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Recognized internationally as a leading expert in research on brain tissue and dementia, Dr. Darvesh co-founded the Maritime Brain Research Foundation, which is still considered the definitive patient guide to the disorder. He is a prolific researcher whose extensive research in gastrointestinal motility disorder has made him an international expert in irritable bowel syndrome. His work has been published in many of the world’s top medical journals.

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The Department holds an annual appreciation tea to formally express our sincere gratitude to our administrative support staff for their hard work and dedication.

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On June 22nd, Dr. Simon Jackson, hosted more than 70 guests in the Bertheau Ballroom who enjoyed sweets, treats and the highly anticipated gifts drawn.

Thank you for putting patients first in all you do!

In many ways, the beginning of summer is the New Year for academic departments because of the end of one academic year and the start of another. At this time, it is fitting to recognize the accomplishments of faculty and residents, and to take stock of the department’s strategic plan. The leads for each of the streams in the strategic plan provided updates at recent department meetings, and at our Spring Party, we celebrated the accomplishments of some outstanding faculty members and residents, and the achievements of many others highlighted here.

We will very soon welcome several new faculty members, a full class of PGY1 in Haematology, Drs. John and our new chief and associate chief residents, Drs. Keigan More, Kate MacEachern, Andrew Caddell and Annee Noel to their roles. Also, we recently received the results of the Department of Medicine Survey and have begun implementing recommendations, a new AHP proposal has been approved, and Dalhousie is actively searching for a new Department Head. There is much happening within the Department and within its partner organizations, which signals many opportunities for the Department and its members.

As a final note, I encourage you to take time to enjoy all our two short summer season. Be sure to relax and revel in rejuvenate with family and friends.

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Interim Head, Department of Medicine, Dalhousie University
Residency: Western University
MD: University of Ottawa, 2011

Spring Party 2016 Recap

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What is a residential hospice and why we need it

Part of the NSHA QEEI redevelopment plan, Halifax’s residential hospice will be a home-like residence with 10 private rooms where 24-hour end of life care is provided to individuals with terminal illness who need their symptoms assessed and treatment changed regularly. Currently, when the capacity for end-of-life care in the person’s home has been exceeded, the only option for Nova Scotians is admission to an acute care hospital – most often the last place patients and their families want to be. It is also the costliest place to provide end-of-life care. Residential hospice is a more supportive and cost-effective setting for those who are unable to remain at home to die. Residential hospices have been established in all Canadian provinces west of Nova Scotia.

Model of care

Hospice Halifax will be responsible for the delivery of care within the residential hospice. The QEEI Palliative Care Service will be a partner, providing access to palliative care expertise on a consultative basis. “Specific details about service delivery will be determined as discussions take place over the next year. We do know, however, that the residential hospice will fill a significant gap in the continuum of palliative care service and improve the quality of care for those who would benefit from end-of-life care outside of hospital, and that the QEEI Palliative Care Service will take a leadership role in supporting the academic mandate of the hospice,” notes Dr. Horton.

For more information on the residential hospice, visit the Hospice Halifax website: http://hospicehalifax.org/
Dr. Keigan More, Co-Chief Medicine Resident, hails from Kamloops, British Columbia, and earned his MD at the University of British Columbia.

Why?

"Because I want the opportunity to act as a representative for my colleagues and advocate for changes that improve the already strong Dalhousie internal medicine program."

What?

"I think the role of the chief resident is to be an ambassador for the internal medicine program and to represent the interests of the resident body with a goal of improving resident well-being, education, and experience."

How?

"...by taking feedback from residents about matters important to them and using the information to create opportunities that will improve the overall resident experience in areas like administrative tasks, education, work-life balance and sense of community."

Dr. Kathleen (Kate) MacEwen, Co-Chief Medicine Resident, hails from Halifax and earned her MD at Dalhousie.

Why?

"To continue to develop our amazing resident-focused program. I am also passionate about helping my fellow residents to navigate the challenges of residency."

What?

"I think the role of the chief resident is to work as a facilitator between the resident body and the program. We also work to promote and market our program on the national stage. Finally, together with the program, we work to develop the educational programming of the internal medicine residency here at Dal."

How?

"One of my goals is to develop a resident residency training program. Residency training can be challenging and striking a healthy work life balance can be difficult. As a new mom and resident, I also know the importance of having a support network that enables you to fulfill your myriad of roles and responsibilities, and to stay healthy. This support can come from family and friends, but also from other learners but also with faculty and program administrators."

Dr. Aimee Noel, Associate Chief Medicine Resident (Saint John Site), hails from Moncton, New Brunswick, and earned her MD at the Université de Sherbrooke.

Why?

"I believe the Dalhousie Saint John IM program provides a unique and wonderful training opportunity, and this role allows me to promote excellence in our program."

What?

“A good chief resident is a dependable leader who inspires their peers to reach and achieve their residency goals. A chief resident is also a good listener, supportive and a promoter of resident wellbeing. The role allows me a rewarding experience as collaborator, not only with other learners but also with faculty and program administrators.”

How?

"I would like to build on the work of my predecessors and continue to make our program an enjoyable and rewarding experience for all learners.”

Dr. Andrew Caddell, Associate Chief Medicine Resident (Medical Teaching Unit, HI Site, QEII), hails from Halifax and earned his MD at Dalhousie.

Why?

"To act as an advocate for the resident program and to improve teaching for the MTU/MTU ED, emphasizing whiteboard talks on core IM topics."

What?

"Chief residents have a role to advocate for the resident group, while balancing service and departmental needs.

How?

"I am aiming to establish stronger, more standardized MTU/MTU ED teaching with a morning report model, and to increase attendance with residents on other core general internal medicine rotations.”

2016 NSHA Research Fund Competition (March results)

Congratulations to the Department of Medicine members who were successful in the March NSHA research fund competition.

PI Title / Amount
Josh Armstrong (Supervisor: Ken Rockwood), Geriatric Medicine, Constructing a Measure of Frailty in the Canadian Longitudinal Study on Ageing Database ($3,000).

James Kibler, undergraduate student (Supervisor: Sudeep Shivaluram), Assessing the Impact of Oral Anticoagulation on Malignant Blood Disease ($15,000).

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Arnold Minniski, faculty, DoM Research, Testing of the Pictorial FFR Flat Scalpel in the Geriatric Day Hospital ($14,949).

Ben Whalley, PGY3 (Supervisor: Ken Rockwood), Measuring Cognition and Cognitive Reserve in Patients with Frontal Seizure or New Onset Epilepsy ($4,552).

CONGRATULATIONS!

There is a tremendous amount of expertise and leadership among members of this department. The number of department members who deserve our congratulations for recent accomplishments is outstanding!

Dr. Laurie Mallory and Dr. Paige Moonohoose, Division of Geriatric Medicine, have been awarded the Governor General’s Meritorious Service Medal (Civil Division) for their work with frailty and end-of-life care. The honour recognizes outstanding accomplishments that set an example for others to follow, improve the quality of life of a community and bring benefit to Canada. Dr. Mallory also received the Diabetes Care Program of Nova Scotia Leadership Award in April.

Dr. Kenneth Rockwood, Division of Geriatric Medicine, has received China’s highest award for foreigners. The China Friendship Award was presented to Dr. Rockwood at a meeting in Beijing on Tuesday, May 17. Dr. Rockwood received the award in helping to establish new methods of medical care for older adults.

Dr. Gordon Gultz, Division of Neurology, and Dr. Shelly McNeil, Division of Infectious Diseases, have been recognized with the Dr. Lee C. Steeves Award, which highlights continuing medical education teachers who consistently provide an exceptionally high quality of education to their students.

Dr. Caitlin Lees, PGY3, recently received a Scotia Scholars (Masters level) award ($10,000) from the Nova Scotia Health Research Foundation, and fellow resident, Dr. Alexandra Legge, PGY3, received a Dalhousie Faculty of Medicine Killiam Scholarship ($15,000). Drs. Lees and Legge are entering the Dalhousie’s clinicians Investigator Program this year.

Dr. Ian Epstein, was honored in June with a Program Directors’ award from the Canadian Medical Education Faculties of Medicine in his leadership in postgraduate medical education.

Dr. Ravi Rampesingh, Division of Medical Oncology, is the recipient of this year’s Teacher of the Year Award in Medical Oncology, which was awarded at the 14th Annual Department of Radiation Oncology / Division of Medical Oncology Resident Research Day.

Dr. Ahmad Alkhaza, PGY2, and Dr. Matt Miles, PGY2, were each named Resident of the Month for April and May, respectively. The peer-nominated award recognizes outstanding resident performance in clinical, professional or leadership domains.

Dr. Chris MacKnight, Head, Division of Geriatric Medicine, recently accepted the role of Chair, NSHA Research Ethics Board, after having served as co-chair for 14 years. Dr. MacKnight will undoubtedly provide exceptional leadership to the Board, which now has a provincial mandate and has implemented a number of changes in the last year to best support the expanded research community.

PAGE 2
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What's happening now and how we got here

Hospice Halifax has committed to renovating adjacent properties on Franklin Street in Halifax to create and open a residential hospice and academic center of excellence for end-of-life care in 2017. The society is launching a capital campaign to fund the design, construction and development of the $3M project. Annual operating costs are estimated to be $7.62M, 50 per cent of which will be funded by the Nova Scotia Health Authority through reallocation of a portion of resources currently used to support palliative care patients in hospital.

The remainder of the operating costs will be the responsibility of Hospice Halifax. “This is a significant commitment but the funding model is working in other provinces and we have many long-time community supporters, including Metro Rotary Clubs and the QEII Foundation, both of whom have committed significant start-up funds allowing Hospice Halifax to hire a CEO to obtain property and develop preliminary construction plans,” says Dr. Horton.

IBS Relief: A Complete Approach to Butyrylcholinesterase

Summer Grand Rounds Award.

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