



12 Southern Medical Program opens its doors



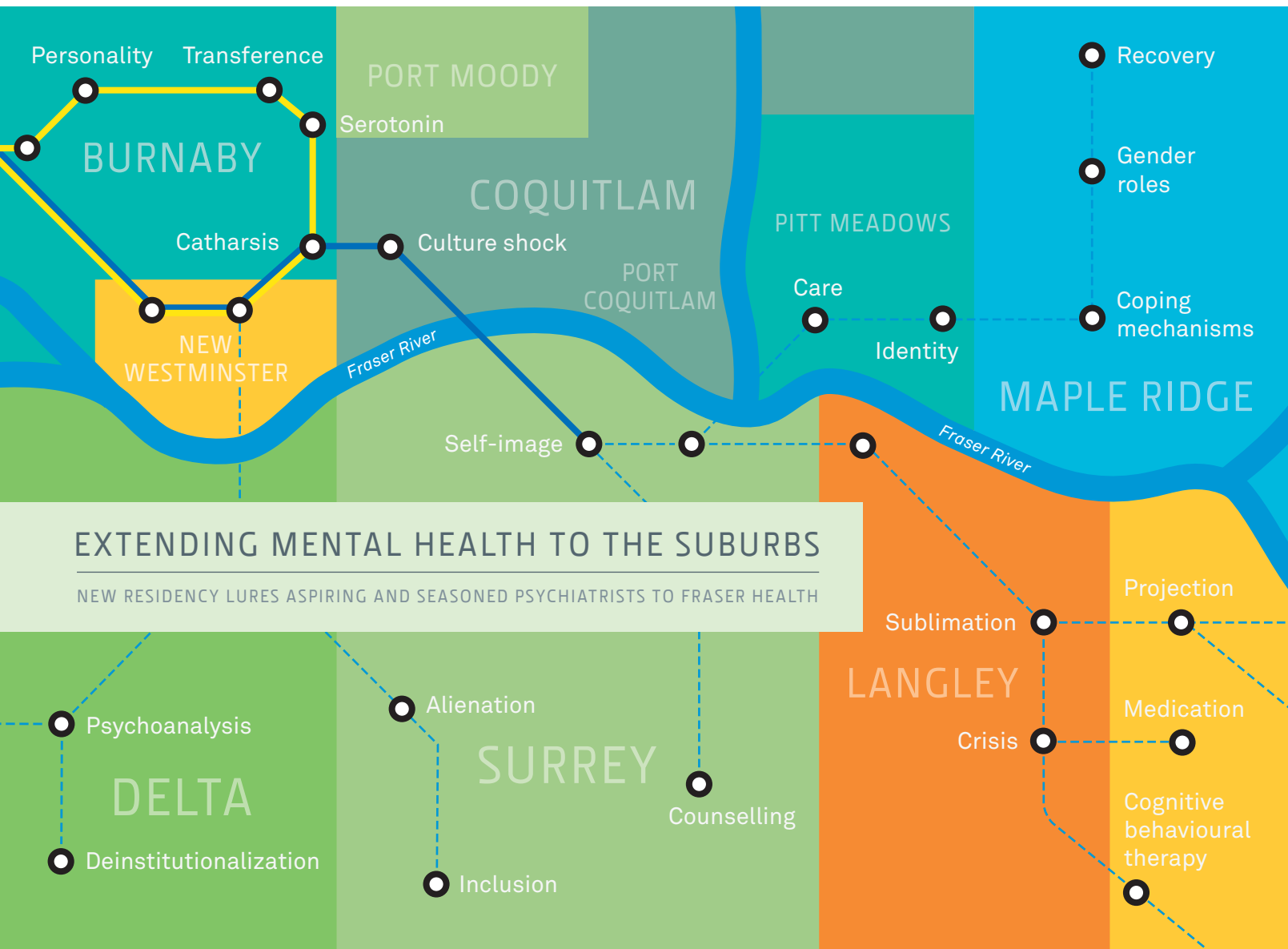
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UBC MEDICINE

VOL 8 | NO 1 SPRING 2012 THE MAGAZINE OF THE UBC FACULTY OF MEDICINE



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA



FACULTY OF MEDICINE

UBC MEDICINE

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UBC MEDICINE
VOL. 8 | NO. 1 SPRING 2012

A publication of the University of British Columbia’s Faculty of Medicine, providing news and information for and about faculty members, students, staff, alumni and friends.

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MESSAGE FROM THE VICE PROVOST HEALTH AND DEAN

Recognizing those who add value and meaning to our lives – whether partners, family, friends or colleagues – is probably one of the most neglected items on my “to-do” list.

I’m probably not alone in this regard. But as Dean of the UBC Faculty of Medicine, my list of recipients deserving recognition (and not always receiving it) is particularly long. And as the Dean of this particular medical school, with its elaborate web of partnerships across the province, my list might be longer than those of my counterparts across Canada or the U.S. The distribution of medical education across B.C. has required an enormous amount of collaboration and hard work by an ever-widening circle of people at academic institutions and health authorities – a circle so wide, it’s hard to keep track of them all. Our collective success is dependent on our partnerships.

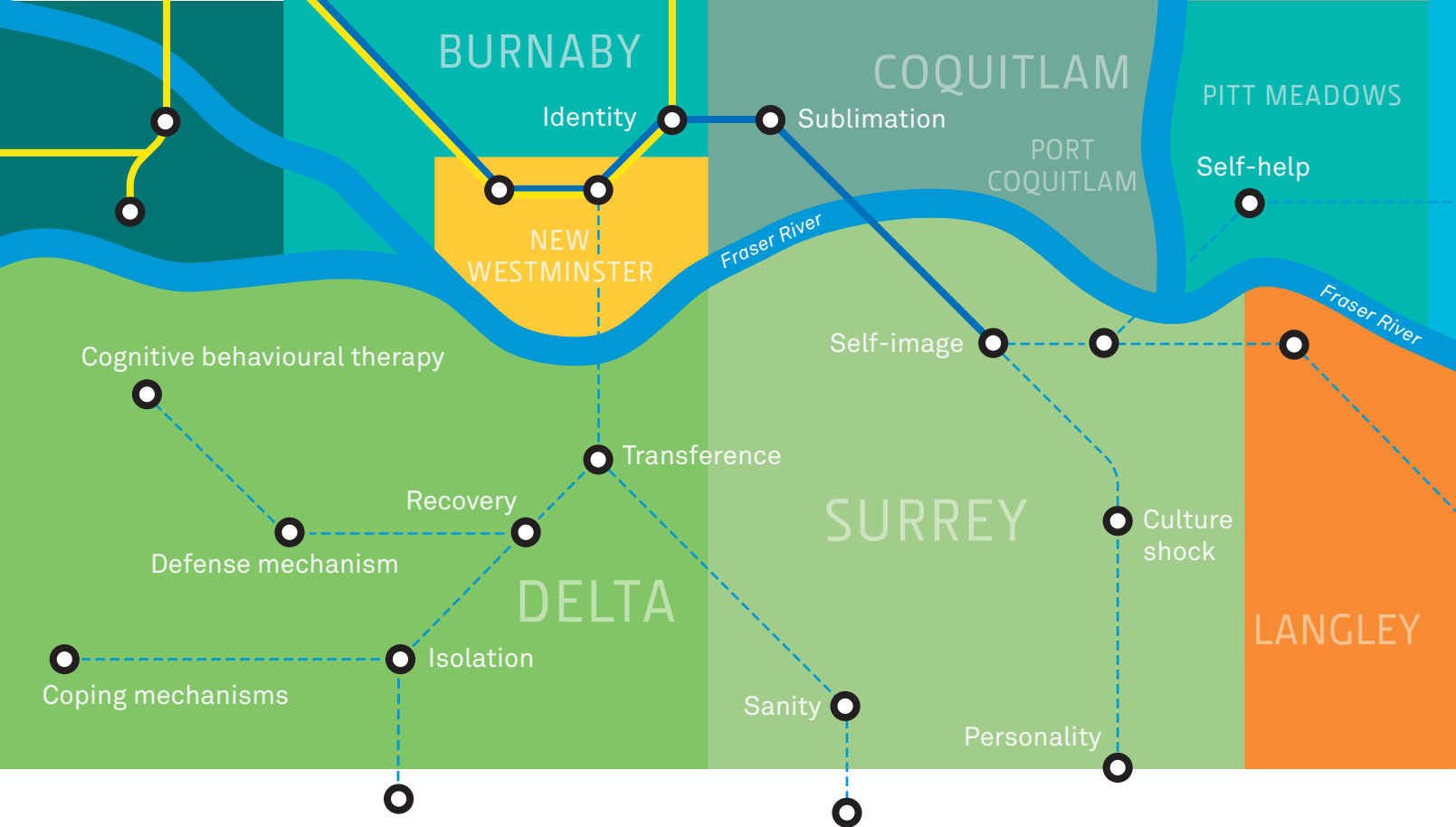
Among those deserving recipients are the people of the Fraser Health region. Much has been made of our ambitious expansion to places far from UBC’s “home” in Vancouver – to northern B.C., Vancouver Island and now the Interior. But health care providers, support staff and patients in nearby towns like Surrey, Chilliwack, Cloverdale and Abbotsford have been quietly, consistently and conscientiously contributing to our educational and research enterprise. They set the stage for our wider expansion over the past few years, and are helping make sure that it maintains momentum in the years ahead.

Those contributions have been recognized by designating Royal Columbian Hospital and Surrey Memorial Hospital as Clinical Academic Campuses, and designating the hospitals in Chilliwack and Abbotsford as Affiliated Regional Centres. Among our four geographically-based MD programs, we call the largest the “Vancouver Fraser Medical Program,” reflecting how much time those students spend in Fraser Health sites. We have worked with Fraser Health to create full-fledged residency programs in Family Practice and Psychiatry, and look forward to other regionally-based postgraduate training programs to be aligned with the needs of the population.

But that is surely not enough, and this issue of *UBC Medicine* magazine is a modest attempt to honour and celebrate the vital role that Fraser Health and other health care providers in that region are playing in academic medicine. We want the people of those communities to know it too, because it has paid dividends – expanded facilities, an influx of health care talent, and greater attention to the latest, evidenced-based medicine.

I have long been well aware of that mutually beneficial relationship. We want to make sure all of our stakeholders know it, too.

*Gavin C.E. Stuart, MD, FRCSC
Vice Provost Health, UBC
Dean, Faculty of Medicine*



EXTENDING PSYCHIATRIC TRAINING — AND CARE — TO FRASER HEALTH

It's a Wednesday afternoon at the in-patient psychiatry unit of Royal Columbian Hospital, and UBC Clinical Assistant Professor **Anson Koo** is getting an update from resident **Charlena Chan** on the ward's current roster of patients.

Dr. Chan discusses a middle-aged female patient with depression. "She always loops back to abuse from her mom as a kid, and how it's affecting her," she says. "When she talks about her mom, she becomes super-anxious and then self-isolating. She looks about the same, but I think I understand now where her depression is coming from."

Dr. Chan thinks she should be referred for outpatient cognitive-behavioural therapy. Dr. Koo, Division Leader of Fraser Health's Adult Mental Health Programs, agrees, and suggests assessing her after the weekend.

The next patient – let's call him C.N. – is a young adult with a history of sporadic drug use who exhibits a muted but unmistakable paranoia.

"He can hold it together for an hour interview," Dr. Chan says. "But if you see him often enough and ask the right questions, it comes out."

Dr. Koo explains that there will always be murky cases like C.N.'s – where the patient's symptoms don't fit neatly into a diagnosis, whose scant medical record offers no clues, whose accounts of his own behavior and illness aren't reliable.

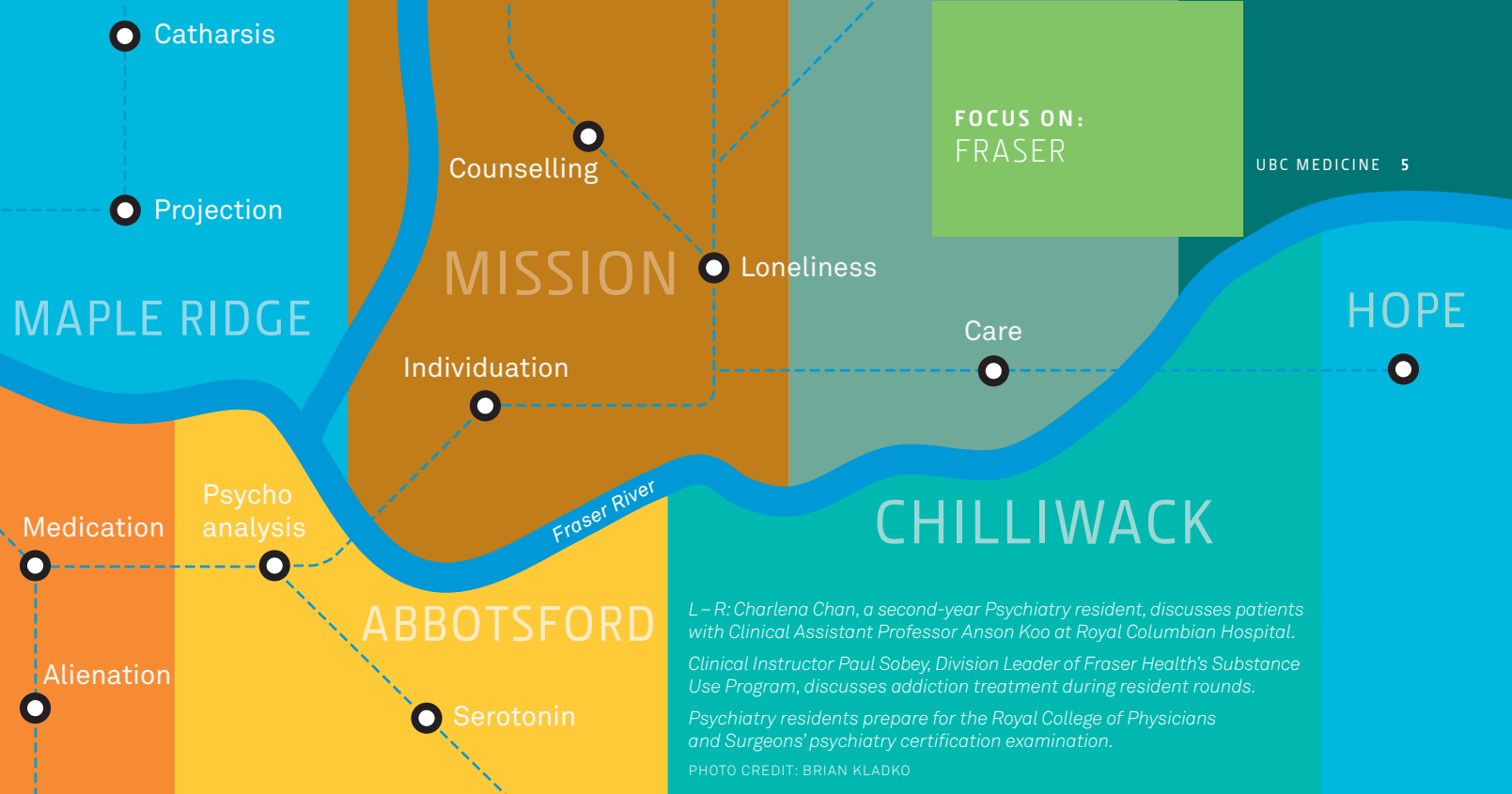
"He's exhibiting some pretty serious symptoms of psychosis, but we can't quite say that this is schizophrenia at this point," he says.

The diagnosis may be frustratingly elusive, and the path to recovery uncertain, but C.N. offers a valuable learning experience for Dr. Chan. She is in her second-year of a five-year psychiatry residency program, and must come to grips with the occasional ambiguity in her chosen field.

Such learning experiences have become increasingly commonplace in Fraser Health, which created its psychiatry residency program three years ago to keep pace with the growing prevalence of mental illness in Fraser Health – including depression, substance abuse, bipolar disorder, geriatric mental illness, and schizophrenia.

"We are undergoing a demographic explosion, and had the second-lowest psychiatrist-to-population ratio in the province," says Dr. Koo, who also oversees academic psychiatry programs in Fraser Health. "With a large cohort of psychiatrists preparing to retire, and ever-increasing needs for mental health care in Fraser Health, we needed a comprehensive, sustainable approach to physician recruitment. Training and educating future psychiatrists within Fraser Health is a cornerstone of this strategy."

Fraser Health is not a newcomer to psychiatry residency training. Until 2009, the health authority trained residents for their first two years – after that, post-graduate trainees had to find training positions elsewhere. This meant losing potential psychiatrist recruits.



L – R: Charlena Chan, a second-year Psychiatry resident, discusses patients with Clinical Assistant Professor Anson Koo at Royal Columbian Hospital.

Clinical Instructor Paul Sobey, Division Leader of Fraser Health's Substance Use Program, discusses addiction treatment during resident rounds.

Psychiatry residents prepare for the Royal College of Physicians and Surgeons' psychiatry certification examination.

PHOTO CREDIT: BRIAN KLADKO



Now the UBC-Fraser Greater Vancouver Psychiatry Residency Program, coordinated by **Ambrose Cheng**, the Assistant Post-graduate Program Director, has six new psychiatric residents a year, each able to complete their training – and to care for patients – in the health authority's wide array of hospitals, residential mental health facilities, and outpatient clinics.

As word spread about the opportunities for aspiring psychiatrists, the demand for residency positions has risen. In 2012, applications more than doubled, and all six positions were filled in the first round of the CaRMS residency match in March.

The growing number of psychiatry residents is attracting other, experienced psychiatrists drawn by the health authority's growing academic profile. Fraser Health has hired 45 new psychiatrists in the past two and a half years, covering a variety of subspecialties, such as child, geriatric and rehabilitation psychiatry.

"Many of them wouldn't have come here if they didn't have a sense that we were building an academic program," says **Theresa Isomura**, a Clinical Associate Professor and Fraser

Health's Mental Health-Substance Use Program Medical Director. "They now have an opportunity to be engaged in the educational enterprise and have contact with students and residents."

As a result, the months-long waits for outpatient mental health services are becoming increasingly rare, and patients can be offered specialized services.

Another area targeted by Fraser Health is substance misuse – a problem that is widespread in Fraser Health's service area, despite being commonly associated with more urban areas like Vancouver's Downtown Eastside. In response, Dr. Isomura, working with **Paul Sobey**, Division Leader of Fraser Health's Substance Use Programs, has created an elective in addiction medicine this year – the residency's first.

"Substance abuse is more common than depression," Dr. Sobey says. "So being in psychiatry, and not knowing how to assess and treat substance misuse, is like a cardiologist not knowing how to treat hypertension."

FOCUS ON: FRASER



John Diggle. PHOTO CREDIT: SURREY MEMORIAL HOSPITAL FOUNDATION



Royal Columbian Hospital in 1889.
PHOTO COURTESY OF NEW WESTMINSTER MUSEUM & ARCHIVES

A “SURREY BOY” COMES HOME

John Diggle timed his homecoming just right.

He moved back to his birthplace of Surrey, and his post as a neurologist at Surrey Memorial Hospital, in 2007, just as the town's startling growth – and the need for expanded health care services – precipitated a major expansion of the hospital and its elevation to a Clinical Academic Campus of the Faculty of Medicine.

“It was a great time to come on the scene,” says Dr. Diggle, whose ancestors were among Surrey's first settlers, and whose wife also has deep roots in the town. “We've seen accelerating growth in health care services in Surrey, and in Surrey's ties with UBC.”

Energized by the changes happening around him, Dr. Diggle became the hospital's Site Director for UBC medical education in 2008. In that role, he has played a crucial role in planning the new critical care tower, which will be finished in 2014, and in exploiting the educational potential of the Jim Pattison Outpatient Care and Surgery Centre, which opened last year.

Even now, 100 or more UBC health students are training in Surrey in any given week, including a two-year medical residency in Family Practice and resident rotations in Pediatrics. The diversity of the population and the sheer amount of cases make it an increasingly sought-after learning venue.

“We're seeing many more research-oriented graduates coming out to work here,” Dr. Diggle says. “It's an amazing thing for sure to attract these graduates and their academic expertise. It's changing the way people think about Surrey.”

Dr. Diggle has also been working to foster the hospital's educational culture, by showing physicians how it ups everyone's game.

“There is a deep collegiality that grows from working with trainees, because we start sharing more,” he says. “We're also becoming more introspective about how we're practicing medicine.”

ROYAL COLUMBIAN'S ENDURING TRADITION OF TRAINING

Royal Columbian Hospital will be marking two numerical milestones this year: celebrating its 150th year of operation, and welcoming its 1000th first-year medical resident.

In a province identified by its relative youth, the New Westminister hospital is an institution steeped in history, born in the days when many of the city's inhabitants still lived in tents and British Columbia was still a colony ruled from distant England.

Besides becoming a regional hub of medical care, it also became a major training centre for health professionals. It was the home of the province's first nursing school, and launched a medical residency program in 1950, the same year the Faculty of Medicine was founded. (One of the residents who came through the hospital, **John Noseworthy**, is now the CEO of the Mayo Clinic.)

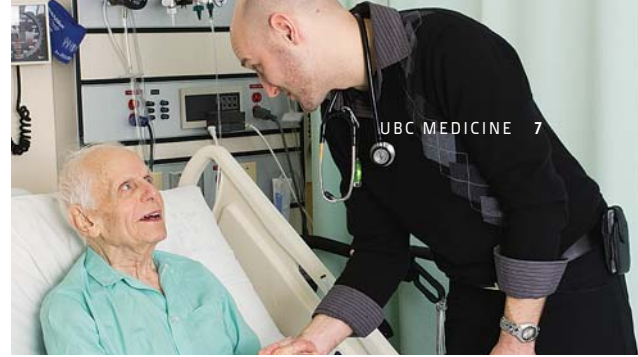
The hospital formalized its educational role with UBC in 1988, leading to greater numbers of its physicians becoming clinical faculty, and aligning its curriculum with other postgraduate training programs in B.C.

That identity was reaffirmed in 2002, when Royal Columbian became a Clinical Academic Campus of UBC, reflecting its extensive educational programs and facilities. Today, those programs and facilities include a clinical teaching unit that combines training of undergraduate medical students and residents. A first-year residency program draws 29 new physicians to the hospital each year to pursue postgraduate training, and a student-led rehabilitation clinic serves the occupational therapy and physical therapy needs of New Westminister and surrounding communities.



“Royal Columbian has a huge capacity in clinical care,” says **Dale Stogryn**, UBC's Site Director for medical education. “For example, it has the highest interventional cardiology volume in Canada outside Toronto, and very high neurosurgery volumes. At the same time, we've maintained a family atmosphere. Students like to come here because they're welcomed as part of the team.”

Dale Stogryn. PHOTO CREDIT: ANDREA WALKER/WALKER PARK MEDIA



Integrated clerkship student Caylib Durand checks in with patient Henry Burrows at Chilliwack General Hospital.
PHOTO CREDITS: ANDREA WALKER/WALKER PARK MEDIA

A NEW MODEL FOR MEDICAL EDUCATION — BY WAY OF CHILLIWACK

When the 81-year-old man dropped in at a Chilliwack family practice with mild anemia, his prognosis appeared positive – or so it appeared to Jeff McKay, a third-year UBC medical student and his preceptor, Sean Larsen.

For most medical students, the encounter between student and patient would have ended there.

But two months later, when the man came to the emergency department of Chilliwack General Hospital with severe stomach pains, McKay was on hand. He was guided through an examination that detected low levels of hemoglobin and platelets, and a decision to order a blood transfusion and to prescribe a proton pump inhibitor.

McKay continued to be on hand for further consultations, a repeat of the treatment and then a bone marrow biopsy, which revealed that the patient had stopped making red blood cells. After an exhausting course of further transfusions, McKay was in the room when the patient agreed to enter end-of-life care.

“For me, the process highlighted the relationship a family doctor has with a patient,” McKay says. “It also gave me the experience of working with different specialties on the same problem.”

Such a continuity of relationships with patients and preceptors is the defining feature of the Integrated Community Clerkship (ICC), a form of medical education piloted in North America by UBC, starting in Chilliwack in 2004.

As with conventional training based on brief, specialized rotations, the program aims to introduce students to core medical disciplines. But the route is markedly different.

Students are assigned for a year to a primary preceptor, a family physician with both an office practice and responsibilities for patients at the local hospital. Students gain specialty experience longitudinally, as they follow patients through the health care system, supplemented by academic sessions with local and visiting specialists.

So a typical ICC student might see an expectant mother each week at a pre-natal clinic; help deliver her baby at Chilliwack General Hospital; and then provide follow-up exams.



Mark MacKenzie.

“It’s stressful for some students,” says **Mark MacKenzie**, a Clinical Associate Professor in the Department of Family Practice who was site director of the Chilliwack ICC from 2006 until 2011. “They have to integrate multiple disciplines on an ongoing basis, so they’re pulled back and forth. But by the end of the year, they’re seeing the commonalities among all disciplines.”

The success of the Chilliwack ICC led the Faculty of Medicine to adapt the model to five other communities – Terrace, Fort St. John, Duncan, Trail and Vernon. Other medical schools across Canada, including McGill, Queen’s and Alberta, have also launched community clerkship programs in the past five years.

Chilliwack made an appropriate launching point for the clerkship. It had a teaching culture built up around a two-year residency program for family physicians, in operation since 1990. With an area population of 100,000, Chilliwack has a busy general hospital, extended care facilities, street clinics and a diversity of private practices.

“It’s also a tight-knit medical community,” says Lori Laughland, a Chilliwack family physician and Clinical Instructor. “I can go to a colleague at the hospital and arrange an assignment at short notice if there are special things a student wants to explore.”

Throughout the province, 20 third-year students enter the ICC each year, with demand for spaces exceeding available spaces every year since 2007.

“The Chilliwack pilot showed that this model can deliver academic success, and prepares our students for residency programs,” says Dr. MacKenzie, who now oversees all of UBC’s integrated clerkships. “In most cases, in fact, they get their first choice of residency and location. Once we could prove the model was sustainable, it was easy to start looking at expanding it throughout the province.”

THE FACULTY OF MEDICINE'S FRASER FOOTPRINT

English Bay

BURNABY

NEW WESTMINSTER

COQUITLAM

Fraser River

WHITE ROCK

DELTA

Boundary Bay

Strait of Georgia



Clearing the air:

Three researchers from the School of Population and Public Health are helping to determine if portable air filters in people's

homes can improve their cardiovascular health by reducing the harmful effects of traffic and wood smoke. The project, led by Simon Fraser University, is monitoring air quality inside and outside homes in Delta, Surrey, Coquitlam, Port Coquitlam and Burnaby, and the health of the people living in those homes. Learn more at www.sfu.ca/clearstudy.



Student Rehabilitation Outpatient Clinic:

This partnership between Fraser Health and the Faculty of Medicine, based at Royal Columbian Hospital, has enabled scores of students in physical therapy and occupational therapy to gain intensive hands-on experience treating patients and managing caseloads, while providing much-needed rehabilitation services to the surrounding community.

Training family docs:

In 2011 Surrey Memorial Hospital became a new site of the University of British Columbia Family Practice Residency Program, taking on six newly-minted MDs a year. The postgraduate trainees spend two years rotating through the hospital's departments, such as Emergency and Pediatrics, and through satellite facilities, such as hospices and senior residential care facilities. Stacey Erven, the program's Chief Resident, says working in such a populated area – and the resulting diversity of cases – makes the residency particularly valuable: "Surrey is a big hospital with complex cases, but family docs manage a lot of it, so it has been a great learning experience. When I finish my training here, I'll be competent to provide care at a smaller centre, where specialists may not be as accessible."



Superbug clinic:

Yazdan Mirzanejad, a Clinical Assistant Professor in the Division of Infectious Diseases, started an outpatient clinic in 2005 at Surrey Memorial Hospital dedicated to intravenous antibiotic treatment. The Outpatient Parenteral Antibiotics Therapy clinic sees patients who are having difficult infections for whom oral antibiotics would not be effective, but who are clinically not sick enough to be admitted to the hospital. Most of the infections are skin-related, but the clinic is expanding its clientele to include a wider array of illnesses and infections, including those of the urinary tract, lungs (pneumonia), joints or bones. The clinic allows patients to avoid being admitted to the hospital or to be discharged sooner, reduces the burden on the hospital's Emergency Department, provides proper care at one-tenth the cost of inpatient treatment, and promotes better stewardship of antibiotics therapy by applying best practices in infection control.



Meet one of Coquitlam's newest physicians:

Patricia Gabriel, who finished her family medicine residency through UBC at St. Paul's Hospital in 2008, now practices at the Medicalwest clinic and does baby deliveries at Royal Columbian Hospital. Through UBC's Clinical Scholar Program, she is examining the health of refugees in Canada. She also recently started teaching International Medical Graduates at St. Paul's Hospital, and is pursuing a master's degree in health sciences at Simon Fraser University.

PORT MOODY

영어 센터

MAPLE RIDGE

HOPE

PITT MEADOWS

Delivering education, and babies:

Kim Campbell, a Lecturer and Interim Associate Director in UBC's Division of Midwifery, is founder of the Valley Midwifery Group, a collective of midwives that has provided care to hundreds of women and families in Abbotsford, Mission and Chilliwack since 1998. Her group has supported nine UBC midwifery students, one at a time, for periods of two to six months per placement, since the program started in 2002. One of those students, Carolyn Hostynksy, will graduate next month after completing her fourth and final year with Campbell's group.

Fraser River

AGASSIZ

LANGLEY

CHILLIWACK

ABBOTSFORD

SURREY

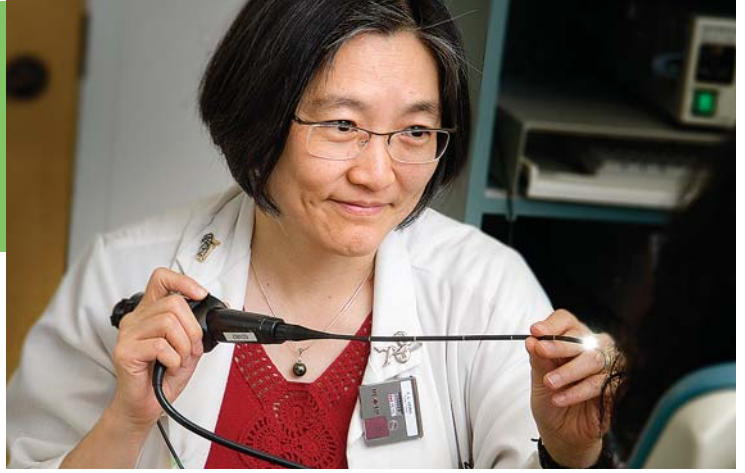
Promoting health in Punjabi: UBC's eHealth Strategy Office has drawn more than 3,500 people to its Punjabi-language forums on diabetes, dementia and cardiovascular health in Surrey and Abbotsford since 2009. The events, put on by the interCultural Online Network (iCON), are also webcast to reach as wide an audience as possible. iCON's goals: teaching people how to better manage their health, connecting them with health professionals in their community, and using the Internet and modern computing technologies for 24/7 patient support. Learn more at www.iconproject.org.

The BC Generations Project:

The Faculty's School of Population and Public Health is creating a "living laboratory" – a large, ongoing collection of data from 40,000 people, seeking to discern patterns among genes, the environment, lifestyle and disease. The project recruited 1,116 participants last year through an assessment centre in Coquitlam, where participants were measured for bone density, blood pressure, grip strength and body fat percentage. This year, the project signed up 1,161 volunteers at another centre in Abbotsford. Want to join them? Go to www.bcgenerationsproject.ca.



FOCUS ON:
FRASER



Frances Wong. PHOTO CREDIT:
CAMERON HERVET, BC CANCER AGENCY

RESEARCH THRIVING IN FRASER REGION

MAKING THE BEST OF THE LAST DAYS

Advance care planning (ACP), the process by which patients identify the type of care they want to receive if they can't speak for themselves, has the potential for improving the quality of life in their final days, lessening the strain on family members, and reducing health care costs.

But there hasn't been a rigorous evaluation of ACP's clinical or economic benefits in Canada. **Doris Barwich**, a Clinical Assistant Professor in the Department of Family Practice and Fraser Health's Program Medical Director of End Of Life Care, is the principal decision-maker in the three-year national study that is auditing current practices related ACP in elderly patients at high risk of dying. The prospective surveys at four B.C. sites, including Royal Columbian and Burnaby General hospitals, will determine to what extent patients and their families have engaged in ACP, the obstacles they may have encountered, and their satisfaction with communication and decision-making. It also will compare the experiences of people who have engaged in ACP with those who have not. After each round of surveys, a Fraser Health team will develop intervention plans, and then measure the impact of those changes in subsequent rounds.

PATIENT, HEAL THYSELF

Suture removal is safe and simple, and most patients should be able to do it on their own, sparing themselves the bother of a follow-up visit and saving the health care system some money in the process. But are people too squeamish to do it?

Peter Macdonald, a Clinical Assistant Professor in the Department of Emergency Medicine and the Head of Royal Columbian Hospital Emergency, found that a little coaxing can make a big difference.



He examined whether providing the appropriate instructions and equipment would affect the level of such self-care. In a study of 183 patients at Royal Columbian and Eagle Ridge Hospital in Port Moody, Dr. Macdonald and colleagues found that

92 per cent of those given instructions and a kit (cost: \$1.40) removed their own sutures, compared to 63 per cent in the control group, who received standard wound instructions that didn't include a suture removal kit. Only 10 per cent of those who received a kit and instructions needed to visit a physician or clinic for follow-up, compared to 35 per cent of those in the control group, while the complication rate was similar for both groups. "With minimal effort and expense, we can make the treatment of simple lacerations easier on patients, and less costly for the health system," says Dr. Macdonald, whose research will be published in a forthcoming issue of the *Canadian Journal of Emergency Medicine*.

HELPING SOUTH ASIAN CANCER PATIENTS – ON THEIR TERMS

As harrowing as breast cancer treatment can be, the aftermath is no picnic. Women often return to their "pre-cancer" lives without much guidance and support to cope with the physical and psycho-social consequences.

Frances Wong, a Clinical Associate Professor in the Department of Surgery and a radiation oncologist at the BC Cancer Agency's Fraser Valley Centre in Surrey, believes "survivorship" issues are a particular challenge for women of South Asian background. In addition to language barriers, South Asian women often demonstrate "quiet acceptance," and are less inclined to pursue counseling due to social stigmas surrounding mental health. Using the results of a focus group and a subsequent survey of a larger group of South Asian breast cancer patients, Dr. Wong and her research team developed a culturally-sensitive discharge protocol, complete with "cue cards" and patient literature in Punjabi, Hindi and Urdu. Rather than explicitly recommending mental health counseling at the discharge planning session, nurses are urged to ask specific questions about patients' psychological state of mind, and to frame suggestions about counseling in medical terms. "If we tell them that the doctors recommend something, they will likely do it," Dr. Wong says. She is now measuring whether such an approach makes it easier for South Asian women to seek additional help, if needed, to enhance their quality of life.



Left: A mentorship group at its first meeting. PHOTO CREDIT: COLLEGE OF HEALTH DISCIPLINES Right: Health mentor Hilary Brown meets with students from his discussion group, Anita Rashidi (MD program) and Rosie Higgins (Occupational Therapy). PHOTO CREDIT: DON ERHARDT



A NEW WINDOW ON PATIENTS' PERSONAL STRUGGLES

Patients are supposed to be the centre of attention for students preparing to work in one of the health professions. But somehow, in the rush to learn all there is to know about treating, curing and healing, students rarely get a chance to know patients in any meaningful way – the choices they have to make, the barriers they confront, the frustrations they encounter.

A new program spanning several UBC faculties is now injecting greater humanity into the learning process.

The Interprofessional Health Mentors Program has matched 90 students with 23 people grappling with chronic conditions, such as spinal cord injury, multiple sclerosis, arthritis, epilepsy, HIV/AIDS and mental health problems.

Four students are assigned to each mentor, making for intimate, full-participation discussions. Their meetings take place during a 16-month period – a virtual epoch in the frenzied, “if it’s Tuesday it must be anatomy” whirlwind of becoming nurses, occupational therapists, dentists, physicians and pharmacists.

“We want the students to develop relationships with the patients over time, in contrast to most of their one-off, transitory encounters,” says Associate Professor of Medicine **Angela Towle**, who is leading the project. “At the same time, they are also building relationships with students from other health fields, gaining insights that could help them collaborate as professionals.”

Towle, who promotes interprofessional education through the Division of Health Care Communication in UBC’s College of Health Disciplines, borrowed the idea from Thomas Jefferson University in Philadelphia and Dalhousie University, but reworked it to give students and mentors more control.

“We obviously set some objectives, but we didn’t want to constrain the learning,” Towle says. “We wanted to see what would happen.”

So students and mentors – all of whom have volunteered to participate – meet on their own, without an instructor, every couple of months. They are given themes to discuss, and students write about their insights in online journals that are read by Towle and an instructor from their particular program.

“Usually, we don’t have the opportunity to spend more than 30 minutes with a client,” said **Heather Lyons**, a first-year occupational therapy student, whose mentor has multiple sclerosis. “Here, we’re delving into the human aspect. Being able to learn so much about someone – their family, the barriers in their environment, how certain words carry different meanings for them – is allowing us to learn on a deeper level.”

Mentors were selected in part based on previous experience as educators or facilitators. **Hilary Brown**, who teaches laboratory science at Vancouver Community College, thought the program might help raise awareness about his condition – he lost use of his legs due to a motor vehicle accident 23 year ago – among a broader range of health professionals.

“When I’m in an office or examining room, there’s an uneasiness that doesn’t have to be there,” he says. “Maybe if I can get in at the ground level of the training of these health professionals, I can break down some of the barriers that I sense.”

One of Brown’s students, **Anita Rashidi**, sees those barriers coming down already.

“It’s an open environment, so you feel comfortable asking questions that might be awkward in the ‘real world’ of a doctor’s office, and that awkwardness could end up affecting how you treat your patients,” says Rashidi, a first-year medical student. “It’s good to clear up those uncertainties now, in a safe environment.”

The program, which receives financial support from the College of Health Disciplines and UBC’s Teaching and Learning Enhancement Fund, will double in size with a second wave of students in September, and perhaps include even more health training programs.



Vice Provost Health and Dean Gavin Stuart (left) on opening day with Regional Associate Dean, Interior, Allan Jones. PHOTO CREDIT: DARREN HULL

THE FIRST WAVE: YEARS OF PLANNING CULMINATE IN OPENING OF SOUTHERN MEDICAL PROGRAM

The Southern Medical Program had been eagerly anticipated for years by B.C.'s Interior communities, as buildings went up, staff and faculty were hired, and programs and technology tested.

But that eagerness met its match in January, when the SMP's first 32 students actually arrived in Kelowna.

"I've wanted to be a doctor since my early days in high school," says **Ashley Shaw**, a first-year medical student from Chase, 60 kilometres east of Kamloops. "But I never expected to be able to go to medical school in a smaller centre, close to home, with a small class. It suits me perfectly."

The Southern Medical Program (SMP) brings to four the number of distributed sites of UBC's MD undergraduate program, which began in 2004 to help bring about a more even distribution of physicians to B.C. The other three are located in the Lower Mainland (Vancouver-Fraser), Vancouver Island and northern B.C.

"By creating more opportunities to study and train in the Interior, we are helping lay the groundwork for increasing the number of practicing physicians in communities across the region," says **Allan Jones**, Regional Associate Dean, Interior. "At the same time, we are creating additional centres of excellence for medical education in B.C."

Like the students in the other three programs, SMP students spent their first semester at UBC's Vancouver campus. Now that they are settled in the Interior, they are shuttling between two new buildings – the new Health Sciences Centre at UBC's Okanagan campus for academic courses and the Clinical Academic Campus at Kelowna General Hospital for clinical training. Each location is equipped with high-tech classrooms, lecture theatres and research and teaching laboratories.

Students are also spending one-half day per week at family practice offices in Kelowna, West Kelowna, Vernon and Winfield during weekly mentoring sessions. More than 40 family physicians from these communities signed on as preceptors, many for the first time.

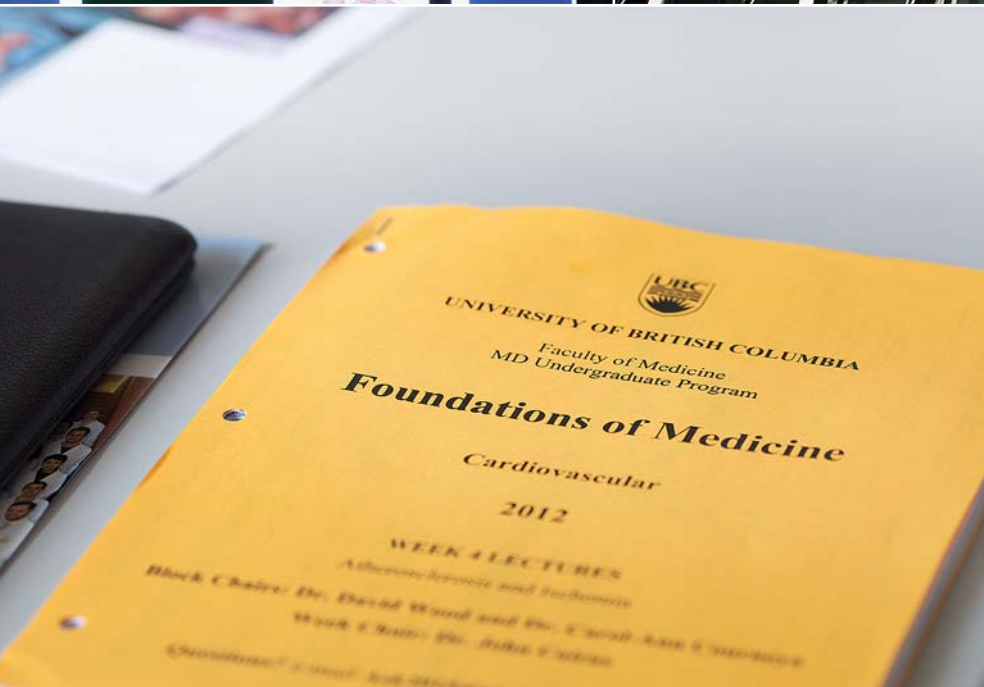
"I've enjoyed it more than I ever thought I would," says mentor **Wendy Wickstrom**, of Kelowna. "I run my office as I usually do and it's had a very positive effect on my patients – they love the fact that these students are listening and learning through them."

Dr. Wickstrom is part of a force of 480 Interior physicians – and counting – who have been appointed clinical faculty members, certified to teach medical students and residents. But the service goes beyond medical professionals. Over 180 members of the community have registered to become Volunteer Patients to participate in clinical skills training sessions for students.

Clearly, that welcoming spirit is not lost on the SMP's first cohort of students – whether they are Okanagan natives, like Shaw, or newcomers to the region.

"They had time to read our biographies and knew quite a bit about us," says Shaw, the student from Chase. "It created a very intimate feeling from day one."

"Everyone is incredibly excited. The faculty and staff are so hands-on and available to help us," says **Sandy Wright**, another member of the SMP's first class, who grew up in the Maritimes. "I was left with a very positive feeling when I met with Dr. Jones during the interview weekend, and that has carried through in our first few weeks here. We're in good hands."





L–R: Annalee Yassi and Elizabeth Bryce. PHOTO CREDIT: MARTIN DEE (ABOVE) AND CHUCK RUSSELL (FACING PAGE)

MAKING HOSPITALS HEALTHIER PLACES

Tuberculosis, once thought to be vanquished, has made an alarming comeback – in 2010, 8.8 million people got the disease and 1.4 million died from it, almost all of them in the developing world.

But the risk faced by health care workers has been largely overlooked, even though they face the highest risk of contracting it, and can then spread it to others.

Annalee Yassi and **Elizabeth Bryce** know well the perils of neglecting the health of health workers. During the SARS epidemic of 2003, health workers represented almost half of the cases.

“People think health workers can get by with ‘corridor consultation’ – if they have concerns, they can just talk to their colleagues,” says Dr. Yassi, a Professor in the School of Population and Public Health who specializes in occupational medicine. “Ironically, there is less focus on the well-being of health care workers than there is for most other sectors.”

Dr. Yassi and Dr. Bryce, a Clinical Professor in the Department of Pathology and Laboratory Medicine who heads infection control for Vancouver Coastal Health, joined forces as a result of that crisis. After the outbreak subsided, they determined what protective measures should be used by health workers, depending on the patient’s symptoms, the procedure being done and the setting.

Then they adapted their evidence-based recommendations into easy-to-follow guidelines, checklists, diagrams, online tutorials and face-to-face training sessions.

“SARS brought us together, and we found that we really enjoyed working together,” Dr. Yassi says. “That was the silver lining to this.”

They have since taken that approach to places where infection control is even more pressing – the developing world – and applying it to diseases, like TB, that are similarly contagious, but far more persistent.

Building on work originally done for B.C.’s health care workforce, Drs. Bryce and Yassi created the Occupational Health and Safety

Information System (OHASIS), a web-based system to track incidents, exposures, risks, immunizations and infection among health workers in health facilities or even entire health systems.

They also developed a workplace audit that enables health workers to systematically evaluate their facilities and identify problems, and a new online tutorial, “Protect Patti” (<http://innovation.ghrp.ubc.ca/ProtectPatti/eng/>) to train health workers about personal protection.

The outbreak of H1N1 in 2009 spurred the Pan-American Health Organization to take up these tools. (Drs. Bryce and Yassi had previously helped Ecuador lower its rate of hospital-acquired infections.)

In South Africa, however, TB is the over-arching threat – one that is unlikely to recede any time soon.

Their tools are being piloted in two hospitals in the Free State province of South Africa. Although Drs. Yassi, Bryce and **Jerry Spiegel** (a Professor in the School of Population and Public Health) are conducting a study of the programs’ efficacy there, South Africa’s national laboratory service has already adopted it.

Such rapid roll-outs make Dr. Yassi a bit uneasy, given hospitals’ sorry track record of implementing and maintaining information system tools.

“They rarely get used properly, because the technology is transferred without understanding the constraints of where it’s being used,” she says.

But she understands the urgency, especially in a country where most of the population has latent TB (the bacteria is in their lungs, but hasn’t spread and isn’t yet causing symptoms), and especially among a workforce that is five to seven times more likely than the general population to be admitted to the hospital for the drug-resistant variety of the disease.

“We need to make infection control a workplace issue,” Dr. Bryce says. “Protecting health care workers is synonymous with protecting patients.”



INVESTIGATIONS & BREAKTHROUGHS

01 | An artificial epidemic of ADHD?

The youngest children in the classroom are significantly more likely to be diagnosed with attention deficit hyperactivity disorder – and given medication – than their peers in the same grade, according to cross-disciplinary research by the Faculty of Medicine.

Children born in December, close to the cut-off date for entry into school in British Columbia, were 39 per cent more likely to be diagnosed with ADHD than children born 11 months earlier, according to the study, published in the *Canadian Medical Association Journal*. The researchers also found that December-born children were 48 per cent more likely to be treated with medication than their January-born peers.

The gap in ages among students in the same grade creates what researchers call a “relative age effect,” in which younger children within an age cohort are at a disadvantage in academic and athletic activities. In this case,

the researchers suggest that younger students within a grade may be diagnosed with ADHD because they are less mature.

Medication to treat ADHD, including Ritalin, Dexedrine, Adderall and Strattera, can have negative health effects in children, such as sleep disruptions, increased risk of cardiovascular events and slower growth rates. In addition, younger children who have been labeled ADHD may be treated differently by teachers and parents, which could lead to negative self-perception and social issues, said **Richard Morrow**, a health research analyst in the Department of Anesthesiology, Pharmacology and Therapeutics.

“This study raises interesting questions for clinicians, teachers and parents,” says co-author **Jane Garland**, Clinical Professor in the Department of Psychiatry and clinical head of the Mood and Anxiety Disorders Clinic at BC Children’s Hospital. “We need to ask ourselves what needs to change. For example, attention to relative age of children for

their grade and more emphasis on behaviour outside the school setting might be needed in the process of assessment.”

02 | A promising pair of drugs to control “absence seizures”



A team led by Department of Psychiatry Professor **Terrance P. Snutch** has developed a new class of drugs that almost completely suppress absence seizures – a brief, sudden loss of consciousness – in rats, and which are now being tested in humans.

Absence seizures, also known as “petit mal seizures,” are a symptom of epilepsy, most commonly experienced by children. During such episodes, the person looks awake but dazed. The seizures, arising from a flurry of high-frequency signals put out by the neurons of the thalamus, can be

dangerous if they occur while a person is swimming or driving, and can also interrupt learning.

Available medications don’t completely control such seizures in many patients. They also cause severe side effects, including sleepiness, blurred vision and diminished motor control.

Dr. Snutch’s team developed two new drugs that block the flow of calcium ions into neurons. When given to rats with absence epilepsy, they suppressed seizures by 85 to 90 per cent, according to their findings, published in *Science Translational Medicine*.

The team, which included collaborators at Zalicus Pharmaceuticals Ltd. of Vancouver and the University of Melbourne, was surprised to find that when seizures did occur, they were also of shorter duration; existing medications don’t have any effect on the length of seizures.

The first phase of human clinical trials of Z944 began in December, with results expected later this year.

03 | Exploring the perils of paralysis

Cardiovascular disease has now usurped kidney failure as the main cause of death in people with spinal cord injury (SCI). They develop it at younger ages and at greater rates than the able-bodied population.

To counteract that threat, a team led by **Andrei Krassioukov** – a Professor in the Division of Physical Medicine and Rehabilitation, an investigator at ICORD, and a physician at GF Strong Rehabilitation Centre – has embarked on an effort to improve cardiovascular health among people with SCI, and to improve the care they receive.

Thanks to a \$1.9 million grant from the Canadian Institutes of Health Research, Dr. Krassioukov and his 20-scientist team in British Columbia, Manitoba and Ontario will compare two different types of exercise for people with SCI: arm cycle machine training (the standard approach in rehabilitation clinics) vs. body-weight supported treadmill training, which is rarely used with people with extensive paralysis.

The team will analyze the impact of both forms of exercise by measuring central arterial stiffness, a crucial risk factor for cardiovascular disease, as well as other risk factors.

Dr. Krassioukov's project also will examine how to better manage one of the more common cardiovascular abnormalities among people with SCI – autonomic dysreflexia (AD). Characterized by episodes of high blood pressure, it can result in a heart attack, cerebral damage or even death. But emergency personnel and paramedics are often uninformed about the optimal treatment for someone undergoing AD.

Dr. Krassioukov's team will examine the treatment of AD at several Canadian hospitals, and then re-examine it after emergency staff have been trained in the proper care of individuals with AD. The researchers estimate that proper management of the condition could reduce annual health care spending by \$70 million.

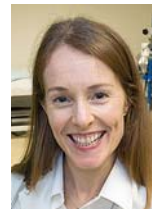
Canada's Minister of Health, **Leona Aglukkaq**, announced the grant February 24th at the Blusson Spinal Cord Centre at Vancouver General Hospital.

"We've known for a long time that to have a healthy heart, you need to exercise," Minister Aglukkaq said. "However, we still don't know if people with spinal cord injuries respond differently to exercise than able-bodied people. The goal is to develop effective exercise programs that could have an impact on a person's overall health."

04 | Devising a new model for hip fracture recovery

A fall-related hip fracture is often devastating for older adults. As many as 20 per cent of people die in the following year. Up to half never regain their previous level of mobility and face a risk of further falls, fractures and loss of independence.

The Centre for Hip Health and Mobility, with funding from the Canadian Institutes of Health Research, is trying to understand why some older adults recover faster than others. The outcomes of patients receiving standard orthopedic and post-operative rehabilitation treatment are being compared with the outcomes of others enrolled



in a clinic at St. Paul's Hospital, led by **Wendy Cook**, where they receive enhanced care and follow-up.

That extra attention includes an overall geriatric assessment, a cognitive and functional assessment by an occupational therapist, and a balance and gait assessment by a physical therapist. Patients taking sedatives – which raise the risk for falls – are more closely evaluated, and given guidance on sleep hygiene, relaxation and anxiety management, in conjunction with sedative tapering. Those with urinary



04

urgency – another risk factor for falls – are evaluated with an eye toward optimizing their medication, diet and fluid intake. Patients also return for weekly balance practice sessions.

"We believe the additional assessment and follow-up with appropriate multi-disciplinary team care is the difference-maker for optimum recovery," says Dr. Cook, a Clinical Assistant Professor in the Division of Geriatric Medicine.

The average hospital cost of a hip fracture resulting from a senior falling is \$18,508, and the annual average hospital costs for all senior hip fracture hospitalization cases in B.C. is over \$75 million. With an aging population, the number of falls – over 225,000 a year – will likely double in 20 years if prevention strategies are not in place.

"There is an enormous economic and social burden related to fall-related fractures in older adults, and we need to aggressively seek community-based solutions in falls management and prevention," says **Maureen Ashe**, an Assistant Professor in the Department of Family Practice and a Research Scientist at the Centre for Hip Health and Mobility, a UBC-Vancouver Coastal Health research partnership.



03

L – R: Mustafa Hasan, a research participant, demonstrates the body-weight supported treadmill for Howard Feldman, Executive Associate Dean, Research; Leona Aglukkaq, federal Minister of Health; and Andrei Krassioukov, Professor in the Division of Physical Medicine and Rehabilitation.

PHOTO CREDIT: MARTIN DEE



Linda Vickars and Shelly Naiman, attending the 2006 Thalassemia International Federation Conference in Dubai.

A COUPLE DEDICATED TO SOLVING HEMATOLOGY'S PUZZLES – IN THE LAB, AT THE BEDSIDE, AND IN RETIREMENT

The husband and wife team of **Shelly Naiman** and **Linda Vickars** devoted their careers to solving the puzzles of hematology, including bleeding and clotting disorders. So when the time came for the couple to plan their giving, they decided to enable such sleuthing by others.

Drs. Naiman and Vickars created an endowment with a \$30,000 gift and made a planned gift to the Centre for Blood Research. The funds will support the education and research of trainees, a clinician-scientist to conduct research and a visiting professor – all in the areas of non-malignant (i.e., non-cancerous) hematology, a category that includes inherited and acquired bleeding and thrombotic disorders, red blood cell and platelet disorders, and white blood cell abnormalities.

“Our careers were part of our lives in an enormous way,” Dr. Naiman says. “We would like to see the learning continue, particularly in the field we truly love.”

Dr. Naiman, the founding head of the Division of Clinical Hematology at Vancouver General Hospital, was instrumental in establishing the Bone Marrow Transplant Program for British Columbia, and later became head of the hematology laboratory at St. Paul's Hospital. A former Clinical Professor, his other passion was teaching, exemplified by the fact that he won numerous teaching awards and was the first recipient of what is now known as the Dr. Patricia Clugston Memorial Award for Excellence in Teaching from the Professional Association of Residents of British Columbia.

Dr. Vickars, a Clinical Professor in the Division of Hematology who headed that division for 12 years at St. Paul's, oversaw the establishment of the Provincial Hemoglobinopathy Program for adults. (Hemoglobinopathies, such as thalassemia and sickle cell disease, are genetic disorders of red blood cells most commonly seen in particular ethnic groups.) She also oversaw the use of medication to reduce potentially life-threatening iron levels in persons requiring chronic transfusion therapy.

“Mine was a career of teaching and laboratory work,” Dr. Naiman says. “Making a diagnosis of a bleeding disorder was always a challenge – I loved that sort of thing. My wife did too, and she did it well, at the bedside.”

“Our careers were part of our lives in an enormous way,” Dr. Naiman says. “We would like to see the learning continue, particularly in the field we truly love.”

During their combined 65 years of diagnosing and treating non-malignant blood disorders, the couple have seen major changes in these areas. In the 1960s, people with severe inherited bleeding disorders usually did not survive past their teenage years; now they may live into their 80s or even beyond. That success brings new challenges – for example, treating heart attacks or strokes with blood thinners, which carries obvious risks for people who are prone to excessive bleeding.

Dr. Vickars and Dr. Naiman hope the endowment they created will continue to stimulate interest in the field among medical residents, physicians, postdoctoral fellows, graduate students and science undergraduate students.

“The estate gift will open up all kinds of opportunities for education and training of future generations,” says Professor **Ed Conway**, Director of the Centre for Blood Research. “And the thinking behind the gift is fitting. Clinical practice has changed dramatically, but it would never have happened without the knowledge base built through research.”

“More and more, especially lately, we’re getting answers and solving puzzles because of the research that’s being done,” Dr. Vickars says. “I’ve looked after families and known something wasn’t quite right, yet didn’t have the tools at the time to work it out. Then I’d get a phone call from a research laboratory with the answer. It was very exciting, not only for me, but especially the patient and their families.”

To support the Centre for Blood Research, please contact Stephanie Huehn at 604-218-2075 or stephanie.huehn@ubc.ca.



Max and Susie Dodek.



Rick Hansen wheels alongside Benn Taylor as the 25th Anniversary Relay comes through Hansen's hometown of Williams Lake, B.C. in March. PHOTO CREDIT: RICK HANSEN FOUNDATION

GENERATIONS OF LEARNING, GENERATIONS OF GIVING

Max Dodek immigrated to Canada in 1927 from what is now the Ukraine with dreams of a future filled with opportunity. He realized those dreams, co-founding Dodek Brothers Master Furriers, a landmark retail establishment in Vancouver. But he encouraged his children to set their sights on a professional career.

The children, and the grandchildren and great-grandchildren who followed, took that directive to heart. Several chose the medical profession, forging a multi-generational involvement with the Faculty of Medicine.

Morton, their first born, graduated with UBC's first medical class in 1954, becoming a family practitioner in East Vancouver. His younger brother, **Arthur**, followed in 1967, and went on to become a Professor in the Division of Cardiology.

The tradition continued – first with Morton's first daughter, **Gail** (MD '81), and one of his sons, **Peter**, who became a Professor in the Division of Critical Care. Meanwhile, Arthur's son, **Daniel** (MD '99) is following his father's and uncle's paths. The Dodeks' involvement carries on with Gail's son, **Joshua**, who earns his MD this year.

The Dodeks have been determined to show their appreciation for the Faculty's role in fulfilling Max's long-ago wish.

"Our parents' wealth was their family," Morton says. "They made it a priority to show their appreciation for a community that gave us so much."

Max and his wife, Susie, began the family's tradition of philanthropy to the Faculty by creating the Max and Susie Dodek Medical Prize, first awarded to a graduating medical student in 1971. In 2004, Morton's progeny, Gail, Peter and Carla, honoured their parents with the establishment of the Morton and Irene Dodek Prize in Family Practice, also for graduating medical students. Arthur honoured his brother by creating the Dr. Morton Dodek Award in Family Practice in 2009 for residents in the Department of Family Practice.

"I'm thankful to our parents for passing along the legacy of giving back," Arthur says.

To support student awards, please call Lisa Slater at 604-822-7087.

A LONG-RUNNING PARTNERSHIP CREATES A TRAIL OF PROGRESS

When **Rick Hansen** wheeled 40,000 kilometres through 34 countries to raise awareness of the potential of people with disabilities, months of bed rest and traction were the treatment for spinal cord injuries.

Twenty-five years later, advancements in surgical strategies developed by UBC scientist-clinicians **Marcel Dvorak** and **Brian Kwon** – in collaboration with engineers and the medical device industry – allow surgeons to stabilize the spinal column, enabling patients to start rehabilitation soon after injury.

So it's only fitting that one of the last stops on Rick Hansen's 25th Anniversary Relay this spring is ICORD (International Collaboration on Repair Discoveries), the joint UBC-Vancouver Coastal Health research centre where Drs. Dvorak and Kwon are working towards the next leap forward – spinal cord repair.

This type of interdisciplinary research by ICORD has directly benefited from two decades of support from the Rick Hansen Foundation, which has contributed \$30 million to the centre since 1993.

In ICORD's laboratories, the Foundation has supported research by investigators such as Professor **Wolfram Tetzlaff**, the Rick Hansen Man In Motion Chair in Spinal Cord Injury Research. Dr. Tetzlaff works with clinicians to explore the spinal cord's failure to regenerate after injury, and to develop techniques for neural repair, ranging from diet to the use of transplanted skin-derived stem cells.

"I am very proud of the extraordinary progress achieved in the area of research for a cure, and our partnership with UBC and ICORD has played an integral role in this," Hansen says. "Through collaboration, we are learning more and more about how the spinal cord works and how to foster greater regeneration, post-injury. While much has been accomplished, I truly believe our best work lies ahead, and I look forward to continue working with UBC and ICORD to achieve our shared goal of a cure for paralysis after spinal cord injury."

To support spinal cord injury research at ICORD, please call Fatima Hassam at 604-822-8079.

ENHANCING EXCELLENCE

NEW ARRIVALS TO THE FACULTY OF MEDICINE



GOAL To foster the continuous growth and development of an academic pediatric healthcare system in British Columbia that is a role model for treating pediatric populations around the world.



GOAL To be an excellent anatomy teacher in the Faculty of Medicine.



ALLISON A. EDDY

POSITION: Professor and Head, Department of Pediatrics; Chief of Pediatrics, B.C. Children's Hospital

EDUCATION: Bachelor's degree in Medicine and MD from McMaster University Faculty of Health Sciences; pediatric residency at Montreal Children's Hospital, McGill University; fellowship in pediatric nephrology at University of Minnesota.

PREVIOUS POSITION: Professor of Pediatrics, University of Washington (UW) School of Medicine; Chief, Division of Nephrology, Seattle Children's Hospital; Director, Center for Tissue and Cell Sciences, Seattle Children's Research Institute.

DISTINCTIONS: First to hold the Dr. Robert O. Hickman Endowed Chair in Pediatric Nephrology at UW; Deputy Editor of the *Journal of the American Society of Nephrology*, 2001-2007; Associate Editor of *Pediatric Nephrology*; elected to Council of the International Society of Nephrology and the International Society of Pediatric Nephrology; served on several National Institutes of Health study sections and the Nephrology Sub-Board of the American Board of Pediatrics.

DID YOU KNOW? Skiing has been one of my passions since the age of 10 years; memories from many trips to B.C. are timeless, including skiing off a cliff on Piste Perdue in the Selkirk Mountains during a white-out.

"It is a great privilege to become the seventh Head of the Department of Pediatrics at UBC. Since graduating from medical school, I have spent almost equal amounts of time in Canada and the U.S., first training and then practicing as a clinician, a teacher and an investigator. I hope to combine the lessons that I have learned with the wealth of multidisciplinary expertise that exists within the university, the hospital and the community to improve pediatric clinical care, teaching and research in British Columbia. The Oak Street campus provides a unique opportunity to create a seamless interface between research and clinical care to ensure that all children receive the best care possible. Through multidisciplinary research programs, I hope that one day several of the acute childhood and adolescent illnesses will be preventable and many chronic illnesses can be cured. Extension of teaching and research activities to distributed provincial and international sites, and our partnership with Child Health BC, provide unique opportunities to develop standardized clinical care guidelines and to develop systems to measure outcomes as we strive to improve health care in a fiscally responsible manner. The work before us is challenging, but the rewards are immeasurable."



OLESEGUN OYEDELE

POSITION: Instructor, Department of Cellular and Physiological Sciences

EDUCATION: Bachelor's degree in biochemistry and master's degree in anatomy, University of Ibadan, Nigeria; MBChB (equivalent of MD), Olabisi Onabanjo University (formerly Ogun State University), Nigeria; PhD in neurodevelopmental biology, University of the Witwatersrand, South Africa.

PREVIOUS POSITION: Senior Lecturer, Centre for Health Science Education, University of the Witwatersrand.

DISTINCTIONS: Brocher Foundation Visiting Researcher Award; examiner in neuroanatomy for the South African College of Psychiatrists; short-listed for the regional literature prize for fiction in Ibadan, Nigeria; published poems in *The International Who's Who in Poetry* (2004), and *A Surrender To The Moon* (2005).

DID YOU KNOW? Won third prize (out of more than 200 cadets) in high school paramilitary marching competition; won first prize in a drama competition for playing Macbeth; has been mistaken for Eddie Murphy on more than one occasion.

"We all remember those teachers who made lasting impressions on our lives and careers. I have a couple of those in my life, and I credit them for how I have turned out professionally. I want to be the kind of teacher who conveys a passion for his subject and students, and who disassembles complex principles, then assembles them again. If my students turn out to be proficient, compassionate and resourceful doctors and scientists, who draw frequently from the fountain of anatomical knowledge that we produced together, then my job will have been well done."



NEWLY PUBLISHED

GOAL To support and/or lead the development and implementation of the Faculty of Medicine’s vision, including undergraduate curriculum renewal and a vibrant, innovative Vancouver-Fraser program.



DAWN DEWITT

POSITION: Regional Associate Dean, Vancouver Fraser Medical Program; Associate Dean, Undergraduate Medical Education; Professor, Department of Medicine

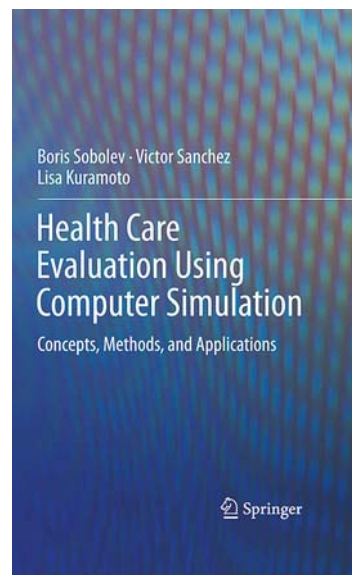
EDUCATION: Bachelor’s degree in biology, Holyoke College, Massachusetts; Master of Science, Zoology, Trinity College, Cambridge University; MD, Harvard Medical School; General Internal Medicine Residency and Chief Residency, University of Washington Affiliated Hospitals; Certificate of Medical Education, University of Washington.

PREVIOUS POSITION: Chair, Rural Health Academic Centre-Melbourne Medical School; Clinical Dean, Rural Clinical School, and Professor and Foundation Chair of Rural Medical Education, University of Melbourne Faculty of Medicine, Dentistry and Health Sciences.

DISTINCTIONS: University of Melbourne Normal Curry Award for Excellence in Program Innovation; Melbourne Medical School Program Teaching Award; University of Washington Alpha Omega Alpha Honor Medical Society teaching award; Golden Apple Teaching Award, MEDEX Northwest (University of Washington School of Medicine’s Physician Assistant Program).

DID YOU KNOW? Before entering medicine, worked as an experimental engineering assistant for Enstrom Helicopter; also worked as a night-weekend doctor at the Seattle Jail; played Lady Thiang in *The King and I*, Mrs. Potts in *Beauty and the Beast*, and Mame in *Mame*; sat next to Mr. T on a 14-hour flight from Australia.

“This is an amazing time to be in medicine and medical education, and I think we have a real opportunity to make a difference. In the last 50 years of medical education, we have often focused on the first part – the “medical.” Now with a vast array of technology and information at our fingertips, we need to facilitate active learning and problem-solving around patient-centred clinical questions from day one, while making the curriculum learner-centred – “what do I, and my team, need to know to help this patient in this situation in the most evidence-based, humanistic, socially responsible way?” Finally, we need to create competent, caring physicians with “evolutionary capability” – an internalized ability to transfer skills from a set of defined competencies to new combinations, so that we, as doctors, can handle an ever-increasing array of situations and settings.”



Health Care Evaluation Using Computer Simulation

Authors: Boris Sobolev (Professor, School of Population and Public Health), Victor Sanchez (Post-doctoral fellow, University of California, Berkeley), Lisa Kuramoto (Statistical Analyst, Centre for Clinical Epidemiology and Evaluation, Vancouver Coastal Health Research Institute).

Publisher: Springer Science+Business Media

Computer simulations have great potential to drive full-scale improvement in health care intervention and policy, yet the technology has been used mainly to optimize systems that are already in place, rather than change them. This book explains how to link health services research, operations research and information system in an innovative, practical framework. It presents a complete methodology for conducting simulations for evaluating policy alternatives using discrete-event models. To encourage maximum usefulness across disciplines, it introduces United Modeling Language and Statechart diagramming. To clearly illustrate simulation modeling in context, it provides examples that apply simulations throughout a single department in a busy hospital.



Boris Sobolev



Anthony Tang, Professor in the Department of Medicine and a member of the Island

Medical Program, received a Top Achievements in Health Research Award from the Canadian Institutes of Health Research and the Canadian Medical Association Journal for helping reduce cardiac mortality rates with resynchronization therapy and implantable defibrillators.

Dr. Tang, an attending physician at Victoria's Royal Jubilee Hospital, showed that combining two therapies could significantly reduce mortality and rates of hospital admission among patients with mild to moderate heart failure.



Joanna Bates, Professor in the Department of Family Practice and founding Director of the

Centre for Health Education Scholarship, received the President's Award for Exemplary National Leadership for her role in improving health education, her commitment to greater access to medical training and medical care, and her mentorship of researchers in the field of education scholarship. She was previously the Senior Associate Dean, Education.



David Huntsman, the Dr. Chew Wei Memorial Professor in the

Department of Obstetrics and Gynaecology, received the first-ever Karen Campbell National Award for Research Excellence from Ovarian Cancer Canada.

Dr. Huntsman leads a research team that discovered ovarian cancer is not one disease but encompasses five subtypes that behave like distinct diseases.

Among the newest crop of UBC Wesbrook Scholars were two MD students – **Lawrence Haiducu** and **Shazeen Suleman**.

Haiducu has led education and community engagement projects for socio-economically disadvantaged areas in Romania and Latin America, including the development of teaching resources, novel teaching approaches and entrepreneurship opportunities. Locally, he has been involved with agencies such as Outreach and Support, the Special Olympics and development of a platform for medical student health.

Suleman was a vice president of the UBC Arts in Medicine Society and co-chair of Medicina, the first student-run conference on the integration of the arts in medicine.

MAKING A MARK: ACHIEVEMENTS & AWARDS

She is the co-founder and President of MusicBox Children's Charity, an organization that brings music education to vulnerable children in Canada.



Shafique Pirani, Clinical Professor in the Department of Orthopaedics,

was given the 2012 Humanitarian Award from the American Academy of Orthopaedic Surgeons for his commitment to improving the function and quality of life of Ugandan children afflicted with clubfoot.

Dr. Pirani, an orthopaedic surgeon at Royal Columbian Hospital in New Westminster, helped launch the Uganda Sustainable Clubfoot Care Project, which is dedicated to reducing widespread disability from clubfoot. The organization was instrumental in teaching and institutionalizing the nonsurgical Ponseti Method of clubfoot treatment throughout Uganda's healthcare system.



Steve Beerman, Clinical Associate Professor in the Department

of Family Practice, received the 2011 Dr. Derek Puddester Resident Well-Being Award from the Canadian Association of Interns and Residents.

Dr. Beerman is the Nanaimo Site Director for the UBC Postgraduate Family Medicine Residency Program and the Chair of the UBC Department of Family Practice Residency Resilience Committee.

His initiatives within the Nanaimo Family Medicine Residency Program include the implementation of academic weeks in place of academic half-days and the promotion of a culture of wellness by ensuring residents look after themselves.



Kendall Ho, Associate Professor in the Department of Emergency Medicine,

received the inaugural AFMC-Infoway Canada e-Health Award for his leadership and commitment to e-health and informatics in medical education.

As the founding Director of the eHealth Strategy Office, Dr. Ho initiated the eHealth Young Innovators Summer Camp, the "BC Guidelines" mobile application, and the Knowledge Studio at UBC Hospital.



Robert Taylor,
Clinical
Professor in
the Department
of Surgery,
received the

Teasdale-Corti Humanitarian Award from the Royal College of Physicians and Surgeons of Canada, in recognition of his altruism, integrity, courage and perseverance in providing health care.

Dr. Taylor, the Director of the Branch for International Surgery at UBC, has dedicated a significant part of his 38-year career to surgical care in underserved populations of the world. Between 1971 and 2008, he undertook short- and long-term assignments on nearly every continent of the world. Several of his assignments have been in conflict zones, including working for the International Red Cross in Sri Lanka and Cote d'Ivoire in surgical service, surgical training and infrastructure capacity-building.

The Department of Psychiatry at Providence Health Care named its annual Education Award in honour of the late **Kristin Sivertz**, former Executive Associate Dean, Education and Clinical Professor in the Department of Psychiatry.

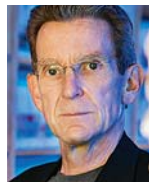
Throughout her career at the Faculty of Medicine and Providence Health Care, Dr. Sivertz was dedicated to improving medical education and held a number of leadership roles. The inaugural award was presented to **Harpreet Chauhan**, Clinical Instructor in the Department of Psychiatry and Head of the Division of Geriatric Psychiatry at Providence Health Care.



Julio Montaner,
Head of the
Division of
AIDS in the
Department
of Medicine,

has been awarded the Grand Decoration of Honour for Services to Austria by the Government of Austria.

Dr. Montaner, who is also Director of the BC Centre for Excellence in HIV/AIDS (BC-CfE), a program at Providence Health Care, and past president of the International AIDS Society, has led key advancements in the treatment and prevention of HIV and AIDS. He helped pioneer and prove the efficacy of highly active antiretroviral therapy and developed the groundbreaking "HIV Treatment as Prevention" strategy.



Jack Taunton,
Professor in
the Department
of Family
Practice,
has been

named the 2011 BC Athletics Hall of Fame inductee for his outstanding contributions as an athlete, community-builder and sports medicine physician.

Dr. Taunton, co-founder of the UBC Allan McGavin Sports Medicine Centre, was the Chief Medical Officer (CMO) for Vancouver's 2010 Winter Games and served as CMO for the Canadian teams at the Sydney Olympics, two Pan American Games and two World Student Games. Dr. Taunton was Team Physician and Association Coordinating Physician for the Women's National Field Hockey team for over 25 years.



Lisa Avery,
Instructor
and Clinical
Coordinator
in the School
of Audiology

and Speech Sciences, was presented with the 2011 Recognition of Service Award from the B.C. Association of Speech/Language Pathologists and Audiologists (BCASLPA).

Avery received the award for her work with the Vancouver Fluency Interest Group and the B.C. Association of People Who Stutter, and her mentoring of students and clinicians in the area of fluency.



Pieter Cullis,
Professor in
the Department
of Biochemistry
& Molecular
Biology, received

the Prix Galien Canada Research Award – the most prestigious award in the field of Canadian pharmaceutical research and innovation.

Dr. Cullis is an internationally recognized pioneer and leader in the field of lipids, biological membranes and liposomal drug delivery systems. His drug delivery systems have produced improved formulations of several cancer therapies as well as other drug agents. His lipid nanoparticles delivery system is a leading technology worldwide, enabling the therapeutic potential of small interfering RNA (siRNA) to be realized.



Brian Lentle,
Professor
Emeritus in
the Department
of Radiology,
was given the

2011 Lindy Fraser Memorial Award in recognition of his contributions to knowledge about osteoporosis.

Dr. Lentle, former Head of the Department of Radiology and consultant radiologist to the Osteoporosis Clinic at the Women's Health Centre in Vancouver, serves as a radiologist with the Canadian Multicentre Osteoporosis Study and the Steroid-Induced Osteoporosis in a Pediatric Population Study. He was a driving force behind Osteoporosis Canada's 2010 clinical practice guidelines, and has published over 170 scientific articles and numerous book chapters.



Gurdeep Parhar,
Associate
Dean, Equity
& Profession-
alism, received
an Alumnus

of Distinction Award from the University of Calgary's Faculty of Medicine for his contributions to medical education.

In addition to his administrative duties, Dr. Parhar, a Clinical Assistant Professor in the Department of Family Practice, teaches professionalism, equity, psychosocial aspects of health care, medical disability, informatics, reflection and self-care. As a member of the MD Undergraduate Curriculum Renewal project, Dr. Parhar is Chair of the Social Responsibility & Accountability working group.

PHILANTHROPY NEWS

ACCIDENT RECOVERY INSPIRES MOTORCYCLIST TO GIVE BACK

A serious motorcycle accident near the Grand Canyon in 2000 left **Ed Kampschuur** with several breaks in his humerus and wounds covering his arms, legs and face.

After a week in intensive care in Las Vegas, he returned home to Vancouver, where **Peter O'Brien**, Associate Professor and Deputy Head of the Department of Orthopaedics, performed surgery that, combined with a year of rehabilitation, saved the mobility in Kampschuur's right arm. "The reception and treatment was such that I felt obliged to support Dr. O'Brien's team," Kampschuur says. Since 2002, he and his wife Josepha have made gifts totaling \$100,000 to the Department of Orthopaedics to support of residents specializing in orthopaedics and nurses pursuing additional training in trauma care. The Kampschuurs have also donated \$6,000 to Alzheimer's and dementia research in the Centre for Brain Research and student awards in the Rural and Clinical Community Practice Program.

A LONG-TERM INVESTMENT IN THE OKANAGAN

The Colin & Lois Pritchard Foundation has made a \$50,000 matching gift for bursaries in the Southern Medical Program, spurred on by a \$400,000 gift from an anonymous donor.

The endowed bursary will support SMP students who graduated from high school in the Thompson/Okanagan/Kootenay region of B.C. and demonstrated a commitment to community service and the practice of medicine. **Colin Pritchard**, whose family foundation also donated \$500,000 to create a simulation-based education facility for SMP, was born and raised in Vernon, graduated from UBC with degrees in commerce and law, and practiced law in Langley before retiring back to the Okanagan. He hopes medical students trained in the region will stay as practicing professionals and contribute to the quality of health care in the communities of the Southern Interior.



L – R: Ed Kampschuur, back on his Norton motorcycle; Lois and Colin Pritchard with their daughter, Alison Moscrop, a director of the family foundation.
PHOTO CREDIT: RICHARD HOOPER

THE RIGHT PLACE TO INVEST IN BLOOD RESEARCH

After **Hal Kettleison** received care for a mild form of lymphoma, he and his wife Anna wanted to support research that would advance treatment for leukemia patients.

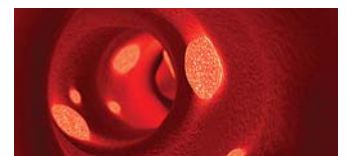
The Kettleisons asked Hal's physician, **Luke Chen**, Clinical Assistant Professor in the Division of Hematology, for advice on where to direct their gift. Dr. Chen connected the Kettleisons with the Faculty of Medicine, where they established the Kettleison Thrombosis and Hematology Fund at the Centre for Blood Research. The funding will support academic education and research related to blood disorders led by **Agnes Lee**, Associate Professor in the Division of Hematology. Dr. Lee will use the gift to fund summer students to conduct research projects, including an investigation of the optimal dosing of intravenous immunoglobulin in immune thrombocytopenia (a relative decrease in platelets in the blood).



Désiré Collen

Désiré Collen, the Belgian physician and biochemist who led the team that developed t-PA – currently the most effective drug for thrombolytic therapy of acute myocardial infarction – donated \$50,000 to the Faculty of Medicine for a translational research fellowship at the

Centre for Blood Research. The fellowship will focus on hemostasis (the cessation of blood loss) and thrombosis (the formation of obstructive blood clots). Under the co-direction of Drs. Lee and **Ed Conway**, Professor in the Division of Hematology and Director of the Centre for Blood Research, fellowship recipient **Erica Peterson** will seek to identify novel biochemical pathways that may contribute to our understanding of why patients with cancer have such a high risk of thrombosis.



SPRING 2012: MEDICAL ALUMNI NEWS



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“Medical Alumni are colleagues who represent a valuable reservoir of shared experiences and engagement with each other and with UBC.”

MEDICAL ALUMNI ASSOCIATION
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Kira Peterson

OBJECTIVES

To support the Faculty of Medicine and its programs directly and through advocacy with the public and government;

To ensure open communication among alumni and between the alumni and the Faculty of Medicine;

To encourage and support medical students and residents and their activities;

To organize and foster academic and social activities for the alumni.

The Medical Alumni News is published semi-annually and this edition was produced by the UBC Faculty of Medicine. We welcome your suggestions, ideas and opinions. Please send comments, articles and letters to:

Beverley Tamboline, MD '60

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Ph: 604 875 4111 ext. 67741

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med.alumni@ubc.ca

TRANSITIONS AND CONSTANTS IN A DOCTOR'S LIFE PRESIDENT'S REPORT



PHOTO CREDIT: EVANGELOS PHOTOGRAPHY

“Match Day” was March 2nd. Final year medical students and others, such as International Medical Graduates who were seeking Canadian residency training positions, learned where (or sometimes if) they will start the next phase of training, what kind of practice they will pursue and where they will need to live this July. This was a day of high tension, exhilaration and some disappointments. The Medical Student and Alumni Centre was full of smiles, tears and conversation.

This is the first of many transitions of a doctor's life. The Match feels like a major life event, but in perspective, affects on average the next two to five years of a forty year career. There are many more transitions to come. Our Medical Alumni could provide a long list.

Many of these are professional changes. Finishing residency and passing exams for the College of Family Physicians or Royal College of Physicians and Surgeons is an obvious next step and is probably more stressful than achieving medical school graduation.

A surprise for many people is the challenge of transition from being a regulated resident to an autonomously practicing professional with no safety net. There is a complex environment of professional, business, regulatory and medico-legal interactions to negotiate.

Our medical class had its 25th reunion last September. We realized that many of our transitions had been personal: births, deaths, marriages, separations and relocations – all happening in parallel with busy professional lives. There was a sense for many of us that we were just lifting our heads for the first time as children left the house and we had settled into mid-career practices.

My point is that there is a thread of professional and personal transitions that runs through our whole working

life, beginning with entry to medical school. Yet, at the same time, there are unchanging, enduring values and academic standards common to all of us in Medicine and the University. Medical Alumni are colleagues who represent a valuable reservoir of shared experiences and engagement with each other and with UBC.

I encourage all of us to remember our connections, help each other through transition times and stay engaged with students, colleagues and our Alumni Association.

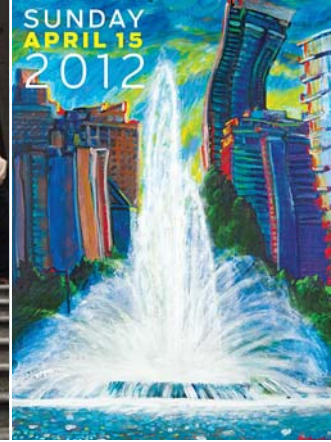
This also marks my transition away from a pleasant two years as UBC Medical Alumni President. I am grateful for the support of the Board of Directors and staff, particularly to Anne Campbell-Stone, Alumni Relations Director. Dr. Jack Burak is our incoming president and will be an excellent leader as we make our next transition.

Best wishes,

Marshall Dahl, MD '86

President

UBC Medical Alumni Association



L – R: 2011 Faculty of Medicine Sun Run Team; 2012 Vancouver Sun Run poster PHOTO CREDIT: VANCOUVER SUN

UBC FACULTY OF MEDICINE SUN RUN TEAM

Last year 49,365 registrants signed up for the Vancouver Sun Run with participants taking in the beautiful Vancouver scenery under sunny skies. Incredible alumni, staff, faculty, and students made up a team of 158, double the size of the 2010 team, and stormed the streets as one of the largest corporate teams entered.

The Faculty's team finished first in its category (Health/Medical Dental Division, 74 teams) and second overall (1084 teams)!

This year the tradition continued as Richard Alexander, a 2nd year MD student, organized the Faculty of Medicine team. He also coordinated a registration pick-up event at MSAC and had Dr. Jack Taunton there to share his story about the Sun Run. On the day of the Sun Run, some people raced to the finish line while others went at their pace and supported each other to the end. A big thank you to all who came out to make this a memorable event.

With close to 50,000 participants, the Sun Run is Canada's largest 10km run. Founded by **Doug Clement, MD'59** and **Jack Taunton, MD'76**, the Sun Run's goal is to promote the benefits of running to improve health and fitness as well as support elite amateur athletics. The event has morphed into the phenomenon it is today with thousands upon thousands descending on the streets of Vancouver each year.

The Faculty of Medicine was extremely pleased to enter such

a large and enthusiastic team again this year and will be sure to keep this tradition alive for the coming years. If you have not participated before, get on your running shoes, start training, and join the UBC Faculty of Medicine Sun Run Team next year!

For more information on how to become a part of our Sun Run team for 2013, please contact med.alumni@ubc.ca or 604-875-4111 x67741.

CELEBRATION OF MEDICINE & THE ARTS

On March 18, 2012, the Faculty of Medicine held a special reception for alumni and donors prior to the student Spring Gala.

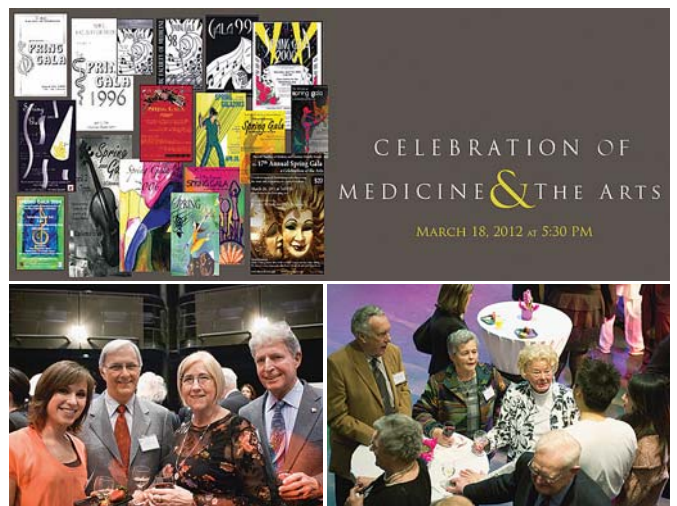
Medical students joined the reception as special guests and had the opportunity to share and compare their stories of being students at UBC with alumni.

Spring Gala often brings back wonderful memories for alumni as they remember their talent shows and skit nights. The dancing, musical acts, and

choreographed pieces performed by the students proved that UBC medical students were and still are truly well rounded individuals.

Thank you to all of the guests who came out to support current medical students in their annual Spring Gala. It was amazing to see all of the talent among future physicians.

If you are interested in attending next year's reception and Spring Gala performance, please contact med.alumni@ubc.ca or 604-875-4111 x67741.



L – R: Kathleen Newmarch, MD'13; Lawrence Burr, MD'64; Margaret Burr; Dr. Chuck Slonecker (Hon.); Alexander Boggie, MD'54; Pat Knudsen; Kari Wink PHOTO CREDIT: VARUN SARAN

JOHN WEBB: HEART VALVE REPLACEMENT PIONEER

JOHN WEBB, MD '82

There was no 'ah-ha' moment or a single person to take credit for a life changing procedure which has saved the lives of thousands around the world, but there was one alumnus from UBC's Faculty of Medicine who led a team of individuals through a series of incremental steps to pioneer percutaneous heart valve replacement: a lifesaving, non-invasive procedure to replace the aortic valve in individuals who do not qualify for open heart surgery.

John Webb was born and raised in Vancouver, BC, graduated from UBC Faculty of Medicine's MD program in 1982 and is now an interventional cardiologist at St. Paul's Hospital. In school, he had a strong interest in biology and started his undergraduate life studying this field at Simon Fraser University and Capilano College. Growing up with a father who specialized in obstetrics, Webb had seen first-hand that the hours and responsibility of a doctor and medicine was not his initial choice for a career. However, his interest in biology and

having an impact on other people's lives drew him to medical school. The heart became his fascination as it was a moveable part which could be held in the hand and fixed.

Webb interned for one year in Toronto and then returned to Vancouver as an internal medicine resident for two years. He was soon offered a two year cardiology fellowship in Toronto and then spent another two years as a Canadian Heart Foundation fellow in San Francisco at the University of California. However, the sun was not enough to keep Webb south and he soon returned to Vancouver where he began his incredible career at St. Paul's Hospital.

In 2005, Webb and his team developed the percutaneous heart valve replacement procedure used today. A compressed valve, made of cow tissue, is sewn to a circular mesh stent. This stent can expand and collapse with ease and in its compact form has a diameter no larger than a few millimeters.

The stent is threaded through the femoral artery in the leg behind a small balloon on a catheter. Once in the desired

position of the aortic valve, the stent is then pulled over the balloon and is prepared for expansion. The stent expands when salt water fills the balloon and forces the metal mesh frame open to fit snugly against the existing valve. The balloon is then deflated and the flaps of the artificial valve begin to pump open and closed with blood flow.

This innovative method is a remarkable alternative procedure for people who are unable to undergo open heart surgery due to age or other health risks. It is a minimally invasive procedure with successful results, shorter recovery time, and, most importantly, gives life back to those who could not have, or were at very high risk with, traditional surgery.

With more than 500 successful procedures having been performed at St. Paul's Hospital, Webb and his team are now training doctors across North America, Europe and Australia. Webb knows the importance of sharing this discovery with other medical professionals worldwide and spends much of his time travelling the globe teaching and overseeing this procedure.

Recently, St. Paul's Hospital installed a new Virtual Teaching Laboratory, which allows Webb to offer real-time broadcasts and two way communication of the percutaneous heart valve replacement. This gives him more time to continue his research quest in transcatheter management of structural and valvular disease and new device development, but still allows him to continue educating colleagues about this technique.

While Webb has made medical history developing this procedure, he is modest and believes that his greatest life achievement is his family. Spending time with his family and living an active lifestyle is what is most important. Webb and Jennifer, his wife, met in high school and are the proud parents of two sons, one who now lives in Vancouver and the other who lives in Montreal. In keeping up with his own cardiac health activity and with the support of his family, Webb hopes to complete a Gran Fondo race this summer.



While Webb has made medical history developing this procedure, he is modest and believes that his greatest life achievement is his family.

John Webb, MD '82 PHOTO CREDIT: ST. PAUL'S HOSPITAL



L – R: Marius Laurentiu Haiducu, MD'14; Shazeen Suleman, MD'12; Felix Durity, MD'63; Dr. Robert Taylor (Hon.); J. David Naysmith, MD'77 (left) and Dr. C. Peter Innes (right).

AWARDS, ACHIEVEMENTS, ACTIVITIES

Wesbrook Scholars

Twenty UBC students received the designation of Wesbrook Scholar for 2011–12, which recognizes top undergraduate students based on academic performance and demonstrated ability to serve, work with and lead others, on and or off campus. Two of the students were from the Faculty of Medicine: **Marius Laurentiu Haiducu, MD'14** and **Shazeen Suleman, MD'12**.

George Steiner, MD'60 was awarded the 2011 Lifetime Achievement Award by the Canadian Diabetes Association on October 29, 2011.

Felix Durity, MD'63 received the Outstanding Faculty Community Award and **Meghan Macdonald, MD'11** received the Outstanding Future Alumni Award at the 2011 UBC Alumni Achievement Awards on November 29, 2011.

Dr. Robert Taylor (Hon.) was awarded the 2012 Teasdale-Corti Humanitarian Award by the Royal College of Physicians and Surgeons in recognition of his altruism, integrity, courage and perseverance in providing health care. The award acknowledges and celebrates

Canadian physicians who, while providing health care or emergency medical services, go beyond the accepted norms of routine practice, which may include exposure to personal risk.

Gerry Karr, MD'69 was recently appointed by the Lieutenant Governor of BC to UBC's Board of Governors.

Larry Burr, MD'64 (Vancouver) and **E. Alan Broome, MD'69** (Okanagan) are now sitting on Senate at UBC as Representatives of the Convocation.

J. David Naysmith, MD'77 received the Award for Service to Medicine and Society from the Victoria Medical Society on January 28, 2012 at the Victoria Medical Society's Student Welcome Dinner. This award has been in place for 8 years and to date there have been 5 recipients. All recipients have made outstanding contributions to medicine and society in a volunteer capacity around the world or in their own community.

The Faculty of Medicine Office of Alumni Affairs received an Award of Excellence from the Association of American Medical Colleges (AAMC) in March 2012.

The alumni relations team, in working with the MD Class of '85 on their 25th reunion, wanted to put on a celebration of the late Peter Jepson-Young, MD'85. The event focused on Dr. Peter's life and legacy. Special thank you to UBC Alumni Affairs, Dr. Peter Foundation, CBC, and Bob and Shirley Young.

Treasures

On March 5, UBC's Museum of Anthropology (MOA) put on display 11 pieces of gold and silver jewelry by famed Haida artist, **Bill Reid** (1920-1998). This extraordinary gift was received from **Dr. Sydney Friedman (Hon.)**, Professor Emeritus, UBC Faculty of Medicine and his late wife, **Dr. Constance Livingstone-Friedman (Hon.)**, UBC Emerita. They had been acquainted with the artist for many years; the pieces they commissioned were all made between 1952 and 1974, the early decades of the artists' goldsmithing career.

Two particularly outstanding pieces in the collection are a hinged gold bracelet featuring a raven and a silver picture frame fully engraved on the back with a bear motif.

A must see!



Top – Bottom: Gold metal raven bracelet by Bill Reid, c. 1955; silver metal photo frame by Bill Reid, c. 1954. Both items from the Dr. Sydney and Dr. Constance Livingstone Friedman Collection, on display at the UBC Museum of Anthropology.



L–R: Tara Ann Cessford, MD'11 & Marshall Dahl, MD'86 with a Doctor's Shingle at the 2011 Hooding Ceremony; Medical Student & Alumni Centre

2012 MEDICAL ALUMNI ASSOCIATION MEMBERSHIP

The UBC Medical Alumni Association would like to thank everyone who became a member in 2011.

As a member of the UBC Medical Alumni Association, you have access to invaluable opportunities for connecting with medical alumni across BC, throughout Canada, and around the world, as well as supporting the next generation of medical students.

With over 5,000 MD alumni, UBC Faculty of Medicine is active at university and clinical campuses throughout BC, including the Vancouver Fraser Medical Program, the Northern Medical Program

in Prince George, the Southern Medical Program in Kelowna and the Island Medical Program on Vancouver Island. In addition, students and alumni are connected through state-of-the-art videoconferencing, which facilitates a wide range of professional, social and recreational connections for students and alumni province-wide.

Your annual membership fee of \$65 and additional donations support the many vital initiatives the Medical Alumni Association is involved with throughout the year.

Please register for your membership today and continue to keep your

membership current each year to be part of this influential network of peers. Your additional donation will support our priority project – the development of social and recreational centres for students and alumni at each of our program locations.

Your membership fee and additional donations support social and recreational events and activities for medical students on university and clinical campuses across BC; the ongoing operations of the William A. Webber Medical Student & Alumni Centre (MSAC) in Vancouver, a unique social and recreational centre for medical students and alumni; the development

of new social and recreational centres for medical students and alumni in Kelowna, Victoria and Prince George; state-of-the-art videoconferencing technology to connect students and alumni across BC; a gift of a “doctor’s shingle” for each member of the graduating MD class; and the MAA’s Annual Recognition Awards program, including the Wallace Wilson Leadership Award and our Honorary Medical Alumni Awards.

Please complete the attached 2012 membership subscription form or go to <http://startanevolution.ubc.ca/maa> and help us to continue to build our community of medical students and alumni.

UBC Medical Alumni Association 2012 Membership Subscription

Name _____

Address _____

City _____

Province/State _____

Postal Code _____

Country _____

Field of Practice _____

Email _____

Phone _____

Please include in my subscription:

Regular membership fee of \$65 or Medical resident at the reduced fee of \$25

Donation amount*: \$435 \$235 \$135 Other \$ _____

Total amount: \$ _____ *Your donation is tax deductible.

If you require a MSAC access card, please contact med.alumni@ubc.ca or 604.875.4111 ext. 67741

Preferred payment:

I have enclosed a cheque payable to the **University of British Columbia**.

I am using my credit card: Visa MasterCard Amex

Card Number _____

Expiry (mm/yy) _____

Signature _____



Dr. David Hardwick meets with MD 2015 distributed VPs and VP Socials to discuss their continuing social and recreational needs. Front row: Natasha Qureshi, VP IMP 2015, Bhupinder Johal, VP NMP 2015, Dr. David Hardwick, Colten Wendel, VP SMP 2015. Back row: Nancy Thompson, Kim Allan, Rosie Hsu, Sarah Campos, Robyn Buna, Scott Walker.

MUS REPORT

The Medical Undergraduate Society (MUS) and its student body have been busy this past academic year. As we near the end of another successful year, I want to highlight some of our accomplishments to date.

Last November, 2nd year medical students participated in a new initiative administering flu shots across UBC.

Approximately 75 medical students volunteered their time and 2,300 vaccinations were given over a one-month period. This initiative gave students an

opportunity to improve their injection technique and at the same time these flu clinics benefited the entire University. It is hoped that this initiative will be an annual tradition.

On March 15th, the MUS hosted the UBC Medicine Research Forum in conjunction with the UBC Medical Journal (UBCMJ) and the Faculty of Medicine. We had over 60 research abstracts presented by medical students across Canada. During this event, UBCMJ also launched their newest issue on “Preventative Medicine” (www.ubcmj.com).

One of the goals for MUS this year was to improve Career Resources for students.

As medical students one of the stressors is trying to figure out which field of medicine will suit them best. The MUS in partnership with the Professional Association of residents of British Columbia hosted the inaugural Residents Library, an informal networking event where medical students can ask residents questions about residency and specialty programs. The event was very well received by students and faculty alike.

At MUS we are focused at providing students with an unrivaled educational experience. This is only possible with the continual support and collaboration of UBC medical alumni and community members. If you have any questions about MUS or ideas on how we can collaborate, please don't hesitate to contact me.

Sincerely,
Michael Yang
MUS President
yangmh@interchange.ubc.ca

MSAC NETWORK

The Class of 2015 marks a new stage in the life of the Faculty of Medicine, with thirty-two students admitted to the new Southern Medical Program.

Since the first students were admitted to the Island and Northern Medical Programs in 2005, the William A. Webber MSAC has held more than 1,000 interactive videoconferences connecting students to the same social events, activities, and colleagues

in MSAC as the Vancouver Fraser medical students.

In November, the MSAC team of **Dr. David Hardwick**, **Nancy Thompson** and videoconference (VC) technician **Scott Walker** met with first-year distributed site Vice-Presidents and VP's Social to learn about their experiences with the medical school's social and recreational life while in Vancouver, and their hopes and expectations for continued connection with their classmates and

school for the next 3½ years.

While the role of MSAC and the MSAC Videoconference Network has increased to meet the demands of enrollment and increased engagement of the medical students, it has become obvious that the largest barrier to creating the MSAC experience in Victoria, Prince George and Kelowna is the absence of relaxed comfortable facilities, one that would allow pizza and popcorn, and would provide students with a social and video-conference centre.

No matter how small a space, it would be a great improvement over distributed students watching classmates in Hardwick Hall from their university-located PBL classrooms.

MSAC's social and recreational events bring medical students together for collaboration, support and friendship. The MSAC VC Network is available to medical students to foster this goal.



L – R: *All in the Timing* PHOTO CREDIT: MILO DE VILLIERS *Spring Gala Performance* PHOTO CREDIT: CYRUS MCEACHERN

STUDENT EVENT HIGHLIGHTS

The 2012 Medical Ball

The annual Medical Ball is a much anticipated formal evening featuring dinner, dancing, awards and entertainment. This year the Med Ball was held on Saturday, March 3, at the Four Seasons Hotel, and was attended by 300 guests. The theme of this year's ball was Viva Las Vegas, with after-dinner gambling tables using "\$10,000 chips" each guest "won" at the door.

Attendees celebrated the recipients of the annual Medical Undergraduate Society's Excellence in Teaching Awards. The Dr. William A. Webber Award was presented to Associate Professor of Cellular & Physiological Sciences,

Carol-Ann Courneya, MD'87. In **Dr. Courneya's** acceptance speech, she noted that Dr. Webber had been her academic advisor, so this award was particularly meaningful to her.

Dr. Hardwick gave a short speech about gambling, noting that when fundraising for the Medical Student and Alumni Centre began, the Medical Alumni Association took a gamble on medical students who had not yet been born!

The evening was emceed by MD'14 students **Bradley Locke** and **Andrew Hurlburt**, originators of the Medical Student Comedy Club, and actors in the 2nd Year play at MSAC the previous week.

Before dinner, the appreciative audience cheered through the annual video put together by first year students, and after dinner stopped at the photo booth before heading out to the lobby to win more poker chips, redeemable for raffle tickets for the door prizes.

This year's event was sponsored by Haslett Insurance, BCMA and the Royal Bank. Haslett Insurance gave one lucky guest a new iPad.

2nd Year Play: *All in the Timing*

Have you ever wondered how things would have turned out if you had said something different? Or what it might be like if there was a single language uniting the world? What about whether three monkeys, left to their own devices, could manage to create a piece of literature that competes with the works of Shakespeare? Well, these questions and more were

explored at this year's Med Play and the audience was delighted by the answers!

For six nights the Medical Student Alumni Centre (MSAC) was converted into a New York style theatre that showcased a selection of one act comedies from David Ives' collection "All in the Timing." The annual medical student play was a huge success. The show opened on February 23 to a full house and each night scores of students, friends, and faculty laughed (uproariously at times) to Ives' quirky and clever humour.

The Med Play is a spring tradition in the Faculty of Medicine and celebrated its 10th Anniversary with this year's production. It is performed entirely by medical and dental students at the Medical Student and Alumni Centre as a fundraiser for the MD program's third-year rural electives.

With a fantastic cast of students with natural comedic instincts and a talented production team that pulled it all together, the theatrical bar has certainly been raised a notch higher for next year.

Submitted by Jen Rurak, MD'14

Spring Gala 2012

On March 18, 2012, the Chan Centre at UBC was bustling with talent at this year's 18th Annual UBC Medicine/Dental Spring Gala. It was an incredible evening filled with art, song, dance, and martial arts delivered entirely by the medical and dental students and alumni.

The Spring Gala is a non-profit production and is organized by the students. All proceeds this year were donated to WISH, a drop-in centre for survival sex workers in the downtown eastside of Vancouver.

UBC Faculty of Medicine hosted an alumni and donor reception, Celebration of Medicine and the Arts, prior to the performance. It was a wonderful opportunity for some students to meet and mingle with alumni from our medical community and donors.

With such entertainment and charity, it is a tradition that will be continuing. See you at next year's Spring Gala!

Annual General Meeting and Awards Reception

Please join us for the announcement and celebration
of our 2012 Award recipients on Saturday, May 12, 2012!

Wallace Wilson Leadership Award

Penny Ballem, MD'78
Mark Schonfeld, MD'72

Honorary Medical Alumni Award

Dr. Larry Goldenberg
Dr. Graydon Meneilly
Dr. Oscar Casiro
Dr. David Snadden

Silver Anniversary Award

Wendy Yeomans, MD'87

For more information, please contact
med.alumni@ubc.ca or 604-875-4111 x67741.

Upcoming Events

MAA Annual General Meeting

May 12, 2012
Vancouver, BC

Hooding Ceremony

May 22, 2012
Vancouver, BC

Student Graduation Ceremony

May 23, 2012
Vancouver, BC

UBC Alumni Weekend

May 26, 2012
Vancouver, BC

UBC Medical Alumni & Friends Golf Tournament

June 26, 2012
Vancouver, BC

Event Highlights from 2011 – 2012

And Now for Something Completely Different: Featuring William Carpentier, MD'61

September 15, 2011
Vancouver, BC

UBC Alumni Achievement Awards

November 29, 2011
Vancouver, BC

Victoria Medical Society Student Welcome Dinner

January 28, 2012, Victoria, BC
*A special thank-you to
Jo Ann Dubney for organizing
this annual event!*

Here & Now: Ottawa Alumni Reception

January 31, 2012, Ottawa, ON

Vernon Hockey Tournament

March 2-3, 2012
Organizers: Dr. Will Cawkell,
Chris Cunningham, MD'93,
Gavin Smart, MD'84

Spring Gala & Celebration of Medicine & the Arts Reception

March 18, 2012, Vancouver, BC

Sharing Knowledge and Breakthroughs in Cancer Prevention

Panelists: Harvey Lui, MD'86,
Dianne Miller, MD'80, Carolyn
Gotay, Barbara Kaminsky,
Penny Ballem, MD'78
March 28, 2012, Vancouver, BC

Sharing Knowledge and Breakthroughs in Cancer Prevention – Okanagan

Panelists: Carolyn Gotay,
Barbara Kaminsky,
Joan Bottorff, Juanita Crook
March 29, 2012, Kelowna, BC

Dr. Bob Ewert Memorial Lecture Speaker: John Furlong

April 14, 2012,
Prince George, BC

Here & Now: Calgary Alumni Reception

April 17, 2012, Calgary, AB
Building Your Practice
Student & Young Alumni Event
April 26, 2012, Vancouver, BC

For more information
regarding past or upcoming
events, please call
604-875-4111 x67741.

UBC Medical Alumni & Friends Golf Tournament

Tuesday, June 26, 2012

University Golf Course
5185 University Blvd.

Come join the UBC Medical Alumni Association for an enjoyable day with 18 holes of golf, contests, dinner and prizes!

- All levels of golfers welcome
- Both individual and best ball format
- Register as a foursome or as an individual
- Connect with colleagues and friends - with no work expected!
- Proceeds help support medical students' activities across the province



To register or sponsor this year's tournament contact med.alumni@ubc.ca or 604-875-4111 x67741 www.med.ubc.ca/alum

Upcoming Class Reunions

Class of 1954

June 6-13
Cruise to Alaska
Organizers: Dr. John Hamilton & Dr. Hugh Pontifex

Class of 1957

September 14, 2012
Vancouver, BC
Organizers: Dr. Ian Turnbull, Dr. David Hardwick

Class of 1962

May 25-27th, 2012
Vancouver, BC
Organizers: Dr. John Boone & Dr. Gary Romalis

Class of 1987

September 14-16, 2012
Vancouver, BC
Organizers: Dr. Leith Dewar, Dr. Allan Holmes, Dr. Trevor Newton & Dr. Kathy Bell

Class of 2002

September 8-9 2012
Vancouver, BC
Organizer: Dr. Tanya Orton

Class of 1960

October 12-14, 2012
Vancouver Island, BC

For more information on class reunions, please contact the UBC Faculty of Medicine Alumni Affairs Office at marisa.moody@ubc.ca or 604-875-4111 x62031.



Party at the Point. ALUMNI WEEKEND MAY 26-2012

Come back to campus this spring and enjoy university as it should be: Great lectures and seminars (with no quizzes!), tours and cultural performances. Thousands of alumni, donors, friends and their families will be back on campus to take part. Come join the party!

alumni.ubc.ca/alumniweekend

start an evolution

A PROVINCE-WIDE ENTERPRISE

UBC FACULTY OF MEDICINE



FACULTY OF MEDICINE



● University Academic Campuses

University of British Columbia (UBC) in Vancouver
 University of Northern British Columbia (UNBC) in Prince George
 University of Victoria (UVic) in Victoria

● Affiliated Regional Centres

Abbotsford Regional/Chilliwack General Hospitals
 Ft. St. John General/Dawson Creek Hospitals
 Lions Gate Hospital
 Mills Memorial Hospital
 Nanaimo Regional General Hospital
 Richmond Hospital
 Royal Inland Hospital
 St. Joseph's General/Campbell River General Hospitals
 Vernon Jubilee/Penticton Regional Hospitals

★ Clinical Academic Campuses

BC Cancer Agency
 BC Children's Hospital
 BC Women's Hospital and Health Centre
 Kelowna General Hospital
 Royal Columbian Hospital
 Royal Jubilee Hospital
 St. Paul's Hospital
 Surrey Memorial Hospital
 Vancouver General Hospital
 Victoria General Hospital
 University Hospital of Northern BC

○ Community Education Facilities, Rural and Remote Distributed Sites

Serving medical students and residents, student audiologists, speech language pathologists, occupational therapists, physical therapists and/or midwives in the community

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