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**18** Three minute thesis



**34** Alumni profile  
Daniel Kalla, MD '91

# UBC MEDICINE

VOL 7 | NO 2 FALL 2011 THE MAGAZINE OF THE UBC FACULTY OF MEDICINE



## The Giving Tree

Philanthropy's power  
to create better health



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA



FACULTY OF MEDICINE

# UBC MEDICINE

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Letters and suggestions are welcome. Contact Brian Kladko at [brian.kladko@ubc.ca](mailto:brian.kladko@ubc.ca)

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## MESSAGE FROM THE VICE PROVOST HEALTH AND DEAN

**As the fiscal realities of the global economy seem to hover over institutions and individuals alike, I've been heartened by the fact that one resource – ambition – remains as abundant as ever in the Faculty of Medicine.**

That ambition takes many forms: learning the ways of healing (and perhaps improving upon them); fostering the next generation of clinicians and researchers; probing the mechanisms of disease and finding new or better treatments; preventing illness; and improving the delivery of health care through smarter public policies.

Those ambitions are gratifying, of course, but also frustrating, because they always seem to outpace our available resources. Fortunately, I have the privilege of being the dean of a medical school with a large and growing base of support – private donors. In this issue of *UBC Medicine*, we have focused on that philanthropy, demonstrating how donors' curiosity and goodwill has become central to realizing our potential.

That generosity includes student financial support – such as that provided by the MD Class of 1961 or the Kapoor Singh Siddoo Foundation – that allows learners to focus more on their education and worry less about paying for it. Similarly, support of our faculty gives our scientists and clinicians the opportunity to focus on questions and problems that can often be all-consuming. For example, the Canadian Cancer Society's funding for a chair in primary cancer prevention, held by one of our exceptional faculty members, Carolyn Gotay, has allowed her to pursue projects like the one described in these pages.

Gifts for specific fields or educational endeavors are particularly crucial in keeping the Faculty at the forefront of knowledge transmission – whether it's transmitting knowledge from teacher to student, or from lab bench to bedside. Such donations spring from a diverse array of motivations: the gratitude of patients like Denham and Sheila Kelsey, who were spared from the perils of blindness through the efforts of our faculty members; commitment to a particular cause, such as Robert Rothwell's passion for rheumatology or Chan Gunn's belief in intramuscular stimulation; or the dedication of a faculty member like Fred Bryans, who wanted his contributions to the Faculty to last beyond his lifetime.

What they almost always have in common beyond their obvious generosity is a desire to forge a connection with our students, educators, scientists and clinicians, or to deepen a connection that was already there. The result is a truly symbiotic relationship: The Faculty's ambitions are transformed from wishful dreams to achievable goals, while the donors become part of an unquestionably crucial endeavor – the improvement of our health.

I invite you to enter into that relationship, or to broaden your involvement, in whatever way you can. With each new member and each new point of contact, we become less of an institution and more of a community, whose triumphs belong to us all.

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



Pursuing innovative ideas. Strengthening research and teaching. Helping students pay for their education. These are just some of the ways that philanthropy nurtures the Faculty of Medicine's mission.

## FOCUS ON: PHILANTHROPY

Chan Gunn  
PHOTO CREDIT: MARK VAN MANEN,  
VANCOUVER SUN



# A PIONEER IN PAIN MANAGEMENT TAPS UBC TO PROMOTE HIS CURE

**Chan Gunn has a cure for much of the world's physical pain – the aches and strains that don't usually show up on MRIs or X-rays, but can be debilitating nonetheless.**

Working out of his Vancouver clinic, he has spent the past four decades spreading the word about his non-surgical, non-pharmaceutical technique for alleviating chronic pain, called intramuscular stimulation (IMS).

A blend of Eastern acupuncture and Western medicine, it involves inserting a needle deep into muscle, causing it to relax, thereby relieving pressure on the nerve causing a patient's pain. A few such treatments are usually enough to banish the aches.

Dr. Gunn, a general practitioner, is convinced that IMS is the answer for millions of people with continual pain in their back, neck, arms and legs, or those suffering from headaches or neuralgia (a condition that includes extreme skin sensitivity). Thousands of sports medicine physicians and physiotherapists, including those at UBC's Allan McGavin Sports Medicine Centre, have taken it up. His Institute for the Study and Treatment of Pain in Vancouver has a large backlog of would-be practitioners.

Yet Gunn IMS is still largely unknown in medical circles.

Now the Faculty of Medicine, with financial support from Dr. Gunn, will lend its resources to his cause. Dr. Gunn has made a significant gift to the Division of Sports Medicine to expand Gunn IMS training for medical professionals, perform research into its effectiveness, and raise overall awareness of the technique.

"As just one person, I can only do so much," Dr. Gunn says. "Most people who need Gunn IMS have no access to it, because they don't know about it, or their physicians or therapists don't know about it, or they live far from a qualified practitioner. With UBC's help, I'm confident that IMS will become a common remedy for people tortured by chronic pain."

The gift would be used to create a training program within the Sports Medicine Division, establish a research fund for graduate and undergraduate students, and hold an annual lecture at UBC that would focus on Gunn IMS and pain caused by nerve damage (known as neuropathic pain). In the longer term, the Faculty would create dedicated space for Gunn IMS training and

research at a new sports medicine facility being planned for its Vancouver campus.

"Dr. Gunn is truly a pioneer, and the medical establishment has much to learn from his 'outside-the-box' thinking," says Gavin Stuart, Dean of the Faculty of Medicine and UBC's Vice Provost Health. "UBC is known for exploring new ideas, which are often unjustly overlooked by conventional wisdom. Thanks to Dr. Gunn's generosity, UBC will now lead the way in spreading knowledge about this treatment and affirming its usefulness."

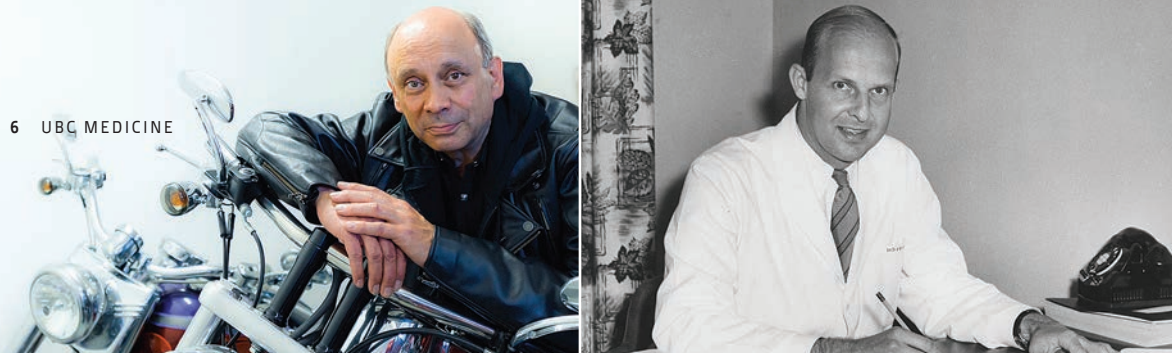
Dr. Gunn, a Chinese Malaysian who earned his medical degree at Cambridge University and settled in Vancouver in 1966, developed his technique while working for the B.C. Workers' Compensation Board, which had asked him to investigate claimants who complained of persistent back pain.

He uncovered a curious pattern. Those with pain that persisted beyond a few weeks also tended to exhibit extreme tenderness in the affected area. Sometimes, people with pain in other parts of the body also exhibited a similar sensitivity, both in the affected area and close to their spine.

From those observations and others, he concluded that such persistent pain is not caused solely by tissue injury, but also involved some sort of nerve dysfunction (with spinal nerves being the most vulnerable part of the body). That leads to an unfortunate feedback loop: a nerve goes awry, causing the muscle to react and contract, thereby pinching the nerve. Not only can this situation not be imaged – it can't be cut or medicated away.

While Dr. Gunn's interest in acupuncture led him to his needle-based technique for relaxing muscles around "trigger points," he makes it clear that IMS is firmly grounded in scientifically established concepts of Western anatomy, and must be based on a systematic, specific medical examination of each patient.

"Gunn IMS is used extensively now in musculoskeletal medicine," says **Don McKenzie**, Professor and Director of the Allan McGavin Sports Medicine Centre. "Dr. Gunn has demonstrated its usefulness in treating patients with neuropathic pain, and Gunn IMS represents the standard of care in the management of the elite athlete with musculoskeletal pain or injury."



L – R: Robert Rothwell; Fred Bryans PHOTO CREDIT: DON ERHARDT

## A DONOR'S DIVERSE PASSIONS—AND DONATIONS

**Robert Rothwell's** donations to the University of British Columbia are as eclectic as the donor himself.

As a UBC undergraduate in the 1960s, he completed an honours degree in political science while also taking courses in organic chemistry. Years later, after establishing a successful rheumatology practice in New Westminster, he became an avid collector of paintings, rare wines and a garage full of Harley-Davidson motorcycles and monster trucks.

Now that he is giving back to his alma mater, Dr. Rothwell's donations are similarly diverse in form and purpose.

It began with a bursary to help today's medical students pay for their education. This year, he decided to leave an estate gift to the Faculty of Medicine to establish an endowed professorship in rheumatology.

"There are too few full-time academic rheumatologists in Vancouver," Dr. Rothwell says. "By supporting rheumatology as an academic discipline at the university level, I hope to improve rheumatology care throughout the province."

Some of Dr. Rothwell's donations are a bit less conventional: bottles from his wine collection to the UBC Wine Research Centre for chemical analysis; century-old books belonging to his grandfather to the UBC Library for safe-keeping; several paintings for the common areas of the Faculty of Medicine; and donations to the Faculty of Forestry to honour his father's interest in botany and preserving B.C. trees from destructive insects.

"I really like the idea of turning my various interests into good things for UBC, knowing that what I cherished will be preserved and used in the future," he says.

## A GIFTED TEACHER LEAVES A LEGACY THROUGH HIS WORK—AND HIS GENEROSITY

Even as **Fred Bryans** spent his final days in hospital, he didn't stop teaching.

When medical students came by on rounds, the former Head of the Department of Obstetrics and Gynaecology answered questions, offered explanations and quizzed them to make sure they understood, always maintaining his naturally patient and unassuming manner.

That behaviour exemplified his career. For five decades, he nurtured the growth of academic obstetrics in British Columbia, which barely existed when he arrived in Vancouver in 1954. By the time he stepped down, the department was known across Canada for how much it had accomplished in so short a time.

His contributions did not end with his death.

His wife Jane, acting on his long-expressed desire to support clinical education, gave \$500,000 to the Faculty of Medicine for a new endowment to support the Fred Bryans Master Teacher Program, which will enhance the teaching skills of faculty members from the medical program's four distributed sites.

Jane also donated \$70,000 to create the Dr. Fred Bryans Faculty Forum, focused on sharing expertise within the department and setting the direction of future research.

"Fred and Jane Bryans' friendship with the department will last for all time," says **Geoffrey Cundiff**, Professor and Head. "I'm honoured the Bryans family chose to give to the department to further Fred's legacy of improving clinical teaching and research for children and women in B.C."

Dr. Bryans was the second full-time academic faculty member in the Department of Obstetrics and Gynaecology. Six years after his initial appointment, he was named Head at the tender age of 36—a role he held for the next 18 years. His dedication, as both a physician and educator, never flagged. Until shortly before his death, he attended 7:30 a.m. gynaecology rounds and taught an ethics course to medical students.

"Fred's loyalty and commitment to the department was sustained and unflagging," Jane says. "He was always interested in and proud of all those who trained under his watch."

A tribute to Dr. Bryans by his close friends and colleagues can be found at <http://bit.ly/Bryans-BCM>.



Denham and Sheila Kelsey PHOTO CREDIT: CAROL SOWERBY

## COUPLE MAINTAINS A CLEAR VISION FOR OPHTHALMOLOGY ADVANCES

After 20 years of sharing their love of photography, nature, computers, reading and traveling, **Denham and Sheila Kelsey** took turns contending with the prospect of blindness.

Denham was the first. He was 51, with several good years left in his career as a chartered accountant, when he found himself lying in hospital with a detached retina, wondering if he would ever see again. Fifteen years later, Sheila had to confront the same possibility – in her case, the result of glaucoma in both eyes.

Both Denham and Sheila's sight was saved through surgery, an outcome for which they credit members of the Department of Ophthalmology and Visual Sciences.

"Here we are in our late 80s, still seeing quite acutely," says Mr. Kelsey. "We're still able to pursue our passions, which would have been denied us all those years without the marvellous skills of our physicians and the caring way they followed up on treatment."

After retiring, Mr. Kelsey applied his financial and management experience to numerous boards of directors, including those of UBC Hospital and the John Hardie Mitchell Family Foundation, a benefactor to the Faculty of Medicine. With time, he gained tremendous respect for the Faculty's professionalism, expertise and commitment.

Since 1996, the Thetis Island couple donated more than \$30,000 to the Department of Ophthalmology and Visual Sciences. This year, they added a \$100,000 planned gift in their estate.

"The emphasis on the very rich giving millions sometimes makes others feel like small fish in a huge puddle," Denham says. "I think it would be helpful if more people – who, like us, are comfortable but not very wealthy – realized that if enough little bits add up, it makes a difference."

Frederick Mikelberg, Professor and Head of the department, says the Kelseys' gifts have been – and will continue to be – particularly helpful in addressing his department's needs for the latest equipment and research operating funds.

"Undesignated gifts like the Kelseys' permit researchers to pursue avenues they otherwise couldn't," Dr. Mikelberg says. "In the current environment, very little money is available for upgrading research equipment to keep us at the cutting-edge, and the operating costs of conducting eye research continue to rise."

The Kelseys can't know for certain that their money will contribute to a breakthrough, but Denham knows the department will put the resources to good use. "The members of the department know better than us what they need," he says.

"Possibly, even likely, something will come out of the work that's going on that makes an enormous difference to others, just as previous research made an enormous difference for us," he says. "Sheila and I marvel every day. I'm looking out the window now, and I see clearly."



The Kelseys' sight was saved through surgery, an outcome for which they credit members of the Department of Ophthalmology and Visual Sciences.

## PHILANTHROPY NEWS

### 01 | A touch of sweetness to protect critically ill newborns

Pre-term and critically-ill newborns already have it tough. To make matters worse, they must undergo a battery of tests and procedures to maximize their chances for survival. **Liisa Holsti**, Assistant Professor in the Department of Occupational Science and Occupational Therapy and Canada Research Chair in Neonatal Health and Development, received a donation of \$90,289 from the Alva Foundation of Toronto to study ways of reducing infants' stress while their heart function is evaluated by ultrasound. The babies must remain very still and calm while the probe is moved around their chest for up to 20 minutes – a long time for a baby who is awake. If the baby gets upset, the test results are difficult to interpret. Called the *SweetHeart Study*, this randomized controlled trial is examining two methods of calming – holding the infant's head, arms and feet (known as "facilitated tucking") and the administration of oral glucose – as natural alternatives to medication. Using a scale developed by Holsti and her colleagues, they

will examine whether either method reduces crying and facial and hand movements, and prevents elevated heart rate. They will also determine if these treatments improve the quality of tests and reduce the time they take. Dr. Holsti hopes that the study could be used to establish guidelines for care of high-risk infants, not only sparing them from stress but possibly protecting their developing brains.

### 02 | A boost to thrombosis training and research

Pfizer Canada has donated \$174,000 to support the Thrombosis Research Fellowship Program in the Division of Hematology. The first fellowship of its kind in British Columbia, the two-year program will offer intensive training in clinical and laboratory thrombosis, a master's degree in clinical epidemiology focused on research methodology, and hands-on experience conducting clinical trials. The fellows will be based in the Thrombosis Clinic at Vancouver General Hospital. Under the leadership of **Agnes Lee**, an Associate Professor of Hematology, the clinic sees more than 850 patients

annually for blood clotting conditions, serves as an education facility for students and residents in thrombosis, and conducts innovative research.

### 03 | Commitment to the present and future of medical education

After supporting one MD undergraduate student each year for nearly 30 years, the Kapoor Singh Siddoo Foundation has established an endowment to ensure its support continues for decades to come. The Kapoor Singh Siddoo Foundation Scholarship Endowment, created with an initial gift of \$30,000, will provide higher-value scholarships for medical

students. From 1983 to 2010, 28 UBC medical students who were deserving of assistance and had first-class standing were selected to receive a total of \$77,000 in scholarship funding from the West Vancouver-based foundation. One of those recipients, **Jovan Vuksic**, says, "The scholarship was unexpected – I was very surprised. After three-and-a-half years of working hard for good test scores and to do well for patients, the recognition was important to me." The foundation also supports students in forestry and forest ecology, with a total of \$284,000 contributed and 101 scholarships awarded so far for UBC students. Kapoor Singh Siddoo ran the Kapoor



02

L-R: Susan Kainer and Cathy Heath of Pfizer Canada; Michael Barnett, Clinical Professor and Head, Division of Hematology; Agnes Lee, Associate Professor, Division of Hematology and Medical Director, Thrombosis Clinic at Vancouver General Hospital.



*To learn more about giving to the UBC Faculty of Medicine, please visit [www.giving.med.ubc.ca](http://www.giving.med.ubc.ca), or call Hannah Hashimoto at (604) 822-5664.*

Lumber Company, which began railway logging on Vancouver Island in the 1920s. His giving to UBC began in 1955, and the foundation was formed after his death in 1964. The foundation is now led by his daughters, Jagdis K. Siddoo and Sarjit K. Siddoo, both physicians who continue his legacy of support for education in B.C.

#### **04 | An investment in brain health**



**Rudy North**, a Vancouver investment manager, donated \$1.5 million

to build the lecture theatre in the Djavad Mowafaghian Centre for Brain Health, now under construction. North has followed the progress made by the 13-year-old Brain Research Centre and, impressed by its scientific output, was inspired to support the new facility, which will bring research in psychiatry, neurology and neuroscience closer to patients with a range of brain disorders. The lecture theatre, which will be named for North, also will be an important venue for interdisciplinary education for hundreds of the Faculty's medical students and graduate students. North, who earned his bachelor's degree from UBC in 1963, co-founded Philips, Hager & North Investment Management Ltd. soon after graduating. After retiring in

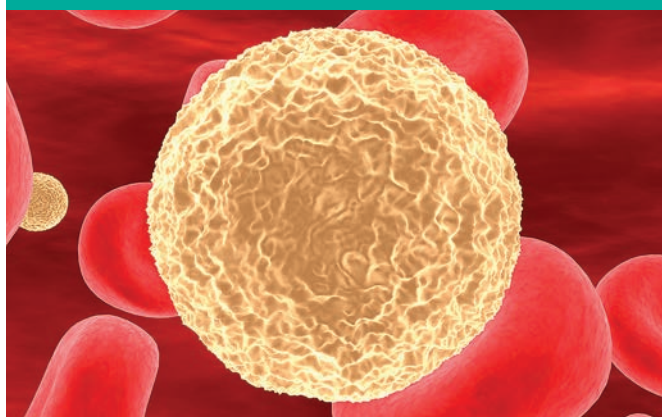
1998, he started a new firm, North Growth Management Ltd. He has donated to a variety of marine environment causes, and was appointed to the Order of Canada this year.

#### **05 | Getting together to give back**

The MD Class of 1961 may have been a fraction of the size of today's graduating classes, with only 41 donning robes that spring. But their wholehearted participation in their 50th anniversary reunion, and their speedy progress towards their ambitious goal for giving back, are well worth emulating by subsequent classes.

More than half of the living class – 18 alumni – returned to UBC in September to tour world-class museums on the Vancouver campus, exchange stories about personal and professional adventures, and rekindle old friendships. Conversations about meaningful careers and good fortune led the classmates to work towards establishing a bursary in memory of those classmates who passed away, and they are well on the way to exceeding their goal, with several classmates already making substantial contributions. The MD Class of 1961 Memorial Bursary, by providing financial assistance to medical students, stands as a testament to the power of alumni partnering with the Faculty to support future graduates' success.

## **06**



#### **06 | Prestigious grant to advance Crohn's research**

There is no cure for Crohn's disease, an auto-immune response that causes severe inflammation of the intestinal tract, leading to abdominal cramps, fever, fatigue, loss of appetite, painful bowel movements, diarrhea and unintentional weight loss. Two faculty members who have made progress in understanding the condition have received a \$100,000 seed grant from the Los Angeles-based Eli and Edythe Broad Foundation to take their research further. Associate Professor **Megan Levings**, in the Department of Surgery, and Associate Professor **Theodore Steiner**, in the Division of Infectious

Diseases, have developed a sensitive test for detecting T-cells that target flagellin, a protein in bacteria that live naturally in the gut; those T-cells trigger the production of antibodies that attack the bacteria, ultimately causing the intestinal inflammation. With the Broad grant, Dr. Levings and Dr. Steiner will use their new test to probe the basic mechanisms of the disease and develop new, more specific tests for diagnosis and ongoing assessment. It also will open the door to new ways of treating Crohn's disease by targeting T-cell responses to flagellin, without impairing the immune system's ability to fight other infections.

# FLASHES OF BRILLIANCE

FACULTY OF MEDICINE RESEARCHERS DEVELOP AND DEPLOY NEW APPLICATIONS OF LIGHT

Light may be the most revealing tool physicians have at their disposal – it enables careful observation of a patient, revealing cues that manifest themselves through colour, shape, texture and size.

The light that the human eye can perceive, however, is only a fraction of the electro-magnetic spectrum. One of medicine's greatest feats over the past century has been its exploitation of other parts of the spectrum, through x-rays and magnetic resonance imaging, to supplement what physicians cannot see on their own.

Faculty of Medicine researchers are now pushing the boundaries even further.

They are using different forms of light, and are aiming them at varied targets: oral cancers, melanomas and bladder disease. And, encouragingly, their research has already moved from the lab to the clinical stage.

Two of the projects stem from the same group of tinkerers in the Faculty of Medicine – **Harvey Lui**, Professor and Head of the Department of Dermatology and Skin Science, Professor **David McLean** and Associate Professor **Haishan Zeng** in that department, and **Calum MacAulay**, a Clinical Associate Professor in the Department of Pathology and Laboratory Medicine.

Their latest project, called the Verisante Aura, is a hand-held device – intended to be used by dermatologists, family

practitioners, physicians' assistants or nurses – that can help determine whether a discoloration on the skin is a melanoma or other form of skin cancer.

The technology is based on something called the Raman shift – when light is scattered by tissue, a very tiny portion of its energy can be altered or “shifted.” The amount of lost energy is proportional to the energy of the chemical bonds in the tissue. For every billion photons of light that bounce back from the skin, only one will have been diminished through the Raman shift.

“You compare the energy going in with the energy coming back out,” Dr. Lui says. “That shift tells you about the chemistry of the skin. We're trying to find something that is extremely weak, but if you find it, it's very revealing. The technological challenge has been to detect these Raman signals.”

When Dr. Lui's team began work on the technology a decade ago in collaboration with the B.C. Cancer Agency, the shift-detection procedure took about 30 minutes, which wasn't feasible for widespread clinical use. They have reduced that time to one second. Verisante Technology Inc., the Vancouver medical device company that bought the license for the device, has compressed the technology into a sleek, hand-held device.

The device won't replace biopsies, but will help guide a physician as to whether a biopsy needs to be done.

“If we can target the spots that are more likely to be cancer, we can limit the number of unnecessary biopsies, and thus limit the number of unnecessary scars, and limit the strain on our scarce



Opposite page: David McLean demonstrates the Verisante Aura. Above, L – R: The VELscope; the PortaMon. PHOTOS COURTESY OF VERISANTE, LED DENTAL, INTERNATIONAL JOURNAL OF SPECTROSCOPY

pathology lab resources at a time when one in five Canadians are developing skin cancer,” Dr. Lui says. “This isn’t going to replace any physicians, but it will allow the physician and patient to make a more informed decision.”

Health Canada approved the device for marketing and selling in October, based on preliminary results from more than 1,000 patients who were treated at the Skin Care Centre at Vancouver General Hospital. In November, it was included in *Popular Science* magazine’s annual “Best of What’s New.”

Meanwhile, another light technology developed by the same team a few years before has caught on with clinicians who want more accuracy in delineating the contours of oral cancers, which kill an estimated 1,150 Canadians a year.

While healthy tissue fluoresces – emitting a greenish glow – when exposed to filtered light, cancerous tissue does not. That knowledge led the team to invent a device that generates the necessary “blue light”; when the reflected light is viewed through optical filters, the fluorescence – or lack of it – becomes apparent. The resulting device, called the VELscope, is being developed and marketed by LED Dental Inc. of Burnaby, and is now used around the world.

The VELscope is now being evaluated in the Canadian Optically Guided Approach for Oral Lesions Surgical Trial (COOLS), led by researchers from the Faculty of Medicine and the Faculty of Dentistry: **Miriam Rosin**, a Senior Scientist at the B.C. Cancer Agency and Professor in the Department of Pathology and Laboratory Medicine, **Scott Durham**, a Clinical Professor and Head of the Division of the Otolaryngology, and **Catherine Poh**, an Associate Professor in the Faculty of Dentistry.

The \$4.7 million trial will involve 400 patients at nine sites, and is being funded entirely by the Terry Fox Research Institute. Its goal: To determine if use of the device during surgery reduces the recurrence of oral cancer by enabling more thorough removal of cancerous tissue. In smaller trials in Vancouver, there has been almost no recurrence when the device is used.

The project “has the potential to change surgical practices for cancer of the mouth nationally and internationally,” says **Victor Ling**, the President and Scientific Director of the Terry Fox Research Institute and Professor in the departments of Pathology and Laboratory Medicine, and Biochemistry and Molecular Biology.

Yet another form of light – near-infrared waves – has been shown by Faculty of Medicine researchers to be an effective and far less invasive tool than conventional procedures for diagnosing bladder disease.

The current “gold standard” diagnostic method involves inserting urethral and rectal catheters that measure bladder pressure and urine output – “a stressful and painful procedure that provides a limited amount of physiologic information,” says **Andrew Macnab**, a Professor in the Department of Pediatrics and Scientist at the Child and Family Research Institute.

Dr. Macnab’s team tested a cellphone-sized device, called the PortaMon (manufactured by the Netherlands-based Artinis Medical Systems), that measures how much near-infrared light projected through the skin returns from the bladder wall. The resulting data reveals oxygen levels and blood flow around the bladder; inadequate amounts indicate that the organ’s muscles aren’t functioning normally.

In an article published in May in the *International Journal of Spectroscopy*, the team – which also included **M. Lynn Stothers**, a Professor in the Department of Urologic Sciences and Director of Research at the Bladder Care Centre at UBC Hospital, and **Kourosh Afshar**, an Assistant Professor in the department – found that the device is as reliable as the current invasive tests based on a trial involving 37 healthy and symptomatic adults and children. Healthy patients produce consistent patterns; those with voiding problems produce divergent patterns, depending on the underlying cause.

**“We’re trying to find something that is extremely weak, but if you find it, it’s very revealing”**

**—Harvey Lui**

Dr. Macnab had previously demonstrated the accuracy of the technology, compared to the conventional catheter tests, in diagnosing men who had difficulty urinating due to possible prostatic enlargement. The more recent study showed that its benefits extended to children, for whom the conventional tests are an even greater challenge.

“Its small size and ease of application generated no anxiety, didn’t limit their movement and didn’t inhibit their ability to empty their bladder,” Dr. Afshar says.

In addition to confirming physiological causes of urinary incontinence in individual patients, the device can help answer the question of whether inadequate blood flow is a root cause – and if so, point the way toward new treatments.



## TAKING THE FIGHT AGAINST CANCER TO THE WORKPLACE

**Carolyn Gotay** has a compelling message – 50 per cent of cancers can be prevented by our own actions, such as eating right and exercising. But how to communicate that message in a way that people will heed, and act on?

Dr. Gotay, a Professor in the School of Population and Public Health (SPPH), is exploring one avenue of persuasion – the workplace.

Employees are certainly a captive audience. Health Canada says 67 per cent of adults spend more than 60 per cent of their time on the job. Yet little academic research has been done to gauge the effectiveness of worksite-based health promotion programs.

“We need to think of the workplace as a highly rich laboratory for making a difference in people’s lives,” says Dr. Gotay, the Canadian Cancer Society Chair in Cancer Primary Prevention.

She has undertaken a three-year study, *Be Well at Work*, to test different types of programs in three B.C. workplaces, measuring their impact on individuals and organizations. The \$583,000 project, funded by the Canadian Cancer Society Research Institute, also will measure whether the programs can curb absenteeism and “presenteeism” (diminished productivity while on the job).

*Be Well at Work* is part of a long-running partnership between the Faculty of Medicine and the Canadian Cancer Society, with the goal of raising funds to support the Canadian Cancer Society-UBC Cancer Prevention Centre.

“We want to take research out of the journals and put it into action,” Dr. Gotay says. “Our ultimate goal is for people to realize that certain behaviour changes can lower their risk of getting cancer, and to act on that knowledge.”

The project’s three worksites – UBC’s Okanagan campus in Kelowna, the University of the Fraser Valley in Abbotsford and Thompson Rivers University in Kamloops – involve nearly 700 faculty and staff. Two staff members of *Be Well At Work* at SPPH and the Canadian Cancer Society coordinate with key employees at each worksite who champion the programs to their colleagues.

UBC’s Okanagan campus participants use an individual-focused online program called “Alive!” developed by NutritionQuest, a California company. Through weekly e-mails, employees read tips on how to achieve goals that match their nutrition or activity levels, such as taking a 15-minute walk at lunch twice a week. They also get information on diet and exercise, and track how they’re doing. Participants receive a personalized health assessment of their diet and physical activity, and a tailored program of small but healthy changes in behaviour.

The University of the Fraser Valley has adopted the Canadian Cancer Society of B.C. & Yukon’s “WellnessWorks,” which focuses on group activities. Besides providing employees with tips on being healthy and strategies for behavior change, it seeks to create an environment that makes it easier to make healthy choices. For example, it advises managers on how to provide nutritious food at meetings and how to start team-based challenges around physical activity and better eating.

Thompson Rivers University is testing a combination of the individually-based “Alive!” program and the group-based “WellnessWorks.”

All participants completed a health risk assessment questionnaire at the start of the program in early 2011 and will complete more throughout the year to measure their progress. The research team will start evaluating results this spring, and will provide reports to the employers and to the wider community through public forums in Kamloops, Kelowna and Abbotsford in 2013. The results will also be shared across the province and nationwide through the Canadian Cancer Society’s network.

“We think it’s likely that some kinds of interventions work well for some people and other approaches work well for others, so matching the strategy to the characteristics of the individual may well be important,” Dr. Gotay says.

For more information, visit [www.okanagan.bewellatwork.ubc.ca](http://www.okanagan.bewellatwork.ubc.ca), [www.tru.bewellatwork.ubc.ca](http://www.tru.bewellatwork.ubc.ca), and [www.ufv.bewellatwork.ubc.ca](http://www.ufv.bewellatwork.ubc.ca).



The mobile phone pulse oximeter; health workers in Uganda learn to use the device. PHOTO CREDITS: NATURAL SCIENCES AND ENGINEERING RESEARCH COUNCIL OF CANADA; JACQUI HUDSON.

## FUSING TWO GREAT IDEAS INTO A LIFE-SAVING PROTOCOL

The best innovations often arise from the joining of two distinct, independently developed innovations. Two members of the Faculty of Medicine are on their way to proving that principle yet again.

**Peter von Dadelszen**, a Professor in the Department of Obstetrics and Gynaecology, has combined his model for diagnosing pre-eclampsia (high blood pressure during pregnancy) with mobile technology, developed by **Mark Ansermino**, an Associate Professor in the Department of Anesthesiology, Pharmacology and Therapeutics, that measures oxygen saturation in the blood.

The pairing of the diagnostic and treatment plan with the mobile technology was deemed so compelling that it won a seed grant of \$250,000 from the international competition, "Saving Lives at Birth: A Grand Challenge for Development." Their selection was one of 19 chosen from among 600 applicants in the competition sponsored by the U.S. Agency for International Development, the Bill & Melinda Gates Foundation, Grand Challenges Canada, the World Bank, and the Government of Norway.

The goal of Dr. von Dadelszen and Dr. Ansermino, both scientists at the Child & Family Research Institute, is to catch the onset of pre-eclampsia, which could lead to seizures, stroke or failure of the lungs, kidneys or liver. It's the second-leading cause of maternal death worldwide, killing 76,000 women a year – almost all of them in lower- and middle-income countries.

Dr. von Dadelszen has devoted much of his career to developing a diagnostic and triage framework tailored to low-resource settings. Last year, the Gates Foundation awarded him \$7 million to test a battery of new strategies to monitor, prevent and treat the condition, including a trial to determine the efficacy of calcium supplements, a program for diagnosis and triage with simple lab tests (or no lab tests at all) and creation of a "treatment pipeline" from remote villages to properly-equipped medical facilities. (See "Setting a Global Dragnet for Pre-eclampsia," *UBC Medicine*, spring 2011.)

Meanwhile, Dr. Ansermino has spent years working with **Guy Dumont**, a Professor in the Department of Electrical and Computer Engineering, on various ways of collecting, synthesizing and transmitting data to anesthesiologists and surgeons. After developing tools intended for operating rooms in Canada and other

nations with advanced medical systems, they have turned their attention to technology for low-resource settings – in particular, a mobile phone-based pulse oximeter, which uses a probe fitted over a patient's finger to measure blood oxygen levels. Their work won the prestigious and lucrative (\$250,000) Brockhouse Canada Prize from the Natural Sciences and Engineering Research Council of Canada this year. (See "Applying Algorithms to Anesthesia," *UBC Medicine*, spring 2011.)

With both the pre-eclampsia project and the anesthesia efforts receiving high-profile recognition, it was perhaps inevitable that these two strands – with their focus on improving health in the developing world – would come together.

The key element of their proposal is the fact that low oxygen levels, or hypoxia, is not only a threat during surgery; it also is one of the symptoms of pre-eclampsia. A level below 93 per cent of baseline is associated with a high risk of adverse outcomes, either for the mother or the fetus.

"So we are integrating a cellphone-based pulse oximeter with the predictive scoring system for diagnosing the risk of pre-eclampsia, to better predict the likelihood that a pregnant woman will develop complications," Dr. Ansermino says.

The funding will be used to develop a customized pulse oximetry application geared specifically for pre-eclampsia detection, along with data-entry fields for additional information that is necessary to calculate a risk score. The application will respond with advice to the user about next steps, including treatment or referral. While the device can function on its own without connection to a network, if connected it can also transmit that information to referral centres.

Once developed, Dr. Ansermino and Dr. von Dadelszen will test the application and hardware in Zimbabwe and South Africa, comparing results with clinics that aren't using the technology. In two years, if their idea proves its worth in the field, it's eligible for another \$2 million from the Saving Lives at Birth competition.

"We have to get this device into the hands of people in the community – work it through, find the bugs, refine the algorithms," Dr. von Dadelszen says. "If it works, it has the potential of saving many women's lives."

# INVESTIGATIONS & BREAKTHROUGHS

## 01 | The lasting marks of parental stress

The stress that parents experience can leave an imprint on their sons' or daughters' genes – an effect that persists into adolescence and may influence how these genes are expressed later in life.

**Michael S. Kobor**, Associate Professor in the Department of Medical Genetics, measured methylation patterns in cheek cell DNA collected from more than 100 adolescents. Methylation is a chemical process that acts like a dimmer on gene function in response to social and physical environments.

The methylation patterns were compared to survey data obtained from the parents in 1990 and 1991, when these same children were infants and toddlers. The survey examined the parents' stress – including depression, family-expressed anger, parenting stress and financial stress.

Kobor's team found that higher stress levels reported by mothers during their child's first year correlated with methylation levels on 139 DNA sites in adolescents. They also discovered 31 sites that correlated with fathers' higher reported stress during their child's pre-school years (3 ½ – to 4 ½ years old).

"This literally illustrates a mechanism by which experiences 'get under the skin' to stay with us for a long time," says Dr. Kobor, a scientist at the Centre for Molecular Medicine and Therapeutics at the Child and Family Research Institute (CFRI), and a Mowafaghian Scholar at the Human Early Learning Partnership (HELP).

The team also found that fathers' stress levels are more strongly associated with DNA methylation in daughters, while mothers' stress levels have an effect with both boys and girls. This reinforces other research showing that the absence of fathers or their lack of participation in parenting is associated with an earlier onset of puberty and difficult temperamental traits in girls, but not in boys.

"What is particularly intriguing is that a mother's higher stress levels during infancy, but not during the preschool years, leads to epigenetic changes," says co-author **Clyde Hertzman**, Professor in the School of Population and Public Health and Director of HELP. "And the opposite is true for fathers – it's their higher stress during a child's preschool years, but not during their infancy, that counts."



## 02 | Testing a new replacement for heroin



A clinical trial to test better treatment options for chronic heroin addiction – the only clinical trial of its kind in North America – is getting under way in Vancouver.

The Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) will test whether hydromorphone (a licensed pain medication known by its trade name, Dilaudid) is as effective as diacetylmorphine, the active ingredient of heroin, at getting the most vulnerable long-term street heroin users to enroll in treatment programs and end their use of illicit drugs.

The three-year project, led by **Michael Krausz**, the B.C. Leadership Chair in Addiction Research in the Department of Psychiatry, and **Eugenia Oviedo-Joekes**, Assistant Professor in the School of Population and Public Health, seeks to

determine whether some participants become healthier and reduce their illicit drug use or are able to switch to other forms of treatment.

SALOME also intends to test if, after stabilizing patients on injectable medications, they can effectively transition to oral formulations. Conducted in collaboration with Providence Health Care, the project will enroll 322 individuals with chronic heroin dependency who currently are not sufficiently benefiting from conventional therapies, such as methadone treatment, at one site in Vancouver.

Some 60,000 to 90,000 persons are affected by opioid addiction in Canada.

"If the SALOME study shows that hydromorphone can go head-to-head with heroin as an alternative therapy for people who have failed optimally provided methadone, then I think this should be part of the treatment continuum that's available through licensed physicians," says **Perry Kendall**, B.C.'s Provincial Health Officer.

### 03 | Cancer screening technique achieves near-perfect results

A UBC-developed quality assurance program for diagnosing cancer may very well be responsible for a marked improvement in identifying a type of breast cancer.

The program, developed by **Blake Gilks**, a Professor in the Department of Pathology and Laboratory Medicine and Division Head of Anatomic Pathology at Vancouver General Hospital, involves making a set of tissue microarrays, each with about 40 samples. Those arrays are then distributed to participating labs, which examine them and report their diagnoses online.

The goal is to pinpoint labs that have deviated from the diagnosis reached by most of the participants – and then to figure out why. The program, called the Canadian Immunohistochemistry Quality Control program (cIQc), is intended to be used two to four times a year, to prevent labs from drifting into a pattern of misdiagnosis, either because of errors in protocol or pathologists' misinterpretation of what they see.

cIQc was used to improve the accuracy of diagnoses of human epidermal growth factor receptor 2 (HER2) breast cancer, which can be particularly aggressive but also responds well to such drugs as Herceptin and Tykerb – if caught early enough.

The challenge of accurately diagnosing breast cancer subtypes made headlines in 2005, when a pattern of errors in St. John's, Newfoundland, resulted in some women not receiving appropriate treatment. That discovery led to the expansion of Dr. Gilks' program, in collaboration with the University of Saskatchewan and the University of Toronto, involving more than 70 labs across Canada and in other countries.

To monitor progress, 39 labs across Canada were assessed in 2009 and 2010 using cIQc. The results were unmistakably positive: there was diagnostic agreement of HER2 cancer in 99.93 per cent of the cases.

The level of accuracy could be attributed to several factors, including better specimen handling, greater use of reliable reagents and more automation in the staining process. But it's also possible that those changes, as well as more accurate interpretation, were helped along by the adoption of cIQc, which also is being used for improving diagnoses of gastrointestinal stromal tumours, melanoma, mesothelioma and other tumour types.

"Anatomic pathology is largely unregulated because testing is interpretative, and dependent upon the skill, experience, and discipline of the pathologist," Dr. Gilks says. "But with this quality assurance program, we can objectively assess the accuracy of diagnosis, which allows oncologists to confidently deliver the most effective course of treatment to patients."

Blake Gilks

03



04

### 04 | Uncovering new mutations with devastating consequences



In the space of two months, Professor of Medical Genetics **Matt Farrer** published findings about two different genes responsible for late-onset Parkinson's disease – providing two new targets for potential treatments.

More than 100,000 Canadians and more than 10 million people worldwide are affected by Parkinson's disease. Symptoms include trembling in the hands, arms, legs and face, stiffness in the limbs and torso, as well as slow movement and poor balance and coordination. There is currently no cure and treatments manage only the symptoms.

One mutation, located on a gene called VPS35, was found

in the DNA of two members of a Swiss family in which 11 people developed the disease. The other mutation, EIF4G1, was found in a family from northern France in which more than half of the members of each generation develop it.

Both mutations are involved in a cell's "recycling" of its own components. That provides a crucial link to Parkinson's disease, because a hallmark of Parkinson's is the presence of Lewy bodies – collections of discarded proteins that remain trapped in certain brain cells.

"These discoveries provide direct evidence that Parkinson's may result from a genetic predisposition to disease," says Farrer, the Canada Excellence Research Chair in Neurogenetics and Translational Neuroscience and the Dr. Donald Rix B.C. Leadership Chair in Genetic Medicine. "The resulting impairments highlight neuronal recycling systems as a focal point in the effort to develop more effective drugs."



Physical therapy students Manni Wong and Cynthia Leung work with patient David Jeffs on trunk control and sitting balance at the student-run clinic.  
PHOTO CREDIT: HYMAN GEE

**“I was eager to have a student work with me. They tend to be very keen and interested in what they’re doing.”**  
—*Marlene Hancock, clinic patient*

## A CLINIC WHERE STUDENTS RUN THE SHOP

After a career of guiding students through the thickets of political science at Douglas College, **Marlene Hancock** now finds herself on the receiving end of instruction.

And her instructor, appropriately enough, is a student. The subject, however, isn’t politics. It’s her own recovery.

Hancock stands between two parallel bars in a rehabilitation clinic at Royal Columbian Hospital in New Westminster, leaning against one rail with both hands, and sidestepping her way between the two. Standing next to her, watching every move and correcting every misstep, is **Ryan Hik**, a second-year UBC physical therapy student.

“You have to keep that foot nice and straight,” he says. “I’m going to crack the whip on you.”

Hancock, for her part, doesn’t mind a bit.

“He’s teaching me to think how to make my body work again,” says Hancock, who was bedridden for five weeks during a coma brought on by kidney problems. “I was eager to have a student work with me. They tend to be very keen and interested in what they’re doing.”

Hik is one of scores of physical therapy and occupational therapy students who have been fortunate to land a placement at the Student Rehabilitation Outpatient Clinic, perhaps the first of its kind in Canada. Here, the students pretty much run the shop, and have helped hundreds of people in the Fraser Health region recuperate from the effects of stroke, bone fractures, hip or knee replacements, or other conditions that hinder their mobility.

Created two years ago, the clinic provides an authentic clinical experience for students pursuing two-year master’s degree programs in either physical therapy, which focuses on helping people regain functional movement, or occupational therapy, which helps people regain independence with everyday tasks.

Typically, students in those programs are assigned to work with therapists in hospitals or private clinics. In these one-to-one placements, students may be assigned certain patients but usually don’t have much control over their caseloads, and they often have little contact with other students or professionals.

Here, however, every patient is seen by a student, and often by students of both physical therapy and occupational therapy. The students are monitored by clinical instructors, who must approve the students’ initial assessments and treatment plans, and who often assist in the early stages of treatment.

Students also get a feel for scheduling patients and managing caseloads – crucial skills they will need in a few months, when they are working professionals.

“It’s liberating, actually,” says **Ewa Kowalska**, a second-year occupational therapy student.

Also, by working in such close proximity to students from another discipline (often on the same patient at the same time), students gain a better appreciation for the goals, techniques and challenges of each others’ fields.

The benefits to the students, meanwhile, are rivaled if not surpassed by the benefits to the patients. Before the clinic came along, residents of New Westminster had no outpatient rehabilitation services nearby, so they would have faced long waiting lists or overly restrictive eligibility criteria at the region’s hospitals – or they would have had to pay out-of-pocket at a private clinic.

“My guess is 80 to 85 per cent of these people would not have been seen,” says **Hyman Gee**, the clinical instructor in physical therapy.

# THE FACULTY OF MEDICINE EXPANDS ITS FOOTPRINT

Soon after the decision was made to expand and distribute medical education and training in British Columbia a decade ago, the Faculty of Medicine began planning how to accommodate increasing numbers of students and postgraduate residents in clinical settings throughout the province. Hospitals aren't "ready-made" for teaching, so the

Faculty collaborated with B.C.'s health authorities to undertake an ambitious program of renovations. Over the past year and in coming years, a new round of improvements have come to – or will come to – fruition. The map below provides a snapshot of those projects, showing how the Faculty is fulfilling its mission to serve the entire province.

## SOME DEFINITIONS

**Clinical skills rooms:** fully-equipped examination rooms that allow students and trainees to interact with patients and their instructors without interruption from other hospital activities.

**On-call rooms:** spaces for students and residents to sleep or study when not tending to patients.

### 01 | Nanaimo Regional General Hospital



**PURPOSE:** Expanded capacity for Island Medical Program, family practice postgraduate training site,

enhanced clinical skills room with patient simulation mannequin

**FEATURES:** 6 on-call rooms with lockers, washrooms and showers, student/trainee lounge, 4 offices, 2 videoconference rooms, patient simulation room, library with study stations

**COMPLETED:** February 2011

### 02 | Campbell River and District Regional Hospital



**PURPOSE:** Expanded capacity for Island Medical Program and postgraduate training

**FEATURES:** Videoconference room  
**COMPLETED:** May 2011

### 03 | St. Joseph's General Hospital (Comox)



**PURPOSE:** Expanded capacity for Island Medical Program and postgraduate training

**FEATURES:** Videoconference room  
**COMPLETED:** May 2011

### 04 | Cowichan District Hospital



**PURPOSE:** Expanded capacity for Island Medical Program and postgraduate training

**FEATURES:** 2 team conference rooms, videoconference room, student/trainee lounge, library and study stations, 1 office and 2 work stations

**COMPLETED:** October 2011

### 05 | Fort St. John Hospital



**PURPOSE:** Expanded capacity for Northern Medical Program and postgraduate training

**FEATURES:** 2 on-call rooms, 2 videoconference rooms, library, study area, online exam room, 2 enhanced clinical skills rooms with simulation mannequins, offices

**COMPLETION:** June 2012

### 06 | Royal Inland Hospital (Kamloops)



**PURPOSE:** Educational capacity for Southern Medical Program

**FEATURES:** Videoconference room, offices, library renovations

**COMPLETED:** May 2011

### 07 | Kelowna General Hospital



**PURPOSE:** Educational capacity for Southern Medical Program and postgraduate training

**FEATURES:** 16 on-call rooms, student/trainee lounge

**ESTIMATED completion:** June 2012

### 08 | Vernon Jubilee Hospital



**PURPOSE:** New space for Southern Medical Program and postgraduate training

**FEATURES:** 2 videoconference rooms, clinical skills room, 4 on-call rooms, student/trainee lounge, library, study areas, offices

**ESTIMATED COMPLETION:** September 2012

### 09 | Surrey Memorial Hospital



**PURPOSE:** Expanded capacity for Vancouver-Fraser Medical Program and postgraduate training

**FEATURES:** Video-conference room, 7 on-call rooms, student lounge, 3 offices in F-Tower

**COMPLETION:** July 2011

**FEATURES:** 1 lecture theatre, 3 videoconference rooms, 9 clinical skills rooms, 20 on-call rooms, student/trainee lounge, library, study areas and offices in Critical Care Tower

**ESTIMATED completion:** July 2014

### 10 | Lions Gate Hospital (West Vancouver)



**PURPOSE:** Expanded capacity for Vancouver-Fraser Medical Program and postgraduate training

**FEATURES:** 8 on-call rooms, student lounge, 8 clinical skills rooms, 3 videoconference rooms, library, study areas, offices

**COMPLETION:** late 2013

### 11 | St. Paul's Hospital (Vancouver)



**PURPOSE:** Expanded capacity for Vancouver-Fraser Medical Program and postgraduate training

**FEATURES:** Renovated lecture theatre, 2 videoconference rooms, 10 on-call rooms, 7 clinical skills rooms

**COMPLETION:** Lecture theatre, on-call rooms and videoconference rooms completed October 2011; clinical skills rooms estimated to be ready in fall 2012

### 12 | B.C. Women's Hospital & B.C. Children's Hospital (Vancouver)



**PURPOSE:** Expanded capacity for Vancouver-Fraser Medical Program and postgraduate training

**FEATURES:** Renovated lecture theatre and conference room,

2 enhanced clinical skills rooms with simulation mannequins, 10 clinical skills rooms, 23 on-call rooms, 5 videoconference rooms, library with study stations, offices

**COMPLETION:** Lecture theatre completed September 2011; all others to be completed between January 2012 and September 2013



# THREE MINUTE THESIS

In the spring of 2011, the University of British Columbia held its first-ever “Three Minute Thesis” competition. Intended to help graduate students develop effective presentation and communication skills, the “3MT” requires participants to explain the breadth and significance of their research projects to a non-specialist audience in just three minutes. They can use only one slide, and can’t use any electronic media or props. The idea originated at the University of Queensland in Australia, and has

since grown to include all of Australia and New Zealand, with over 50,000 PhD and Master of Philosophy students from 33 universities competing. UBC was the first university in North America to host an official 3MT competition, and is hoping to expand it to B.C., Canada and eventually North America.

What follows is a first-hand account from one of the participants – **Sarah Chow**, a fifth-year graduate student in the Department of Cellular and Physiological Sciences.

When friends and family ask me about my research, frustration is the usual result – on both ends.

Like most basic science researchers, I spend my days (and more than a few nights) on an esoteric topic – in my case, analyzing the thermodynamic interaction between the pacemaker protein of the heart and a molecule called cAMP, which together increase heart rate.

While I thrill at being the first person in the world to run a certain experiment, and rejoice at knowing something before anyone else, I couldn't convey that excitement to people outside my lab. My explanations were usually met with puzzled expressions. Sharing my passion appeared to be as difficult as earning a doctorate.

Fortunately, something came along that forced me to try harder: the Three-Minute Thesis competition. When I first saw the posters for it in the Life Sciences Centre, I knew this was the chance to improve my communication skills.

My competitors and I all faced the same challenges: How do we translate scientific jargon, such as isothermal titration calorimetry? How do we explain the complex processes that lead from molecular reactions to an observable physical ailment? How do we get people to see the big picture based on our work on one small piece?

My first draft received lukewarm results. A senior graduate student suggested I put more emphasis on the novelty of my research. Another suggested I cut out complicated words like cAMP. The best piece of advice came from my supervisor, Associate Professor **Eric Accili**: 'You can't please everyone, so do what you feel is right.'

I found myself walking a fine line. I knew I couldn't get very technical, but I also didn't want to sound condescending. I swapped words in and out, like cAMP, eventually finding my balance.

The title of my presentation: "Mending Broken Hearts: A Novel Approach to Designing Heart Rate Controlling Drugs." My key line: "What if I told you that you didn't need an artificial pacemaker, because everyone in this room has their own natural pacemaker?" In my first run-through, I got tongue-tied. So I rehearsed in front of

a video camera, checking for awkward movements or weird facial expressions.

At the first round, in the Life Sciences Centre, my stomach churned. I knew two of the 11 competitors (all from the Faculty of Medicine), and they were great speakers. But as I analyzed the pros and cons of each performance, I found my confidence building. When it was my turn, I walked toward the front of the lecture hall, my heart racing. I faced the audience, opened my mouth, and the words spilled out.

I made it to the semi-finals, which filled me with both joy and dismay, because I had to endure all of that stomach-churning anxiety again – this time, against graduate students from throughout the university. With two weeks to wait, I contemplated changing my speech, then decided against it. Instead, I just practiced every chance I had.

In the semi-finals, I was less nervous and I felt less pressure, because I was relieved just to have made it this far. Although I thought my speech could use more passion, the judges surprised me by awarding me first place.

I continued to practice my speech in the two weeks before the final showdown. I wore my lucky blue dress and my favourite pair of boots as I ascended the creaky wooden stage in the Graduate Student Society ballroom.

I exuded passion about my research, maintaining eye contact with the audience to drive home the point: my research will save lives. Basking in my last few seconds of attention, I smiled and walked off the stage. I felt more confident than ever, and thought I would place.

The judges didn't think so. I was a runner-up.

Of course, I was disappointed. But I took solace in breaking down the barrier that prevented me from communicating what I do, and why I do it. As a scientist, I hope to share my knowledge effectively so the public will understand what's at stake, and now I'm better prepared to do that.

And maybe, when I'm talking with friends and family about the hours I spend in the lab, I'll be met with smiling faces and understanding nods.

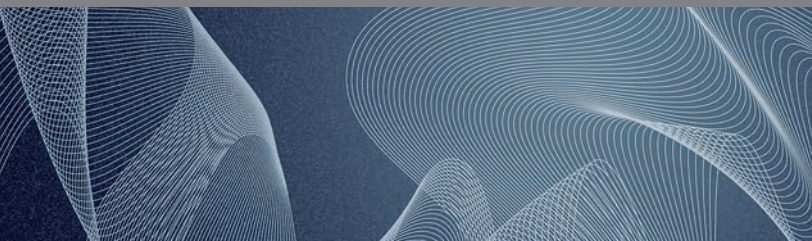


**“As a scientist, I hope to share my knowledge effectively so the public will understand ... and now I’m better prepared to do that.”**

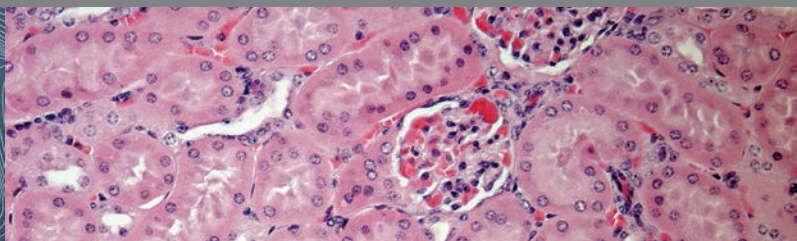
**—Sarah Chow, graduate student**

# ENHANCING EXCELLENCE

## NEW ARRIVALS TO THE FACULTY OF MEDICINE



**GOAL:** To advance understanding of how the human brain processes images and makes sense of complex visual patterns.



**GOAL:** To build on the strengths and accomplishments of the UBC nephrology group in collaboration with a vibrant provincial network of clinicians, administrators, researchers and educators, and to enhance the care of patients living with kidney disease.



### IPEK ORUC

**AGE:** 36

**POSITION:** Assistant Professor, Department of Ophthalmology and Visual Sciences

**EDUCATION:** Bachelor's and master's degrees in computer science, Bogazici University, Istanbul; PhD in psychology, New York University

**PREVIOUS POSITION:** Research Associate, UBC Department of Ophthalmology and Visual Sciences

**DID YOU KNOW?** Lived in Asia (southeast Istanbul) and commuted to Europe (northwest Istanbul) daily throughout college.

**DISTINCTIONS:** Founding member of Visual Cognitive Neuroscience Group in the UBC Department of Ophthalmology and Visual Sciences; recipient of NSERC Discovery grant; recipient of UBC Faculty of Medicine spring 2011 Start-up Fund competition.

“Visual recognition is based on networks of cortical regions working together in tandem. Visual dysfunction, such as the inability to recognize faces (e.g., prosopagnosia), common objects (e.g., visual agnosia) or written text (e.g., dyslexia) can occur due to impaired processing in one or more regions, or disruption of the connections between these. Various causes, including developmental dysfunction and brain injury, can lead to problems with recognition and significantly impair quality of life. Currently, there is no known cure for these conditions. Precise characterization of the neural disruption leading to these impairments holds tremendous promise in devising effective treatments. Although significant advances in the field have been made using visual psychophysics and neuroimaging, potential for further progress through any single methodology alone is limited. It is difficult to test a neurological model through behavioral experimentation, and correlates of neural activity are hard to directly link to visual experience. My research at UBC will combine innovative neuroimaging techniques and analysis tools with rigorous psychophysical methods and computational modeling to create new avenues of investigating neural mechanisms of visual recognition and the disruption that leads to impaired visual function, ultimately improving diagnosis and rehabilitation efforts.”



### ADEERA LEVIN

**AGE:** 52

**POSITION:** Professor and Head, Division of Nephrology, Department of Medicine

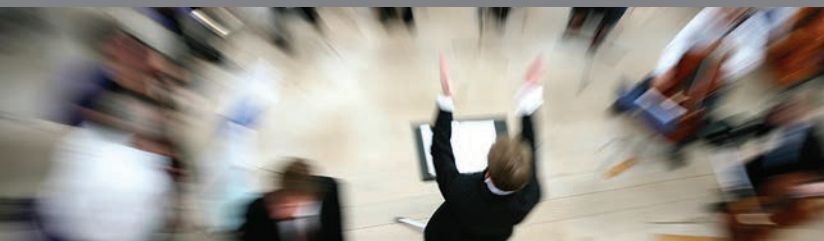
**EDUCATION:** Honors Bachelor's degree in science, University of Toronto; MD from McMaster University; internal residency at McMaster; clinical fellow nephrology residency, University of Toronto; clinical research fellowship, University of Toronto/Kidney Foundation.

**PREVIOUS POSITION:** Executive Director, B.C. Provincial Renal Agency (continuing in that position); Clinical Professor, UBC Division of Nephrology.

**DID YOU KNOW?** Obsessed with swimming at least 2.5 km per day, at least five days a week, irrespective of where she is – favorite website is [www.swimmersguide.com](http://www.swimmersguide.com), which lists lap swimming locations in any city.

**DISTINCTIONS:** UBC/St. Paul's Hospital Dr. Howard Stein Master Teaching Award; Dr. Shelley Naiman Award for Clinical Teacher of the Year, UBC Department of Medicine; Providence Health Care/St. Paul's Hospital Department of Medicine Faculty Research Mission Award; Anesthesia Master Teaching Award, St. Paul's Hospital; Kidney Foundation of Canada Special Appreciation Award; Kidney Foundation of Canada Dr. John B. Dossetor Mission Award for Research; National Kidney Foundation's Garabed Eknoyan Award; Curriculum Chair, KRESCENT (national training program for clinician scientists in kidney disease); Secretary General, International Society of Nephrology.

“UBC and the province of British Columbia have an opportunity to develop a unique collaboration whereby academic endeavors and clinical care in nephrology are developed and maintained together with the highest standards. We have a group of enthusiastic nephrologists interested in delivering best care around the province, and enrolling patients in cohort and interventional studies. We have medical students, residents and sub-specialty trainees in nephrology as well as dedicated pharmacists, dieticians and nurses who are interested in delivering state-of-the-art, fiscally responsible care. Currently, the division of nephrology has obtained substantial research funding from peer review grants, as well as industry-sponsored grants, some of which are investigator-initiated. Coordinating these human and financial resources with our interest in translational research, clinical epidemiology, clinical trials and health outcomes research should provide a fantastic platform for further development of the UBC Division of Nephrology.”



**GOAL:** To identify new therapeutic targets for cancer, diabetes, and neurodegenerative diseases by studying the basic molecular machineries that mediate intracellular communication.



## CALVIN YIP

AGE: 33

**POSITION:** Assistant Professor, Department of Biochemistry and Molecular Biology

**EDUCATION:** Bachelor's degree and PhD in biochemistry and molecular biology, UBC.

**PREVIOUS POSITION:** Postdoctoral fellow, Harvard Medical School.

**DID YOU KNOW?** Born in Hong Kong, moved to Vancouver at age 14; became Lord Byng High School's timekeeper/scorekeeper for interscholastic basketball.

**DISTINCTIONS:** Michael Smith Foundation for Health Research Career Investigator Award; CIHR Jean-Francois St.-Denis Fellowship in Cancer Research; CIHR Fellowship; Jane Coffin Childs Memorial Fund Fellowship (U.S.); Lionel E. McLeod Health Research Scholarship from Alberta Heritage Foundation for Health Research.

"Much like the conductor of a symphony orchestra, signaling molecules switch on or off the various proteins and protein complexes in the cell at the appropriate time to ensure that they can perform their functions in a highly coordinated fashion. Perturbations to the normal activities of signaling molecules – which disrupt essential processes that regulate cellular survival, growth, and proliferation – are the underlying causes of chronic diseases, including cancer, type 2 diabetes, and neurodegenerative disorders. My research at UBC focuses on the basic biological functions of cell signaling machinery and the molecular mechanisms through which they exert their activities. In particular, my research group uses a cutting-edge imaging technique known as single-particle electron microscopy (EM) to visualize the three-dimensional structures of signaling molecules to sub-nanometer level details. We believe that through investigating the structure and function of key cellular signaling molecules, we can elucidate fundamental principles governing the transmission of signals in the cell and gain important insights into the intracellular regulatory processes, thus paving the way for more effective therapeutic strategies, and ultimately improving the health and quality of life of many Canadians."

## IN MEMORIAM



## CONSTANCE LIVINGSTONE FRIEDMAN, 1920 – 2011

Professor Emerita **Constance Friedman**, one of the first faculty members of the UBC Faculty of Medicine, died at her Vancouver home in June.

She and her husband, **Sydney Friedman**, joined the Faculty in the year of its founding, 1950, establishing the Department of Anatomy. She taught histology and anatomy to medical and dental students and pursued research into hypertension until her retirement in 1985. She and her husband published more than 200 papers on the effect of salt on hypertension.

Dr. Friedman obtained her PhD from McGill University in 1948 in the area of renal physiology and hypertension, and taught medical histology there until she and her husband joined UBC.

In addition to her professional pursuits, Dr. Friedman was a prolific reader, and enjoyed gardening, travelling, boating and the arts.

In her memory, UBC lowered the B.C. flag on campus June 17. She is survived by her husband.



Clockwise from top left: Prostate cancer researchers in the Robert H.N. Ho Research Centre; cutting the ribbon on the Ho Centre; UBC President Stephen Toope at the Ho Centre opening; Heather McKay, Director of the Centre for Hip Health and Mobility, with B.C. Health Minister Mike de Jong in the safe movement lab; Ho Centre entrance. PHOTO CREDITS: JONETSU PHOTOGRAPHY

# NEW HOMES FOR RESEARCH AND CARE OPEN UP OR TAKE SHAPE

Breaking ground for the Djavad Mowafaghian Centre for Brain Health.  
PHOTO CREDIT: MARTIN DEE.



During its relatively short existence, the Faculty of Medicine has established itself as one of the world's leading centres for health research, even as many of its scientists laboured in cramped and scattered facilities outfitted with increasingly obsolete equipment.

This fall, the Faculty joined with Vancouver Coastal Health, government officials and donors to celebrate major progress in giving researchers the infrastructure they deserve: the opening of the Robert H.N. Ho Research Centre and the construction start of the Djavad Mowafaghian Centre for Brain Health.

The Robert H.N. Ho Research Centre, situated in the heart of the Vancouver General Hospital complex, will house 150 scientists, clinicians, trainees and staff focused on making discoveries in prostate cancer, ovarian cancer and bone and joint problems – and exploiting those discoveries for patient care.

“Can you – can any of us – comprehend the magnitude of what we’re losing in human potential to these three diseases?” UBC President **Stephen J. Toope** said at the Sept. 15 opening, which also featured a speech by B.C. Minister of Health **Michael de Jong**. “The gifts and talents, contributions and capacities in B.C. alone? This building, and all that takes place within it, is about giving those years back.”



Clockwise from top left: Djavad Mowafaghian speaks at groundbreaking for Djavad Mowafaghian Centre for Brain Health; rendering of the brain health centre; the centre under construction; Max Cynader, Director of the Brain Research Centre, and postdoctoral fellow Michael Borich explain transcranial magnetic stimulation to B.C. Health Minister Mike de Jong and John Duncan, federal minister for Aboriginal affairs and northern development. PHOTOS BY MARTIN DEE, BRIAN KLADKO

Among the features of the seven-storey, \$38.8 million building:

- A state-of-the-art microscopy suite in the Vancouver Prostate Centre (VPC);
- Liquid nitrogen-vapour storage freezers to preserve tissue samples for the VPC;
- State-of-the-art wet labs for the VPC and the B.C. Ovarian Cancer Research Program;
- A biomedical engineering laboratory in the Centre for Hip Health and Mobility (CHHM) that will pursue new surgical techniques for bone and joint replacement;
- A “safe movement laboratory” to assess mobility patterns and an “exercise prescription suite” to evaluate specific exercise programs’ efficacy, both in the CHHM.

“This will be a centre for cross-over and pollination of ideas, where collaboration pushed further than individual efforts ever could,” said **Robert H.N. Ho**, whose \$15 million donation for construction of the centre and other areas of care supplemented \$47.2 million in provincial and federal government funding.

Less than a month later, a similar celebration unfolded a few kilometers away, on UBC’s Vancouver campus, to break ground for the Djavad Mowafaghian Centre for Brain Health.

Expected to open in 2013 adjacent to UBC Hospital, the centre will bring together experts in psychiatry, neurology and neuroscience, and will bring research in those fields closer to patients who will be treated in the facility.

Reflecting major financial contributions from the federal and provincial governments, the ceremony included speeches by de Jong and **John Duncan**, the federal minister for Aboriginal affairs and northern development and Member of Parliament for Vancouver Island North. Minister of Advanced Education **Naomi Yamamoto** also attended.

“It’s quite remarkable, isn’t it, that in this complicated machine called the body, the core of it, that which helps propel the rest, is still fraught with mystery?” de Jong said. “This centre is dedicated to the task of removing as much of that mystery as is possible. And it will succeed. And there will be breakthroughs.”

The \$68.8 million center will include a brain tissue and DNA bank that will be used to find genetic risk factors and biomarkers; larger exam rooms and work spaces to accommodate instruction; and patient-friendly corridors with short walking distances, simplified way-finding and numerous places to pause or rest.

The centre is named for **Djavad Mowafaghian**, a Vancouver philanthropist whose foundation donated \$15 million for the project. The Faculty has received three other gifts for the centre: \$5 million from the **Townsend family**, \$1.5 million from **Rudy North** and \$2.5 million from a private donor.

At the event, Mowafaghian saluted the “group of tireless and knowledgeable researchers at this centre, who have decided to conquer the ultimate frontier of medicine, which is brain health.”

## MAKING A MARK: ACHIEVEMENTS & AWARDS

Three faculty members are among the new Fellows of the Royal Society of Canada, one of the country's highest levels of recognition of intellectual accomplishment.

**01 | Judith Hall**, Professor Emerita in the Department of Pediatrics, is a pediatrician and clinical geneticist who has researched birth defects and non-traditional mechanisms of disease.

**Steven Jones**, Professor in the Department of Medical Genetics, has made leading contributions to the field of genome informatics, applying his insights to various projects, including SARS and cancer.

**Peter Leung**, Professor in the Department of Obstetrics & Gynaecology and Associate Dean, Graduate & Postdoctoral Education, has conducted innovative research in the area of endocrine control of reproduction.

**02 | David G. Huntsman**, Professor in the Department of Pathology and Laboratory Medicine, received the inaugural Virginia Greene Leadership Award, which recognizes someone who has made major contributions to overcoming

ovarian cancer in British Columbia.

Dr. Huntsman, the Director of the Ovarian Cancer Research Program at Vancouver General Hospital and the B.C. Cancer Agency, led a research team that discovered ovarian cancer is not one disease, but five subtypes that behave like distinct diseases. This work, published in 2008, has changed the way in which ovarian cancer is diagnosed and treated.

**03 | Tom Oxland**, Professor in the Department of Orthopaedics and Acting Director and Principal Investigator of ICORD, was inducted as a Fellow of the Canadian Association of Engineers (CAE).

Dr. Oxland, who holds the Canada Research Chair in Spinal Cord Biomechanics, is also a Professor in the Department of Mechanical Engineering in the Faculty of Applied Science. His research focus is understanding, diagnosing and treating musculoskeletal problems, with a focus on spinal cord injury and treatment of the aging spine.

**04 | Jerry Shapiro**, Clinical Professor in the Department of

Dermatology and Skin Science, will become President of the World Congress of Dermatology (WCD) in 2015, and **Harvey Lui**, Professor and Head of the Department, will become Secretary-General.

Also, Dr. Lui was elected to the board of the International League of Dermatologic Societies after being nominated by the Canadian Dermatology Association.

The election of Dr. Shapiro and Dr. Lui at the WCD in Seoul coincided with that organization choosing to hold its next gathering in Vancouver in 2015.

**05 | Jerry Spiegel**, Associate Professor in the School of Population and Public Health, received the Canadian Public Health Association's 2011 International Award.

Dr. Spiegel has led community-university partnership projects in Cuba and Ecuador and is currently directing a project in South Africa.

### 2011 Faculty of Medicine Distinguished Achievement Awards

#### Excellence in Education

- **Sandra Jarvis-Selinger** (Surgery)

- **Amanda Bradley** (Pathology & Laboratory Medicine)

#### Excellence in Basic Science Research

- **Kurt Haas** (Cellular & Physiological Sciences)
- **Yuzhuo Wang** (Urologic Sciences)

#### Excellence in Clinical or Applied Research

- **Peter von Dadelszen** (Obstetrics & Gynaecology)
- **Torsten Nielsen** (Pathology & Laboratory Science)

#### Service to the University & Community

- **Anita Palepu** (Medicine)
- **Doug Cochrane** (Surgery)

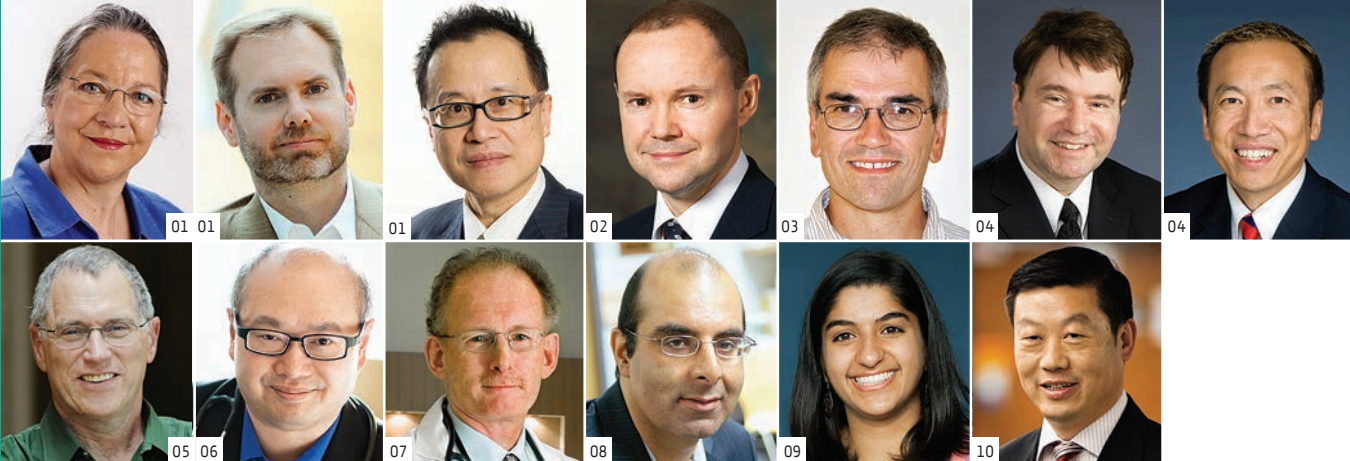
#### Overall Excellence

- **Timothy Kieffer** (Cellular & Physiological Sciences)
- **Jon Stoessel** (Medicine)

#### Outstanding Contributions by a Senior Faculty Member

- **William Honer** (Psychiatry)
- **Kay Teschke** (School of Population & Public Health)

**06 | Roger Wong**, Clinical Professor in the Division of Geriatric Medicine of the Department of Medicine, has ascended to the presidency of the Canadian Geriatrics Society – the first British



TOP ROW L–R: Judith Hall, Steven Jones, Peter Leung, David Huntsman, Thomas Oxland, Jerry Shapiro, Harvey Lui  
 BOTTOM ROW L–R: Jerry Spiegel, Roger Wong, Graydon Meneilly, Ravi Sidhu, Alia Dharamsi, Weihong Song

Columbian to lead the organization in 20 years.

Dr. Wong is the Division's Associate Postgraduate Program Director and Head of the Geriatric Consultation Program at Vancouver General Hospital.

**07 | Graydon Meneilly**, Professor and Head of the Department of Medicine at UBC and Vancouver Coastal Health, has been elected Governor of the British Columbia chapter of the American College of Physicians (ACP), the nation's largest medical specialty organization.

Dr. Meneilly, whose primary area of professional interest and expertise is diabetes in the elderly, was elected by local ACP members to the four-year term.

**08 | Ravi Sidhu**, Assistant Professor in the Department of Surgery, received the 2011 Young Educators' Award from the Association of Faculties of Medicine of Canada.

Dr. Sidhu, a vascular surgeon at St. Paul's Hospital, is Director of Postgraduate Education in the Surgery Department, and also is the Core Surgery Program Director.

**09 | Alia Dharamsi**, a student in the MD Undergraduate Program, received a B.C. Community Achievement Award from the British Columbia Achievement Foundation.

Dharamsi has volunteered at the Canuck Place children's hospice, tutored and mentored high school students, developed a wellness conference for inner-city youth, and led UBC's Meal Exchange program that finds contributions for local food banks.

#### 2011 Faculty of Medicine Awards

##### Bill & Marilyn Webber Lifetime Achievement Award

■ **Pieter R. Cullis**, Department of Biochemistry and Molecular Biology

##### UBC Killam Teaching Prizes

- **Catherine Pang**, Department of Anesthesiology, Pharmacology & Therapeutics
- **Gurdeep Parhar**, Department of Family Practice and Associate Dean, Equity/Professionalism
- **Ken Baimbridge**, Department of Cellular & Physiological Sciences

■ **Paula Gordon**, Department of Radiology

##### Applegarth Staff Service Awards

- **Ciaran Connolly**, Manager, Gross Anatomy Lab
- **Andrew Fisher**, Program Assistant, MD Undergraduate Program

##### Clinical Faculty Award in Teaching Excellence

- **Andrew Ignaszewski**, Department of Medicine
- **Cindy-Ann Lucky**, Department of Family Practice
- **Mary Clark**, Department of Occupational Science and Occupational Therapy

##### Clinical Faculty Award for Excellence in Community Practice Teaching

- **James Spence**, Department of Medicine

##### Clinical Faculty Awards for Career Excellence in Clinical Teaching

- **Trevor Hurwitz**, Department of Psychiatry
- **Nazmudin Bhanji**, Department of Pediatrics

##### 2010/2011 Innovation in CME/CPD Award

- **Jeff Plant**, Department of Emergency Medicine

##### 2010-2011 Distinguished Service to CME/CPD Award

- **Rona Cheifetz**, Department of Surgery

##### Awards for Initiatives in Promoting Healthy Faculty, Staff & Learners

- **Nicci Bartley**, School of Population and Public Health
- **Gilbert Lam** and **Sally Ke**, on behalf of the UBC Wellness Initiative Network

##### Awards for Excellence in Mentoring Early Career Faculty

- **William G. Honer**, Department of Psychiatry
- **Stephen G. Withers**, Department of Chemistry, Faculty of Science
- **Sylvia Stockler-Ipsiroglu**, Department of Pediatrics

**10 | Weihong Song**, Canada Research Chair in Alzheimer's Disease in the Department of Psychiatry, has received China's highest honour for foreign experts – the Friendship Award.

Dr. Song, who forged crucial Chinese-Canadian research collaborations since emigrating from China two decades ago, was presented with the award by Vice Premier Zhang Dejiang in Beijing, and later met with Premier Wen Jiabao.



Nina Sun, a Grade 12 student, monitors her blood pressure at the eHealth Young Innovators Summer Camp. PHOTO CREDIT: RAYMOND CHAN

## INVITATION TO A (TECH) REVOLUTION

For 49 curious teens, the summer of 2011 – or at least one week of it – was a chance to get a close-up view of health care's future.

The inaugural season of the eHealth Young Innovators Summer Camp showcased how information technology is transforming health care, and encouraged the “campers” to become part of that transformation.

Taking place mostly on UBC's Vancouver campus in two week-long sessions, the program – the first of its kind in North America – was organized by the Faculty's eHealth Strategy Office, with financial support from TELUS.

The camp was the brainchild of **Kendall Ho**, Director of the eHealth Strategy Office and Associate Professor in the Department of Emergency Medicine. He noticed that young people have been conspicuously absent from public forums organized by his group over the past two years on subjects such as diabetes and heart disease.

“When you don't need health services, and you're not sick, you don't think about it,” Dr. Ho says. “But we know kids like technology. And they have the ideas about the next generation of technology that might elude their elders – including me.”

The camp had several goals: introducing young people to various health career tracks; exploring e-health and its impact on health care; eliciting ideas from them about new e-health applications; and encouraging healthy practices – especially diet and exercise – by the participants.

“This really made sense for us,” says **Preet Dhillon**, TELUS' Director of Consumer Health Solutions, which is piloting a couple of products in the e-health realm, including online personal health records and an iPhone app that helps people with diabetes manage their condition. “We want to make sure that there is a pipeline of bright, motivated young teens who can make the most of the technological revolution in health care.”

Registration opened April 20, and filled up by early June, with some teens coming from as far away as Smithers and Pitt Meadows.

Activities during the week included: career discussions with professionals working in the health field; touring a virtual hospital and escorting a patient to an MRI in the multi-user online platform Second Life; and field trips to the TELUS Innovation Centre in downtown Vancouver and the Centre of Excellence for Simulation Education and Innovation (CESEI), a high-tech classroom at Vancouver General Hospital, where students resuscitated a simulation mannequin and learned how to take vital signs.

Campers also teamed up to create health-related smartphone applications: a body mass index calculator, a mobile patient imaging tool and a detector to sense when a patient may have fallen. On the final afternoon of each camp session, students demonstrated their programs, and shared their observations and reactions.

“When you think of health care, different jobs come to mind – doctors, pharmacists, nurses,” says **Eric Zhou** of Richmond. “But you don't usually think about the technology and the engineers behind the scene. That technology is really becoming a vital part of caring for patients.”

Zhou also realized that change is driven more by novel applications of existing technology than by pure invention. “That really changed my perspective,” he says.

One of the camp instructors, **Francisco Grajales**, a UBC graduate student in e-health and health services research, gained his appreciation for e-health while learning to use simulation technology as an Army medic.

“I wish I could have had an opportunity like this in high school,” Grajales says.



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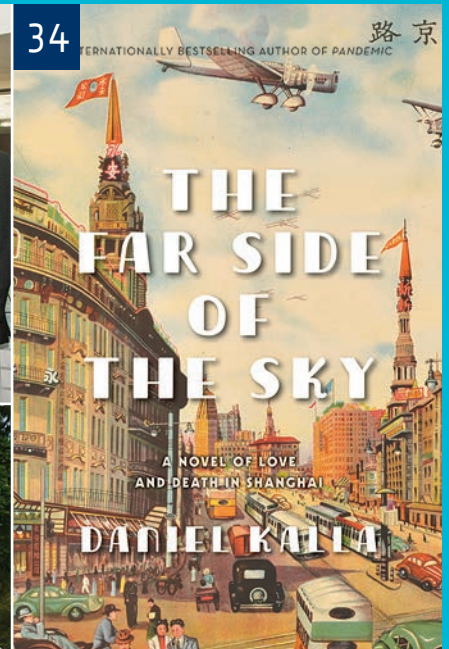
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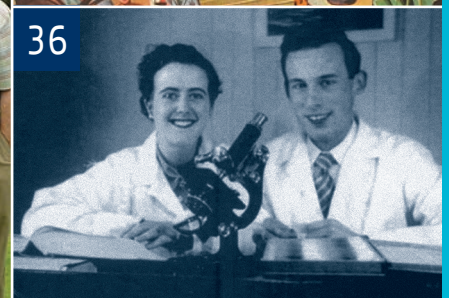
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MEDICAL ALUMNI ASSOCIATION  
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Kira Peterson

**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:

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**Alumni Affairs Faculty of Medicine**  
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 Vancouver, BC V5Z 3M2  
 Ph: 604 875 4111 ext. 67741  
 Fax: 604 875 5778  
 med.alumni@ubc.ca

## CLASS REUNIONS

**Class of 1966**

June 30, 2011

Location: Vancouver, B.C.

Organizer: Nathan Batt

**Class of 1971**

September 10, 2011

Organizers: Chris Finch

&amp; Sherri Purves

Location: Vancouver, BC

**Class of 1961**

September 16 – 18, 2011

Organizers: David Manson,

Alice Suiker, Francis Ho, &amp;

Edward Trevor-Smith

Location: Vancouver, BC

**Class of 1986**

September 23 – 25, 2011

Organizer: Marshall Dahl

Location: Vancouver, BC

For more information on class reunions, please contact the UBC Medical Alumni Affairs office at marisa.moody@ubc.ca or 604-875-4111 ext 62031.

## ALUMNI EVENTS

**Victoria Medical Society Dinner**

January 28, 2012

Fairmont Empress Hotel  
Victoria, BC**Vernon Hockey Tournament**

March 2 – 3, 2012

**Spring Gala & Alumni Reception**

March 18, 2012

**Medicine Alumni Event Calgary, AB**

April 2012

**UBC Medical Alumni Association AGM**

April 2012

**UBC Medical Alumni & Friends Golf Tournament**

June 28, 2012

University Golf Course

MEDICAL ALUMNI  
AND THE UNIVERSITY

## PRESIDENT'S REPORT



Medicine is an academic, evidence-based profession. It is also an intensely personal and human activity that works every day in the context of individual lives and contemporary society.

Universities share all these attributes, too. They are knowledge-based institutions with vitally-important societal roles. They are an intellectual resource for education, research and expertise. They are a source of important dialogue with the broader community. Universities matter.

UBC Medical Alumni are UBC Alumni. It is good to know that we are an integral part of one of British Columbia's most important enterprises – the important teaching, research and knowledge centre that is the University of British Columbia.

This autumn we have the opportunity to 'start an evolution.' We can change the world through student learning,

research, and community engagement by being a part of UBC's new campaign which sets out two goals; to raise \$1.5 billion in donations and to double the number of alumni who are actively involved in the life of the University.

*Start an Evolution* is the most ambitious fundraising and alumni engagement campaign in Canadian university history and you can be a part of it.

I am very pleased that our Medical Alumni are actively-engaged members of their profession, their University and their society. We can also be engaged with our alma mater this year by being a part of the evolution.

I encourage you to join this evolution and discover what we, as alumni, can accomplish together. Learn more about the UBC *Start an Evolution* campaign, at [www.startanevolution.ca](http://www.startanevolution.ca).

Best regards to you all,  
**Marshall Dahl, MD '86**

*President*

*UBC Medical Alumni Association*



L – R: L. Warren, MD '68; B. Tamboline, MD '60; M. Dahl, MD '86 PHOTO CREDIT: HARVEY LUI

## WALLACE WILSON LEADERSHIP AWARD

LINDA WARREN, MD '68

**Linda was born and raised in Port Alberni, B.C.. She completed her schooling there but because grade 13 was available, she stayed home for another year before setting out to the big new world of UBC.**

There she studied science but soon the question of a profession arose. With the input of her parents and her brother, Linda created an alphabetical list of possible careers, which was eventually short listed to two; pharmacy and medicine. As she liked science and wanted to help people, medicine won out which was a big win for medicine!

Her application to medical school received early acceptance and she graduated in 1968. With an interest in ophthalmology, Linda interned in Hawaii. As well as being a nice place to intern, the University of Hawaii at that time offered a rotating surgical internship, with 6 months rotation in each of surgery and internal medicine. There, she realized she should return to her first choice, radiology, which offered a broad exposure to medicine and particularly, diagnosis.

A year of internal medicine and radiology residency years followed. However, when she began radiology in January 1971, there were no funds left for that year, but she was determined to start despite this. She received her FRCPC in November of 1973. And now begins her truly remarkable career.

Linda then joined a general radiology practice near the Vancouver General Hospital.

Her six male colleagues were all respected UBC faculty who divided their time between the hospital and office one block away. At that time mammography was in its infancy and was not taught in residency programs. When given a breast case at radiology/pathology rounds, and not having seen a mammogram before, it was back to the books to make a reasonable differential diagnosis. A senior colleague encouraged her to take over the breast segment of the busy practice, and over the next few years, reports regarding the value of mammography screening began to appear, while she developed clinical knowledge.

In 1986 while on a six month sabbatical in Europe, with her husband, she visited five European mammography screening centers and on

return home, she and Dr. Vivien Basco, who was Breast Tumour Group Chair at B.C. Cancer Agency, successfully applied the knowledge and experience from that trip to their planning for a B.C. Mammo Screening Program. This resulted in a grant in 1987 from the Provincial Health Ministry to fund a pilot project on screening mammography for this province. The first patient was examined in July 1988 and within a year the Ministry encouraged them to expand. Linda took on the post of the Executive Director of the Screening Mammography Program of B.C. in June of 1988, in addition to her clinical practice. She was one of the inaugural team of screening radiologists.

Linda joined the UBC Diagnostic Faculty in 1975 and in July 1991 she was appointed Clinical Professor.

In 1999 she was appointed Chief Radiologist of the Screening Mammography Program of B.C. The published data collection and data analysis on high volume quality oriented screening from that program attracted international attention. There were invitations to speak both nationally and internationally. Linda has been a guest consultant, visiting

professor, and guest speaker throughout the world. As well as lectures and presentations, she has given interviews, has been a participant of panel discussions, and has served on local, national and international committees. She has also attended countless scientific meetings, is a member of many organizations, and has authored many publications, all these in addition to her clinical, teaching, and administrative commitments. Are you wondering how she achieves all this within a 24 hour day?

Her honours are many. To name but a few, the Governor General's commemorative medal for public service in honour of Canada's 125 Anniversary Confederation in 1992, the YWCA Women of Distinction in science in 2000, Fellow of the American College of Radiology in September 2000, B.C. College of Physicians and Surgeons Award of Excellence 2005, Order of British Columbia in 2009 and last year, the BCMA Silver Medal of Service.

This has been a truly stellar career. It is my privilege and pleasure to present Dr. Linda Warren as a 2011 Wallace Wilson Leadership recipient.

*Presented by Beverley Tamboline, MD '60*



L – R: J. Lane, MD '73; B. Woodhurst, MD '73; M. Dahl, MD '86  
PHOTO CREDIT: HARVEY LUI

## WALLACE WILSON LEADERSHIP AWARD

BARRIE WOODHURST, MD '73

**Today I am honored to be introducing one of the recipients of the Wallace Wilson Leadership Award, Dr. Walter Barrie Woodhurst.**

Barrie was born in Quesnel, B.C. and was raised there and in Surrey. He did his undergraduate studies and his medical school at UBC, graduating in 1973. His post graduate studies were in Montréal, Vancouver, the University of Western Ontario and finally the Mayo Clinic.

From 1981 through to his retirement last year, Barrie has occupied many positions at UBC and at Vancouver General Hospital, including undergraduate and resident teaching in the Department of Surgery. He served on numerous hospital and university committees while carrying on an active clinical practice with special interest in epilepsy surgery.

Barrie has been awarded numerous UBC and VGH teaching awards and in 2001 he was awarded the Vancouver

General Hospital medical staff award for clinical excellence.

I have had the privilege of knowing Barrie since the first year of medical school. Barrie, two others and I were first-year anatomy partners. We should have known that from the very beginning Barrie would become the surgeon with his meticulous dissections.

I would like now to present now some comments about Barrie from colleagues who could not be here today.

First, from **Nick Carr, MD '83**:

"I did many combined surgical cases with Barrie and he was a superb clinician. Barrie was the Undergraduate Director of Education for the Department of Surgery for many years and brought a passion for education to that position. He was a great source of advice as to who the surgeons in each class were going to be."

The next are comments from **Felix Durity, MD '63**, Professor Emeritus; Department of Surgery:

"I have known Barrie for over 35 years, beginning with his residency in our Division in the '70s.

During his residency he loved to teach and was considered one of the most effective teachers by his fellow residents and the rotating students.

Barrie had the combined gifts of intelligence, hard-work ethic, high standards, love and compassion for his patients. He was a staunch advocate for his patients. He ran a tough quality assurance program for our division for many years. His personal morbidity and mortality figures were truly admirable.

He also served the Royal College well as an examiner for the Certification exams in Neurosurgery and the Neurosurgery Specialty Committee."

And other comments from past residents and colleague included:

- He always put in the extra effort to accomplish the best result for patients, students, and colleagues. Whether the reaction he received

was positive or negative the agenda was always to do things better.

- When I transferred into the program he was an incredible facilitator for my success during a difficult time for Neurosurgery and me. He wanted Neurosurgery to do better and he wanted me to do better. Woody was a father figure, an authoritative one, for my benefit.
- A real turning point was the Bowron Lakes canoe trip. This is the kind of activity that makes residents/trainees feel they are part of something more than just a program. They are part of a development and growth process. The most interesting feature was that it was natural rather than by design. This genuine quality can be hard to find at times in our profession.

It is an honour to have known you all these years, Barrie, as a classmate, roommate, colleague, and friend. You are a most fitting recipient of the Wallace Wilson Leadership Award.

*Presented by Jim Lane, MD '73*



L – R: Dr. V. Tsang; Dr. R. Taylor; M. Dahl, MD '86 PHOTO CREDIT: HARVEY LUI

## HONORARY ALUMNUS AWARD

DR. ROBERT TAYLOR

### It is an incredible honor for me to introduce Dr. Robert Taylor to all of you.

Most of us who know him in this audience know him as a dedicated and compassionate surgeon and academic. Personally, I am indebted to him for the mentorship he has provided to me, early in my years both as a surgical resident as well as a young general surgeon. Increasingly however, the impressive contributions that Dr. Taylor has made on a global scale are being recognized. The following short biography will hopefully give you a glimpse of the tireless achievements he has made and the service to the underprivileged worldwide.

Dr. Robert H. Taylor is a general surgeon, an educator, a leader, and a humanitarian, who, for the past 40 years has devoted his career at home and abroad to improving care for the less fortunate. He is a clinical associate professor of surgery and is the Director for

the Branch for International Surgery at the University of British Columbia. For the past four decades, he has undertaken assignments in some of the most challenging environments around the world. Highlights include pioneering a medical house boat clinic to bring medical care to indigenous people living along the remote rivers of Bolivia; providing surgical care and surgical teaching in a rural mission hospital in the Congo; evaluating an acute care and education program at four hospitals in India; establishing a post-graduate program in basic surgery at the University of Guyana; and teaching essential surgical skills at the University of Malawi. He has worked in numerous conflict zones with the Red Cross including Sri Lanka and the Ivory Coast. Last year he worked as one of two surgeons providing 24 hours a day care to the war wounded at the Red Cross-run 100-bed hospital at Peshawar, Pakistan, where many of the victims sadly were civilian.

His rare wealth of humanitarian and international surgical expertise, coupled with the growing demand from professional associations, compelled him to tackle the challenge of preparing surgeons and members of surgical teams with the issues and challenges they would encounter in the field including ethics, advocacy, and teaching surgery in low resource settings.

He was instrumental in bringing the surgical care community at this University together to establish the Branch for International Surgery. This branch brings together five surgery related departments to provide post-graduate training for surgeons and prospective surgeons. It also provides continuing medical education rounds on international surgery as well as a resident research grants.

On a voluntary basis he devoted countless time and effort to develop this University's first ever online course in surgical care in international health, a course

which has now attracted over 70 surgeons from around the world and continues to build the recognition that surgery can play a vital role in improving the health in underserved areas of the world. He is also teaching the course and mentoring many students and residents on surgical care.

On December 30, 2010 he was awarded the Order of Canada for his humanitarian contributions to improving medical services in surgical care in underserved populations of the world.

Fittingly today, he is being recognized by his colleagues and granted this Honorary Alumnus award. Congratulations, Dr. Taylor.

---

*Presented by Dr. Victor Tsang*



L – R: D. Hardwick, MD '57 and M. Dahl, MD '86; the Class of 1986 reunion which took place this fall. PHOTO CREDIT: HARVEY LUI

## SILVER ANNIVERSARY AWARD

MARSHALL DAHL, MD '86

**The class after 25 years selects an individual who has shown outstanding leadership and who has in the 25 years since graduation demonstrated qualities in one or more of the following areas: research, teaching, clinical care, administration or public service.**

This year's selection by the class of 1986 is **Dr. Marshall Dahl**.

Typically a member of the class presents the Silver Anniversary Award to its recipient and this will happen at the 25th reunion on September 23–25, 2011. But it is traditional to recognize the recipient at the AGM.

Prior to finishing medical school, Marshall already had a PhD, so he was a doctor and would be called "Dr." during his time in medical school. He was extremely busy but not necessarily with extra-curricular activities. I can remember him as a very hard working student and dedicating his efforts towards becoming an excellent clinician.

Over the last 25 years, he committed efforts to extraordinary activities in a wide

variety of areas in the medical community and in addition to that has had time for running, travelling, using the exercise facility at MSAC and ornithology.

Marshall is a voracious learner as noted above. He got his bachelors and PhD in physiology before graduating with his medical degree. His capacity for learning is obvious as after he finished his medical degree he went on to complete his residency in internal medicine and then endocrinology. He is known as the resident "House" doctor. Colleagues look to him as the 'go-to' expert for those particularly difficult diagnoses.

He was Chief Resident of Internal Medicine at VGH and then went to Burnaby Hospital and within 3 years was the Head of the Department of Medicine there.

Marshall teaches at The University of British Columbia in the Division of Endocrinology as a Clinical Associate Professor. He is on the medical staff at Vancouver Hospital and Health Sciences Centre, Department of Endocrinology and consults at Burnaby Hospital.

Marshall has kept himself involved in various scholarly and professional activities. He has added valuable input and influenced many policy decisions and helped to develop strategies to change patterns in health care in British Columbia.

He has taken an active role in various scholarly and professional activities including President of the BCMA, Council Member of CMA, and President of the Professional Association of Residents and Interns of B.C.. He currently is starting his second year of a two-year term as President of the UBC Medical Alumni Association.

Marshall is highly respected among his classmates and other medical professionals; he has always been engaged and is a valuable member and leader in our medical community. I am pleased that Marshall is the recipient of the Silver Anniversary Award.

---

*Presented by David Hardwick,  
MD '57*



L – R (top): H. Lui, MD '86; I. Gillespie, MD '71; D. Kalla, MD '91; A. Garg, MD '77; B. Tamboline, MD '60;  
L – R (bottom): D. Farquhar, MD '58; Dr. A. Seal (Hon.), L. Kanke, MD '76; D. Blackman, MD '69; M. Corbett, MD '80  
PHOTO CREDIT: KAREN TREGILLAS PHOTOGRAPHY (BCMA AWARDS)

## AWARDS, ACHIEVEMENTS, AND ACTIVITIES

### Wesbrook Scholars

**Scott Else, MD '11**, now a resident in Anaesthesia, and **Meghan MacDonald, MD '11**, now a resident in Diagnostic Radiology, were two of 21 UBC students designated as Wesbrook Scholars in 2010–2011. This is based on academic performance and demonstrated ability to serve, work with and lead others, both on and/or off campus.

**Kelly Ann Lefavre, MD '02** is the 2011 Canadian Orthopedic Association's North American Travelling Fellow.

**Lyall Levy, MD '61** and **Arun Garg, MD '77** were recipients of the College of Physicians and Surgeons Award of Excellence in Medical Practice. The presentations were made at the President's Dinner, May 25.

**James Spence, MD '94** received the Clinical Faculty Award for Excellence in Community Practice Teaching.

Vancouver Acute Awards recognizes outstanding

achievements of faculty members from Vancouver Coastal Health (VCH). At the annual Vancouver Medical, Dental and Allied Staff awards, **Peter Dolman, MD '84** received the Award for Clinical Excellence.

A number of Alumni were honoured at the BCMA Annual Awards Ceremony, June 11. **Don Farquhar, MD '58** received the Dr. David M. Bachop Gold Medal for Distinguished Medical Service. **Arun Garg, MD '77** was the first recipient of the Dr. Donald Rix Award for Physician Leadership. **Beverley Tamboline, MD '60** was one of three recipients of the BCMA Silver Medal of Service. This award, established in 1986, confers the Association's highest honour. CMA Honorary Membership was accorded to **Douglas Blackman, MD '69**, **Lorena Kanke, MD '67** and **Dr. Andrew Seal (Hon.)**. Recipients of this award can receive their presentation at the Provincial AGM or National AGM.

**Mark Corbett, MD '80** was installed as BCMA Honorary Secretary Treasurer for

2011–12. **Ian Gillespie, MD '71** is the BCMA Past President.

At the 2011 World Congress of Dermatology (WCD) in Seoul, **Harvey Lui, MD '86** was elected Secretary-General which he will be at the next Congress in 2015. Also at that meeting Vancouver was chosen as the venue for 2015 in a decisive vote over Rome and Vienna. ILDS is an umbrella organization for national dermatological societies and its goals are to promote dermatology and patient care at a global level. Its activities include convening the World Congress of Dermatology every 4 years, with the first held in Paris in 1889. The next, the 23rd, will be in Vancouver in 2015. Harvey was nominated to the ILDS by the Canadian Dermatology Association and is currently serving a 4 year term as an International Director, having been elected at the WCD in Seoul in May, 2011. This is automatically renewable for an additional 4 years.

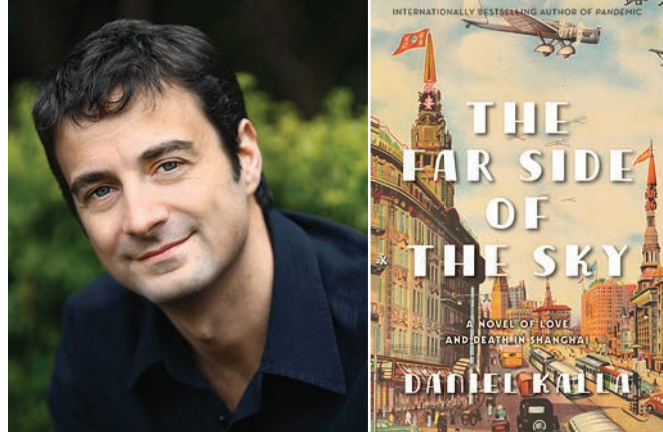
**Dr. David McLean (Hon.)** is the outgoing Secretary-General of the ILDS. In this capacity he was instrumental in bringing a number of countries, including China, Russia and Vietnam to

the ILDS for the first time.

**Daniel Kalla, MD '91** had his seventh novel *The Far Side of the Sky* published in September 2011. This is his first historical novel.

At the Federation of Medical Women's AGM, held in Vancouver in September, **Mary Conley, MD '77** received the Reproductive Health Award, 2011. This award is sponsored by the Society of Obstetricians and Gynecologists of Canada. Also at the meeting, **Pamela Verma, MD '12** was the first recipient of the Student Leadership Award.

Congratulations to UBC's Department of Dermatology and Skin Care which successfully completed its first external university review since becoming a department in 2006. A record number of academic papers have been received and a record number of academic papers have been published. And on October 19, Health Canada advised that it has officially approved a new medical device for evaluating suspected skin cancers that was researched and developed in the Department. **Harvey Lui, MD '86** was one of the researchers.



L-R: Daniel Kalla, MD '91; cover of Kalla's book, *The Far Side of the Sky*  
PHOTO CREDIT: HARPERCOLLINS

## ALUMNI PROFILE

DANIEL KALLA, MD '91

**From a young age, Daniel Kalla never planned on being a doctor. He also never planned on being a bestselling author. But somehow one thing has led to another and Daniel is both a practicing Emergency Medicine doctor at St. Paul's Hospital and a bestselling author.**

It all seems too simple. There was no plan, no dream and no expectation that one day Daniel would be a third generation physician and author of seven books, yet here he is. A class of 1991 UBC Medicine graduate, Daniel swears that he just 'fell into things' and that his medical training and writing directly impact each other, making this career combination simple for him. Writing is energizing and helps him find compassion while he is in the emergency room and seeing patients brings him back to reality and gives him inspiration. To him being an author and doctor are complementary.

The first thing that led Daniel into medicine was his parents, both family physicians. As a child he would often have to stay in the waiting room at St. Paul's Hospital while his father visited patients. As he sat there, he watched as patients waited to be seen and he could feel the hustle and bustle intensify every time someone new walked through the door. The feeling of excitement surged through his body and is what led him to want to become a doctor.

Daniel's time at UBC was a positive experience. After a rotation at Shaughnessy Hospital's ER and getting some hands-on experience, he knew that emergency medicine would be his area of practice. The compassionate teachers he had truly shaped him as an individual and has played an integral role in his teaching style at St. Paul's Hospital.

Thriving on the interactions he was having with patients and seeing medical cases transform, Daniel needed an outlet. He enrolled in a writing course

and writing slowly became his addiction. Using his medical education and pairing it with a fictional storyline he was able to write medical thrillers which have been sold worldwide. This fall, Daniel's seventh book *The Far Side of the Sky* was published. His books have been translated into eleven languages and two books have been optioned for feature films.

Between writing and long shifts in the ER, Daniel still finds time to create new initiatives and acts as the Physicians Operations Leader at St. Paul's Hospital. Most recently, his group and he have put time towards raising funds for the Union Gospel Mission's Emergency Assistance Fund (\$15,000) and the Eastside Emergency Dental Clinic. This fall, a group of 31 ER doctors from St. Paul's Hospital raised \$5,000 needed to help provide an instrument sterilizer at the Eastside Emergency Dental Clinic. The group plans to continue to raise funds and volunteer

their time for various projects which fit the objectives of their program.

So while it may seem like a simple life to Daniel Kalla, to others it may not. An international bestselling author, ER doctor, administrator, husband, father and fundraiser, Daniel Kalla certainly has had good luck 'falling into things'.

For more information on Daniel Kalla, MD '91 go to: [www.danielkalla.com](http://www.danielkalla.com).

---

*Written by Kira Peterson*



L-R: Dr. M. Godley; R. DeMarchi, MD '81; Dr. K. Appleby; B. Cheyne, MD '77 PHOTO CREDIT: KYLE HARLAND  
L-R: M. Vernon; G. Gill, MD '57; Dr. G. Stuart; B. Fleming, MD '78 PHOTO CREDIT: KYLE HARLAND

C. Bowman, MD '99; D. Manson, MD '61;  
H. Oetter, MD '85; M. Vu, MD '01

## EVENT HIGHLIGHTS

### THANK YOU TO THE UBC MEDICAL ALUMNI & FRIENDS GOLF TOURNAMENT SPONSORS

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Society of General  
Practitioners of B.C.  
Vancouver Whitecaps

### UBC Medical Alumni & Friends Golf Tournament *June 23, 2011*

This year's Medical Alumni & Friends Golf Tournament was a huge success! The tournament was held at the University Golf Course on June 23, 2011 and there was a record 88 participants, the most the tournament has had in its 25 year history!

It was a day of unexpected but welcome sunshine, and golfers were on the course enjoying the company, the game and the sun.

The afternoon was spent connecting with friends, colleagues, former classmates, and teachers. Between laughing and conversations, everyone managed to find time to get in some great shots on the course. And to top it off, approximately \$19,000 was raised for the Medical Alumni Association which will help support student programs! This was a record amount for the Medical Alumni & Friends Golf Tournament.

After the round of golf, everyone enjoyed a fabulous dinner in the clubhouse before the prizes were awarded. The evening also included a birthday celebration for the Dean.

Special thanks to **Ron Warneboldt, MD '75, Bob Cheyne, MD '77, David Jones, MD '70, Brad Fritz, MD '75, Anne Campbell, Kira Peterson** and **Patty Scrase** from Scotiabank for organizing this year's tournament.

It is hoped there will be more alumni at next year's tournament in June.

A heartfelt thank you is extended to the sponsors for continuing to support the current and future medical community.

### Student Orientation 2011 *August 29, 2011*

The class of 2015 was welcomed by four alumni speakers, **Cameron Bowman, MD '99, Heidi Oetter, MD '85, Mark Vu, MD '01, and David Manson, MD '61** at the Student Orientation in late August.

This panel of doctors shared with the class the importance of having outside interests to balance the demands of medicine, the benefits of a supportive network, practicing and learning medicine outside of Vancouver, and the joys and privileges of working in medicine.

### And Now for Something Completely Different *September 15, 2011*

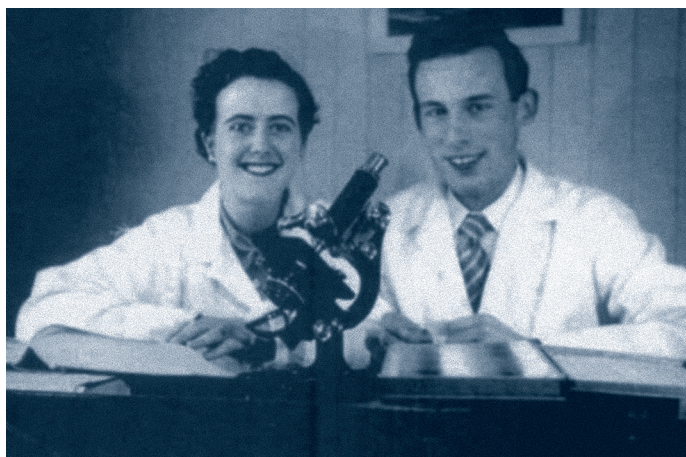
This will be a biannual event which will showcase UBC Faculty of Medicine alumni whose unique career opportunities in medicine will interest and enlighten audiences.

The inaugural session featured alumnus William Carpentier, MD '61, who served as the crew flight surgeon for Apollo 11, the legendary spaceflight that carried the first men to the moon and showed the world the historic first moon walk.

It was a career path which was never expected, but when Dr. Carpentier paired his love of flying with medicine he was able to explore and learn about aviation medicine. After spending two years researching and practicing in aviation medicine, he was offered the residency of a lifetime—to train in operational space medicine with NASA.

Al asked Peg for their first date while they were in the gross anatomy lab – unusual but not exactly a romantic setting!

## MATCHES MADE IN MEDICINE



L – R: Drs. Margaret & Albert Cox; Drs. April & Bill Sanders

### Albert & Margaret Cox

Albert (Al) Cox, MD '54, first met Margaret (Peg) Dobson in the microscopic anatomy class. Students were seated alphabetically so the only obstacle keeping Al apart from his future wife was one classmate named Peter Devito. Pete eventually switched seats with Al, as he got tired of being in the crossfire of conversation over his microscope!

Al asked Peg for their first date while they were in the gross anatomy lab – unusual but not exactly a romantic setting! Over the following years they went

out together and also studied together, often walking home along University Boulevard. During summer vacations Al lived at home in Victoria while working as a house painter and taxi driver, while Peg worked as a nurse aide and later a lab assistant at what is now Riverdale Hospital in Coquitlam, and later at the lab of the Royal Jubilee Hospital in Victoria.

They married in May 1954 and pursued postgraduate study and jobs in Vancouver, London (U.K.), Seattle, Salt Lake City and St John's, spending 22 years in Newfoundland

and Labrador, where Al was Professor of Medicine at the new Medical School of Memorial University and later Dean. Peg practiced pediatrics at the Janeway Child Health Centre and the university while the family of four was growing up. They retired to Vancouver Island in 1991 where Al established an organic garlic farm. They shared their 57th wedding anniversary with the 57th class reunion this year.

*Submitted by Al Cox, MD '54  
& Margaret Cox, MD '55*

### Bill & April Sanders

While consuming as many free cookies as possible at student orientation in 1980, Bill Sanders never guessed that he would also be meeting April, his future wife, that day.

By the end of that first day of medical school Bill and April had set their first date, which would take place a week later at Simpatico Ristorante on West 4th. Enjoying each other's company tremendously, they moved in together a month later and were married within the year. They recently celebrated their 30-year anniversary by taking their two children, one of whom was celebrating a 21st birthday, back to that very restaurant where they had their first date. Being the adventure seeking couple that they are, they also headed south for scuba diving and an exploration holiday to the Galapagos Islands and Machu Picchu.

*Written by Kira Peterson*



The Class of 1961 Reunion Organizing Team encourages you to send your medical school archives to MSAC for safe-keeping. From L – R: D. Manson, A. Suiker, F. Ho, E. Trevor-Smith

## MUS REPORT

**The Medical Undergraduate Society (MUS) welcomed the nation's largest incoming class in August. The first year class now consists of 288 students spread across four sites.**

UBC's MD program is one of the last few schools in Canada that offers a Honours/Pass/Fail grading scheme for pre-clerkship courses. In 2011, students voted to switch to a Pass/Fail grading scheme to be more in-line with other programs in Canada. MUS continues to work with Faculty to have this implemented as part of the MD program Curriculum Renewal.

The *UBC Medical Journal* ([www.ubcmj.com](http://www.ubcmj.com)) published its 5th issue in September 2011 on topics related to aging. The Journal also hosted their 2nd Annual UBC Medicine Research Forum where undergraduate, graduate and medical students across Canada came to present their research. MUS's official newspaper has been renamed MUSings. The MUSings is now the official archive/record-keeping medium for all medical student related accomplishments, news and activities.

During the summer, TransLink abolished its U-Pass mail-out programs for all post-secondary students in B.C.. This posed an inconvenience to 3rd and

4th year medical students who often have grueling clerkship schedules. MUS was able to strike an exclusive deal to have the mail-out program reinstated for 3rd and 4th year medical students.

MUS is working with the Office of Student Affairs to try to improve Career Planning Services for students. MUS has undertaken the responsibility to conduct a study to determine the needs of students at each level of their education. We recently completed a National Survey of all English speaking medical schools in order to understand the services other programs currently offer their students. The goal is to offer "just-in-time" services to students.

MUS is exploring the possibility of publishing a reference textbook/pocketbook in order to establish a permanent revenue stream to fund student initiatives and projects. We are looking for community members who have experience in publishing to collaborate with MUS on this initiative.

At MUS we are focused on providing students with an unrivaled educational experience. This is only possible with the continuing support and collaboration with UBC medical alumni and community members.

---

*Michael Yang, MUS President*  
[yangmh@interchange.ubc.ca](mailto:yangmh@interchange.ubc.ca)

## MSAC REPORT

**Do you have old copies of your year's UBC Medicine student newsletter? A flyer from your Medical Ball? A playbill from the Talent Show? A yearbook? Sports records? MUS minutes? Photos?**

Important historical documents from the "social and recreational" life of your years in medical school might be sitting in that space underneath your stairs. This is

your opportunity to send this memorabilia to a place that values this history.

The Medical Student & Alumni Centre team is aware that those graduating before the MSAC was built did not have a central facility that could house historical information, records or documents. All classes are encouraged to consider MSAC as a memorabilia storage site.

There are several storage options: each class has a locked drawer in a climate-controlled

area of MSAC. These "time capsules" are locked for the class to enjoy at future reunions.

Yearbooks are on display in the locked glass cabinet in the Medical Alumni Meeting Room, and extra copies are inventoried and available for reunions. At present yearbooks from 1960 through 1984 are missing. Do you have one that you would be willing to share?

Space will be provided for material that could be of

general interest to the UBC medical school community.

Current medical students, reunion organizers and archivists-at-heart will be pleased to have a more documented history of student life at UBC Medicine, from the time the first class was admitted in 1950, to DVDs of Camp Artaban activities from the Class of 2015.

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*Written by Nancy Thompson*



MD graduating class of 2011 PHOTO CREDIT: EVANGELOS PHOTOGRAPHY

## CONGRATULATIONS TO THE CLASS OF 2011!

Please join us in welcoming our newest graduates as they pursue their residency programs.

On behalf of the UBC Medical Alumni Association, we are proud to welcome you as alumni and colleagues.

### Anatomical Pathology and General Pathology

*Jeremy Daniels*  
McMaster University

*Shivangi Gambhir*  
University of British Columbia

*Navkiran Sidhu*  
University of Calgary

### Anesthesiology

*Sadiq Abdulla*  
University of British Columbia

*Natalie Barlow*  
University of British Columbia

*Eugene Choo*  
University of Ottawa

*Theresa Cummings*  
University of Toronto

*Scott Else*  
University of Calgary

*Tyler Fraser*  
Dalhousie University

*Steven Green*  
University of British Columbia

*Brian Gregson*  
University of Manitoba

*Cheng (Bill) Lin*  
University of Western Ontario

*Diana Su-Yin MacDonell*  
University of British Columbia

*Lindsay McMillan*  
University of Calgary

*Jeremy Neufeld*  
University of Ottawa

*Graham Noble*  
University of British Columbia

*Jei Eung Park*  
University of British Columbia

*Colin Phillips*  
University of Western Ontario

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University of Toronto

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University of Saskatchewan

*Alexander Wong*  
University of British Columbia

### Cardiac Surgery

*Jong Moo (Steve) Kim*  
University of British Columbia

### Community Medicine

*Andrew Gray*  
McGill University

*Ariella Zbar*  
Includes Family Medicine

*Queen's University*

### Dermatology

*Jessica Wilford*  
University of British Columbia

### Diagnostic Radiology

*Rita Chiu*  
University of British Columbia

*Rashin Fallha Rastegar*  
University of British Columbia

*Sharon Gershony*  
University of British Columbia

*Meghan MacDonald*  
University of British Columbia

*Kelly MacLean*  
University of British Columbia

*Sarah Madison*  
Queen's University

*Adarsh Patel*  
University of Saskatchewan

*Adrian Reagan*  
University of British Columbia

*Michael Rivers-Bowerman*  
Dalhousie University

### Emergency Medicine

*Noah Alexander*  
University of British Columbia

*Floyd Besserer*  
University of Alberta

*Claire Heslop*  
University of Toronto

*Vivian Lee*  
University of British Columbia

*Grabame Quan*  
University of Toronto

*Wilson Wan*  
University of British Columbia

### Family Medicine

*Breanne Abbott*  
Greater Vancouver University of British Columbia

*Kavita Algu*  
Greater Vancouver University of British Columbia

*Chelsea Anchikoski*  
Prince George University of British Columbia

*Kar Yan Au Yeung*  
Calgary University of Calgary

*Sungho Bak*  
Edmonton University of Alberta

*Mandeep Bal*  
Greater Vancouver University of British Columbia

*Callum Baughen*  
Surrey University of British Columbia

*Alexandria Baxter*  
Victoria University of British Columbia

*Richard Benson*  
Barrie – Newmarket University of Toronto

*Katrina Best*  
Rural Okanagan University of British Columbia

*Andrew Birse*  
Calgary University of Calgary

*Justin Boparai*  
Abbotsford University of British Columbia

*Meghan Chabot*  
Victoria University of British Columbia

*Jeraldine Chan*  
Edmonton University of Alberta

*John Cheyne*  
Vancouver – St. Paul's University of British Columbia

*Elaine Chow*  
Hamilton McMaster University

*Ryan Cordes*  
Vancouver – St. Paul's University of British Columbia

*Jenny Cunningham*  
Abbotsford University of British Columbia

*Colette Davis*  
Lethbridge University of Calgary

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Rural Winchester University of Ottawa

*Cameron Grose*  
Prince George University of British Columbia

*Saurabh Gupta*  
Kingston Queen's University

*Rachel Soo Jung Han*  
Calgary University of Calgary

*James Handel*  
Vancouver – St. Paul's University of British Columbia

*Kasandra Harriman (nee Palmer)*  
Vancouver – St. Paul's University of British Columbia

*Chiho Hatakeyama*  
Greater Vancouver University of British Columbia

*Karen Howarth*  
Calgary University of Calgary

*Cindy Huang*  
Vancouver – St. Paul's University of British Columbia

*Eleanor Huettmeyer*  
Saskatoon University of Saskatchewan

*Neil Ingram*  
Montreal McGill University

*Helen Jiang*  
Greater Toronto Area University of Toronto

*Ian Kirby*  
Montreal McGill University

*David Knox*  
Greater Toronto Area University of Toronto

*John Koehn*  
Abbotsford University of British Columbia

*Kapil Kohli*  
London University of Western Ontario

*Tyler Kovacs*  
Nanaimo University of British Columbia

*Samantha Kwok*  
Edmonton University of Alberta

*Danielle Larsen*  
Rural Peace Liard University of British Columbia

*Jonathan Lubin*  
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*Patrick Mader*  
Victoria – Aboriginal University of British Columbia

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*Ella Monro*  
Prince George University of British Columbia

*Caitlin Naylor*  
Urban University of Ottawa

*Sara Nimmo*  
Abbotsford University of British Columbia

*Sarah Noble*  
Surrey University of British Columbia

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*Camellia Presley*  
Grand Prairie University of Alberta

*Erin Purdy*  
Rural Okanagan University of British Columbia

*Jennifer Quan*  
Calgary University of Calgary

*Marcus Robinson*  
Calgary University of Calgary

*Meredith Salisbury*  
Victoria University of British Columbia

*Fiona Scanlan*  
Greater Vancouver University of British Columbia

*Sandy Shamon*  
London University of Western Ontario

*David Sims*  
Nanaimo University of British Columbia

*Brennan Sinclair*  
Victoria University of British Columbia

*Rupinder Sohal*  
Chilliwack University of British Columbia

*Scott Takeda*  
Nanaimo University of British Columbia



L-R: A. Neda, MD '11 and Dr. G. Stuart; C. Biggs, MD '11 and M. Dahl, MD '86; Dr. K. Joughin, B. Ashman, MD '11 and N. Ahmed, MD '11  
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*Andrea Thamboo*  
Greater Vancouver  
University of British  
Columbia

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Urban  
University of Ottawa  
*Vicky Tong*  
Greater Vancouver  
University of British  
Columbia

*Arianna Watts*  
Edmonton  
University of Alberta

*Peter-Damien Wauthy*  
Rural Okanagan  
University of British  
Columbia

*Natalee Wiertz-Besette*  
Calgary  
University of Calgary

*Charles Wong*  
Edmonton  
University of Alberta

*Tamara Yagos*  
Medicine Hat Rural  
University of Calgary

*Darrell Yip*  
Calgary  
University of Calgary

*Karina Zeidler*  
Surrey  
University of British  
Columbia

## General Surgery

*Jaclyn Farquhar*  
University of British  
Columbia

*Candace Haddock*  
University of British  
Columbia

*Brandi Iio*  
University of Alberta  
Kevin Lee

*McMaster University*  
Saele Hendry  
Northern Ontario  
School of Medicine

*Vy Nguyen*  
Dalhousie University

*Ryan Rochon*  
University of Calgary

*Charles Stringer*  
University of British  
Columbia

*Alison Wallace*  
University of British  
Columbia

## Internal Medicine

*Kewan Aboulhosh*  
University of  
Saskatchewan

*Neda Amiri*  
University of British  
Columbia

*Peter Ao*  
University of Alberta

*Edward Brooks*  
University of British  
Columbia

*Tana Cessford*  
University of British  
Columbia

*Justin Chen*  
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Columbia

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Columbia

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Saskatchewan

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Queen's University

*A. Malebranche*  
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*Mita Manna*  
University of  
Saskatchewan

*Ali-Reza Merali*  
University of British  
Columbia

*Hayley Merkeley*  
University of British  
Columbia

*Amanda Miller*  
Dalhousie University

*Robert Miller*  
University of Calgary

*Sarvee Moosavi*  
McGill University

*Neha Musini*  
University of British  
Columbia

*Mary Rendell*  
University of British  
Columbia

*Saman Rezazadeh-  
Roudsari*  
University of British  
Columbia

*Jennifer Samilski*  
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