gastroenterology (2006-07) at Dalhousie. He obtained his undergraduate education at – where else – Memorial University of Newfoundland.

HEARTLAND TOUR

The statistics are clear: Nova Scotia sits among the top in the list of provinces with the highest incidence of Cardiovascular Disease (CVD) in Canada. The economic, social, and personal costs are practically incalculable. The good news is that compared to treating CVD, prevention is cheap and relatively easy; but only if Nova Scotians know their risk factors and the consequences of ignoring them.

That is why **Dr. Nicholas Giacomantonio**, Division of Cardiology, and a team of over twenty medical professionals, advocates, and CVD survivors from across Nova Scotia (pictured below) spent eight days in July 2007 cycling from Yarmouth to Sydney, in the first annual **HeartLand Tour**. The tour visited key communities to spread the message of prevention and change, hosting free public presentations and inviting everybody to ride with them.

As a result of the phenomenal and unanimous support from communities, businesses and individuals, the 2008 HeartLand Tour route will be expanded to unify more Nova Scotian communities in the common goal of creating a more prosperous, happier, heart-healthy Province. Get involved. Visit HeartLandTour.ca and let us know how you and your community can make a difference in 2008.



DEVELOPING RELATIONSHIPS

Dr. Walter Schlech, Division of Infectious Diseases, has been reorienting his departmental activities to a focus on international health. The springboard was a six-month sabbatical in 2003-04, starting with a three-month stint as an HIV/AIDS expert trainer at the Infectious Diseases Institute of Makerere University Faculty of Medicine in Kampala, Uganda; followed by a three-month posting in Northern India with the Emmanuel Hospital Association, which runs seventeen hospitals in towns and villages across the northern tier of the country.

On his return, he established ongoing involvement with the IDI in Uganda as part of the Professor-in-Residence program of the Academic Alliance Foundation. The Institute has over 20,000 patients and is caring for 10,000, about one-half receiving anti-retroviral therapy. He also mentors medical students and residents, giving lectures and carrying out clinic and bedside teaching at the IDI and Mulago Hospital, the 1,500 bed tertiary care facility serving Kampala.

Dr. Schlech received a grant from CIHR to establish the IDI as a satellite clinical trials site of the Canadian HIV Trials Network and is working on a pneumococcal vaccine project in HIV infected patients. Most recently, he was awarded a two-year CIHR grant (\$900K) to establish the Canada-Africa Prevention Trials (CAPT) Network at five sites in Uganda and two in South Africa. Dr. Schlech is also involved in supporting, with his home church in Halifax, First Congregational, two small churches in rural Uganda and their associated primary schools.

Dr. Schlech is planning to officially “retire” in July 2008 in order to devote more time to his overseas activities.



PROVINCIAL RENAL PROGRAM

Dr. Steven Soroka, Division of Nephrology, serves as one of two medical advisors to the Provincial Renal Program which was established by the Nova Scotia Department of Health in 2007. He spent time in 2007 working with the DOH chairing a working group to select an information management system for the provincial renal program which will work toward realizing optimal renal care across the Province. One specific focus is to develop standards that inform expansion of dialysis services within the District Health Authorities such that patients can receive renal replacement treatments as close as possible to their home. Information management is an important component of chronic disease management, and the development of provincial wide systems will not only enhance local patient care, but increase understanding of kidney disease within the Province. This would allow the Provincial Renal Program to address kidney disease at an earlier stage and hopefully decrease the number of individuals requiring renal replacement therapy in the future.