



FACULTY OF MEDICINE

MUN MED *News*



Vol. 20 No. 1 Winter 2008

INSIDE

A high altitude
quest for
answers to heart
disease
P. 3

40th
anniversary
celebrations

and more....



Message from the Dean



What a wonderful fall it was, a time of celebration as former faculty and students – including two former deans – gathered on Oct. 22 to celebrate the 40th anniversary of the founding of the medical school. Dr. Al Cox, the second dean of medicine, and Dr. David Hawkins, the third dean of medicine, were able to join us and each had their special memories to share.

We were fortunate to have Lieutenant Governor Ed Roberts as a special guest speaker, giving us insight into the story behind the building of the Health Sciences Centre. Early faculty and staff members and students from the first classes shared their memories of the early days of the medical school. The day included the launch of the Dr. Ian Rusted Founder's Chair in Medical Education and also the launch of a new virtual exhibit, The Early Days of the Medical School at Memorial University (www.med.mun.ca/early-days/).

Building on the vision of the late Dr. Ian Rusted, Memorial's Faculty of Medicine has become integral to the provision of health care in the province. Our 2007 strategic vision is that we 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.

We are now on the brink of tremendous growth – both in education and research. Increasing the class size for undergraduate medical education and residency training programs will enable us to educate more medical students from our province, in our province, to become doctors for our province.

Premier Danny Williams' Blueprint 2007 commits to a \$15 million expansion for medical education faculty and \$11.75 million in new annual operational costs. This will allow us to have the faculty and staff consistent for modern education facilities. We will admit more students from Newfoundland and Labrador this coming year and increase total enrolment from the current 60 to

78 over five years (a 30 per cent overall increase). Resident training program positions will also need to be increased.

The availability of adequate space is a critical issue for our faculty and also for the School of Nursing and School of Pharmacy. Our faculty has doubled its research funding from \$7 million in 2000-01 to \$13.8 million in 2005-06. There is potential to double this again in the next five years, but this can only happen if new research space is built.

We are working on a business plan for a Newfoundland and Labrador Health Research Complex (NLHRC) to operate as a centre of excellence for health research comprised of proven and innovative interdisciplinary research teams. This new building will expand research activity and enable updating of research facilities within the Health Sciences Centre to be used for leading-edge research.

It is an exciting time for the Faculty of Medicine. Our 40th anniversary celebrations showed just how far we have come in the last four decades, and now our focus must be on our growing future and the tremendous potential to expand our activities.

Dean James Rourke
MD, CCFP(EM), MCIsc(FM), FCFP
Faculty of Medicine

INSIDE

Journey to the bottom of the world.....	3-4	Dean of medicine receives high honour.....	23
And more climbing.....	5	Osler Award for Dr. Ingram.....	23
40th anniversary celebrations.....	6-9	Retirements in 2007.....	24
Gairdner Lecture 2007.....	9	Actualities by Monica Kidd.....	24
Med students involved in CFMS.....	9	Provincial health research ethics board.....	25
Address to the Class of 2011.....	10	Records come home.....	26
White Coat Ceremony.....	11	Donation from ACP.....	26
Scholarship and Awards Luncheon.....	12-14	New faculty.....	27
Just a click away.....	15	Dr. Gerard Farrell.....	28
Dr. Brendan Lewis.....	16	Newfoundland Quarterly.....	29
Dr. Sandy Macdonald.....	17	Medical Humanities Lecture.....	29
Dr. Lynn McGrath.....	18	Access data for research activities.....	30
Summer reunion.....	19	Humanities at work.....	31
Alumni news.....	19	Seniors' musings.....	32
Alumni Tribute Awards.....	20	Stories from family medicine.....	33
Of note.....	21-22	Frontwards view.....	34
		Back wards view.....	35
		Medical Graduates' Society blog.....	36



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Journey to the bottom of the world

A high altitude quest for answers to heart disease

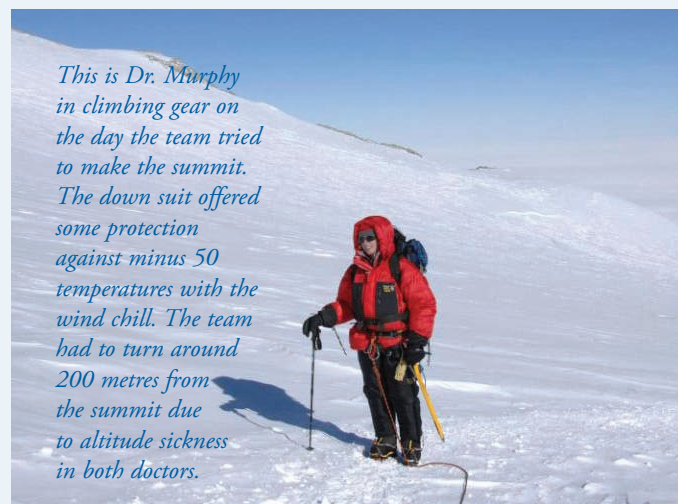


Dr. Patricia Murphy (Class of 1984) is a cardiac anesthetist at the University of Toronto who undertook some remarkable field work at the end of 2006 as part of a team that attempted

to climb the highest peak in Antarctica, Mount Vinson Massif.

The Antarctic Live Life – Test Your Limits Campaign was one of the most adventurous challenges in fundraising history, and easily met its goal of raising \$1 million by the time the team made its way up the mountain. As well as Dr. Murphy, the

This is Dr. Murphy in climbing gear on the day the team tried to make the summit. The down suit offered some protection against minus 50 temperatures with the wind chill. The team had to turn around 200 metres from the summit due to altitude sickness in both doctors.



team consisted of cardiac specialist Dr. Heather Ross, one enthusiastic donor, Ian Delaney, and an eager heart transplant

High altitude quest continued on page 4

www.med.mun.ca



High altitude quest *continued from page 3*



Dr. Patricia Murphy on Mount Vinson with a flag of Newfoundland and Labrador, sent to her by the Premier's Office.

recipient Dale Shippam. They were accompanied by videographer Yannick Rose, and Yamnuska mountain guides Barry Blanchard and Dave Stark.

“My inspiration was our patients and the opportunity to raise public awareness about the epidemic of heart failure,” said Dr. Murphy. “The general public does not realize it’s not just a disease of the elderly. For example one of our team members, Dale Shippam, an active working firefighter, had idiopathic heart disease. It was probably caused by a virus and he ended up having to have a heart transplant. Heart disease is also a growing problem in our pediatric population.”

Preparations for the Antarctic adventure began eight months before the climb. Dr. Murphy had not been in a tent since she was 16 so she started off by learning how to survive in a hostile environment and develop basic wilderness and survival skills as well as learn ice and snow climbing. Although she has always kept fit through marathon running, ice climbing was a whole new challenge.

The first training excursion took place in March 2006 at the Columbia Icefield in Jasper National Park. “It was a wake up call for what equipment we needed,” said Dr. Murphy. “We went back in October as a group, and I also went on two trips on my own to learn rope climbing and rappelling.

On Nov. 28, 2006, the team departed, not to return until the morning of Christmas Day. They were delayed by weather for 10 days in South America, and again for four days at

Patriot Hills in Antarctica. “We finally took a twin otter plane to Mount Vinson and I will never forget how massive it is – and such a brilliant blue! The mountains in Antarctica are so much bigger than the Rockies or the Alps and the environment is the most pristine on the planet. There are strict ecological guidelines for climbers because it is the last continent we have left untouched.”

Because the team was behind schedule, Dr. Murphy said they pushed themselves too hard on the last day of climbing and had to turn back 200 metres from the summit, when she and Dr. Ross developed altitude sickness.

For Dr. Murphy, part of the trip involved research and she was in St. John’s May 12, 2007, to give the keynote address at the Discipline of Anesthesia Resident Research Day on testing physiologic limits in Antarctica. “I brought an oxygen saturation monitor with me and I also monitored heart rates. It was mostly for our patient, Dale

Shippam, whose transplanted heart did really well. It wasn’t until we were 200 metres from the summit that the full physiologic effects of the very low barometric pressure were apparent,

“The general public does not realize [heart failure] is not just a disease of the elderly.”

which meant the altitude effects were magnified. Although the altitude was just under 16,000 feet, the physiologic effects were as if it were 19,000 feet.”

Dr. Murphy said it was disappointing to turn back so close to the goal of reaching the summit, but there was no other choice. Adding to the difficulty of the climb were the sled and backpacks each climber had to drag and carry. “I had about 120 pounds I had to transport and I don’t weigh much more than that!” Each day’s climb started about 1 p.m. and went for about eight hours. Because the environment is so arid, the evenings were spent melting snow to rehydrate.

Dr. Murphy said she would love to go back someday to reach the summit of Mount Vinson. “It was the opportunity of a lifetime to test myself and I know it has helped heart patients by raising money and raising public awareness of heart disease.”

And more climbing...

During the summer of 2007 Dr. Pat Murphy completed two more climbing trips. One was to Mount Assiniboine in British Columbia, considered the Matterhorn of the Canadian Rockies. The second, more difficult climb, was on Mount Whitney, the highest mountain in the contiguous United States at 14,497 feet.

“I decided to do the more difficult route of Mount Whitney which is the East Face,” she said. “It has a 5.7 grade of difficulty rock climb up a face. We did the climb very well in just six hours, however we had a camera disaster on the route! We lost the Nikon D200 camera off the top of the mountain. It was so awful to watch. Fortunately my friend took some good pictures of me rock climbing near Mt. Whitney.”



Dr. Pat Murphy climbing Crystal Crag on Mount Whitney

Dr. Murphy on the ledge at Crystal Crag



Photos courtesy of Kurt Wedberg of Sierra Mountaineering International



The Early Days of the Medical School at Memorial University of Newfoundland

Faculty of Medicine celebrates 40 year anniversary

The decision to build a medical school at Memorial University was “the most important single step ever taken in the century and a half history of health care” in Newfoundland and Labrador. This key message from Lt.-Gov. Edward Roberts led off his talk Oct. 22 during the 40th anniversary celebrations of the founding of the Faculty of Medicine. He went on to give an absorbing account of the behind-the-scenes battle to get funding to build the Health Sciences Centre, a fight that was almost lost.

The lieutenant governor was one of many speakers during the day of commemoration that offered first-hand accounts of the early days of the medical school and tributes to the founding dean, the late Dr. Ian Rusted. The Dr. Ian Rusted Founder’s Chair in Medical Education was launched, and there was also the launch of a new virtual exhibit, The Early Days of the Medical School at Memorial University.

40th anniversary continued on next page



Lt.-Gov. Edward Roberts signed the guest book at the celebrations for the 40th anniversary of the founding of the medical school.



Speakers at the morning panel on Early Days Reminiscences (from left): Dr. Bill Eaton, Dr. Brian Payton, Dr. David Moores, Dr. Shakti Chandra, Dr. Sharon Peters, Dean James Rourke, Vera Griffin and Dr. Wayne Gulliver.





The Rusted family (from left): Angela Hyde, Elaine Hyde (daughter of Dr. Nigel Rusted), Dr. Nigel Rusted, Jonathan Rusted (grandson of Dr. Ian Rusted), Ellen Rusted, Brian Rusted and Chris Rusted.

The speech by Lt.-Gov. Roberts revealed the previously unknown story of the many problems and obstacles that almost kept the medical school from becoming a bricks-and-mortar reality. The provincial government's support for the medical school was dependent on receiving substantial assistance from the federal Health Resources Fund. As parliamentary assistant to Premier Joseph Smallwood at the time, Mr. Roberts and then-university president (pro tem) Mose Morgan had drafted carefully-crafted words for the premier's declaration that "Subject only to the receipt of such support, we are prepared to commit the Government of Newfoundland and Labrador to the necessary expenditures without in any way impairing the university's other operating and capital budgets."

Getting that federal support proved difficult. The consensus among advisers to the provincial government and the university was that a new hospital to replace the General Hospital plus a Health Sciences Centre would cost \$40 million. "My colleagues and I, acting on the advice of our financial advisers, concluded that we needed \$30 million from Ottawa," said Lt.-Gov. Roberts. "That was the problem."

Using a per capita formula, the amount of federal funding fell

about \$10 million short, even after Mr. Roberts (who was then provincial minister of health) negotiated an agreement for \$10.5 million of the \$25 million Atlantic Provinces portion of the fund. At that point, the role played by John Munro, the minister of national health and welfare, became pivotal. There was \$75 million in discretionary monies in the Health Resources Fund and despite strong opposition from within the federal cabinet and most of the provinces, Mr. Roberts and others eventually convinced Mr. Munro to give \$10 million to Newfoundland and Labrador.

"The government could not have built the medical school and the new General Hospital without the \$10 million that he gave us from the discretionary portion of the Health Resources Fund," said Lt.-Gov. Roberts. "I was – and am – convinced that the university would have been forced to close the school, and to end the dream of those who believed we could educate doctors here in Newfoundland and Labrador."

Lt.-Gov. Roberts said he is "deeply ashamed" that Memorial has never acknowledged John Munro's contribution. "He deserves recognition. It is not too late to do so. I urge the powers-that-be here at the university to give earnest consideration to



Chris Rusted (L), son of the late Dr. Ian Rusted, shared a few words with former dean Dr. Al Cox.

making a suitable acknowledgment now, 36 years after he made it possible for us to build the General Hospital and the Health Sciences Centre.”

In addition to the lieutenant governor, insights into the early days of the medical school and tributes to the late Dean Emeritus Dr. Ian Rusted were given by students, staff, faculty and former deans. A morning session chaired by Dr. Bill Eaton (Class of 1974) featured recollections by Dr. David Moores (Class of 1973), Dr. Sharon Peters (Class of 1974) and Dr. Wayne Gulliver (Class of 1982). Vera Griffin, recently-retired manager of the Office of Student Affairs, offered a perspective on the changes in the medical school during her 30-year career. Dr. Brian Payton, one of the earliest faculty members hired, gave an entertaining presentation on “The Salad Days” of the medical school. Dr. William Marshall, who was recruited in 1968, offered his own good-humoured recollections of the early days of the Faculty of Medicine. Dr. Shakti Chandra, who has taught anatomy to medical students since 1974, spoke about her own enjoyable memories of her career and the changes in teaching methods as technology changed.

The day also included the launch of the Dr. Ian Rusted Founder’s Chair in Medical Education. Dr. Rusted’s widow, Ellen Rusted, and sons Chris and Brian, as well as other family members were present for the launch and for the tribute session that followed. Dr. Al Cox, who followed Dr. Ian Rusted as dean of medicine, gave a first-hand account of the dean’s role in those turbulent years when the Health Sciences Centre was under construction. Dr. David Hawkins, the third dean of medicine, offered a very personal account of Dr. Rusted, a doctor he had first met in 1959 and worked with for many years.

Speaking on behalf of the family, Brian Rusted

said, “As a family we grew up with the medical school and our father’s passion for educating medical doctors in Newfoundland for this province. We are deeply honoured that Memorial University is naming its first endowed chair in the Faculty of Medicine for our father, Dr. Ian Rusted. This medical school was his passion and a major focus of his life’s work. The concept of the Founder’s Chair in Medical Education was defined by our father and he initiated the fundraising and the description of what the chair is intended to accomplish for the Faculty of Medicine and for the education of doctors. It will serve to advance all aspects of medical education, particularly as this medical school expands its undergraduate program.”

The virtual exhibit, *The Early Days of the Medical School at Memorial University*, was launched during the day’s activities. This goldmine of historical documents and photographs was created by archivist Stephanie Harlick. It can be explored at www.med.mun.ca/earlydays/.



*Archivist Stephanie Harlick (C) created the virtual exhibit, *The Early Days of the Medical School at Memorial University of Newfoundland*, as well as many permanent wall displays with documents and photographs from the early days. Dr. Brian Payton (L), a faculty member hired in 1969, was enormously helpful in providing photographs and identifying people in the photos. He and Dr. William Marshall (R), who was hired in 1968, spoke about the early days of the medical school during the morning session of the day’s activities.*



If you have not received a copy of the Faculty of Medicine’s 60-page booklet *A Commemoration of our First 40 Years* and would like one, please write to Sharon A. Gray, HSIMS, Faculty of Medicine, Memorial University, St. John’s, NL A1B 3V6 or e-mail sgray@mun.ca and we will send you out a copy. Or drop by HSIMS to pick one up.



Gairdner Lecture 2007



From left, Dr. Ken Kao, Dr. Thomas Steitz and Dr. Dale Corbett

Dr. Thomas Steitz, an investigator in the Department of Molecular Biophysics and Biochemistry at the Howard Hughes Medical Institute, Yale University, was at the Faculty of Medicine Oct. 22 to present the 2007 Gairdner Foundation Lecture. His topic, Structural studies of the large ribosome subunit: A major antibiotic target, drew a large crowd of interested researchers including Dr. Ken Kao, Terry Fox Labs, and Dr. Dale Corbett, Canada Research Chair in Stroke and Neuroplasticity.

National participation

All medical students in Canada belong to the Canadian Federation of Medical Students (CFMS), but for some students this role goes beyond just being a member or a medical school representative. At Memorial, there are two medical students who are on the CFMS national executive – Sammy Khalili as vice-president of communications, and Michael Organ as Atlantic regional representative.

In his new position, Sammy works directly with the public relations officer for CFMS. A current campaign focuses on dissatisfaction with the locations at which the Medical College Admissions Test (MCAT) is available. In a letter published in the Nov. 13, 2007, issue of *Macleans*, Sammy and Jonathan DellaVedova from the Northern Ontario School of Medicine, wrote about the emerging frustrations with the MCAT, which was recently converted to an electronic version. The letter states that the changes surrounding this key prerequisite for the majority of Canadian medical schools must be considered in the context of equal access to medical education and the diversity of the physician population as a whole.

“As it stands now, the current system borders on discriminatory. None are more greatly affected than those students from rural backgrounds and low-income families. Students from rural and remote areas are already under-represented in Canadian medical schools. The requirement to travel to one of a limited number of urban MCAT centres emerges as an additional deterrent for these candidates. Although the physician shortage is being felt across the country, rural areas are suffering the most. It is these students from rural settings that are most likely to return to rural areas for practice as compared with their urban counterparts.

In addition, candidates from low-income families already face the burden of escalating undergraduate tuition fees, the MCAT registration fee, medical school application fees, and the prospect of an average six-figure debt upon graduation from medical school. Travel to a distant MCAT centre may be the factor that breaks the bank for these students.”

In addition to encouraging more students to write about this and other issues to local newspapers, Sammy is also involved in re-vamping the CFMS website and overseeing the *Annual Review*, a major publication of the federation.

“The biggest goal for me this year is to increase the visibility of the CFMS among our membership,” said Sammy. “All medical students are members, but many have little awareness of the work done by the federation.”

For third-year medical student Michael Organ, participation in the CFMS began in his second year as junior rep for Memorial, progressing to senior rep, and this year taking on the role of Atlantic Regional Representative. He admits that there are different issues for medical students at Memorial and Dalhousie, with Memorial medical students having one of lowest tuition rates in the country while Dalhousie students have close to the highest.

However, he said there are issues that affect all medical students, such as developing a memorandum of understanding among all medical schools for disaster preparedness planning. “We want to make sure that if medical students are called to help in an emergency, such as an outbreak of Avian flu, there is adequate planning to ensure their protection. Also, stemming from the recent specialist strike in Quebec where medical students were forced out of hospitals, our goal nationally is to gain reassurance that if there is a disruption of medical education in a school or province, there is a back-up plan in place ensuring that medical education will continue somewhere else in the country.”



Michael Organ, left, and Sammy Khalili

Address to Class of 2011 *by Dr. Babar Haroon*

The following are excerpts from Dr. Haroon's address to the Class of 2011 during the White Coat Ceremony

Medicine is a unique profession that offers a perfect balance between academic challenges and a fulfillment of our intrinsic desire to help. Realizing this fact in one form or another is what has fueled your efforts in coming this far. Now that you are beginning the next leg of this profound journey of becoming a physician you need a new set of directions, which is what I have been privileged to offer you at this ceremony.

When writing this speech, I stumbled on an article written by a former editor of the *British Medical Journal*, Richard Smith, in which he described his own experience of addressing a new group of medical students. In it, he eloquently points out that perhaps the most famous advice to young people in the English language is manifested in the dialogue between Polonius and his son Laertes in Shakespeare's *Hamlet*, when he tells his departing son: "above all: *to thine own self be true.*"

All of us, but especially medical students, experience the pressure of being somebody else. I can remember vividly my orientation week when I started doubting my place in the class, and believed



Dr. Babar Haroon

the admissions committee had messed up big time! I felt as though everyone I met had achieved so much in life, reaching excellence in whatever they pursued, while I was barely able to keep it together.

However, as our class got to know each other, it became quickly obvious that we were all suffering from the common new medical student ailment, "the imposter syndrome."

Having said that, I

continue to regularly believe I don't belong where I am, and that they are yet to find me out. I think Muir Gary, a public health physician, said it best in saying, "If you don't doubt what you are doing once a week you're probably doing the wrong thing."

You should all be proud of the fact that you are now a part of Memorial. I, as well as many of my colleagues, have had the pleasure of rotating through various teaching hospitals across the country. From what we had heard from our predecessors, and came to find out for ourselves, it certainly is not uncommon for Memorial medical students to be mistaken for residents. During my third-year internal medicine rotation at the Saint John Regional Hospital in New Brunswick I was not provided the advantage of having a senior resident. I went on to manage a large number of patients with only the help of the staff physician, who would have to leave the ward service routinely to run his clinics. As time went on, staff on the inpatient service changed, and during one of these changeovers a staff showed up for rounds and asked myself and three other clinical clerks: "Now which one of you is the clerk from MUN?" Afraid that I had done something drastically wrong, I

reluctantly volunteered my identity, to which his response was, "Good, I will take one MUN clerk instead of three other clerks."

As our Dean Rourke most succinctly points out, "We are known across the country, and internationally, for our sound knowledge base, practical skills, excellent communication and positive attitude." I can say with certainty that the education you will receive at Memorial is second to none, and undoubtedly it will be a highlight of your life.

I urge each and every one of you to go home and write a letter to yourself, explaining your reasons for pursuing this amazing career. Though you have your personal essays you prepared for the application process to medical school, this letter should be more reflective of what you expect from medicine, and how you see yourself at the end of four years. Envision benefiting your future patients from what you think you have to offer now. I assure you that this exercise will serve you well, reminding you of your initial intentions for patient care. It will help guide you through the hardships you are bound to face during this intense training, hopefully helping you prevent turning your empathy into apathy.

Medicine is not only clinical work but is also concerned with relationships and dealing with people in their most vulnerable state. Patients regularly feel like cases rather than people, and usually what is important to them is different from what is important to doctors. I believe the lone solution to this conundrum lies within one of medicine's maxims: "listen to the patient". You will learn tremendously from seeing things from the patient's perspective and improving your communication skills.

Try to keep your life as normal as possible. Get away from the hospital as much as possible. Cherish and value your friends, family and significant others, as they are likely a bigger factor in your success than you may realize, and feel the great health their love affords you. Do not sacrifice your family for your medical career. What you will gain in living a fulfilled life will serve you tremendously with your patients.

Recognize the place your classmates will have in your life, as you won't survive in medical school without them. For the next little while, they will be the ones you will spend most of your time with, and at times they will likely be the only people around who will really understand what you will go through. Through it all, I can guarantee that you will have unbelievable amounts of fun, make amazing memories, and may be even if you are lucky you may find your lifelong partner, like I did!

Finally, I will end with a telling quote, my original inspiration for this article, that Richard Smith used in his speech to the new students he addressed from Henry James's *Portrait of a Lady* where one character, who is close to death, is advising another:

"Take things more easily. Don't ask yourself so much whether this or that is good for you. Don't question your conscience so much – it will get out of tune, like a strummed piano. Keep it for great occasions. Don't try so much to form your character – it's like trying to pull open a rosebud. Live as you like best, and your character will form itself. Most things are good for you; the exceptions are very rare. Spread your wings; rise above the ground. It's never wrong to do that."



Ceremony welcomes students into medical profession

The sixth annual White Coat Ceremony was held Sept. 14 to welcome first-year medical students into the profession. Each student received a short white coat and recited the Oath of Geneva.



Vaishaali Manga received her short white coat from Dr. Gerard Farrell, assistant dean of Undergraduate Medical Education.

Dr. James Rourke, dean of medicine, welcomed the first-year class to the start of a wonderful career. “Our goal here is to help you to become the best physician you can be. I am convinced you will graduate with a top-rate education.”

Dr. Jill Barter, acting assistant dean of admissions, told students the White Coat Ceremony marked the beginning of the next phase of their education. “You will be privy to the most private hopes and fears of your patients. Never take this trust lightly. Medical education is a privilege granted to only 20 per cent of qualified applicants. The white coat is a symbol of the enormous responsibility you have already accepted.”

Dr. Cathy Vardy, assistant registrar of the College of Physicians and Surgeons of Newfoundland and Labrador, informed students of the privileges and responsibilities associated with membership in the college. “Your name is now entered on the college’s educational registrar and with that come self-regulation. We urge you to maintain a balance in your life and we urge you to conduct yourself in an ethical manner.”

Dr. Elizabeth Callahan, president-elect of the Newfoundland and Labrador Medical Association (NLMA), also welcomed students and outlined the role of the NLMA in representing physicians in negotiations with government. She also encouraged them to access services provided through the NLMA such as MD Financial. “Our resources are open to you. We welcome all of you to our family.”

Dr. Babar Haroon, a postgraduate Year 1 in internal medicine, spoke to the students about progression through medical school. “I do assure you the education you will receive will be a thrilling and joyous experience. Always assert your own motivation, your self-confidence, and avoid the trap of thinking you have to know everything. You have to accept that you won’t know everything but it’s important to know how to find out.”

Dr. William Pryse-Phillips, professor *emeritus*, led the students in a recitation of the Oath of Geneva. Following a few closing remarks, Dean Rourke hosted a reception for students and their families.



Students recited the Oath of Geneva at the end of the White Coat Ceremony.

Scholarship and awards luncheon

On Oct. 23 the annual Scholarship and Awards Luncheon for first and second-year medical students was held in the Junior Common Room, R. Gushue Hall. A total of 37 awards were presented, including two outstanding teacher awards and the first presentation of the Gordon Mercer Rural Medicine Bursary.



The Gordon Mercer Rural Medicine Bursary was presented to first-year student Chris Smith (R). On hand for this inaugural presentation were Mrs. Elizabeth Mercer (L) and daughter Christine Mercer and Dean James Rourke. Named for the founding officer for Student Affairs in the Faculty of Medicine (1972), this bursary is awarded to a student entering first year of studies in the Faculty of Medicine who is from a rural community in Newfoundland and Labrador. The bursary was established through a generous gift from Mrs. Mercer in memory of her late husband. It is the first entrance award in medicine.



Dr. Jim Hutchinson (R) was chosen by the first-year medical students as their Outstanding Teacher. The award was presented by Aiden Brazil (L) with Dean Rourke. Some of the qualities considered by the

students in making these awards are: comprehensive knowledge of the subject; preparation, organization, enthusiasm, effective communication and encouragement of student participation in the subject; sensitivity to student concerns, accessibility to students and providing constructive feedback to students; presenting a positive role model; and ability to motivate students for future learning.



Dr. Proton Rahman (R) was selected by second-year medical students as their Outstanding Teacher. The presentation was made by Neil Cheeseman (L) with Dean Rourke.

First-year awards

Hanni Bouma received the Centennial of Responsible Government Scholarship, awarded annually to the most outstanding student in the class. She also received the Medical Practice Associates Scholarship, made available by Medical Practice Associates, the business association of all full-time clinical faculty members in the Faculty of Medicine. It is awarded to the student earning the highest grades in the first year of medical studies. Ms. Bouma also received the Gina Blundon Memorial Scholarship, presented by Gina's mother, Alice Blundon. This scholarship is awarded by the Avalon Health Care Institutions Board to the student who receives the highest mark in cardiology.

Hanni Bouma, Lori Shandera and Melanie Young received John M. & Elsa S. Morgan Scholarships. These scholarships were bequested to the university by the late Dr. John M. Morgan and his wife Elsa S. Morgan. They are made on the basis of scholarship standing. Preference is given, where possible, to students from the Port de Grave District.



Alison Marr received the Dr. H.D. Roberts Prize in Pharmacology. This prize is funded by an endowment provided by Elizabeth Drugs Limited in recognition of the contribution made to the community and to the medical profession by Dr. H.D. Roberts, father of Dr. Peter Roberts and Lt.-Gov. Edward Roberts. It is awarded annually to the student who has shown academic excellence in the field of pharmacology.

Susan Mercer received the Ryan Family Scholarship. This scholarship was established by Mrs. Helen Ryan in memory of family members, Mary B.H., Thomas Sr., Thomas Jr. and Mary.

Adam Hart received the Dr. Wulf Grobin Memorial Scholarship. This scholarship was established by Ms. 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.

Daniel Costa received the Dr. John M. Darte Memorial Award. 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.

Andrew Fagan received the Surgery Prize in Anatomy. 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. Mr. Fagan also received the Walter Davis Award, 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 ISD-1 Course.

Sonia Fawcett received the Opportunity Fund Scholarship. This scholarship is the result of an endowment 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 selection is based on academic excellence.

Amanda Park and **Krista Baker** received the Dr. Leonard Miller Award, established in memory of Dr. Leonard A. Miller. The award is funded by the Faculty of Medicine and the St. John's General Hospital and is awarded to the most outstanding student in Community Health.

Jeremiah Stitham received the Rural Community Visit Prize. This prize is provided by the Division of Community Health. The recipient is recommended by the Community Health Course Committee and is based on all essays/projects concerning the two week rural community visit. Submissions are judged on the basis of originality, scientific merit, presentation and overall contribution to rural community health.



Dean's List for first-year students (from left): Susan Mercer, Adam Hart, Sonia Fawcett, Andrew Fagan, Hanni Bouma and Dean Rourke.

Second-year awards

Maria Kielly 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.

Heidi King received the Dr. Calvin N. Powell Bursary in Medicine. This bursary was established by Dr. Calvin Powell (Class of 1982). The selection is based on academic excellence and financial need.

There were five recipients of Dr. Mary E. Pedersen Scholarships in Medicine: **Chris Holden, Ryan Snelgrove, Michael Organ, Allison Hall and Andrew Hunt**. These scholarships are made possible by a generous donation from Dr. Mary E. Pedersen (Class of 1980). The selections are based on academic excellence.

Sarah Morrissey received the Dr. J.B. Roberts Memorial Scholarship. Friends and colleagues of the late Dr. J.B. Roberts established this scholarship in his memory. The selection is based on excellence in clinical skills as determined by performance in the clinical skills course (OSCE).

David Isa (R) received the *Morris & Graham Wilansky Memorial Award*, presented by *Ruth and John Noel (L)* and *Dean*



Rourke. This award was established by the family and friends of Morris and Graham Wilansky, in their memory.



Douglas Mayson (L) received the Dr. Brian Gerard Adams Memorial Bursary Fund, presented by Mrs. Mary Adams and Andrea Adams (R), with Dean Rourke. This bursary was established by the friends and family of Dr. Brian Gerard Adams in his memory.



Michael Organ (second from left) and Sammy Khalili (unable to attend) received Newfoundland and Labrador Medical Association Awards, presented by NLMA president-elect Dr. Elizabeth Callahan and executive director Robert Ritter (L) with Dean Rourke. These awards are funded by The Newfoundland and Labrador Medical Association. Selection is based on potential interest in the organizational aspects of the profession of medicine as demonstrated by participation in leadership roles within the school.

Susan Avery received the Medical Practice Associates Scholarship. This scholarship is made available by Medical Practice Associates, the business association of all full-time clinical faculty members in the Faculty of Medicine. This is awarded to the student earning the highest grades in the second year of medical studies. Ms. Avery also received the Pathology Prize. This prize was established in 1984 by the members of the Discipline of Laboratory Medicine in recognition of the distinguished contributions to pathology and to medical education at Memorial University by Dr. S.N. Huang, a previous chair of the discipline. This prize is awarded to the student whose performance in the general and systems pathology course is considered by the members of the Discipline of Pathology to be most distinguished.

Chantel Barrett received a John M. & Elsa S. Morgan Scholarship. These scholarships have been bequeathed to the University by the late Dr. John M. Morgan and his wife Elsa S. Morgan. The scholarships are made on the basis of scholarship standing. Preference will be given, where possible, to students from the Port de Grave District.

Jason Chaulk received the Dr. J.H. King Memorial Award. This fund was established by Dr. King's wife and children in his memory. The selection is based on academic excellence and the student must be a resident of the Western Newfoundland area, as defined by the Government of Newfoundland and Labrador, Department of Health.

Dawn Armstrong received the Dr. Andrew Bagby and son Zachary Andrew Memorial Bursary, initiated in memory of Dr. Andrew Bagby and his son Zachary by David and Kate Bagby, parents of Andrew. The award is presented to a medical student with an engaging demeanour who can relate with ease to people at all levels, as this was a unique characteristic of Dr. Bagby. The student is judged by their peers to have a positive, caring attitude fostering a sense of camaraderie within class life. Student Affairs manager Vera Griffin read a message from Mr. and Mrs. Bagby during the ceremony.

Robert Mercer (L) received the Gina D. Blundon Memorial Bursary, presented by Alice Blundon (C) with Dean Rourke. This award, funded by the Medical Students' Society, 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.



Students on the Dean's List for second year are (from left): Ryan Snelgrove, David Isa, Heidi King, Susan Avery and Chantel Barrett (unable to attend) with Dean Rourke.



Interactive classroom technology

Just a click away

Popularly known as “clickers,” personal response system tools are now available for use in teaching at the medical school.

Dr. Jon Kibble, who teaches physiology to first-year medical students, makes use of clickers in his teaching. He said the devices break up a lecture and allow students to see their progress in understanding the lecture material. “About three or four times each lecture I put up a question and give the students between 30 seconds and a minute to ‘click’ on their response. The computer polls the responses and everyone can see the results in the form of a bar graph on an overhead screen.”

Dr. Kibble said the clickers have a flexible format, encouraging active learning and offering immediate feedback. They are also useful to poll the class on general questions such as how they feel about an exam.

Clicker technology has been around for several years. Using the devices, the instructor can pose a question through PowerPoint to which students are asked to respond. Like a TV remote control, students use the clicker to beam their answers to the receivers by clicking the appropriate buttons. Software in the computer processes the responses, analyses the data and creates a response distribution chart. Students and the instructor can then examine the chart to find out the numbers of students selecting each answer option.

Although some university courses require students to buy the clickers at a cost of approximately \$26 each, the devices used at the medical school are provided free of charge through Health Sciences Information and Media Service (HSIMS). “We decided to invest in this new learning technology following consultations with interested faculty,” explained George Beckett, manager of HSIMS.

“Audience response technology is one example of the rapidly evolving technologies that can be used to improve education activities even within the traditional format of a lecture style presentation. HSIMS has bought 70 units for a pilot project in 2007/08 to evaluate the use of the technology. If there is sufficient interest more units will be purchased.”

Students seem enthusiastic about the clickers. “More instructors should use clickers,” said first-year medical student Erica Hansford. “They are awesome.” Classmate Chris Downton also favours the devices. “They are nice



Dr. Jon Kibble finds “clickers” encourage interactive learning in his first-year physiology class.

and interactive and help vary the class.”

First-year medical student David Metcalfe said the clickers make it easier to be interactive with the class. Classmate Brandi Gullison said they provide a good way to measure how you compare with the rest of the class.

Mike Mooney, senior technical consultant with HSIMS, said the four large classrooms in the medical school are now equipped to use clicker technology – Lecture Theatres A, B, D and the main auditorium. These have been equipped with a set of receivers which are connected to a computer. These receivers are then used to collect responses from students and pass them on to the computer.

HSIMS has introduced a Personal Response System (PRS RF) website at www.interwritelearning.com/products/prs/radio/detail.html for classroom use in first and second-year teaching. Interested faculty and instructors are encouraged to attend one-on-one training as well as access to the software. This training and orientation is available through HSIMS for potential users. Sample reference materials, available documents and guidelines are currently available from the web, created by users of Interwrite PRS that address the “how to’s” and general use and support of the response systems. For further information on training, please contact Mike Mooney at 777-6023 or mmonooney@mun.ca.

Orthopedic surgeon loves to teach and serve



Dr. Brendan Lewis

“It doesn’t matter where you practice or work, you can always make a difference and become involved.”

Dr. Brendan Lewis (Class of 1983), is enthusiastic about his specialty of orthopedic surgery, and particularly loves teaching medical students and residents. He has a long record of service to his profession and the wider community, perhaps most notably as president of the Canadian Orthopaedic Association (COA) from June 2006-07. He was also a member of Memorial University’s Board of Regents for nine years, finishing in October 2006.

“It doesn’t matter where you practice or work, you can always make a difference and become involved,” said the Corner Brook-based surgeon. “Just because I live in a small community doesn’t mean I couldn’t take on the job of president of COA. It was one of the highlights of my career.”

Since COA was founded in 1945, Dr. Lewis is the second Newfoundland-based orthopedic surgeon to head up the association (Dr. David Landells served in 1974). He is also the first community-based surgeon to hold this position.

Born in Colliers, Conception Bay, he did the first two years of his orthopedic residency at Memorial and finished it in 1989 under the combined Memorial/Dalhousie Orthopedic Program. He then completed a Fellowship in Spinal Disorders and Orthopedic Trauma at the University of Toronto in 1990.

Dr. Lewis and his wife, Dolores, chose to move to Corner Brook for family and professional reasons. It was his wife’s home community, and Dr. Ivan Chrappa, an orthopedic surgeon originally from Czechoslovakia, was working there. “He was passionate about orthopedics and really got me interested. When I first moved to Corner Brook, I wanted to be involved in a teaching centre so I originally planned to stay just five years and move on. That was 18 plus years ago!”

Dr. Lewis managed to create his own teaching centre, and for 16 years has had regular rotations of clinical clerks, family medicine residents and an orthopedics resident three months per year. He also takes on some students from Germany for electives through Memorial’s International Elective Program. In 2004 he received the inaugural Dr. Craig Loveys Award. The award, named in honour of the former associate professor of obstetrics and gynecology at the Central Newfoundland Regional Health Center who died in 2002, is presented annually by MUN’s Discipline of Family Medicine to a specialist for excellence in teaching family medicine residents.

The strain of working on-call one in two nights, coupled with the death of Dr. Chrappa several years ago, caused Dr. Lewis to think about looking for another job. But his family wasn’t keen to move, and he was worried that the teaching program he had developed would cease if he left. He said that there are now four orthopedic surgeons in Corner Brook and “life is better.”

His current enthusiasm is to see a physician assistant program developed in the province. “This would be for persons with a university degree who would do the first two years of medical school and then go and work for two years in a particular area under the direction of physicians. Physician assistants have been used for a long time in the military, and in the U.S. there are about 70,000 people doing this job while in Canada there are only about 130.”

Dr. Lewis said Manitoba legislation allows physician assistants to enter the health care system, and he has an orthopedic surgery colleague in Winnipeg who employs three physician assistants for four orthopedic surgeons. “These assistants allow the surgeons to more than double the number of surgeries they do every day. The work of the assistants has been shown to be very effective in getting more work done and cutting patient waiting time in half.”

If a new hospital is built in Corner Brook, Dr. Lewis envisions having the hospital affiliated with the medical school, allowing some medical students to do more of their education in Corner Brook, and even establishing a physician assistant education training program. “We could have our own health science centre on the west coast and develop medical research like the model in St. John’s. It would improve the delivery of health care in Corner Brook.”

Alumni profile

Dr. Sandy Macdonald



*Dr. Sandy Macdonald and daughter
Martha Anne Macdonald*

Dr. Sandy Macdonald (Class of 1986) has spent his medical career working in remote areas of Canada and is now director of Medical Affairs for the Department of Health and Social Services in Nunavut. His experience as a medical student at Memorial was a large influence on his career choice, and he recalls with pleasure his electives in Labrador.

“The doctors in Goose Bay were working hard but they also had a lot of fun with outdoor activities like skiing. It was a good lifestyle.”

Dr. Macdonald started his academic career studying philosophy, earning a master’s in philosophy and literature from the University of Guelph and starting a PhD in philosophy at Pennsylvania State University before deciding to switch gears. “I was better at taking theories and applying them than coming up with new theories. My talents fit better with the professions. I applied for law and was accepted at Dalhousie but backed out at the last minute – I knew I really wanted to do medicine.”

While working in St. John’s with the Atlantic Provinces Economic Council he decided it was time to apply to medical school. Approaching 30, he knew he was older than most students accepted for medical studies, but he found Memorial open to his application so after a year of pre-medical studies in chemistry, he was accepted as a student.

Dr. Macdonald’s interests quickly led him to the north. He’s worked at the University of Manitoba’s Northern Medical Unit, the L’Ardoise Medical Clinic and Strait-Richmond Hospital in Nova Scotia and the Hudson Bay Hospital Centre, Povungnituk, Quebec. Other posting early in his career were at Queen’s University’s Moose Factory Program at the Moose Factory General Hospital; the Centre de Santé de la

Basse Cote Nord, Blanc Sablon, Quebec; the Clinique Communautaire de Pointe St. Charles, Montreal; the Baffin Regional Health Board, Iqaluit; and the Barrie Memorial Hospital, Ormstown, Quebec.

From 1993-1998, Dr. Macdonald worked as a staff family physician and anesthesiologist at Sioux Lookout Zone Hospital, Sioux Lookout, Ontario. His responsibilities there included low risk anesthesia services in the hospital, shifts in the emergency department and outreach clinics to the remote First Nations’ communities of Sachigo Lake and Fort Severn in Northwestern Ontario. From 1998 to 2000 he worked as a general practitioner and anesthesiologist in Sioux Lookout, Winnipeg, Moose Factory and Iqaluit, Nunavut. In 2001 he was appointed director of Medical Affairs with the Department of Health and Social Services, based in Iqaluit, the capital of Nunavut. In this position he is responsible for recruitment and retention of physicians in the Territory, quality of care, and physician services both in the Territory and with Southern Service providers in Ottawa, Winnipeg and Yellowknife.

Over the years Dr. Macdonald has maintained his interest in academic matters. He served as the education co-ordinator for the University of Toronto Sioux Lookout Program in Sioux Lookout and clinical assistant professor in the Department of Community and Family Medicine. Since settling in Nunavut he has been involved in teaching family medicine residents and pediatrics residents from the University of Ottawa, and is a clinical assistant professor of family medicine at the university. Further, he has had a number of publications and presentations in the area of managing preterm labour in remote communities and management of viral outbreaks in the North. He was appointed a Fellow of the College of Family Physicians of Canada in 2005 as acknowledgement of his commitment to ongoing medical education.

Memorial’s medical school has a special place in Dr. Macdonald’s heart, and he had been a generous donor over the years. He said he feels grateful that Memorial accepted him as a medical student on his own merits and he said the education he received was excellent. “I have given back in service to marginalized areas in the country and I give back to Memorial’s medical school because it started me on my career. I have no regrets at all about becoming a doctor. It is truly my calling.”

Alumnus excels as cardiothoracic surgeon



Dr. Lynn McGrath in Lithuania

Dr. Lynn McGrath (Class of 1974) is one of the top cardiothoracic surgeons in the world. He has performed more than 10,300 open-heart surgery procedures and has been successful in healing people of all ages with a variety of heart conditions. He is particularly proud of his work with the Children of the World Program, an initiative of the Deborah Heart and Lung Center in Brown Mills, New Jersey, where he is vice-president of Medical Affairs, chair of the Department of Cardiothoracic Surgery and director of Pediatric Cardiac Surgery.

As surgical director of the Children of the World Program, Dr. McGrath has operated on 1,300 children from 91 different countries over the past 22 years. While most of these surgeries have been done at the Deborah Heart and Lung Center, in 1988 he brought a team of 60 health professionals to Tbilisi in the Soviet Republic of Georgia and established a pediatric cardiac surgical program for the Georgians. During one week in September he operated on 19 children, and the medical expedition was memorialized in a NOVA PBS program.

Two years later, in September of 1990, Dr. McGrath led a team to Vilnius, Lithuania, on a similar mission. Operations were performed on 19 pediatric cardiac surgical patients, and a

pediatric cardiac surgical program was established for the area.

“The work with these children is dramatic because most repairs aren’t done until the children are older and their bodies have been ravaged by heart disease,” he explained. “The program costs between \$3 and \$4 million a year and part of our work is raising funds. If we have, for example, a child from Poland, we work with the local Polish American community to raise money. It’s a very satisfying program, operating on a child who otherwise would have no chance of life.”

Dr. McGrath said he keeps in touch with his young international patients by asking them to send him a Christmas card every year. In May of 1999, he received an Honorary Doctor of Laws Degree at St. Francis Xavier University in Antigonish, Nova Scotia. “I received that degree largely related to my humanitarian activities with the Children of the World Program,” he said. “In fact, when I gave the convocation address to the graduates, I spoke extensively about the Children of the World Program and used that as a platform to encourage the students to contemplate service in their professional lives.”

During his undergraduate medical education at Memorial University, Dr. McGrath recalls that cardiac surgery was

the newest specialty and he found it very exciting. The heart lung bypass machine had first been used on a human in 1953 but it was only in 1960 that it was considered safe to use the machine during coronary artery bypass surgery.

While studying at Memorial, Dr. McGrath said he was influenced in his eventual decision to pursue cardiothoracic surgery by Dr. Gary Brownrigg, a thoracic surgeon at St. Clare’s, and also by surgeon Dr. Cecil Couves. Of course his own interests played a part – he recalls that in Grade 10 he was already reading the *Journal of Cardiovascular and Thoracic Surgery*.

Dr. McGrath received postgraduate training in surgery at McGill University, Montreal. He continued his surgical studies in Boston at Brigham and Women’s Hospital/Harvard Medical School. He was appointed Arthur Tracy Cabot Fellow in Surgery and instructor in surgery at Harvard Medical School. In 1981 he was named chief surgical resident and assistant to the surgeon-in-chief. He was also appointed to the staff of Brigham and Women’s Hospital. He went on to do specialty training at University of Alabama Hospitals in Birmingham, Alabama. He was appointed attending surgeon at the Deborah Heart and Lung Center in 1985 and named department chair in 1989.

Dr. McGrath has introduced various minimally invasive techniques for heart surgery and vein harvesting at the Deborah Heart and Lung Center, including minimally invasive heart surgery using Port Access, which he performed for the first time in New Jersey in 1997. He also has extensive experience in teaching and has conducted significant research in his specialty areas, having made more than 150 presentations nationally and internationally, and authoring over 100 scientific papers and chapters for medical textbooks.

Summer reunion



Members of the Class of 1982 and some friends had a grand time during last summer's reunion. From top: Drs. Ford Bursey and Louise Miner; Drs. Kathy Keith, Rosemary Fitzgerald, Gerard Parsons, Elizabeth Harvey and daughter; Drs. Lydia Hatcher and Rhonda Wilansky; Drs. Frank Noftall, Fred Jardine, and David Morgan; Dr. Kathy Gillis, Dean James Rourke, Drs. Ed Redmond, Wayne Gulliver and Harry Jim; and Drs. Joe Wojcik and Paul Bragg (Class of 81).

Dr. Wallace Ingram Award for New Faculty

Dr. Bruno Stuyvers, associate professor of muscle microphysiology, was the 2007 recipient of the fourth annual Dr. Wallace J. Ingram Award for New Faculty. Dr. Ingram was on hand to present the award, in the amount of \$10,000, at the opening reception of the 2007 Medical Graduates Society Reunion the evening of July 27.

Dr. Stuyvers, who joined Division of BioMedical Sciences in November 2006, will use the award for assistance in the development of a new model of cardiac arrhythmias. The money will contribute to support the salary of a research associate or stipend of a graduate student to be in charge of the model of myocardial infarction being studied by Dr. Stuyvers.

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.



From left: Dr. Bruno Stuyvers received the 2007 Dr. Wallace Ingram Award for New Faculty. On hand for the presentation were invited guests Dr. Brian Payton, Dr. Bill Marshall and Dr. Wallace Ingram.

Alumni news

Class of 1985

Dr. Jamie Karagian is now the clinical research physician for Zyprexa for Canada, Intercontinental Region and Japan, Eli Lilly and Company. "Fortunately I don't have to move!" he writes. "Prior to this, my duties were only for Canada."

Class of 2005

Dr. Jan Rogerson is requesting donations from the Class of 2005 to support a new endowed bursary in the School of Pharmacy in memory of her sister, Jaclyn Rogerson (Pharmacy Class of 2004) who died recently. Donations may be sent to:

The Jaclyn Rogerson Bursary,
c/o Alumni Affairs, 20 Lambe's Lane,
Memorial University, St. John's, NL,
A1C 5S7 or call toll-free at
1-877-700-4081.

Alumni Tribute Awards

J. D. Eaton Alumni Award



Dr. Wayne Gulliver

The J.D. Eaton Alumni Award recognizes exceptional leadership and outstanding service to Memorial University. For Dr. Wayne Gulliver (B.Sc.'78; MD'82) this means giving back to a community that gave him so much. Even before graduating from Memorial's Faculty of Medicine in 1982, he

realized the importance of supporting physicians and researchers as well as new entrants to the medical field. His response was to get involved.

In 1978, during his undergraduate degree at Memorial, Wayne served as the chair of the organizing committee for the Atlantic Provinces Chemical Institute of Canada Student Conferences – his first of many volunteer capacities at Memorial. From that point on, he has shared his time and his knowledge. Today, he volunteers as chair of the dermatology division within Memorial's Faculty of Medicine.

Dr. Gulliver was instrumental in establishing an award to honour Dr. Wallace Ingram's contribution to medical education within this province. This award is available each year to a new faculty member. In 2005, he initiated the Thousand Thousands Challenge, encouraging medical graduates to donate \$1,000 annually to raise \$1 million for the Faculty of Medicine. He served from 2003-2007 as president of the Medical Graduates' Society. Annual reunions for five classes starting with 1973, 1978, 1983, 1988, and 1993, have proved very successful with attendance continuing to grow each year. Under Dr. Gulliver's leadership, each reunion class is encouraged to fundraise in support of their faculty.

Despite a busy schedule with his medical practice, research clinic, volunteer activities and family life, Dr. Gulliver remains a tireless supporter of Memorial University and the Faculty of Medicine. He is an excellent example of an alumni leader, one who guides by example and firmly stands behind his words and actions. His life is one of professional service – to the university, his patients, his practice, his colleagues, and, ultimately, the province. For his assiduous support, his continuing leadership, and his unflinching desire to see Memorial's Faculty of Medicine flourish, Dr. Wayne Gulliver received the 2007 J.D. Eaton Alumni award.

The Alumni Horizon Award



Dr. Marlene Shehata

The Alumni Horizon Award honours young alumni who have realized extraordinary achievements before the age of 35. Egyptian-born Marlene Shehata has already celebrated many successes in her 28 years. She earned her first degree in Cairo, Egypt, moving to St. John's, NL, in 2002 to attend Memorial

University under Dr. Alan Pater's supervision and earning a M.Sc. in 2004. Today, with three degrees in hand – and a PhD in cellular and molecular medicine in fall 2007 from the University of Ottawa – Ms. Shehata feels it important to encourage and support others while advancing through the various stages of her own professional development. She is a registered pharmacist intern with the Ontario College of Pharmacists; a part-time professor of pharmacology at the University of Ottawa's Faculty of Medicine; and has received major awards and scholarships of excellence in the fields of basic and medical sciences.

As an educator, Ms. Shehata teaches senior level pharmacology to fourth-year health sciences students; has served as a biological sciences tutor; and has volunteered her time teaching English as a second language to those newly arrived to Canada. With the publication of many abstracts and articles, she is involved in the education of health professionals and pharmacists across Canada. She is the lead author and developer of continuing education modules for pharmacists. She is an invited reviewer for many reputable journals, a reviewer and editorial board member of the *African Journal of Biotechnology*, and a consultant for developing new drug names.

From a volunteer and leadership perspective, Ms. Shehata has been active in organizations and associations that further the education, knowledge, and development of those working in her profession. She continually promotes better health care. As a critical thinker and a remarkable scientist, Ms. Shehata has clearly demonstrated her desire to explore her chosen field and to strive for original and innovative solutions. As a pianist, she regularly plays for her church.

Of note

Dr. Sharon Buehler, honorary research professor in the Division of Community Health and Humanities, is the winner of the inaugural Primary Care Researcher of the Year Award. The award was presented at the annual meeting of the Atlantic Practice Based Research Network, held in conjunction with the annual scientific assembly of the Newfoundland and Labrador Chapter of the College of Family Physicians of Canada in Gander Sept. 20.



Dr. William Fitzgerald, surgeon-in-chief of the Grenfell Regional Health Services, and a part-time member of the Discipline of Surgery, is president-elect of the Royal College of Physicians and Surgeons of Canada. His two-year term as the college's 40th president began in September 2008. He recently stepped down as president of the Canadian Association of General Surgeons. In 2007 he was

appointed a Member of the Order of Canada. He has practiced traditional general surgery in St. Anthony from 1976 to the present and his special interests are the modes of service delivery in rural Canada and the management of hereditary nonpolyposis colon cancer. Last fall he was awarded the Dr. Craig Loveys award from Memorial's Discipline of Family Medicine. This award was established in 2004 in honour of the former associate professor of obstetrics and gynecology at the Central Newfoundland Regional Health Center who died in 2002. It is presented annually to a specialist for excellence in teaching family medicine residents.



Linda Kirby, Discipline of Family Medicine, won a 2007 President's Award for Exemplary Service. Since coming to Memorial University in 1976, she has worked in administration for several departments, including Alumni Affairs, the Registrar's Office, the Marine Institute and the departments of Physics and Folklore. But she found her niche in 1988 when she

accepted a position at the Faculty of Medicine in the Discipline of Family Medicine. As program co-ordinator of the Family Medicine Residency Program, Ms. Kirby was keenly interested in raising the profile of family medicine as a career choice. She helped develop and implement innovative ways to promote family medicine at Memorial to medical students in this province

and elsewhere. With a special emphasis on rural and remote medicine, Memorial's program is now recognized by the Society of Rural Physicians of Canada as one of the best in the country for training in family medicine. Ms. Kirby is now the national co-ordinator of family medicine programs across the country.

Mark Kennedy, a doctoral candidate in the Terry Fox Cancer Research Labs, Faculty of Medicine, received a travel award from the Public Health Agency of Canada to present an abstract titled "Molecular analyses of the embryological basis of birth defects" for oral presentation at the 6th Canadian Congenital Anomalies Surveillance Network's Scientific Meeting, which took place Nov. 18-20 in Ottawa. Mr. Kennedy also has an article in press in *Developmental Biology* titled "Regulation of the response to Nodal-mediated mesoderm induction by Xrel3".

Postdoctoral Fellow **Dr. Crystal MacLellan**, Division of BioMedical Sciences, received a Society for Neuroscience chapter postdoctoral trainee travel award. The award, which is given in a highly competitive international competition, allowed her to travel to the 37th annual meeting of the Society for Neuroscience, held Nov. 3-7 in San Diego. Her abstract presentation was titled "Long-term assessment of enriched environment and stem cell transplantation after cerebral ischemia in rats."

Dr. Patrick O'Shea of the Newfoundland Drive Medical Clinic, and a clinical assistant professor in the Discipline of Medicine, received the Family Physician of the Year Award from the Newfoundland and Labrador Chapter of the College of Family Physicians of Canada.



Valerie Penton, a master's student in applied health research, has received the 2007 Affinity NL (Ottawa) Scholarship. Ms. Penton is researching health concepts and better practices for implementing health policy in rural communities and plans to return to rural Newfoundland to work with people with disabilities. The Affinity NL (Ottawa) Scholarship is made

possible by the fund raising efforts of the Ottawa Affinity Newfoundland and Labrador group. The scholarship winner must be from a rural community in Newfoundland and Labrador, express an interest in returning to work in rural Newfoundland, and be registered for full-time studies at Memorial University of Newfoundland. Ms. Penton is from Joe Batt's Arm, a community of about 500 people on Fogo Island.

Dr. Mohamed Ravalia, associate professor of family medicine based at Twillingate, received the Donald I. Rice Award for 2006-2008. This award, named in memory of the late Dr. Donald I. Rice, executive director of the College of Family Physicians of Canada from 1965 to 1985, recognizes outstanding family physicians members of the college for their contributions to

Of note continued on page 22

Of note continued from page 21

teaching, their vision, and their leadership in the discipline of family medicine. In addition to his passion for teaching medical students and family medicine residents, Dr. Ravalia's areas of interest include primary care reform, care of the elderly and chronic disease management.

Dr. Nigel Rusted was one of nine individuals inducted into the Order of Newfoundland and Labrador in an investiture ceremony at Government House on Dec. 7. Born in 1907 in Salvage, Dr. Rusted is renowned for his distinguished medical career. He graduated from Memorial College in 1927 and obtained a B.Sc. degree in 1929 and an MD from Dalhousie University in 1933. As a medical student, during the summers of 1930 and 1931, he travelled on board the *S. S. Kyle* and was the first health officer to travel along the coast of Labrador. At 100 years of age, his legacy is that of a long career dedicated to a profession he loves in the place to which he is devoted and a daily diary he has kept since 1925. He received an honorary D.Sc. from Memorial University in 1973. He has a keen interest in medical history and has an extensive collection of material, photographs and manuscripts. He is a loyal supporter of Memorial University, and is responsible for donations leading to the establishment (2002) of the Dr. Nigel Rusted Trust to promote the study of the humanities in health through invited lectureships and scholarly work.

Dr. Richard Taor from Port-aux-Basques received the 2007 Dr. Yong Kee Jeon Award from the Discipline of Family Medicine. This award is given annually in honour of Dr. Jeon, a family physician who contributed over 20 years service to the rural community of Brookfield, Newfoundland. The award recognizes excellence in teaching Family Medicine residents; contributions to the Discipline of Family Medicine either administratively or in time to residents; and participation in teaching activities such as the Rural Family Medicine Teachers Meeting, the Rural Fair, educational teleconference, rounds or resident interviews.

Dr. Terry-Lynn Young, Discipline of Genetics, has been appointed as a member of the Institute Advisory Board for the Canadian Institutes of Health Research (CIHR). The specific appointment to the Institute of Genetics, for a term of three years, began Sept. 1, 2007.

Two members of the Discipline of Family Medicine have received 2007 awards of excellence from the College of Family Physicians of Canada. **Dr. Roger Butler** of the Ross Family Medicine Centre in St. John's, and **Dr. Michael Jong**, based in Happy Valley-Goose Bay, were honoured with these awards. They are designed to recognize and celebrate achievements of family physicians and to support them in continuing professional development, continuing medical education, research and education in family medicine.

Dr. Jeremy Rempel, a fourth-year radiology resident, and **Michael Carstensen**, a fourth-year medical student, completed a research project last year titled Prevalence of risk factors for contrast induced nephropathy in IV contrast CT scan patients. This paper was submitted and accepted for presentation at the annual meeting of the Canadian Association of Radiologists held June 28-July 1 in St. John's. The paper won second place in the Resident Award category at the meeting. Since that meeting, Mr. Carstensen presented it at Memorial University's Annual Medical Student Research Forum, where it won first place. For this placement, he will travel to Galveston, Texas in April 2008 to present it at the 2008 National Student Research Forum. The faculty collaborators on this project were Drs. Paul Jeon and Brendan Barrett.



From left: Dr. Jeremy Rempel and Michael Carstensen.



From left: Drs. Colette Dawson, Megan Hayes and Danielle O'Keefe.

At last fall's Family Medicine Forum in Winnipeg three Memorial University family medicine residents took home awards. **Dr. Colette Dawson** won a \$10,000 scholarship; **Dr. Megan Hayes** received the Medical Student Leadership Award; and **Dr. Danielle O'Keefe** won the Family Medicine Resident Leadership Award.



Dean of medicine receives high honour

Dr. James Rourke, dean of medicine, has received one of the highest honours given by the College of Family Physicians of Canada (CFPC). On Oct. 27, he was in Winnipeg to give the 2007 W. Victor Johnson Oration. This award honours the memory of the late Dr. W. Victor Johnston, the CFPC's first executive director (1954-64). The recipient is recognized for leadership in family medicine in Canada or internationally. In notifying Dr. Rourke of this award, Dr. Calvin Gutkin, executive director and CEO of the CFPC, noted that "the Victor Johnston Award is presented annually to someone whose vision, contributions and leadership in the discipline and practice of family medicine have been and are exemplary. This is an honour you have earned and richly deserve. Congratulations!"

"Memorial University is proud of the honour received by our dean of medicine from the College of Family Physicians of Canada," said Dr. Eddy Campbell, acting president of the university. "Dr. Rourke has proven himself an outstanding leader in family and rural medicine, and has worked tirelessly since his appointment as dean of medicine at Memorial in April 2004 to raise awareness of our Faculty of Medicine's success in educating doctors with exemplary skills for family and rural medicine."



Osler Award for Dr. Wallace Ingram

Dr. Wallace Ingram was honoured by the Canadian Society of Internal Medicine (CSIM) on Oct. 13 with a CSIM Osler Award. The presentation took place during the society's annual meeting, being held this year in St. John's. "We are just so excited about this

honour for this fabulous gentleman," said Dr. Ann Colbourne, chair of the annual meeting committee for CSIM. "He has had such an amazing influence on so many people over the years. He well and truly deserves this and so much more."

CSIM Osler awards are presented annually to individuals who have demonstrated excellence in achievement in the field of general internal medicine.

Dr. Ingram joined the Faculty of Medicine in 1971 and has served in many capacities – in particular as a wonderful tutor, lecturer and mentor to many.

"His legacy resides in the lives of those for whom he cared, with whom he worked and mentored," said Dr. Colborne in her nomination letter for the Osler Award. "He is the prototypical general internist."

"Dr. Wally Ingram is considered the 'Dean of Doctors' in Newfoundland," said Dr. Mahesh Raju, associate professor of medicine with Dalhousie and Memorial University and Anglophone co-ordinator for medical education for New Brunswick. "He is an excellent physician with superb clinical skills and outstanding diagnostic and management skills."

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 1954-1958. 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.

In 1998 Dr. Ingram won the Atlantic Provinces Regional Award for outstanding service, given by the Royal College of Physicians and Surgeons of Canada. He was chosen for this award by the Regional Advisory Committee, a group of specialty physicians in the Atlantic provinces.

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 Dr. Ingram's honour.



Retirements in 2007

Agnes Budgell retired after a career that included a year with Medical Practice Associates, six months with the Department of Anesthesia, one year with Graduate Studies on the St. John's campus, three years with MUN Extension Services in St. Anthony, and most recently as a clinical receptionist in the Family Practice Unit, Discipline of Family Medicine.

Heather Dove retired from her position as administrative program assistant with the Office of Research and Graduate Studies (Medicine). She has been with Memorial for 30 years, working in the research office since 1995.

Vera Griffin who retired in October, started working at the Faculty of Medicine in October 1974 when the Office of Admissions and Students Affairs was located in T-3 where the QEII Library is now. In January 1975 the office moved to the Health Sciences Center. She progressed from secretary in the Office of Student Affairs to officer for Student Affairs and finally was reclassified as manager for the office. She said while she is looking forward to retirement, she will miss the contact with medical students.

Ingrid Pardoe worked at the Faculty of Medicine for over 30 years before her retirement. Trained in England in biochemistry, she was invited to come to Memorial with Dr. Alf Burness, who was hired in 1976. She worked in his laboratory until his death in 1991, at which point she moved to the laboratory of Dr. Thomas Michalak. After five years and some funding changes she moved to work with Drs. Michael Grant and Sheila Drover, only to return to Dr. Michalak's lab three years later. Two years later she was asked to move to Dr. Alan Pater's lab, and worked with him until he took early retirement. In the last four years of her career in the Faculty of Medicine, she worked with Dr. Terry-Lynn Young's new genetics lab. She describes that period as a "really exciting time, getting a well-funded new lab up and running."

Madge Pottle has retired from her job as co-ordinator of the Standardized Patient Program. Standardized patients are recruited from the general population and are trained to portray clinical cases to support the education and evaluation of students from all health care professions – medicine, nursing, nurse practitioner, pharmacy and social work. Madge is a registered nurse whose nursing career included many years of Community Health Nursing, teaching and supervisory positions with home care and 14 years of service at Memorial.

Actualities

By Monica Kidd



Monica Kidd's debut poetry collection includes local legends and personalities, imagined scenarios based on found photographs, lamentations and confessions of love, lyrical studies of medical anomalies, and landscape portraits.

The collection opens with a series of poems that tell stories from Monica's adopted home in Newfoundland. A drowning, a shipwreck, a community referendum, an abandoned town, a birthday party and other landmark events are relayed in a fashion that relies less on strict narrative account than on associative brush strokes. Infusing her subjects with emblematic strength, she resurrects family tragedies, nights of revelry and community politics in coastal towns.

"Found" is a collection of photographs purchased from a second-hand store in Winnipeg and paired with Monica's imaginative translations of their black-and-white foregrounds into full-colour memories. In one photo a woman surveys a snow-covered field, in another three young girls at the beach squint into the sun. How they got there, where they are going, and the expectations surrounding the captured moment are the poet's invention.

Actualities closes with a sequence of "Field Notes" written during Monica's stay at a biology station on Lake Opinicon in southern Ontario. The notes address fields, woods, ponds, night skies and thunder storms, brought to the page with the country lilt and painterly memory that mark Kidd's work throughout the collection.

Monica Kidd was raised in rural Alberta and now lives in St. John's, Newfoundland, where she is currently a fourth-year medical student. She is the author of two novels, *Beatrice* and *The Momentum of Red*.



Transition to provincial health research ethics board

Newfoundland and Labrador is leading the way in Canada in the research

ethics review process. Within the next year, legislation establishing a new provincial Health Research Ethics Authority (HREA)



Linda Purchase

with the power to ensure that health research involving human subjects is conducted in an ethical manner will be proclaimed.

It will be the first such provincial agency in Canada.

The Human Investigation Committee (HIC), currently the joint health research ethics board for the university and Eastern Health, dates back to the early days of the Faculty of Medicine when it was established to oversee research involving humans. The HIC makes decisions to approve, not approve, suspend or terminate any health research involving human subjects based on whether or not participants are adequately protected.

The functions of the HIC will now come under the new provincial Health Research Ethics Board (HREB) which will be governed by the HREA, a corporation with three partners – Eastern Health, the provincial government and Memorial University.

The impetus to create a provincial research ethics board stemmed from incidents in which genetics research was done in

Newfoundland communities by researchers from outside the province involved in studies not reviewed by a Newfoundland Research Ethics Board. The results of these studies were not communicated to participants. These lapses in investigator responsibility motivated seven years of work culminating in legislation creating the HREA and the HREB. The legislation passed third reading in the House of Assembly in the fall of 2006.

“For the past year a transition team has been working to ensure a seamless transition to a timely and efficient review process which protects research participants and promotes research in this province,” said Linda Purchase, ethics officer of, currently, the HIC and the future HREA/HREB. “The transition team is developing processes, policies and standard operating procedures to ensure efficient ethics review. The team has representatives from the partner institutions, the current Human Investigation Committee and the private sector.”

The act requires all health research in the province to be reviewed and approved by the HREB, or an approved duly constituted health research ethics body, before the research can begin. Only the HREB will review clinical trials of drugs and devices and genetics research.

Ms. Purchase explained that the HREA will be an independent, not-for-profit corporation reporting to the minister of Health and Community Services. “The board of directors of the HREA has been appointed by the minister on the recommendation of the funding partners. The newly appointed board members are Theresa O’Keefe, Miawpukek First Nation; Joy Maddigan, Department of Health and Community Services; Wayne Miller, Eastern Health and Penny Moody-Corbett, Faculty of Medicine, MUN.

The HREA will be responsible for appointing members of the HREB and maintaining an inventory of all human health research conducted in the province. It will be supported by Memorial University, Eastern Health, the Government of Newfoundland and Labrador and through fees charged for the review of contract research.

A Constituent Committee, an advisory group from across the province, will be appointed to provide consultation and advice on local issues to the HREA and HREB. For more information on the HREA, to follow its progress or to review the act, visit www.hrea.ca, e-mail info@hrea.ca or call 709-777-8949.

Records come home

Materials related to the construction of the Health Sciences Centre from 1971 to 1977 are now housed in the Faculty of Medicine Founders' Archive (Health Sciences Library). Janet Story, archivist for the Lillian Stevenson Nursing Archives and Museum, donated this material in November to the archive. When the material is processed, a finding aid will be created as a guide to the Janet Story Collection.

"The Founders' Archive is most grateful for this donation," said Stephanie Harlick, archivist for the archive. "Last winter, through Health Science Information and Media Service (HSIMS), we digitized 263 images of the construction of the Health Sciences Centre. These images had no title, date or order. Then in the spring, Janet invited me to visit the Lillian Stevenson Nursing Archives and Museum, where 263 Scrivener Products Newfoundland description sheets were discovered. They contained the titles to every photograph, the dates that the photographs were taken and a corresponding negative number!"

Ms. Harlick said in addition to this remarkable discovery, a second set of negatives were also found, and these were numbered. "This meant the entire photograph collection could be organized in chronological order, thus revealing one of the many stories surrounding the construction of the Health Sciences Centre."

The photographs show the progress of the construction as well as many of the people involved, particularly those on the Planning and Development Committee, the provincial government, architects, project managers, hospital administrators and the university. Ms. Harlick said that Dr. Brian Payton, a retired member of the Faculty of Medicine, and Ralph Moore, who was the administrator for the St. John's General Hospital from 1969 to 1986, kindly helped in the identification of several of the people in the photographs.

The Lillian Stevenson Nursing Archives and Museum partnered with the Founders' Archive in the facilities section of the virtual exhibit, The Early Days of the Medical School at Memorial University of Newfoundland, which was launched on Oct. 22, 2007, as part of the 40th anniversary celebration of the founding of the Faculty of Medicine. This exhibit is located at www.med.mun.ca/earlydays.



On Nov. 13, 2007, Janet Story (L), archivist for the Lillian Stevenson Nursing Archives and Museum, donated materials related to the construction of the Health Sciences Centre for the period 1971-1977. The donation was accepted by archivist Stephanie Harlick, Faculty of Medicine Founders' Archive (Health Sciences Library).

Donation from ACP



Dr. Walter Schleich (R), governor of the Atlantic Region for the American College of Physicians (ACP), presented a cheque Aug. 24 in the amount of \$500 for the Dr. Ian Rusted Founder's Chair in Medical Education on behalf of the ACP. It was accepted by Dr. Sharon Peters, vice-dean of medicine. In 1992 Dr. Rusted was awarded the title of Master, American College of Physicians. Dr. Schleich, professor and head of the Infectious Disease Division of the Department of Medicine at Dalhousie University, was at Memorial to present at Grand Rounds.



New faculty



Dr. Ann Dorward
Canada Research Chair

Dr. Ann Dorward has joined the Faculty of Medicine as Canada Research Chair in Molecular Signalling in Human Health and Disease. Her research emphasizes

the value of the mouse as a model mammalian system to explore three major themes: cancer risk, cancer progression and new methods for early cancer detection.

Dr. Dorward's research will focus on basic cancer biology and genetics, encompassing nutrition and pharmacological research in the areas of cancer prevention and therapy. "Calculating one person's risk for the development of cancer is not a simple equation, being influenced by both their genes and their environmental exposures over a lifetime," she explained. "Studying mouse models of human cancers help us determine which genes and which exposures are most important for the risk of developing specific cancers."

Dr. Dorward's research uses a classical genetics approach whereby a trait of interest is mapped to the relevant sequence in the DNA responsible for variation of the trait. One of her current projects is looking at female mice that spontaneously develop granulosa cell tumours at an early stage of ovarian maturation, and represent a model for juvenile-onset tumours that appear in infants and young girls.

Dr. Dorward earned her B.Sc. and PhD at McMaster University while working at the Juravinski Cancer Centre investigating mechanisms of drug resistance in human ovarian cancer cells. Her interest in the mouse as a model organism was stimulated by her postdoctoral training and research activities at The Jackson Laboratory, Maine.



Dr. Jacqueline Vanderluit
*Assistant professor of neuroscience
Faculty of Medicine*

Dr. Jacqueline Vanderluit's research focuses on neural stem cells, which generate the building blocks of the brain. She explained that

identifying the factors that regulate the number of these neural stem cells is essential for understanding their role in developmental disorders, cancer and regeneration.

"The discovery of stem cells in the adult mammalian brain has directed research towards stem cell based regeneration strategies," said Dr. Vanderluit. "As a result of the paucity of endogenous stem cells within the adult brain, much research has been focussed on stem cell transplantation and strategies to expand the stem cell

population. Since neural stem cell numbers are maintained by a balance between proliferation and cell death, I propose that promoting neural stem cell survival represents an alternative strategy to transplantation whereby the therapeutic potential of the endogenous population can be exploited."

Dr. Vanderluit said the long-term goal of her research program is to identify the genes that regulate neural stem cell survival and death, and to manipulate the survival-promoting factors to expand the neural precursor population to facilitate neural regeneration in the injured brain.

Dr. Vanderluit received her PhD (zoology) in 2002 from the University of British Columbia. Her earlier degrees were a M.Sc. (human kinetics) from the University of Ottawa (1991) and a BPHED (physical education) and BA (biology) from Queen's University (1988). She was a postdoctoral fellow with the Neuroscience Research Group at the University of Ottawa from 2001-2007. She currently holds a Canadian Stem Cell Network Transition Grant.



Dr. John Weber
*Assistant professor
School of Pharmacy
Cross-appointed to Division
of BioMedical Sciences
Faculty of Medicine*

Dr. John Weber's research involves the study of altered physiology and cell death in the cerebellum, a

region of the brain involved with motor learning and co-ordination. He is particularly interested in cerebellar Purkinje neurons and their response to a variety of traumatic insults, including mechanical injury, ischemia, and exposure to glutamate or ethanol.

Dr. Weber was recently awarded \$172,647 from the Canada Foundation for Innovation (CFI) for the development of a neuroscience laboratory. These funds will be used for renovations to existing laboratory space, as well as the purchase of equipment needed to perform physiological and biochemical analyses of Purkinje neurons and other cells. The award will also allow for the completion of a new cell culture facility.

Dr. Weber explained that the majority of his studies are conducted *in vitro*, using primary cell cultures, or brain slices from rats or mice. His technical approaches include whole-cell patch-clamp electrophysiology, ion imaging (calcium and chloride), and histology.

In addition to *in vitro* techniques, Dr. Weber also analyzes cerebella obtained from international collaborators conducting *in vivo* experiments on traumatic brain injury and from local collaborators conducting work on ischemia at Memorial University.

"Eventually I plan to conduct *in vivo* work in which rats or mice will be exposed to ethanol or other agents, and then do a combination of behavioral studies to analyze effects on motor function, followed by an analysis of cerebellar tissue."

New faculty continued on next page



New assistant dean for Undergraduate Medical Education

Dr. Gerard Farrell is wearing a number of different hats these days, most recently taking on the role of assistant dean for the office of Undergraduate Medical Education (UGME). He has a long familiarity with the office, having served as pre-clerkship co-ordinator for five years, a role now taken on by Dr. Daniel MacPhee.

When he started as assistant dean for UGME in September, the accreditation process for the undergraduate curriculum had just concluded. "It gave us all a chance to reflect and one thing that came out was that we need a reinvestment in the curriculum. There are generally not enough new faculty coming up to fill the gap as older faculty retire.

As a faculty we need to decide what to do, because without an undergrad medical curriculum we're not a medical school. The curriculum we have was designed for 1997 and now we have different faculty and medicine itself is changing. Students too are different – 10 years ago most weren't on the Internet, but today students use Facebook and instant messaging regularly. If that's the population we're taking in, we have to know how to communicate with them."

Besides his role as assistant dean for UGME, Dr. Farrell also has a clinical practice at the Cancer Care Centre and he is director of the faculty's e-Health Research Unit. He is passionate about integrating technology into medical practice. "Medicine is the last

bastion of paper and pen. In all other areas information technology is used routinely, but in medicine we still have written prescriptions and written notes."

Acknowledging that health care is a complex business, Dr. Farrell says that complexity is a challenge to technologists to find a better way to bring technology and health together. "We still need to do some work on why physicians aren't using technology. Most doctors do other business, such as shopping online. So if they are not using technology in their office it means they do not have the right tools."

The e-Health Research Unit now has a postdoctoral fellow, Dr. Don Craig, who is looking at the interface between physicians and technology. "Can we come up with a better way of doing things?" said Dr. Farrell. That's what I'm trying to get as the focus of this unit, and to do that I want to attract people who are interested in that question. This will involve reaching out to other areas of the university, such as business and psychology, to work together towards some answers. It may not be the interface per se, but the psychology of how people interact with particular pieces of technology in particular contexts."

Dr. Farrell notes that e-health, in its simplest form, changes the way data is collected. "Instead of writing it down you are putting it in an electronic file, which potentially prevents information from getting lost."

New faculty continued from page 27

In another line of research, Dr. Weber uses pharmacological approaches to investigate potential neuroprotective agents, primarily using cortical and hippocampal cell cultures. "I am especially interested in potential neuroprotective agents derived from natural products, for example components of blueberries, and their effects on biomarkers associated with aging in cell culture as well as protective effects from injury or ischemia."

Dr. Weber earned his PhD in pharmacology and toxicology in 1999 at the Medical College of Virginia, Virginia Commonwealth University, Richmond, Virginia. From 2000-2003 he was a postdoctoral fellow in the Department of Neuroscience, Erasmus Medical Centre, Rotterdam, The Netherlands. He was an assistant professor there from 2003-2006, when he accepted a position at Memorial.



Newfoundland Quarterly features medical history

The current issue of the *Newfoundland Quarterly* features a number of articles relating to the medical history of Newfoundland and Labrador. On the cover is a detail from a sketch of a hospital operation, drawn around 1936 by artist Rhoda Dawson. Inside, accompanying an article on Twillingate and the Grenfell effect by Dr. J.T.H. Connor, John Clinch Professor of Medical Humanities and History of Medicine, are two additional images by the same artist, one done at the operating theatre in Twillingate.

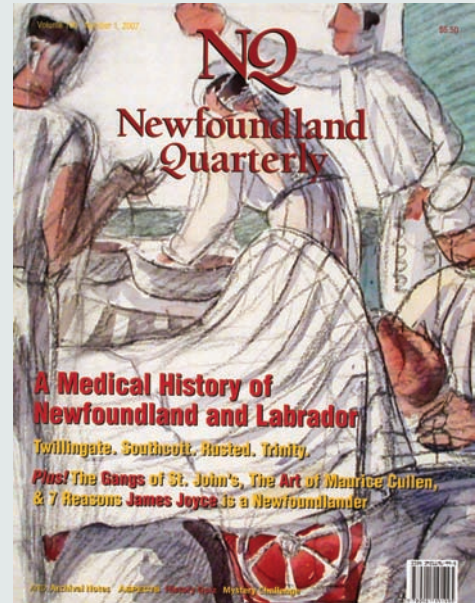
Dr. Connor's feature article on Twillingate looks at the origins and early development of the Notre Dame Bay Memorial Hospital as an example of the success of rural and remote medicine in the early 20th century. In particular, he looks at the role played by Dr. Wilfred Grenfell, and

the influence of the Johns Hopkins University.

This issue of the *Newfoundland Quarterly* also includes an interview with Dr. Nigel Rusted by editor Joan Sullivan, and two opinion pieces on the province's medical history and modern practice by Ray Guy and Bernie Stapleton.

The magazine also includes two articles on nursing history. Linda White looks at the records of NONIA, the Newfoundland Outport Nursing and Industrial Association, which are deposited in the Archives and Manuscripts Division. Ms. White also writes about the General Hospital School of Nursing in an article titled "Who's In Charge Here?". The General Hospital School of Nursing, St. John's, Newfoundland, 1903-1930.

The electronic version of the



Newfoundland Quarterly special issue on medicine in Newfoundland and Labrador contains an interview with Drs. David Allison and Cathy Donovan on pandemics that was not contained in the print version. Visit www.newfoundlandquarterly.ca/.

For information on subscribing to the *Newfoundland Quarterly* e-mail nfqsub@mun.ca or phone 709-737-2426.

Sickle cell anemia focus of humanities lecture

Due to the generosity of Dr. Nigel Rusted, lectures in the medical humanities are now an annual event at the Faculty of Medicine. The 2007 lecture featured Dr. Todd Savitt, who teaches history and medical ethics at the Department of Medical Humanities, East Carolina University School of Medicine.

Dr. Savitt's illustrated talk was on the "discovery" of sickle cell anemia by western medicine and its relation to race and scientific authorship in a highly competitive scientific community. "Sickle cell anemia is an important disease because it gives us insight into many ways in which class, race, age, authorship and geographical setting can influence how it is regarded in the medical community and by society at large."

The first diagnosed patient of sickle cell anemia was Walter Clement Noel, who was born to an upper class planter family in Grenada in 1884. He showed signs of the disease before he moved to Chicago to enter dentistry school and headed back to Grenada in 1907 to open a dentistry

business. The second case was discovered in a black woman from rural southwest Virginia, whose medical records could not be found. Dr. Savitt said his ability to obtain records for the wealthy man, but not the poor woman, illustrates class differences and lopsided medical treatment in the United States in the early 1900s.

The discovery of sickle cell anemia led to increased divisions between blacks and whites, said Dr. Savitt. Massive screenings for the disease were conducted and blacks diagnosed with the disease were discriminated against when they tried to get jobs.

Sickle cell anemia is primarily found in blacks of African descent. Many blacks have carried the gene for years because of its ability to help them survive malaria, which is prevalent in sub-Saharan Africa. When they came to America as slaves, they kept the gene. People with sickle cell anemia



Dr. Nigel Rusted and Dr. Todd Savitt (R)

have crescent-shaped blood cells which inhibit the release of oxygen to the blood.

At the time of sickle cell's discovery, the American medical community was looking for new ways to practice medicine. The introduction of hematology as a field of medicine was integral in increasing the understanding of normal blood cell shapes and likely led to the discovery of sickle cell anemia.

Find out how to access data for your research activities

Having quality health information is an essential building block for achieving the best possible health care for the people of Newfoundland and Labrador.

In addition to building the provincial Electronic Health Record, the Centre for Health Information maintains several population-based health and administrative databases. Information generated from these databases is used by various groups in support of evidence-based decision-making, planning and research.

Among the databases maintained by the centre are the hospital separation database, live birth system, mortality system, still birth database, census data, national survey data, as well as several composite databases including the National Diabetes Surveillance System and the Cervical Cancer database. (For a complete list and description of the databases visit the centre's website at www.nlchi.nl.ca/research.asp.)

These databases can support research activities across a variety of disciplines. To facilitate access to de-identified record level data, as well as a broad range of information and research services, including data linkage and database management, the Centre recently released easy-to-follow guidelines that outline the process for obtaining de-identified data and information services from the centre.

These guidelines integrate privacy legislation requirements and current ethics approval processes, making the entire procedure for obtaining de-identified data for research purposes streamlined and uncomplicated. To find out how to request access to data and information services visit the website and download a copy of the guidelines.

In addition to supporting research, the centre regularly partners with local and national research organizations and community groups on proposal development and applied health research studies. Areas of research that the centre is currently involved in include diabetes, obesity, suicide, pneumonia, low birth weight, cervical cancer, psoriasis, childhood injuries and medication use among seniors.

If you would like to find out more about the data and information services the Centre for Health Information has to offer, or discuss opportunities for collaboration, please contact Kayla Collins, research manager, at 752-6045 or by e-mail kaylac@nlchi.nl.ca.



Back row from left: Khokan Sikdar, Neil Gladney, Anas El Aneed. Front row sitting, from left: Nicole Edwards and Kerry Lefresne.

Photo identification

A photo in the spring 2007 issue of *MUNMED* invited readers to identify the construction workers in the picture. Archivist Stephanie Harlick has come up with at least part of the answer. From left: two unidentified construction workers, R. Harvey Self, project manager and president of Scrivener Projects Newfoundland Limited, Dr. Ian Rusted, dean of medicine, Alan Purdy, resident project manager, Scrivener Projects Newfoundland Limited, and Campbell Eaton, chair of the board of governors, St. John's General Hospital.



Humanities at work

Staring death in the eye – then and now

By Dr. Jim Connor

In Paris 1907 a visit to the morgue (from the old French verb *morguer* meaning to stare or to regard solemnly, perhaps in a questioning way) was on almost everyone's to do list whether you were a resident of the city of lights or a tourist there. The Thomas Cook tour company even had it on its list of great Paris attractions.

From 1804 until the morgue closed in 1907, the public had free access to view unclaimed dead bodies in the hope that someone visiting might be able to identify the corpse – at least, that was the original intention. But over the years this process became less of a legal service and more of a spectacle and form of entertainment. In 1864 when an enlarged morgue was built it included a public room in which two rows of six corpses could be viewed through a large window – much like a department storefront window.

Bigger crowds than usual would flock to see really interesting corpses. In August 1886, about 150,000 people viewed the body of a four-year old girl who had been found dead in the rue du Vert-Bois. Another blockbuster was that of a “woman cut into pieces” whose body had been fished out of the Seine. When this corpse was displayed 5,000 to 6,000 people an hour gawked at it. Fanning people's interest was the popular press as Paris tabloids reported on morgue activities; so, too, the novels of Émile Zola which often incorporated morgue tableaux. There was an unmistakable element of voyeurism in all of this. Adolescent boys could fix their gaze on naked women; young “proper” women could unabashedly study exposed men. Surely the *frisson* of this whole business was that the dead were none the less real! Not posed bodies made of wax à la Madame Tussaud which was the most lifelike rival to the real thing at the time.

In Montréal 2007 you can see a display of dead anonymous bodies at *Body Worlds* at the science centre. *Body Worlds* is an exhibition created by Dr. Gunther von Hagens, a German-trained physician who around 1977 invented a permanent tissue-preservation process called plastination.

During the last decade in his laboratory in China, Dr. von Hagens perfected and commercialized this technique and now

displays his plastinates – human cadavers that have been skinned, dissected and posed as “action figures” such as soccer players, gymnasts, chess players, teachers, and so on. And, yes, if you have seen the latest James Bond movie, *Casino Royale*, you would have seen some of these posed corpses.

Initially, von Hagens displayed his plastinates in improvised spaces such as a former slaughter house and a brewery cum art gallery; now, in North America they are touted as educational and are enjoying an international tour at major sciences centres. As one commentator has remarked this has turned the show from a “crass” to a “class” act. In all, over 20 million people in Asia, Europe, the United Kingdom, Canada and the United States have paid the equivalent of around \$25 to see dead real human bodies.

Considering plastinates at a purely technical level one can see that they are exquisite; the detail and anatomical precision of whole bodies, specific organs, circulatory and nervous systems are fascinating. But reflecting about the totality of this plastination project and its commodification of human bodies should force us to pause. Many people in Europe, Britain and North America find this show undignified and exploitive. Previous allegations that cadavers may have come from executed prisoners have muddied the ethical waters further. Now von Hagens maintains that all his plastinates on parade are the result of donors who consented willingly. But informed consent is a slippery issue that confounds many persons. Others express difficulty about *Body Worlds* – a philosopher has described the whole concept as “pornography of the dead body.”

A recent guide to tourist attractions in Montreal showcases the *Body Worlds* exhibit, but notes that from an “ethical and theological point of view, it is quite disturbing to see an embryo” whereas maybe seeing the smoker's lung could convince you to kick the habit it continues. So, on balance there's something for everyone. Ironically, and most unfortunately, this guide has an image of a *Body Worlds* plastinate (a skinned human being kicking a soccer ball) facing an ad for Montreal's Holocaust Museum – for von Hagens has been described as the “Disney of Death” and the tabloid press in the past has likened him to a Nazi regime doctor.

Can we compare the crowds who flocked to the Paris morgue a century ago to those today who attend a *Body Worlds* show (which admittedly includes me – first in London and a second time in Philadelphia)? It seems that regardless of the era, bodies attract. But to the credit of the Paris morgue, it never charged an admission fee to see its spectacle of death. In contrast, with the *Body Worlds* phenomenon (and now its numerous copycat competitors) quite a few individuals and institutions are profiting from those who pay for the spectacular opportunity of staring death in the eye.

Dr. J. T. H. Connor is the John Clinch Professor of Medical Humanities and History of Medicine.



Seniors' musings

by Raoul Andersen and John Crellin



Raoul Andersen (L) and John Crellin

Definitions and "second opinion"

Opinion: "a view held about a particular issue; a judgment formed or a conclusion reached; a belief; a religious or political conviction."

"Should I get a second opinion or not?" Uncertainties behind such a question, often asked by seniors (though certainly not restricted to them), can be complex. They may be shaped by misinformation that second opinions are difficult to obtain in Canada as "an independent private system does not exist," or perhaps by fears that a poor prognosis will be confirmed.

Opinion is an awkward word in medicine, all the more so in our era of medical technology and "evidence-based medicine." What does a patient anticipate from a second opinion? Is it the dictionary definition of opinion – a physician's viewpoint, judgment, or belief – or is it "facts" from an "expert"?

Expert: "One who is expert or has gained skill from experience"

Who, today, is the "expert"? One cartoon depicts a doctor telling a patient that if she wanted a second opinion, he would consult his computer, and another shows a bevy of plump, balding physicians crowded around a patient's bed offering a variety of diagnoses: Cold? Muscle strain? Neuralgia, and so on.

Expert opinion has certainly been scrutinized in recent years. The case of pediatrician professor Sir Roy Meadow has been a particular public relations nightmare for British medicine with ripples reaching much further afield. He was struck from the British medical register in 2005 ("serious professional misconduct") for his "misleading" statistics given as an expert witness during the trial of Sally Clark charged with murdering her children. Meadow's testimony on the risks of two SIDS deaths in one family contributed to her wrongful conviction. Debates surrounding "expert opinion" were sharpened by the High Court that overturned Meadow's loss of license, and by a later Court of Appeal's decision that overturned part of the High Court's ruling.

Second opinion

Those who believe that too many physicians are opinionated – "thinking too highly of, or holding obstinately to, one's own opinion; conceited; dogmatic" – found support in the Meadow saga. Certainly opinionated doctors have always existed, often those unable to offer *advice* after balancing different opinions.

On the other hand, it can be argued that in times before technology helped to refocus much of diagnosis "from an art to a science," patients commonly accepted that physicians offered opinions based on their experiences of patients and of the natural history of diseases (cf. fig. 1)

Second opinions, and not just from physicians, fell in line with this thinking (at least for those who could afford it). Nowadays, along with patients' empowerment, websites (especially from the U.S.) offer patients advice on how to get second opinions, what questions to ask, what tests should be done and so on.

Perhaps doctors are beginning to offer second opinions to the Internet! At least, tips are available on providing second opinions such as helping patients to understand the nature of uncertainty in medicine. (A little history may be helpful as in a recent *Harvard Men's Health Watch* article on "Beta blockers for blood pressure: A second opinion".) And, warnings have always existed about leaving patients "hanging" by failing to find the appropriate balance between being too specific and too general. Way back in 1787, Jessé Foot made this point in commenting on John Hunter's views on the time taken for "gonorrhoea" to appear after infection, namely "from six hours to six weeks;" Foot indicated it was vague ("a generous come off") as it was calculated to make the "position unexceptionable to the opinion of every man who thinks for himself."

Musing on the multilayered meanings of "opinion" and "expert" can be a reminder of the value of sensitive help with the complexities of second opinions, a point made about one senior's difficulties in J. Van Peenen's amusing 1995 *Annals of Internal Medicine* short story, *Second Opinion*.



Postcard c. 1910: Offering an opinion!

It's all in there

By Dr. Paul Patey



Let's see what this baby weighs," I say to myself as I place a thick chart onto the baby scales and observe its weight.

Five and a half pounds: not bad for the weight of a newborn four weeks premature, but this is the chart of an 80-year old lady. She's scheduled to have 20 minutes with me. I've never seen her before. I'll probably never see her again. She's already in the clinical encounter room.

As I enter I see two women. I say, "Mrs. Joanna Smith?"

She replies, "Yes that's me. This is my daughter Lucy."

After introducing myself I say, "What's today's visit about?"

"My pills. I need my pills refilled."

"Did you bring your bottles?"

"No."

"What pills are you on? Mrs. Smith?"

Waving her arm majestically toward her thick chart she declares: "They're all in there."

To myself, I think, "Indeed they are, but it would take me an hour of mining that

thick chart before I could confidently find them all. Let's see what's in the pharmacist's computer."

Lucy provides the pharmacist's phone number. I phone and he reads from his computer information about all prescriptions filled for Mrs. Smith in the past year. I write a lengthy list of "current medications" as the start of today's progress note.

"Mrs. Smith, now I know what pills you are on. What sicknesses have you had?"

"Oh, not much. I've had a pretty good life."

"Good. What problems do you have with your health now?"

Reverently she nods towards her chart, extends her arm again, and says, "It's all in there."

I admire the respect older patients often show towards their thick charts. Indeed it is a record of much of the suffering, and some of the joys they have had in their long life. Nowhere else is there so much written about them. Yet I fear our often illegible scribbles and cluttered charts get more respect than they deserve.

I've already observed that this chart has no loose papers.

Everything is fastened in place and in some kind of mysterious order. It would survive being dropped on to the floor. Nothing would scatter. I call that the "drop test" of the medical record. A large amount of clerical time must be spent here in this small rural hospital putting new pages into their "proper places" in the charts.

"What's the warfarin for? The blood thinner?" I say.

"My heart. Doctor says it's so I won't get a stroke."

"What is the prednisone for? The little white pills?"

"My head. For where I had the biopsy last year." she says, placing the tip of her index finger

on the side of her head.

Lucy interjects: "Mom, it's for your Temporal Arteritis."

"Yes," adds Mrs. Smith. "Doctor said I might go blind if I didn't take them."

To myself, I think "Time to start a CPP."

The cumulative patient profile (CPP) is one of the most useful information management tools in family medicine. It's an ongoing one page summary. It's very helpful for both continuing care and episodic care. I've made a few blank forms and carry them with me on locums.

I decide to learn a bit about this person, Mrs. Smith. I ask about her life. I listen. I ask about babies, about hospitalizations and operations, allergies, health related habits, and health care providers. I glance at a couple of recent reports in her chart. As we talk I make some entries into the CPP. Lucy helps provide details.

Then I do a partial examination. It includes a listen to her heart, which shows an irregularly, irregular heart beat and a brief mental status exam, which is normal.

Mrs. Smith gets her prescriptions refilled, with minor modifications. I also order an electrocardiogram and blood tests about kidney function and diabetes and her chart now has a CPP.

Before she departs, I say, "Mrs. Smith, next time you go to a doctor, please bring your pills with you."

Mrs. Smith replies, "Yes, I will." And then adds, "And how long are you here for doctor?"

"Only this week."

Mrs. Smith sighs and says, "Another new doctor next time." Then after a brief pause she once more waves her arm towards her five-and-a-half pound chart and says, "Thank God it's all in there!"

The patient's CPP

Personal and social information

Husband James, died 1999
Lives alone
Son and family in same yardz

Past health

G5, P5, A0, Alive 5, all well
Hysterectomy, age 46
Cholecystectomy, age 57
Total hip replacement, right, age 75
No other hospitalizations
Temporal artery biopsy 2006
No other operations

Current health problems

Obesity
Diabetes Mellitus
Hypertension
Atrial Fibrillation
Temporal Arteritis
Reflux esophagitis
Depression
Osteoarthritis
Urinary tract infections

Allergies and drug sensitivities

No known allergies
Rash after sulfa drug

Notes re: medications

On prednisone
On warfarin
Many medications

Health maintenance/ Monitoring program

Never smoked
Takes calcium supplement

Other health care providers

Usual FP, none
Cardiologist, (named)



a front **WARDS** view

Tiny little beads of mercury

By Dr. David Keegan



Dr. David Keegan and family

I remember way back in medical school hearing that medicine in Canada was really like a small town – everyone knows each other, or at the least knows about each other. I'm not sure if that's completely true, yet I have fixed upon a corollary: that graduates of Memorial are truly everywhere.

Like a drop of mercury that hits the floor and scatters with little balls going everywhere, it really does seem that in every nook and cranny you can find a MUN grad, even when you're not looking for them.

My wife and I were giving a workshop in Stratford recently for rural faculty, and up comes Diane Pittman (Class of 1996) to say "Hi!" A few weeks ago, I attended a workshop at McMaster University, and who helped me find my room but Greg Peachey (Class of 1988).

I regularly run into the great team of Newfoundland doctors who appear to have taken over the Town of Petrolia: John Butler (Class of 1999), Enoch Daniel (Class of 1999), Rob Carter (Class of 2000) and his wife, Yvonne MacDonald (Class of 2001).

One of the nicest and neatest reunions was with Shaun and Bonnie Marshall at our Western/Schulich Family Medicine Education Day for our faculty members. Shaun I knew well from

our days as medical students (he was in the class of 1996), and it seems that the nights he has sick kids in Wingham's ER are the same nights I'm working in London's Children's ER. So, it was great to see his cheery energetic self in person again.

My connection with Bonnie is a little different. When I was a first-year resident, she was one of my preceptors for my academic family medicine rotation. So, I was thrilled to have my former teacher as one of the participants in the workshop I was giving.

The feeling in the room was great: there was no pecking order, no hierarchy. (In fact, the room was filled with many non-Memorial people who have been, or continue to be, my supervisor in some fashion). It was a friendly time, in which what mattered was the genuine sharing of knowledge and experience – the same strong collegial collaborative flavour that is the enduring fabric of medical education at Memorial.

Dr. David Keegan (Class of 1995) is the Undergraduate Academic Director of Family Medicine and the founding program director of the Family Medicine Child Health Residency at the Schulich School of Medicine, University of Western Ontario.

Medical Graduates' Society wine tasting

Mouthwatering wines, delicious hors d'oeuvres, outstanding entertainment, reconnecting with former classmates, and a spectacular view of downtown St. John's. What more could you ask for? It's a night of wine tasting presented by the Medical Graduates' Society of Memorial University.

Join Dr. Bill Eaton, fellow alumnus and emcee for this event, as he provides lively entertainment while guests sample a variety of red and white wines at The Rooms Café.

DATE:	Friday, Feb. 22, 2008
TIME:	6:30 to 10 p.m.
ADMISSION:	\$60 per person
LOCATION:	The Rooms Café, 4th floor

There are a limited number of tickets available and must be purchased by Wednesday, Feb. 20, 2008. Contact Mary Dray, Office of Student Affairs, Faculty of Medicine, by phone at 777-6029 or e-mail mday@mun.ca for ticket information.





a back **WARDS** view

The old days

By Dr. Bill Eaton

They paved paradise and put up a parking lot. Although not necessarily a paradise, the medical school I attended was where the parking lot of the Queen Elizabeth II library sprawls today. In October this year we celebrated the 40th anniversary of our medical school's founding.

Back in the day, I was part of the second class through the new medical school. Our only student role models were the class ahead of us, and we weren't so sure about them. They were told they were the saviors of Newfoundland medicine and I think they secretly believed it. We, on the other hand, were just the second class. No press conferences, no picture on the cover of magazines.

Classes were in the temporary buildings built in the mid 1960's to last five years. These yellow-brown structures were hot and stuffy at one end of the room and cold and wind blown at the other. If bored we could prepare for the next year's teaching by sitting at the back of the class and listening through the walls as the class ahead took in their lecturer.

In first year, during the Excitable Tissues (neurophysiology) course, our teachers prepared a demonstration to highlight some principle or other that involved the lighting of one end of a trail of gunpowder. We watched as the spark travelled along its length only to shout out with fright as a hand gun fired off when the spark reached the concluding end. Students shrieked, some fell off chairs.

What delight, when one year later, we listened through the walls to hear the first years shrieking and falling off chairs.

In those days students and teachers could smoke in class, on rounds, in the hospital, and during clinic. As a third-year student, I recall a respirologist inviting me to auscultate an asthmatic patient's chest while he took the final three quick draws on his cigarette. Grand rounds were places of great debate and a chance to smoke uninterrupted, unlike the clinical areas where you'd just get one lit up and you'd have to put it down so you could go examine a patient.

There were 24 students in our first year class and we added another eight into second year. These eight were PhD students mostly and were older and smarter, than me at least, but they fit in and we had parties at the houses of students who still lived with their parents. Ten of us were admitted into first year after only two years of university. That, with completing high school after Grade XI, meant we became doctors at age 22.

So, today, I have been a doctor for 60 per cent of my life and 100 per cent of my adult life. And there's another nine out there just like me, in this one aspect at least.

Our teachers were grouped into thirds, one third each from Canada, U.S.A. and Great Britain. I always thought the English spoke the best, perhaps demonstrating their superior education, or cooler accents at least, or perhaps their more evolved senses of humour. The American teachers preached the value of technology and one pediatrician told me that during the technology-fertilized 1950s he, among others, actually believed they could develop a milk superior to human breast milk.

Near the end of our training we were shown a medical breakthrough, a portable machine to test blood glucose. The lab at the time took an hour, and a full vial of

blood, while this new device could do it in minutes. You calibrated the machine with the test liquids and mixed in a drop of blood. Using a watch you timed the process for two minutes and got your reading. The machine was the size of a largish carry-on bag and wasn't allowed to leave the hospital. So, because of "protocol," the machine could not be taken on a house call, its essential purpose.

During my clerkship, which was one year, like an internship, beta blocking drugs were introduced. Only staff doctors could order this new therapy, as the side effects were unknown, and in inexperienced hands, potentially lethal. More importantly, there were no mixers, no medical variety show, no spring break. Our only bit of extra-curricular excitement was the student strike of 1972. While all the other students at MUN went on a strike and occupied the administration building, we, the med students, continued with our obsessive studying and preparing.

Still these were enjoyable and exciting times. Because of our school's newness and distance from other schools we had no idea if we were up to standard. How did we stack up compared to other students? I and three of my classmates went to Edmonton for our internship and we quickly realized we had been taught what we needed to know and we were as good as the average and better than lots.

All medical students are excited to be preparing for their lives as doctors. The friendships and camaraderie that develop in medical school set the examples for future team work and respectful collegial relations that are so needed in medical practice, while the examples of teachers and the mentoring of the professors continue to encourage and stimulate the students. These things haven't changed.

MGS blog page

By Dr. Bridget Picco



Presenting the Medical Graduates' Society official blog page! Your photographs, poetry, commentaries and artistic endeavours are welcome here. Med school alumni who perform gardening miracles, who love motorized "things", who love music, or love anything are invited to contribute. Please e-mail me at bmp@nl.rogers.com.

Let us all toast Dr. Wayne Gulliver for his dedication as past president of the Medical Graduates' Society. He received the J.D. Eaton Award in October for "exceptional leadership and outstanding service to Memorial University."

The Medical Graduates' Society (MGS) was formed in 1973. We are a professional branch of the Alumni Association of MUN.

The MGS consists of all former students, including interns and residents, who have graduated from MUN with an MD. Associate members include all interns and residents, who have spent at least one year at MUN. Honorary members include all past and present deans, and all assistant and associate deans. So, you see, there's quite a crowd...too many for Sunday dinner (unless you boil extra peas pudding!)

The MGS constitution requires a board of six physicians. Three MGS members are required to fill the board. The board would meet twice a year only. Interested docs, please contact me at bmp@nl.rogers.com.

Our constitution defines our governing body as a president, past president and six members at large. This board should meet four times a year. The MGS presently sponsors the Dr. Wallace Ingram Award for New Faculty and the "Thousands Thousand" challenge. I will provide more information on these awards in future articles.

With assistance from MUN Alumni Affairs, the MGS is planning four events this year: wine tasting night on Feb. 22; a fishing trip in May; the first annual Dean Rusted Golf tournament in August (day three of the reunion) and a family night in December.

Details right now are sketchy, but the fog will lift! Cheers for now,
Bridget

Alumni profiles

Dr. Rob Mckay
Class of 1984
Urologist, New York

Hockey enthusiast who recently started playing bagpipes



Dr. Joy Cluett
Class of 1993
Plastic surgeon, HSC

Presently reading:
Harry Potter
Favourite wine:
Two Hands Brave Faces
Favourite singers:
Elton John
Michael Buble
Madonna



Save the date!

Medical Graduates' Reunion 2008

Classes of 1973, 1978, 1983, 1988, 1993, and 1998
August 1-3, 2008

The three-day event includes: Friday evening welcome reception in the medical school; Saturday morning continuing medical education session featuring classmates; Medical Graduates' Society annual general meeting; class party Saturday evening; medical graduates' Golf Day at Clovelly on Sunday morning.

We are seeking volunteers to give presentations at the CME session during the Medical Graduates' Reunion. If you are interested in participating please contact Cecilia Mesh in the Office of Professional Development and Conferencing Services at 709-777-8380 or cmesh@mun.ca