Honourable Dr. Max House
Alumnus of the Year

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**AS CONSTRUCTION OF THE NEW BUILDING** for the Faculty of Medicine’s expansion proceeds, other equally important changes are taking place that are integral to expanding our capacity for medical education.

The Rural Clinical School Medical Education Network (RCSMEN), headed up by assistant dean Dr. Mohamed Ravalia, will strengthen and develop our strong tradition of rural medical education (see story page 8). This tradition goes back to the 1790s when George Jenner, nephew of Dr. Edward Jenner, the man who discovered the smallpox vaccine, worked with Dr. John Clinch in what we today might call a rural medical elective.

We see our expansion as a vital part of producing the right number of well-trained doctors for the province. In 2013 we will increase the size of our first year class from the current 64 to 80+. In preparing for that, we must put in place the infrastructure and support for our students. This means expanding the number of rural preceptors who teach our medical students and residents and ensuring that physical resources, such as good accommodations, are up to today’s standards and available when and where needed.

We are looking forward to working with physicians throughout the province during this time of expansion as we work towards our goal of educating doctors for the people of Newfoundland and Labrador.

We are also growing in our research endeavours, with funding and activities more than doubled in the past decade. The new building will allow this growth to continue. As we expand and continue to improve our education and research, the future looks bright for Memorial’s Faculty of Medicine.

White Coat Ceremony

**SANDRA COOKE-HUBLEY** was one of 65 new medical students who donned their short white coat Sept. 28 during the Faculty of Medicine’s annual White Coat ceremony. Dr. Tanis Adey, pre-clerkship co-ordinator and Dr. Wanda Parsons, assistant dean for admissions, presented the first-year students with their coats.

Cover photo: Anne Marie Vaughan, director of DELT, Memorial University, presented Dr. Max House with the Alumnus of the Year Award.
Honourable Dr. Max House named Alumnus of the Year

ONE OF THE FOUNDING FATHERS of the Faculty of Medicine was honoured in October as Memorial University's Alumnus of the Year.

Dr. Max House is well-known to the Memorial community. A native of Glovertown, he graduated from Memorial University College in 1947 and received his medical degree from Dalhousie University in 1952. He practiced medicine in Baie Verte, Newfoundland from 1952 to 1954 and then pursued postgraduate training in psychiatry for two years (Dalhousie program) and then neurology at the Montreal Neurological Institute.

Dr. House returned to practice in 1960. He did additional post-graduate training in London in 1965. He was actively involved in establishing the medical school at Memorial University and has held many senior appointments in the Faculty of Medicine. Among his responsibilities he served as director of continuing medical education, associate dean for clinical affairs, professor of neurology, and was chief of the clinical division of neurology.

Spurred by his experience in an isolated family practice, and the need for continuing medical education province-wide, Dr. House became a pioneer in telemedicine and distance education. He founded the Telemedicine Centre at Memorial University in 1976 and is widely recognized as a world leader in the field.

"Since the early 1960s I’ve been almost totally involved with the university," he said. "In addition to my work with the Faculty of Medicine I’ve had a rich relationship with other areas and agencies such as ETV, the Faculty of Education, Seabright (now the Genesis Centre), the Botanical Gardens, and the Art Gallery. This has continued with my involvement with Distance Education and Learning Technologies."

Dr. House said the Alumnus of the Year Award brings him great personal satisfaction. "It disproves the adage ‘A prophet is not without honour save in his own country.’"

In 2005 he was promoted within the Order of Canada as an Officer. At the time, Premier Danny Williams said, "Newfoundlander and Labradorians and Labradorians are deeply appreciative of Dr. House’s invaluable service as a general medical practitioner in rural Newfoundland and Labrador, a highly-prized neurologist and, for several years, our province’s only neurologist. Many of the physicians serving our people today owe much of their training and inspiration to Dr. House."

Dr. House has received a number of awards and honours including honorary degrees, awards from the Royal College of Physicians and Surgeons of Canada, and the Canadian Medical Association. He is an Officer of the Order of Canada; member of the Order of Newfoundland and most recently received the Canadian Association for University Continuing Education (CAUCE) Award of Recognition. Dr. House has received honorary degrees from Dalhousie University and Memorial University. In 2003, he received the distinction professor emeritus at Memorial.

Dr. House served as the 10th Lieutenant Governor of Newfoundland and Labrador and in that role continued to be involved with Memorial, especially in literacy promotion, various events and celebrations and formally as Visitor to the university.

Most recently, Dr. House served on the Memorial on Parade Reunion Committee which saw about 400 former students of the Parade Street campus gather in St. John’s.

He is currently in part-time practice of neurology and research in telemedicine, and is supportive of the development of the Faculty of Medicine Founders’ Archive.
Survey Participant wins iPad

HEALTH SCIENCES Information and Media Service (HSIMS) and the eHealth Research Unit held a survey this past summer to find out how students and residents use different kinds of technology for education, personal and professional purposes.

About 220 people participated in the 15-minute electronic survey, which asked questions such as “What type of personal computer do you own, and “how do you use them” to “what type of mobile device do you own” and “how do you use them?” As an enticement to participate, there was a prize awarded. Anesthesia resident Dr. Jane Seviour won an iPad for her participation.

“HSIMS will use the results of the survey to help design and support various systems during our education technology planning and development initiatives that focus on curriculum design and delivery,” said Steve Pennell, manager of health education technology and learning with HSIMS.

TWO RARE BOOKS connected with Rev. Dr. John Clinch, a clergymen-physician credited with being the first man to practise vaccination in North America, have been on loan to the Centre for Newfoundland Studies, Queen Elizabeth II Library. The books were on display in conjunction with the 36th Annual Conference of the Canadian Society for 18th-Century Studies, held in St. John’s Oct. 14-16.

In 1798 John Clinch gave the first vaccinations against smallpox at Trinity, Newfoundland. Dr. Jim Connor, the John Clinch Professor of Medical Humanities and History of Medicine at Memorial’s Faculty of Medicine, negotiated with Harvard University to borrow John Clinch’s own inscribed copy of the 1798 Edward Jenner book on vaccination.

A second book on loan from the Trinity Historical Society is John Clinch’s prayer book titled The Christian’s Pattern: Or A TREATISE OF THE Imitation of Jesus Christ: Kempis’ works translated from Latin by George Stanhope. This treatise, printed in 1714, normally resides in the Trinity archives; this will be the first public display of the publication which was given to Trinity in 1997 by the United Reformed Church in Poole, England.

Dr. Connor noted the technical sophistication of the engravings in the Jenner book, bringing the smallpox pustules displayed into a three-dimensional focus. Jim Miller, mayor of Trinity, delivered the prayer book to the Centre for Newfoundland Studies and pointed out the inscription in the front of the prayer book, illustrating John Clinch’s (or Clench’s) hand writing.

Rev. Dr. Clinch became rector at Trinity in November 1787 following his ordination by the Bishop of London earlier that year. He died in 1819 in Trinity.
Inside the dissection room

POSTCARDS FEATURING medical students posing with cadavers were popular in the late 19th and early 20th century. Using over 100 of these postcards in an illustrated lecture, Dr. James M. Edmonson delivered the 2010 Dr. Nigel Rusted Lecture in the Medical Humanities on Nov. 19.

As the chief curator of the Dittrick Medical History Centre and Museum of Case Western Reserve University in Cleveland, Ohio, Dr. Edmonson first came in contact with these postcards when a collector in Ohio lent him about 100 of them. “Our feeling was that these were important social documents, so we bought this collection.” said Dr. Edmonson.

The collection later expanded when the same collector returned with another 150 postcards.

“I thought the postcards would be a worthy book project,” said Dr. Edmonson. “It was a tough sell but eventually Dr. John Harley Warner of Yale University and I co-authored Dissection: Photographs of a Rite of Passage in American Medicine 1880-1930.”

In his lecture, Dr. Edmonson explained that the images in these photographs were not candid but staged. “The irony is that dissection was done in secret but revealed in photos. The images become an underground genre because they were linked to grave robbing.”

There was also an element of dark humour included with the photographs, with epigraphs such as “Such the vultures love” and “His loss is our gain.”

Dissection was a shared experience sanctioned by tradition, and the shared danger intensified bonding among medical students. As the chief rite of passage in medicine in the U.S., class photos were often taken with the cadaver in clear view.

Dissection: Photographs of a Rite of Passage in American Medicine 1880-1930 featuring 138 rare historic photographs is published by Blast Books.
New centre supports scholarship

**THE IMPORTANCE OF** medical education scholarship is becoming increasingly recognized in the Faculty of Medicine through the Medical Education Scholarship Centre (MESC).

This support unit is staffed by professionals with proficiency in education scholarship. MESC has wide-ranging responsibilities including identifying education scholarship opportunities for faculty and postgraduate trainees, planning faculty development programs, identifying ways to showcase educational scholarship, and developing a faculty recognition system for clinical scholars. The centre is also involved in a collaborative effort with Dr. Vernon Curran to create a teaching scholar/fellowship program for the Faculty of Medicine.

Sally Ackerman was hired in November 2009 as team lead. She is responsible for providing direction and oversight to staff members in the development, implementation and administration of the centre’s programs, projects, operations and activities.

“MESC provides professional support to engage faculty, residents and graduate students in the scholarship of education and to facilitate innovation, development and change in medical education,” said Sally. “This includes innovation in instructional methods and assessment strategies.”

As an educational specialist, Diana Deacon came on board shortly after Sally, to provide expertise in student assessment. Diana is a resource to individual faculty members, groups, committees and programs to support the development and adoption of reliable, valid assessment tools and systems. Her duties include participating as a member of the Subcommittee for Student Assessment and of the Student Wellness Committee. She has strong ties with the Centre for Collaborative Health Professional Education, where she worked for six years.

Alison Maddigan-Cox is also an educational specialist, with expertise in program evaluation. Her role is to provide support to the Program Evaluation Sub-Committee of Undergraduate Medical Studies and act as a resource to faculty in the development and interpretation of program evaluation reports, methods and tools.

Dr. Steve Shorlin joined MESC in May. He is responsible for the development and implementation of programs to facilitate and support effective teaching practices. His experience includes three years working on the design and delivery of faculty development programs in Memorial’s Instructional Development Office and three years teaching in the physics department.

MESC has two researchers – Patti McCarthy and Dr. Christopher Martin. Chris and Patti’s role with the centre is to
manage and co-ordinate the design and implementation of faculty research plans and proposals, including data management, analysis and dissemination. They are currently engaged in developing several research projects that will provide opportunities to assist faculty in participating in educational scholarship.

Patti has experience in conducting research in medical education and is currently working towards a PhD in education with a medical education focus. Her areas of interest include patient safety and quality improvement, professional collaboration and communication, informal learning, professional development and curriculum innovation. She is currently involved in projects focusing on these themes and works with others to evaluate educational strategies addressing priority health care concerns.

Chris's background is in educational philosophy, ethics, the humanities and educational policy. His work is focused on the relationship between medical education and the humanities. Projects in which he is currently involved address humanistic themes such as ethics, patient-doctor communications and critical thinking in professional development.

The work of the MESC specialists is supported by Bridget Hynes, academic program administrator, and by Debbie Connors, intermediate clerk stenographer.

Sally said that as team lead she encourages a collaborative approach to projects in the centre. “There are interrelationships between and among the work of the different function areas. For example, Diana and Steve might work together to offer a faculty development workshop focused on assessment. Alison might work with faculty and Patti and Chris on a research project related to program evaluation.”

Patti noted that through the collective efforts of the MESC staff, faculty will have access to the expertise with whom they can consult in order to expand their research agendas. “MESC will be central to strengthening the research capacity within the Faculty of Medicine, enabling faculty to participate in a discourse on medical education research and develop national/international relationships to focus on strategic medical education research themes.”

MESC is overseen by an academic council that provides a forum for discussing issues related to medical education, for developing the priorities of the centre, and for providing direction while bringing together the educational leadership for the Faculty of Medicine's academic programs. The chair of the council is Dr. Sharon Peters, vice-dean, and members include Dr. Gerard Farrell, associate dean, undergraduate medical education; Dr. Asoka Samarasena, assistant dean for postgraduate education; Dr. Don McKay, assistant dean for graduate studies; Dr. Ford Bursey, assistant dean for professional development; Dr. Mohamed Ravalia, assistant dean for the Rural Clinical Skills Medical Education Network; Fran Kirby, director of PDCS; Steve Pennell, manager of education technology at Health Sciences Information and Media Service; as well as MESC staff Sally Ackerman and Steve Shorlin.

Dean James Rourke cutting the cake at the MESC open house on Nov. 25.
Developing a rural network for medical education

A CRITICAL PART of the expansion of the Faculty of Medicine is the development of the Rural Clinical School Medical Education Network (RCSMEN).

Dr. Mohamed Ravalia was appointed assistant dean for RCSMEN last January. He continues to be based in Twillingate, where he is the senior medical officer, and has been assisted in developing the network in St. John’s by Maureen Kent as co-ordinator and Tina Dwyer as academic program co-ordinator. In Twillingate, Marilyn Rideout is the administrative assistant for the network.

“Since January I’ve had the opportunity through numerous trips to St. John’s plus site visits to Corner Brook and Grand Falls and discussions with preceptors across the province to get a lay of the land,” said Dr. Ravalia. “With the expansion of the medical school, we have a need for greater capacity to educate our medical students and residents and we must ensure we have infrastructure to enable this to happen.”

Dr. Ravalia said that historically the medical school has had superb preceptors throughout province and the Maritimes. While RCSMEN will be a network only for Newfoundland and Labrador, it will continue to liaise with preceptors in the Maritimes, and medical students will continue to gain experience in New Brunswick and Prince Edward Island.

The most critical issues facing the expansion of medical education in rural areas are good accommodations and appropriate Internet connectivity.

“We have had meetings with Dean Rourke and we are planning to present documentary evidence to government in terms of cost,” said Dr. Ravalia. “There is the expectation that the greater part of the curriculum will be delivered electronically, and the infrastructure has to be there.”

As co-ordinator of RCSMEN, Maureen Kent has a big job. Her work since 1997 with the Undergraduate Medical Education Office has given her valuable experience working with preceptors, students and Regional Health Authority personnel. “There are new challenges now as we establish educational centres of excellence, and I look forward to working with the physician leads and the academic program assistants in the geographic areas,” she said.

The plan is to have physician leads in the four health authorities in place in the next few months. There will be two physician leads in each region plus administrative assistants. “Physician recruiters in the regions will also be a great resource,” said Dr. Ravalia. “Our hope is that our network will quickly tie in with the role of these recruiters.”

Dr. Ravalia said historically the smaller sites have been key in exposing students to rural experiences. “We want that to grow and we want the network to ensure closer relationships.”

RCSMEN will also serve to develop education hubs throughout the province where preceptors have an academic background. “This will enable us to draw in international medical graduates for faculty development and start to build up on our pool of preceptors.”

As the rural network develops, Dr. Ravalia anticipates that closer linkages will develop for physicians and students to participate in team work with other health professionals.

As students and residents spend more time at rural sites, Dr. Ravalia expects the experience will take advantage of layering as the more senior learners take the more junior learners under their wing. “I’m intrigued by how quickly this happens,” he said. “It’s of benefit to everyone.”

Dr. Ravalia said the infrastructure for RCSMEN should be in place in about a year. “We have a two to three year window before the expanded class starts and the new curriculum is adopted. We want to make sure we can provide students with the support they will need for extended periods in rural areas. In particular, student health is important, and we need to be able to deal with problems such as stress.”

Looking to the long term, Dr. Ravalia said the hope and vision of RCSMEN is that more medical students and residents will take up practice in rural areas. “The dream of many Newfoundland communities is to see their own young people come back as doctors and we look forward to being part of that process.”
Doctors gather for medical education forum

A TOWN HALL MEETING, small group teaching workshops, and a gala evening of awards were all part of the 2010 Fall Medical Education Forum held in Gander Sept. 29- Oct. 2.

Approximately 90 faculty, preceptors, administrative staff, residents and medical students gathered for the annual event, which included the Family Medicine Community Preceptors’ Meeting and the 22nd Annual Scientific Assembly of the Newfoundland and Labrador College of Family Physicians.

Activities started the evening of Sept. 29 with workshops, followed by a town hall meeting with Dr. James Rourke, dean of medicine. The topic was the expansion of the medical school and the new Rural Clinical School Medical Education Network (RCSMEN). Dr. Mohamed Ravalia, the new assistant dean for RCSMEN (see story page 8) also helped answer questions about the network.

“In St. John's the medical school is expanding through a building,” said Dr. Rourke. “Outside St. John’s our provincial capacity for medical education will be expanded through the Rural Clinical School Medical Education Network. “

Dean Rourke identified a number of areas where improvements are needed in order for the network to succeed. “We’ll see longer placements for our students and residents, and accommodations must improve. We’re also working to make sure preceptor payments increase and that office overhead costs are funded.”

There will be a lead physician in each geographical area who will work with the network and with administrators. “We are expanding the job description for these leaders as we move forward,” said Dr. Rourke. “The lead physicians will engage their colleagues in education and let us in St. John's know if what we are doing is right.”

A special guest during the Fall Medical Education Forum was Dr. Nick Busing, president and CEO of the Association of Faculties of Medicine of Canada (AFMC). His faculty development session on Tomorrow’s Doctors examined several of the recommendations of the Future of Medical Education in Canada report, which recommends changes to medical education in Canada to help future physicians continue to meet changing societal needs.

“The physician of the future has a broad base of knowledge with well-developed clinical competencies,” said Dr. Busing. “He or she can adapt readily to rapidly changing medical science and health care system, such as personalized therapeutics, and has a high level of professionalism with the capacity to deal with uncertainty.”

Dr. Busing said the medical education systems of the future must ensure that key competencies are attained by every physician while simultaneously providing a variety of learning paths that prepare students for diverse roles in their future careers.
A night of celebration

FAMILY PHYSICIANS took time during the Fall Medical Education Forum to recognize excellence in their colleagues. Awards were given for the Family Physician of the Year, excellence, leadership and two special teaching awards.

Dr. Catherine Penney, associate professor of family medicine and chief of staff and chief of family practice at Charles S. Curtis Memorial Hospital in St. Anthony, has been honoured as the Family Physician of the Year for Newfoundland and Labrador. Since 1972, The College of Family Physicians of Canada (CFPC) has honoured family physician members who exemplify the guiding principles of family medicine. This year’s outstanding Family Physicians of the Year – one from each Canadian province – are recognized for excellence in family medicine by providing exceptional personal care to their patients, sharing their knowledge and insights with their colleagues and with physicians in training, and giving back to their communities.

The national award recipients are nominated by their peers, other health care colleagues, community leaders and patients, and provincial Chapters of the CFPC. All applications are reviewed by the CFPC’s Honours & Awards Committee and Research and Education Foundation.

Arriving in Newfoundland from the U.K. in 1977, Dr. Catherine Penney has since made an unforgettable difference to her community. Born in Rugby, England, she attended the Middlesex Hospital Medical School at the University of London. In her final year, she spent a two-month elective period in Northwest River, Labrador with the International Grenfell Association. This experience inspired her to return to Labrador as a travelling doctor, and later begin practicing family medicine in St. Anthony, Newfoundland.

Since 2000 she has served as chief of staff and chief of family practice. Dr. Penney works in the emergency department. She looks after complex inpatient cases, oversees the local long term care facility and runs family practice clinics.

In 2001 Dr. Penney became a certificant of the CFPC. She moonlights as a Civil Aviation Medical Examiner, performing medical assessments required for the certification of licensed aviation personnel in Canada.

Cate and her husband, Roger, have two daughters. Nicola is a medical student at McMaster University, and Victoria is an education student at Memorial University. A former Girl Guides leader, Cate loves cross country skiing, gardening, and reading.

Another Family Physician of the Year has a Newfoundland connection. The Family Physician of the Year for New Brunswick is Dr. Jennifer Hall, MUN Med Class of 1992. Dr. Hall started her career in Newfoundland, working with the Newfoundland Cancer Treatment and Research Foundation.

In addition to the awards presented in person at the 2010 Fall Medical Education Forum, four other awards were recognized. Heather O’Dea received the Student Scholarship Award in recognition of her demonstrated leadership abilities and commitment to a career in family medicine; Dr. Colin Newman received the Medical Student Leadership Award; Dr. Sheldon Butt received the Family Medicine Resident Leadership Award in recognition of his leadership abilities; and Dr. Keith Short received the Family Medicine Resident Award for Scholarship.
The Family Physician of the Year Award from the Newfoundland and Labrador Chapter of the College of Family Physicians of Canada was presented to Dr. Catherine Penney, left, by Dr. Trudy O’Keefe.

Dr. Douglas Torraville, left, received the Craig Loveys Teaching Award for 2009-2010, presented by Dr. Bill Eaton. Dr. Torraville is an obstetrician at the James Paton Memorial Hospital in Gander. The recipient of this award is chosen by full-time members of the Discipline of Family Medicine in recognition of excellence in teaching family medicine residents and for being an exemplary physician.

Dr. Tony Rockel, left, received the Dr. Yong Lee Jeon Award for 2009-2010, presented by Dr. Bill Eaton. Dr. Rockel is a rural family doctor in practice at the Fort Louis Medical Clinic in Placentia. The recipient of this award is chosen by full-time members of the Discipline of Family Medicine in recognition of excellence in teaching family medicine residents and for being an exemplary physician. This award is given in honour of Dr. Yong Kee Jeon who practiced family medicine for over 20 years in Brookfield and taught residents within the Family Medicine Residency Program.

The Dr. Gus Rowe Teaching Award was presented to Dr. Nemat Daraei, right, by Dr. Neil Cheeseman, PGY2, on behalf of the residents.

An Award of Excellence was presented to Dr. Elizabeth Bautista, right, of Grand Falls-Windsor by Dr. Tony Gabriel and Dr. Sarah Kredentser, past president of the College of Family Physicians of Canada. This award from the NL College of Family Physicians was presented in recognition of Dr. Bautista’s commitment to clinical teaching, continuing medical education, and for her role in enhancing Palliative Care in her community.

An Award of Excellence was presented to Dr. Eileen St. Croix of Gander, right, by Dr. Tony Gabriel. Dr. St. Croix received this award in recognition of her outstanding dedication to palliative care patients and her commitment to the medical system in Newfoundland for over 30 years. She’s worked in Gander for 14 years and was the lead physician in the emergency department for more than 10 years before beginning work in the cancer centre as the supervisor of chemotherapy. She also practices palliative care in the eastern part of the region covered by Central Health and works as an educator for medical professionals involved in end-of-life care.
Physicians Resources

Professionals Assistance Program

The Newfoundland and Labrador Medical Association co-sponsors the Professionals Assistance Program, a confidential service offered to physicians and medical students, dentists, pharmacists and lawyers and their families. The program provides assessment, referral and counselling services and can respond to a broad range of personal issues such as marital and family problems, stress and anxiety, depression, alcohol and drug dependencies and legal or financial concerns. Referrals are accepted directly from the professional, from a concerned colleague or from family members.

Rosemary Lahey, MSW, RSW
Tel: 709 754 3007
Toll free: 1 800 563 9133
email: rmlahey@nl.rogers.com

Regional-coordinators:
Lori Hewitt 709 570 2237
Long-Term Care Community/Rural Avalon
Kathy Taylor-Rogers 709 777
3153 City Hospitals/Peninsulas

Postgraduate counsellor

Dr. Scott Moffatt is a family physician and resident counselor. He offers confidential support to residents for a range of issues including the academic stress of residency, career choice issues, interpersonal conflict, financial stresses, and personal issues as a resident tries to find a balance between their personal life and their life as a resident.

Scott Moffatt, MD CCFP
Tel: 709 777 7923
Pager: 709 553 6216

Employee and Family Assistance Program

The Employee and Family Assistance Program (EFAP) within Eastern Health is a short-term employee benefit program. It provides confidential, professional assessment, referral, and follow-up services to assist employees and their family members experiencing personal problems that could be associated with their home or work life or a combination of the two. The goal of the EFAP is to enhance the health and wellness of employees. Some of the areas in which the Employee and Family Assistance Program provides assistance are: stress management, family concerns, relationship issues, financial concerns, coping with illness, mental health issues, addictions, grief/loss and critical incident stress management (CISM). You can contact the regional coordinators at the numbers following.

Family doctor

All trainees are encouraged to find their own family doctor. It is good to take care of your own health, and a family doctor can be a quick resource for the stress management of family problems. To find out who’s accepting new patients you can call the Department of Health at 709 729 4984 or call Memorial’s Student Health Centre (located in the University Centre in room UC 4023) at 737 7597.

Ombudsperson

The ombudsperson is a resource when usual communication links are either not practical or not feasible. The ombudsperson will strive to promote a positive learning environment for all students (undergraduate, postgraduate, and graduate). This service provides an additional communication conduit for all Memorial University Faculty of Medicine Students to use when they feel they cannot or should not air their concerns through the normal channels. The ombudsperson provides a confidential service to help students identify pathways, alternatives, or others that the student may take their concerns to for answers or action.

Dr. Maria Goodridge is the ombudsperson for the Faculty of Medicine, Memorial University. If you wish to make contact with Dr. Goodridge, please email her at ombudsperson@med.mun.ca.

Sexual harassment

Memorial University has a Sexual Harassment Office located on the sixth floor of the Earth Sciences Building (ER 6039). The advisor, Cathy Morris, is available to discuss any concern that you think may be sexual harassment and can advise you on possible courses of action. All inquiries are confidential.

Cathy Morris, Sexual Harassment Advisor
Tel: 709 864 2015
email: cbmorris@mun.ca

Wellness consultant

Dr. Michele Neary is the wellness consultant for the Faculty of Medicine. The role of a wellness consultant is to focus on improving the quality of life and welfare of students, providing counselling to students in distress, and developing individualized coping mechanisms. Dr. Neary’s office is located in the Faculty of Medicine, Office of Student Affairs, Room 2713.

Michele Neary, PhD
Tel: 709 777 6997
e-mail: michele.neary@med.mun.ca
It’s all about you!

MUNMED GRAD Derek Puddester (Class of 1995) has a refreshing take on health. A child psychiatrist by training, he’s become well known in the field of physician wellness.

Just visit ePhysicianHealth.com and you’ll see what he’s created. This comprehensive online physician health and wellness resource is designed to help physicians and physicians-in-training be resilient in their professional and personal lives.

During a recent visit to St. John’s, Dr. Puddester, who is the director of the Canada’s first Faculty Wellness Program at the Faculty of Medicine, University of Ottawa, gave a presentation on his work titled Physician Health: It’s all about You. Really!

“There are many challenges facing physicians in maintaining a healthy lifestyle from lack of sleep, poor nutrition, limited recreation and demands on their limited time,” he said. “Some of the consequences of this is that about half of doctors consider leaving medicine at some point – 46 per cent report being burned out and 18 per cent are depressed. But only two per cent seek help.”

Help is what ePhysicianHealth.com offers. The site is divided into 14 modules, each focusing on specific mental and physical health issues. Nothing is taboo, from substance use disorders, anxiety, nutrition and fitness to depression, burnout and suicide. The most personal subjects are addressed – with real solutions and readily available to Canadian physicians, anonymously, with a click of a mouse.

“It’s a great site which uses doctors in practice to present interactive modules on everything from mood disorders, harassment and intimidation in the work setting, to boundary issues,” said Dr. Scott Moffatt, Discipline of Family Medicine. “It uses video clips to highlight the issue and then reviews how to deal with specific issues. It’s a site that any of us can access to get current Canadian information on stuff around physician health, to use individually or in the development of presentations.”

Wellness consultant Dr. Michele Neary is also a fan of the site. “It is so important for the messages about wellness to get to the broader audience. Students learn by example and if their mentors and tutors are exhibiting healthy choices about lifestyle and stress management, they are likely to emulate them. I also think that it is important that physicians and others in the medical field take care of themselves. A healthier medical workforce translates into happier people and better outcomes for the medical community and the people who are served by it.”

Dr. Puddester’s voyage to becoming a guru of wellness began after he was recruited to the University of Ottawa while finishing his residency at McMaster University. “I was offered a Fellowship in child psychiatry, but I quickly moved to being on staff. Now my time is divided between child development and being an associate professor.”

Derek has some great memories of medical school at Memorial, and a lot of gratitude. When he entered medical school he had six courses left to finish an English degree. Determined to finish, he did all but two when he ran out of money for tuition. “I needed $666 for the last two courses, and Vera Griffin, who was the student affairs officer, got me the money – she got me my BA.” Because of this, Dr. Puddester has always given generously to the Student Contingency Fund.

While doing his MD at Memorial, Derek almost chose surgery as a specialty. “Paul Gardiner, Mary Wells and Maxine Crampton really influenced me – they are all amazing surgeons and gifted communicators, dedicated to their patients.”

Although eventually drawn to psychiatry, Dr. Puddester said those three people had an enormous influence on him.
Helping smart doctors stop prescribing dumb treatments

Bloodletting stands out as a prime example of a medical treatment that was routinely practiced, despite the frequent result of killing the patient. For example, George Washington contracted an infection in an area of his throat, but died after doctors bled him on a regular basis for eight hours.

“One hundred years later after Washington’s death, orthodox medical practitioners were still using bloodletting routinely,” said Dr. Sackett. “In 1892 Dr. William Osler, author of The Principles and Practice of Medicine, maintained that doctors used bloodletting too little.

The reason why smart doctors continued to use dumb treatments was because they were “prisoners of inductive reasoning as the proper route to truth,” said Dr. Sackett. “They were brilliant observers but they were not experimenters and observation cannot prove efficacy. Even Dr. Osler merely observed.”

It is only since 1970 that randomized clinical trials have flourished and changed the face of clinical practice. “When efficacy is uncertain, it is unethical not to have a clinical trial,” said Dr. Sackett, who coined the term clinical epidemiology and whose groundbreaking work has changed the way medicine is done. He was named winner of the 2009 Gairdner Wightman Award for his outstanding leadership in clinical epidemiology, his rigorous methods in conducting clinical trials and his proper insistence that doctors’ decisions should always be based on the best scientific evidence available.

Dr. Sackett’s lecture was titled The tribulation of not doing randomized trials; Helping smart doctors stop prescribing dumb treatments. During his trip to Memorial, he also spoke to about 100 high school students at the Inco Innovation Centre on the topic Do you want to be a medical detective?
New screening clinics for colorectal cancer

FOR ALMOST A DECADE, the Colorectal Cancer Interdisciplinary Health Research Team has been conducting colorectal cancer studies to advance the existing knowledge on the nature, effect and control of colorectal cancer.

Now, that research has moved into the clinical area. Recently, letters were sent to 140 colorectal cancer patients in Newfoundland and Labrador inviting them to visit new screening clinics to identify families that may be at high risk of colorectal cancer. The objective is to target high-risk families through these clinics and begin the process of screening family members.

There are two clinics – one in St. John’s located in new premises at the Agnes Cowan Hostel, and one in Grand Falls-Windsor at 7 Pinsent Drive. A third clinic is planned for Corner Brook.

Patients are identified through the Provincial Colorectal Cancer Registry, which was developed as part of the work of the team. This research team’s work is funded by the Canadian Institutes of Health Research.

“We’ve contacted patients as far back as 2008, and asked them to call us,” said Dr. Elizabeth Dicks, managing director for the Colorectal Cancer Interdisciplinary Health Research Team, which consists of health researchers throughout the provinces of Ontario and Newfoundland and Labrador.

“This is the first time we have staff who are research staff as well as clinical staff. The funds for these new clinics are from our research funds.”

Dr. Dicks said these clinics are possible because people of the province participated in colorectal cancer research over the last 10 years.

“These clinics are focusing not just on the person with colon cancer but casting a wider net to include the whole family. We know there are many reasons why family members don’t get screened and now we will be taking out barriers such as a patient not having a family doctor, and facilitating the screening. We will be the gatekeepers to ensure people get screened.”

The 140 letters sent out so far are only the beginning. “We are doing it in baby steps,” said Dr. Dicks. “We have a huge database of patients who have been diagnosed with colorectal cancer and that will be up and running in December. I’m really excited about it, this is really moving forward and it’s a validation for the work we’ve done.”

Colorectal cancer is the second leading cause of death from cancer in Canada, and the rates of colorectal cancer in this province are 27 per cent higher than the national average.
Dr. Atanu Sarkar’s research interests and expertise are in the area of environmental health and occupational health. In environmental health he has studied agriculture, water, climate change, and air quality. In occupational health he has experience with research on electronic waste handlers and agriculture labourers. He received the Dean’s Award for Excellence in Research from the Faculty of Health Sciences at Queen’s University in 2010.

Dr. Sarkar earned a master’s degree in environmental studies in 2010 at Queen’s University, Kingston. He holds a PhD from the Centre of Social Medicine and Community Health at Jawaharlal Nehru University in New Delhi, India, and a master’s degree in community health from Jawaharlal Nehru University. He earned a bachelor in medicine and surgery in 1992 from the University of Burdwan, India.

Dr. Sarkar has professional experience as a researcher on public health projects in India. He was the lead researcher for a study on the impact of climate change in India funded by the World Health Organization (WHO). He also headed up a study on the assessment of exposure and effect of electronic waste. From February 2006 to August 2008 he was an adjunct faculty member in the Department of Policy Studies at TERI University in New Delhi. He served WHO as a surveillance medical officer in India and worked on community health programs and food security in Ethiopia as a country medical co-ordinator of an international organization.

Dr. Sarkar has published three books, two research articles in indexed journals, contributed chapters in five edited books, and presented 14 papers in international conferences. He has served as a core team member for the employment condition and health dimension (EMCONET), Commission of Social Determinants of Health.

Dr. Kathleen Hodgkinson has been associated with the Faculty of Medicine for many years through her work as a genetic counsellor and a doctoral student. Her particular specialty is the rare but deadly arrhythmogenic right ventricular cardiomyopathy (ARVC), a cause of “sudden cardiac death.” Her work with families who are affected by this disease was a major factor in identifying the responsible gene in 2008.

Her doctoral thesis was on the clinical and genetic epidemiology of ARVC in Newfoundland. Unlike laboratory research, her work involves talking to families and developing family pedigrees.

When she began working with Medical Genetics in 1995, some of the families here had been referred for cardiomyopathy, a catch-all phase that didn’t offer a diagnosis. She began to sort the families and define the population of people with the disease.

Because she was able to map out the affected individuals and their extended families with ARVC, biomolecular laboratory work headed up by Dr. Terry-Lynn Young started looking at a specific area of a particular chromosome and eventually identify the responsible gene. For the families, that discovery means that a blood test can tell who does, or doesn’t carry, the gene.

Dr. Hodgkinson also currently involved in genetic research on hearing loss, schizophrenia and Tourette’s syndrome. With bioethicist Dr. Daryl Pullman she has collaborated on research into genetic knowledge and moral responsibility.

Before moving to St. John’s with her husband, Kathy earned a M.Sc. in genetic counselling at McGill University and her B.Sc. in genetics and cell biology was awarded from Manchester University, England.
Dr. Jennifer O'Dea is the newest member of the growing Discipline of Pediatrics in the Faculty of Medicine. She joins the faculty with experience in general pediatrics, emergency follow up clinic, the Cerebral Palsy Clinic, the Spina Bifida Clinic and the Neuromotor Clinic. She also performs call coverage for general pediatrics and child protection.

Dr. O'Dea earned her MD at Memorial University in 1996 and did her pediatrics residency at Memorial. She has worked as a general pediatrician at the Janeway Children’s Hospital and Rehabilitation Centre since July 2000. She is a member of the Child Protection Team and the Admissions Committee of the Faculty of Medicine. She is also a leader of one of two in-patient teams at the Janeway, and the respiratory syncytial virus (RSV) physician co-ordinator for the Janeway’s RSV program.

Dr. O’Dea said she has a strong commitment to teaching, providing academic half-day sessions for clinical clerks and clinical clerk oral exams throughout the year. She is also team leader for in-patient pediatrics and holds regular teaching sessions with clinical clerks and pediatric residents.

Dr. John Martin has taken on the responsibility of clerkship chair for pediatrics. In addition, his general responsibilities include teaching medical students and residents about pediatric emergency room issues; assisting in developing and presenting formal academic component of the resident physicians; and assessing and managing a variety of emergency room conditions.

After completing his MD, Dr. Martin did his postgraduate pediatric residency training at Memorial. He also holds a bachelor of business administration from the University of New Brunswick and a B.Sc. (joint advanced majors in biology and chemistry) from St. Francis Xavier University.

During his residency, Dr. Martin served as president of the Professional Association of Internes and Residents of Newfoundland (PAIRN) from July 2005 to July 2007, and as secretary the previous year. He was the lead negotiator for the Association Management Committee, responsible for leading negotiations with the Government of Newfoundland and Labrador for a new collective agreement for PAIRN members, negotiating a strategic alliance with the Newfoundland and Labrador Medical Association and initiating a comprehensive review of PAIRN services and operations.

He was an author on the paper published in 2008 in BMC Research Notes titled, The happy docs study: a Canadian Association of Internes and Residents well-being survey examining resident physician satisfaction within and outside of residency training in Canada?
New faculty

DR. SHABNAM ASGHARI
Assistant professor of epidemiology
Primary Healthcare Research Unit, Discipline of Family Medicine

Dr. Shabnam Asghari did her medical training at Arak University of Medical Sciences in Iran and practiced family medicine for several years before obtaining her master in public health and PhD in epidemiology from Tehran University of Medical Sciences. After coming to Canada in September 2007, she was a research Fellow at the University of Sherbrooke where she worked on population health and geographic disparities.

As a member of the Primary Healthcare Research Unit at Memorial, Dr. Asghari’s research interests involve the epidemiological study of geographic disparities in health services, chronic disease resource allocation and health surveillance in primary care.

She is also pursuing the development of an online spatio-temporal information system for chronic diseases in Newfoundland. “This project is about an online easy-to-access information system on chronic disease which allows users, particularly decision makers, to query existing databases in the province at different geographical levels,” she explained. “It is adjusted for different variables such as demographic and socioeconomic. It instantly produces results displayed as tables, graphs or maps.”

Recent published papers by Dr. Asghari deal with a wide variety of topics including adherence to vascular protection drugs in diabetic patients in Quebec, disparities between rural and urban areas for osteoporosis management in Quebec, and evidence-based approach to HIV/AIDS policy and research prioritization in Iran.

DR. ROGER CHAFE
Assistant professor
Director of Pediatric Research

Dr. Roger Chafe has taken on the new position of director of pediatric research in the Faculty of Medicine. The Discipline of Pediatrics has an expanding program of research on the prevention, treatment and elimination of childhood disease and the new Pediatric Clinical Research Centre will provide core services to researchers.

The Pediatric Clinical Research Centre has moved to the Newfoundland and Labrador Clinical Research Centre, located in Level 4 and 5 of the Agnes Cowan Hostel, next to the Health Sciences Centre facing west. This research centre is a joint project of Eastern Health and the Faculty of Medicine.

As director of Pediatric Research, Dr. Chafe will help medical residents in research training, work with faculty on research projects, and develop his own research program in the area of pediatrics.

Dr. Chafe was previously a senior policy analyst with the Research Unit of Health System Strategy Division in the Ontario Ministry of Health and Long-Term Care, and is an adjunct professor in the School of Health Administration at Dalhousie University. From Sept. 2008 to Dec. 2009 he was a research associate at the Munk Centre for International Studies at the University of Toronto. His previous employment in Newfoundland includes working as a program specialist with Eastern Health’s Department of Corporate Strategy and Research, a researcher for health policy with the Division of Community Health and a researcher for knowledge transfer with the Newfoundland and Labrador Centre of Applied Health Research.

He did his PhD, master’s degree and BA(Hons.) at Memorial. His PhD dissertation examined how health care resources are allocated.
As a developmental pediatrician, Dr. Tyna Doyle divides her time working in child development and in rehabilitation. In the area of child development, she works with children who have developmental and behavioral difficulties including autism, attention deficit hyperactivity disorder, Tourette’s syndrome and learning disabilities. In rehabilitation, she assesses children with physical disabilities including cerebral palsy, spina bifida, brain injury and neuromuscular disease.

Dr. Doyle has taken on responsibility for co-ordinating the development component of MUN’s pediatric residency program, with an average of one resident per month rotating through this specialty.

In terms of research, Dr. Doyle is finishing up a project looking at children with cognitive disabilities and participation. “Other research has focused on physical disabilities and limitation to participation; my theory is that the cognitive disabilities are being overlooked.”

Dr. Doyle’s future research plans include autism and cerebral palsy.

HSC construction photographs 1971-1977

THE FACULTY of Medicine Founders’ Archive has created an exhibit about the original construction of the Health Sciences Centre. The exhibit is located in the main foyer of the Faculty of Medicine on the second floor of the Health Sciences Centre.

Initially, the Medical School was housed at the General Hospital in the east end of St. John’s as well as in Memorial University’s Education Building. After that, temporary buildings provided a home for the next five years.

Many individuals played key roles in the construction of the Health Sciences Centre (HSC). Lord Taylor, Moses Morgan and Dr. Ian Rusted were in regular contact with the provincial government, working towards financial commitment to build the complex. In 1971, the Hon. Edward M. Roberts, minister of health, wrote the official government letter to the university announcing that funding had been confirmed through the Federal Health Resources Fund.

In November 1968, Charles (Chick) M. Campbell was hired as project co-ordinator, juggling architects, construction engineers, hospital administrators, physicians, faculty, staff and students, plus teaching in Community Medicine. When Campbell left in 1974, Wes Drodge took over in that role. Drodge has returned to the Faculty of Medicine as project manager of the new building that is currently under construction. Photographs and web cams are available on the Faculty of Medicine’s homepage. www.med.mun.ca/medicine/home.aspx.

Gordon King and John O’Reilly, Medical Audiovisual Service, Faculty of Medicine, took weekly photographs of the original construction of the HSC.

The full collection Health Sciences Construction Photographs can be found online, under Memorial University - Faculty of Medicine Founders’ Archive at http://collections.mun.ca.

Dr. Doyle earned her MD at Memorial in 2002 and did her pediatric residency at Memorial from 2002-2006. She was a developmental pediatric subspecialty resident at the University of Alberta from 2007-2010.

Dr. Doyle has taken on responsibility for co-ordinating the development component of MUN’s pediatric residency program, with an average of one resident per month rotating through this specialty.

In terms of research, Dr. Doyle is finishing up a project looking at children with cognitive disabilities and participation. “Other research has focused on physical disabilities and limitation to participation; my theory is that the cognitive disabilities are being overlooked.”

Dr. Doyle’s future research plans include autism and cerebral palsy.
THE FACULTY OF MEDICINE has a new permanent exhibit of artwork created by Pam Hall. It is located on the first floor of the medical school, outside Lecture Theatre B. The display includes six pieces of artwork, which are in two series. The first triptych is titled Figuring the Ground: Listening with ... and the second triptych is titled Figuring the Ground: Listening to...

In 1992, Pam Hall, a visual artist, film-maker, and writer from St. John’s, was asking questions which led her to the medical school to observe how doctors learn to see the female body. Then in 1997, Hall was invited back as the Faculty of Medicine’s inaugural artist-in-residence. The position was funded by the Canada Council for the Arts, the Art Gallery of Newfoundland and Labrador, as well as supported by the Faculty of Medicine for the next two years. According to Hall, the process was about “learning to look carefully and to listen deeply, learning that art, like medicine, is not always benign, and that medicine, like art, is based on careful looking, an open heart, and a curious, caring mind.”

During her appointment, Hall led medical humanities discussions in ethics and delivered occasional lectures, but mostly undertook and completed creative and collaborative projects intended to make visible some of what she was “seeing.” Several of these creative projects invited students and other community members to participate in the examination of how one sees the patient’s body, to remember the power of the eye of the beholder.

Hall said, “I was privileged for two years to be accompanied at the med school by a dozen companions, many of whom were asking the same questions as I, and all of whom, as medical students, were acquiring new eyes and hands and ears to carry them forward into their lifelong practice.”

Hall donated her artworks created during her time as artist-in-residence to the Faculty of Medicine Founders’ Archive in September 2009.
Operation Rainbow Canada

Mission to China 2010
By Dr. Colin P. White

OPERATION RAINBOW Canada (ORC) is a non-profit medical organization based out of Vancouver. Since 1998, the group has provided free reconstructive cleft lip/palate and burn surgery for children in developing countries. ORC organizes a mission every six months and has travelled to places including India, Cambodia and Mexico. The group is led by Dr. Kimit Rai, a plastic surgeon in New Westminster, British Columbia and consists of plastic surgeons, anesthesiologists, pediatricians and nurses from Canada.

I travelled to Linyi, a city in China, for a surgical mission with ORC during October and November of this year. The mission involved almost 30 doctor and nurse volunteers. The mission was a great success as 100 procedures were performed on over 60 patients during the 10-day mission.

As a fourth-year plastic and reconstructive surgery resident and the only resident on the mission, I was amazed at the severity of the burn scar contractures and injuries possessed by the patients. Procedures were performed under general and local aesthetic, with the majority of patients being under 10 years of age.

Besides excellent operating and clinical cases, we learned much about life in modern day China. China is no longer the stereotypical communist country it once was. The market place is basically free enterprise; however the government remains all controlling with regard to political and social freedoms. Health care for the most part is privately funded and thus access to care is a major issue. With a population of 1.2 billion, many people simply are not able to pay for medical care. This was the patient population that we were able to help directly.

During the mission, there was great co-operation between the Canadian team and the Chinese hosts. A blended mission concept was taken. In addition to providing care to the patients, an exchange of knowledge happened at all levels of the team. The Canadian team was commonly referred to as “a group of modern day Norman Bethune’s” by the Chinese hosts. This is a reference to the national Chinese hero who was originally from Gravenhurst, Ontario. Dr. Norman Bethune practiced in China and is credited as a medical innovator and Chinese war hero.

Another interesting tie between our work in China involved the children undergoing cleft lip repair. It was actually in China that the first clear account of an attempt to correct a cleft lip can be found. An anecdote from between 317-419 AD describes a farmer’s son, who was born with a cleft lip. As the legend describes, his destiny was to become a man of fame and power. The farmer sought help for his son and found a doctor who told him that “he could fix the lip by stitching the edges together.” The patient had the lip repaired and apparently went on to become the governor general of six provinces in China later in life.

The mission to China was very rewarding. Chinese culture was certainly different in many respects and there was a certain baseline level of chaos ever present with which the team grew accustomed. Language presented the greatest challenge as sometimes not one but two translators were needed because of local dialects of Mandarin.

There was much lost in translation but certain acts of kindness, caring and compassion transcended through language and culture. ORC delivered an extremely high level of surgical care to those in need in China. For more information on ORC please see the website at www.operationrainbowcanada.com.

Dr. Colin White (Class of 2007) is a resident in the Division of Plastic Surgery, Department of Surgery at the Faculty of Medicine, McMaster University.
New scholarships and awards

Alice Cook Fund for Parkinson’s Education and Research
This award has been established through a generous donation by Clayton Cook in memory of his wife, Alice. This is one of three awards set up at Memorial University in Alice Cook’s name by her husband. The award will be used annually in support of the education and research activities of the Movement Disorder Clinic and funding requests for projects can be submitted in writing to the clinic director. Staff of any clinical discipline related to Parkinson’s patients and the Movement Disorder Clinic are eligible to apply to the clinic director, Dr. Alan Goodridge.

Dr. Missan Postgraduate Cardiology Scholarship in Medicine
This award, valued at $1,000 annually, has been established through generous gifts from Merck, as well as colleagues, friends and family of Dr. Sarab Missan, a well-known cardiologist in St. John’s. The scholarship will be awarded annually to the best resident for their level of training in the cardiology rotation during their residency training programs in the Faculty of Medicine.

“The Dr. Missan was known as a dedicated clinician with a great interest in teaching residents,” said Dr. Barry Rose, cardiology. “After his death from cancer we established this scholarship, valued at $1,000, to be awarded to a resident who embodied Dr. Missan’s work ethic and interest in education.”

The first scholarship was awarded to Dr. Babar Haroon in 2009, and the second has just been awarded to Dr. Liz Parfitt. Dr. Haroon, left, is a PGYIV, now doing a Fellowship in adult critical care at Dalhousie University; Dr. Parfitt is PGYIII, currently on maternity leave.

The Keith Griffiths Memorial Heart and Stroke Foundation Graduate Scholarship
This scholarship, established through a generous contribution by the Griffiths family, in partnership with the Heart and Stroke Foundation of Newfoundland and Labrador, is valued at $1,000 annually. The Griffiths family has established this scholarship in memory of their father, Keith Griffiths, a stroke survivor and dedicated volunteer. The scholarship will be awarded to a full-time graduate level student in the Faculty of Medicine, who is pursuing a research program in stroke or neurological issues related to stroke. George Tilley, CEO of the Heart and Stroke Foundation, of Newfoundland and Labrador said Keith Griffiths suffered a stroke in 1993 and made a remarkable recovery. “He dedicated the next 14 years to promoting greater knowledge of stroke, supporting stroke survivors and encouraging a healthier lifestyle. Following his death in 2007 his three sons decided to establish a scholarship to honour their father; the Heart and Stroke Foundation is matching their donation to provide $1,000 per year.”

The Heart and Stroke Foundation Graduate Scholarship (Cardio)
A second scholarship, the Heart and Stroke Foundation Graduate Scholarship (Cardio) has also been established, valued at $1,000 annually. The Heart and Stroke Foundation of Newfoundland and Labrador was founded in 1964 and since achieving full foundation status in 1989, has contributed over $1 million to research in cardiovascular and cerebrovascular disease at Memorial University.
Of Note

The Medical Graduate Students Society raised $250 at a mixer this fall to donate to the Red Cross for the Relief Fund of Hurricane Igor.

Dr. James Rourke, dean of medicine, was inducted into the Canadian Academy of Health Sciences Sept. 30 during the organization’s annual general meeting held in Ottawa. Fellows elected to the Academy are well recognized by their peers nationally and internationally for their contributions to the promotion of health science, having demonstrated leadership, creativity, distinctive competencies and a commitment to advance academic health science.

Dr. Seeger Shen, a resident in the Discipline of Medicine, received the first-place Student Presentation award for his presentation titled Long-term Outcomes after ICD Therapy in ARVD5. The presentation was made at the Canadian Cardiovascular Congress in Montreal. The presentation concerned a research project Dr. Shen did with cardiologist Dr. Sean Connors.

In December 2009 a curriculum development and research team led by the Centre for Collaborative Health Professional Education received a $500 award for curricular innovation. The Academy of Healthcare Improvement awarded the Interprofessional Practice-based Learning (IPPL) Team in the Faculty of Medicine the Duncan Neuhauser Award for Curricular Innovation for its submission Teaching Collaboration Competencies in Clinical Training: Where the Rubber Hits the Road. The team decided to share the award money and on Nov. 10 presented $200 to the Psychiatry Residents’ Program and $300 to the Medical Students Society.

Alumni profile

MATT LILLY
CLASS OF 2004

At the present time I am doing a fellowship in geriatric psychiatry at the Mayo Clinic, Rochester, Minnesota and applying for a full-time position for 2011. My wife, Heather Arnold, is applying to transfer into the Mayo psychiatry residency program.

- Currently reading The Old Fox Deceiv’d by Martha Grimes
- Songs on my iPod include by Jason Mraz, Brandi Carlile, Amos Lee and System of a Down
- Favourite pastimes are playing my cello, role-playing video games and biking
- Best memory of med school is playing with my future wife in the Monte Carlo jazz band
- Favourite spirit is Limoncello
- Can’t think of a personal motto but my favourite mug says, “What would you attempt to do if you knew you could not fail?”
- We have four cats and frequently travel long distances to see concerts even if we can’t afford to do so.
Family Medicine holds graduation dinner

IN JUNE OF 2010 the Discipline of Family Medicine at Memorial held its first graduation dinner and presentations. Twenty-two residents were presented with a certificate and were congratulated by all present.

Dr. Bob Miller, chair, and Dr. Asoka Samarasena, assistant dean for Postgraduate Medical Education, were in attendance. Greetings were offered by Dr. Sheldon Butt, graduating administrative resident, Dr. James Rourke, dean of medicine, and Dr. Bill Eaton, program director. Dr. Paul Patey, a former professor of family medicine, offered the newly minted family doctors his take on how to enjoy their medical practice through helping love grow. By almost every act, noted Patey, a family doctor can facilitate the growth of love between patients and their families.

Research awards were presented to Drs. Gina Higgins, Gillian Sheppard, Colette Dawson and Keith Short.

In memory

DR. JAMES ARCHIBALD McNAMARA (Class of 1979), died suddenly on Sept. 29, 2010, at Truk Lagoon, Micronesia. Predeceased by his parents, Dr. J. Arch McNamara (1984) and Rose (Peyton) 2001. He leaves to remember and give thanks for his life his loving wife and best friend, Dr. Judith Melick, daughter Kelly Elizabeth, son David James, sisters CeAnn (California), Eleanor (Dominic McCarthy), Mary (Charlie Parsons), Frances (Jonathan Cook), and Kelly, parents-in-law, George and Florence Melick, sisters-in-law Linda (Bill Reynolds) Karen (Clare), brother in-law Bob as well as many cherished nieces, nephews, cousins, dear friends and patients. Donations may be made in Arch's name to a scholarship fund at Memorial University, the Diabetes Association, the Shark Research Institute, P.O. Box 40, Princeton, NJ 08540 or a charity of one’s choice.

Passed peacefully away at her residence on Sept. 26, 2010, DR. ANNE PERRY (Class of 1986), age 62 years. Predeceased by her parents Alimeta and Gordon Perry and brothers: Gordon Joseph and Patrick and brother-in-law Lloyd Diamond. Leaving to mourn four sisters: Mary Diamond, Sharon (Bob), Joan (John), Tracey (Cletus). Six brothers: David (Irene), Fabian (Bella), Gerard (Harriett), Chris (Carole), Tom (Lolita) and Loyola. Seven nephews and eight nieces and eight grand-nieces and nephews and a large circle of loving relatives and friends. Donations in her memory may be made to the Heart and Stroke Foundation or to the Bay d’Espoir Cancer Benefit Group.

DR. CORRINA GOLDFING (Class of 1991) of Rothesay passed away unexpectedly on Nov. 29, 2010. Born in 1965 in Saint John, NB, she was the daughter of Carmelle Arseneault and the late Kenneth Golding. She practiced in Saint John. Besides her mother, Carmelle, she is survived by spouse Joseph Whyte; daughters Emily and Lauren; brothers Bruce Golding (Paula) of Quispamsis and Jason Golding (Vickie) of Saint John; nieces and nephews Matthew, Melanie, Kyle and Katherine; and many friends. Donations made to the Children’s Wish Foundation would be appreciated by the family.
Grad student news

THE ANNUAL Cancer & Development Graduate Student Research Symposium was held June 11 at R. Gushue Hall, incorporating eight student presentations and three visiting speaker seminars by Dr. John Thoms from Princess Margaret Hospital, Dr. William Muller from McGill University and Dr. Robert Noll from the University of Pittsburgh. Student participants were: Yumiko Komatsu, Arezoo Alemzadeh Mehrizi, Mandy Peach, Mark Kennedy, Kerri Smith, Youlian Tzenov, Maria Whelan and Matthew Flynn.

Kerri Smith received the Mary O’Neill Award for her M.Sc. research presentation in the field of ovarian cancer; Kerri is supervised by Dr. Ann Dorward. Mark Kennedy received the Mary Pater Award for his PhD research presentation in the field of embryonic development; Mark is supervised by Dr. Ken Kao.

The Mary O’Neill Award is supported by a private endowment to the Cancer and Development faculty while the Mary Pater Award is sponsored by the Office of Research and Graduate Studies. Both awards are accompanied by a $500 cash prize.

The 2011 Cancer & Development symposium will be held Friday, June 10, 2011.

Mini-retreat for immunologists and virologists

GRADUATE STUDENTS and faculty in the Immunology and Infectious Diseases Program held a mini-retreat on Aug. 10, 2010 at the North Bank Lodge in Pippy Park.

The day-long retreat allowed students to showcase their research to faculty members and each other. Master’s student Krista Gladney organized the scientific session along with fellow grad students Alex Dancyger (M.Sc. student) and Ali Atoom (PhD student), who each chaired one session.

“Nine students participated – eight from Memorial, most of whom had received summer student awards and one student from Germany,” explained Krista. “Each student prepared a 10-minute presentation on their work and there was five minutes allotted afterward for questions.”

Krista said it was a great experience for the students as many of them had never given a scientific presentation; the faculty members felt that “the students individually, and as a group, exceeded all expectations.”

Krista said it was also a great experience for faculty, staff and graduate students, “as it allowed us to see what the students had been up to all summer. In terms of organizing, we had to give each student an introduction before their presentation, make and print the itinerary, book and set up the projector, time each presentation and make sure that everything ran smoothly, which it did. We had prizes for each student, which were based on evaluations from the faculty.”

Faculty members Dr. Rod Russell and Dr. Sheila Drover organized the event, and both were impressed at how seriously it was taken by the students. The event was funded by the Office of the Dean, Faculty of Medicine.
High recognition for young researcher

IT’S NOT OFTEN that a researcher gets to choose which award to accept. In May, Dr. Michelle Ploughman, a post-doctoral Fellow in Faculty of Medicine who works with Eastern Health, won three different fellowships for her work on health, lifestyle and aging with multiple sclerosis.

She chose the Fellowship from the Canadian Institutes of Health Research (CIHR), which offered $50,000 per year for two years plus a $5,000 research allowance.

“This is one of the most prestigious awards for health research post-doc Fellows in Canada,” said Dr. Ploughman. “There were 491 applicants from across Canada with only 44 successful. I was the only successful CIHR fellowship applicant in Atlantic Canada.”

But the recognition for her work doesn’t stop there. She also received the $3,500 NLCAHR/CIHR Gold prize in aging research and this month was awarded the CIHR Institute of Aging prize.

This latest prize from the CIHR Institute of Aging consists of a supplement to the research allowance component of the doctoral research, fellowship and new investigator awards. These supplements are given to the highest ranking candidate conducting research on aging within each of the above CIHR Research Personnel Awards competitions.

Dr. Penny Moody-Corbett, associate dean for research and graduate studies in the Faculty of Medicine, said this recognition for an investigator who bridges clinical and biomedical research is exciting. “It demonstrates the commitment that the national funding agencies are placing on interdisciplinary approaches to solving health problems.”
To a far shore
By Dr. Paul Patey

MR. BURSEY SITS in a comfortable chair beside a window in the palliative care room of the small hospital near his home in a coastal village. Out the window across a wide bay, I see the hills of a far shore, its shoreline hidden by the curve on the earth and its ocean. I sit in an adjacent chair, facing Mr. Bursey.

“You’re going home today,” I say.

He already knows, and nods. He has an intelligent and clear mind. He’s glad he can get home again to the house where he and his wife lived for more than 50 years. She died three years ago. “That’s when my life ended,” was how he described her death to me two days ago during a chat we had.

Near Mr. Bursey’s house, a son, daughter-in-law and grandchildren lived in a home of their own, but only six months ago the son died at age 56 in this palliative care room. Those two deaths, of spouse and adult child, were the worse blows, but not the only blows, life had stricken him with in his 85 years. Now he faces the final blow.

“Do you have any pain now, Mr. Bursey?” I ask. “Any at all?”

“None. It’s gone.”

“Good. We’ve started you on some regular medicine to keep the pain away. It’s a special pill. One in the morning. One in the evening. Twelve hours apart. If any pain comes back there’s another pill to take every two hours. If there’s any pain at all take it. If you need more than three a day we'll increase the dose of the long lasting one.”

Mr. Bursey nods understandingly. I continue: “The pain is no more use to you. It’s served its purpose. Now it needs to be driven away and kept away. Pain is a good watchman, but a poor boarder.”

“A year ago pain started in your belly. Cancer was discovered. Dr. Green removed the cancer. Your pain stopped. You had a good year. Now you’ve got trouble again. Something caused your bowels to bleed. That’s why you’ve been here for four days. That’s why we gave you three bottles of blood into your vein. Recently the pain in your belly came back. Now your liver is getting big.”

“Something is causing those three changes: bleeding, pain and big liver. You’ve been thinking it might be the cancer. It is. It’s back. It caused the bleeding. It’s spread to your liver, where it’s growing. It’s spread to the back of your belly, where it’s causing pain. Your appetite is still pretty good.”

We both pause awhile. I know Mr. Bursey is pondering his remaining weeks or months. I glance out the window at the far shore.

Then I listen while Mr. Bursey says enough to assure me that he understands that he has a progressive and fatal illness. He knows I’ve already talked with his daughters.

Then I continue: “You may need to come back here for more blood transfusions. No operation, chemotherapy or radiation will do any good. If your heart stops or your breathing stops no one will be able to get it going again, and no one should try that useless effort. We will not do useless stuff to you. Do you agree?”

“Yes. I’ve had a good life.”

“Anyway you’ve still got some good living yet: home, children, grandchildren and good memories.”

We chat a bit about his life. About their house he built when he was a young man. About being a fisherman and logger. About going away to the states many times for work, including being a miner for mica.

We pause. For a moment we both stare out the window at the far shore. In my mind I think that perhaps Mr. Bursey is pondering that far shore beyond life to which his wife and son have gone, and to which he is swiftly travelling.

As I ponder those far off blue hills with their snow caps, I think to myself: “Though we but vaguely perceive it, we are all headed to a far shore.” Some consider it oblivion. Some, like Mr. Bursey, believe it to be some form of continued awareness.

Comments
• All names changed.
• Earlier that same day I talked by telephone with the oncologist who has been involved in this patient's care.
• Thirty-four years ago I wrote an article titled, Communication of the lethal diagnosis. The concepts therein are still relevant to my daily work as a family physician.
• Physicians get exposed to patients' beliefs. One can struggle to avoid them, or one can ponder their mystery and their meaning for the patient. Sometimes when patients' beliefs significantly benefit the quality of the patient's life, they can be a therapeutic resource.
Senior’s musings

By Raoul Andersen and John Crellin

Definitions

We began to muse over the naming of diseases after reading yet another commentary on suspicions of physician conflicts of interest influencing decisions. The topic: prehypertension and the associations with industry among researchers and those setting its practice guidelines. At issue is whether a trend exists that encourages the public to view prehypertension as an accelerating risk factor for strokes and heart disease, and hence needing drug treatment.

Like many people, we have concerns about over-medicalizing society, creating over-dependence on health care professionals. Admittedly, our opinion could be influenced by our own biases; perhaps some would say conflicts of interest. We have been fortunate in being able to avoid medications for most of our lives, and well remember being startled by a striking exhibit (in 2002) of a carpet that, leaving aside self-medication, wove together around 28,000 tablets of prescription drugs, the number every Briton is estimated to take in a lifetime. And we hear so often about seniors who feel much better after stopping many of their medications.

What is prehypertension? It is the high end of normal blood pressure, defined in 2003 as a systolic pressure between 120 to 139 or a diastolic pressure from 80 to 89.

Admittedly, only lifestyle changes are recommended in the practice guidelines, but it can be argued that any disease or symptom label opens up a slippery slope to public misunderstandings. Moreover, anyone can read a web health message, from a professor at Duke University Medical Center, titled: “Prehypertension: It’s Not Mild, It’s Dangerous.” For many people, of course, taking a medication is easier than life-style changes. Clearly a potential bonanza exists for the pharmaceutical industry given an estimated one-third of adults with a diagnosis of prehypertension.

Much of the complex story of defining and classifying disease is the lumping or splitting of existing conditions, and the introduction of new terms poorly understood by the public. As we enter the influenza season, we notice the disappearance of its colourful synonyms grippe (grip) or la grippe (this one remains in French practice). Such an expressive term prompted various comic postcards (Figs. 1 & 2). In the early 1900s, the time of the cards, while doctors accepted grippe as synonymous with influenza, the public were not always so sure. There was common ground with an appreciation that grippe was associated, like influenza, with a sudden onset (a gripping) of weakness and other symptoms, but home medicine books were noting grippe as a variety of influenza or as a synonym for catarrhal fever, which was also known as epidemic catarrh, influenza, and epidemic bronchitis.

Sorting out the terminology was confusing for Joe Public. Slowly, however, the name grippe faded in part due to public acceptance of the idea of infectious germs and to the medicalizing authority of physicians that fostered medical terminology over vulgar and unscientific names. We might regret the passing of expressive popular terms, but scientific terminology – another aspect of medicalizing society – has added authority to excuses for time off work! Blaming a bout of influenza as on the 1906 card (Fig. 3) is still with us.
Thinking doctors, thinking zebras
By Dr. JTH Connor

THE PHYSICIAN-TURNED-PopULAR-AUTHOR such as Michael Crichton, Richard Selzer, or Oliver Sachs have each offered insights to how doctors think. Recently, a new breed of popular medical author – the critical reasoned – has directly addressed this fundamental question. The work of Rhodes Scholar and Harvard surgeon Atul Gawande (Complications; Better) is one example. The writings of Jerome Groopman, also a professor and doctor at Harvard, further exemplify this recent trend (see www.jeromegroopman.com ).

Groopman’s 2008 version of his book How Doctors Think includes an Afterword which captures the positive response from patients, colleagues, and medical educators to the original work, is a highly successful blend of many of the varied approaches of physician turned author (autobiographer, doctor-story teller and so on), yet it is different from all of them. While autobiographical, this book is not all about him; while Groopman exposes some of the problems integral to medicine, he is never alarmist or sensationalist about it. Doctors’ stories, patient narratives, and explanations of anatomy, physiology, disease and pathology are recounted here, but all are contextualized within his overarching framework of trying to grapple with how doctors think. Underscoring this book’s purpose is the cataloging-in-publication data that categorizes it under decision-making and medical logic.

The heart of How Doctors Think is an analysis of selected medical errors and mistakes; but not those catastrophic events that make news headlines, such as the wrong leg being amputated (“Oops, sorry about that but the good news is that your other leg is now better”). Rather, Groopman is after those routine medical cognitive processes that lead some doctors to get locked on to a particular diagnosis and treatment plan and stay with them when both are probably dubious, if not absolutely wrong. Conversely, he aimed to find out what events, factors, or situational causes resulted in the derailing of certain lines of medical reasoning, so that doctors were forced to change their minds to the benefit of the patient. To facilitate this analysis, Groopman interviewed many colleagues and other notable practitioners as well as patients who had been shuffled through the medical system for years because of what would be revealed as faulty or overly linear medical thinking (one such patient was indeed the author himself). Ultimately, he wanted to write this book so members of the public could critically evaluate the cognitive patterns of doctors in an effort to identify various medical mental traps they might be caught up in.

Physicians wishing to appear to be certain in the uncertain world of medicine, often coupled with their overreliance on technology, account for many of these traps. Chief among these are the 3As thinking traps: anchoring error – seizing on an initial symptom and making a “snap judgment” that can then trigger a cascade of consequent actions; attribution error – erroneously “stereotyping” patients as certain character types (e.g. alcoholics, complainers, or ER frequent flyers), which can blind the physician to the existence of an underlying non-benign condition; and availability error – making a diagnosis on the ease with it comes to mind because the present patient’s case looks very much like other five similar ones the physician saw quite recently.

These diagnostic booby traps or heuristics (translated here by Groopman to mean shortcuts) can be doubly treacherous as they are often grounded in formal medical training, thus they are considered part of normal clinical practice. As such, Groopman also takes a swipe at the trend to rely too much on algorithm or Bayesian-based (statistical) diagnostic thinking and evidence based medicine. Perhaps, he suggests, it is appropriate to turn the medical aphorism on its tail and to think zebras when you hear hoof beats. This line of reasoning is tantalizing, all the more so as it resonates with that of literary and medical humanities scholar Kathryn Montgomery’s similarly titled How Doctors Think (2006), especially the chapter “Don’t Think Zebras: A Theory of Clinical Knowing.” We need to know how doctors think so that patient safety can be improved, but also so that medical educators—a group that originally reacted positively to this book—can help realign the training of doctors (under- and post-graduate) to recognize, on the one hand, the utility of the zebra herd mentality, while on the other also understanding its cognitive constraints.

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Snakes
By Dr. David Keegan

AS A NEWFOUNDLANDER transplanted to the mainland, a handy piece of conversation has always been what we don’t have on the island of Newfoundland. Most Canadians are frankly stunned to learn from me that there are no snakes, no rabies, no urban mosquitoes, no poison ivy (or poison oak), no Grizzlies, no West Nile Virus, no Lyme disease, and the list goes on. Basically, many of the scourges of mainland living simply do not exist on the island of Newfoundland.

I remember in medical school wondering, “Why do we have to learn about Rocky Mountain spotted fever if we never see it?” I knew, of course, that Memorial was committed to graduating physicians competent to work in Canada, not just Newfoundland. Yet I would still wonder. Particularly when in Twillingate and Placentia, I encountered things like seal finger and whore’s egg hand – things that were local diseases but about which I was never formally taught.

But once I was working in London, Ontario, I was suddenly grateful for having received exotic Canadian medicine training – particularly about rabies and poison ivy. Sure, I had to look up a lot more about it, but it was nice that I had, somewhere in the recesses of my brain, some previous knowledge about this nasty little three-leafed plant that I could simply reactivate. It was kind of fascinating when I ended up becoming quite good in treating poison ivy dermatitis, knowing that this disease was something of an immigrant to my reality as a physician. More fascinating were the two occasions when I had to kill bats in our house and send them off frozen for autopsy because it was possible they may have bitten someone unbeknownst to us, potentially transmitting the rabies virus. (They came back negative.)

When I first learned that coyotes had I travelled across the Labrador strait a few years ago, I was saddened. It now meant that there was a theoretical risk of rabies virus becoming endemic in the wild animals of the island. And it now meant that rabies – a previous abstraction only for clinicians in Newfoundland – was now a real consideration in the care of patients with known or suspect animal bites.

But when I learned just recently that snakes – SNAKES – were found breeding in the wild on the island, that really shook me. Because not only were there now snake bites to worry about (although I think it was only garter snakes that were found), but something of the protected magical island charm had been lost. Mainland physicians have always been fascinated by the absence of certain medical risks, courtesy of the geography, but every mainlander had always been intrigued by the absence of snakes. You know, the link to Ireland’s own snake-free status, the absence of a creature that can strike wonder and terror at the same moment.

So, there’s two ways to deal with the arrival of snakes: mourn the event, or celebrate it. I suggest that, after a poignant moment of mourning, it’s time to just embrace these latest CFAs to come to our shore. One of the T-shirt stores on Water Street should pound out some Latest CFAs to Immigrate T-shirts proudly displaying the snakes. Heck, they might even do something about the numerous shrews ...

Dr. David Keegan (Class of 1995) is an associate professor and undergraduate director at the University of Calgary’s Faculty of Medicine.
IT’S BEEN FOUR YEARS since that Gander family-medicine community preceptors meeting. Four years since that third-year medical student publically smirked me saying, “Dr. Eaton, the Internet is here to stay!”

He’s right, of course. Why just this year, at another family practice love in (Dalhousie’s annual this time), I debated the value of social networking with the senior resident of that erstwhile program. I debated in favour of medical education using Twitter, Facebook and YouTube; the young future family doctor navigated the opposing tack.

The room was 70 per cent residents, the rest were their faculty: all Dalhousie people. So when the vote came in (the judges gauged the volume of applause) we were tied. Before the debate I actually thought the proper name for a message on twitter was a twit. Or was that the name for its sender?

Still Web 2.0 is here to stay. Sharing opinions, posting references and websites, scheduling important meetings is the way things are today. Get with it or get lost. We can check each other’s schedules with those smart phones and send each other reminders for lunch. Students can share interesting articles.

When I was a medical student things were different! We were ranked from top to bottom. I was always in the bottom quarter. The top students would read ahead and anticipate what references would be needed. The apropos references would then disappear from the library: not so much theft as pages torn from texts and journals missing.

Not today! Today medical students the world over post relevant material on social networks for all to see. Sharing what they’ve found. Asking each other questions and helping each other get the answers.

In the days of Hippocrates, the oracle owned the information. He acquiesced to share this knowledge and power with the deserving (see the famous oath for assemblage). Once competent, the deserving went out and found other deserving with whom to share and so it went. In those times the oracles owned the information.

Enter the enlightened medical school. Lectures combined with labs and tutorials. Facts and more facts heaped upon each other in the lecture. One fellow in our class, also a bottom 25 per center, would immediately close his briefcase at the entrance of a slide projector put his head down and fall asleep. Lucky guy.

But today things are different. And better. Now professors post their facts beforehand for all to view so the class might discuss concepts and answer questions. A student wishes further clarification and tweets the whole class. During a break in the action of their day students can look up facts anywhere. And instead of spending the better part of a library evening hunting down the only copies of the apropos reference, today’s students can ask hundreds of other medical students world wide and get answered right away.

Students of today own their information. Teachers of today need to teach the skills of critical appraisal and cooperativeness. Does your practice have a website? Do you have a Facebook page explaining by video and text common practice issues like how to deal with a post vaccination fever? Twitter account? Can your patients book appointments online? It’s no longer good enough to rely on lectures whereby information on the paper in front of the professor transfers to the papers in front of the students without passing through the minds of either. Today’s student is engaged, and today’s teachers need to be savvy in the ways of social networking.

Students of today own their information.

Teachers of today need to teach the skills of critical appraisal and co-operativeness.
Music and medicine

By Dr. Bridget Picco

ANOTHER YEAR OVER – a New Year begun! I hope that all of our alumni had a wonderful holiday season and are prepared for a great year in 2011. Our re-union planning committee are already soliciting class leaders for the upcoming 2011 summer fiesta; classes of 76, 81, 86, 91, 96 and 2001. If you would like certain events included, embellished, or added, e-mail me at bmp@nl.rogers.com. There is a template that is followed – a mixer Friday night, CME Saturday morning and class dinners Saturday night – but life can be flexible. If there is a former professor, lab assistant, or anyone that you would like to see from your years at the medical school, let me know and I will invite that person to the mixer.

And, since we have just experienced the warmth of giving over the holidays, I just want to let you know that we will soon be sending out the annual Thousand Thousands appeal to our alumni. Your annual gift to the medical school is something that will last forever, have a real impact, and will never lose its value. Why do I say this? The main goal of the Thousand Thousands Challenge is to build an endowment fund to establish the Dr. Ian Rusted Founder's Chair in Medical Education. The fund is entirely driven and supported by our alumni so your annual gift, at any level, will make a difference to the ongoing excellence in medical education at Memorial University.

Music and medicine have always been intertwined at our medical school. In the mid-80's lunch hour concerts were held monthly. Dr. Ted Hoekman was always keen to play, Jimmy Thomson from audio-visual would impress us all with his vibraphone skills, and there were usually two or three med students ready to show their musical talents.

Later on, Dr. Al Felix organized the Med School Choir, which consisted of alumni, med students, other physicians, and grad students. The choir would perform at re-unions, graduations, Monte Carlo Night and other events. Dr. Doug Angel, who is now completing an ENT residency in London, Ontario, was the conductor while he was a medical student. Currently Rebecca Powell, a music graduate who is now a third-year medical student is co-ordinating the choir. If anyone out there wants to join or is itching to conduct, please let me know.

Dr. Ean Parsons has been playing the pipes since 1970. He learned with a teacher in St. John’s and perfected his skills at summer camps in Cape Breton. Because he had asthma, he was told to take up a wind instrument and with a Scottish grandfather the bagpipes seemed natural. He was a founding member of the pipe band in St. John’s in 1973 and played with the band here and in competitions in Scotland, U.S. and mainland Canada. When he practiced in Yellowknife he became the Pipe Major there and the band played at Expo ’86 in Vancouver at the Northwest Territories Pavillion.

Since returning to St. John’s, Ean has been the Pipe Major for the past 10 years including a trip with the band to the five memorial Caribous in France and Belgium. David Allison from Community Health is in the band as well.

Dr. Terry Fogwill is another person who combines music and medicine. He plays mostly piano/keyboards and guitar and has been playing for as long as he can remember. He played his first club gig when he was 14. He’s toured Canada and released two albums and a video with a band called Rogues Gallery. Terry currently plays with a Beatles tribute band called Abbey Road. They recently performed at the RockHouse for John Lennon’s birthday and last year played with the Newfoundland Symphony Orchestra at the Arts and Culture Centre. Terry just finished recording a CD of original material that he co-wrote which should be released by the time you read this.

Every December, our Emergency Department has their annual party. Usually, guitars come out with the spirits later on. One of the docs, Greg Browne, started playing guitar in grade 8, and has been playing country music for years. He has visited and played in Nashville.

Of course, there are also the occasional musicians, like myself. I think that my piano teacher is the most tolerant person ever…. So, whatever the combination – full-time doctor/part-time musician or vice versa – music and medicine continue to go together at MUN!

Bridget

Dr. Bridget Picco

SAVE THE DATE!

Medical Graduates’ Reunion 2011
July 29 - 31, 2011