

SUMMER/FALL 2011

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**DMAA Gala & Fall
Reunion**

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**Register for Medical
Tours October 21**

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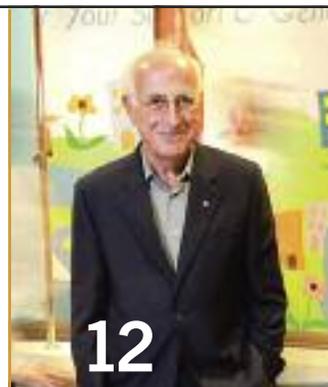
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Strength in numbers

Commending the contributions from alumni members that support Dalhousie's diverse medical community



By Dr. Dan Reid '70
DMAA President

Our alumni association has recently gained 96 new members from the graduating class of 2011. I most heartily welcome them, on your behalf, to this historic and vital organization.

The association has seen significant organizational changes this year. New bylaws, accepted at our annual meeting in June, make us more representative of all graduates and more streamlined to continuously renew our board members. This is critically and strategically important at this time as we assist Dean Marrie in this quest to once again have our school become one of Canada's leaders in educating medical students and graduate students, and growing Dalhousie's commitment to first-rate medical research.

By way of a new job description and funding model, our very able Executive Director, Joanne Webber, is now more closely associated with the Dean's office and his staff. This allows the medical school's strategic plan to better involve and inform alumni.

I want to thank several retiring board members—mentioned on page 18 in this edition—for their years of dedicated service to the DMAA. At the same time, I want to welcome several new members to our board. I'm sure their enthusiasm will

see us collectively better promote the interests of our medical school, its students and graduates in all phases of their activities.

My best wishes to successful and fulfilled reunions to the classes having reunions this summer and fall. I know you will want to be updated by our Executive Director on alumni activities on these occasions. Our office is here to assist you any way we can in your quest for such success. Congratulations on achieving these milestones to the classes of '41, '51, '56, '61, '66, '69, '71, '76, '81, '86, '91, '96, '01 and '06.

Finally, be sure to attend our Fall Gala Dinner on October 21, 2011. A Dalhousie graduate of international acclaim, Dr. Bill Stanish, will be the guest speaker. I'm sure he will excite you with a lively address featuring breakthrough research, of which he and his Dalhousie team have been big participants. Details to register for the Gala appear on page 14 of this issue.

Stay in touch and support your medical school.

Linking the past with the future

How our history mirrors our present goals of fostering connections among alumni, students and educators

The Dalhousie Medical Alumni Association (DMAA) launched in December 1957 at a faculty council meeting, during a discussion about stimulating alumni interest in the medical school. Dr. Norman H. Grosse suggested forming a Medical Alumni Association and named Dr. C. M. Bethune to head a committee. The committee made arrangements for a medical reunion at the Canadian Medical Association meeting in Halifax in 1958, hoping the inauguration of the new association would take place.

In the spring of 1958, the committee sent a letter to medical alumni about the proposed association. The minutes of the meeting read as follows: "On the evening of June 19, 1958, at an enthusiastic gathering, some 450 medical graduates, families and guests met at a reception and dinner at the Nova Scotian Hotel during the Canadian Medical Association Convention. It was unanimously agreed to proceed with the organization of a Dalhousie Medical Alumni Association."

In the early days, the DMAA was directly funded by alumni members. The fee was originally \$10 per membership and after several years, Dalhousie president Henry Hicks offered a grant equal to the dues of the most recent year. The grant would increase as membership grew. The executive agreed and the university issued its first grant of \$8,000 in 1967. The funds supported the 100th anniversary of the Faculty of Medicine, Memorial Hall paintings of all past Dalhousie Medical School deans and grants for special projects in honour of the *Alumnus of the Year Award*.

In the 1980s, the DMAA started raising funds for areas within the Faculty of Medicine with huge success. In October 1983, the university established its Development Office and assumed all fundraising on behalf of the university. By 1987, the DMAA stopped fundraising on

behalf of the faculty. In the 1990s, undesignated donations to the Faculty of Medicine supported the DMAA. This arrangement ceased in 2002 when the dean of medicine provided \$125,000 for operational funding. By 2011, that amount increased to \$185,000.

Today the DMAA is 7,000 strong and has been serving medical alumni and students since 1958. The DMAA's success is attributed to the hard work and dedication of our proud members.

Did you know that the DMAA has been registered as a nonprofit society with the Joint Stock Registry since February 25, 1960? Interestingly, the DMAA is one of the few medical alumni associations in Canada governed by its medical graduates.

The Board of Directors is made up of 14 medical graduates of Dalhousie and meets four times a year. The annual general meeting takes place on campus, usually in the spring and all members are welcome to attend.

The DMAA ranks as Canada's longest serving independent medical alumni association with an impressive track record of achievements. Reflecting the success of the DMAA are the services and resources it offers to alumni, students and the community—an example being the long standing support to our medical students. We also extend resources and financial support to research prizes, scholarships, bursaries, student orientation and convocation with our unique Gold and Silver D's. Historically, the DMAA office has been a popular home base for alumni and friends, which is a direct result of alumni involvement and loyalty to their association.

The DMAA provides numerous resources and services: creating the alumni journal, *VoxMeDAL*, twice annually, full reunion planning, convocation and grad packs, and mentorship opportunities. There are



By Joanne Webber
DMAA Executive Director

two full-time office staff overseeing operations and finances, implementing strategic plans and engagement strategies, managing communications, the website, public relations, marketing/editorial/print services, reunion services and assisting members with special requests.

Your ongoing support allows the DMAA to continue its long-standing tradition of enhancing the learning experience of our medical students through the following:

- Through alumni donations to the DMAA, we are proud to continue our tradition to provide \$10,000 for 2011 to the Dalhousie Medical Student Society. These funds sponsored 37 student-based projects, 21 of which were community outreach projects.
- Three DMAA Entrance Scholarships were awarded this year for a total of \$9,390.
- The DMAA initiated the Chair in Medical Education and works to grow this fund.
- The DMAA provides full-service planning, including personalized reunion packs for MD class reunions.
- The DMAA awarded two Resident Research Prizes for a total of \$2,000.
- The DMAA supports convocation ceremonies including (total amount \$1,200):
 - Gold and Silver D's
 - Resident Teaching Award
 - Silver Shovel Award
- The DMAA supports the Tupper Band and the Academy of Medicine programs which are linked to the new Medical Society of N.S. Senior and Retired Doctors.
- The DMAA welcomes new medical students annually through our student orientation (\$1,200).

News from the Faculty of Medicine

Reaching our goals and tackling new challenges



By Dr. Tom Marrie '70
Dean, Faculty of Medicine

I'm pleased to tell you that we have been successful in renewing our curriculum and making many changes that have resulted in our two accrediting bodies removing probation. I want to thank the more than 600 individuals whose hard work and commitment helped us meet this daunting challenge.

We currently face another major hurdle that will demand similar fortitude. As a result of funding cuts from the Nova Scotia government, we are today operating with about \$7 million less than we were two years ago. We are working with government to find a sustainable funding solution. We have also undertaken a medical school-wide "priority-setting" project that aligns budgets with strategic priorities. Initially, we are looking for ways to cut costs in non-critical areas. In the long-term, we will identify areas that need additional investment. This is an important exercise to undertake at any time and it is critical right now.

We recently celebrated two major fundraising announcements. In New Brunswick, we introduced our Capital Campaign Cabinet led by Lynn Irving and an impressive team of medical, business and other community leaders. The cabinet is charged with helping us reach our \$15-million Dalhousie Medicine New Brunswick (DMNB) campaign goal, which focuses on completing the research labs, providing research opportunities for medical students and creating a Research Chair in Occupational Medicine.

Dalhousie's Bold Ambitions Capital Campaign was also launched recently. The medical school's goal of \$19 million—with

the largest priority focusing on student scholarships, bursaries and fellowships—will be in addition to the \$45-million inter-professional health-care facility that medicine will share with the other health faculties. It's an ambitious campaign but Dalhousie already has the lion's share of the campaign target.

We also have cause for celebration on the research front. Recently, 61 per cent of our faculty's project proposals received funding from the Natural Sciences and Engineering Council of Canada (NSERC). This is a remarkable success given the stiff competition for these coveted grants across the country. We have enjoyed success in Atlantic Innovation Fund (AIF) grants this year, with major funding going to hearing and vision research and a medical school research team has also received a major grant from Genome Canada.

As a medical school and as a community, we are focused and tenacious in reaching our goals. We have truly turned challenges into opportunities. The accreditation ruling was the occasion to develop a new and improved curriculum. Our current funding issue gave way to a priority-setting exercise to guide current and future budget decisions. This is a school where the tough not only get going but they also go for the gold. I'm proud to be a part of this school and I hope that you are too.

You may contact Dean Marrie at tmarrie@dal.ca or call (902) 494-6592.

Dalhousie Medicine New Brunswick update

by Dr. John Steeves '74
Associate Dean, DMNB



“Time travels in divers paces with divers persons. I’ll tell you who Time ambles withal, who Time trots withal, who Time gallops withal, and who he stands still withal”

—Act III, Scene II, Shakespeare, *As You Like it*

In this inaugural year of Dalhousie Medicine New Brunswick (DMNB), we have experienced time in all its “divers paces.” We have been wishing it would speed up (finishing construction at the clinical sites and research labs) or slow down (accreditation visit preparation) or even stand still so we could enjoy it longer (class of 2014 performing in *Euphoria*).

A visit to our website (newbrunswick.medicine.dal.ca) shows images of the new facilities at the main DMNB building and its clinical sites. With the “commissioning” of the video conferencing facilities at all four DMNB clinical sites (Fredericton, Miramichi, Moncton and Saint John) in June 2011, face-to-face (virtual) communication will be possible for staff, students and faculty as we prepare for the introduction of core clerkship at all four New Brunswick sites. This is just in time to facilitate planning for the first “Dean’s retreat” outside of Halifax, scheduled for this September in Moncton.

With the awarding of the tender for DMNB wet lab research facilities, construction should be complete by January 2012, just in time for our recruitment of two new basic science researchers. Two DMNB students took the opportunity to present posters at the Inter-professional Health Research Day in March. PhD Shelley Doucet joined us this year in a research-sharing initiative with UNBSJ Nursing. She will be focusing her research on the Health Mentors program, an initiative in the renewed curriculum in which patients with chronic disease mentor an inter-professional group of learners.

Three hundred allied health students and faculty from the New Brunswick

Community College at the UNBSJ campus will be our new next-door neighbours in September. Plans are underway to include some of them in the student teams for the Inter-professional Health Mentors program.

A workshop on Best Practices in Teaching Anatomy held in Saint John this past April attracted enthusiastic participants from seven Canadian medical schools. The implementation of the renewed Dalhousie curriculum has resulted in restructuring of anatomy teaching—an experience several

participating schools have either just completed or are contemplating. Placement of the anatomy lab in the Saint John Regional Hospital facilitated a CME event using pro-sectioned specimens for teaching tendon repairs to emergency room physicians (with several DMNB students as enthusiastic participants).

DMNB entered a team in the August Dragon Boat Festival, so we have initiated a collective conditioning program. Win or lose we all expect to have fun and be healthier for it—just in time!

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For more information about DMNB, surf to newbrunswick.medicine.dal.ca.
Contact Dr. Steeves at john.steeves@dal.ca or (506) 636-6000.

We want to hear your opinions on topics of debate and provoke conversation among our alumni—you too can be published in these pages. Please email medical.alumni@dal.ca or call (902) 494-4816 with your comments.

Praise for the future of medicine

I really enjoyed the Medical Graduate's Dinner. I enjoyed Dr. Shea's wit and humour as the emcee, as well as those graduates who spoke and participated. It was a privilege for me as a 50 year alumnus to be invited to be a part of the dinner. Seeing the numbers, the integrity and the promise of this graduating class filled me with assurance that the future of our medical profession is in good hands. Thank you for the opportunity to participate.

Carlyle Phillips '61
(See article on page 40)



Boosting access to Dalhousie Medical School



According to a 2011 report from the Association of Universities and Colleges of Canada, Nova Scotia universities have enrolled 15 per cent more students since 2000,

despite 30 per cent fewer 18 to 21-year-olds in the province. This is due to higher participation rates and because the enrolment of international students has tripled since 2000.

However, the enrolment of under-represented groups in our society has not kept pace. Under-represented groups include Aborigines, black Nova Scotians, immigrants and people from low-income

families. The medical school is reaching out to these groups for several reasons. Demographic studies show that Nova Scotia's population is the oldest in Canada, with a declining working-age population. We must have a better-educated and efficient workforce. We cannot ignore any group in our search for workers, including physicians and other health-care providers. Expanding access and improving the quality of higher education are critical in our response to these demographic challenges.

Under-represented groups face many barriers. Tuition increases affect low-income students in particular. They often augment government student loans with commercial loans that are difficult for families to guarantee and that raise their

student debts to prohibitive levels, casting doubt on the proven value of a higher education. Different educational and cultural backgrounds and even racism may skew the results of admission tests and interviews.

Dalhousie University has innovative programs to encourage the enrolment of under-represented groups. Donors and alumni can help by creating scholarships and bursaries of any amount targeted to under-represented populations. The goal is to enable all Canadians to access quality medical education.

Ed Kinley '56
M.Sc., FRCS, FACS
(See article on page 20)



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Carrying the torch



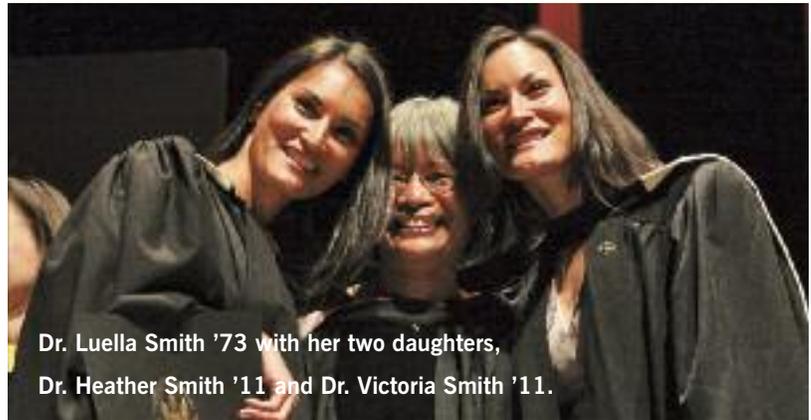
As I walked through the Dalhousie campus and the Tupper Building last week, nostalgic memories flooded my brain. Frisbee and football on the patio, snowball fights and DMSS formals, Fridays

at 4 and 5, last call, *Finnegan's Wake* and Fire and of course classes with professors Norvell, Chapman, Irwin, Josenhans and others.

We were young medical students, hard bodies, mentally tough with no money. Dalhousie Medical School left different memories for each of us. However, each class of future physicians faced the timeless challenges of pneumonia, diabetes and angina. Each class had different answers. This was the dynamic nature of medicine. The important thing was to carry the torch and not get burnt, and to do the job better than anyone else.

We can learn much from history and past mistakes. This is a responsibility we all hold, along with the DMAA office. What a better venue for our memories than the inauguration of the new incoming president, Dr. Dan Reid '70. I challenge you to call a fellow colleague (Dalhousie grad or not) and attend the DMAA Gala Awards on October 21. Keynote speaker Dr. Bill Stanish '70 is a brilliant speaker and physician. See you there.

Peter Lee '80



Dr. Luella Smith '73 with her two daughters, Dr. Heather Smith '11 and Dr. Victoria Smith '11.

Celebrating a family legacy

Today marks a milestone for our family. It is a day full of pride, excitement and joy as I watch my twin daughters march across the stage to receive their medical degrees. Thirty-eight years ago, I walked across this very same stage, pregnant with my first child, to receive my own medical degree. Little did I know that five of our six children would follow in the same footsteps.

Dalhousie University has played a major role in our family, our lives and our careers. We are honoured and grateful to be part of the Dalhousie family of alumni. We will continue to proudly support our alma mater.

As I approach the twilight of my career, I reflect with nostalgia on the past: the joys, the sorrows and the frustrations of practising medicine. It is a humbling profession and I feel privileged to have been part of it. I have enjoyed my career and am happy to pass on the torch to a new generation of physicians.

I share their excitement as they embark on their new careers, explore new paths and horizons, as we all strive to serve humanity and make this a better world for all human beings. I wish my daughters and the Dalhousie medical class of 2011 good luck and all the best in their new endeavours.

Dr. Luella Smith '73

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Dr. Fraser '86 with his daughter Katherine.

Photo: Jesse Dutton, www.jduttonphoto.com



Strengthening alumni ties across Dalhousie

At a recent Dalhousie Alumni Association (DAA) retreat, the board decided to develop a road map to guide the association as it builds and strengthens Dalhousie alumni. One result of this exercise was the opportunity to collaborate with our faculty alumni associations and other alumni associated groups, such as the Dalhousie Black and Gold Club. This club includes former athletes, fans, supporters and alumni, and it supports student-athletes with financial awards and tutorial programs.

Being a Dalhousie medical graduate ('86), I am very interested in liaising with the DMAA to collaborate our efforts in engaging alumni. The reintroduction of Homecoming is an example of an excellent opportunity to bring together various alumni groups and I encourage folks to participate—not only in the medical alumni events but also the university-wide social and athletic events that celebrate all aspects of the Dalhousie experience.

Strong alumni ties develop from positive interactions at every touch point with the university—from the first contact as a prospective student and throughout life. Alumni-student interactions can have a strong influence on individuals, and as such, we are developing faculty-based mentoring programs. The DAA is also building Dalhousie alumni chapters across the country and, eventually, internationally. The success of these initiatives depends on enthusiastic Dalhousians and will no doubt be enhanced by collaborative efforts and support of the DMAA.

*James D. Fraser '86
President, Canadian Association
of Radiologists
Professor of Radiology, Dalhousie University*

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Letters to the Editor

Remembering the past by celebrating the future

It was with great pleasure that I presented the Andrew James Cowie MD Memorial Medal to Dr. Natalie Parks at this year's Dalhousie Medical Convocation Awards. Andrew James Cowie (1835–1929) was my great-great-grandfather; I only recently discovered the existence of this award in his name.

I was thrilled to present the award at the ceremony. As Dr. Parks stood up, I nudged my husband, Oliver, and said, “There she is!” I was as proud as a parent. Dr. Parks received three other awards that day—her future is as bright as any star.

I really appreciate the opportunity to meet her and share our stories. I couldn't think of a more perfect recipient of our family's medal. It was a truly humbling and moving experience.

Lisa Young



Lisa and Oliver Young travelled from British Columbia to participate in the 2011 Dalhousie Medical Convocation Awards and present the Andrew James Cowie MD Memorial Medal to Dr. Natalie Parks '11.



Recollections of a lifelong pal



Right: Grade 12 class photo.
Left: Peter Nicholson and Bill McCormick.

Bill McCormick and I were inseparable throughout our boyhood years in idyllic Annapolis Royal. We were as close to brothers as two kids could be without actually having the same parents.

I confess it was hard on the ego being so close and so closely compared with Bill. He was the most naturally gifted person I have ever known and was always a star student in every subject: he was the best and most passionately competitive athlete among us; a brilliant, though largely untaught, piano player; possessed remarkable artistic gifts; and a meticulous collector of stamps, coins and rocks, to the point of near obsession.

In fact, if Bill ever came to regard his performance in anything as less than

perfect, he was inclined to abandon the effort. So, when he realized, sometime in his late teens, that he would never play the piano quite as well as Oscar Peterson, he pretty much stopped playing altogether!

How did Bill end up in medicine? I remember vividly when we were both undergrad physics majors at Dalhousie and he was hospitalized with a severe attack of kidney stones—a physical agony that produced an emotional epiphany. He came out of the VG having experienced a spiritual conversion. He would devote his life to providing for others the care he had received in his hour of greatest need.

His reasons for choosing neurology may have been numerous, but I am convinced

that deep down it most appealed to his childhood obsession as a collector and classifier. His passion always was to acquire what he called “a comprehensive, ordered body of knowledge” in whatever subject seized his fancy. A quixotic ambition perhaps, but in neurology, Bill came very close to its fulfillment. His remarkable skill and achievement as a clinical neurologist illustrates the truth that one is happiest and best when pursuing a career that taps into the passions of one's childhood.

Peter Nicholson, PhD
Founding President and former CEO
The Council of Canadian Academies

Photo: Bruce Bottomley



Meg South

On a roll

Congratulations to Dalhousie student Meg South, winner of a new Toyota car from Tim Hortons' annual Roll Up the Rim to Win contest. Meg bought her winning cup at the Tim Hortons in the Dalhousie Student Union Building. She could hardly believe her eyes when she rolled up the word "Matrix" on her coffee cup. "I was about to start my history of medicine class," says the second-year biology major at Dalhousie.



Mike MacDonald

Meet the new DMSS president

Mike MacDonald '14 is the new Dalhousie Medical Student Society (DMSS) President for 2011–12. Entering his second year at Dalhousie Medical School, Mike represented his peers this past year as Med 1 Class President. He demonstrated outstanding leadership skills in that role, inspiring him to advocate for his fellow students. Although it is still early in his medical training, Mike wants to be a rural family physician and hopes to settle down in a small community along the coast.



Congratulations to the class of 2011



Dr. Alex Gillis

Surgery headship honours Dr. Alex Gillis '53

Dr. Park has been named the first Dr. Alex Gillis Professor and Head of the Department of Surgery. The new title comes with his appointment as Head and Chief of the Department of Surgery at Dalhousie and Capital Health. Dr. Gillis lent his name to the new designation and is well known in the Dalhousie, Capital Health and IWK communities as a renowned pediatric surgeon and a revered clinical and academic leader. See full article on page 48.



The legacy of Dr. Emerson Moffitt

Remembering his personality and commitment to medicine and education

By Paulette Miles

Emerson Amos Moffitt
1924–2011

“My motivation in my volunteer efforts for the DMAA is the belief that our medical school badly needs and deserves something back from all of us, for making it possible for us to have or have had, successful careers”.

As family, friends and colleagues gathered to bid final farewells to Dr. Emerson Moffitt, many took the time to celebrate his life. Dr. Moffitt’s example of hard work, dedication to the medical profession and genuine love for family and friends helped lighten the sadness.

Following his graduation from Dalhousie Medical School in 1951, Dr. Moffitt practised in North Sydney. In 1954, joined the Mayo Clinic in the field of cardiac anesthesia. He was part of a medical team that pioneered open-heart surgery, incorporating a radical new pump oxygenator. In 1972, he returned to Dalhousie Medical School as head of the Department of Anesthesia. From 1980 to ’86 he was the associate dean of clinical affairs. Over the course of his career, he had 224 publications and made 255 presentations world-wide.

In 1987, as editor of *VoxMeDAL*, Dr. Moffitt created a new format for his beloved alumni magazine. *VoxMeDAL* and the DMAA are indebted to him for laying the foundation we build on each issue. A true friend and supporter of the DMAA, he served as a loyal and contributing board member up until the time of his passing.

He will be missed greatly but remembered as a special physician and a true son of Dalhousie Medical School. “He excelled in his chosen field of anesthesiology and has left a legacy for others to follow,” says Barbara Blauvelt, former DMAA executive director. “He enjoyed life in all aspects of the word. It was a pleasure for me to work with him when he was the editor of *VoxMeDAL*.”

Dr. Merv Shaw ’65 recalls a conversation he had with Dr. Moffitt in 1993 when Dr. Shaw was DMAA president. “I informed Emerson that he had been selected by the DMAA to be the honorary president for that year,” Dr. Shaw says. “He said that there must be some mistake because he knew many other more worthy candidates than himself. I reassured him that it was true. Emerson then said that he was still working for the DMAA and he was not sure it was appropriate...I replied that as far as I know he would be working for the DMAA until he died, so stop arguing and take it now—which he did. In true form, Emerson was still working for the DMAA at the time of his death at age 86.” He will be missed by all members of the DMAA.

Remembering Dr. Emerson Moffitt

Moffitt and I go back many years as dear friends. We first met as classmates in Pre Med at UNB. In 1944, Moff went into the British navy as a trainee in the Fleet Air Arm...In 1946, we were both accepted in medicine at Dalhousie. We shared accommodations for the next three years, both taking junior internship at the Victoria General Hospital graduating in medicine in 1951...

Moff was in the Phi Chi fraternity. He played hockey and basketball and he was our goaltender and a good one, too. Our paths crossed again many years at the Mayo Clinic... Moff was respected by all of us as a physician and as a medical/social friend. We will miss him greatly.

Dr. Jim Ross ’51

I knew Emerson Moffitt when we were contemporaries in training at the Mayo Clinic. Emerson began to contribute at an

early stage of his career to the emerging field of open-heart surgery.

He joined the staff at the Mayo Clinic at the completion of his training and became one of the true pioneers in the discipline of cardiac anesthesia. His energy, skills and dedication contributed hugely to the assessment and management of both congenital and acquired cardiac problems. I was delighted when he chose to return to Dalhousie in 1972.

Alex Gillis ’53

I came to Halifax shortly after Dr. Moffitt stepped down as head of anesthesia. At the time, he was dean of clinical affairs and practising in anaesthesia.

His cheerful and positive presence in the operating room had a very positive influence on everyone around him. He had remarkable academic credentials and had written a seminal paper on anaesthesia

following myocardial infarction, which influenced us in our management of patients for close to a quarter of a century.

When I first came here in the early ’80s, Dr. Moffitt was still doing research on coronary sinus blood samples in cardiac surgery. His disarming friendliness was quite unexpected from someone with such a distinguished career at the Mayo Clinic, and later here as head of anesthesia.

I think his positive influence is still felt today in the tradition of excellence and pride that is seen in our Department of Anesthesia. His attitude of informality and friendliness still is the character of our relationships in the operating rooms and I think Dr. Moffitt’s influence contributed to this tradition. His cheerful, friendly and engaging presence will be missed.

Drew C. G. Bethune, MD, MSc, FRCSC
Head, Division of Thoracic Surgery

We are pleased to announce the following 2011 award recipients

Alumnus of the Year
Dr. Frank Sim '65

Family Physician of the Year
Dr. Stephen Hart '72

Honourary President
Dr. Anthony Measham '65

Young Alumnus of the Year
Dr. Nicholas Giacomantonio '98

Join us and support your fellow alumni!

DMAA Awards & Recognition Gala 2011

OCTOBER 21ST, HALIFAX MARRIOTT HARBOURFRONT

Dr. Bill Stanish '70
Honoured Keynote Speaker
"Arthritis is a Problem"

Dr. Tom Marrie '70
Dalhousie Dean of Medicine
Special Address

A SPECIAL INVITATION TO ALL CELEBRATING MD CLASS REUNIONS—EVERYONE IS WELCOME

Name: _____ MD Class of _____

Guests Name(s) _____

Phone:(Res) _____ (Bus) _____

Email: _____

Count me in! Please register me for the following events:

EVENT	_____ # IN PARTY	AMOUNT
Friday, October 21 12:00 to 2:15 p.m. Alumni Medical Tour & Tea Come back and see the groundbreaking medical advances at Tupper Theatre—must reserve in advance	_____	_____ @ \$20 _____
Friday, October 21 6:00 p.m. Gala Awards Dinner Halifax Marriott Harbourfront	_____	_____ @ 125 _____

To purchase tickets, contact the DMAA Office:

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 Email: medical.alumni@dal.ca | DMAA Phone (902) 494-8800 | Fax (902) 422-1324

For hotel reservations: 1-800-943-6760-phone reference: Dalhousie Medical Alumni Gala



ARTHRITIS IS A PROBLEM

Gala keynote address by Dr. Bill Stanish '70
2010 DMAA Alumnus of the Year



Osteoarthritis of the knee is crippling. Not only has it ruined the careers of many star athletes but it has plagued the lives of throngs of Canadians. Historically, it was thought that arthritis was untreatable except with drugs to allay pain or aggressive joint replacement surgery. Ironically, total knee replacement in the management of knee osteoarthritis enjoys special status as the premier elective surgical procedure to improve quality of life.

However, on the horizon is another tactic for treatment. When knee joint cartilage starts to degenerate or wear, why not change the demands on the joint with modified footwear, muscle training or weight loss?

Eventually, when cartilage shows signs of progressive degeneration, we should think about how we might assist the body in repairing itself. Implanting “biologics” would provide such an option.

Historically, when a torn meniscus of the knee became a problem, it was removed surgically, leaving the joint surfaces unprotected and prone to osteoarthritis. The question then arose: when a meniscus was torn, why not repair it or replace it with a transplant?

The current objective of our research in knee arthritis is preventing this ailment. However, once established, the challenge is to thwart the progression of the arthritic condition through “biologic” processes such as stem-cell manipulation.

Our team at Dalhousie University is the principal investigator in a multi-centre trial aimed at promoting joint-cartilage regeneration. This research initiative has been extended over four years at a cost of \$55 million. You will be able to view our clinical results that have been presented recently at the International Cartilage Research Society meeting in Barcelona and at the International Society of the Knee meeting in Rio de Janeiro.

DMAA President Dr. Dan Reid '70 welcomes medical alumni and guests to participate in the 2011 Medical Tour & Tea

Network with old friends and see the groundbreaking clinical and research learning opportunities. (See pages 16–17 for tour details)

Faculty of Medicine
Friday, October 21st, 2011, noon to 2:15 p.m.
Contact DMAA for details
medical.alumni@dal.ca | (902) 494-8800



Friday, Oct. 21, 12:00 p.m. to 2:15 p.m.

Join us, share memories and experience new learning opportunities.

See what it's like to be a medical student today

New advances in radiation oncology tour

Virtual tour presentation in Tupper Theatre

(approximately five minutes)

The fundamental goal of radiation oncology is sterilizing the cancer cells in a tumour while sparing the surrounding normal tissue. Advancements in technology are now making this possible.

CT, MRI and functional imaging help define the 3-D extent of the tumour and create a 3-D target. The radiation beams can be divided into thousands of beamlets of differing intensities. Aimed from several directions, the beamlets can sculpt the radiation dose to conform to the most complex tumour volumes, while wrapping around and sparing sensitive structures like the spinal cord or optic nerves.

Eloquent plans (like having the machine deliver radiotherapy while rotating around the patient) can be delivered in a few minutes, allowing patients access to state-of-the-art treatments. It is now possible to track the exact position of a tumour during treatment or adjust the distribution of radiotherapy to follow a shrinking tumour during a treatment course. Tracking the position of patients while they move during treatment and adjusting the treatment table to compensate, will soon become standard practice. Radiation oncology is in a golden era where the burgeoning technology is making a tremendous difference in patient care.



Dr. Rob Rutledge, Associate Professor
Department of Radiation Oncology
Dalhousie University.

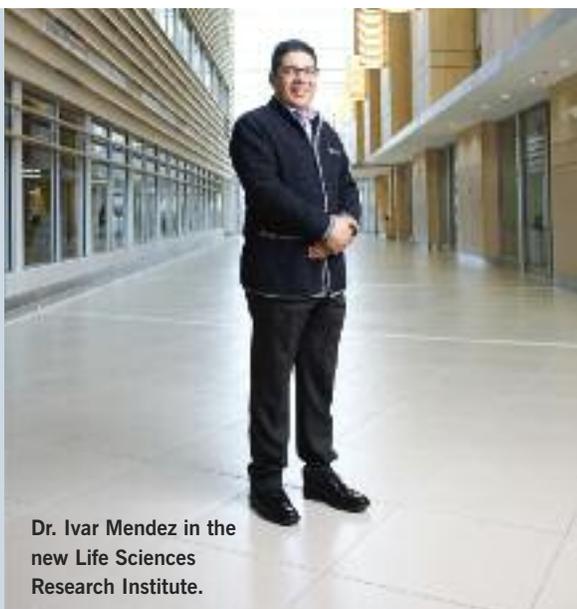


An advanced treatment unit for radiation therapy and radiosurgery is arriving in 2012. Above right: The patient is imaged during treatment delivery. A robotic couch top adjusts the patient's position to maintain accuracy.

Above left: Multiple beams or beam arcs combine to deliver a high dose to tumour volumes, while sparing neighbouring tissues and organs.

New innovations for 2012 will include:

- Real-time tracking of patients, and adjustments during treatment.
- The capacity to treat lung liver and spinal tumours to high doses with sub-millimeter accuracy.



Dr. Ivar Mendez in the
new Life Sciences
Research Institute.

New Life Sciences Research Institute tour

(approximately 15 minutes)

The Brain Repair Centre is the anchor tenant of the Life Sciences Research Institute (LSRI) and was instrumental in its concept, design and development. The new facility provides a unique environment for research collaboration and for the commercialization of new discoveries. It represents a major step forward in infrastructure for improving health care through innovation and building Atlantic Canada's life science sector. Under the leadership of Dr. Mendez, the Brain Repair Centre helped make the LSRI a reality and played a leadership role in raising over \$40 million for the construction of the new facility. Medical alumni have been very supportive of the Brain Repair Centre since its inception and have contributed financially to the development of the LSRI. Dr. Mendez made a presentation that included many members of Dalhousie's medical alumni in New York City in support of the Brain Repair Centre and the construction of the LSRI. We are thankful for their contribution and look forward to continuing our close relationship.



Dr. John Sapp and Dr. Ratika Parkash.



The Heart Rhythm Service control room at the QEII. The Beth Medjuck Heart Rhythm Laboratory is a new state-of-the-art facility which forms the core of complex clinical heart rhythm management and research at Dalhousie.

QEII Heart Rhythm Service tour Virtual tour presentation in Tupper Theatre (approximately five minutes)

With its team of 22 health-care professionals and five heart-rhythm specialists, the QEII Heart Rhythm Service provides comprehensive care for patients in the Maritimes with abnormal heart rhythms. The service offers consultation, an inherited heart disease clinic, pacemakers, implantable defibrillators, cardiac resynchronization pacemakers for weakened electrical systems and catheter ablation (a procedure in which wires are put up through blood vessels into the heart to cauterize short circuits which cause heart racing).

The laboratory is the centre of research efforts that strive to improve catheter ablation procedures for some of the most complex heart rhythm disturbances, including ventricular tachycardia and atrial fibrillation. The Heart Rhythm Service is leading national and international clinical trials of catheter ablation for complex arrhythmias, performing leading-edge research in new methods for mapping heart activity, including the first human use of novel catheter ablation technology.



Dr. John Sapp directs the Heart Rhythm Service at the QEII.

Dalhousie Medicine New Brunswick (DMNB) virtual tour

(approximately five minutes)

Thanks to the award-winning, state-of-the-art video conference system that links both medical schools, you can now “virtually” tour the new teaching facilities of the Faculty of Medicine campus in New Brunswick. Learn from Dalhousie IT staff about the video conference technology connecting both campuses.



Retiring DMAA board members

Profiling the contributions of outgoing DMAA board members

Since its founding in 1958, the DMAA has benefitted from the dedication of committed alumni whose leadership allows the association to carry out its mandate of support for the Dalhousie Faculty of Medicine and its students.

This year, four outstanding members of our Board of Directors will step down after years of contributing their expertise and wisdom. Although it is difficult to express our appreciation for the leadership that they have given, we are aware of its importance and would like to pay tribute to each retiring member.



Dr. Bob Anderson '54

Dr. Anderson was involved with the DMAA in many roles, including president and honorary president. He has brought logical thinking and wisdom to every aspect of the organization. His conviction that medical alumni have a valuable part to play in supporting the faculty and his vision for realizing that support have been fundamental to the DMAA's work

over the past number of years. As a former professor of medicine and chair of the Department of Medicine, Bob has been recognized for his contributions to cardiology and to clinical teaching. The DMAA has been fortunate to have benefitted from his many talents and strong commitment.



Dr. Doug Brown '57

Since 1981, Dr. Brown has been a stalwart supporter of the DMAA, taking on various leadership roles over the years. He served as president and was editor of *VoxMeDAL* for a number of years. We gratefully acknowledge his many contributions which have been crucial in maintaining the direction of the DMAA. Doug's commitment to Dalhousie as an alumnus has been extensive. His long experience as a pediatric orthopedic surgeon led to many years of tutoring undergraduate medical students. In addition, he is one of the founding members of the Tupper Band with whom he has performed for decades.



DMAA President Dr. Dan Reid '70 and Dr. Allan Purdy '74.

Dr. Allan Purdy '74

Over the course of many years, Dr. Purdy has provided key leadership in the DMAA. His invaluable advice has led to the development of policies that have directed our progress. Of particular importance was his involvement in the Chair in Medical Education initiative. As professor of medicine and chair of the Department of Medicine, his clear vision of the meaning and importance of this chair underlined how it could influence the education of medical students.



DMAA President Dr. Dan Reid '70 and Dr. Alex Gillis '53.

Dr. Alex Gillis '53

In addition to strong support, Dr. Gillis brought administrative expertise to the DMAA board and to the committee for the Chair in Medical Education. We are grateful for the time and advice he has given and join with the Dalhousie community in expressing our admiration for his work in pediatric surgery. This was recently recognized in the naming of the Gillis chair in surgery.

In the eyes of a resident

Dr. Martha Linkletter shares her experiences as a resident in pediatrics at Dalhousie University with *VoxMeDAL* readers

My daughter Anastasia Violet was born May 5, weighing 4.5 kgs (9 lbs, 14oz). She was born in OR 18 after I was whisked urgently down the hall on a gurney. As part of the neonatal intensive care unit (NICU) resuscitation team, I had seen many other women moved in this manner—other patients who faded into the background as I focused on their newborn babies.

Her birth realized one of my worst fears. She was flat—no tone, a heart rate of less than 100 beats per minute and very poor (if any) respiratory effort. Through my time-distorted, disconnected view from the OR table (where one of my legs didn't make it into the stirrups), the events unfolded slowly and scarily. I saw her floppy bluish arm as my doctor rushed her to the warmer where the NICU team awaited. I saw the tense back of the respiratory therapist as he inserted a metal laryngoscope into her throat.

I heard the worried voice of the NICU nurse ask where the CPAP tubing was and the ensuing frantic search for the vital piece of equipment. I saw my husband standing to the side, looking pale and serious. I searched the faces of my medical team and felt slightly reassured by their controlled calm and the guarded quarter-smiles on their faces. Finally, I heard Anastasia cry and saw people's shoulders relax. I watched the familiar motions of bundling a new baby. But instead of my hands doing the swaddling, I watched a colleague wrap her up.

Anastasia's 14-hour stay in the NICU was distressing. Previously, I had thought having a term baby in the NICU was an opportunity for parents to reflect on how fortunate they were. They might appreciate that many more serious things could have happened requiring a stay in the unit, such as a congenital heart defect or a preterm delivery at 24 weeks.

Now I realize that perspective is relative. My baby wasn't born with devastating odds stacked against her. But my heart broke with every heel poke to check her blood sugar, every hour she spent alone in her incubator instead of in our loving arms and every time I was wheeled away with her bright eyes peering out through the plastic.

The perspective I've gained as a parent is humbling. As part of the NICU team, I often reflected on the privilege of spending time with a baby during its first minutes of life or with parents waiting to meet the brand new person they've already loved for months. But until I laid in the OR waiting to hold my daughter, I did not appreciate the preciousness of those moments. Being in the NICU as a parent was odd. I heard rounds from the opposite side of the curtain, was asked if I would like to change some of her orders and had the distinct impression that I should know more than I did about the protocols.

I don't think it is necessary to have children to be a pediatrician. But I know that my experiences thus far—only three weeks into parenthood—will serve all of my future patients and their parents well.



Building North America's best undergraduate medical program

Dean of Medicine Tom Marrie outlines his vision for the future of Dalhousie Medical School

By Joanne Ward-Jerrett



Dr. Tom Marrie has one goal for the medical school: to have the best undergraduate medical program in North America.

It may be a bold ambition but it's an achievable objective for the Dean of Medicine. He describes his strategy. "We need to double our research funding, make the medical school more relevant to the communities we serve and overhaul our medical education and continuing medical education programs," Dr. Marrie says. "That's how we'll get there."

As Dr. Marrie points out, Dalhousie Medical School is already a significant economic driver in the region. "We have \$55 million in research funding and this is a largely unacknowledged fact," he says. "Imagine what we could accomplish with twice that."

Thanks to strategic planning, Dalhousie Medical School is already meeting its objectives. Among the medical school's recent achievements is the revitalized undergraduate curriculum introduced in the fall of 2010. "This was a huge undertaking," says Dr. Marrie. "More than 600 people came together from across the Maritimes and accomplished in a single year what other schools have taken three or four years to do."

Highlights of the revised curriculum include an innovative menu of learning opportunities: small groups, e-learning, self-directed learning, experiential learning and lectures. There is also a Rural Week for all first-year students, new courses in occupational, sports and oral medicine, and an unusually integrated approach to professional competencies.

One standout is the Health Mentors Program, which underscores the importance of inter-professional teamwork within the context of undergraduate medical education. Some 535 students from all health professions are enrolled in the program. The program is an inter-professional learning experience in which the patient (a health mentor who suffers from chronic disease) teaches teams of students about their experiences in the health-care system and their perspective on managing a chronic disease such as diabetes or heart disease. The students track this experience in the first two years of their program through an electronic portfolio system. "We have received very favourable feedback on the program to date," Dr. Marrie says. "Most of our students are too young to have personally dealt with chronic illness. Programs like

this help build empathy among the student body. It's an excellent model."

In conjunction with the 2010 curriculum renewal, Dalhousie Medical School also launched a distributed medical education program in Saint John, New Brunswick. Thanks to co-operation from the New Brunswick Government, the University of New Brunswick (Saint John), Health Horizon Network, and key members of the New Brunswick business community, Dalhousie Medicine New Brunswick (DMNB) has been a success.

Going forward, the medical school's strategy of ensuring health education aligns with today's realities and will focus on learning and inter-professional education. "We are enhancing our distributed learning capacity through significant investment in state-of-the-art technology infrastructure," Dr. Marrie says. "As well, we are investing in faculty training and development to support the delivery of curriculum at more than 100 rural teaching sites across the Maritimes."

Student accessibility is also a serious issue and one that Dr. Marrie intends to confront. "The vast majority of Nova Scotians—something like 97 per cent—have an annual household income under \$80,000," he says. "Medicine therefore has an elitist student body because it's so expensive. Many students, by the time they finish their residencies, are \$200,000 in debt. They're also in their mid-thirties and they've never had a real job."

By providing scholarship and bursary support through a planned \$10-million endowment (with \$2.5 million set aside for graduate students), Dalhousie Medical School hopes to turn things around. "The best students build the best program," Dr. Marrie says. "And this investment will help us recruit them."

The medical school must be socially accountable to the communities it serves. As Dr. Marrie notes, Nova Scotia has one of the sickest populations in the country, with the second-highest rates of diabetes, high rates of obesity and the highest death rates in Canada from cancer and respiratory disease. "As a medical school, we have a responsibility to actively seek to turn those indicators around," he says. "Working with Doctors Nova Scotia and our government partners, we can begin to do that. Solutions to these issues don't cost much money but they do require a lot of work and collaboration."

Bold Ambitions: the campaign for Dalhousie

While the impact of Dalhousie University has been substantial thus far, we are committed to playing an even larger role in providing a meaningful contribution to our local and global communities. We have embarked on a \$250-million fundraising campaign to deepen our capacity for excellence and push us further towards our vision of becoming Canada's best university.

Bold Ambitions will support the strategic focus of Dalhousie Medical School by centring on three key areas: inter-professional medical education and continuing medical education, student financial support and rural communities. For more information about the Bold Ambitions campaign, visit boldambitions.ca.

Campaign investment priorities

1. Inter-professional Health Care Education Facility \$45 million

At Dalhousie, we believe that if health-care workers are expected to share expertise in a team environment, it makes sense that their education prepares them to do so. This belief drives our campaign for the Inter-professional Health Education Facility to be shared by the faculties of medicine, health professions and dentistry, as well as clinical psychology and computer science.

2. Inter-professional Health Internship Fund \$3 million endowed

Patient safety and ready access are driving our investment in rural medical education. The Inter-professional Health Internship Fund will generate annual income of about \$150,000 for the creation of a bursary fund for medicine and health professions students. Funds will be dispersed based on demonstrated need and will be used to help students with expenses related to rural community placements.

3. Rural Communities Program \$3 million endowed

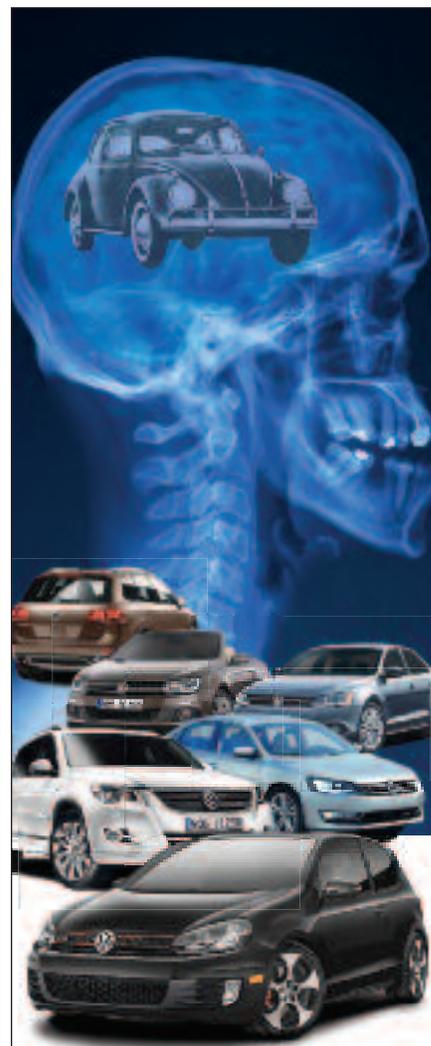
As Dalhousie Medical School continues to evolve in the direction of distributed learning, increasing the number of rural teaching sites is a priority. Enhancing the distributed curriculum will require an investment in both faculty development and technological infrastructure across the Maritimes.

4. Chair, Medical Education \$3 million endowed

Doctors who teach report higher career satisfaction and teaching doctors make better doctors. That's the thinking behind the Chair in Medical Education, who will equip students with the skills they need to communicate with patients and ultimately improve care experiences. The chair will be a physician with a specialty in medical education who will advance research in this area. Using advanced technologies, s/he will also reach out to community doctors.

5. Graduate and Undergraduate Scholarships/Bursaries \$10 million endowed

The goal of the medical school is to offer the best undergraduate program in North America. Scholarships and bursaries will help attract the best students, including those who might not otherwise have the resources. Of the \$10 million earmarked for student financial support, \$2.5 million is targeted to graduate students (masters and doctoral).



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Meet the new Executive Director of Development, Health Faculties

Rob McDowall is working with alumni and other stakeholders to help customize their donations

By Mary Somers

Having spent 20 years of his career in Switzerland as a senior executive in the financial services sector, Rob McDowall brings a background in business management to his role as Executive Director of Development, Health Faculties.

McDowall moved to Dalhousie in September 2009. In his new role, he is responsible for the fundraising activities of the Faculty of Health Professions and the Faculty of Dentistry, as well as the Faculty of Medicine, for which he is the chief fundraiser. Based in Dalhousie's Office of External Relations, McDowall works with the Dean of Medicine, focusing on the strategic planning and implementation of all major gift fundraising and stewardship activities on behalf of the medical school. He also manages stakeholder relationships.

"My goal is to provide alumni and friends of Dalhousie with the opportunity to determine for themselves where and how they can make a difference to the medical school through their advice, influence and financial contributions," McDowall says.

As McDowall points out, it is alumni who make the difference between a good medical school and a great one. "The more we work with and include alumni in the activities of the medical school by giving them good information, the better they will be able to figure out for themselves how they can advance the medical school's mandate to train and educate the doctors and researchers of the future," he says. *Contact Rob McDowall at rob.mcdowall@dal.ca or (902) 494-6861.*

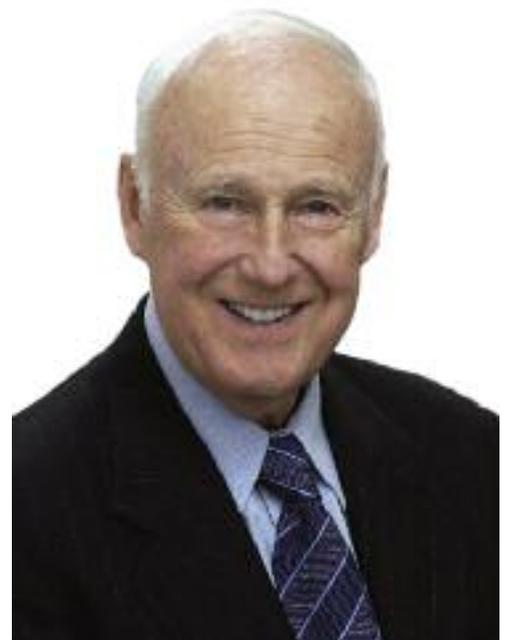
Dr. Ed Kinley reaches out to prospective medical students

A new bursary in medicine offers support to black and Aboriginal students

by Marie Weeren

Dr. Ed Kinley '56 and his family know the value of education and the opportunities it can create. They also think people should have equal access to education and not be blocked by financial and racial barriers.

Education and awareness about these issues are key. The Kinleys are lending their support through an annual bursary at Dalhousie Medical School for a black or Aboriginal student from Nova Scotia. "It's more than words," says Dr. Kinley, who served as a cardiac surgeon and faculty member at Dalhousie Medical School. "There are deeds that have to follow the words and this





particular little bursary is an attempt to take action.”

The \$1,500 bursary is a relatively recent addition to the CE Kinley Lectureship Fund that is named after Dr. Kinley’s father, Dr. Cecil Edwin Kinley ’23. The lectureship component of the fund was set up in the 1950s by the Nova Scotia chapter of the Canadian Poliomyelitis Foundation in honour of Dr. Kinley, who ran the polio clinic in Halifax. The visiting lectureship brings in speakers who discuss the challenges and the opportunities in health care.

As a family, the Kinleys decided to add the bursary. “I think one of our biggest disappointments was not starting on this earlier,” Dr. Kinley says. “If you’re trying to establish a fund for scholarships or bursaries, you should start early and then you just put small amounts in, and it grows and becomes a significant factor.”

Looking ahead, the Kinleys hope the bursary grows and serves an even bigger purpose. “We need everybody to contribute to society,” Dr. Kinley says. “We can’t succeed if we don’t recognize and give everybody these equal opportunities. We can’t neglect any group.”

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Outreach program for marginalized students

School visits and a proposed student camp boost the rate of medical students from marginalized communities

By Adam Harris '12



The current Canadian medical student population does not represent the general Canadian population. In Nova Scotia, there is a significant under-representation of medical students from communities in the most vulnerable populations that have the greatest need of physician resources. These include black, Aboriginal, low-income and rural Nova Scotians.

The reasons for this disparity are complex, including lower application rates from these groups, prohibitive costs and application biases. According to Dalhousie's Admissions Office, students from these under-represented groups often don't apply to medical school. Research demonstrates that students from under-represented communities are the most likely to return to their communities upon graduation—the same communities that have physician shortages in Nova Scotia.

Last year, we gathered a group of medical students concerned about this issue and developed a curriculum that we piloted at high schools in two Nova Scotia communities: Canning and Yarmouth. This year, medical students visited high schools in New Brunswick and Prince Edward Island. They spoke to audiences of Grade 11 and 12 students and held interactive information sessions on the medical school application process, skills sessions on casting and suturing, and small group sessions using introductory medical cases. A strategic component also involved local physicians speaking to students about their work and personal lives.

Over the past year, we have researched this problem further and have developed a possible permanent solution. Our proposal is to establish an

annual residential summer camp hosted by Dalhousie's Faculty of Medicine. The camp would host 24 high-school students from across the province. Students would be academically motivated and come from under-represented groups and communities that are currently under-served by physician resources. The students would also be provided with long-term mentorship and resources to support a successful medical school application.

Our solution is unique in Canada and is based on best-practice evidence and validated methods from Stanford University in the U.S. (for more information, search online for the Stanford Medical Youth Science Program). Our proposal would cost \$150,000 per year and we are currently presenting the concept to senior government bureaucrats. *If you are interested in reading the proposal and its background research or would like to participate, email adam.harris@dal.ca.*



Summer research studentships 10 years later

Student research projects offer essential learning opportunities for medical students now and in their future careers

By **Carla Ross, Director of Research Development
Medical Research Development Office**

In the summer of 2000, 35 Dalhousie medical students received summer research studentships. Today, those same students are scattered across the country and around the world. Many are still involved in research.

Funded by a University Internal Medicine Research Foundation (UIMRF) summer studentship in 2000, Aaron Sibley worked on a research project with Drs. Christopher MacKnight and Kenneth Rockwood in geriatric medicine. That summer research project resulted in a publication in the journal of the Canadian Geriatric Society.

Dr. Aaron Sibley is now an emergency-room physician at the Royal Alexandra Hospital in Edmonton as well as associate medical director of EMS in Edmonton. His current research focuses on issues affecting emergency departments. A recent study, for example, explores attitudes of medical students and residents towards the homeless following an inner-city emergency medicine rotation. Dr. Sibley credits his summer research experience for providing many of the research tools he uses today. “[Dr. MacKnight] was my first mentor in research and the most influential in teaching the principles of doing good research and writing a great paper,” he says.

In the summer of 2000, Martin Ma was a second-year medical student in the B.Sc (medicine) program. Today he is a staff anesthesiologist at the Toronto General Hospital. His research investigates the clinical practicality and efficacy of intraoperative VCO₂ measurements in predicting hypoxia during one-lung ventilation.

With the new Dalhousie Medical School undergraduate curriculum supporting research, medical students require meaningful research opportunities during their four years of medical school. “A summer research experience is essential for medical students for a variety of reasons,” says Dean Dr. Tom Marrie. “First, they will learn to appreciate the joys and sorrows of doing research. It

will also assist in developing critical thinking, which is so essential to the practice of medicine.”

Ultimately, research leads to the discovery of cures. “It changes how doctors approach their practice because questions arise every day in a clinical setting and each one of these can become a research project,” Dr. Marrie adds.

Over the past 10 years, over \$1.2 million has been awarded in summer research studentships. Ten years ago, five endowments were available to support summer research students. In 2011, there are 20 endowments available for medical student research. *To learn more about summer studentship opportunities, email the Medical Research Development Office at mrdo@dal.ca.*

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Remembering Dr. William 'Bill' McCormick '69

1943–2011

“He loved neurology and neurology loved him”

By Charmaine Gaudet

A “brilliant mind,” a “man of principles” and “a big, booming man with a kind heart”—that’s how friends and colleagues of Dr. William ‘Bill’ McCormick describe their beloved colleague who passed away in March at age 68.

Born in Annapolis Royal, Nova Scotia, Dr. McCormick was a respected neurologist, an outstanding teacher, a noted researcher and a larger-than-life character to those who knew him. “Bill had the best memory banks in his brain than anyone in the field of neurology—he was brilliant in that regard,” says Dr. Allan Purdy, former head and chief of the Department of Medicine and a fellow neurologist. “He could remember the most minute neurological details. He was a fountain of neurological trivia. He loved neurology and neurology loved him.”

Fellow colleague, Dr. Robert Sadler, agrees. “He possessed one of the most impressive memories of anyone I have known,” he says. “His fund of knowledge ranged from patient names and their histories—from 30 years ago—to minutia of neuroanatomy.”

Barbara Blauvelt, former director of the DMAA, and a life-long friend, recalls when Dr. McCormick was chosen by his peers to turn the ceremonial sod at the opening of the Sir Charles Tupper Medical Building in 1965. Four years later, he graduated with distinction from Dalhousie Medical School, earning the University Gold Medal.

Dr. McCormick began his medical career as a family physician, practicing in Middleton, N.S. from 1969 to 1975. He went on to

do a residency in neurology at Dalhousie and the University of Western Ontario, progressing to the next stage in his career as a researcher in stroke prevention. He participated in two international research projects that helped change the course of stroke prevention world-wide.

Returning to his Nova Scotia roots in 1980, he practised at the Victoria General Hospital and taught at Dalhousie Medical School, serving as program director of the Neurology Residency Training Program. He was widely acknowledged as a gifted teacher and was presented with the Silver Shovel Award by his students—an honour for which he was particularly proud. “He loved teaching, he loved his students, and they loved him,” says Dr. Purdy.

Dr. Sadler describes his teaching style. “His voice, presence and general demeanor would surely strike fear into a junior resident or medical student,” he says. “However, with further exposure, one soon recognized that he was a warm and interested teacher who loved having students and I think [he] genuinely enjoyed the pedagogical experience.”

Dr. McCormick also made his mark as a physician leader. In the 1990s, he was president of the Canadian Neurological Society and the Canadian Congress of Neurological Sciences, as well as chief examiner of the Royal Society of Physicians and Surgeons.

Dr. McCormick will be missed deeply and by many. Donations in his memory may be made to the Dr. C.W. McCormick Neuroscience Award through the Faculty of Medicine.

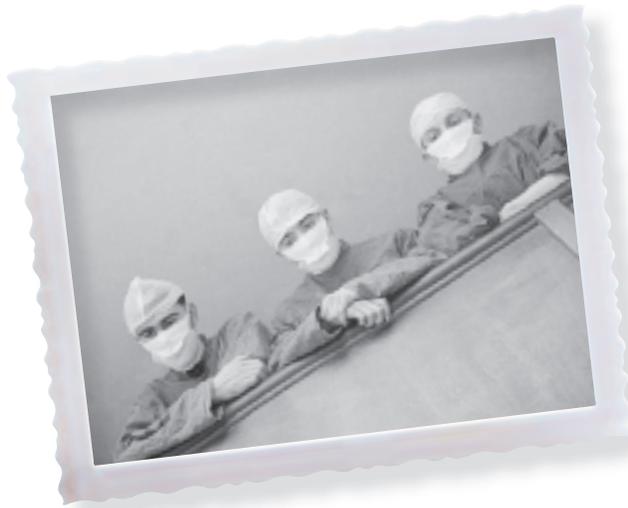
Reflecting on the career of Dr. David Hawkins '60

1937–2011



Dr. David Hawkins '60
1937-2011

David Hawkins '60, one of the Dalhousie Faculty of Medicine’s outstanding graduates, died in Ottawa on February 12, 2011. Born in St. John’s, he received his early education in Newfoundland, coming to Dalhousie to study medicine. Following post-graduate training at Dalhousie, McGill and the Scripps Foundation in California, he returned to McGill as a Medical Research Council of Canada scholar and was later appointed director of rheumatology at the Montreal General Hospital. He made significant contributions to clinical rheumatology, clinical teaching and research. In 1987, he became the third dean of the Faculty of Medicine at Memorial University, a position he held until 1995. He had a memorable and productive term as dean. From 1995 to 2005, Dr. Hawkins was executive director of the Association of Faculties of Medicine of Canada. Since that time, he had been working with the government in Saudi Arabia. He was a physician widely respected and admired throughout his remarkable career.



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The new Life Sciences Research Institute (LSRI) opens its doors

This new facility will be a springboard for collaboration among researchers



Mrs. & Dr. Eldon Smith '67 and Dean Marrie.



The opening of the new Life Sciences Research Institute (LSRI) gives the Faculty of Medicine access to over 40,000 square feet of new research space—a situation that has not occurred since construction of the Tupper Building in 1967. In the LSRI, researchers will occupy more open-concept lab space that will encourage and facilitate collaborative research programs. The second floor will house the Brain Repair Centre, with researchers working on neurodegenerative disorders and stroke. The third floor will house the Atlantic Mobility Action Project that researches spinal cord injury. The fourth floor will house an integrated animal-care facility with facilities for behavioural and physiological studies. A number of advanced research facilities throughout the building will provide cutting-edge technologies to all researchers, including proteomics and imaging capacities.

—Dr. Gerry Johnston

Association Dean, Research, Faculty of Medicine

The official opening of the Life Sciences Research Institute (LSRI) was held June 21. The building will foster research in the life sciences that could lead to commercial applications, foster regional economic growth and find treatments and cures. Designated by the federal government as a centre of excellence for commercialization and research, the LSRI will facilitate research collaboration by clustering researchers in the same facility.

A number of tenants have already moved into the \$65-million building. Tenants in its south tower include Innovacorp, Dalhousie's Industry Liaison Office, Springboard Atlantic, BioNova, Nova Scotia Research and Innovation Trust, and Genome Atlantic.

Dedicated to research labs, the north tower will include researchers from the Brain Repair Centre, the Atlantic Mobility Action Project and the Canadian Aerosol Research Network. These tenants are expected to move in over the summer or in early fall.

The north tower also includes an animal-care facility, which is expected to open in late fall. "Many of the labs in the north tower are dependant on the animal-care facility, so some of those labs won't be up and running until the animal-care facility is fully operational," says Dr. Gerry Johnston, Associate Dean of Research at Dalhousie Medical School and chair of the LSRI's space planning committee.

The LSRI is located on the corner of Summer and College streets on Dalhousie's Carleton campus. It is a collaborative venture of Dalhousie University, the Capital District Health Authority, the IWK Health Centre and other partners.

Professional competencies

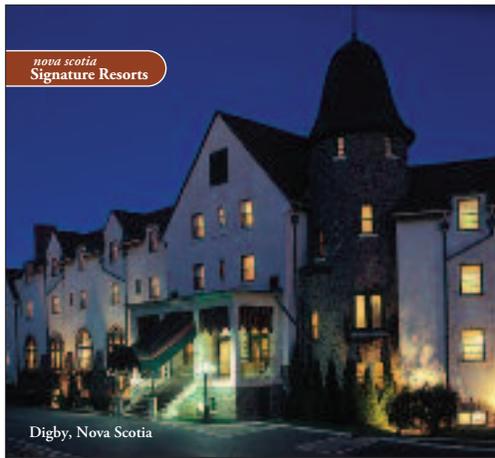
Part of the new medical curriculum, students are exploring all aspects of professional conduct

On Tuesday mornings in Dalhousie's new MD curriculum, students are turning away from embryology or the Krebs cycle to focus on professional competencies. They debate the sustainability of the health-care system, consider ways of supporting patients making lifestyle changes and debate the values that stand behind tough choices at the end of life.

Co-tutor pairs facilitate the tutorials—one physician and one interdisciplinary or inter-professional colleague, such as an ethicist, a population health researcher, a respiratory therapist or a nurse. The case often carries over from the “biomedical” unit of the week: a student from Africa presenting with AIDS at a university health clinic in the Maritimes on Monday prompts a “ProComp” discussion on Tuesday about global health, public health responsibilities and the patient's rights as a temporary resident. A patient with infertility on Monday raises questions on Tuesday about how the health system decides what procedures to cover.

Tutoring in ProComp is rewarding for physicians and their colleagues. Students say the dynamic is a highlight of the unit. “It was an honour to be a tutor for the launch of the new professional competencies course,” says Elizabeth Gold. “As a family physician, having a co-tutor who is a professor in community health and epidemiology provided diverse perspectives on ethical, legal, social and clinical issues... Having had no ethics or law in my own training decades ago, I was very interested in this material, which I found very relevant and important for providing modern medical care and/or research.”

Judy Buchanon agrees. “I came into the co-tutor role both as a health-professions educator and as a passionate proponent of interprofessional education,” she says. “Tuesday mornings at DMNB [Dalhousie Medicine New Brunswick] still remain a highlight of my week. I quickly came to realize that each tutorial session would be a journey of collective discovery, through such means as critical analysis of cases and ethical decision making.”



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Medical school alumni luncheon Sanibel Island, Florida

Dean Tom Marrie and student Achelle LeBlanc gave interactive presentations to Florida alumni



Steve ('68 MD) and Lena ('64BA and '65Bed) Brown generously hosted a luncheon for Florida medical alumni at their home on Sanibel Island in February. About 35 alumni attended the event—those who live permanently in Florida and those who spend a portion of the winter there.

Dean Marrie gave an update on the medical school. He described the challenges and the opportunities they present, and noted the school's accomplishments over the past 18 months. He also articulated his vision for the medical school, outlining and the strategic plan called "The Way Forward." The key objectives of this plan are to educate doctors and researchers, enhance patient care and population health, and to advance an innovative research agenda.

Of particular interest and concern to Dean Marrie is providing financial support to medical students. Achelle LeBlanc, a second-year medical student, spoke to the group. She described what medical school is like today from the perspective of a student and said why she chose a career in medicine.

She also described some of the work she is doing with Dalhousie Medical School's Global Health Office. Through a joint effort between a group called Operation Groundswell and a project lead by the Global Health Office called the Medical Equipment Recovery Initiative, LeBlanc helped secure an ultrasound machine for a hospital in Ghana.

An interactive discussion followed the

two presentations. Alumni who attended said they enjoyed the presentations and recommended similar events be held on a regular basis.

The following day, Lena and Steve Brown invited 14 members from the class of 1968 for dinner at their home. Much like a family get together, the classmates and their partners, Dean Marrie and Achelle LeBlanc enjoyed dinner together.

Based on the positive reaction and comments, the goal is to hold an annual event like this each February in Florida. If you spend the winter in Florida, please send us your Florida address, so we can contact you about next year's event. Call (902) 494-8800, fax (902) 422-1324 or email medical.alumni@dal.ca.



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2011

Aug

Hippocratic Oath

August 29
Rebecca Auditorium
Medical Admissions, (902) 494-1874;
medicine.admissions@dal.ca

2011

Sept

Medical Student Orientation

August 29 to September 2

Dalhousie Society for the History of Medicine— 30th Year Anniversary Symposium

September 24, 8 a.m. to 6 p.m.
Theatre A
Dalhousie Society for the History of Medicine
Division of Medical Education, Medical
Humanities-HEALS Program
(902) 494-1533; anabela.sardinha@dal.ca

6th Annual John Fraser Fall Classic

Twin Oakes Memorial Hospital Fundraiser/Charity
Monday, September 26, 2011
River Oaks Golf Course, Meaghers Grant
To register please contact Tammy Campbell at
(902) 468-3444 ext.228

Dalhousie University Alumni Reception

Charlottetown, P.E.I.
September 29
Dalhousie University External Relations,
(902) 494-2807; kirsten.booth@dal.ca

Global Health knowledge Fair— 10th Anniversary Celebration

For details contact:
Global Health office, (902) 494-1965;
gho.medicine.dal.ca

2011

Oct

Dalhousie University Alumni Receptions

Saint John's, NL – October 4
Saint John, NB. – October 25
Moncton, NB. – October 26
Miramachi, NB. – October 27
Dalhousie University External Relations
(902) 494-2807; kirsten.booth@dal.ca

T.J. Murray Visiting Scholar in the Medical Humanities

October 5 to 7
Division of Medical Education Medical
Humanities-HEALS Program
(902) 494-1533; anabela.sardinha@dal.ca

Dalhousie University Open House

October 14, 8:30 a.m. to 1:30 p.m.
Prospective Dalhousie students and families
(pre-registration required at openhouse.dal.ca)
Dalhousie University, (902) 494-3556;
openhouse@dal.ca

Dalhousie Homecoming

October 20 to 22
For details contact:
External Alumni Office (902) 494-2808
alumni@dal.ca

Dalhousie Annual Dinner

October 20
Cunard Centre
902) 494-2808; Allison.skelding@dal.ca

DMAA Fall Reunion

October 21 to 22
DMAA, (902) 494-8800;
medical.alumni@dal.ca

DMAA Medical Tour & Tea

October 21, 12 to 2:15 p.m.
Pre-registration required
DMAA, (902) 494-8800;
medical.alumni@dal.ca

DMAA Gala Awards

October 21, 6 p.m.
DMAA, (902) 494-8800;
medical.alumni@dal.ca

The Canadian Medical Hall of Fame Discovery Days in Health Sciences

October 26, 8:15 a.m. to 4:00 p.m.
Faculty of Medicine, (902) 494-2756;
brenda.detienne@dal.ca

2011

Nov

DMAA Medical Alumni Event—Toronto

November 1 (tentative)
Please contact DMAA for details
(902) 494-8800;
medical.alumni@dal.ca

DMAA Medical Alumni Event—Ottawa

November 2 (tentative)
Please contact DMAA for details
(902) 494-8800; medical.alumni@dal.ca

MedBall

November 5
Dalhousie Medical Student Society,
medical.alumni@dal.ca

Dalhousie University Alumni Receptions

Montreal – November 17
Toronto – November 30
Dalhousie University External Relations,
(902) 494-2807; kirsten.booth@dal.ca

Multiple Mini Interviews

(volunteers required)
For details contact:
Medical Admissions, (902) 494-1874;
medicine.admissions@dal.ca

Global Health: Café Scientifique

For details contact:
Global Health office (902) 494-1965;
gho.medicine.dal.ca

Great Big Dig Awards & Auction

For details contact:
IWK Foundation,
parkhillevents@ns.sympatico.ca

Discovery Awards Gala

For details contact:
Discovery Centre
handsonfun@discoverycentre.ns.ca

2011

Dec

Dalhousie University Alumni Reception

Ottawa – December 1
Dalhousie University External Relations,
(902) 494-2807; kirsten.booth@dal.ca

Dean's Holiday Reception

Alumni Welcome
For details contact:
Faculty of Medicine, (902) 494-2756;
brenda.detienne@dal.ca

Dal CME—85th Annual Refresher Course Family Physicians

December 1 to 3
8:00 a.m. – 5 p.m.
World Trade and Convention Centre, Halifax
Dalhousie Continuing Medical Education,
(902) 494-1459; mary.ann.robinson@dal.ca



Euphoria—Medical Students Charity Event

February 25
Rebecca Cohn
Dalhousie Medical Student Society,
(902) 494-8800; medical.alumni@dal.ca

Medical Alumni Event

Florida
For details contact:
Rob McDowall, Faculty of Medicine
(902) 494-6861; rob.mcdowall@dal.ca

Dalhousie CME—38th Annual Refresher Course: Therapeutics Family Physicians and Specialists

February 23 to 25, 8 a.m. to 5 p.m.
Halifax Marriott Harbourfront
For details contact:
Dalhousie Continuing Medical Education,
(902) 494-1560; cme@dal.ca



Match Day

For details contact:
Medical Admissions, (902) 494-1874;
medicine.admissions@dal.ca

Gold Headed Cane

For details contact:
Medical Education Humanities
(902) 494-1533; anabela.sardinha@dal.ca



DAL CME—17th Annual Canada Cardiovascular Conference: Specialists, Family Physicians and Others

April 19 to 21, 2012
Thursday and Friday, 8 a.m. to 5 p.m.
Saturday, 8 a.m. to noon
World Trade Centre
For details contact: Dalhousie Continuing Medical Education
(902) 494-1560; cme@dal.ca

Global Health Research Forum
Global Health Office
(902)494-1965; gho.medicine.dal.ca

Lets Talk Science—The Brain B-R. Brownstone

For details contact:
FOM Resident Research Day, (902) 494-1395;
jesslyn.kinney@dal.ca

Paul Cudmore Memorial Lecture Series and Workshop

For details contact:
Linda MacNutt, Faculty Development;
dme.medicine.dal.ca



Convocation and Academic Awards

For details contact:
Medical Admissions, (902) 494-1874;
medicine.admissions@dal.ca

Dalhousie Medical Student Society AGM

For details contact:
Dalhousie Medical Student Society,
medical.alumni@dal.ca

Resident Research Day

For details contact:
FOM Resident Research Day, (902) 494-1395;
jesslyn.kinney@dal.ca

Integrated Health Research Training Partnership—Graduate Student Research Day

For details contact:
Medical Research, (902) 494-6834;
terrylyn.chisson@dal.ca

Quill and Stethoscope Dinner & James Reid Lecture

For details contact:
Medical Education Humanities, (902) 494-1533;
anabela.sardinha@dal.ca



DMAA AGM

For details contact:
DMAA, (902) 494-8800; medical.alumni@dal.ca

SPORTING EVENTS

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Athletics and Recreational Services
(902) 494-2542 www.athletics.dal.ca

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Women's and Men's Soccer vs. UPEI
September 10, 1/3:15pm

Men's Hockey vs. STU
October 14, 7pm

Cross Country Dal Invitational
October 15, 11am

Dalhousie Football Club vs. Holland College
October 22, 2pm

Women's Hockey vs. STFX
October 29, 3pm

Women's and Men's Basketball vs. ACA
November 9, 6/8pm

Women's and Men's Volleyball vs. MUN
November 19, 6/8pm

Swimming Dal Invitational
November 19, 9am-4pm

Men's Basketball Rod Shoveller Memorial Tournament
December 29-31

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From the ground up

Dr. Cameron Little reflects on his tenure with the CPSNS and shares his views on the future of medicine

By Janice Hudson



Dr. Cameron Little

Dr. Cameron Little may be retiring this fall from the role of CEO and registrar of the College of Physicians and Surgeons of Nova Scotia (CPSNS), but his contributions and leadership within the organization will continue to shape its future. When he started working for the medical profession regulatory board in 1994, he helped transform it into a thriving, respected organization.

In this exclusive interview with *VoxMeDAL*, Dr. Little discusses how he expanded the college from a fledgling staff of four to a strong staff of 22, ushering in a new focus on fiscal management, medical research and workplace wellness programs.

When you reflect on your role with CPSNS, can you describe the challenges you faced when you started the position back in 1994?

It was called the Provincial Medical Board at the time and there had been a number of demonstrations by the public and also physicians...about a physician that the public wanted the board to do something about. The minister of health had made a speech in the house that if the Provincial Medical Board didn't pull up its socks, they would disband it and regulate the practice of medicine themselves.

The board had no reserve fund and its fees were the lowest in Canada at the time. Some hearings can cost several hundred thousand dollars and we had nothing in reserve for that. The board put a special levy of \$200 on all the physicians. I came two weeks after that levy. I had probably around 250 letters from doctors complaining...There was a change of government shortly after that—the Savage government

came in. Ron Stewart was the minister of health at the time—he was a [family] doctor in Cape Breton...It was fortunate that he really wanted to get a new medical act in to get the organization back on its feet.

Can you identify the key strategies that improved the situation?

The board had hired someone to interview various people around the province and based on this, she produced a strategic plan with about 200 recommendations. One was to improve the fiscal situation and we were able to convince the board to raise the annual fees in a more appropriate manner. We sold our property on Morris Street...Our auditors looked at things like cost of living, our revenues and expenses, and made some predictions for a 10-year financial plan...We had four people at the time and so we hired two people who were instrumental in getting it going—Pat McKeet and Dr. Claire McLeod. We worked hard to implement the recommendations from the strategic plan. Morale was quite poor at the time within the medical profession. It was not all the best in the office at that time. We looked at quality improvement and we were able to bring staff on board to endorse it. We were able to recruit some new board members and went from an appointed board to an elected board...We've gone through two more strategic planning sessions—the last was two years ago. We try to do this every three to five years, if we can.

What else did you do?

We provided money for staffing to Dalhousie Continuing Education to assist physicians who needed individualized remediation or training...We assisted an

individual to get her PhD—she used our multi-source feedback program NSPAR [the Nova Scotia Physician Achievement Program] for physicians as part of her thesis...she's been able to collaborate with colleagues at the University of Calgary and Alberta to develop the tools...I've taken the view of investing in people and ideas because you never know what will happen...it's a great morale booster and improves the image of the organization.

Do you have any advice for doctors facing challenges in their practices?

People are much more demanding than they used to be. The Internet and social media are huge influences now...it's a big change. There's no question that the fiscal situation in Nova Scotia is poor and the prospects for a better fiscal situation don't look promising...There's inter-generational tension. A lot of older doctors think young doctors don't work hard enough. These are challenging, stressful times. Managing stress is one of the most important things they can do.

What should be covered in every patient encounter that might help minimize complaints?

The majority of complaints have to do with communication. The Institute of Medicine back in the early 1990s said there were six things that every clinical physician does, no matter their specialty. When they see a patient, they gather information, examine the patient or corroborate what

they've gathered verbally in a physical diagnosis, they form a theory or differential diagnosis, test that out and follow up on those tests and report them back to the patient. They ultimately come to some plan for management and then they institute a treatment, follow-up on the treatment and monitor the treatment... But when doctors take shortcuts they get into trouble. They don't have to do everything all the time but if they're not going to do something, they should explain to the patient why they're not going to do it. Physicians often say, 'if I'd done that, it wouldn't have made a difference anyway.' But that's not the issue—the issue is process... Inferentially, we hear, 'he never listened to me,' this is a perception the patient has. The doctor may say, 'I think I listened,' or 'all he did was write a prescription for me—he never even examined my chest when I had this cough.'... It's talking to people and explaining what you're going to be doing or not doing and that takes time.

Over the course of your career with the CPSNS, what is one change or development that stands out?

The commercialization of medicine and the influence that pharmaceutical companies have—how much they've insinuated themselves into medical practice, how much physicians are trying to maximize their income... and the whole issue of cosmetic medicine. The impression is that many doctors really don't want to look after sick people anymore—they want to do things when people are well and aren't going to be making complaints... To spend a minimum of six years in medical school and post graduate training in family medicine or four years in medical school and a minimum of another four years in a specialty and wind up doing that—I don't understand it. It just seems like it's becoming more prevalent.

Can you identify specific challenges from a licensing perspective?

Changing scopes of practice is a big challenge—physicians do go from one to the other. From a licensing standpoint, we have to determine how to monitor that to assure the public that doctors are competent to do what they're doing. In many cases, what they claim as continuing medical education are

weekend courses in hotels. As a licensing body, when we give someone a licence we are telling the public that this person is qualified and competent to do it. People who are a surgeon one day and want to become a family doctor the next—family medicine isn't just a fall-back position that everyone can do—it's a specialty. Wanting to do new or different procedures—how do we assure the public that they know how to do these things and not limit people in being inventive and also advancing treatment.

Can you reflect on the proposed new medical act and what it might mean for N.S. physicians?

I think the new act will bring us more in compliance with the Fair Registration Practices Act [FRPA]. It's more in compliance with the agreement on internal trade, labour and mobility—the ability for physicians to move from province to province. It gives us broader powers to investigate complaints about doctors and I think it would make our handling of complaints much more efficient... We want to try to move fitness to practice issues, such as mental illness or substance abuse, away from the discipline part, so it won't be a public disciplinary thing. Right now, we can't do that... We'll be consulting with our membership for feedback. We're hoping to have mandatory continuing medical education and more thorough peer review.

Can you comment on the national picture—what are the current issues for the licensing of physicians in Canada?

It's developing national standards for licensure, for full registration, for people who don't qualify for full registration—like international medical graduates—national standards for the assessment and standards of supervision for people who want to start practising without Canadian qualifications, so they have a greater ability to be mobile. And looking at ways of advancing those individuals to full licensure with some national agreements. The other big thing is mandatory continuing medical education or professional development, so that when physicians move from province to province we can be assured that they've continued their professional development.

In 2010, you received the Canada Award of Excellence for Organizational Quality and Healthy Workplace. What did this recognition mean to you?

I think it was a great achievement. Part of our focus on excellence was that if we expect excellence from our members practising medicine, then they should expect excellence from us as an organization. We chose the National Quality Institute—an arm's-length federal government organization sponsored by the Governor General... We started measuring things. For example, when I first came, it was taking about 15 working days to get a certificate for a doctor who was moving to another province. By looking at our processes and changing those processes, we got that down to five working days. Now it's down to two days. We've done that with a lot of our processes in the complaints area and in registration... We were the first licensing body to go through this process.

What do you think lies ahead for the CPSNS?

When the new medical act comes along, it's going to change a lot of the processes that we do now. We'll have to come up with new polices and procedures and document those things well. We'll need new appeals committees. It's going to be a lot of work. Within the next few years, we'll have a request from government to produce a report so that we are in compliance with the FRPA. There will be mandatory continuing professional development for physicians in the province. These are the big challenges—getting these programs going, peer review and how we can assure the public that physicians without Canadian qualifications are competent to practice medicine here—it's always a struggle to do that... One of the big issues for the future is profession-directed regulation, so self regulation as opposed to being regulated by others. A lot of doctors don't understand what that might mean... Many physicians don't support the College and see us as the enemy but what I've seen over the years is that attitude has changed. Even though many physicians are wary of the College at least they respect the organization more. We've put a lot of time and effort into being fair and to earn their respect and trust.

When it's time

Examining the complex issues surrounding retirement for physicians

By Dr. Michael D. Teehan, MD, FRCPC

In the medical profession, timely retirement serves two purposes. One is to make space for new entrants and the second is to assure competency in all those practising medicine. When applied in individual situations, these apparently simple aims conceal layers of legal, ethical, economic and social questions.

Most Canadian provinces have legislation that prohibits mandatory retirement. This is the case in Nova Scotia and Prince Edward Island. Interestingly, New Brunswick's law allows enforced retirement when "terms and conditions of any...retirement or pension plan" require it.

Capital District Health Authority (CDHA) bylaws approved in May 2004 call for retirement on July 1 after a physician's 65th birthday. A department head may approve continuing privileges after 65 on an annual basis. According to the CDHA, there are 110 physicians over age 65 on staff, from a total medical staff of 1,075. IWK bylaws are silent on the age of retirement. Non-hospital physicians are not regulated in this regard.

It seems that for the largest physician staff in our region, department heads in CDHA are charged with the task of meeting the two broad aims set out above. They must make positions available to new graduates and must monitor the continuing competency of older department members.

This raises several issues. While in some areas of practice there are eager and well-trained replacements for retiring physicians, in many others clinical need requires the employment of post-retirement doctors.

Many physicians feel they are at the peak of their abilities at the time of retirement and reject what they see as the waste of their accumulated wisdom and knowledge. While earnings in the peak years are high, the prolonged training and the accumulation of debt can leave many physicians fiscally unprepared.

The all-consuming nature of many medical careers can leave retirees woefully lacking in outside interests. Baby boomers are now retiring and this includes physicians. With the coming

tsunami of elderly people, the potential for cognitive decline in a significant number of current practitioners is alarming. Dementia is reported in three to 11 per cent of the population over 65. Physicians may be somewhat protected through a higher level of education and a challenging intellectual environment.

Detecting problems and taking action poses an everyday problem for individuals and a systemic problem for society and our profession. To avoid dealing with a problem, there is often collusion among patients, members of a physician's family and colleagues or support staff. Worries about financial impact, loss of self esteem or status, can delay taking action.

Workload manipulation or provision of extra supports can allow postponement of the inevitable. Through their own clinical expertise, physicians may be better able to cover up lapses in memory or other cognitive functions.

At the system level, there is a patchwork of screening, assessment and validation of continuing competency programs. Peer-review programs, such as

Doctors weigh in

“I started my medical practice in rural Newfoundland, replacing an 85-year-old practitioner, who died while delivering twins.”

—Dean Tom Marrie

“The problem is that many physicians who should retire refuse to recognize their problems or fail to listen to their patients, friends and families for various reasons including cognitive, psychiatric or other problems. They're eventually forced to retire in the demeaning circumstances of a complaint, serious mistake or illness.”

—Dr. Cameron Little, Registrar CPSNS

“The key to successful retirement is the avoidance of harm to patients.”

—A retired senior surgeon



the NSPAR (Nova Scotia Physicians Achievement Review) or the Ontario Peer Assessment process have limited scope to detect a problem and are not applied across the board or to an age-specific target.

The literature contains recommendations ranging from comprehensive medical, psychiatric and cognitive test batteries, to in-vivo assessments of clinical behaviours or regular 360 evaluations. All raise questions of ageism and human rights if used selectively and are difficult to apply in all potential practice settings.

With careful planning and adequate preparation, retirement can be a new and fulfilling part of life. For many people, it can be the start of a second career or allow long post-poned pursuit of academic interests outside of medicine. For others, it gives opportunity to enjoy full involvement in hobbies and interests that could not be pursued during a busy career. For the adventurous, travel with unrestricted timelines or the pursuit of new projects can replace the sense of purpose and engagement that some physicians fear losing with retirement.

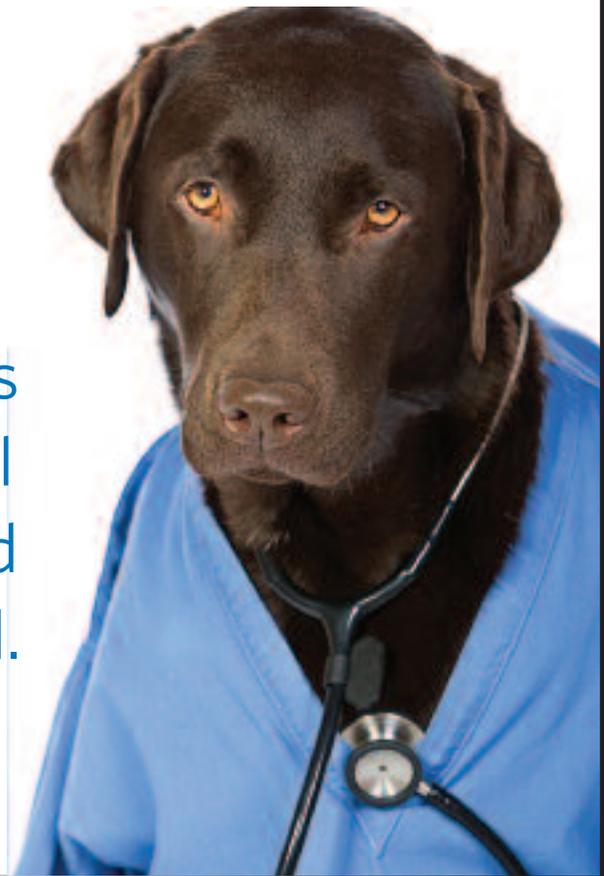
Retirement provides a rich opportunity to spend time with children or grandchildren without the pressure of a filled waiting room on return. When retirement is planned, it replaces feelings of loss and withdrawal with a sense of achievement of the final human goal of self actualization. It is a time for accepting the thanks of the communities we have served and for reflecting on our next stage of development. It is never too early to begin preparing for that happy phase of life.



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Healthy information practices



By John Bullock, BSc CISA, CISSP
Information Security Manager, ITS
Dalhousie University

Strategies to protect confidential patient information

At the Dalhousie's Data Privacy Day conference this year, Robert Ellis Smith said that privacy is essential for mental health and quality of life (see its.dal.ca/depts/security/events/#archives for the video). His observation, along with the increasing amounts of patient information physicians now handle, points to an expanded risk-management role. While you must still follow your traditional role of minimizing a patient's risk of suffering

health problems, you now must also minimize the risk to a patient's information. This information is increasingly in electronic form.

Confidentiality, integrity (can the information be altered?) and availability (can the information be destroyed or rendered unavailable?) are all important principles when working with electronic information.

There are a number of ways you can protect the confidentiality of patient electronic information:

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Encryption

There are two types of encryption: data-in-motion encryption and data-at-rest encryption. Data-in-motion encryption protects data from interception as it travels over a network, either wired or wireless. The usual way is with “https” (note the “s”) connections and with virtual private networking (see its.dal.ca/services/internet/vpn/usingvpn.html for more details).

Data-at-rest encryption means encrypting data stored on servers, laptops and flash drives (either on your premises or with your service provider). This prevents a malicious person from reading the data if they gain access to the device (see its.dal.ca/security/data_protection/#eStorage for more details).

Access control

The most common form of access control is passwords. Ensure that you and your staff don’t walk away from computer devices without password locking them. Any server you are connecting to for patient information must be configured to require a password (see ts.dal.ca/depts/security/3things/ for more advice).

Anti-malware software

Encryption and access control do little to protect information if your computing device is infected with information-stealing malware. Run anti-malware software and keep all system software and applications up-to-date (Learn more at its.dal.ca/helpdesk/faq/viruses.html#prevent).

The software is not perfect but you can limit risk by eliminating unnecessary use of social networking, game playing and web surfing on computing devices. These are the most common ways malware can enter your computer.

Backups

Backups are also important. Patients will be inconvenienced or worse if their information gets scrambled (an integrity issue) or deleted (an availability issue). Encrypt and control access to your backup media and make sure it’s not stored in the same location as the original files.

You can partly solve integrity and availability issues by outsourcing information storage to a third party instead of storing it yourself. Such hosting arrangements can let you outsource the risks, as long as the company you choose does encryption, access control, backups and everything else you would have done.

But proceed with caution. You may be in a jurisdiction that prohibits the transfer of health (and other personal) information outside of the country. And even if you are allowed to ship the information offshore, you must make sure the service provider is reputable. This requires an encryption arrangement where you—not the company—have the key and/or you need to make sure the agreement is strong. This will require legal advice.

Procedures

It’s not just new technology you need to consider. The telephone and paper are also forms of information technology. Take a few minutes and look around where you

work and think about where you could or should be controlling information.

As an example, consider hotel registration procedures. The days of a guest signing in at the register and looking at the names of other hotel guests are long gone. However, last year as I waited in a Halifax doctor’s reception area. I easily overheard the following in a series of call-outs by reception staff (names have been changed): “Hello, is this Mrs. Alice Baker? This is Dr. Charlie Decker’s office calling. The results confirm you do have Hepatitis C and the doctor would like you to come back for another visit.”

The Hippocratic oath “do no harm” seems like a good model for guarding patient information. Unlike financial harm, restitution is not possible for affronts to dignity caused by the release of sensitive health information. You are busy professionals but the need to care for the whole individual, including his or her information, has never been higher.

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Congratulations to 2011 DMAA Gold and Silver D's



Gold D recipients (L-R): Tim Holland, Nichole Sweeney and Andrew Moeller.



Silver D recipients (L-R): Stephen Robinson, John Morash, Shane Hawkins, Kathleen Broad, Alyson Holland, Tiffany O'Donnell and Jayani Abeysekera.

Honourable Mentions: Jonathan Chung, Jordan Sherchio, Brenna Van Tol, Shasta Moser, Victoria Smith, Heather Smith.

Graduation with Distinction

Awarded to students who reach a high standard set by the Faculty of Medicine.

- Paul Bonnar
- Christopher Doiron
- Melissa Gansner
- David Goodick
- Robyn Langelaan
- Natalie Parks
- Matthew Quinn
- Nichole Sweeney
- Heather Thompson
- Robert Thompson

Silver Shovel Award

Dr. Brock Vair '76

Resident Teacher of the Year

Dr. Colin Van Zoost '09

Honourary Class Member

Mr. Allister Barton '09



Dr. C.B. Stewart Gold Medal

Dr. Natalie Parks received the Dr. C.B. Stewart Gold Medal for highest standing in regular medical course; the Andrew James Cowie MD Memorial Medal for the highest standing in OB/GYN, the Dr. Michael Brothers Memorial Prize in Neuroscience and the Dr. Graham Gwyn Memorial Prize in Neurology and MD with Distinction. *"I choose neurology because of my fascination with neuroscience, my desire to improve the quality of life of others and my life-long commitment to learning."* Natalie Parks '11



Silver Shovel Award

Dr. Brock Vair '76 receives the DMAA Silver Shovel Award. Dr. Vair also won the award in 1997.



Resident Teacher of the Year

Dr. Colin Van Zoost '09 receives the DMAA Resident Teacher of the Year Award.

Dalhousie 2011 medical graduates: where they're headed

Congratulations to the class of 2011. You can see where they will be pursuing their residency programs at a hospital and university near you.

Anesthesiology

Braden Dulong, University of Ottawa, Ottawa, Ont.
David Goodick, University of Toronto, Toronto, Ont.
 Matthew Kimbers, Dalhousie University, Halifax, N.S.

Community Medicine

Matthew Quinn
 University of British Columbia

Dermatology

Anna Chaplin, University of Toronto, Toronto, Ont.

Diagnostic Radiology

Jon Chung, University of Western Ontario, London, Ont.
Bret Landry, McMaster University, Hamilton, Ont.
Ruairi Meagher, Dalhousie University, Halifax, N.S.

Family Medicine

Bradley Ball, University of Alberta, Edmonton, Alta.
Amanda Coakes, Dalhousie University, Halifax, N.S.
Anne De Silva, Northern Ontario School of Medicine, Sudbury, Ont.
Christopher Doiron, Dalhousie University, Halifax, N.S.
Sheila Dwyer, Dalhousie University, Fredericton, N.B.
Tracy Gallant, Dalhousie University, Saint John, N.B.
Timothy Gash, Dalhousie University, Moncton, N.B.
Luke Harnish, Dalhousie University, Halifax, N.S.
Robert Harris, Dalhousie University, Sydney, N.S.
Leisha Hawker, Dalhousie University, Halifax, N.S.
Shane Hawkins, Queen's University, Kingston, Ont.
Tim Holland, Dalhousie University, Halifax, N.S.
Andrew Horne, McMaster University, Hamilton, Ont.
Amna Kremed, University of Alberta, Edmonton, Alta.

Robyn Langelaan, Queen's University, Kingston, Ont.

Morgan MacKenzie, Dalhousie University, Moncton, N.B.

Josh MacNeil, Northern Ontario School of Medicine, Sudbury, Ont.

Colin McCready, Dalhousie University, Saint John, N.B.

Walaa Moamer, Dalhousie University, Sydney, N.S.

John Morash, Dalhousie University, Fredericton, N.B.

William O'Brien, Dalhousie University, Saint John, N.B.

Tiffany O'Donnell, University of Ottawa, Ottawa, Ont.

Jeff Parker, Northern Ontario School of Medicine, Sudbury, Ont.

Matthew Parsons, University of Saskatchewan, Sask.

Tim Peppin, University of British Columbia
Chelsey Ricketts, University of British Columbia

Robert Riddell, University of Alberta, Edmonton, Alta.

Christine Saveland, Dalhousie University, Halifax, N.S.

Rebecca Schaefer, Memorial University, Saint John's, N.L.

Amit Shah, University of Calgary, Calgary, Alta.

David Sibley, Dalhousie University, Halifax, N.S.

Heather Smith, Northern Ontario School of Medicine, Sudbury, Ont.

Jeremy Smith, Dalhousie University, Saint John, N.B.

Victoria Smith, University of British Columbia
Nichole Sweeney, Dalhousie University, Charlottetown, P.E.I.

Suzanne Tingley, Dalhousie University, Saint John, N.B.

Douglas Tuck, University of Alberta, Edmonton, Alta.

Matthew Tucker, Queen's University, Kingston, Ont.

Brenna vanTol, Dalhousie University, Fredericton, N.B.

General Surgery

Annie Colwell, University of Manitoba, Winnipeg, Man.

Ryan Kelly, Dalhousie University, Halifax, N.S.

Housemanship

Ahmad Fadly MdYassin, Malaysia
Norhamiza Mohd Noor, Malaysia

Ten-ni Sho, Malaysia

Internal Medicine

Chris Bebbington, Memorial University, Saint John's, N.L.

Paul Bonnar, Dalhousie University, Saint John, N.B.

Martha Carmichael, Dalhousie University, Halifax, N.S.

Andrew Moeller, Dalhousie University, Halifax, N.S.

Paul Morrison, Dalhousie University, Halifax, N.S.

Alex Nelson, University of Saskatchewan, Sask.

Ewa Rajda, University of Ottawa, Ottawa, Ont.

Stephen Robinson, Dalhousie University, Saint John, N.B.

Michael Saunders, Memorial University, Saint John's, N.L.

Laboratory Medicine

David Conrad, Dalhousie University, Halifax, N.S.

Claire Hamilton, Dalhousie University, Halifax, N.S.

Neurology

Natalie Parks, Dalhousie University, Halifax, N.S.

Obstetrics & Gynaecology

Andrea MacDonald, Memorial University, Saint John's, N.L.

Katie Matheson, Dalhousie University, Halifax, N.S.

Brigid Nee, Queen's University, Kingston, Ont.

Aaron Pink, University of Calgary, Calgary, Alta.

Heather Thompson, University of Calgary, Calgary, Alta.

Ophthalmology

Jeremy Murphy, Dalhousie University, Halifax, N.S.

Oral Surgery

JC Doucet, Dalhousie University, Halifax, N.S.

Orthopedic Surgery

Arpun Bajwa, Dalhousie University, Halifax, N.S.

Megan Gillis, Dalhousie University, Halifax, N.S.

Otolaryngology

James Belyea, Dalhousie University, Halifax, N.S.

Kate Kelly, University of Ottawa, Ottawa, Ont.

Blair Williams, Dalhousie University, Halifax, N.S.

Pediatrics

Jayani Abeysekera, Dalhousie University, Halifax, N.S.

Alyson Holland, Dalhousie University, Halifax, N.S.

Emily Kay, Queen's University, Kingston, Ont.

Jillian MacCuspie, Memorial University, Saint John's, N.L.

Jennie Morrison, Memorial University, Saint John's, N.L.

Shasta Moser, Memorial University, Saint John's, N.L.

Kate Read, University of Calgary, Calgary, Alta.

Jordan Sheriko, Dalhousie University, Halifax, N.S.

Phys Med and Rehab

Kelsey Crawford, University of Ottawa, Ottawa, Ont.

Shane Journeay, University of Toronto, Toronto, Ont.

Alto Lo, University of Alberta, Edmonton, Alta.

Plastic Surgery

Philip Rasmussen, Dalhousie University, Halifax, N.S.

Psychiatry

Kathleen Broad, University of Toronto, Toronto, Ont.

Katherine Fleming, University of Calgary, Calgary, Alta.

John Fudge, McMaster University, Hamilton, Ont.

Melissa Gansner, University of British Columbia
Darcy O'Brien, University of Toronto, Toronto, Ont.

Radiation Oncology

Robert Thompson, University of Toronto, Toronto, Ont.

Urology

Ross Mason, Dalhousie University, Halifax, N.S.

Graduating Class Prize Lists

Dr. C. B. Stewart Gold MedalNatalie Parks
for the highest standing in the regular medical course

Dr. John F. Black PrizeMelissa Gansner
for the highest standing in surgery

Dr. Ram SingariAndrew Moeller
Boodoosingh Memorial Prize
for demonstrating clinical skill, a sense of humor and bringing “art” to the practice of medicine

Dr. S. G. Burke.....Nichole Sweeney
Fullerton Award
for greatest promise and potential for family medicine in fourth year

Andrew James Cowie MDNatalie Parks
Memorial Medal
for the highest standing in OB/GYN

Dr. Robert C. Dickson PrizePaul Bonnar
in Medicine
for highest standing in medicine in all four years

Dr. Richard B. Goldbloom.....Jordan Sheriko
Award in Pediatrics
for best combining medical knowledge, clinical skill and sensitivity to the social and emotional needs of children and their families

Dr. Mabel E. Goudge.....Melissa Gansner
Prize
for outstanding achievement among female medical students

Dr. Lawrence Max GreenKatie Matheson
Memorial Award
for best combining compassion and clinical competence during clerkship in OB/GYN

Dr. Carl PerlmanRoss Mason
Prize in Urology
for the greatest aptitude and interest in urology

Dr. Graham Gwyn Dr. J. W.Tim Gash
Merritt Prize
for highest standing in surgery in all four years

Michael Brothers PrizeNatalie Parks
in Neuroscience
for demonstrating an aptitude in the area of neuroscience

Dr. Clara Olding PrizeMelissa Gansner
for highest standing in the clinical years, character and previous scholarship being taken into consideration

Poulenc PrizeAnna Chaplin
for the highest standing in psychiatry

Dr. Robert F. ScharfJohn Morash
Award in Emergency Medicine
for outstanding combination of clinical ability, motivation and professionalism in emergency medicine

Society for AcademicColin McCready
Emergency Medicine
for excellence in emergency medicine

Dr. J. C. Wickwire AwardJonathan Chung
for demonstrating the highest competence in patient contact during the four-year program

Dr. I. M. Szuler AwardShasta Moser
for Undergraduate Internal Medicine for the fourth-year student who demonstrates personal and academic qualities exemplified by Dr. Szuler

Dr. Morris Jacobson Prize.....Jeffrey Parker
for demonstrating a strong aptitude and interest in rural family medicine

The Dr. Leonard, Kay and Simon Levine Award:
Anne DeSilva, Tracy Gallant, Nicole Sweeney
for pursuing studies in family medicine

Dr. Mark J. Cohen Prize in Ophthalmology
Jeremy Murphy
for the highest ranked student pursuing ophthalmology

The Emerson Amos MoffittAnna Chaplin
Research Prize
for undergraduate research in anesthesia

Barbara L. BlauveltAndrew Moeller
Cardiology Prize
for showing the greatest interest towards the study of cardiology.

Match Day



Drs. Nichole Sweeney '11 and Andrew Moeller '11

Match Day was a memorable experience for the class of 2011. The Canadian Residency Matching Service (CaRMS) informed us of the specialties we will train in and where we will spend the next two to five years.

The medical student lounge was an epicentre of activity that afternoon. Some people opened their CaRMS accounts among friends, while others checked at home with loved ones. Everyone came to the lounge (or sent a proxy) to place their photo on the match board—and what a match board it was. Thanks to Tim Holland’s innovative thinking and John Morash’s execution, we mounted a large map of Canada on the bulletin board, complete with yarn, tacks and instructions to match photos with new destinations.

Many classmates were travelling abroad on the big day. Through Skype, we brought them into the lounge celebrations, despite it being the middle of the night in places like Hong Kong and the Phillipines.

There was a sense of sadness at the thought of finishing the medical school adventure and separating from friends made along the way. Fortunately, the class of 2011 is a special class. We have bonded throughout our four years and will most certainly continue to stay in touch and celebrate frequently at class reunions (starting with the amazing class trip to Costa Rica in May). Good luck to everyone on their upcoming residencies and congratulations on finishing this leg of the journey.

Drs. Nichole Sweeney '11 and Andrew Moeller '11



From applicant to graduate—building relationships over time

How admissions and student affairs support medical students over the course of their education

By Sharon Graham

Director of Admissions and Student Affairs

As we bid farewell to the class of 2011, it gives way to reflection on the past four years and how lucky I am to be the Director of Admissions and Student Affairs. Dalhousie is one of only three schools in the country with that combines these two departments. This facilitates getting to know students over their four years in the program.

We meet them as undergraduate students, when they become applicants to medicine and, if accepted, we welcome them during orientation week. As they enroll in the first year, there is a familiarity with our staff, programs and services, which seems to keep them coming back time after time. And so begins the best part

of my job—building relationships with our students across the educational continuum.

Our students enter medicine with a variety of needs. As they transition from applicants to enrolled students, we also transition from wearing our admissions hat to our student affairs portfolio. We offer a variety of support to all medical students throughout the program. The Office of Student Affairs provides counselling for career and personal matters, in addition to sessions on study skills and financial planning.

We act as advocates for students to help them determine the best way forward. We offer a listening ear to students who just need to talk through a problem and we

attempt to point them in the right direction. We maintain an open door policy and our services and guidance is confidential. We counsel students through many of life's challenges but we also get to celebrate and experience their successes as they determine the next steps in their career paths of selecting specialties.

We also offer a great candy jar—with contents that change frequently. It seems to be the perfect draw for students as they often just stop in for a treat and a visit. Much like the office water cooler, the candy jar always provides for great conversation that helps to build and strengthen our ongoing student relationships each and every year.



Continuing medical education opportunities

By Dr. Constance LeBlanc, CCFP(EM), FCFP, MAEd

Professor of emergency medicine and associate dean for CME Dalhousie University

Many alumni will associate the Office of Continuing Medical Education (CME) with the Dalhousie Refresher Course and the February Refresher. These programs alternate between emergency medicine and therapeutics. Our mission involves a variety of programs and activities that promote excellence in health care through life-long learning, collaboration and research.

Dalhousie CME works with university units and external organizations that wish to present accredited educational events. This involves our participation in planning to ensure that all accreditation requirements are met, without necessarily providing logistical support.

Externally-initiated programs represent a significant portion of the educational activity accredited by our office. This may be an attractive option for alumni groups planning reunions with an educational component. In addition to educational co-sponsorship, the expertise of the unit is available on a contract basis to provide a full range of meeting planning and delivery services.

You can find an overview of accreditation requirements under the “program planners” tab on our website at cme.medicine.dal.ca. For inquiries about both accreditation and meeting management, contact Eileen MacDougall at (902) 494-1996 or m.e.macdougall@dal.ca.

Providing distributed education is an important function of our

office. For many years, we have been serving community physicians throughout Nova Scotia with the Community Hospital Program and a videoconference series (Doctors Nova Scotia supports both programs). Another distributed education program is the Academic Detailing Service that is funded by the provincial Department of Health.

New technologies offer more ways of providing distributed education. Dalhousie CME was a Canadian leader in providing Internet-based programming in Canada. While this has not been our focus recently, we are pleased to direct physicians to other online learning opportunities. These include the Gozna MSK Files—a series of musculoskeletal and occupational health courses developed by Dr. Eric Gozna. Dr. Gozna is a New Brunswick orthopedic surgeon. His work is inspiring us to build capacity and relationships with provincial Workers Compensation Boards that will allow us to develop and deliver more Internet-based learning modules.

We have also tested live webinars to deliver short CME programs and expect these to soon replace videoconferences. Webinars have the advantage of allowing learners and presenters to participate from home or office, using their own computers. Learn more about these online programs on our website at cme.medicine.dal.ca.



Camp Triumph

Special camp lets kids from families coping with illness celebrate summer

Camp Triumph began in 2005 after a brainstorming session between my mother and me. We wanted to create a place for children who are affected by a sibling's or a parent's chronic or terminal illness. The camp would be a unique place where these children could be free from responsibilities, guilt and fear—a place where they could let loose and have fun.

Little did we know just how far Camp Triumph would go in only seven years. In 2011, the camp welcomed over 700 children from six provinces free of charge. We are near completion of our permanent facility on the beautiful North Shore of Prince Edward Island. The new facility will allow us to expand the number of camps offered each summer.

Camp Triumph for me has been an incredible journey. My brothers and I grew up with our father battling brain cancer. Later, our mother was diagnosed with breast cancer. These experiences and others I have gained from Camp Triumph will stay with me as I embark on my medical career, giving me a greater understanding of how families struggle with the illness of a loved one.

I believe that taking into account the needs of our patients' families leads to better care. Through my time at Dalhousie Medical School, I have been fortunate to have a number of colleagues join me in volunteering at Camp Triumph. They have added a great deal to our camp and I know camp added a great deal to their education. I look forward to having many more medical students and residents volunteer at the camp and learn many important lessons from these wonderful children. To learn more about Camp Triumph and how you can participate, visit camptriumph.ca or email info@camptriumph.ca.
John Sheriko '11



APPOINTMENTS AWARDS AND ACCOLADES

Congratulations to members of our medical school and alumni community who have received awards recently



ABOVE: In April, **Dr. James Fraser BSC '82, MD '86, PGM '93** and a member of the Dalhousie Alumni Association's Board of Directors became president of the Canadian Association of Radiologists (CAR). His father, David Fraser '58, was president of the association 25 years ago, making James the first legacy president. While wearing his own CAR Gold Medal Award in recognition of his work and dedication over the years, David presented James with the official CAR President's Medal. Fraser says of the experience: "It was a rather special moment for me and my family and not something that happens all that frequently."

RIGHT: Dr. Douglas ("Gus") A. Grant '97 has been appointed registrar and CEO of the College of Physicians and Surgeons of Nova Scotia. Dr. Grant holds a BA (cum laude) from Harvard University, a law degree (honours) from McGill University and a medical degree from Dalhousie University. Dr. Grant has extensive experience in medical, legal and medico-legal affairs, having worked in legal litigation and arbitration, legislation and policy development, and medical-professional assessment. Dr. Grant will replace Dr. Cameron Little following Dr. Little's retirement in September 2011.

Appointments

In recognition of his many outstanding contributions to medical education at Mayo Clinic, **Dr. David W. Dodick '81** is formally recognized as a Mayo Clinic Distinguished Educator.

Dr. David Anderson '83 has accepted a five-year appointment as head and chief of the Department of Medicine for Dalhousie University and the Capital District Health Authority. A well-known clinical hematologist, Dr. Anderson has built a strong reputation as a clinician, academician, researcher and leader in our medical community. He comes from the Department of Medicine where he has been deputy head since 2006 and where he has led the Division of Hematology since 2002. At Dalhousie, he is a full professor in the departments of medicine, pathology and community health and epidemiology.



Dr. Jock Murray has been appointed to the volunteer committee of the American College of Physicians. The committee coordinates and organizes physicians who contribute their time and talent locally, nationally and internationally. Dr. Murray is the Chairman Emeritus of the American College of Physicians—he is the only Canadian to have held this position and the only chairman to have served two terms.



Research Awards

MULTIPLE SCLEROSIS SOCIETY OF CANADA OPERATING GRANT

Dr. George S. Robertson, Brain Repair Centre, psychiatry and pharmacology, Faculty of Medicine and Neuroscience, Faculty of Science, Dalhousie University. “Apoptosis modulation of B cell activity in experimental autoimmune modulation of B cell activity in experimental autoimmune encephalomyelitis”—funding for three years (\$256,000 total).



Dr. Robertson

NSERC COLLABORATIVE HEALTH RESEARCH GRANTS

Dr. David Byers, biochemistry and molecular biology – “Lead optimization of new antibacterials/antimalarials that target ACP synthase;” Co-investigators: Drs. Chris McMaster and Don Weaver.

Dr. Gail Eskes (co-investigator, psychiatry) and Director of Research and Education at the Brain Repair Centre—“Novel techniques for cognitive repair;” Principal Investigator: Dr. Ray Klein, psychology.



Dr. Ackroyd

CIHR CATALYST GRANT

Dr. Stacy Ackroyd, emergency medicine—“The care imperative: improving patient safety in an aging population.”

Dr. Sultan Darvesh, Department of Medicine—“Butyrylcholinesterase activity and beta-amyloid plaques in mouse model of Alzheimer’s disease.”

CAPITAL HEALTH RESEARCH FUND

Dr. Shaun Boe, physical medicine and rehabilitation—“Atlantic Canada modified constraint induced movement therapy trial: a pilot randomized controlled trial;”

Co-investigators: Drs. Gail Eskes, Marilyn McKay Lyons, Stephen Phillips, Alison MacDonald, Gord Gubitzi, Stephen Page (University of Cincinnati) and Chris Cowper Smith.

Dr. Aaron Newman, psychiatry and Canada Research Chair in cognitive neuroscience psychology—“Development of a patient friendly, multimodal neuroimaging protocol for the assessment of language abilities;” Co-investigators: Drs. Raymond Klein and Jean Saint

Aubin (University of Moncton).

CLINICAL AND COMMUNITY AWARDS

Capital Health was named one of Canada’s best diversity employers. This year’s list of winners includes 45 employers from across Canada taken from a field of 300 under consideration. In the announcement, Mediacorp Canada Inc. noted Capital Health made the list in part for dedicating a full-time diversity coordinator to provide guidance, ongoing training and leadership in diversity. They also acknowledged the work of Capital Health’s Diversity and Social Inclusion Committee, work to develop an employment equity policy and the organization’s cultural competency training program.



Dr. Berman

Phi Rho Sigma annual dinner



Sixty-two guests attended the Phi Rho Sigma annual dinner on May 7, 2011. Some guests travelled from as far away as Alberta. A good time was had by all. Watch the Spring edition of *VoxMeDAL* for the date and location of the dinner in 2012.

New beginning



Four years ago, I decided to go back to residency and pursue diagnostic radiology at the University of Toronto. I recently passed my Royal College exams and will complete my residency at the end of June. I will be doing a musculoskeletal radiology fellowship at McMaster this July. I am happy that I have found the right specialty and thoroughly enjoy it. I am now living in Mississauga, Ontario with my wife and three children. *Sanjay Gupta '94*

Copies of *Contrasts* now available

One page 10 of the last issue of *VoxMeDAL*, the story “A study of contrasts” included a photo of a painting called *Contrasts* by John Cook. The painting depicts the Forrest Building and the Sir Charles Tupper Medical Building. It compares the site of medical school teaching before and after the opening of the Tupper Building and the new curriculum that started at about the same time.

The story noted that copies of this painting were sent to all medical alumni in 1968, including the class graduating that year. We have since received a request for a copy of the painting from an alumnus who did not receive a copy. We have photographed the painting for this purpose.

Copies are available for \$5 (covering the postage cost). To order, email medical.alumni@dal.ca call (902) 494-8800 or write to the medical alumni and enclose a cheque for \$5.

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New medical student guide



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Dr. Rockwood

CATALYST GRANT: PILOT PROJECTS IN AGING – SOCIAL DIMENSIONS OF AGING

Dr. Kenneth Rockwood, Department of Medicine—“Good days and bad days in dementia: variability in symptom expression;” Co-investigators: Drs. Melissa Andrew, Paige King and Emily Marshall.

Dr. Jason Berman, a pediatric haematologist-oncologist at the IWK Health Centre and an assistant professor of pediatrics at Dalhousie Medical School recently received Cancer Care Nova Scotia's Peggy Davison Clinician Scientist Award. His work, unique in Canada, is linked to an international network of researchers and may help find better drugs to treat childhood and adult acute myeloid leukemia (AML). The award's research funding of \$100,000 per year for three years will help. Dr. Berman study white blood cell development, mast cell biology, leukemia and solid tumours using zebrafish.

Surgery headship honours Dr. Alex Gillis '53

Designation highlights his distinguished career and leadership within the medical community

Dr. Adrian Park has been named the first Dr. Alex Gillis Professor and Head of the Department of Surgery. The new title comes with his appointment as head and chief of the Department of Surgery at Dalhousie and Capital Health. Dr. Gillis lent his name to the new designation. He is well known in the Dalhousie, Capital Health and IWK communities as a renowned pediatric surgeon and a revered clinical and academic leader.

“I feel very honoured and humbled by the decision to have my name attached to the first named professor/headship in surgery at Dalhousie University,” Dr. Gillis says. “I am particularly pleased that the first incumbent will be Dr. Adrian Park, a distinguished academic clinician. I know that Dr. Park will provide outstanding leadership in a department that continues to mean so much to me.”

The new title takes a page out of the U.S. system, which has a tradition of naming clinical department headships after a distinguished physician or benefactor. Dr. Park, an

accomplished Canadian surgeon who has practiced in the United States for many years, is the new Head and Chief of the Department of Surgery at Dalhousie and Capital Health.

Dr. Park came up with the idea of a named headship. “He suggested it and members of the department thought this was a great idea,” says Dr. David Kirkpatrick, the Department of Surgery’s interim head and chief. “It was an opportunity to select someone whose qualities our department wanted to emulate and to honour them by having them lend their name to this chair.”

Dr. Gillis was an ideal choice. “Dr. Gillis is an outstanding physician and clinical leader, and he himself was head of the Department of Surgery for a number of years at both Dalhousie University and the IWK,” says Dr. Kirkpatrick.

In addition to his leadership in surgery, Dr. Gillis was acting president and CEO of the IWK Health Centre from 2002 to 2004 and served two terms as the IWK’s vice president

of professional and academic affairs from 1999 to 2002 and from 2004 to 2006. Before that, he was chief medical officer of the Saudi Arabian National Guard Hospital for three years in Riyadh. Most recently, he served as a councilor with the Health Council of Canada.

His long and distinguished career has earned him a string of distinctions and awards, including the Order of Canada (1996), the IWK Board of Directors Award of Distinction (1991), the Pinnacles Award for Outstanding Community Service in Halifax (1988), and the Presidential Award from the Medical Society of Nova Scotia (now Doctors Nova Scotia) (1999).

“Alex Gillis embodies the ideal qualities that members of our department look up to,” Kirkpatrick says. “Lending his name to the professor/headship in surgery elevates the position and will serve as a lasting inspiration for everyone in the Department of Surgery.”

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IN MEMORIAM

The DMAA acknowledges the passing of our prestigious alumni with sincere sympathy and gratitude for their contributions to medicine. If you know of anyone to note in this section, contact the DMAA by mail or email medical.alumni@dal.ca.

Dr. Frederick L. Akin '45
Passed away April 15, 2011

Dr. Patrick F. Ashly '50
Passed away August 16, 2009

Dr. Arthur Kevin Carton '48
Passed away August 3, 2010

Dr. Thomas Conlon '69
Passed away February 11, 2011

Dr. David Craig '76
Passed away July 14, 2010

Dr. David Hawkins '60
Passed away February 12, 2011

Dr. James S. Jamieson '42
Passed away November 25, 2010

Dr. Carl Joseph Mader '54
Passed away April 22, 2011

Dr. C. William McCormick '69
Passed away March 18, 2011

Dr. Emerson Moffitt '51
Passed away April 30, 2011

Dr. Robert Stewart Murphy '57
Passed away January 17, 2011

Dr. Alexander Murray '70
Passed away July 15, 2011

Dr. Jean-Yves Plourde '77
Passed away January 9, 2011

Dr. Earle Leroy Reid '57
Passed away May 26, 2011

Dr. Stuart Speller '52
Passed away June 20, 2008

Dr. Frank Subrt '73
Passed away June 3, 2011

Dr. W.R. Carl Tupper '43
Passed away April 7, 2011



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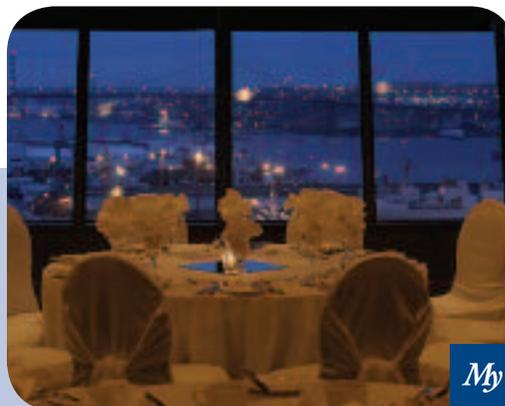
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REUNIONS

Is your class reunion coming up? Let the DMAA help with your reunion planning. The DMAA specializes in reunion planning and is committed to making your reunion event successful and memorable. We can provide class lists, track responses, post class activities online, set up your class on Facebook, collect registration fees and distribute payments to venues.

Please contact the DMAA office at medical.alumni@dal.ca or (902) 494-8800. Classes now have their own personalized webpages on the DMAA website at alumni.medicine.dal.ca.

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60th Reunion
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Class of 1956

55th Reunion
DMAA Fall Reunion and Homecoming
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Oct. 21–22, 2011
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Class of 1961

50th Reunion
Baddeck, N.S.
Sept. 8–10, 2011
Carlyle Phillips, Reun. rep.

Class of 1966

45th Reunion
British Columbia
Ray Tong, Reun. rep.

Class of 1969

42nd Reunion
Digby Pines, N.S.
Sept. 6–8, 2011
Don Craswell, Reun. rep.

Class of 1971

40th Reunion
Dalvay by the Sea, P.E.I.
September 9–11, 2011
Vonda Hayes, Reun. rep.

Class of 1976

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Halifax, N.S.
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Class of 1981

30th Reunion
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July 29–31, 2011
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Class of 1986

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Class of 1991

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Class of 2001

10th Reunion
Digby Pines, N.S.
July 28–30, 2011
Rob Stewart, Reun. rep.

Class of 2006

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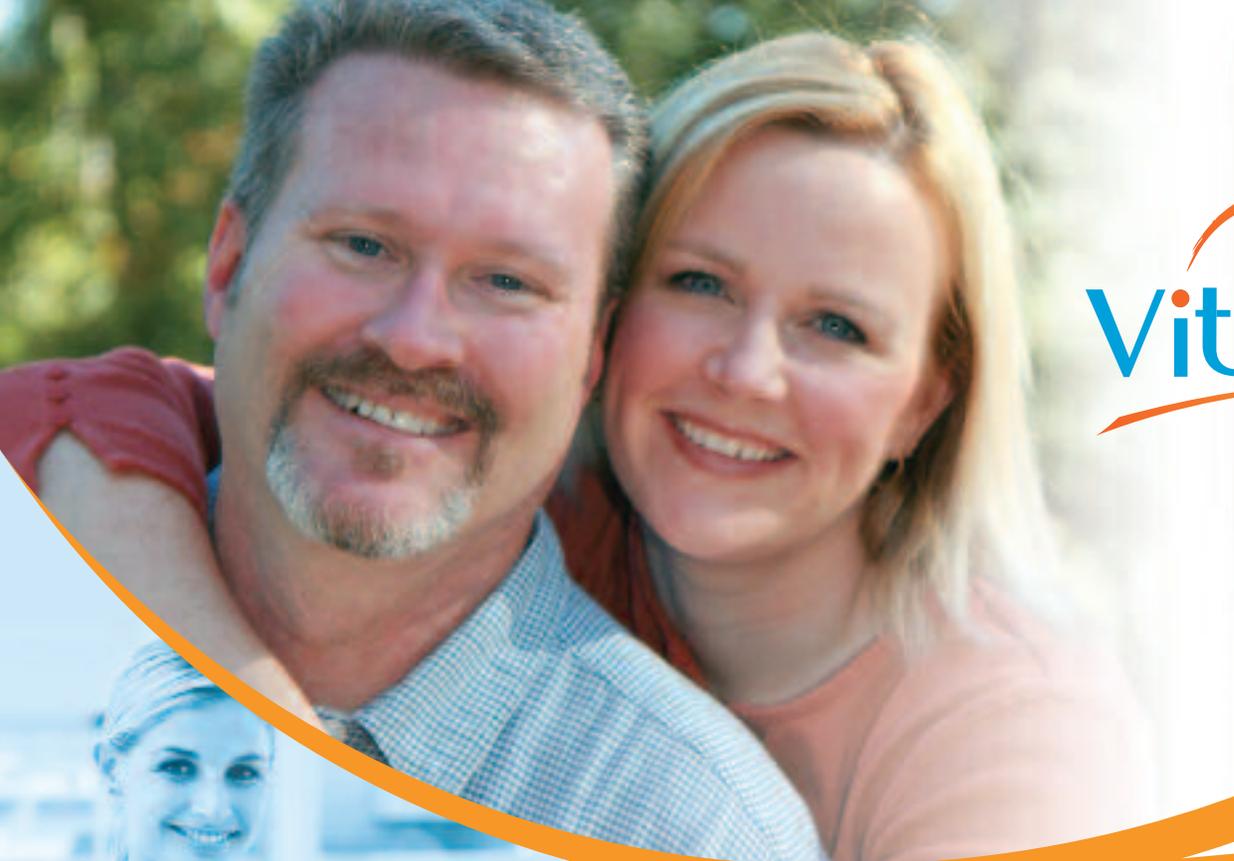
- *Financial planning/retirement* • *Time management* • *Legal issues and you*
- *Navigating the net in style* • *Patient advocacy—privilege or chore*
- Have a classmate you would like to suggest as a speaker? _____
- Name and topic _____
- Suggest a topic specific to the needs of your class _____

**CME will ensure sessions are accredited by both CFPC and RCPSC.
The DMAA will assist to incorporate CME into your reunion planning.**

Contact:

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Continuing Medical Education
Constance.leblanc@dal.ca
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