



FACULTY OF MEDICINE

MUNMED *News*



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discovery
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Changing face
of cancer care

and more....

Message from the Dean

This is a very exciting time at the Faculty of Medicine. We received international media coverage for the identification of the lethal gene responsible for ARVC, commonly known as sudden cardiac heart death. The story was featured on the front page of the *Globe and Mail*. This and other exposure has put Memorial University and our medical school in the spotlight.

The work on the ARVC discovery has been underway for over 10 years and the discovery represents the work of a multidisciplinary team led by Dr. Pat Parfrey, Kathy Hodgkinson, Dr. Terry-Lynn Young and Dr. Sean Connors. PhD students Nancy Merner and Ms. Hodgkinson were first authors on this paper, and are to be congratulated with the rest of the team for their dedication and hard work.

While this gene discovery is not a cure, it does offer a definite answer to those who carry the gene so they can seek treatment which may include an implanted defibrillator to prevent sudden death. It also offers relief to those family members who can now find out if they do not carry the gene.

Starting with a discovery at the biomolecular level and population studies, a framework has now been put in place that utilizes linkages to government and local biotechnology industry. This enables rapid translation of the discovery to uptake by health care.

In terms of community genetics, this discovery brings research from the lab to clinical diagnostics through to new genetic testing by health care authorities. This discovery will improve health care by expanding the knowledge base for clinicians and leading to earlier and targeted interventions for those affected by ARVC. Access to these tests will be available through health care including to those living in rural and remote communities.

The ARVC gene discovery is a prime example of research that makes a difference to the health of the people of Newfoundland and Labrador.

Another good example of research that leads to a direct benefit for our population is the Teleoncology Project. Our Faculty of Medicine has been a world leader in telemedicine for many decades. This particular project research and development project, led by Dr. Max House as principal investigator, was started in 2004 and jointly carried out by the Faculty of Medicine and the Cancer Program of the Eastern Health Authority in co-operation with the three other regional health authorities. The project was so successful that the clinical delivery of teleoncology is now part of a

fully-funded Telehealth Program within the Newfoundland and Labrador Centre for Health Information.

The success of research represented in these two projects, combined with a vibrant teaching program at the undergraduate, graduate and postgraduate levels, has seen Memorial's Faculty of Medicine build on our strengths. Following our full accreditation in 2007, we are continuing a period of intense evaluation and renewal of our MD Program.

A Medical Education Leadership Team has been established to lead the work of curriculum renewal, hand-in-hand with our Undergraduate Medical Studies Committee. Drs. Sharon Peters, Penny Hansen and Mary Wells are leading this team. This active process will be informed by needs analysis, best practices, and input from students, graduates, staff, faculty, healthcare partners, and experts. Your participation will be vital as we explore the leading edge of curriculum development, including enhanced patient-centred, case-based learning and optimized interactive educational technology. The renewed program will increase its emphasis on geriatrics and genetics, and on other regional and emerging health care needs. Our students will benefit from increased exposure to the rich learning experiences available in rural and remote parts of our province.

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




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Gene discovery may lead to cure for broken hearts



PhD students Nancy Merner (front) and Kathy Hodgkinson were the first authors on the scientific paper detailing the discovery of the gene responsible for ARVC in Newfoundland families, published Feb. 28 in the *American Journal of Human Genetics*.

Touched by the plight of families in Newfoundland affected by ARVC (arrhythmogenic right ventricular cardiomyopathy), the molecular genetics research lab in the Faculty of Medicine led by Dr. Terry-Lynn Young made a

group decision to concentrate their efforts on identifying the responsible gene.

They were successful and on Feb. 28 the results of their research were published in the *American Journal of Human Genetics*.

The interdisciplinary research team in cardiac genetics from Memorial, led by Drs. Terry-Lynn Young, molecular geneticist; Patrick Parfrey, clinical epidemiologist; and cardiologist Dr. Sean Connors, held a news conference Feb. 18 and received international media attention for their discovery. Members of the team were invited to the opening of the House of Assembly on March 10, and the discovery led off Lieutenant-Governor John Crosbie's Throne Speech.

PhD students Nancy Merner and Kathy Hodgkinson are first authors of the article.

"A year and a half ago our whole lab met an affected individual from one of the recruited ARVC families," said Ms. Merner. "I was touched deeply by hearing first hand the effects of the disease. After that experience I wanted to join the ARVC team and seriously hunt for the disease gene. This was a priority project with me and few other lab members working overtime to find the gene."

Ms. Merner said identifying the disease gene took a lot of effort. "It was such a success because of perseverance, dedication and amazing team work. I learned so much from the experience. I feel proud to have worked on this project during my graduate studies."

While Ms. Merner was the team leader for the molecular component of the research, Ms. Hodgkinson worked with the team to amalgamate the clinical epidemiology data with the lab data. "I

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worked with them to sort out the disease status of participants for accurate linkage assessment because ARVC is difficult to diagnose.”

Ms. Hodgkinson knows just how difficult the diagnosis is, and how heartbreaking the disease is. She has worked as a genetic counselor for a decade with ARVC families, and there have been lots of tears along the way. Men in affected families often die without warning at a young age. In fact, clinical information collected from affected families indicates that only half of male carriers survived to 41 years of age.

Now that the ARVC gene has been identified, a simple blood test can reveal whether or not a person carries the gene.

At the news conference about the gene discovery, two members of affected families told their stories. Rosalie Cater had a defibrillator implanted six years ago after a heart incident. She carries the gene and one of her sons is also affected; he has a defibrillator and it has already gone off once, saving his life. Vicky Connolly comes from another ARVC family, but as a result of the gene discovery she now knows that she does not carry the gene.

Dr. Young explained that before now, the location of the gene associated with the disease was known to be on a specific but rather large region of chromosome 3. “We sequenced the 20 genes in this critical disease region, and found a mutation in a novel gene (entitled TMEM43) in all clinically affected family members. The gene codes for a protein in the membrane of the cardiac cell, but its function is currently unknown.” As a result of this discovery researchers will further investigate this gene for other forms of heart disease.

Over several years the team has used the knowledge of the gene’s location on chromosome 3 to identify carriers of the lethal mutation. Defibrillators have been implanted in adult carriers and on development of ventricular fibrillation (the event causing sudden death) a shock has been delivered to the patient’s heart, thus reversing the ventricular fibrillation. “We have inserted nearly 100 defibrillators in mutation carriers, and clearly demonstrated that lives were saved,” reported Dr. Connors. “In fact survival after defibrillator implantation was excellent compared to those who did not receive a defibrillator.”



At the news conference and public announcement of the ARVC gene discovery, researchers and affected family members spoke. From left: Ed Cater, Dr. Sean Connors, Rosalie Cater, Kathy Hodgkinson, Dr. Terry-Lynn Young, Vicky Connolly, Paul Connolly and Dr. Pat Parfrey.

Dr. Parfrey said he is so proud that the work on identifying the ARVC gene was all done in Newfoundland through the hard work of multidisciplinary teams. “This is a model for future genetic work.”

The strategic plan for clinical research at Memorial University and Eastern Health has identified genetic disease research as its priority, and has established an interdisciplinary research team in human genetics to ascertain families with genetic disease; to determine their genetic cause; to examine the ethical, economic, environmental, legal and social issues associated with the application of genetic tests in the community; and to determine the impact of genetic and clinical screening programs in the community.

“The sudden cardiac death project is a successful example of research deriving from this approach in which genetic counselors, molecular geneticists, clinical epidemiologists, cardiologists, philosophers, and health policy experts have functioned as a team and coalesced around trying to solve a major clinical problem,” said Dr. Parfrey.

The sudden cardiac death research was funded by Genome Canada, the Canadian Institutes for Health Research, the Canadian Foundation for Innovation, the Janeway Hospital Foundation, the Government of Newfoundland and Labrador and St. Jude Medical. Collaborators included Dr. Ludwig Thierfelder at the Max-Delbrück-Centrum für Molekulare Medizin in Berlin, Dr. William McKenna at the Heart Hospital in London, England, and Dr. Anne Bassett at the University of Toronto.

Changing the face of cancer care

Cancer patients in rural and remote areas of the province are overwhelmingly pleased with the use of telehealth to deliver oncology services. It saves out-of-pocket costs such as travel to St. John's and accommodation and food while in the city; it also eases the stress of travelling and being away from home and family.

Oncologist Dr. Jonathan Greenland at the Dr. H. Bliss Murphy Cancer Centre said teleoncology has reduced his time travelling and allowed him to see more patients. "My involvement in teleoncology started on a small scale, but within a few short months evolved into the largest component of my practice. I am now able to easily assess patients who otherwise would have been too unwell to travel for assessment. At the same time, the need for me to attend our regional clinics has diminished, which results in better continuity of care for my patients in St. John's



Oncologist Dr. Jonathan Greenland (standing) consults regularly with cancer patients outside St. John's via teleconference. Teleoncology has made a huge difference to the life of cancer patient Gerald Alexander, centre on screen, and his wife Bridget Alexander, left. He no longer has to face the long drives to St. John's and cost of staying in the city to see his oncologist. The couple, from Frenchmen's Cove, now drive into Burin where they can consult with oncologist Dr. Greenland. Nurse Linda Brinson (right, on screen) participated in a live teleconference March 5 at a news conference to announce the success of the Teleoncology Program.

and at the regional clinics. Overall I've noticed the proportion of patients from rural areas in my practice has increased dramatically since my involvement with teleoncology started."

The impact of the teleoncology project in one rural and remote area was summed up by Dr. Michael Jong, senior physician at the Labrador Health Centre, Happy Valley/Goose Bay.

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“Teleoncology is a godsend. Cancer patients with their caregivers and family doctors are now able to consult oncologists in St. John’s without having to travel at great cost, time lost and discomfort.”

The Teleoncology Program, a research and development project led by Dr. Max House as principal investigator, was started in 2004 and jointly carried out by the Faculty of Medicine and the Cancer Program of the Eastern Health Authority in co-operation with the three other regional health authorities. A recently completed evaluation of the program, done by Memorial’s Health Research Unit, found over 90 per cent support and satisfaction with the use of telehealth services to deliver oncology services. The Teleoncology Program was found to be acceptable to both patients and health care providers in the delivery of clinical services, as well as a substantial resource for continued education programs, particularly to health professionals practicing in rural and remote areas of the province.



Dr. Max House

During the project, the provincial and federal governments carried out a Telehealth Strategic Study which was followed by the establishment of a fully-funded Telehealth Program within the Newfoundland and Labrador Centre for Health Information.

Because of the early success of teleoncology, and a clear indication that it was a model that could be widely applied, the clinical part of the program was turned over to the Faculty of Medicine to the Centre for Health Information and through them to the regional health authorities.

Dr. House said, “This project, which had been a priority of mine for several years, has clearly shown that health care delivery in this province can be enhanced, with reduced travel and expenses to patients and families and reduced travel by physicians, giving them more active time in practice.”

The teleoncology project was made possible through funding support from the Dr. H. Bliss Murphy Cancer Care Foundation, the Lawson Foundation of London, Ontario, the substantial and continuing support of the Department of Health and Community Services and the Newfoundland and Labrador Centre for Applied Health Research, as well as some support from Novartis Pharmaceuticals Canada Inc.

Rural Education Award for MUN

Memorial’s Faculty of Medicine is this year’s winner of the Rural Education Award from the Society of Rural Physicians of Canada (SRPC). This award is given annually to recognize a medical school which has excelled in producing graduates headed for a career in rural medicine.

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Dr. James Rourke, centre, accepted the SRPC’s Rural Education Award from outgoing president Dr. Michael Jong and incoming president Dr. Karl Siobbe, left

Aging research gets a boost



Dr. Sharon Buehler, right, played a major role in organizing the conference on New Directions in Aging Research held March 31. Dr. Stephen Bornstein, left, is the director of the Newfoundland and Labrador Centre for Applied Health Research, which sponsored the conference. Speakers included (second from left), Dr. Parminder Raina, lead principal investigator of the Canadian Longitudinal Study on Aging; and Suzanne Brake, director of seniors and aging, policy and planning, Department of Health and Community Services.

With the fastest increase in an aging population in Canada, there are challenges and opportunities in Newfoundland and Labrador to develop relevant solutions in aging research.

The Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) is tackling the issue head on, and their efforts received a major boost March 31 at the start of a conference on New Directions in Aging Research: Implications for Health Services and Policy.

Ross Wiseman, minister of health and community services, led off with the announcement of \$200,000 in funding this year to support research projects on issues relating to aging and seniors. The minister has committed to providing on-going support for research on aging within the framework of the Provincial Healthy Aging Policy, launched in July 2007.

The funding, to be administered by the NLCAHR, will support research grants focusing on the needs of individuals as they age. "Good policy requires evidence from

research and good research requires funding," said Dr. Stephen Bornstein, director of the NLCAHR. "This is a great way of getting research done right here in Newfoundland and Labrador that looks specifically at the questions and issues that are relevant or unique to our provincial population. This core base of funding will allow us to leverage other grants."

Following this high note, research leaders from across Canada and local experts settled down to a full day of presentations and discussions on emerging issues in aging research and how those issues will affect health services and policy in the province.

Dr. Anne Martin-Matthews, scientific director of the Institute of Aging, Canadian Institutes of Health Research, said the targeted research topics for the institute are cognitive impairment in aging, mobility on aging and a longitudinal study on aging.

The lead principal investigator of the Canadian Longitudinal Study on Aging, Dr. Parminder Raina, said that genes account for only 25 per cent of what determines longevity – other factors are nutrition, lifestyle and environment. The study, which involves more than 160 researchers in 26 institutions, will include 50,000 people followed over 20 years, with an in-depth data collection on 30,000 people at 10 sites including St. John's. The

first selection of study participants will be made late in 2008 with the remaining 30,000 enrolled in 2010.

Suzanne Brake, director of seniors and aging, policy and planning, Department of Health and Community Services, spoke on opportunities and challenges of an aging population. She noted that the number of people 65 and older in the province was 13.9 per cent of the population in 2006, and this is expected to rise to 20 per cent in less than 10 years. A low fertility rate combined with out-migration and increased longevity all contribute to the province's high percentage of seniors. "We need to take action and for that we need the evidence gained through research," said Ms. Brake.

Dr. Byron Spencer, a professor of economics at McMaster University, made the point that less than 20 per cent of the increase in health care expenditure is related to an aging population. "What is driving costs is more drugs and more intensive hospital times." He also suggested that lack of long range planning by federal and provincial governments is one of the reasons for increases in health care expenditures.

Other topics addressed at the conference included health aging in healthy places and aging and mental health. Dr. Ken Rockwood, a professor of geriatric medicine at Dalhousie University, described a new Canadian Institutes of Health project in mental health, the Research to Action Program in Dementia (RAPID). This is a national initiative to address the health services gaps between research and practice in the areas of Alzheimer's disease and dementia diagnosis, treatment and care.

At the conclusion of the day's discussions, Dr. Bornstein said it is clear that serious challenges around an aging population are coming in Newfoundland and Labrador faster than the rest of Canada, and there is a serious need to do research in health care delivery that is informed from policy makers. "There's a kind of urgency that gets people going and the question now is how to use our resources in the most intelligent way to do this research."

ElderCare project looks at nurse-based intervention

Caring for patients who are very old – 80 and older, yet still living independently – can take a great deal of time and effort by the family physician. At Memorial’s Primary Healthcare Research Unit (PHRU), a team of researchers is looking at delivering a nurse-based program of home delivered care to provide a variety of benefits for the old elderly including improved quality of life, improved symptom management and better utilization of community resources.

The ElderCare project will help determine if older patients who receive contact from a district nurse require fewer visits to their family doctor than others of a comparable age group.

Those aged 80 and older are the fastest growing age subset of the population. Dr. Marshall Godwin, director of



Dr. Marshall Godwin

the PHRU, explained that care of the elderly poses a central challenge to health care systems. “They are more likely to have chronic illness, to be on multiple medications, and to visit their physician. But a physician is not always necessary or the most appropriate health care provider to address the many concerns of the elderly.”

Dr. Wanda Parsons is a faculty member in the Discipline of Family Medicine who knows from first-hand experience that some of her elderly patients have concerns for which they frequently visit their family doctor. “In conversations with Marshall (Godwin), I wondered if there was a way to provide a service in their homes, linked with the family physician, that would cover a lot of these issues and improve their quality of life. This was

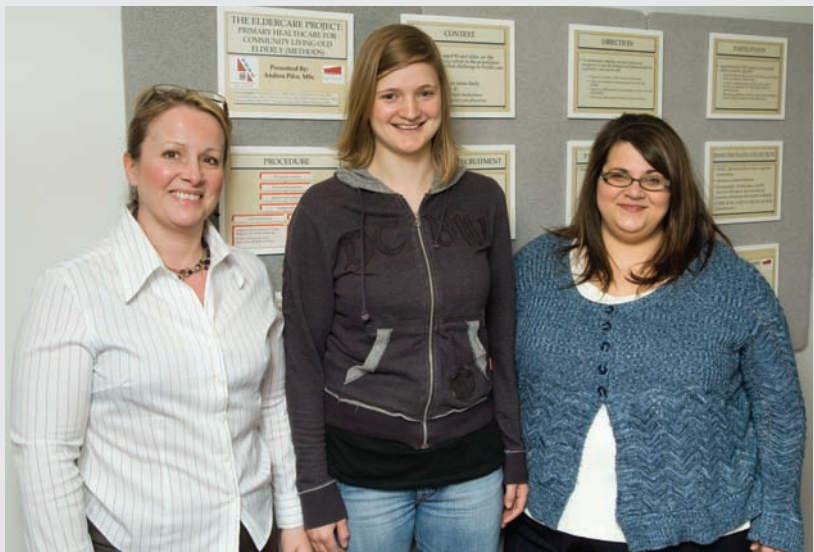
the seed of the project, and Marshall assembled a skilled team with experience in geriatrics and aging, and we went from there.”

Heather Pitcher is the nurse who is doing the patient assessments for the ElderCare project. “We are looking at enrolling 320 elderly patients in the study group – half will have the nurse intervention and half will be the control group. With the intervention group I start with a two-hour assessment and do eight follow-up visits over a year. I’m looking at issues like how lonely they are, medications, medical problems, relationships, family dynamics, diet and exercise.”

Ms. Pitcher assesses the patient’s needs and develops a plan to match their needs. In her talks with patients, she is often able to prompt thought about issues concerning end-of-life, such as planning for long-term care and wills.

Dr. Parsons is enthusiastic about the project. “As family physicians, we want to ensure the elderly remain independent and stay in their own homes as long as possible and have the best quality of life possible. With the out-migration of

ElderCare project continued on next page



Staff members of the ElderCare project (from left): nurse researcher Heather Pitcher with research assistants Angelique Myles and Andrea Pike.



young people, there is often not the family support that used to be common in this province with Nanny and Poppy living either in the same house or garden as their children and grandchildren. This lack of family support, or where there is support, over-extension of social support networks, leads to increased dependence on the primary health care system.”

Dr. Parsons said it is advantageous that family physicians be involved in any care plan due to their long term knowledge of their patients. “In the ElderCare study, the nurse will meet with the family physician and the patient after her interviews to review and adapt the goals and overall plan based on physician and patient input. The family physician is still a key player and will continue to see the patient for medical care, but the nurse and the family physician will work together with the patient on the individual plan.”

Dr. Anne Sclater, chair of the Discipline of Medicine and an expert in gerontology, is a member of the research team for the ElderCare project. “This project identifies a gap in health care; it is so exciting to see it roll out. The findings of this project will have a great impact on health care planning.”

The research team for the ElderCare project includes Dr. Godwin, principal investigator; Dr. Sclater; Dr. Parsons; Farah McCrate, a consultant on aging and seniors for the Department of Health and Community Services; Karen Parsons, School of Nursing; Drs. Sharon Buehler and Vereesh Gadag with the Division of Community Health and Humanities; and Dr. Bob Miller, chair of the Discipline of Family Medicine. Research staff include Heather Pitcher, research nurse; Andrea Pike, project co-ordinator; and Angelique Myles, research assistant.

The ElderCare project is one of four major research projects of the PHRU, which was established in November 2005 with Dr. Godwin as director. The unit is a resource within the Discipline of Family Medicine for the conduct of clinical and health services research in the area of primary care and primary healthcare. The PHRU has spearheaded the development of the Atlantic Practice Based Research Network (APBRN) – a network of nearly 90 primary care providers who have agreed to become involved with the PHRU in conducting research in the primary care setting.

This year the SRPC looked for the medical school matching the most graduates to a rural family medicine program in the 2007 Canadian Resident Matching Service (CaRMS) match. Memorial excelled by a significant margin, with 26 per cent of total graduates matching to a rural family medicine residency. This compares to a national average of approximately seven per cent and is double the percentage of the next highest medical school.

Dr. James Rourke, dean of medicine at Memorial University, accepted the award April 19 in Halifax at the annual conference of the Society of Rural Physicians of Canada. “This award is a tribute to the effort our medical school makes in making sure our students have experience in rural communities,” he said. “First-year medical students at MUN spend two weeks in the rural community health rotation as one way of establishing this knowledge base. Second-year students are introduced to community work during a two-week community health/family medicine visit. Almost all Memorial medical students do part of their third year clinical clerkship rotations beyond St. John’s at sites throughout the province. The electives program further promotes rural experience for those interested in a particular location or practice experience.

Dr. Rourke said it is no surprise that such a high percentage of MUN’s medical graduates choose a rural family medicine residency. “Forty per cent of our students are originally from rural communities. We know that medical graduates who have a rural background, are originally from the province, or do some or all of their postgraduate training at MUN are more likely to work in Newfoundland and Labrador. The strong family medicine education we provide at Goose Bay attracts many of our residents, and we will build on that model of education in the future.”

Dr. Rourke said Memorial’s medical school is working with the provincial government on strategies to encourage doctors who choose rural medicine to stay in Newfoundland and Labrador.

“Our medical school will be expanding its undergraduate medical curriculum starting in the fall of 2008, allowing for an increase in undergraduate medical school enrolment from the current 60 per year to 78 within the next five years. This means up to 20 more students from Newfoundland and Labrador will be able to become physicians, trained in Newfoundland and Labrador for Newfoundland and Labrador, and we are sure that many of these future doctors will choose to work in rural areas of the province.”

Memorial’s Faculty of Medicine has twice won the Keith Award from the SRPC, which each year honours a Canadian medical school for doing the most in helping train doctors for the 31 per cent of Canadians who live in predominantly rural regions. Memorial was the inaugural winner in 2000 and also took first place in 2002.

New funding for genetics research

The Interdisciplinary
Research Team in Human
Genetics, led by Dr.

Patrick Parfrey, associate dean for

clinical research,

will receive up to

\$3 million over

five years from

the Atlantic

Innovation Fund.

This money will contribute to the

development of new research space and

the development of a data management

centre.

Dr. Parfrey is heading up an interdisciplinary team in human genetics to develop a system of research into both inherited and complex genetic diseases in Newfoundland and Labrador. While the end result is expected to be an improvement in population health, there is also the potential for significant economic value in the commercialization of the research. Total estimated costs are approximately \$22.6 million.

Dr. Parfrey explained that the project developed out of two projects. The Atlantic Medical Genetics and Genomics Initiative

(AMGGI), a unique initiative to systematically identify genes and genetic mutations underlying familial, monogenic disorders arising in populations and communities throughout the Atlantic provinces; and the Colorectal Cancer Interdisciplinary Health Research Team, a multidisciplinary multi-site study into colorectal cancer in Newfoundland and Labrador and Ontario.

“We are now trying to move on to the next level to improve population health,” said Dr. Parfrey. “The question is if we find genes, can we develop molecular genetic diagnostic tools and provide diagnostic or therapeutic information to family members. In effect we want to establish a research-based community genetics program.”

Using a population-based approach, the research team will determine the genetic basis in Newfoundland and Labrador of colorectal cancer, sudden cardiac death, deafness, blindness, pulmonary fibrosis, epilepsy and Tourette’s syndrome. Research will determine the genes which predispose to complex diseases including obesity, diabetes mellitus, arthritis, psoriasis and adverse drug reactions. An integral component of the research is to determine the broad ethical, environmental, economic, legal and social issues associated with the uptake of genetic services by health care practitioners, patients, families and communities.

The purpose of the research team is to develop a system of research which applies molecular genetics research in the clinic and the community, to improve the population’s health and realize economic value through its commercialization. To this end, the team will develop mutation detection chips and molecular assays capable of predicting severe autosomal dominant and recessive diseases in the province and make those tests available to the population; determine the impact of clinical screening in carriers of high risk mutations in families; and determine the value of prospective genotyping in predicting drug responses in order to decrease adverse events and enhance drug efficacy.

In addition to Dr. Parfrey, team members include molecular geneticist Dr. Terry-Lynn Young, clinician scientist Dr. Proton Rahman; medical ethicist Dr. Daryl Pullman, nephrologist and clinical epidemiologist Dr. Brendan Barrett, and clinical research program manager Elizabeth Hatfield. The team also collaborates with the private sector (Newfound Genomics in St. John’s) and with research teams across Canada and Europe including those in Halifax and Montreal, Toronto, Lac St. Jean-Saguenay community genetics group, Genome B.C., Genome Alberta, Genome Quebec, University College Cork in Ireland, and the University of Manchester in England.



New leadership in oncology



Dr. David Saltman, a native Newfoundlander and graduate of Memorial's medical school, has been appointed the inaugural chair of the Discipline of Oncology in the Faculty of Medicine. He is a cancer specialist and will also hold an appointment as a clinical oncologist with Eastern Health.

"We are delighted that Dr. Saltman has joined the Faculty of Medicine and Eastern Health in a major new leadership position as chair of the Discipline of Oncology," said Dr. James Rourke, dean of medicine. "This position will help us advance our knowledge and understanding in this most vital aspect of medical care, education and research."

Dr. Kara Laing, clinical chief of the oncology program for Eastern Health, is delighted with Dr. Saltman's appointment. "We're just so glad he's here – it's an opportunity to move forward, particularly in cancer research and in the education of undergraduate and graduate medical students as well as nursing and pharmacy

students. All health professionals need to have a good basic understanding of cancer and we hope more will select a career in cancer. With Dr. Saltman's appointment we can move forward on initiatives we've been talking about for the last several years."

Dr. Laing noted that Dr. Saltman has been working since 2004 in Kelowna, BC, a community with a similar population and similar issues as St. John's. "He has a lot of experience that will be beneficial in his new position, particularly in the areas of tele-health and tele-oncology."

Dr. Saltman was born in Old Perlican, Trinity Bay, and graduated from Memorial's medical school in 1982. After studying internal medicine at the Royal Victoria Hospital in Montreal and in Vancouver, he entered a hematology training program at the Vancouver General Hospital. In 1986, he was awarded a Medical Council of Canada training fellowship to study the genetics of lymphoid malignancies at the MRC Human Genetics Unit at the Western General Hospital in Edinburgh, Scotland.

After receiving his PhD in cancer cell biology in 1989, he worked as a post-doctoral fellow in the Laboratory of Experimental Pathology at Stanford University in California where his main interest was the cytogenetic and molecular characterization of chromosomal breakpoints in human leukemias and lymphomas. A chromosome 5 region-specific library created by Dr. Saltman and his colleagues was later used by researchers at St. Jude's Children's Hospital to clone and characterize the non-randomly occurring breakpoint in anaplastic large cell lymphomas.

After a two-year year stint working with a group in California helping to characterize growth factor and growth factor receptor genes as part of the human genome project, Dr. Saltman returned to Canada to work in clinical oncology and new drug development. While working for the British Columbia Cancer Agency as the medical oncologist for the Cancer Centre for Southern Interior in Kelowna, he has developed an interest in community oncology and the use of telemedicine to improve the delivery of physician and nurse-led clinical oncology services to remote communities.

New Canada Research Chair brings expertise in social psychology



Dr. Martha Traverso-Yépez

As Canada Research Chair in Health Promotion and Community Development, besides contributing in the education of graduate students, Dr. Traverso-Yépez aims to develop a number of key community health empowering practices.

Dr. Martha Traverso-Yépez has joined Memorial University as a Tier II Canada Research Chair in Health Promotion and Community Development.

Newfoundland is already familiar to Dr. Traverso-Yépez, who spent a sabbatical from February 2004-2005 in the Division of Community Health and Humanities. Since earning her PhD in social psychology from the Universidad Complutense in Madrid in 1996, she has been working in Natal (RN), Brazil on health issues such as the subjective experience and meanings of the health-illness process and health care interventions. Her research interests include health promotion and community action in deprived contexts and the influence of social class, power relations and economic inequities on health care. She is also interested in adolescents' health and well-being and vulnerable population's health promotion and well-being.

Dr. Traverso-Yépez's most recent research production is on the difficulties of dealing with social inequities in primary health care in Brazil, as they tend to seem "natural" and unquestioned among all the stakeholders, impairing the possibilities of democratic changes. She has also summarized what she sees as main contributions of a critical social psychology to the health field in a recently published book (2008): *A psicologia Social e o trabalho em saúde (Social Psychology and Health Care Work)*.

From her research experience in Brazil, Dr. Traverso-Yépez considers that the main challenge when dealing with health promotion strategies is to keep a multi-faceted approach, paying attention to the psychosocial, economical, cultural and political aspects influencing the health-illness process and interventions. She deems it especially important to have the political will to

support an ever-going social and financial investment on health promotion initiatives. "A caring attitude and readiness to listen and to accept differences, keeping an open dialogue about all stakeholders, are key contributions from my perspective in social psychology," she said.

As Canada Research Chair in Health Promotion and Community Development, besides contributing in the education of graduate students, Dr. Traverso-Yépez aims to develop a number of key community health empowering practices. Through a participatory action research process, she will identify and study the evolution of existing health promotion practices sponsored by health care and human service organizations or community action groups in Newfoundland and Labrador. She will investigate patterns of collaboration in organizational networks related to the health promotion practices and the community involved and evaluate and develop the capacity of these networks to achieve a co-operative relationship between available services and the community. Her goal is to contribute in the construction and development of a number of key community empowering practices to address jointly-defined target health problems.

On a long term basis, Dr. Traverso-Yépez's aim is to develop a Center for Community Health Promotion Research and Practices at Memorial that would tackle established areas of need considered in its strategic plan, working at the same time towards promoting healthy environments and community participation in rural Newfoundland and Labrador.

New faculty



Dr. Krisztina Bajzak
*Assistant professor of
obstetrics and gynecology*

Dr. Krisztina Bajzak has returned to Memorial's Faculty of Medicine with highly specialized skills in laparoscopic surgery in the field of gynecology. Using minimally invasive surgery, she is able to carry out procedures such as hysterectomies and cyst removals with less scarring, pain and post-operative complications. She will now be able to train residents in these procedures as well as assist attending physicians who wish to advance their laparoscopic skills.

Dr. Bajzak received her MD from Memorial in 1993 and completed an obstetrics and gynecology residency at Memorial from 1993-1998. During this time she also started a master of science (clinical epidemiology), completing this degree in October 2000. From March 2000 to November 2003 she was a partner in a general obstetrics and gynecology practice in Pittsburgh, PA. In May 2004 she moved to a general gynecology group practice specializing in minimally invasive surgery in Raleigh, NC.

Dr. Bajzak is an editorial board member of the *Journal of Minimally Invasive Gynecology* and has served as a reviewer for this journal and the *Journal of the Society of Obstetricians and Gynecologists of Canada*. She is member of the board of trustees of the AAGL, a society dedicated to advancing minimally invasive gynecology worldwide, and serves as chair of their research committee and as a faculty member in several of their courses.



Laurie Twells
*Assistant professor (clinical
epidemiology).*

Laurie Twells recently finished writing her PhD thesis on a clinical epidemiology study on the impact of adult obesity on the health system in Newfoundland and Labrador. Her skills in research methodology landed her a joint faculty appointment in the School of Pharmacy and Faculty of Medicine.

Ms. Twells earned her first degree in economics at Memorial in 1992. She spent time in Australia, where she met her husband-to-be, who was from England. The

couple moved to England where she worked in the financial industry for several years before returning to university at the London School of Hygiene and Tropical Medicine to do a master's degree in health policy and epidemiology.

Tired of long commutes from outside London, the lifestyle in Newfoundland eventually attracted the couple to move. Ms. Twells quickly found work co-ordinating a study on health and aging being conducted by Dr. Sharon Buehler in the Division of Community Health and Humanities. Ms. Twells next worked with Dr. Patrick Parfrey and a team on a study on health system regionalization in Newfoundland. During this time she also worked with the Newfoundland and Labrador Centre for Applied Health Research, where she organized a forum on obesity that took place in October 2003. That sparked her interest in pursuing further research on the topic of obesity through a PhD, a research interest she hopes to continue in the future.

New faculty continued



Dr. Rod Russell

Assistant professor of immunology and infectious diseases, Division of BioMedical Sciences

Dr. Rod Russell began his studies at Memorial University, earning a B.Sc. in biochemistry and M.Sc. (medicine) in infectious diseases under the supervision of Dr. Michael Grant. His work in Dr. Grant's laboratory was focused on HIV and the immune responses to the virus in infected people. After studying the immunology of HIV, he wanted to know more about the virus itself and how the viruses build themselves in cells and get out of the cell to infect more cells. So he continued his studies through a PhD at McGill University, focusing on the basic functions of how the virus works. His thesis was on RNA and protein elements involved in the assembly of the HIV virus.

On the advice of Dr. Grant, Dr. Russell continued his studies on a different virus, hepatitis C, at the National Institutes of Health (NIH) in Bethesda, Maryland. Hepatitis C is a viral infection of the liver. At the time it was discovered in 1989, the blood supply was contaminated. That is no longer the case and most new infections are from sharing needles in drug use.

"HIV and hepatitis C are similar viruses in many ways," he explained. "But it takes a long time for the infection to progress to liver disease. Right now there are 180 million people in the world with hepatitis C and a lot of those aren't even receiving treatment yet because the disease hasn't progressed. What's going to happen is in the next decade or two there's going to be a lot of people that get sick with liver disease from hepatitis C and it will become a big public health issue. I think governments,

like the Canadian government, are trying to nip it early through basic research on drugs to contain the virus."

Like most young professors, Dr. Russell is busy right now writing grants and setting up his laboratory. He has several projects from his time at NIH that he will continue, and he is expecting to get some students and graduate students to work with him in the laboratory. "Memorial has nice programs for funding science and medical students, they offer summer scholarships so that investigators like me don't have to pay salaries, the university pays as part of a training program. So then you get intelligent people who come in and work, they get experience, sometimes you even get a summer student who may want to stay and do graduate work."

Dr. Russell's own initiation into medical research was through a program 12 years ago in which the government had 10 positions for recent MUN science grads qualifying for unemployment insurance to work for 10 months to gain experience. He began working with Dr. George Carayanniotis, an immunologist in the Faculty of Medicine, who later introduced him to Dr. Grant, who took him on in his lab. "I've had the good fortune of having Drs. George Carayanniotis and Michael Grant as very good mentors; they really motivated me to pursue an academic scientific career."

During his years as a M.Sc. student in the Faculty of Medicine, Rod Russell won the first Zetta Tsaltas Immunology Award in 1999, an award established by the Greek Community to honour the memory of Dr. Zetta Tsaltas, who died in a car accident in Greece in 1995. She came to Canada from Greece in 1974 and earned a PhD in immunology from Memorial University in 1994. He was also the recipient of the Alfred Burness Graduate Student Award. At McGill he made the Dean's Honour List and was the Dept. of Microbiology & Immunology's Wilfred Yaphe Award for Outstanding Academic Performance in a PhD program.

In memory

Dr. Cameron Raffard, a second-year resident in internal medicine, died Jan. 13, 2008. A memorial service was held at the Faculty of Medicine on Jan. 25.

Stamp of approval



A painting by Dr. Christopher Kovacs, Medicine, has received three distinctions in conjunction with the 100th anniversary of the publication of Lucy Maud Montgomery's *Anne of Green Gables*.



The painting, "Green Gables House™" was chosen by Canada Post's jury panel to be one of two stamps that will be issued on June 20, 2008 with first day covers. Canada Post and Japan Post have also joined together to have an historical joint stamp issue, with joint first day covers, that will also bear the image of this painting. And finally, the Royal

Canadian Mint has used Dr. Kovacs's painting in conjunction with their issue of a special Anne of Green Gables coin, which was released on April 16.

Canada Post and the Royal Canadian Mint each cropped the painting differently, and Canada Post changed the foreground to resemble the typical reddish soil of Prince Edward Island. As well, there was a fire at Green Gables House™ a few years ago, and the roof was replaced with dark green, quite unlike the tan roof that it had at the time Dr. Kovacs did this painting.

Dr. Kovacs said the news of the use of his painting by Canada Post and the Royal Canadian Mint came out of the blue. "I was first contacted in December 2006 to ask if I'd be agreeable to have the painting stand as a finalist for Canada Post's juried panel that makes decisions about the paintings to be used on its stamps. Of course I said yes, but I was also told that I couldn't tell anyone about it. Then in July 2007, when I'd long since given up any hope that mine would be picked, I was contacted by Canada Post and told the fantastic news that my painting of Green Gables House, along with another artist's painting of

Stamp continued on page 16

Of note



Dr. Cheri Bethune, Discipline of Family Medicine, has received a 2008 Certificate of Merit from the Canadian Association of Medical Education (CAME). These certificates are awarded annually to promote, recognize and reward faculty committed to medical education in Canadian medical schools. CAME is a grass-roots organization that promotes excellence and scholarship

in all aspects of medical education by advocating for medical education and medical educators, by supporting faculty and educational development, and by encouraging research in medical education through networking and scientific activities. CAME membership has reached almost 600 across the country. The benefits of belonging to CAME include a discounted fee for an annual membership to the Association for Medical Education in Europe and Medical Teacher. For further information visit the website at www.came-acem.ca.



Dr. Penny Hansen, professor of physiology, has been selected as the recipient of the 16th Annual Arthur C. Guyton Physiology Educator of the Year Award. The award from the American Physiological Society was presented April 8 in San Diego, California, during the annual meeting of the Federation of American Societies for Experimental Biology. The award recognizes excellence in

classroom teaching, commitment to the improvement of physiology teaching, and contributions to physiology education at the local community, national or international levels. Dr. Hansen has degrees in chemistry and biochemistry from the University of Akron and a PhD in physiology from Memorial. She has worked with her colleagues around world to create curricula designed to engage medical students' interest in physiology, to develop new strategies for student laboratories, and to assist and assess students' ability to analyze and solve physiological problems. Her ability as a teacher was recognized with a 3M Fellowship for Teaching Excellence, one of 10 awarded in 1990 to Canadian university teachers.

Stamp continued from page 15

Anne, had been selected for the two stamps. But I was also told that the gag order remained and I would not be able to tell anyone about this until the stamp unveiling. So, I have been bursting with this news for a long, long time!"

The next part of the story happened when Canada Post told Dr. Kovacs that they'd negotiated an historic joint stamp with Japan Post, with joint first day covers. "That made it all the more exciting but also harder to keep the news to myself. Finally this spring, Canada Post unveiled images of the stamps at an event in Toronto, and published images of them in their stamp collecting guide. And so it had become a tangible reality – although the Canadian and Japanese stamps won't be issued until late June."

Dr. Kovacs said the news was wonderful and completely unexpected. "I am delighted to have my art recognized in this way. I've received numerous awards for my research over the years; this recognition of my art work is very special."

Dr. Kovacs first visited the Green Gables historic site in PEI in 1998. "I immediately thought that it was such a perfect landscape – the house and birch tree, with the black buggy contrasted in front – that I absolutely had to paint it some time. So I took a set of photos, developed them and filed them away. It was several years later in 2001 that I remembered the perfect image and those photos, found them, and did the painting in short order. Once it was done and people saw it, many remarked that while it was a lovely painting, they wondered why the heck I had bothered to paint it. 'Why Green Gables, my son?' Specially with all this fine Newfoundland landscape around you?' Well, I did it because the image attracted me, not because it was Green Gables or for any commercial interest."

Dr. Kovacs joked that for the people who scoffed, he has the last laugh "because it's that painting which has been selected to become stamps in Canada and Japan!"

The other ironic thing, commented

Dr. Kovacs, is that an artist or author is often best known for something they do not consider their best work. "Green Gables House is not my best work, but it's probably going to be the painting that I'm best known for, at least for some time to come – I forget how many millions of copies of the stamp and postcards are going to be produced in Canada and Japan, but it will be difficult to top that exposure! The books of stamps, first day covers, postcards, etc., will all indicate my name, so it will be a simple matter for anyone to follow up by doing a Google search on my name and discover my website. The stamp could have zero effect, or a substantial effect, on exposure for my artwork. And since my distributor does have full-size prints of the Green Gables House painting for sale, there is always the possibility that people may want to have a print framed with the stamps in the mat."

Christopher Kovacs's fine art website is at <http://christopherkovacs.com/>.



Student news

Med school fundraiser benefits six charities

Six charities in the province are richer by \$8,000 each thanks to the fundraising efforts of Memorial's medical students. The money was raised at the 2007 Monte Carlo Gala, held Nov. 24 at the St. John's Convention Centre.

The cheques were handed out Feb. 26 at the medical school. The selected charities were the Buckmaster Circle Community Centre, the Eating Disorder Foundation of Newfoundland and Labrador, Libra House, the Newfoundland and Labrador Brain Injury Association, Raising the Roof, and the Special Olympics Newfoundland and Labrador.

The Buckmaster Circle Community Centre will use their money to invest in new programs and for the breakfast program for children. The Eating Disorder Foundation will use their money to increase publicity and awareness about eating disorders and promote education and treatment options. Libra House, which works with women and children in Labrador, will use the Monte Carlo money to fund and provide outreach that is inclusive and culturally sensitive. The NL Brain Injury Association will use their money for a New Beginnings Program. Raising the Roof, which supports choices for youth, will use the \$8,000 for housing for at-risk youth ages 16 to 25 and pre-employment training. Special Olympics Newfoundland and Labrador will use their money to develop a Pee Wee Program for children ages 5 to 10, and to assist Team Newfoundland and Labrador in the National Winter Games.

The student organizers of Monte Carlo 2007 thanked everyone who supported the event, which raised more than \$50,000.

Medical students help launch new national partnership

First-year medical student Nicholas Smith took the plunge March 4 and gave blood for the first time. He was participating in a special blood donor clinic that marked the launch of a new national partnership between the Canadian Federation of Medical Students, representing more than 6,400 physicians of the future, and Canadian Blood Services.

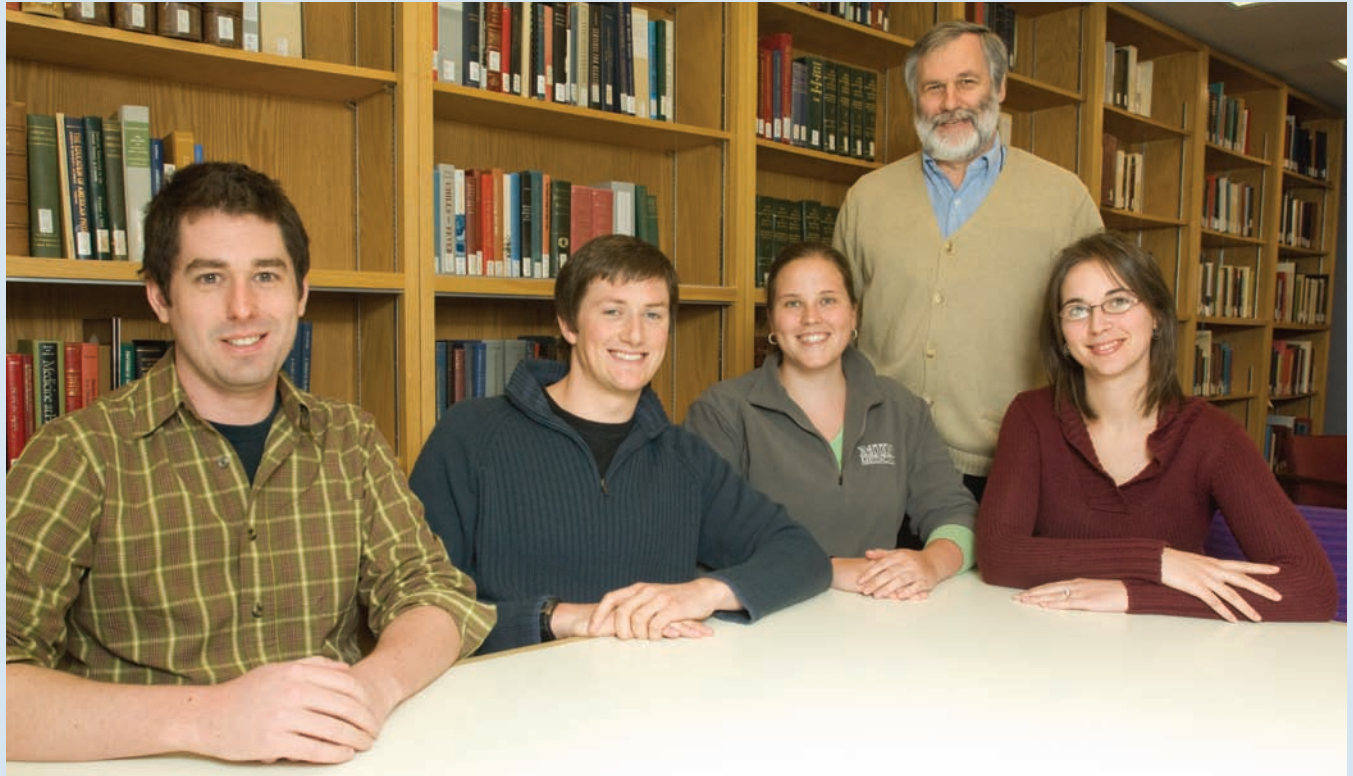
The medical student organization has signed on as a "Partner for Life" with Canadian Blood Services.



Bonnie James, left, and Seanna Condon accepted a cheque for Buckmaster Circle Community Centre from some of the students who helped to organize the 2007 Monte Carlo Gala. Students (from right) Stephanie Byrne, Yasir Khan and Neal Manning.



History of Medicine conference draws MUN med students



Some of the medical students who attended the History of Medicine Days conference in Calgary were (from left) Colin Newman, Sean Doherty, Heather O'Reilly and Renelle Butt. Dr. Jim Connor (standing) is the John Clinch Professor of Medical Humanities and History of Medicine.

An enthusiastic group of MUN medical students made an impressive showing at this year's History of Medicine Days Conference at the University of Calgary March 7-8.

Participants were first-year medical students Anna Davies, Christopher Smith, Heather O'Reilly, Renelle Butt and Sean Doherty; second-year students Colin Newman and Kathryn Sparrow; and third-year students Glynn Martin, Malcolm Wells and Maria Kielly. Third-year student Michael Carroll also travelled to Calgary but had to leave for family reasons before his presentation. However he did submit his manuscript for publication, titled: "Sir Wilfred Grenfell: Legacy in Newfoundland and Labrador".

Christopher's paper, "Brave Old World? In Vitro Fertilization: New Technologies and Antiquated Controversies" took second-place overall.

Renelle's presentation, "The Kettle is Singin of Cod Liver Oil", received recognition for second place for audiovisual.

History of Medicine students continued on next page





Christopher Smith's paper, "Brave Old World? In Vitro Fertilization: New Technologies and Antiquated Controversies", took second-place overall at the conference.

"I learned much about the history of medicine at this conference, which allowed me to draw connections with my present learning and link up concepts," said Renelle. "It was very enjoyable to see the opinions from other medical students across the country and to learn about their own medical school programs. MUN was well represented and I think it displayed the interest of the school in extracurricular

activities, as this is not a full course at our school as it is at other universities. Thanks to Dr. Connor and those who allowed us the opportunity to have such a rewarding experience."

Malcolm's paper was titled, "Hans Krebs: His Life, Times and Cycle." Anna Davies presented on, "Diseases of Affluence: How the North American diet is killing us slowly (and what we can do about it)".

Heather's paper was, "The Cottage Hospital: Newfoundland's Answer to Rural Healthcare Delivery". Sean's presentation on, "The Changing Role of Traditional Healers in South Africa" covered HIV/AIDS in the 1980s to the present.

Kathryn's presentation was titled, "A Narrative of Psychiatry and Mental Illness in Newfoundland: The History of the Waterford Hospital". Colin's topic for the

conference was, "A Prescription for Democracy: Physician Activism and Canada".

Glynn's paper was on, "Stop the Bleeding: Wartime Orthopaedic Advances". She commented that the conference was a great opportunity to research an area of medicine of interest and to learn more about its history. "Presenting at a national level and meeting other medical students across Canada was also an excellent experience."

"This is the largest contingent (11 students) that we have ever sent to the Calgary conference, also I believe that our students comprised the biggest group from any medical school outside of Alberta," said Dr. Jim Connor, John Clinch Professor of Medical Humanities and History of Medicine. "I personally would like to thank them for their interest and commitment to the his-

Alumna earns title of Vagina Warrior



Dr. Lynn Dwyer, Class of 1986 and a family physician with the Student Health Centre in the University Centre, was a recipient of the Vagina Warriors title by cast members of the 2008 production of Eve Ensler's acclaimed production *The Vagina Monologues*. Leisha Sagan, a graduate student pursuing her master's of women's studies and volunteer with the Women's Resource Centre, also received this title, along with Shelly England, a local anti-violence supporter who was sexually assaulted in her St. John's home in July 2007.

Originating in New York a decade ago, the V-Day movement raises money and awareness to end violence against women and girls through fundraising efforts such as productions of *The Vagina Monologues*.

Following graduation from Memorial's medical school and postgraduate training at the University of Alberta in Edmonton, Dr. Dwyer returned to Newfoundland, where she has worked in several different positions. This has included emergency work at the Gander and the Grace General hospitals and a private office practice in the east end of St. John's for 10 years. In September 2000, she joined the staff at the Student Health Centre at Memorial University.

Dr. Dwyer said that her work at Memorial has been very rewarding and has given her the opportunity to reach out to women and men as they transition from their high school years to adulthood.

"I have always had a passion for women's health issues and I try to make patients aware of and educate the importance of pap

tests, screening for sexually transmitted infections, and protection from them," she said. "No patient expects nor wants to be told that they have an abnormal pap test result or a sexually transmitted infection. Often the time you spend talking with a patient to answer their questions and/or concerns is just as important as any prescription you may give."

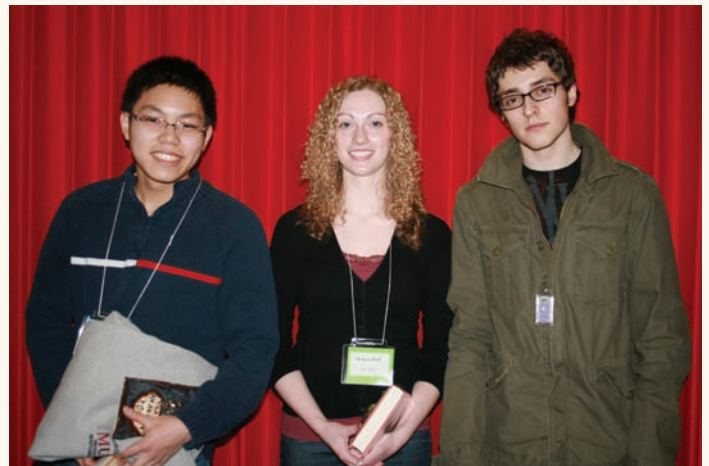
Dr. Dwyer is also interested in mental health and eating disorders. In November 2007, she was asked to sit on the advisory committee for the Regional Cervical Screening Initiatives Program for the Eastern region. The aim of the program will be to try to increase awareness of pap smear screening in the Eastern region. In January 2008, she was asked to sit on the Eating Disorders Advisory Committee, which is involved in implementing an intensive outpatient day treatment program.

As Dr. Dwyer continues her work at the Student Health Centre at Memorial, she hopes to continue to empower patients with health information which they may continue to use long after their graduation from Memorial.

Difficult decision by Brain Storm winner

Melissa Duff of Holy Spirit High School, Manuels, won the 2008 Newfoundland and Labrador Brain Storm competition held Feb. 16 at the Faculty of Medicine, Memorial University.

The top prize was a chance to go to the First Canadian National Brain Bee competition at McMaster University, Hamilton on May 10. Melissa's Grad Night was also scheduled for May 10 so she was compelled to decline the trip. Second-place winner Robbie Butt of



Brain Storm finalists (from left): Jonathan Mong, Holy Heart; Melissa Duff, Holy Spirit; and Robbie Butt, Basque Memorial High School.

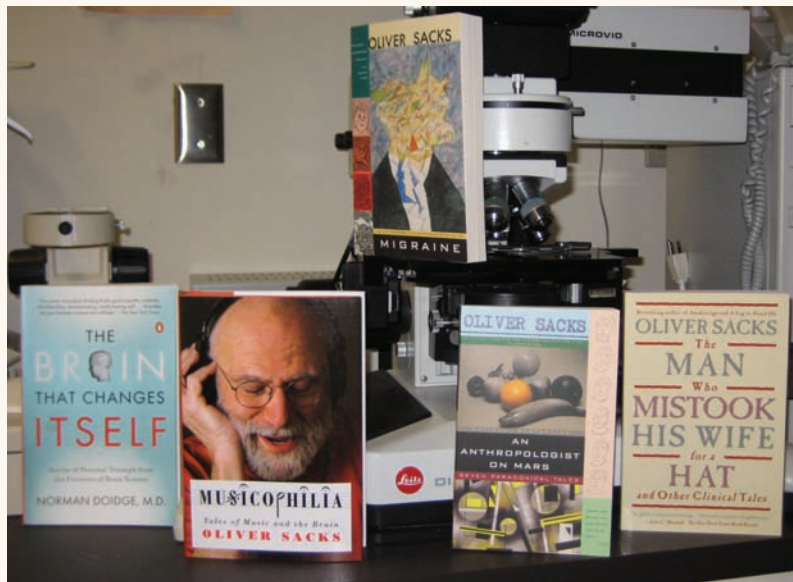
suppress hunger? It is also found in the brain." The answer: cholecystokinin. The other two finalists, Robbie Butt, Basque Memorial High School, and Jonathan Mong, Holy Heart High School, could not recall the answer.

Preparation for the national event necessitated Robbie honing his "brain" skills by distance learning since he lives very far from the St. John's campus. Robbie is used to such learning methods as he has taken distance courses from teacher Michael Sceviour who encouraged him to join in the Brain Storm competition in the first place.

The Newfoundland Chapter of the Society for Neuroscience has been hosting the Brain Storm competition for high school students since 2000. The competitors were invited following in-school preliminary competitions of multiple choice questions based on a 60 page *Brain Facts* booklet. Forty-four students from 11 schools on the Avalon Peninsula, Grand Falls-Windsor and Labrador participated in that segment in early January.

This year the St. John's competition began with a six-round first stage that was followed by a break that included visits to three research labs and a luncheon. After the break, the top seven remaining students used their visual memory to answer questions, shown by power point, about such topics as

drug effects on the brain and brain pathways. This led to the final three person show-down. Special guests, Pam Anstey from Epilepsy Newfoundland and Labrador, and Christina Dove, Autism Society, asked the questions. Graduate students from the neuroscience group at the Faculty of Medicine collected a wide assortment of prizes for all participants. Neuroscientist Dr. John McLean co-ordinated the event.



These are some of the book prizes given to contestants in this year's Brain Storm.

Basque Memorial High School in Red Bay, Labrador, faced the challenge and prestige of representing Newfoundland and Labrador at the national competition.

Melissa Duff outlasted 22 other competitors through three stages and several rounds of questions to answer the final question "During digestion, what hormone is released from the stomach to

Student wellness consultant now part of Student Affairs

There's a new face in Student Affairs and she's all about wellness.

Michele Neary has been hired as the student wellness consultant with the Faculty of Medicine. Her goal is to share ideas with students and build a wellness program that fits their needs.



Michele Neary

She's already put out the first two issues of the *Student Wellness Newsletter* as one way to communicate with students.

"I would like to see the newsletter develop in a collaborative way," said Michele. "I see my role as one that has to evolve from the needs of the students."

Working at the university is new to Michele, although she did her first degree in psychology at Memorial. After that she worked with the provincial government in central Newfoundland as a behaviour management specialist.

"Through that work I became very interested in community-based work and being an advocate for people with different kinds of needs."

Michele eventually decided to pursue her education at a higher level and went to McGill University for a master's and PhD in educational psychology. She returned to Newfoundland with the intention of taking a year to complete her thesis, but was drawn by an advertisement for a position to work with the de-institutionalization effort at the Waterford Hospital.

"Because my graduate studies had been all about welcoming and supporting people with diverse needs into the community, I felt it was something I just had to do. So I put my studies on the backburner and took up a job with A Future with Rights: The Right Future, as the executive director of the Newfoundland and Labrador Association for Community Living."

Michele worked at that job from 1992-1996 and just as the four-year program came to an end she was ready to give birth to her first child. After another baby she finally finished her thesis and was awarded a PhD in 1999. During the time she was at home she ran her own consulting business, offering training and evaluation of different services.

Her position at the Student Affairs Office is somewhat different than her previous work, but Michele feels her background suits her well to her new job. "I believe to a large extent my role here is an advocacy role, supporting the students in whatever way they require. I also think the development of the wellness aspect is closely related to the other work I have done in terms of developing initiatives in training."

Michele said the Faculty of Medicine wants to be more proactive in terms of focusing on the wellness of students. "We want to ensure that the people who graduate from the medical program are confident in terms of the skills and knowledge base they have acquired and also have the ability to manage and deal with the stresses they may encounter in life. Wellness is all a part of being able to help people to manage those things and create a good balance in life."

Working with the students, Michele will help to ensure that initiatives such as peer counselling are supported so that the consistency and continuity of these activities don't vary from year to year. "I think the students welcome that. We have met with the Medical Students Society and they certainly look at our increased support of their initiatives as a positive thing."

As part of her work, Michele has re-vamped the wellness committee to include student representatives from all four years plus three residents and Dr. June Harris, assistant dean for Student Affairs. "Hopefully this committee will offer the opportunity to find out what the student needs are and how we can address those."

Busy grad student squeezes myriad of activities into 12 months

By Jeff Green



Photo by Chris Hammond

Rebecca Daniels has crammed a lot into the past year since coming to Memorial.

The 22-year-old, originally from Nova Scotia, has not only engulfed herself into her master of science program in the Faculty of Medicine where she is specializing in cardiovascular and renal research under the supervision of Dr. Bruno Stuyvers, but she has logged hundreds of hours with countless campus and community groups and has become one of the university's exemplary volunteers.

Her résumé is peppered with a long list of diverse activities – everything from orientation, Gradfest and

Rebecca Daniels is this year's recipient of Memorial's Volunteer of the Year award.

the MUN Relay for Life to her involvement with MUN WalkSafe, the Aldrich Conference, and the Medical Graduate Student Society.

She has also spent time with off-campus groups such as the Heart and Stroke Foundation, the St. John's AIDS walk, and the St. John's Triathlon committee.

It all adds up to one heck of a year and to Ms. Daniels being named 2008's Volunteer of the Year.

"I volunteer because it educates me on life, causing me to constantly re-evaluate myself and my priorities, and moving me closer to becoming the person that I want to be," she said recently with a wide smile. "Through my volunteer work, I am exposed to so many new situations and concepts that I might never be confronted with otherwise. Through these, I learn the life lessons that I believe will make me a more successful and happy person."

That's the type of attitude Ms. Daniels has had since coming to Memorial 12 months ago. After graduating from the Nova Scotia Agricultural College, she set her sights on this province where she was attracted by "high-calibre research ... being carried out with a high level of scientific integrity."

She's quick to point out, though, that wasn't the only thing that drew her to Memorial.

"[It] offers so much to students," she noted. "There are so many extracurricular opportunities around campus and there is always so much happening. I never get tired of this place."

Meanwhile, Ms. Daniels said she was humbled and completely surprised by her recent award. She hopes it motivates other students to pull up their sleeves and juggle school and volunteer work.

"Involvement will change you, and our school, for the better."

Spotlight on scholarships

In each issue of *MUNMED* we will highlight some of the scholarships and awards available to medical students at Memorial. Further information and nomination forms are available at the Office of Student Affairs in the Faculty of Medicine.

There are three awards in memory of Dr. Andrew Bagby, Class of 2000, who died tragically on Nov. 5, 2001.

The Dr. Andrew Bagby and Son Zachary Andrew Memorial Bursary

This bursary was initiated in memory of Andrew Bagby and his son Zachary by David and Kathleen Bagby, parents of Andrew. It is awarded to a medical student in any year of study who is in good academic standing. The recipient must have an engaging demeanor and must relate with ease to people at all levels, as this was a unique characteristic of Dr. Bagby. Most important of the selection criteria, the student should be judged by his/her peers to have a positive, caring attitude fostering a sense of camaraderie within class life. The nominee must have demonstrated a genuine concern for, and shown a desire to impact positively on, the lives of his/her classmates.



Dr. Andrew Bagby



*Dr. Bagby's son,
Zachary Andrew*

Dr. Andrew Bagby Memorial Photography Award

The Class of 2000 initiated this award for its dear friend and treasured colleague Andrew Bagby. In establishing this award, the class noted that, "Andrew will always be remembered for his good will, humour, compassion and most of all for his lust for life. Andrew was also an avid amateur photographer, taking the time to appreciate the beauty of the world around him." To honour their colleague, the Class of 2000 has established a Memorial Photography Award in Andrew's name, with a chosen photo to be framed and permanently displayed in the medical school, so that a part of Andrew's spirit will continue to beautify our school. The value is \$500 plus selected photo framed with the winner's name and displayed in the medical school. This award is open to all Memorial University undergraduate medical students and the deadline is May 30 of each year.

The Dr. Andrew Bagby Scholarship

This scholarship in honour of Dr. Andrew Bagby is tenable in Latrobe, Pennsylvania, where Andrew was doing a family medicine residency when he was killed. This award is available to a student who is between the first and second, or second and third year of medical school and gives a student the opportunity to participate in a four-week medicine experience in Latrobe. The recipient will be housed free of charge within easy walking distance of the hospital and will also receive a noon meal daily. Only students who have a genuine interest in family medicine need apply. The deadline is March 31 of any given year.

MD Program Renewal

The MD program is undergoing a period of intense evaluation and renewal under the leadership of a Medical Education Leadership Team hand-in-hand with the Undergraduate Medical Studies (UGMS) Committee.



Members of the Medical Education Leadership Team (from left): Drs. Mary Wells, Sharon Peters and Penny Hansen

“The motivation for renewal of the MD program came from two areas,” explained Dr. James Rourke, dean of medicine. “During our process of developing a strategic vision, we identified curriculum renewal as the first objective. We have also undergone accreditation recently, and although we were successful in achieving full accreditation, we identified areas for improvement in our undergraduate curriculum. I struck the Medical Education Leadership Team to facilitate the renewal process, which is proceeding in five phases.”

The first phase of the program renewal includes review of the literature in three areas; governance and design, pedagogy, and student assessment. Needs assessment is another component of this phase, designed to identify the needs of all stakeholders, and to identify gaps and redundancies in our current curriculum.

Phase two consists of identifying best practices, using the best available evidence from the literature, for our renewed curriculum. “We will also be contacting other schools, those similar in setting and size to ours, to gain more information,” said Dr. Hansen.

Phase three will be a consultative process with Dean Rourke, the UGMS Committee, faculty and staff members, residents, and students. “We will implement decisions along the way as they are made,” said Dr. Peters. “Our curriculum committee will be responsible for implementation. Changes requiring a MUN Calendar change will be brought to Faculty Council for approval.

Phase four is implementation, planned for the class entering in 2010. Phase five will comprise evaluation of the renewed program. Evaluation will include such measures as student and faculty satisfaction, results of student performance in national examinations, and students’ success in matching to desired postgraduate positions. Information gathered through accreditation processes will also feed into this final phase.

Three groups of faculty volunteers are critically reviewing published educational innovations and research reports in order to make recommendations of approaches appropriate for our medical school. The groups are reviewing the literature in the areas of curriculum design and governance, assessment of learning, and teaching and learning methods. Each group is using TrialStat software and working with Health Sciences Librarian Lindsay Glynn to find and access articles. They will report their findings to the leadership team, who will make formal recommendations to the dean and the UGMS Committee.

“All reports and recommendations are expected to be completed by June 2008, after which you will be able to read the reports and give your feedback,” said Dr. Wells.

The members of the groups and their affiliations are:

- Design and governance: Sharon Peters (Medicine); Mary Wells (Surgery); and Penny Hansen (BioMedical Sciences).
- Student assessment: Jonathan Kibble (BioMedical Sciences); Olga Heath (Community Health and Humanities); Ford Bursey (Medicine); and Heather Roche (Surgery).
- Pedagogy: Vina Broderick (Family Medicine); Robert Morris (Pediatrics); Mark Bargaonkar (Medicine); and Gerry Mugford (Medicine).

Further information on the MD Program Renewal is available at www.med.mun.ca.



Dr. Ingram Award gets results



Dr. Bruno Stuyvers, BioMedical Sciences, has put the Dr. Wallace Ingram Award for New Faculty to good use in the past year.

He received the award at last summer's Alumni Reunion, and he reports that the award has allowed him to support the research activity of a graduate student in the field of cardiac arrhythmias.

"This was part of our success in developing an experimental model of myocardial infarction from the Yucatan pig. This

model will help us to better understand the mechanisms underlying deadly arrhythmias (ventricular tachycardias) which are frequently associated with heart attacks."

In December 2007 Dr. Stuyvers and his team succeeded in preparing their first cells from the conduction system of the pig heart. "We are currently collecting information about normal and abnormal functioning of these cells. We thank the Medical Graduates' Society for supporting our research that intends to improve our medical knowledge and clinical approach of one of the leading causes of mortality in Newfoundland and Labrador."

Anatomic Pathology Resident's Research Day



From left: Drs. E. Randell, V. Maksymov, R. Iram, A. Taber and Y. Xie at the presentation of awards.

On March 7, 2008 the Discipline of Laboratory Medicine held their annual Anatomic Pathology Resident's Research Day. Drs. E. Randell and Y. Xie, judges for the event, had a difficult time to select the best paper of the day. Dr. V. Maksymov was awarded a book reward for his paper entitled "Retroperitoneal Margin of the Pancreaticoduodenectomy Specimen: Anatomic Mapping for the Surgical Pathologist."

Rising Star Award for grad student



Sylvia Reitmanova, a PhD student in the Division of Community Health and Humanities, is one of five Canadian graduate students to receive an inaugural Rising Star Award from the Institute of Health Services and Policy Research, Canadian Institutes of Health Research.

This award recognizes Ms. Reitmanova's work on increasing policy makers' awareness of local immigrants' mental health-concerning needs and the barriers they face in accessing health services in Newfoundland and Labrador.

Her work with immigrants in St. John's was done for her master's degree. She began by making contact with stakeholders such as policy makers, mental health service providers, Eastern Health and the Association for New Canadians to find out their priority issues and research questions. These issues and questions were then integrated into her research.

After finishing her research, Ms. Reitmanova went back to these stakeholders and let them know what she had found. "If you really want research to be taken seriously, you need to employ different strategies to disseminate it," she said.

During Mental Health Awareness Week, she presented her work to mental health and immigration policy makers and based on this she also prepared two reports. The report on social determinants of immigrants' well-being was delivered to the provincial government's Immigration Office. The report for mental health decision makers, organizations and services providers was made available via posting on the Newfoundland and Labrador Centre for Applied Health Research website. She also made presentations to mental health service decision makers and providers at the Waterford Hospital.

Ms. Reitmanova plans to take her dissemination initiatives one step further by publishing them in local immigrant newspapers and mailing lists and by offering an in-kind workshop to a clinic team that provides health services to immigrants. For the academic community, her research was published in the *Journal of Immigrant and Minority Health* and she has made five presentations at local, national and international conferences. She will also make a presentation on her

Rising Star award continued on page 27



Update on the Thousand Thousands Challenge

What is the Thousand Thousands Challenge?

It is the Medical Graduates' Society Annual Leadership Giving Program to provide support to our *Alma Mater*.

What will the Thousand Thousands achieve?

Our immediate goal for the Thousand Thousands Challenge is to create the first endowed chair in the Faculty of Medicine, the **Dr. Ian Rusted Founder's Chair in Medical Education**. The establishment of the chair will build on our medical school's reputation for innovation and leadership in educating our doctors of tomorrow and will honour Dr. Ian Rusted's leadership as the founding dean of the Faculty of Medicine at Memorial University of Newfoundland. After this goal has been achieved, the Thousand Thousands will be used to fund further academic goals to advance our Faculty of Medicine.

How can I support the Thousand Thousands Challenge?

You can pledge your support by calling 1-877-700-4081.



Dr. James Rourke, right, accepted a \$1,000 cheque from Medical Graduates' Society president Dr. Bridget Picco for the Thousand Thousands Challenge.

The Thousand Thousands Challenge for 2008 was launched recently by Dr. Bridget Picco, president of the Medical Graduates' Society. Letters have been mailed to all MD alumni classes from 1973 to 1998.

The Thousand Thousands Challenge is the Medical Graduates' Annual Leadership Giving Program. It's a way for the Faculty of Medicine's most loyal alumni to join together to celebrate their support with an annual gift of at least \$1,000. The goal is for 1,000 medical alumni to donate at least \$1,000 each and every year in order to raise over one million dollars annually.

Dr. Picco recently pledged her personal support of \$1,000 per year for five years and she is challenging other medical alumni to do the same.

"To date, almost 100 alumni have taken up the challenge by pledging \$1,000 and

this is greatly appreciated," said Dean James Rourke.

Dr. Picco would like to see more medical alumni take up the Thousand Thousands Challenge. "This is an annual gift that any of us who are established in practice can make. Showing our support to the Faculty of Medicine is important and I urge everyone to join me."

Each year in July the names of Thousand Thousands donors will be posted on the new recognition wall in the medical school foyer. There will be a further update in the fall issue of *MUNMED*.

Dr. Simon Avis

Chair of the Discipline of Laboratory Medicine



The job as chair of the Faculty of Medicine's Discipline of Laboratory Medicine is just one of the many activities that keep Dr. Simon Avis very busy.

He's served as the province's chief medical examiner since the office was created in September 1996, a job that involves frequent court appearances as an expert witness. In his academic role he teaches first, second and fourth-year medical students as well as teaching in the university's police science course and at the Canadian Police College in Ottawa and the Atlantic Police College in PEI. On top of all that, he balances his work life by running marathons.

When he first came to Newfoundland in 1972, he worked as a laboratory assistant to Dr. Martin Lewis, the first chair of the Discipline of Laboratory Medicine. During that period he decided he wanted to go to medical school and was successful in being accepted, graduating in 1979.

Following a rotating internship, Dr. Avis was in general practice for a year in Botwood followed by four years in rural Alabama. After five years he decided to pursue his early interest in forensic pathology

by completing a combined residency in anatomic and general pathology at Memorial. In 1989 was certified by the Royal College in these two specialties. He followed that with courses at the Armed Forces Institute of Pathology and the FBI Academy in Virginia, and educational leave at the Office of the Chief Medical Examiner in Washington, D.C.

Until recently, the Royal College of Physicians and Surgeons of Canada did not recognize forensic pathology as a sub-specialty, but Dr. Avis has helped work towards changing that, and a fellowship in forensic pathology is ready to be put in place in Canada.

There is a lack of pathologists throughout North America. "It's unfortunate that pathology does not attract medical students," said Dr. Avis. "I think part of the problem is that students have a fair amount of exposure to the subject during the first two years of the curriculum, but virtually no exposure after that although there are now selectives available in laboratory medicine."

Dr. Avis said there is also some misunderstanding of what pathology is. "It is no longer just a diagnostic specialty; it is a diagnostic and treatment specialty. When a pathologist issues a report, it not only tells the physician what the problem is, it gives guidance to treatment through special studies."

Shows like *CSI* are also having an impact on the public perception of pathology. "While *CSI* takes a lot of artistic license it has done several things for our profession. For the generation coming up, the show has highlighted that forensic science is a viable job alternative. I find I am now invited to go to high schools and even junior high schools to talk about forensic science as a potential career."

While he enjoys *CSI* as entertainment, Dr. Avis cautions that it has also created misconceptions. "It's given the general population the idea that we can do things quickly and that we can do things that perhaps we can't. And it's created what we call the *CSI* effect on jurors, who now believe they are more in tune with forensics. That might influence how they perceive expert testimony from a forensic scientist."

Dr. Avis hopes that medical students will look seriously at pathology as a career option. "With the current shortage, a pathologist can get a job anywhere in Canada or even the U.S. The specialty provides the academic stimulation that a lot of doctors are looking for, it provides diagnosis and patient treatment involvement, and it provides a nice balance between being a clinician and the opportunity to spend valuable time with your family."

Rising Star award *continued from page 25*

knowledge translation initiative at the Canadian Association for Health Services and Policy Research from May 26-28 in Gatineau, Quebec.

All these initiatives had an impact on local policy and practice. Policy makers in Newfoundland and Labrador have since implemented several recommendations for developing more socio-culturally responsive services that take into consideration the unique health-concerning needs of immigrants. Additionally, Ms. Reitmanova's results were used in the development of a new Immigration Strategy released by the provincial government in March 2007, and the Canadian Mental Health Association released a mental health brochure that addressed some of the mental health information needs of the local immigrant community that she identified in her research.

Ms. Reitmanova said she is particularly grateful to Dr. Maria Mathews, associate professor of health policy and health care delivery, who teaches a graduate course on knowledge transfer and research uptake. "My knowledge translation work began as an assignment for her course. It's not an easy process and I had to do a lot of work after I had completed my thesis. It required my patience and commitment, but I think there is great potential for introducing such a course in all graduate programs."

Ms. Reitmanova received her MD in 1997 in Bratislava, Slovakia, and her M.Sc. at Memorial University in 2006. Her current doctoral work is examining media discourses of immigrant tuberculosis and their relevance to current public health management policies relating to tuberculosis in Canada.



Lead kindly light

By Dr. Paul Patey

There it is!" shouts Jonathan as he briefly glimpses a light.

Ahead the snow plow struggles to clear a narrow path. We follow. As we gain on the plow, the blue light on its cab top beams more clearly through the black and white night.

The ambulance lurches as it plunges through or over the mounds of snow still in our path. The very sick man on the stretcher cannot see the kindly blue light. The light he sees is yellow. It does not flicker. It dances the electrical rhythm of his heart on the little screen of the defibrillator. The nurse, Harriet, and I also both watch this dancing sign of life – it gives reassuring information.

Clamped firmly to the driver's side of the ambulance the stretcher does not jiggle. The defibrillator is securely fastened to a little sturdy shelf clamped onto the stretcher just above our patient's knees. In addition to a wide belt at his waist, Bob, our patient, has straps over his shoulders. These will prevent him from sliding ahead when the ambulance repeatedly stops.

Opposite the stretcher, we sit on a long bench which is bolted to the wall of the ambulance. Large foam padded cushions glued onto the wall behind our backs prevent us from colliding with the metal wall of the lurching ambulance. Seat belts restrain us from being pitched headlong across the ambulance onto Bob.

As we suddenly ride up and over a particularly large bump the ambulance lurches far to the right – we think the vehicle is likely to roll. Instinctively the nurse grabs my knee, and I wonder how we and our patient will manage if we all wind up suspended bottom up from our belts looking down at the ceiling. Wade steers skillfully. Though we don't know it at the time, this will turn out to be the biggest bump of the journey.

Strong gusts of wind make the ambulance shudder as snow rushes madly and horizontally across the road through the beam of our headlights.

Jonathan, the second paramedic, is obviously enjoying the ride. Sometimes he's in the seat beside the driver, sometimes he's in the big swivel chair behind the driver's seat and in front of our patient's head. Always he seems to be where he is most useful, either as lookout for the driver, or as assistant for us. To Harriet, the nurse, I say: "Look at Jonathan. He enjoys his job so much it feels like play for him." Jonathan hears me and grins affirmatively.

After struggling through another difficult drift, the plow stops. The driver prepares to put chains on the big truck's rear wheels. Wade and Jonathan get out and help.

To Harriet I say, "I feel like I should be out there helping with the tire chains."

"You're staying here," she declares as she points to our patient on the stretcher.

Harriet is right. This is an opportunity to reassess how Bob and his dangerously ill heart are doing. A brief interview and specific examination reveal the tired heart is managing. We adjust the oxygen tube, and two IV lines: one provides nitroglycerine intravenously, the other we use to give morphine injections. We check the wires that connect Bob to the

defibrillator. We believe our presence and attentiveness also reduces his distress.

Soon we are on our way again. Later there are two blue lights as the first plow passes us on to the next. Some time later we reach an intersection beyond which the inland highway is solidly blocked so we turn toward the shore road. Slowly we pass through one small coastal town after another. Somewhere along the shore road the third snow plow becomes our shepherd. It too has a blinking, bright, little blue light. Often we stop and wait while the plow repeatedly plunges into and finally through deep drifts. Its kindly light leads us the rest of our journey.

Bob's impending heart attack made the trip necessary; the cardiologist's stents made it worthwhile, and the snow plow drivers made the trip and stents possible.



Comments:

- Bob got two stents inserted into coronary arteries that day. Several years later I met Bob and his wife, out enjoying a walk on a sunny summer day.
- Two telephone calls preceded our journey. The cardiologist I phoned agreed emergency coronary angiography was indicated. The nurse phoned the highroads supervisor; he arranged the relay of snow plows. The ambulance dispatcher, Christine, and the highroads supervisor together arranged, co-ordinated and monitored our trip.
- The snow plow drivers got us through

the biggest blizzard in years, during the provinces largest public service strike ever.

- Our health care system is dependent on other services and activities in our caring society. Each needs resources. Each has dedicated workers. They have my respect and admiration.
- Many, like Harriet, a nurse, and Jonathan, a paramedic, find joy in caring. They have attitudes and patterns of living which maintain and sustain their capacity to care throughout their entire lives.
- All names are real, and each used with permission.

a front**WARDS** view

Adapting to the electronic medical record

By Dr. David Keegan



Dr. David Keegan and family

Last summer, the docs in my London group practice started to look at an electronic medical record (EMR). It wasn't just the four of us who would decide, though, as we were part of a network with a hospital run clinic.

So we knew from the outset that it would take some time to figure it all out.

Still, it was only 2007 when we started the process. A long time indeed from that forecast by Dr. Sharon Beuhler when she said to our class in 1991 something like, "By the time you enter practice, you should all be using an electronic charting system." Yeesh, it's been so long, the nomenclature has even changed.

To be honest, I've always been a fan of paper. It doesn't require electricity, it doesn't go down, little training is required for entering information. It is cheap, silverfish are the closest thing to a computer virus you can get, you can code entries with colour (as I learned with greatest clarity from Dr. Bill Fitzgerald in St. Anthony), it is portable, you can customize diagrams – the benefits do go on and on. I've always thought that if we only had computers and someone invented paper, it would be heralded as an outstanding organic low-tech revolution!

I've never been in a rush to move to an EMR because of these benefits of paper (plus the fact that EMRs aren't cheap to start or maintain). Nevertheless, it does now clearly seem to be the way to go. The hard part now is selecting a vendor.

So, it was almost a relief that in my move to Calgary (yes, you

have read correctly, but I'll save that story for another day), the university clinic had already had an EMR up and running. I was saved from the hours and hours of trialing other versions, and instead plunged right in.

Altogether, I'm pretty happy. There's more good to it than bad. I don't have to get the chart pulled to figure out if a lab test is good or not, I can't lose a chart in my house for three weeks (er, please don't tell this to the College, but don't worry, I found it without any impact on patient care), meds are automatically incorporated into the record, and I don't have to try to interpret anyone else's script. I think I will realize the full value of the EMR when it goes down one day, and I have to revert to paper for a period of time.

And yet, there is something about "The Chart" that I miss. I think it was the idea that in my hands I held someone's story. It wasn't complete, it was only the things that I heard and saw and found, but it was a story all the same. The paper and the notes inscribed upon them were evidence of my care and thought. No one writes the lower-case "f" quite like I do, nor draws a thorax quite that way, nor lines up their notes, nor – nor many of the

To be honest,
I've always been
a fan of paper.

things which the chart bore witness to in the ways big and small I cared for my patients.

This stack of paper, bound together, this weight in my hands, was an anchor figuratively and sometimes literally – it was substantive and meant something. It was its own art.

The EMR is progress, and sometimes you need to follow it. But I like the idea that I was a hold-out. That I was young and academic and cutting edge in so many other ways, but that I also celebrated this physical link to our tradition.

To the chart, I say, "All good things must pass, and as such, so must you. But I shall miss your curved edge in the palm of my hand as I walk in the room and ask, 'How can I help you today?'"

Dr. David Keegan is a graduate of the Class of '95.

Please keep in touch – E-mail addresses wanted

As part of our efforts to keep in contact with our alumni I am asking that you please send me your email address. This will help us to keep in touch with you regarding reunions, alumni receptions and other social events we would love to see you attend.

Please be assured that all personal information is kept confidential and we will only contact you if you want us to keep in touch. I look forward to hearing from everyone!
Cheers, Mary Dray, Student Affairs Office, mdray@mun.ca



Seniors' musings

by Raoul Andersen and John Crellin



Raoul Andersen (L) and John Crellin

Definitions



A quack:

- i "A [licensed] doctor with no implication that he or she is unqualified."
- ii "A person who dishonestly claims to have medical or surgical skill, or who advertises false or fake remedies; a medical impostor."

We suspect that the first of these two *Oxford English Dictionary* definitions – a colloquialism first popularized in the army/navy and in Australia/New Zealand – has become more widely used in recent years. A Google search for “my doctor is a quack” (well over 3000 hits and over 650,000 upon removing the quotation marks) offers a variety of public perceptions. Among the many nuances behind comments from bloggers and others is an ambivalence toward their own physician.

“My doctor advises me that a normal, non-diabetic person has blood sugar of about 85, regardless of what or when he eats. . . . Drink a drink of molasses, and sugar goes up but comes down in a few minutes as his body responds. I don't see this concept ANYWHERE on the internet in any diabetic forum or organization info site. Makes me wonder if my doctor is a quack.”

“When I bend down for a long time, I go to stand up it hurts bad! The doctor said it was normal. That it could bother me for up to a year. I don't know about this, I think my doctor is a quack!!”

Often, it seems, ambivalences are due to poor communication – too little information – although perhaps laced with perceptions of a doctor's limited knowledge. Maybe, too, pointers exist to “acting as a quack,” i.e., **“To talk pretentiously and ignorantly, like a quack.”**

Hints also exist that a more deep seated issue – changing boundaries in health care – may underlie the ambivalences. In the past, as is well known, physicians have been the frequent butt of satire; examples appear on many early twentieth-century postcards that blur the boundary between the licensed physician and the quack (the latter as defined in the second meaning that opens these musings). Additional to the example here, another depicts a whiskered “physician,” taking a patient's pulse and with his black bag inscribed “Dr. Quack;” the scene is captioned with the following doggerel: “THE DOCTOR/ You try to cure most all our ills,/ With syrup of squills and bread dough balls;/ Each vial costs us one kerplunco/ I think your game is just a bunco.”

We ask whether, today, boundaries within health care are being reshaped by new trends that contribute to the readiness to call physicians quacks? One of the new trends attracting interest is the boundary between physicians and various complementary/alternative practitioners who were once readily called quacks. Recently Ayo Wahlberg has suggested that the definition of quackery is changing amid increasing state regulation of many complementary/alternative practitioners, which “normalizes” them within the broad health care system. He thinks that “quackery is increasingly located in the ethical field of practitioner competency, conduct, responsibility and personal professional development.” He adds this is “almost (but not quite) regardless of the form of therapy in question.” If one agrees with Wahlberg, it fits with increasing references to doctors as quacks, as well as a measure of a more critical tone in our times of increased scrutiny of medicine.

The blurring of boundaries may also draw on public perceptions of a lack of humanity on the part of many physicians — an especially sensitive issue among seniors. It is perhaps ironic that the quack of yesteryear was often recognized for peddling a remedy for a specific disease. Nowadays, specificity is commonly perceived as the province of the doctor, while it is complementary/alternative practitioners such as acupuncturists and naturopaths who extol the holistic nature of their care for individual patients.



a back **WARDS** view

Sabbatical reflections

By Dr. Bill Eaton

Apparently we doctors aren't to blame after all. For years we've been hearing, from the accountants who run things, how inefficient and wrongly focused we were. More apparently we doctors were found to be completely lacking in the arena of cost containment.

If you can't afford another CT machine, went the thinking, underdose the population with doctors. If doctors aren't there they can't order CT exams. Ditto for hospitals: less doctors less admissions. If there were no doctors at all, the system would cost lots less.

Now, it seems the thinking was wrong. Canadian health planners missed it and today's Canadians are paying the price. Blame this situation, as with most social woes of today, on the aging boomers. Twenty years ago we all knew that the 30-something-get-whatever-you-can gang would all be 50-something-where's-my-pensioners by the early 2000s. Planning could have been easy.

Back then medical care was easy. The boomers were busy having babies and we doctors spent our time looking after young families. The house call to an oldster happened occasionally. Injuries, illness and infections in the ER, same as now; but back then it was the rare patient who presented with a background of multiple organ failure. So unlike today.

Worse, today the adult children of your classic ER patient are, you guessed it, boomers. Entitled and educated with that "Hell no! We won't go!" kind of attitude they debate the utility of the ventilator with equal zeal as they do euthanasia.

And this from the members of the same family, at the same family meeting. "You won't get that crowd to come to any kind of a conclusion. They can't agree how to butter bread."

Boomeritis is a condition that fails to recognize the passage of time. Keep exercising to look and feel young and if thy joints offend thee cut them out. Today's technology will replace them and down the road tomorrow's technology will come up with something better. The you-can-have-it-all generation isn't about to take "no" for an answer.

Joggers working on their fourth knee replacement. Sufferers from erectile dysfunction, previously treated with weeks of

psychotherapy, now only need a pill. With our modern scopes surgery can be finished just after coffee and the boomers back to their blackberries before lunch.

Back in the 1970s everybody with an acute myocardial infarction was subjected to a lidocaine drip. Doctors of the day would debate, at length I recall, the rate of flow and such but never question whether we should be using the drip at all. Cries of "out of date", "malpractitioner", or "yesterday's man" would fill grand rounds if a doctor deviated from the protocol. Sanctions and banishment often followed.

Today a doctor would be physically restrained from pursuing such an action as a lidocaine drip in an acute myocardial situation.

Modern protocols are much more scientific. Ramipril, plavix, metoprolol, and a statin are the order of today, while the same grand-rounds accusations as in yesteryear are directed at the non-believers. "Don't you read the journals?" "Setting yourself up for a lawsuit!" often precede sanctions and banishment.

Sadly, the health planners set it up so Canada now boasts 1.9 doctors per 1,000 population. In much of Europe that number averages about 2.5 per 1,000. The soon increased numbers of medical students will hit practice in six to 10 years, and be in their prime in 15 years. Great, but in another 20 years, half of the boomers will be 70-something while the other half will be dead.

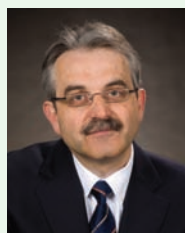
So, if you're a doctor and a boomer, what you're doing now wasn't invented when you started practice. What you did then is bad medicine today and if you live to retire, you'll have lots of doctors to debate the protocols of keeping you alive.



MGS blog page

By Dr. Bridget Picco

Greetings fellow alumni! I would like to introduce the MUN Med Alumni Board.



*Dr. Wayne Gulliver,
past president
Class of '82*



*Dr. Ford Bursey
Class of '82*



*Dr. Alan Goodridge
Class of '79*



*Dr. Barry Rose,
Class of '81*



*Dr. Bridget Picco
Class of '84*

As per our constitution, two more members need to be added. If you are interested, place contact me at bmp@nl.rogers.com. The board oversees the awarding of the Dr. Wallace Ingram Award for New Faculty and monitors the Thousand Thousands Challenge.

The Dr. Wallace Ingram Award for New Faculty is named in honour of Dr. Wally Ingram, renowned endocrinologist and mentor to many of us who have graduated from MUN's medical school. This award is usually supported by the re-union classes and is awarded to a new faculty researcher. Last year, Dr. Bruno Stuyvers, associate professor in Biomedical Sciences, received the award for research in cardiac arrhythmias. In 2006, Dr. Leslie Rourke received the award to develop a website for the Rourke Baby record and other associated projects.

The objective of the Thousand Thousands Challenge is to promote annual giving to the Faculty of Medicine and to help fund the Dr. Ian Rusted Founder's Chair in Medical Education. This endowed chair has a \$2.5 million price tag and hopefully will be funded mainly through the support of our medical alumni, ideally over three years. The chair will be a recognized leader in the medical community and will actively promote MUN's medical school internationally through innovation in medical education and development. Here's your chance to say thanks with impact!

Alumni profile

Dr. Angela Penney
Class of 1993
Psychiatrist, St. John's

Favourite CD: Amelia Curran *War Brides*
Favourite wine: Pio Cesare Barbaresco
Presently reading: *Audience of Chairs* by Joan Clark
Loves dogs! (after cats).



Reunion 2008 is looking very promising. The first graduating class of 1973 will be back in town for the event. The class of '83 are celebrating their 25th (you only look 29!). This year, we are launching the first Dean Ian Rusted Memorial Golf Tournament on the Sunday morning of the reunion weekend, Aug. 3, at Clovelly golf course. Tee off times start at 8 a.m. and there will be 10 teams. Hopefully we will have sponsors, with all donations going to the Dr. Ian Rusted Founder's Chair in Medical Education. Dean James Rourke will be hosting an informal lunch after the golf game. Golfers and non-golfers, please drop in that day.

Thanks to Dr. Paul Gardiner, Dr. Bill Eaton and all who attended the wine tasting event at the Rooms on Feb. 21. It was a wonderful event and very informative. My wine now has an aroma, body and feet and can be pricey! Next year's event is in the planning!

'Til we meet again,
Bridget

Summer reunion

The Medical Graduates' Reunion 2008 takes place Aug. 1-3. This year's reunion is for the classes of 1973, 1978, 1983, 1988, 1993, and 1998.

The three-day event includes a Friday evening welcome reception in the medical school and Saturday morning continuing medical education session featuring classmates. There will also be a Medical Graduates' Society annual general meeting Saturday and class parties that evening.

On Sunday morning the MGS is organizing the first annual Dean Ian Rusted Memorial Golf Tournament at the Clovelly Golf Course, St. John's. Stay tuned to www.munalum.ca/events/eventsnl.php for more information on this event.

