

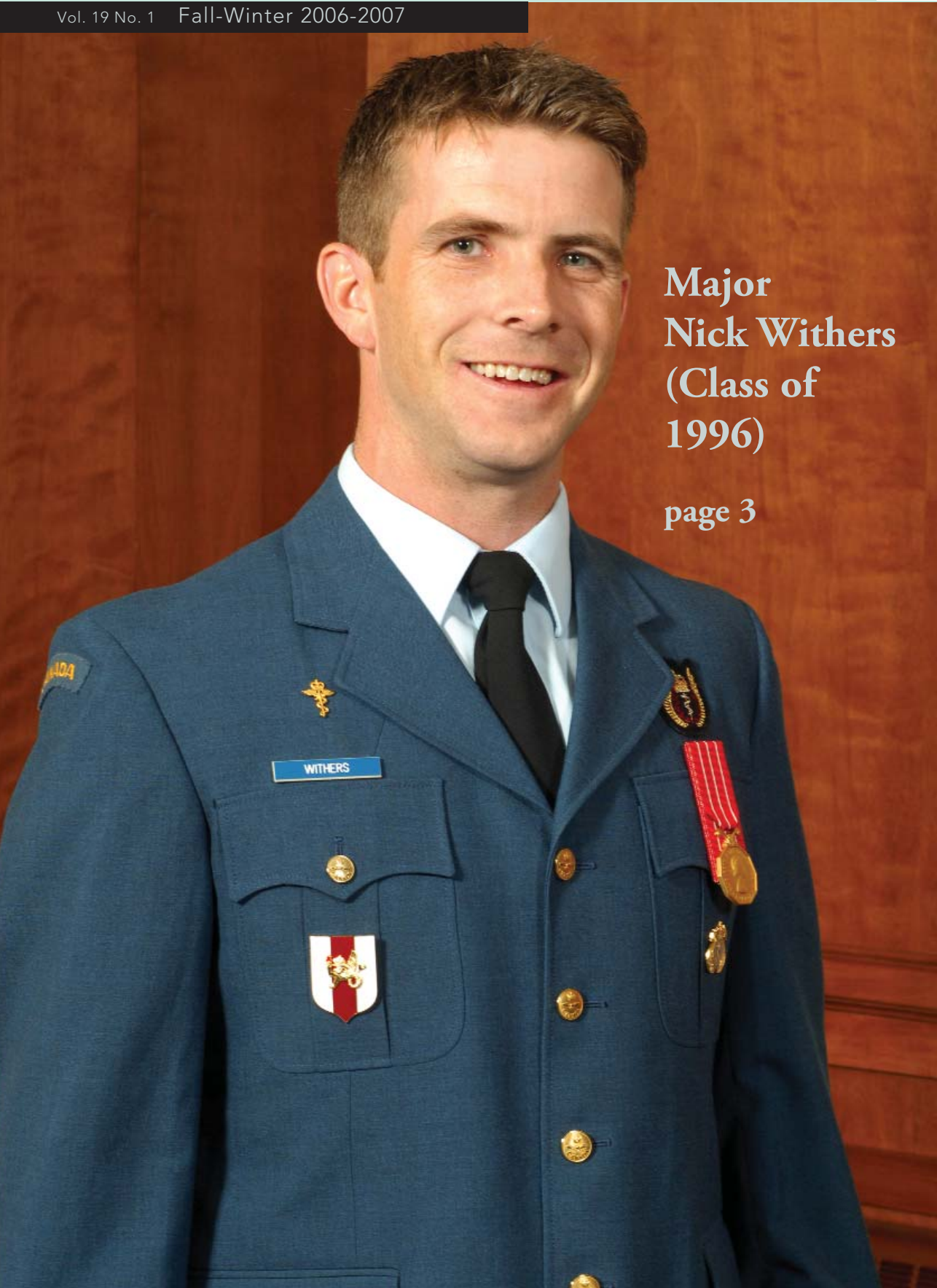


FACULTY OF MEDICINE

MUNMED *News*



Vol. 19 No. 1 Fall-Winter 2006-2007



Major
Nick Withers
(Class of
1996)

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INSIDE

Autism
research

Gateway
project

and more....

Message from the Dean



I am very proud of our graduates, and was delighted last fall to attend the Alumni Tribute Awards ceremony when Dr. Nick Withers (Class of 1996) received the 2006 Alumni Horizon Award in recognition of his lead role in national emergency response efforts to bring injured Canadian soldiers in Afghanistan home safely. The Horizon Award is for achievement under the age of 35. Nick's dedication and the support of his wife and young children have enabled this remarkable young man to already make a significant impact on the world.

I also had the pleasure last fall of meeting Dr. Bruce Aylward (Class of 1985) who is the co-ordinator of the World Health Organization's Polio Eradication Initiative. Bruce's work with WHO since 1992 has helped to all but eliminate polio from the planet and the model of polio vaccination that he helped to develop is now being adapted by health agencies to deliver other forms of preventative medicine to remote and disadvantaged areas around the globe.

Early in their careers, Memorial's medical students begin to reach out to help others. The Gateway Project, featured in this issue of MUNMED, is an excellent example of how our students work with many different types of patients. On their own initiative, our first and second-year students are forging links to help with the refugee population of St. John's. Through this experience they are learning important lessons in communication and medical care

for people who have gone through traumatic experiences.

It is important to encourage an interest in international work among our students. Dr. Paul Hart, a graduate of the first medical class, shares with us in this issue of MUNMED some of his experiences in the Amazon. He is just one of our many graduates who volunteer their time on a regular basis to offer medical services to people in developing areas of the world.

I had my own opportunity again this summer for an international experience when I visited a rural medical school in India. It's an experience I will never forget, and one which would benefit any health care professional. Despite the difficulties of traveling I did return safely and had the opportunity to see and observe the severe challenges in delivering effective health care in developing countries. I would like to see our students do elective project work in interprofessional teams in India or other underdeveloped countries.

Medical school, residency and medical practice all contribute to a fast-paced, sometimes hectic life. But by finding the time to reach out

Finding the time to reach out for the extra experiences that are available, our medical students and graduates enrich their lives and contribute to the health of people in many areas of the world.

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Horizon Award honours extraordinary young alumnus

Major Nick Withers (Class of 1996) received the 2006 Alumni Horizon Award in recognition of his lead role in national emergency response efforts to bring injured Canadian soldiers in Afghanistan home safely. Major Withers is the Canadian Forces senior medical authority in Germany and he oversees aeromedical evacuation operations through Landstuhl Regional Medical Center.

Posted to this NATO base on the Dutch/German border in 2005, Nick leads a small Canadian clinic where he is a physician to 750 Canadians and facilitates care for another 850 Canadians posted in 22 European locations. Staff at the clinic is also responsible for receiving medical evacuations from the Middle East through Ramstein, the large U.S. military base three hours drive from Dr. Withers' home in Geilenkirchen.

Recruited into the Canadian military at Memorial's medical school, this native of Paradise soon caught the attention of his employer because of his abilities as an excellent physician and a skilled administrator. Early in his military career he was stationed as head of medical staff in Goose Bay. Subsequently, he was re-assigned as physician to a counter-terrorist unit. Immediately prior to his posting in Germany, he was senior physician and commanding officer of a multi-disciplinary health care facility in Comox, B.C.

His continuing specialization in emergency medicine led to two special assignments as physician to the Canadian prime minister, including one stint during the 60th anniversary of the Normandy Invasion. He recalls, "It was very moving to be there as the veterans walked down the beach again."



(From left) Dr. David Keegan nominated his classmate Major Nick Withers for the 2006 Alumni Horizon Award. Nick's aunt, Patricia Halley, also attended the ceremony.



Young Humanitarian Award for second-year med student

Brendan Sheehan, a second-year medical student at Memorial, is the first winner of the Young Humanitarian Award, presented by the New Brunswick Red Cross Nov. 15. He was nominated by his home town of Grand Bay-Westfield.

Brendan, 23, has a long list of accomplishments, including taking an aid trip to West Africa and leading a group to raise \$27,000 for cystic fibrosis. In an article in the *Telegraph-Journal* by Candice MacLean, published Nov. 1, 2006, he credits his success to his roots.

"There's so many people that were involved in making me who I am: parents, family, friends, the community, I grew up in all had a role in how I turned out," he said. "Especially my parents, they were extremely supportive in everything I've done."

The Young Humanitarian Award was introduced this year as part of the Red Cross' 10th anniversary of the Humanitarian Dinner in New Brunswick. A humanitarian award is given out each year, but the special award presented to Brendan recognizes an up-and-comer, said Garvin Smith, manager of fundraising for the Red Cross in the New Brunswick region.

"Primarily we were looking for people who exemplified the spirit of humanity,"

Smith said, "in Brendan Sheehan's case those qualities included selfless acts, giving to the community, and giving to the community on a personal level. His nomination was above and beyond any of the others, and he stood out from the crowd by far".

His trip to Burkina Faso, in West Africa, taught Sheehan life lessons that he's carried with him since the summer 2005 journey. He said, "to be so immersed in a different life and culture, and to see how they approach life and life's problems and their



relationships with others was very interesting and changed the way I looked at problems I'm faced with in life. When you're living in an area where there literally is almost nothing as far as material goods go, (you learn) how unimportant they are, and how important things like community and helping each other out are."

Brendan is unsure which path his career will take, but he said he'd like to practice medicine internationally and, while not overseas, work in New Brunswick.

Brendan said he was surprised to win the award. "I was pretty humbled," he said. "When you're involved in different activities it doesn't really feel like you're doing anything that special; it just kind of comes naturally to become involved. To be honoured in this way for things I've loved doing and enjoyed doing was a big surprise, a pleasant one."





Faculty advisers Dr. Pauline Duke (L) and Dr. Fern Brunger are working with student organizers Yoelle Teplitsky and Megan Smith (R) on the Gateway Project.

MUN medical students working to help refugee population

Medical students at Memorial University want to improve access to medical help for the refugee population of St. John's. Last year they established the MUN Med Gateway Project to allow volunteer students to act as patient advocates, and this year they hope to increase the scope of the project.

The project pairs first- and second-year medical student volunteers with a newly-arrived refugee client of the Association for New Canadians (ANC) plus his or her translator. The student takes a medical history, summarizes the history into a two-page report, forwards the report to a doctor previously recruited to take on refugee clients, makes an appointment for the client, sends that information to the ANC for them to pass along to the client, then follows up with clients after their appointment to make sure their introduction to their new family doctor went smoothly.

More than half of the students in the classes of 2008 and 2009 signed up to volunteer, and in June – five months after organizing the project – students held the first interviews.

"We had problems," acknowledged third-year medical student Monica Kidd, one of the organizers of the project. "For example, one of our translators spoke the wrong dialect and in another case one mother had brought several children who sat bored and impatient through a 90 minute session. Doctors hadn't told their receptionists about the Gateway Project, which made booking appointments an adventure. We lacked doctors in parts of town where our clients lived. And we couldn't follow up with our clients after their appointments because without translators we couldn't phone them."

Second-year medical student Megan Smith, who has taken over as the stu-

dent co-ordinator of the project, worked over the summer to recruit students and doctors, and improve the project.

"The problem is to get doctors to understand the project and what we are trying to do," said Ms. Smith. "Last year we only had five doctors participating and three were in Mount Pearl, so there were transportation issues for the refugees. This year, one of our faculty supervisors, Dr. Pauline Duke, is asking many of the graduates of the family medicine residency to participate."

Medical anthropologist Dr. Fern Brunger, the other faculty supervisor, said there has been great support from the Undergraduate Medical Education Office for infrastructure, primarily in terms of helping with constructing a secure electronic data base, and the students are trying to raise money for incidental expenses such as juice and snacks for the clients. She and Dr. Duke

Gateway Project continued on page 8





The start of the MUN Med Gateway Project

by *Monica Kidd*

St. John's is not necessarily first among Canada's most cosmopolitan cities. When I first moved here from Alberta via Kingston eight years ago, I walked past the Irish pubs of Water and Duckworth Streets, past the Anglican Cathedral and Catholic Basilica, and wondered to myself, "Where's everybody else?"

It would make refugee clients more attractive to doctors who might otherwise avoid patients with complicated back-stories, health needs and social challenges, and it would show us students a thing or two about international health, right here on our doorsteps.

All of that has begun to change. St. John's now receives approximately 200 refugees yearly. Like people everywhere, they have belly pain, headaches, heart disease, rashes, dental cavities; but unlike the more fortunate among us, they have recently fled frightening situations, may distrust those who represent authority or the state, and may not have a language in common with others around them. Put yourself in that situation and then imagine being sick.

In January 2006, a group of medical students and faculty at Memorial University of Newfoundland, along with a social worker at the Association for New Canadians (ANC), began to think about how medical students could help. We were inspired by the Community Health Initiative by university students (www.chius.ca) in Vancouver, and wondered if there was a similar way in which our students could provide medical help to an underserved population, while gaining skills in handling delicate human matters such as language barriers, cultural and religious differences, racism, and social justice. At first we imagined

opening a clinic and doing real blood-and-guts work, but we weren't yet doctors and we had no budget. And there was the minor detail that we all had day jobs.

So, after precisely three zillion emails and meetings, we came up with an idea for the MUN Med Gateway Project. We would start small: instead of opening up a clinic right away, we'd start by being patient advocates. We would pair first- and second-year medical student volunteers with a newly-arrived refugee client of the ANC (plus his/her translator), take a medical history, summarize the history into a two-page report, forward the report to a doctor we'd previously recruited to take on refugee clients, make an appointment for our client, send that information to the ANC for them to pass along to the client, then follow up with our clients after their appointment to make sure their introduction to their new family doctor went smoothly. And we'd somehow keep track of all the information in a secure and private manner so that we could examine the project's effectiveness. Sounded easy enough. It would make refugee clients more attractive to doctors who might otherwise avoid patients with complicated back-stories, health needs and social challenges, and it would show us students a thing or two about international health, right here on our doorsteps.

More than half of the students in the classes of 2008 and 2009 signed up to volunteer, and on a sunny Tuesday in June - five months after we'd begun our marathon of organizing - we held our first interviews. We had problems, but we persisted. We made it up as we went along.

We hired a first-year medical student to co-ordinate the project over the summer while the rest of us flung ourselves to the four winds, and in the fall, she recruited another batch of student volunteers. We will need more physicians. We will need a budget. We will need to learn from our colleagues in other parts of the country doing similar work (see, for example, the work of Dr. Kevin Pottie and friends at the University of Ottawa, with whom we have begun a collaboration:

www.iph.uottawa.ca/English/Immig_en/immig_splash.htm. We will need to evaluate whether we're doing anyone - beyond ourselves - any good. All of that will come. But even now, we're proud to be trying.



Dr. Wallace Ingram Award presented at reunion



Dr. Leslie Rourke, Dr. Wallace Ingram and Dr. Wayne Gulliver

Dr. Leslie Rourke, Family Medicine, is the 2006 recipient of the third annual Dr. Wallace J. Ingram Award for new faculty. Dr. Ingram was on hand to present the award, in the amount of \$23,000, at the opening reception of the 2006 Medical Graduates Society Reunion the evening of July 28.

Dr. Rourke, who joined the Discipline of Family Medicine in 2005, is the primary author of the Rourke Baby Record, a system of well baby/child care for children from 0 to 3 years of age that is widely used in Canada outside Newfoundland. Prior to joining Memorial, she was funded by the Ontario Ministry of Children and Youth Services to update the Rourke Baby Record and perform research on its validity and use. She will use the Dr. Wallace Ingram Award for new faculty to kick-start several initiatives in Newfoundland, including enhancing

teaching about preventive health issues in infants and young children in the MUN medical undergraduate and postgraduate family medicine and pediatrics residency programs and to develop and maintain a website for the Rourke Baby Record that would be accessible to all with information on well baby/child care issues. She also plans to share or adapt Ontario resources to enhance knowledge of healthy and delayed child development, including developing a registry of local resources to aid interdisciplinary health care providers in accessing existing programs and resources for children suspected of having developmental problems.

The Dr. Wallace Ingram Award for new faculty was established in 2004 by the Medical Graduates Society under the leadership of president Dr. Wayne Gulliver, in

honour of internist Dr. Wallace Ingram, who joined the medical school in 1971 and has served in many capacities – in particular as a wonderful tutor, lecturer and mentor to many. Originally from Belfast, Northern Ireland, Dr. Ingram earned his medical degree at Medical School Queens College in 1950, followed by additional training in Belfast from 1950-1952. He came to St. John's in 1952 and did a rotating internship at the St. John's General Hospital. He practiced in St. John's from 1953-1954 and in Springdale from 1954- 958. In 1958 he went to Rochester, Minnesota and was a fellow in Medicine at the Mayo Clinic; he completed his fellowship and M.Sc. (Medicine) in 1961. Dr. Ingram practiced as an internist in Grand Falls Windsor from 1961- 1964, returning to St. John's in 1964.

Class of 1986 enjoys reunion

Dr. Vina Broderick provided this photo of members of the Class of 1986 who attended last summer's reunion. "We had a great time seeing old friends we haven't seen in years," she related. "We heard from many of our classmates who were unable to make it this time, but will hopefully be back for our 25th reunion!"

Top row L-R: Drs. Tony Best, Susan Chafe, Sue Rideout-Vivian, Ruth Chaytor, Vina Broderick and Jill Watts. Bottom row L-R: Drs. Jane Gardiner, Loretta Roberts, Janet Handrigan, Lynn Dwyer and Ron Vender. Missing from the photo but either registered for the reunion or dropped by: Drs. Mary Wells, Doug Baggs and Ernie Stanley (stuck in Pittsburgh because of thunder and lightning!).



Dean's message *continued from page 2*



for the extra experiences that are available, our medical students and graduates enrich their lives and contribute to the health of people in many areas of the world.

In November the Faculty of Medicine held a retreat that focused on strategic planning. I was absolutely thrilled by the attendance of 149 faculty and senior staff, who enthusiastically worked together towards a bold and strong vision for the Faculty of Medicine. Some key statements from the retreat were:

- That we will be "known for unequivocally contributing to the improvement of the lives of

the people of Newfoundland and Labrador."

- That we will be "known around the world for our methods and our outcomes" of our "leading high quality medical education programs," educating excellent physicians with "knowledge, skills and attitudes to work in communities throughout Newfoundland and Labrador" and also "who can be world leaders and enhance medical care and research wherever they work."
- That our research will have made a "major positive impact for the people of Newfoundland and Labrador, Canada and the world."
- That we will become "the best place to live, study and work in

Canada." This will require some increased faculty with protection of time for innovation, education and research, and the development of information and communication technology support all over Newfoundland and Labrador (and New Brunswick), integrating clinical care, education and research.

The year 2007 will be very exciting as we collectively develop and begin to implement our strategic plan.

Gateway Project *continued from page 5*

are doing research on the process, and collaborating with Dr. Kevin Pottie of the University of Ottawa on a comparative study of three medical student clinics with new Canadians in St. John's, Ottawa and Winnipeg.

"There has been an increase in awareness of diversity throughout the university and Eastern Health has a diversity working group," said Dr. Brunger. "We can't stereotype people. All people – including doctors – have values that are culturally shaped."

Dr. Brunger said the research aspect of the Gateway Project is to determine its effectiveness in improving access to health care services for new Canadians, training medical students in cross-cultural medicine, and providing family physicians with information on the types and range of health care needs and barriers to access to care for new Canadians. Research on the project will also attempt to determine the types and range of health care needs and barriers to access to care that emerge during medical history interviews with new Canadians.

Dr. Brunger noted that the medical students will not be doing physical exams or providing medical care. "This is a pre-medical visit clinic for the purposes of taking background histories and referring to an available family physician."

NLCAHR 2007 *Fellowships Competition*

The Newfoundland and Labrador Centre for Applied Health Research has announced the launch of the 2007 master's, doctoral and post-doctoral fellowships competition.

Up to two master's fellowships of \$18,000 per year and one doctoral fellowship of \$20,000 per year are offered to eligible students enrolled in, or applying to, graduate programs at Memorial University.

One post-doctoral Fellowship of \$38,000 per year (plus research and travel allowance) is offered to support individuals of academic distinction who have completed a doctoral program and wish to develop their research and equip themselves for careers as independent investigators in a health-related discipline.

All fellowships are initially awarded for a 12-month period. They can be extended for an additional 12-month period or periods upon submission of a satisfactory progress report and on the written recommendation of the supervisor. Preference will be given to applications relevant to NLCAHR's mandate and priority research themes.

The deadline for submission of applications is April 6, 2007; grants will be announced in May 2007. For details on these awards and application procedures, see the NLCAHR website: www.nlcahr.mun.ca



A miracle on and off ice

By Dr. Rob Humphreys

Class of 2002

Cal was admitted to the pediatric intensive care unit exactly one week before Christmas 2005. Overwhelmingly sick with presumed sepsis, doctors struggled to stabilize his illness while attempting to find a diagnosis. Respiratory failure progressed to multi-organ system failure, DIC progressed to purpura fulminans. It was at that time, 10 days into his hospital course, that I met Cal for the first time.

Aside from a brief bout of rheumatoid arthritis (JRA) at age eight from which he fully recovered, Cal was the epitome of health. He was a three-sport varsity high school athlete, but hockey was his passion. His parents were equally passionate, constantly willing Cal to fight this disease, ultimately diagnosed as Macrophage Activating Syndrome (MAS), a rare severe auto-immune complication seen in patients with JRA.

As the pediatric renal fellow, I was asked to evaluate his candidacy to be placed on dialysis. When I walked into his room to first meet him and his parents, I sensed that feeling of déjà vu familiar to all physicians – a patient experiencing death. His father could talk of Cal being an athlete and a fighter (“you ask him something, he’ll do it”), but it seemed only a matter of days, let alone hours before his playing days were over.

Cal proved us wrong. Each day his dad asked “how’re the kidney numbers looking today?” and “so when is he going to make some more urine?” Our optimism was less than stellar. Cal proved us wrong. After two months of continuous dialysis, he transitioned to a few sessions per week. During that time, he scared the hell out of me one day when I walked in the room and found him staring at me, awakened from his sleep into a nightmare. A month later, he was off dialysis and never went back.

I followed Cal daily for the remainder



Cal at home with his family.

of my year of clinical fellowship. Cal truly was a fighter. Through over 15 skin graft surgeries, daily bouts of emesis from feeding intolerance, seven months (and counting) of chronic fungal meningitis, and numerous other complications, Cal persevered rehabbing his way back to life. For an athlete that could once balance the violence and grace of hockey, learning how to lift his arm, sit up and walk were new goals to achieve.

Cal was an inspiration to all who took part in his care over the past year. His demeanor and outlook throughout remained optimistic. As so often occurs in pediatric patients with chronic disease, he developed a maturity beyond his years. Yet, he still was the same old “Cal” to his parents and friends; a hockey enthusiast, a good student, a respectful son.

I dedicated my run in this year’s New York City Marathon to Cal. My hope was to raise awareness of his tale of perseverance and victory over impossible odds, thereby raising donations to aid in his long and costly rehab once discharged from the hospital. My months of training for the race were insignificant compared to what he had endured; I would run but one marathon that day, whereas he had been running daily

marathons for nearly a year.

During the race, I ran several miles alongside Lance Armstrong, one of the most famous athletes to have survived a life-threatening disease. Lance represents Cal’s future, one of endless possibilities, as both have looked death squarely in the eye and stared it down.

Cal’s recovery continues to be a miracle in progress. He was finally discharged home on Nov. 30, a mere 347 days after he was admitted. His community and school have welcomed him home, and he continues to work for his next set of goals: to play hockey and football again, and graduate with his senior class in 2008. He joked that one day we will run a marathon together.

During the 1980 Olympics in Lake Placid, NY, after the USA hockey team beat the Soviets en route to the gold medal, Al Michaels spoke one of the most famous quotes in sports, “Do you believe in miracles?”

Yes. Now I do.

Contributions to assist the Livingston family with expenses related to Cal’s illness may be sent to Friends of Cal, c/o Dawn Herlihy, 46 Oak St., Geneseo, NY 14454.



Awards ceremony highlights achievements

The second annual Scholarship and Awards Luncheon for first- and second-year medical students was held Oct. 17 in the Faculty of Business Administration Atrium. The event brought student and donors together in a pleasurable event that celebrated the achievements of our pre-clerkship students.

Special guest of honour Lt. Gov. Edward Roberts gave a unique perspective on the origins of the medical school. As minister of health at the time, he was responsible for making the final decision which founded the medical school. He noted that there was considerable controversy at the time among local doctors over whether there should be a medical school.

"The reason we educate people is to give them the ability to go wherever they wish," he noted. "The best thing the medical school has done for Newfoundland

and Labrador is to improve the practice of medicine in the province. We would not have the health care system we do without it – this medical school has made an immense difference."

The Lt-Gov. said that his father, the late Dr. H.D. Roberts, was one of the physicians who lobbied in favour of establishing a medical school. The Dr. H.D. Roberts Prize in Pharmacology was presented by His Honour to Ryan Snelgrove. The prize is funded by an endowment provided by Elizabeth Drugs Ltd. in recognition of the contribution made to the community and to the medical profession by Dr. H.D. Roberts. The award was recently increased in value through an additional donation provided by Edward and Peter Roberts, sons of the late Dr. H.D. Roberts.

First-year awards



Ryan Snelgrove (L) received the Dr. H.D. Roberts Prize in Pharmacology from Lt. Gov. Edward Roberts. Mr. Snelgrove also received an Opportunity Fund Scholarship, created from several general donations to the Opportunity Fund by various alumni and friends of the university and in particular of the medical school.



The Centennial of Responsible Government Scholarship, awarded annually to the most outstanding student in the class, was presented to **Michael Organ** (L) by David Denine, MHA for Mount Pearl, representing the Department of Education. Mr. Organ also received the Medical Practice Associates Scholarship, sponsored by the business association of all full-time clinical faculty members in the Faculty of Medicine. He was also awarded the Gina Blundon Memorial Scholarship, awarded by the Avalon Health Care Institutions Board to the student who receives the highest mark in cardiology.



The Ryan Family Scholarship, established by Helen Ryan of Corner Brook in memory of family members, Mary B.H., Thomas Sr., Thomas Jr. and Mary, was presented to **Spencer Brown** by Dean James Rourke on behalf of Helen Ryan, who was unable to make the trip to St. John's for the ceremony. Dr. Rourke had the opportunity to meet with the benefactor of this scholarship in February when he was in Corner Brook. "She is a delightful lady and we are so happy that she has chosen to honour members of her family with this scholarship," said Dr. Rourke. "Our students have a heavy financial burden and scholarships like this mean a great deal to them."



First-year awards



John M. & Elsa S. Morgan Scholarships were presented to **Susan Avery, Andrew Hunt** and **Chantel Barrett** by Dr. Gerard Farrell, pre-clerkship co-ordinator. These scholarships have been bequested to the university by the late Dr. John M. Morgan and his wife Elsa S. Morgan. L-R: Dr. Farrell, Chantel Barrett, Andrew Hunt, Susan Avery and Dean James Rourke.



Andrea Simmonds (R) received the Dr. Wulf Grobin Memorial Scholarship, presented by Dr. June Harris, assistant dean of Student Affairs. This scholarship has been established by Ida Parsons in memory of Dr. Grobin, a compassionate physician and humanitarian who practiced medicine in Brooklyn, Bonavista Bay from 1938 - 1943 and St. John's from 1945 - 1958 when he moved with his family to Toronto. The scholarship is also supported by donations from Dr. Grobin's son, Michael.



Glynn Martin received the Dr. John M. Darte Memorial Award from Dr. Penny Blackwood, director of Alumni Affairs. This award was established by Mrs. J.M. Darte and Mrs. Frances Darte McCabe in memory of Dr. John M. Darte, the first professor and chair of Pediatrics at Memorial University of Newfoundland.



Susan Avery (R) received the Surgery Prize in Anatomy, presented by Dr. June Harris. This award is made available by the Department of Surgery and is awarded to the student who has obtained the highest grade in the anatomy course. Ms. Avery also received the Dr. Leonard Miller Award, established in memory of Dr. Leonard A. Miller and funded by the Faculty of Medicine and the St. John's General Hospital. It is awarded to the most outstanding student in Community Health and Humanities.



Angela Bussey (L) received the Rural Community Visit Prize, presented by Dr. Maria Mathews on behalf of the Division of Community Health and Humanities. The prize is provided by the division and is given to the student judged to make the best overall contribution to rural community health.



First-year awards



Michael Hickey received the Walter Davis Award, presented by John Hodder on behalf of the Newfoundland and Labrador Lung Association. This award was established by the Newfoundland Lung Association to honour the work of Walter Davis in the field of chest disease, particularly tuberculosis. This award is given to the student who achieves the highest grade in the respiratory component of the first-year integrated study of diseases course.

Second-year awards



Dr. Gerard Farrell presented John M. & Elsa S. Morgan Scholarships to **Collette Dawson** and **Aaron Grant** (not available to attend ceremony). These scholarships are bequested to the university by the late Dr. John M. Morgan and his wife Elsa S. Morgan.



Brian Metcalfe (L) received the Dr. Calvin N. Powell Bursary in Medicine, presented by Dr. Powell. This bursary was established by Dr. Powell (Class of 1982).



Dr. June Harris presented four Mary E. Pedersen Scholarships in Medicine, made possible by a generous donation from Dr. Mary E. Pedersen (Class of 1980). **Jennifer Croke** (L) attended the ceremony to receive her scholarship. Fellow students **Elena Elimova**, **Annie Haase** and **Mariam Shahidi** are also recipients of these scholarships but were unable to attend the ceremony.



Doug Angel (C) received the Morris & Graham Wilansky Memorial Award, established by the family and friends of Morris and Graham Wilansky, in their memory. It was presented by John and Ruth Noel.



Second-year awards



Matthew Langdon received the Dr. J.H. King Memorial Award, established by Dr. King's wife and children in his memory. The award was presented by Dr. June Harris.



Andrea Adams and Mrs. Mary Adams were on hand to present the Dr. Brian Gerard Adams Memorial Bursary Award to **Doug Angel**. This bursary was established by the friends and family of Dr. Brian Gerard Adams, in his memory.



Adwoa Amamoo (L) and **Doug Angel** (R) received Hunter W. Earle Memorial Scholarships in Medicine, presented by Dr. Gerard Farrell. The Hunter W. Earle Memorial Scholarships are funded from proceeds of a memorial fund established by colleagues of the late Dr. Hunter Earle.



Jennifer Croke (L) received the Prize in Pediatrics, presented by Dr. Anne Drover. This award is funded by the Discipline of Pediatrics.



Monica Kidd (L) and **Aaron Grant** (unable to attend) received Newfoundland and Labrador Medical Associations Awards, presented by Dr. Terry O'Grady. These awards are funded by The Newfoundland and Labrador Medical Association.



Second-year awards



Monica Kidd (L) received the Gina D. Blundon Memorial Bursary, presented by Alice Blundon. This award is funded by the Medical Students' Society and is given to a student who has been judged by his/her peers to have a positive, caring attitude fostering a sense of camaraderie within class life. Ms. Kidd also won the Medical School Essay Award, which is supported by the K.B. Roberts Scholarship Fund, established in appreciation of the contribution made to the Faculty of Medicine by Dr. Kenneth Roberts. The essay will be published in the MUN Journal of Human Health.



Colette Dawson (L) received the Dr. Andrew Bagby and son Zachary Andrew Memorial Bursary, presented by Dr. Heather Arnold. This award was initiated in memory of Dr. Andrew Bagby and his son Zachary by David and Kate Bagby, parents of Andrew. The recipient must have an engaging demeanor and must relate with ease to people at all levels, as this was a unique characteristic of Dr. Bagby. The student should be judged by his/her peers to have a positive, caring attitude fostering a sense of camaraderie within class life.

Other awards to students unable to attend the awards ceremony:

Annie Haase received the Dr. John M. Darte Memorial Award, established by Mrs. J.M. Darte and Mrs. Frances Darte McCabe in memory of Dr. John M. Darte, the first professor and chair of Pediatrics at Memorial University.

Chris Daigle received the Dr. J.B. Roberts Memorial Scholarship, established by friends and colleagues of the late Dr. J.B. Roberts have established this scholarship in his memory.

Award for innovation

The St. John's Board of Trade annual excellence award for innovation was presented Dec. 6 to Newfound Genomics Inc. The award was for the company's development of a diagnostic test that predicts the way patients with depressive symptoms respond to drugs. The test is designed to make drugs safer and more effective.

Newfound Genomics Inc., established in 2000, is a multidisciplinary biotechnology company in Newfoundland and Labrador utilizing clinical genomics to research the genetic basis of complex diseases using collaborative relationships with industry, government and academia to expedite discoveries.

Dr. Proton Rahman is the chief scientific officer of Newfound Genomics, an associate professor of medicine at Memorial University and a consultant rheumatologist at St. Clare's Mercy Hospital. He is considered to be an

expert in the genetics of complex rheumatic diseases.

Newfound Genomics has developed a pharmacogenetic diagnostic test, which genotypes established genetic variants with strong clinical correlates using a flexible, affordable platform. This pharmacogenetic diagnostic test effectively predicts drug response in patients presenting with depressive symptoms. This diagnostic test, with appropriate clinical interpretation, is not only attractive to the healthcare system but also to the pharmaceutical industry.

To validate the pharmacogenetic diagnostic test, Newfound Genomics has partnered with the Population Therapeutics Research Group (PTRG), a non-profit research team led by Dr. Rahman in the Faculty of Medicine at Memorial University. PTRG's use of the test in their pharmacogenetic research will help provide a better understanding of drug responses based on genetic

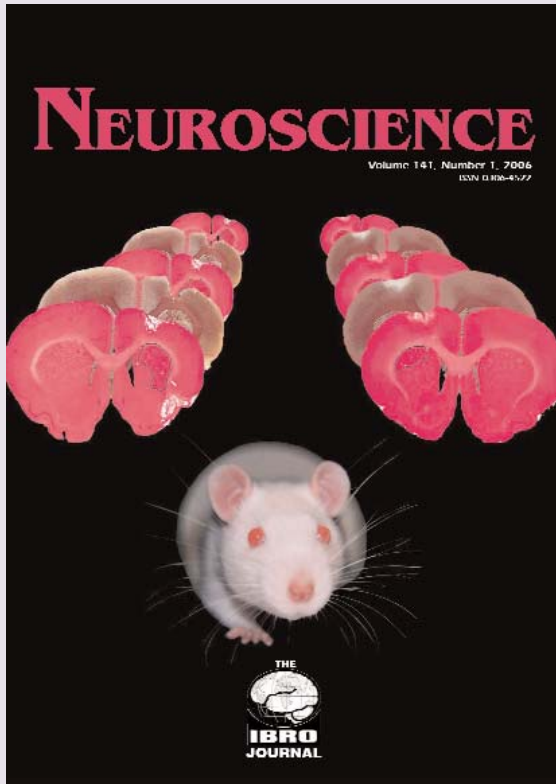
variation, and ensure the administration of the right drug for the right patient at the right dose.

Pharmacogenetics is the study of how DNA sequence variation can influence the clinical response to drug therapy. Pharmacogenetics has the potential to better predict a patient's outcome, including individuals who will better respond to drugs and others that may develop an adverse event.

The way that a person responds to a drug, either positively or negatively, is a complex trait which is influenced by many different genes. Pharmacogenetics is a science that examines how an individual's genetic makeup affects their response to drugs, such as predicting whether a patient will have a good response to a drug, a bad response to a drug, or no response at all. Thus, pharmacogenetics can make current drugs safer and more effective by targeting patients who will benefit from them most.



Grad student's work featured on journal cover



Krista Hewlett has a rare distinction for a student just beginning graduate work. The June 2006 issue of *Neuroscience* features a cover illustration she designed and an article co-authored with her supervisor, Canada Research Chair in Stroke and Neuroplasticity Dr. Dale Corbett.

Ms. Hewlett first heard Dr. Corbett speak when she was a high school student at Holy Spirit, attending a day-long session at the medical school sponsored by the Canadian Medical Hall of Fame for high school students interested in careers in the health sciences area. She liked what she heard and enrolled in joint honours neuroscience and biochemistry program for her undergraduate degree.

Her research paper in *Neuroscience*, based on her undergraduate honours thesis, examines a specific treatment for stroke to avoid long term damage from inflammation in the brain. Using a rat model, she administered the drug minocycline beginning 2.5 hours after an induced stroke. *Neuroscience* not only liked the article but asked her to design a cover illustration. She created a visually interesting figure incorporating some of the histological data with a rat in the foreground.

The cover picture shows a rat in the middle walking after a stroke, representing recovery of function. On each side are a series of brain sections: on the left are tissues from the group given the placebo, showing a larger injury from the stroke; the tissue sections on the right show a smaller injury due to drug treatment.

"Krista did all of this research herself with very little help and wrote the manuscript, again with only modest input from me," said Dr. Corbett. "This speaks very highly of her scientific capability at such an early stage. The journal editors found her article, as well as one of her data figures, interesting and asked her to submit a modified version of the figure for possible use on the issue that her paper would eventually appear in. Highlighting her work on the front cover of the journal draws attention to her study, our lab and Memorial University."

Ms. Hewlett explained that the goal of her research was to rescue brain tissue from dying after a stroke. "We've known for a very long time that after a stroke occurs tissue continues to be damaged in the days and weeks after. What I wanted to do was to reduce the delayed injury by administering an anti-inflammatory drug currently approved for use in humans. I gave the drug two-and-a-half-hours after the stroke to approach the clinical concern that patients don't reach the hospital or treatable point until hours after a stroke. Previous studies have not looked at this delayed drug administration. I continued to administer the drug to the rats over five days and found improvements in motor activity over the next month."

Ms. Hewlett is now starting a master's degree in neuroscience and has been awarded an NSERC Canadian Graduate Scholarship-M valued at \$17,500 per year. "This award is the most prestigious of NSERC's graduate awards and only goes to the top students," noted Dr. Corbett.

This project was supported by grants from NSERC, the Canadian Stroke Network and the Heart and Stroke Foundations of New Brunswick, and Newfoundland and Labrador.



New Faculty



Dr. Anne Kearney
Assistant professor
School of Nursing and Faculty of Medicine

Dr. Anne Kearney has a joint appointment in the School of Nursing and the Division of Community Health and Humanities in the Faculty of Medicine. In the coming year her primary focus will be to advance interprofessional education, practice and research among the academic departments of medicine, nursing, pharmacy, social work and the counselling centre.

Dr. Kearney's primary research to date has been related to breast screening. Her doctoral research explored the broad factors influencing women's practice of breast self examination. This research study was published in *Qualitative Health Research* in July 2006. She has also critically examined scientific evidence related to breast screening and its application to health policy. An article related to this was published in the *Journal of Public Health Policy* in September 2006.

Dr. Kearney received her bachelor of nursing degree from Memorial University in 1986 and a master of health sciences degree from the University of Toronto in 1991. She completed her PhD at Memorial in the Faculty of Medicine in 2004. During 2006 she was a Canadian Health Services Research Foundation/Canadian Institutes for Health Research intern at the University of Ottawa's Centre for Multiple Interventions Institute of Population Health. From 1999-2006 she was a faculty member at the Centre for Nursing Studies in the BN (collaborative) program.

Dr. Kearney has served on a number of local, provincial, national and international boards of directors, primarily related to breast cancer and she has done international work in Nicaragua and Malawi.



Dr. Steve Noseworthy
Pediatric Emergency
Medicine

Dr. Steve Noseworthy (Class of 2001) has returned home to Newfoundland to take up a faculty position as the only pediatric emergency medicine specialist in the province. Originally from

Bishop's Falls, he did his B.Sc. (biology) and MD at Memorial, followed by a residency in pediatrics. In 2004 he went to the Children's Hospital of Eastern Ontario in Ottawa for a fellowship in pediatric emergency medicine.

Part of the research he undertook in association with this sub-specialty was on playground safety. "I'm in the process of writing that research up as part of my fellowship and would like to continue in that area of research in Newfoundland as well," said Dr. Noseworthy. "The most common and severe injuries in playground accidents are arm fractures, but accidents can also result in head and neck injuries and lacerations. Fortunately in Canada over the last decade there haven't been any deaths from playground accidents."

Dr. Noseworthy's fellowship also trained him in resuscitation in critical care and he wants to transfer that training into teaching residents the steps in resuscitation. As part of that education he is involved with the human simulated patient at the Health Sciences Centre.

In terms of teaching, he will also be involved in teaching medical students as they come through the emergency department at the Janeway Hospital, as well as clinical skills sessions with second-year students.

Although he didn't start out to become a specialist in pediatric emergency medicine, Dr. Noseworthy found himself drawn to working with acute and critical care patients when he was doing his pediatric residency. "In emergency medicine, most of what we see is walk-in clinic-type ailments such as ear aches and fever. Often we can't cure the problem right away but we can reassure and educate parents and that's a good feeling. And when a really sick child comes in, you have the opportunity to save a life."

With his specialized skills in pediatric emergency medicine, Dr. Noseworthy is a welcome addition to the Faculty of Medicine.



Gairdner lecture highlights

Research Days



Dr. Jeff Friedman with Dr. Penny Moody-Corbett, associate dean of research and graduate studies (Medicine).

It was a lively two days at the Faculty of Medicine Oct. 23- 24 during the newly-named Research Days. Faculty research was presented in poster and oral presentations, and the prestigious Gairdner Lecture took place at noon on Oct. 23.

This year's speaker was Dr. Jeff Friedman, Marilyn M. Simpson, professor, Rockefeller University, New York. His straightforward talk on the biological basis of obesity looked at the role of leptin, a protein hormone with important effects in regulating body weight and metabolism.

"Feeding is a complex, motivational behaviour," said Dr. Friedman. "Leptin provides a means by which changes in nutrition regulate all other physiological states."

Dr. Friedman's laboratory has identified two of the molecular components of a system that maintains constant weight. "Our current research is focused on the genes and regulatory mechanisms that control body weight, leptin's mechanism of action, and its relevance to obesity."

By working with massively obese mice, Dr. Friedman's laboratory has identified the gene that encodes leptin, a fat-specific hormone that regulates the size of adipose tissue stores.

Dr. Friedman said his studies on how multiple relevant inputs are integrated to modulate the amount of food an animal eats may have general implications for understanding of the regulation of a complex behavior. Diet-induced weight loss in humans results in a decrease in leptin concentration. "This may explain the high failure rate of dieting, as low leptin appears to be a potent stimulus to weight gain. Our clinical studies are exploring

the possibility that administration of leptin to patients who are dieting can alter the biologic response to weight loss and mitigate some of the unwanted side effects of a low-calorie diet."

On the second day of Research Days, the keynote speaker was Dr. Marshall Godwin, director of the Primary Healthcare Research Unit at MUN. He said people who identify a primary care physician as their usual source for care had a lower subsequent five-year mortality rate, even after controlling for factors like smoking and seat belt use. "Primary care offers better preventive services, screening, immunizations and health habit counselling. The emphasis is on health promotion and disease prevention and offers long term, person-focused health care."

There were more than 40 poster presentations and 16 oral presentations during Research Days, formerly known as Scientific Days. The new name reflects the scope of research within the Faculty of Medicine, including areas such as biomedical, clinical, health systems and services, population and public health, community health and the humanities.



Autism research will help local families



Dr. Bridget Fernandez

Although the causes of autism are still unknown, the medical and scientific community generally agree that it has a strong genetic basis. Dr. Bridget Fernandez, clinical geneticist and faculty member, is heading up the Newfoundland section of the Autism Genome Project – a multi-centre initiative headed by Dr. Steven Scherer of the University of Toronto and funded by Genome Canada.

Dr. Fernandez explained that autism is genetic in the same way as asthma – it tends to run in families, but there aren't usually families with large numbers of affected family members. "We believe that there are 10 to 20 autism susceptibility genes. The presence of one or two of these in a person doesn't result in the development of autism. Only when a sufficient number of these genes are present does autism occur."

Dr. Fernandez added that in addition to the genes, "we believe that there are factors in the environment that contribute to the occurrence of this developmental disorder. We are not sure what these environmental exposures are, although we do know the incidence of autism is increasing worldwide."

Dr. Fernandez's research team is enrolling children and adults with autism spectrum disorder - the term spectrum is used because it recognizes that mild to severe forms of this condition occur. Working with the Janeway's three child development pediatricians – Drs. Cathy Vardy, Sandra Luscombe and Victoria Crosbie – the first part of the project involves a detailed review of the participant's medical history along with behavioral and physical examinations.

"This part of a genetic study is called 'phenotyping' and allows the molecular genetic studies, which are being carried out in Toronto, to be maximally

informative," explained the geneticist, adding that her research is only possible because of the skill of Dr. Vardy and her team in administering the standardized diagnostic tests.

"It's one thing to for a pediatrician or psychiatrist to diagnose a person with autism, but when the diagnostic information will then be used to identify susceptibility genes, it has to be collected in a rigorous, standardized way. Also, I think that the families appreciate the fact the assessment is being done by a team in a structured way."

Dr. Fernandez went on to explain, "Instead of looking at big families with many affected individuals – which don't really exist for this disease – we are studying families with one affected child, two affected children, or families with more extended relative pairs such as affected first or second cousins. In Newfoundland there are about 75 new pediatric diagnoses per year. We need thousands of such families to do the molecular gene hunting experiments – too high a number for any single center to collect. That's why we are collaborating with other researchers."



Pediatric development specialist, Dr. Cathy Vardy, with two brothers affected by autism spectrum disorder: Ed Chipman (L), age 10, and Craig Jr., age 8. Dr. Vardy made the initial diagnosis and works closely with the family in ongoing treatment. Craig Chipman Sr. has high praise for the work of the multi-disciplinary child development team at the Janeway and looks forward to even better services and support with the opening of the new Elaine Dobbin Centre for Autism, located on the former Shamrock Farm property, the only provincial facility dedicated to programming and education for individuals and their families affected by autism, and those professionals who work with them.

Mr. Chipman said autism is a difficult disorder for a family to manage, and having two of his three children affected makes family life difficult. "After crying and denying at first, my wife Debbie and I have accepted that the best way to live is to use all available resources to help our two older boys."





Alumni profile

Dr. Jamie Karagianis

Dr. Jamie Karagianis (Class of 1985) left Memorial in December 2003 to take up the position of associate vice-president for clinical research with Eli Lilly Canada in Toronto. However he still has strong ties with the university and retains the position as adjunct professor in psychiatry.

Jamie's experience at Memorial as a student and a faculty member was very positive. "My position as director of research in the Discipline of Psychiatry certainly accelerated my curiosity about patterns I was observing among my own patients' responses to treatments and made me want to do even more research and to learn about improving the quality of research. It was great to work with our residents in developing their own research ideas too."

Some of Jamie's best memories about Memorial are teaching residents and clerks and seeing some of his methods rubbing off on them, especially when it came to managing patients with

borderline personality disorder. "Also the 10 years or so that I participated in Acta Path was a lot of fun, particularly when Ian Bowmer joined us," says Jaimie.

Since he moved to Toronto, Jamie says he has managed to find some good buddies to continue to hunt and golf with, though less than when he was in St. John's. "I am still woodturning and playing guitar and have played in two different bands, which has been a kind of dream come true to progress to that level where people would get up and dance!"

In terms of work, Dr. Karagianis says the world of the pharmaceutical industry has "opened my eyes a lot and has humbled me."

"I work longer hours and am paid less than before. I am rather less outspoken and, believe it or not, more sensitive to potential misperception of communication. The work, complexity, attention to detail, and checks and bal-

ances that go into pharma company research is almost overwhelming in its extent, but at the same time is reassuring. The irony I face every day is the frequent journal articles and editorials that equate pharma industry research with poor ethics, low quality and nefarious motives, and make inappropriate generalizations from past negative events."

Jamie's research about olanzapine in schizophrenia and bipolar disorder has expanded to include metabolic problems in the mentally ill. "I am very interested in balancing benefit risk issues, and I have still been fortunate (I think) to be in demand as an international speaker, about to chalk up my 20th country when I give a talk in Croatia in October 2006."

Jamie says he and his family are "mostly happy" in Toronto but they miss their friends in St. John's and the ocean's salty air. "The air in Toronto is often non-transparent by contrast."



Alumni news

Class of 1979

Dr. Dennis Theriault passed away in Peterborough, ON, on July 5, 2006, age 51. A memorial service was held in Rothesay, NB, on July 8 and a funeral service in Halifax on July 12.

Dr. Theriault died of a heart attack while doing his rounds at the Peterborough Regional Health Centre where he was an anesthetist.

Dr. Theriault was born in Charlottetown, P.E.I., and came from a family of nine children. His father, the late Dr. John C. Theriault, was a psychiatrist. He leaves behind his mother, Rita Theriault, and wife, Betty Theriault.

He earned a B.Sc. from the University of New Brunswick while he was working on his medical degree at Memorial University in Newfoundland. He completed a two-year residency in family medicine before establishing a practice in Springhill, N.S. He obtained a specialization in anesthesiology from Dalhousie University and travelled overseas for about four years. He worked as a civilian doctor with the Canadian military in Lahr, Germany, returning to Canada in the late '80s.

He continued to practice on the East Coast until 2000 when he moved to Peterborough.

Memorial donations can be made to: The Dr. David Stephen Memorial Foundation Inc., a voluntary, charitable, non-profit organization concerned with heightening public awareness of child abuse and its effects.

c/o G.D. Zed
65 Park Dr.
Rothesay NB
E2H 1A5
or Heart and Stroke Foundation
or the charity of the donor's choice.

Class of 1995

Dr. Melita Daley is working at the University of California in Los Angeles where she has been appointed as medical director of the UCLA adolescent brain-behavioral research department. As well as her research, Dr. Daley is also an active full-time faculty member in the UCLA child psychiatry division. She is also the medical director for pediatric consult liaison. She and her husband, Dr. Bal Rajagopalan (also Class of 1995) live in Beverly Hills, California. Dr. Rajagopalan is an orthopedic surgeon who runs a successful private practice in Beverly Hills and downtown Los Angeles

Dr. David G. C. McCann, FAASFP, who did a rotating internship at Memorial University's Faculty of Medicine in 1988-89, has been appointed the vice-chair of the unprecedented American Board of Disaster Medicine (ABODM) instituted by the American Board of Physician Specialties (ABPS). This marks the first time in the history of medicine that physicians may earn board certification in disaster medicine.

Planned Giving

If you've named Memorial University's Faculty of Medicine in your will, or if you are considering making a planned gift to Memorial University's Faculty of Medicine, then please take a moment to complete this response card and mail or fax it to Margaret Miller. Or contact her by phone or e-mail. Margaret would be pleased to visit you to discuss your planned gift and the opportunity for you to join the Altum Society. All inquiries and responses regarding planned gifts to Memorial University are confidential.

Name _____
Address _____
City _____
Province/State _____ Postal/Zip _____
Code _____
Country _____
Phone _____
E-mail _____

- I'm considering a provision in my will for Memorial University's Faculty of Medicine
- I've made a provision in my will for Memorial University's Faculty of Medicine
- I have questions with regard to planned giving. Please contact me.
- I would like more information on becoming a member of the Altum Society.

Return completed response cards to, or contact by e-mail, phone or fax:

Margaret Miller
Development Officer
Faculty of Medicine
Memorial University of Newfoundland
e-mail: mmiller@mun.ca
tel. (709)777-8289
fax (709)777-6746



The rewards of mentoring

For reproductive biologist Dr. Daniel MacPhee, a formalized mentorship program is proving to be of great value to his laboratory, and particularly to doctoral student Pia Elustondo.

The program, known as STIRRHS (Strategic Training Initiative in Research in Reproductive Health Sciences), is sponsored by the Canadian Institutes of Health Research (CIHR) in collaboration with the Association of Professors of Obstetrics and Gynecology of Canada. The objective is to create transdisciplinary training opportunities to encourage top students to develop integrated strategies to resolve complex reproductive health problems.

Dr. MacPhee heard about the STIRRHS program from Dr. Joan Crane, Obstetrics and Gynecology, and he submitted an application to become a mentor in the program. "In a way, the application was a review process which looked at my research program to see if it's a good model that could have transdisciplinary compatibility."

Dr. Crane is also a mentor for STIRRHS, which has provided funding to cover tuition for three obstetric and gynecology residents doing their master's in clinical epidemiology. "It is an excellent source of support, both financially and program-wise," she said.

Dr. MacPhee was appointed a STIRRHS mentor two years ago. As a result, students in his laboratory were eligible to apply for a STIRRHS fellowship. Doctoral candidate Pia Elustondo applied and was successful in being granted a four-year fellowship.

"The fellowship is split between STIRRHS and the university and in this way it financially helps the university and the researcher," said Dr. MacPhee. "It is a rewarding fellow-



Dr. Daniel MacPhee and Pia Elustondo.

ship for a productive student and in Pia's case, she is building a foundation for a second graduate student to do work related to the same particular protein she is studying."

Dr. MacPhee said the STIRRHS mentorship is personally rewarding to him. "Teaching in the laboratory at the bench on a day-to-day basis, a person-to-person basis, is extremely important in a graduate program."

As a reproductive biologist, Dr. MacPhee and his students ask basic science questions but they are working with human tissue. "We are looking at placental development and it's not a big stretch to see how that has implications for clinical work."

Of note

Dr. Ted Callanan, discipline of psychiatry, is author of an article in the spring issue of *Royal College Outlook* titled, When Doctors Strike. The article relates two real-life experiences the author has had with physician strikes and examines the inner struggle physicians face on the appropriateness of doctors going on strike. An accompanying article in the magazine by Drs. Ross Langley, Dalhousie University, and Charles Weijer, University of Western Ontario, examine the ethics of physician job action.

Dr. Christopher Kovacs, Faculty of Medicine, is author of two chapters in the textbook, *Primer on the Metabolic Bone Diseases and Disorders of Mineral Metabolism*, 6th ed., 2006, edited by Murray J. Favus. The first chapter was co-authored with Dr. Henry M. Kronenberg (Harvard) and is entitled: Skeletal Physiology: Pregnancy and Lactation. The second chapter was solo authored and is entitled Skeletal Physiology: Fetus and Neonate.

Dr. Amin A. Muhammad, psychiatry, is the author of the paper *Mental Health Model: Comparison Between a Developed and a Developing Country*, published in the November issue of the *Journal of Medical and Biological Sciences*, published by Scientific Journals International. He also authored the article titled Dilemma Facing IMGs from Pakistan which was published in *BMJ Career Focus*. The article explores what international medical graduates can expect if they return home to Pakistan. With **Dr. Gerry Mugford**, he authored Prevalence of depression among households in three capital cities of Pakistan: Need to revise the mental health policy, published in the *Journal: PLoS one* (Journal of Public Library of Science)

Dr. William Pryse-Phillips, professor emeritus (Medicine), gave the 19th Stuart Reiner Lecture in Washington, DC, in October as guest of the American Academy of Neurology. His lecture was titled the Agony of Analgesia and described hereditary sensory neuropathy in Newfoundland.



Medical mission on the Amazon

Last winter's issue of MUNMED inspired Dr. Paul Hart to share some photographs and experiences from a recent trip to the Amazon. "I remember fondly Dr. John Ross, as he delivered our first daughter and was a role model of the ideal family physician. His vision of family practice was one of the reasons that I decided to leave my pediatric specialty training and become a family doctor. This is a choice that I have not regretted over the past 30 plus years in practice. As I looked through this issue of MUNMED I realized just how long ago the first class left MUN. Except for the picture of John Lewis there is not one other person that I know."

Dr. Paul Hart, Class of 1973, has made two trips to the Amazon as part of a University of Cincinnati team of volunteer physicians, medical residents and students along with nurses, translators and guides plus support staff. During the most recent medical mission the group treated over 1,700 patients in 10 days. "We all gather in Manaus, Brazil, and then travel in a river boat in order to provide medical care to as many as 2,000 residents along the Amazon and its tributaries."

The University of Cincinnati has been coming to the Amazon for the past 10 years. "Medical care is theoretically available to all but in practice there is a dire shortage of physicians and medicines," said Dr. Hart. "We began the most recent mission at a school on the edge of one of the shanty towns where a local philanthropic group had organized a health day," said Dr. Hart. "In addition to our medical team there were volunteer dentists, counsellors both secular and religious, barbers and lawyers. I had been in contact with Lion's International and was generously provided with 1,200 plus pairs of regular, reading and sun glasses. In order to determine the correct prescription a 'Focumeter' was used. This instrument was designed to be used in conditions such as ours where there is no ready access to the traditional optometric instruments."

The team's first patient was a nine-year old boy who needed eye glasses. "There was no need to ask if we had the correct prescription as the 'thumb-up' sign and the ear to ear smile let us know that we had succeeded. Indeed this same pattern was repeated over and over again as we provided glasses during our trip.

The range of disease that we treated was in many ways similar to those I encounter in my daily practice in central Massachusetts. Hypertension, diabetes and an assortment of common complaints such as headaches, skin rashes and diffuse body pains. In addition, many of the patients had worms and other parasites and were constantly exposed to malaria and other tropical diseases. Dental care was sorely lacking.

Basic sanitation facilities were often lacking. Many of the villages had no electricity or would run their generator based on the supply of fuel. The river was the source of fish, water both for drinking and bathing and the final sewer. Few places had access to bottled water.

However even with all of these difficulties during my two trips I do not recall once hearing how unfortunate any of our patients were in their life. Many had been to Manaus but were happier in the jungle.

The Amazon itself has an indescribable beauty. From beautiful sunrises to magnificent sunsets with mile after mile of luxuriant river frontage populated by numerous species of birds and an assortment of other wildlife. Each days trip was a feast of memorable sites.

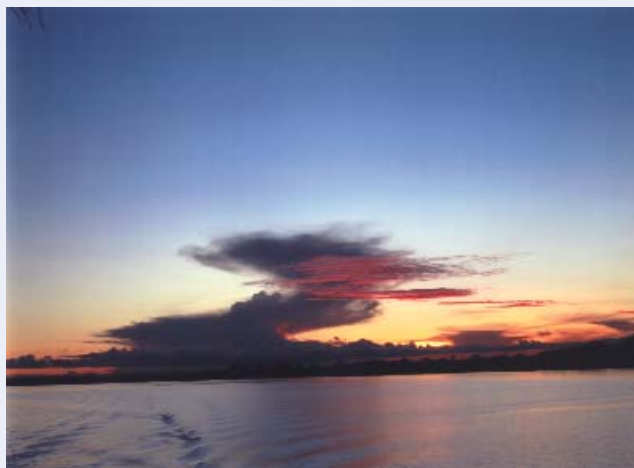
I am already planning for my next trip this coming April.



The Amazon River officially begins a few miles past Manaus Brazil where the Rio Negro joins the Solimoes. There at the meeting of the waters the dark, relatively fishless Rio Negro meets the brown fish laden Solimoes and for the next one to two miles these two rivers can be seen as separate streams until finally they merge and carry on for the next 1,000+ miles to the Atlantic. It is on this great river or one of its many tributaries that most of the people in the Amazon region of Brazil live.

Manaus itself is a study in contrasts. From the magnificent Opera House that was originally built in 1896 when the city was extremely prosperous, thanks to the rubber industry, and where there are still performances featuring world-class musicians to the favelos (shantytowns) where tens of thousands of residents live in absolute squalor with open sewers running down the streets; the nearly two million residents live out a difficult existence with the constant threat of malaria, parasites and a climate that is rarely friendly.





Each year during the rain season the Amazon rises nearly 50 feet forming lakes and rivers that were just small streams a few months earlier. During the wet season the only means of transportation is by water. No one knows exactly how many people live along the Amazon or up one of the thousands of tributaries. There is one city of 95,000 and a number of sizable communities but most of the population are in small villages with anywhere from two to a dozen plus families.





Pictures from abroad



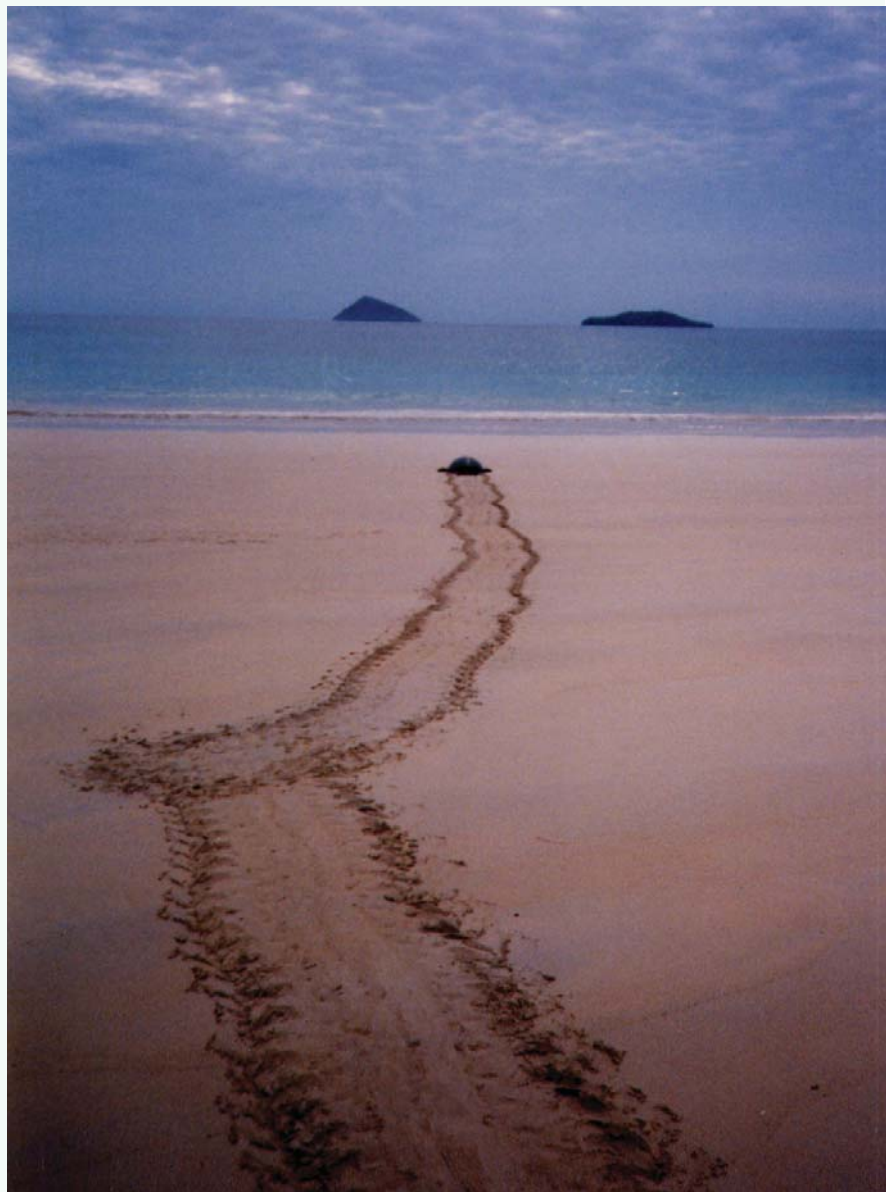
Liz Ohle, a standardized patient trainer with the Faculty of Medicine, shared some of her travel photos with MUNMED. The children (top right) are from Mutiusinazita Rural Primary School in Zimbabwe. She met them when she visited the school with a local team co-ordinating a nutrition program for underweight children in 2001.

"On this particular day, the jeep had a flat tire from driving on the dusty washboard road," recalls Liz. "Vehicles were very rare in this rural area, so the children gathered around, eager to be part of the excitement. They interfered with the people changing the tire, so I found something even more interesting to them. Creating photographs was fun for everyone."

If children have shoes, they often carry them as they walk barefoot as much as 8 kilometres to school, said Liz. "They will put the shoes on once they reach the school yard. If they walked all that way with their shoes on, the soles would wear out much too quickly. The bottoms of their feet never seem to tire out."

Another photo from Liz' travels is a green sea turtle (bottom right) headed for the Pacific Ocean. The photo was taken in the Galapagos Islands.

The photo at the top was taken at Deer Creek Canyon, Grand Canyon National Park, Arizona.



New educational support for faculty

Two new positions in the Faculty of Medicine bring additional strength to educational support.



Sally Ackerman is an educational specialist with extensive experience teaching in an adult environment. She has also assumed a number of administrative roles and took a lead role in Lawrence College's successful application for national accreditation status with an extensive background in the private college system.

In her new position, Sally is working with the Undergraduate Medical Education Office to lend broad educational support to the faculty, in particular educational support that satisfies accreditation standards. "Because my position is new my role will evolve," explained Sally.

Sally has a BA (French) and a master's in education. Her thesis was a professional development needs assessment.

As part of her job, Sally sits as a non-voting member on the Undergraduate Medical Education committee and the clerkship and pre-clerkship committees. Her office is located in the UGMS office; she can be reached at 777-6829 or by e-mail at Sally.Ackerman@med.mun.ca



Another "new" face is **Mike Mooney** who has joined the staff at Health Sciences and Information Media Service (HSIMS) as a senior technical consultant.

Mike has 27 years of service in the Faculty of Medicine, providing technical guidance and overall technical management for services and research initiatives of the Telemedicine Centre/TETRA (currently Professional Development and Conferencing Services (PDCS)).

In his new role within the Faculty of Medicine, Mike will be involved with identifying evolving technologies that can be used to support the activities of the Faculty of Medicine. He will also be working closely with faculty, staff and students to improve understanding of technological tools and where best to use them.

"Throughout my career I have focused my attention on the innovative and effective use of technology as an enabler in the advancement of teleconferencing and the development of telemedicine," said Mike. "I now see my new role as an opportunity to introduce and assist in the development of e-learning technologies as a component of the instructional support services to the Faculty of Medicine"

Mike's office is at HSIMS; he can be reached at 777-6023 or by e-mail at mmooney@mun.ca.

Ombudsperson for Faculty of Medicine

The Faculty of Medicine is trying a little preventative medicine on itself. **Dr. Maria Goodridge** has been appointed the faculty's first ombudsperson for a one-year trial period.

In making the announcement, Dr. James Rourke, dean of Medicine, also circulated the faculty's policy on intimidation and harassment, which was recently approved at Faculty Council.

While encouraging all students to seek out and use the normal resources and communication channels to address their issues or concerns, Dr. Rourke noted that there may be occasional situations where a student, resident or graduate student feels that they cannot take their concerns forward to their supervisor or their alternative or superior because of the perception of conflict of interest and they wish to ensure their concerns are heard.

"Under such circumstances, if the student wishes to ensure their concerns are heard it would be appropriate to contact Dr. Goodridge and set up a meeting with her," said Dr. Rourke. "At that meeting, Dr. Goodridge will discuss with the student alternative options or people for whom the student may take their concern. If the student feels they are unable to take their concerns forward and feels it is a sufficient concern and the dean of medicine

should be aware of the issue, then at the student's request Dr. Goodridge will prepare a summary of the issue in which no-one is identified by name that will then be forwarded to the dean or vice-dean."

Dr. Goodridge, who is a family doctor, said her role will be that of a "third person" who can step in if a student has concerns with a program or department head and feels they can't deal directly with the concern. She said there have been incidents in the past involving harassment and intimidation that represent the kind of issues she may have to deal with. Her role will address the zero tolerance expectation for harassment at the medical school.

Dr. Goodridge's role will not be to provide counselling or investigation, but to help students identify pathways or alternative people that the student may take their concerns to for answers or action.

The contact information for Dr. Goodridge is Ombudsperson@med.mun.ca.



New physician recruitment website launched

A new website is now available to facilitate physician recruitment in the province. The website provides a listing of job opportunities across the province and speaks to the benefits of living and working as a physician in Newfoundland and Labrador.

"We are committed to improving the recruitment and retention of physicians in Newfoundland and Labrador and we have invested \$6 million this year to sustain current recruitment initiatives," said Tom Osborne, Minister of Health and Community Services, in making the announcement Jan. 16. "The new physician recruitment website will help us to gain a competitive edge in the recruitment of physicians to our province by providing accessible, current and comprehensive information to potential candidates, nationally and internationally."

The website, www.nlphysicianjobs.ca, contains a current inventory of job opportunities as well as a mechanism for physicians to apply online. Job opportunities range from locum positions to permanent general practitioner and specialist positions, with the range of opportunities in the four Regional Health Authorities and in private practice. The website also provides a summary of how the provincial health care system operates and promotes the province's culture and lifestyle benefits. Additionally, physicians interested in learning more about practising in the province can submit their contact information and be connected with a physician colleague in

Newfoundland and Labrador.

The website, operated by the Provincial Office of Recruitment, was funded by a grant from Health Canada in the amount of \$41,900. This grant also includes funding for the development of a guidelines document to standardize best practices in recruitment in the four Regional Health Authorities.

In addition to the website government invests \$6 million annually in several established recruitment and retention strategies including \$150,000 for the Office of Provincial Recruitment; \$4.6 million for retention bonuses for salaried physicians; \$935,100 for an annual bursary program with return in service agreements; \$300,000 for travelling fellowships for specialties not offered in the province; an enhanced clinical skills, assessment and training program for International Medical Graduates (IMGs); and the introduction of a five-year project to standardize the assessment, preceptorship, orientation and hospitality offered to IMGs, in conjunction with the federal government.

Minister Osborne added: "Through investments in information communication technology, our government is improving access to health care services in all areas of the province. At the same time, we are earning a reputation as a leader in health care innovation which will no doubt make our province an attractive one in which to practice medicine."

Newfoundland and Labrador
Physician Recruitment
www.nlphysicianjobs.ca

INTRODUCING A NEW Physician Recruitment Website for Newfoundland and Labrador

www.nlphysicianjobs.ca

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Dr. Barnhill, 2006
Gander, NL

AVAILABLE POSITIONS

Position Title	Specialty	Location
Anesthesiologist	Anesthesia	Grand Falls-Windsor
General Obstetrician/Gynaecologist	Obstetrics-Gynaecology	Stephenville
GP/Anesthesiologist	Family Medicine	Port aux Basques
Internist	Internal Medicine	St. Anthony
Private Clinic, Airport Heights medical clinic	Family Medicine	St. John's
Private Clinic Blackmarsh Family Care	Family Medicine	St. John's
Private Clinic New Harbour Medical Clinic	Family Medicine	New Harbour

more >>

Quick Links

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Welcome to the Physician Recruitment Website for the province of Newfoundland and Labrador.

This site will provide you with information on available practice opportunities in our province and details on living and practising medicine in Newfoundland and Labrador. As well, we provide a number of services to interested physicians such as our job/locum notices and our colleague-to-colleague email services.

The information on our website is provided by our four Regional Integrated Health authorities as well as private practice clinics who are actively recruiting. For additional information, please contact the Provincial Recruitment Office at (709) 777-6031 or Scarlet Hann at shann@mun.ca.



Fewer health research projects funded



Dr. Ken Kao

A funding crunch caused by stagnating levels of support from the federal government, coupled with expansion of research efforts, has resulted in a record low percentage of operating grants funded in the latest round of competition from the Canadian Institutes of Health Research (CIHR). Nationally only 16 per cent of new grant applications were funded and at Memorial only nine per cent made the cut with just one grant approved out of the 11 submitted.

Memorial's CIHR delegate, Dr. Ken Kao, explained that a large proportion of grants applications are in the zone where they should be funded. "Grants are reviewed and vetted on a point or ranking system out of five. Originally 3.5 was considered the cut off for funding but in the last several competitions a grant would have to score above 4. What will happen now is there will be grants

with scores above 4, very high priority grants that address very important health research problems, that won't get funded."

Dr. Kao noted that there are some other mechanisms that may provide partial funding for research projects

that are highly placed but do not get funded in the operating grants competition, such as individual grants from one of the 13 institutes that comprise CIHR.

Dr. Penny Moody-Corbett, associate dean for research and graduate studies (medicine), said that the CIHR Regional Partnerships Program, available in some provinces including Newfoundland and Labrador, has allowed CIHR funds to be matched by other agencies. The Regional Partnerships Program provides funding just below the budgetary cut-off available from CIHR and therefore provides funding for research studies in addition to those funded solely by the CIHR. "The province is one of our major partners in this program, which has been an enormous benefit to our health research community," said Dr. Moody-Corbett.

Dr. Kao said the current funding situation can be very discouraging for new researchers entering the field. He recalls starting his faculty appointment at a worse time than this, in the early 1990s. "It was in the late 1990s that the CIHR was finally formed after an extensive campaign in which brain drain, primarily to the U.S., was a real worry. In the past six years we've recruited many new faculty but if this funding crunch is to go further it will discourage people from going into science."

The CIHR was created in 2000 and its budget has jumped to \$723 million in 2007 from \$289 million in 2000. About half the budget is distributed in the open grants competition and virtually all that money is funneled through the 17 Canadian universities that have medical schools. The CIHR funds 3,300 researchers, up from 2,100 at its inception.

AIF funding for NewLab

NewLab Clinical Research Inc., a medical research company founded by Dr. Wayne Gulliver (Class of 1982), will receive up to \$2.3 million from the Atlantic Innovation Fund (AIF) over five years.

At a news conference Jan. 18, the Atlantic Canada Opportunities Agency (ACOA) announced details of Round IV of the Atlantic Innovation Fund. Eight projects in the province that will receive up to \$16.7 million in funding under the Government of Canada's Atlantic Innovation Fund.

Dr. Gulliver has an international reputation in the genetics of psoriasis. NewLab has expanded to do clinical research with other conditions associated with psoriasis. Through this project, NewLab will study the genetics and clinical aspects of these links and provide drug targets for Memorial University to design drug molecules. The molecules will be licensed to the pharmaceutical industry and are expected to attract significant future research investment and to generate substantial royalties.



Dr. Wayne Gulliver



When medicine became science

The 2006 Dr. Nigel Rusted Lecture in the Humanities was presented Dec. 1 by Dr. Ron Numbers on the topic, When Medicine Became Science.

Dr. Numbers holds both the William Coleman and Hilldale Professorships of the History of Science and Medicine in the University of Wisconsin-Madison where he also served as chair of the Department of Medical History and Bioethics. He has written more than 20 books and countless articles and has an international reputation as an authority in the history of medicine, science, and religion. He is known particularly for his scholarship on the history of Darwinism and creationism along with studies of the American medical profession and medical practice.

Some of his current projects include co-editing the eight-volume *Cambridge History of Science*, a biography of Dr. John Harvey Kellogg (for Harvard University Press), and a volume tentatively titled *Wrestling with Nature: From Omens to Science*.



Dr. Ron Numbers (L) and Dr. Nigel Rusted

CACHE conference a success

A wide range of continuing health education professionals gathered in St. John's Sept. 9-11 for the 2006 Canadian Association of Continuing Health Education 2006 conference. The event, hosted by the Faculty of Medicine's Professional Development and Conferencing Services was attended by more the 250 delegates from across Canada. Fran Kirby, director of Professional Development and Conferencing Services (PDCS) and Dr. Vernon Curran, co-director of the Centre for Collaborative Health Professional Education (CCHPE), co-chaired the event.

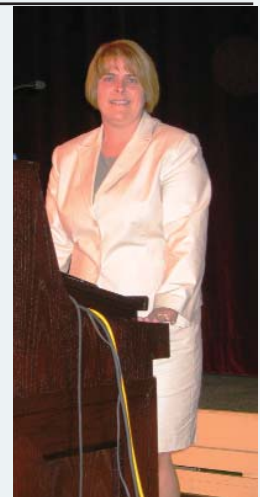
The theme of the conference was innovations in continuing health education and continuing professional development. One of the highlights of the conference was the keynote address delivered by Sister Elizabeth M. Davis. Sister Davis, a prominent participant on the board and system-wide committees and task forces in Newfoundland's health and education systems, provided an inspiring address titled, Continuing Health Education: An Essential Resource for Health in the 21st Century.

Other speakers included the co-chairs Fran Kirby and Dr. Vernon Curran. Ms. Kirby's plenary session addressed the challenges, opportunities, and advantages of public/private sector partnerships and best practices in continuing health education collaborations. She stressed the importance of partnering in today's environment to share resources and best practices and build capacity.

MDcme.ca, the online continuing medical education portal developed by Professional Development & Conferencing Services, exhibited during the conference and was itself the topic of one workshop. The workshop, developed by Dr. Curran in collaboration with Lisa Fleet and Cindy Whitton of PDCS, explored the differences, advantages and disadvantages of facilitated versus unfacilitated online learning environments.

Ms. Kirby, who is a board member of CACHE, said the board was extremely pleased with the turnout and agreed it was the best CACHE conference to date. "This event was not only wonderfully successful and a valuable Continuing Professional Development event attended by continuing health educators from across Canada, it was also a delightful opportunity to network and get a glimpse of Newfoundland, its history and its people."

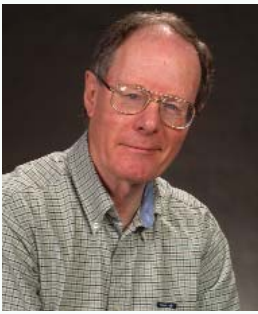
Memorial University is now working closely with Université Laval to ensure the 2007 CACHE conference is as much of a success.



Fran Kirby



Book explores common respiratory infections



When coughing and sneezing prompt a patient to visit their doctor, what are the chances there is a cure?

Family physician and primary care researcher **Dr. Graham Worrall** has spent a great deal of time and research on this question, and his conclusions are laid out clearly in, *There's a Lot of It About - acute respiratory infections in primary care*, from Radcliffe Publishing.

Dr. Worrall's book covers the most common respiratory infections – the common cold, sore throat, ear infections, sinusitis, bronchitis and influenza. Because parents get worried by croup and

bronchiolitis in their children, there are chapters on them too.

The overriding message that Dr. Worrall has for the family physician dealing with acute respiratory infections is (in his York accent) "Do Nowt."

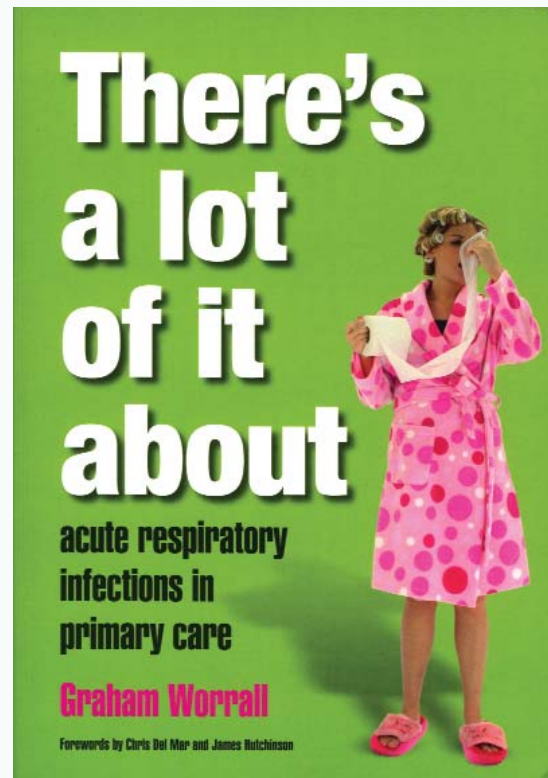
"If you came in with symptoms of coughing and sneezing, I would examine you carefully and if it were a cold I would inform you it would resolve on its own."

Dr. Worrall said some people may accuse him of being a "therapeutic nihilist" because of his views, but they are based on audit studies of the prescribing habits of doctors.

"I found that family doctors are still prescribing antibiotics more than the microbiology would indicate. This book is aimed at professionals - at every family doctor in the world as well as medical students, residents and nurses, particularly nurse practitioners. Too many antibiotics are prescribed for a group of infections which are mostly viral in origin. All this prescribing doesn't help people get better more quickly. It makes them think they are sicker than they really are, it causes lots of side effects, and it probably causes the development of resistant bacteria."

Dr. Worrall noted that for some acute respiratory infections, such as children with croup, there are effective medications. And he said that the influenza vaccination is very effective. "What I am hoping is that doctors will use more of the effective medications and less of the ineffective ones."

Dr. Worrall trained at the Royal Free Hospital, University of London, and did three years of general practitioner training in Lancaster. After 13 years in a two-person practice in a small village he did a master's degree in clinical epidemiology and moved to Newfoundland to join the Discipline of Family Medicine.



HAM Database

Love to read about the body? The Humanities, Arts & Medicine (HAM) Database is now online and looking for contributors.

The database began in 2005 as a project of the Humanities, Arts & Medicine Interest Group at Memorial University of Newfoundland. HAM is a group of students and faculty of medicine, English and history who meet informally once per month to talk about writing, music and other forms of popular culture concerned with

health, illness and the body. The goal of the database is to compile works addressing these themes by Canadian, and especially Newfoundland and Labrador, artists. Anyone is free to use the online database, and anyone is free to contribute. It is hosted by MUN's Faculty of Medicine, and is located at www.med.mun.ca/hamd/.

The project has no staff, no budget, and to date, a humble list of entries. It will rely on the kindness of strangers and enthusiasm of readers to grow

into something useful. We want people to add to the database by sending us information about Canadian literature dealing with medical themes. Instructions for doing this can be found on the database website. Webmistress Monica Kidd said in the future, "we plan to expand the database to include visual and performing arts, but for now we're limited to the written word."



Suffering and serenity

by Dr. Paul Patey

Caring for suffering human beings provides opportunities to perceive the magnificence of the human spirit.

Tonight, during a long, brisk walk I ponder the suffering of three of today's patients: a woman dying of cancer, a child born with major brain problems, and a man trapped in alcoholism.

Just beyond the edge of the small town and its lights, I reach a familiar spot and sit on a low cliff overlooking the ocean. Tonight there is no moon and few if any clouds. Stars sparkle in the black sky outlining familiar constellations. The Milky Way spans the dome of the summer sky. High in the eastern sky I glimpse a small dull area of light: the Andromeda Galaxy. It is more than two million light years away - the furthest my unaided eye can see. Here, amidst the beauty and mystery of the physical universe I have a profound sense of peace and harmony within my own few dancing atoms.

The smoothness of the sea adds to the harmony. Not far away a light house on a conspicuous point winks its message, but tonight, its buddy, the fog horn is unneeded and silent.

Peacefully, I stare at the flat black ocean and surprisingly discover blinking specks of light on the surface! The lights glow as bright as bright stars but each persists for less than two seconds. I see dozens at a time: the group covers an area as large as two or three classrooms just 20 feet or so below where I sit. They are phosphorescent plankton. While most life on this planet uses light from the sun to power its intricate processes and build its complex molecules, here on this bit of sea life does the opposite: here life produces light.

This simultaneous and serendipitous viewing of the tiny blinking stars of the sea and the steady huge stars of our galaxy is for me a joyful experience: an unexpected gift. I ponder their activity: nuclear and gravitational energy on high, and biochemical energy on the sea. Wrapped in the joy of wondering, I linger long in their presence.

Three weeks later I am back near the same spot just after dawn. Dense fog covers everything, restricting visibility to about 300 feet. No sky, ocean, or lighthouse is visible. The fog horn blares. The scene itself provides no information about the source of that noise, nor its purpose. One could conclude it was but meaningless noise.

As the fog horn blows amidst that gloom, the part of my mind that has been pondering the mystery of suffering

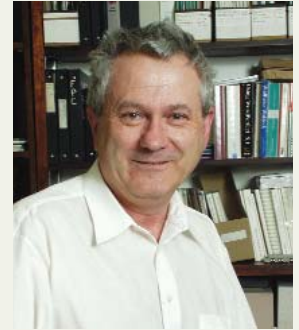
reaches a synthesis and an analogy. That desolate place with its apparently meaningless noise is the same place where stars and phosphorescent plankton together displayed their glory. The difference is in my perception, and my capacity to perceive. Suffering is similar. It's how I perceive it that makes the difference. Is it meaningless misery, or part of the magnificent mystery of our existence?

A belief that the universe and its components make sense and are more comprehensible than at present is a strong motivating force within science. Apparent inconsistencies are not seen by the scientist as threats to that fundamental belief, but rather opportunities to further explore and elucidate reality. A strong respect - yes even a reverence - for the unknown is part of the mind of the sincere scientist, whether it is the mysterious majority of DNA which does not code for proteins; the majority of the universe beyond the Andromeda Galaxy; the mysteries still hidden in the sparkling specks on the sea, or the mystery of suffering.

Caring for suffering human beings provides opportunities to perceive the magnificence of the human spirit. Their love empowers their bearing of suffering, and that love adds meaning for them to their life, even amidst the suffering. The meaning is not in the suffering: seen alone, suffering is meaningless misery, like a fog horn blaring in the ears of someone who knows nothing of the sea or shipping. The meaning is not in the bearing: the bearing may be stoical behavior to the bearer, and admirably courageous to the observer. That adds a broader perception, but is still insufficient. It is love that creates a sense of worthwhileness and meaning to the process of dealing with suffering. This is true for the patient, the family, and also the providers of service within the health care system.

Like glowing lights, patients have helped me gradually over the years perceive more of the role of love in the human mind, including its role in the bearing of suffering. Some have shone magnificently as examples of love creating a sense of worthwhileness, purpose and satisfaction. Others have provided opportunities for trying to help love grow: the effort has been worthwhile because sometimes love has grown and empowered their capacity to find meaning for their life, even amidst the mystery of their suffering.

Like my patients, their families, and their helpers, I too need some sources of serenity if I am to remain functional amidst suffering. In this instance some came as a gift from stars of sea and sky.



Faculty Awards



Dr. Ann Colbourne, Discipline of Medicine, is one of two leading East Coast physicians to serve in senior voluntary leadership positions with the Canadian Diabetes Association. She has been appointed a councilor with the association's clinical and scientific section, and Dr. Ehud Ur of Dalhousie University has been appointed chair. Along with other members of the clinical and scientific section, they will provide direction to the Canadian Diabetes Association and the approximately 600 researchers and clinicians it represents. Dr. Colbourne is a Rhodes Scholar as well as an associate professor of medicine at Memorial. She received a 2006 Canadian Association of Medical Educators Merit Award, recognizing her enormous investment in inter-professional diabetes education for both pre- and post-licensure trainees. Her involvement with the Canadian Diabetes Association began in 1985 when, as a medical student, she participated at the association's annual children's summer camp in Newfoundland. She is a presenter at many annual provincial association community events, and has adapted and delivered the association's Practical Diabetes Management Program for and with Primary Health Care teams throughout Newfoundland and Labrador. Her clinical practice is dedicated to care for persons with diabetes, hypertension, dyslipidemia, obesity and vascular disease and she is a leader in developing and supporting new models of clinical care to promote and sustain health of persons living with chronic disease.



Dr. Nizar Ladha was inducted as a Fellow of the Canadian Psychiatric Association (CPA) at its annual meeting in October. This honour was granted for the first time to 12 psychiatrists out of the more than 4,000 psychiatrists in practice in Canada. Election to Fellowship in the CPA is an honour that rewards members of this organization for excellence in their specialty and for exemplary contributions. Dr. Ladha was recommended by his peers in Newfoundland and the submission was independently reviewed. Dr. Ladha graduated from the Royal College of Physicians and Surgeons in Dublin, Ireland, in 1972 and did his internship and residency in psychiatry at Memorial and a fellowship in forensic psychiatry at Metropolitan Toronto Forensic Service and Clarke Institute of Psychiatry. An associate professor of psychiatry at Memorial University and a staff psychiatrist with Eastern Health, Dr. Ladha has a clinical practice in forensic and general adult psychiatry. He has appeared as an expert witness at all levels of courts in almost 500 cases in Newfoundland and Labrador, and Ontario, and he was a member of a committee of the Law Conference of Canada that developed a Uniform Mental Health Act for Canada. He has served on the board of the Canadian Psychiatric Association and also the John Howard Society. He teaches courses in forensic psychiatry, phenomenology and sexual disorders and has given lectures and seminars at provincial and national meetings.



Dr. Mohamed Ravalia has been awarded the Donald I. Rice Award by the College of Family Physicians of Canada. This award, named in memory of the late Dr. Donald I. Rice, CFPC executive director (1965-1985), recognizes an outstanding CFPC family physician member for their contributions to teaching, vision and leadership in the Discipline of Family Medicine. A recipient of this award is identified every even-numbered year and is supported over a two-year period to present their perspectives at chapter meetings of family physicians across Canada. Dr. Ravalia delivered the Donald I. Rice Lecture at the Family Medicine Forum in Quebec City in November and will also present in at the 2007 forum in Winnipeg in 2007. He will receive complimentary registration to both FMFs plus up to \$20,000 to support other presentations over a two-year period.





Dr. Carl Wesolowski

A new theory of how much kidney function is enough

“An embarrassment for modern medical science is the lack of knowledge of just how much kidney function is needed for different body sizes”

An article published Nov. 11 in the December issue of the journal *Nuclear Medicine Communications* proposes a new theory of the need for kidney function. The article relates that researchers working in St. John's, Toronto and San Diego propose calculating the volume within the body that needs to be cleaned by the kidneys. The first author is Dr. Carl Wesolowski of Memorial University's Faculty of Medicine. Dr. Paul Babyn, of the Hospital for Sick Children in Toronto, provided the data. Physicist Dr. Richard Puetter, of the University of California, San Diego, also worked on the new estimate of the need for kidney function.

Dr. Wesolowski said the research started by looking for a mathematical formula that would allow for better cancer and infection treatment and detect mild renal disease. “Kidney function, itself, can be measured accurately,” he said. “However, an embarrassment for modern medical science is the lack of knowledge of just how much kidney function is needed for different body sizes. Such knowledge is especially important for the medical treatment of children, who increase in body size dramatically as they grow. The most popular current notion relates the need for kidney function to body surface area. Body surface area, in turn, is estimated by calculations developed in the 19th century and modified early in the 20th century.”

Dr. Wesolowski said the rather surprising results of the team's research indicate that fractal structures are involved in the need for kidney function. “Fractals show structure on all scales and do not become smooth at higher magnification. Rather fractals, just like branching trees and irregular coastlines, when examined at finer and finer scales show finer and finer detailed structures.”

While it is one thing to suspect that body surface area is not a good indicator of the rate of urine creation, Dr. Wesolowski said, “it is somewhat harder to present actual evidence as we do. Our work suggests that there is no functional relationship between body surface area and kidney function but rather that fractal structures are involved. Our hope is that our new method for calculating the need for kidney function will reduce drug side effects and inappropriate drug dosage in the treatment of cancer and infection, as well as allowing detection of mild kidney disease without the need for a biopsy. Only time and testing of our theory by other researchers will determine if we have succeeded.”

This material was also presented at the November 2006 IEEE Nuclear Science Symposium, Medical Imaging Conference. The IEEE, Institute of Electrical and Electronics Engineers, Inc., is the world's leading professional association for the advancement of technology.



Testing the Hippocratic Oath

The Untidy Doctor

by Dr. Mohammed Ravalia



The chief steward
looked at his jeans
and baggy T-shirt.

“Are you a docteur?”

The long queue slowly snaking its way through Customs and Immigration did not dampen Adam's spirits as he proudly glanced at the dark blue, freshly minted Canadian passport tucked into the top corner of his well-worn portfolio.

“What's taking so long?” sighed Ava, looking a little apprehensive.

“Just the usual screening procedures, hon ... We'll soon be on the flight.”

He looked over at his wife with love and pride. They had been married the summer before and were now headed to his home in Central Africa for a late honeymoon. He imagined the homecoming - his close group of friends and family waiting to smother his new bride with love and attention, the endless meals and social gatherings and the numerous gifts of jewelry and clothing.

Adam had immigrated to Canada several years ago and felt well established in the medical community in his rural base in a coastal community in Newfoundland. He was anxious to

show Ava everything about his country: the lovely home in the country, his three-room primary school, the cosmopolitan capital city, his medical school, the beautiful multicolored flowers, animals, his favorite resort, childhood friends - the list felt endless and the only limiting factor would be the time they had allocated for this long awaited holiday.

Before long, they had boarded the large jet and buckled in for take-off. Ava clasped his hand as the 747 soared into the night sky, her thoughts focused on this journey that she knew meant so much to Adam. Africa, the dark continent with its endless famines and strife, its marginalization in the Global Family - what did Africa hold in store for her, she wondered.

After a delicious meal of roast beef and chocolate pudding, Ava settled in for the night while Adam studied the progress of the PGA Tour in the Sports Section of the *Globe and Mail*.

Two hours into the flight, Adam was startled by an announcement overhead, “If there is a doctor on the flight, could you kindly identify yourself to one of the flight crew.” Expecting the usual response of a carefully coiffured physician, with a stethoscope strategically situated in a jacket pocket for all the world to see, jumping up to attention, Adam continued to focus on his reading.

Shortly after, a more desperate call alerted Adam, and he stood up to offer help. The chief steward looked at his jeans and baggy T-shirt.

“Are you a docteur?” the French accent and condescension were quite plain. “I need an ID - what are you carrying that can prove that you are a physician?”

Adam was astonished at the game of 20 questions. Four rows back he noticed an elderly lady breathing heavily with obvious cyanosis and diaphoresis. Adam rushed back reflexively and rapidly took control of the situation, yelling at the steward to get the medical kit on board.

The lady was stabilized with oxygen and IV Lasix and, once the motion had settled, the steward sheepishly apologized to Adam. The captain offered Adam the option of returning to Canada but, given the stability of the patient, Adam gave him the green light to proceed on to London.

The flight proceeded uneventfully and the flight crew was profuse in their gratitude to Adam. His elderly patient was transferred to an ambulance.

“What's going on?” remarked Ava, blissfully unaware of all the commotion around her.

“I'm a little underdressed, honey. The next time we fly, I'll wear my Hugo Boss suit,” he said with a broad smile as she looked at him blankly!

Dr. Mohamed Ravalia is the senior physician at the Notre Dame Bay Memorial Health Centre in Twillingate and a faculty member at Memorial University.



Seniors' musings

by Raoul Andersen and John Crellin

Definitions

Easy – “achieved without great effort; presenting few difficulties”

It is always worth remembering that some seniors may find it easier to cook *easy over* eggs, than to turn themselves over.

Take it easy – “keep calm; don't do anything rash.”

In our era of being bombarded with messages about stress – a good deal of it arising out of the studies in Canada by Hungarian-born Hans Selye,

How does he or she – whether healthy, dealing with a chronic condition, or frail – interpret what “easy” means?

(1907-1982) – physicians commonly tell us to “take it easy.” That is not to say this is new medical advice, for physicians have long recognized situations when there is a need to take it easy. Sometimes this echoes one 18th century practitioner's prescription for health: “Fear God, follow a calm, moderate life, and with the blessing of providence and these means made use of, you will preserve your health.”

Obviously, this did not include being of *easy virtue*, on which the last quotable quote probably dates from 1963. Then Lord Hailsham, when referring to Christine Keeler with whom John Profumo, the Secretary State for War, had a liaison, said: “A great party [the British conservative party] is not to be brought down because of a scandal by a woman of easy virtue and a proved liar.” At least, *easy on the eye* seems to have survived considerations of political correctness.

Active seniors commonly hear the “take it easy”



Raoul Andersen (L) and John Crellin

message from their physicians. But do they interpret it as a genuine medical injunction, an informal suggestion, or just a colloquial parting, like, “See you again next time?” If it is medical advice, how is it offered? After all, seniors, like everyone else, are also bombarded with messages to “remain active, engage in social activities, take on a (“serious”) hobby,” all to stay healthy, physically and mentally. How does he or she – whether healthy, dealing with a chronic condition, or frail – interpret what “easy” means? How do seniors suffering from, say, rheumatism respond to advice on being active after, perhaps, a lifetime of advice on taking it easy. How active is “active”? And, will it really ease the pain?

Not easy – “alert, competent, successful”

The Dictionary of Newfoundland English illustrates this definition with the sentence “When we succeed in some small feat we say, “I'm not too easy, am I?” For some people, taking it easy is tantamount to neglecting duties. One must wonder how advice on taking it easy is accepted by a retired fisher, who cannot give up a life-long routine, or a grandmother living alone or in the same community as her grown children and young grandchildren, or an individual dedicated to his or her community's volunteer activities. As is easier said than done, medical advice needs to watch for unconscious stereotyping of aging and to take into account the values of individuals.

The “big easy”

We also live in the age of “free and easy” vacations. The Big Easy, New Orleans, as it struggles to regain its former glory, is again an option. Perhaps on a visit there, a reader might investigate whether the origin of the nickname is as recent as the 1970s as some say, or extends back to the beginnings of jazz in the city when musicians found it easy to find work there. But go easy on working too hard if you are on vacation! And you might try Newfoundland's much quieter Little Heart's Ease.



a front**WARDS** view

by Dr. David Keegan



David Keegan and his family

Feedback According to Barter

In my new role as undergraduate director for family medicine here in London, I find that I am often evaluating things. Are our objectives clear enough and attainable? Do we prepare our faculty well for the roles we expect them to take? Is the lay-out of my office open and inviting? What more can we be doing? What more can I be doing and what should I be doing differently?

It is this last question that is my home page for educational thinking – I find I keep coming back to it sometime or other, despite where I started in my evaluation of things. But, yeesh, there are a lot of different things we all do as clinical teachers that could probably be tweaked here and there. Of these, I find, like most, the task of giving meaningful feedback to be the hardest.

Hardest because it usually takes time. Hardest because any suggestions for change may not be well received. And hardest, because it often takes an enormous amount of my own energy to do it well.

But whenever I have a feedback chat looming with a student with something other than stellar performance, I can't help but think back to 1994, when I was doing an elective in emergency medicine at the Health Sciences. It had been a good shift. I had seen patients with chest pain, ankle sprains and asthma. I had even learned small but important things like how to manage hair when suturing scalp lacerations. Altogether, I thought I had had a good shift.

So when I asked Dr. Dick Barter at the end of the eight hours, "do you have any suggestions for me," I had expected only praise. Instead, I was a little surprised when he abruptly stopped walking and turned to face me saying, "I was thinking I would work a shift or two more with you David before saying this, but yes, I do have a suggestion."

I remember a surreal astonishment flooding my mind. I had only ever received good, even excellent feedback, and all of my friends related only receiving the same. To receive anything else constituted failure in my mind.

"David, I think you really do know your stuff," he went on, "but, you need to develop more confidence. More confidence in talking to patients, and more confidence in talking to us."

I thanked him; what else could I do? I nodded thoughtfully, all the while a powerful foreign emotion was pounding me square in my gut – a burning/twisting kind of emotion.

I got out of there as soon as I could. I was initially in denial, but this bizarre emotion continued to smoulder. I eventually put out its flames by just trying to address the confidence thing, whether or not I agreed with it. I would like to say that this happened within a week or two, but, being human, it didn't. By the time I finished residency, however, I was able to look back on this encounter and be very grateful to Dr. Barter, for the influence this brief discussion had on my development as a doctor. It helped me thicken my skin a little, say what I think is going on, and take on new opportunities. It made me look at how I was communicating and realize that he was right.

From a course taught by an educational psychologist, I have since learned that the reaction I felt – the one when it had seemed I had been impaled by a troll – is true gold. It means that the feedback has absolutely nailed an important issue square on the head, maybe an issue of which a learner was unaware or in denial.

I have also learned that the best, the absolute best feedback need not take forever and need not drain the teacher of energy. But, boy, it does take some guts.

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*Dr. Bill Eaton's column **A Back wards View** will return after his sabbatical.*





DEVELOPMENT AND ALUMNI MATTERS

Founder's chair in medical education planned

The immediate goal of the "Thousand Thousands Challenge" is to raise over \$2.5 million to create the first endowed chair in the Faculty of Medicine, the Dr. Ian Rusted Founder's Chair in Medical Education.

"The establishment of this chair will build on our medical school's reputation for innovation and leadership in the education of our doctors of tomorrow," said Dr. James Rourke, dean of

medicine. "It will honour Dr. Ian Rusted's leadership as the founding dean of the Faculty of Medicine at Memorial University of Newfoundland."

The idea of the "Thousand Thousands Challenge" was initiated by Dr. Wayne Gulliver, president of the Medical Graduates Society, and is aimed at graduates in established practice to commit to donating \$1,000 per year to the Faculty of Medicine.

Money raised by medical alumni has also been used in the past two years to support the Dr. Wallace Ingram Award for new faculty, and fundraising for this award continues.

If you are interested in supporting the Faculty of Medicine's alumni fundraising effort and would like more information, please contact Margaret Miller, development officer, at mmiller@mun.ca or 709-777-8289.

Graduate supports Thousand Thousands Challenge "It's time to give back"

Although the "Thousand Thousands Challenge" hasn't yet hit its stride, some medical alumni are firm advocates of giving back to the MUN medical school.

In 2005, the president of the Medical Graduates Society (MGS), Dr. Wayne Gulliver, issued a challenge to every medical graduate to eventually give \$1,000 a year to support the medical school.

Dr. Madeline Ann Connors (Class of 1980) is shocked that to date only \$44,000 has been raised by the challenge.

"Giving back financially is the least any of us can do in return for the training and opportunities we received. This challenge is directed at graduates who have been in practice for a long time – it is time for our alumni to give back."

After graduation, Dr. Connors went to Kingston, Ontario, for training in family and internal medicine. She practiced in Kingston from 1984-86 and then moved to Unionville in the Toronto area where she has been in medical practice since.

"I have really good memories of medical school at Memorial. In particular I remember (student affairs officer) Vera Griffin, who knew us all so well."

Dr. Connors said part of the problem in keeping alumni connected to Memorial may be that they are in practice in the U.S. "I know a lot of my classmates ended up in the States and they may not feel the same connections."

But overall Dr. Connors said that it is probably not a lack of will to give but rather the fact that people just get busy. "Still I hope my classmates and other medical alumni will take the time to contribute to the Thousand Thousands Challenge. Memorial's medical school deserves the support."



"Giving back financially is the least any of us can do in return for the training and opportunities we received. This challenge is directed at graduates who have been in practice for a long time – it is time for our alumni to give back."

