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Every summer, my wife Janet and I, along with our dogs, embark on a journey to a different part of the province, checking in with my far-flung network of colleagues — educators, researchers, students and staff. And every summer I return with a story or two. I’ve seen a bear steal a pig torso from a barbeque in Port McNeil, gotten a “flashing lights” police escort to the home of another faculty member in Fort St. John, been presented with a Chilliwack “prize pack” (a dozen cobs of corn, a crate of blueberries and a fresh coho salmon), and been startled to find a pair of chickens strutting around our hotel room in Stewart.

A decade ago, there really wasn’t much reason for the Dean of the UBC Faculty of Medicine to be in those remote parts of the province, other than for pure leisure. But I needed to check in with members of our team – a team that is now, after 10 years, emerging from a remarkable, sometimes bumpy childhood, on its way to what I hope will be a sure-footed but continually innovating maturity.

Creating our system of distributed medical education and post-graduate training required painstaking planning, intense teamwork, and significant funding – all of it aimed toward attracting a more diverse, community-oriented array of students, and encouraging them to pursue their careers in places where they are most needed.

Along the way, I’ve come to appreciate the importance of establishing, nurturing and maintaining relationships. And there were many relationships – with two ministries, three universities, six health authorities, scores of communities and thousands of clinical colleagues.

My appreciation of these relationships didn’t always come easy. I remember spending way too much time discussing future letterheads or logos with colleagues at the University of Victoria. If I could have done it over again, I would have suggested that we all take a walk around Victoria Harbour to talk about other things – anything other than the project at hand. We needed to build a relationship, and discussions of font size are hardly a solid foundation for doing that; decisions about details can almost always wait. First, we had to get to know and trust each other.

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That’s why I go on those annual pilgrimages throughout the province, where I let people show me the local issues and attractions. Most of my time on that trip is spent listening, because I have come to appreciate that you never learn anything with your mouth open.

But I’ve also realized that whether we are talking about education or research, relationships themselves are insufficient unless they are converted into true collaborative partnerships. This requires a common commitment to a goal that is more important than any single institution or entity.

We have not only shown ourselves capable of forging such partnerships; we have begun to raise the stakes by planning an academic health sciences network in B.C. Under such a system, the questions and challenges that arise at clinical sites throughout the province will become part of our research enterprise, and the findings will be systematically disseminated to everyone in the network. To build such a network from scratch, based on our pre-2004 landscape, would have been a fool’s errand. Now, with the partnerships that grew out of our distributed education system, it seems like a natural next step in our evolution.

In the meantime, let’s take a moment to revel in what we have already accomplished – a system that is far more attuned and responsive to the needs of the population. Examples of our success abound, and to chronicle all of them in these pages of UBC Medicine magazine would be impossible. So we’ve created a special website, www.bcmd10.med.ubc.ca, that delves into the history and many dimensions of our achievement. In these pages, meanwhile, we focus on the story of one student, James Card, of the Northern Medical Program’s first graduating class, and his service to one town, Mackenzie.

Spoiler alert: It’s a happy ending.

Gavin C.E. Stuart, MD, FRCS.C
Vice Provost Health
Dean, Faculty of Medicine
THE MEDICINE MAN

HOW UBC PUT JAMES CARD ON THE ROAD NORTH, TO A TOWN THAT DESPERATELY NEEDED HIM
A decade ago, Mackenzie – a mill town nestled in the Rocky Mountain Trench, at the southern end of Williston Lake – seemed to have its health care needs well in hand, with four physicians tending patients at the hospital and health centre. And then, in the words of Barbara Crook, the district’s health services administrator, “it all seemed to melt away.”

One by one, the doctors – all transplants from South Africa – packed up and left. A husband-and-wife team returned to their homeland; the other two, perhaps feeling overburdened by the resulting workload, left for Alberta.

Crook scrambled to fill the gaps with physicians on the locum circuit. The best she could usually manage was getting a physician to stay for a year. Patients became accustomed to being treated by a new doctor each time they visited, eliminating much hope for continuity of care. At one point, the 24-hour emergency room had to shut down for two days. Supervisors at the town’s mills knew that if one of their employees had a serious injury, the ambulance would bypass the hospital and head straight down Highway 97 to Prince George, a two-hour drive south.

It was a situation that had been playing out, again and again, in the small towns of northern British Columbia – the very situation that had prompted residents and civic leaders to stage a health care rally in Prince George in 2000, demanding that provincial leaders do something about the region’s chronic physician shortage.

Then help arrived, in the person of a quiet, young man named James Card. And then it kept on coming.

He grew up in Maple Ridge, but felt more at home in B.C.’s rugged back country than he did in the suburbs of the Lower Mainland. Becoming a doctor wasn’t in his plan, even after graduating from university.

Instead, he took a job planting trees in the north. And it was during one of those outings, not too far from Mackenzie, that news came over the radio about the rally in Prince George.

“That’s when the seed started to set,” he recalls. “It was not something I had grown up wanting to do, but I saw the opportunity.”

When the time came to act on his idea, the rally had borne fruit – in 2004, UBC’s medical education program began its expansion beyond the Lower Mainland, taking root in Prince George and Victoria. By distributing doctor training throughout the province, the thinking went, more doctors would be likely to practice medicine throughout the province.

He was accepted into the first class of the Northern Medical Program, created in partnership with the University of Northern British Columbia. He and his classmates experienced the same curriculum as their fellow UBC students in Vancouver and Victoria, with many classes conducted by videoconferencing.

After earning his medical degree in 2008, Dr. Card remained in Prince George for a two-year residency in family medicine – a program established about a decade before the Northern Medical Program. By 2010, he had become one of the first fully-licensed physicians to emerge from UBC’s distributed education program. (Residencies for other specialties typically take five years, so many of his classmates spent several more years in training.)

Dr. Card stayed in the North, without quite settling down. He pursued a variety of locums (temporary assignments) around the province, filling in for doctors on vacation or maternity leave. He spent most of his time in Prince George, but also did stints in his hometown of Maple Ridge, the bustling maternity ward of Surrey Memorial Hospital, and a small town he knew well from his tree-planting days: Mackenzie.

“For people who like the outdoors, Mackenzie is fantastic,” Dr. Card says. “Incredible lakes, hiking, boating, fishing, skiing. And I enjoyed the type of work.”

When news of an opening there surfaced, he and his wife Jessica agreed that it would be a nice change of scenery during her upcoming maternity leave. He took the job and they bought a house there, figuring the investment ($85,000) could be recouped, more or less, if they chose to sell in a year; if not, they could make it a weekend retreat from what they figured would be their workaday existence in Prince George.

Continued on next page
No one thought Dr. Card’s arrival in the summer of 2011 heralded a new chapter in Mackenzie’s health care saga. Dr. Card himself, realizing what kind of workload he was assuming, figured this would be another tour of duty – do your time and get out.

“Mackenzie is a community of just under 5,000 residents, plus lots of transient workers, with a 24/7 emergency room, hospital in-patients and long-term care patients,” he says. “Our clinic usually sees over 60 patients a day, with another 15 a day in emergency. To service that with three physicians, you have to be on call every third day, with the potential of being up all night.”

But soon after arriving, Dr. Card started to see this as more than just another assignment, and he began trying to make a difference – because of who he was before becoming a medical student, and who he became during his medical education and residency.

His timing, it turns out, was exquisite.

Northern Health had just instituted “alternate payment plan” in Mackenzie, paying doctors based on how many hours they work, instead of how many patients they see (commonly known as “fee-for-service”).

“It allows you to practice a much better style of medicine,” Dr. Card says. “You’re not trying to run the turnstile to get your dollars up. You can focus on acute issues, and take time if need be.”

At such alternate payment plan sites, the Ministry of Health decides how many doctors’ salaries it’s willing to pay. When Dr. Card arrived, the ministry had allocated three physicians to Mackenzie. The two other positions were filled – tenuously – by yet another South African doctor and a series of locuming doctors.

Dr. Card wrote to Northern Health, laying out the case for a fourth physician. Northern Health agreed.

“If they had refused, I wouldn’t have stayed beyond my year,” Dr. Card says. “When they agreed, that’s when I started to get invested in the place.”

Dr. Card’s next step was filling that new position, and perhaps even the position that was continually being back-filled through locums.

His first victory came easy: a former fellow resident from the Prince George family medicine program who, as chance would have it, shared a name with the town – Colin Mackenzie.

“I was basically bugging him since the day I started working in Mackenzie,” Dr. Card says.

Then Dr. Card shifted into full-blown marketing mode, targeting other residents in Prince George with the zeal of a time-share salesman.

This was something that hadn’t been done before – as a resident, he received brochures advertising physician openings in rural or remote areas of Saskatchewan and Ontario, but nothing closer to home.

With financial support from the district, he made postcards extolling the Mackenzie experience, slipping them into the mail slots of residents at University Hospital of Northern B.C. He gave luncheontime presentations to that target audience, offering free food to anyone willing to sit through his PowerPoint slides. He attended a rural medicine conference in Whistler (courtesy of Mackenzie), to drum up interest among attendees.

And despite Mackenzie’s eight months of winter and temperatures of 30 below, Dr. Card thought he had something worth selling – besides the clean air, lack of crime, natural beauty and abundant recreation.

“Here at the hospital and health centre, we see everything that most rural sites do, but we see a lot of it,” he says. “Every week we have an urgent transfer out, for an acute heart attack or serious trauma. It’s very interesting medicine for someone who is brand new and wants to develop their skills, or someone who wants to keep up their existing skills.”

Dr. Card’s hard sell began to yield results. He aroused the curiosity of Dan Penman, a Vancouver native who earned his M.D. in the Vancouver Fraser Medical Program and then became a family medicine resident in Prince George.

“I came out for a couple of visits, and liked what I saw,” Dr. Penman says. “This setting was ideal for me because there is no specialist back-up on site, so we’re doing a lot more emergency medicine, even internal medicine, as well as follow-up.”

Dr. Penman’s arrival came not a moment too soon, because the remaining South African physician left for Vancouver. Then, like a pyramid scheme, Dr. Penman was roping in one of his former colleagues, Matt Robichaud.

With his arrival, Mackenzie had a cohesive quartet of physicians.

JAMES CARD’S JOURNEY

2011

Accepts physician position at Mackenzie and District Hospital and Health Centre. Persuades UBC to include Mackenzie on rotations of medical students and family medicine residents.

2012


2013

Dr. Penman recruits physician Matt Robichaud to Mackenzie. The group then recruits physician Jyoti Seshia.

2014

The group recruits physicians Ian and Lindsay Dobson to Mackenzie.
“We’re all fishing buddies here,” Dr. Penman says. “Sometimes we joke that this is an extension of our residency, because it feels like that.”

But it didn’t end there. As Dr. Card’s wife headed back to work after her maternity leave, he wanted to cut back his hours. So they recruited Jyoti Seshia, another Prince George family medicine resident, who was willing to share Dr. Card’s slot.

“James did an excellent job of promoting the community,” says Dr. Seshia, who earned her M.D. at the University of Manitoba. “He had locumed around quite a bit, and had a good sense of the work environment in different places. He reinforced that I would be well-supported. People back each other up for second opinions or they help with difficult cases, even if they’re not officially working.”

With Dr. Mackenzie and Dr. Robichaud eventually deciding that they, too, wanted to work part-time, two more physicians arrived in November to fill the gap – the husband-and-wife team of Ian and Lindsay Dobson, both former UBC medical students.

“Ian was doing locums with us, and basically saw a tight-knit group of physicians who support each other, and a practice where he could do a lot of emergency medicine,” Dr. Card said.

Dr. Card also convinced the Faculty of Medicine to include Mackenzie on rotations of medical students and second-year residents. Each resident conferred an immediate benefit, in the form of an extra pair of hands to shoulder the patient load. But both residents and medical students are part of Dr. Card’s long game – cultivating younger talent in case another opening comes up, so Mackenzie won’t have to confront the desperate situation it faced just three years ago.

“A medical student I had here from a couple of years ago talked with a friend of hers about us, and that friend came up here for rotations during her residency in Nanaimo,” Dr. Card says. “Now she is coming up for locums. So we can see that the depth of our strategy is starting to pay off.”

In a broader sense, Mackenzie is also seeing a payoff.

Like other towns in northern B.C., it contributed to the Northern Medical Programs Trust, which assists with travel and accommodation for medical, nursing and physiotherapy students as they do their rotations in the region. So the townspeople were vested – in a very real sense – in distributed education. And what did they get in return?

The Northern Medical Program was responsible for setting James Card down the road to Mackenzie. And the Prince George family medicine residency program – which expanded last year from 11 to 15 residents – provided Dr. Card with a crop of young physicians to bring along with him.

“All of the communities in the North put some of their money into the medical program, because they believed that it would benefit them. And it’s benefiting us now, more than ever,” said Stephanie Killam, who ended her term as Mackenzie’s mayor in November. “We’ve welcomed these doctors into our homes, and they’re becoming part of our community.”

Barbara Crook, who as Mackenzie’s health administrator for the past decade has been an up-close witness to the town’s turbulent medical fortunes, no longer fears that ambulances will need to bypass the town’s emergency room.

“I’m blessed every day I come to work now, knowing my community is covered,” Crook says. “We have a great team here. Having Dr. Card as that cornerstone of a physician brought a lot of peace for all of us.”

Daniel Presnell contributed to this story.
When the UBC Faculty of Medicine decided in 2002 to distribute medical education by creating academically partnered four-year regional campuses, the idea was untested. Although regional campuses were common across North America, they delivered only part of the curriculum – either basic science education or clinical education, but not both. UBC was the first, along with the Université de Montréal, to take the leap into delivering nearly the entire medical school curriculum at regional campuses.

“Most people saw it as leap into the abyss, and figured we would fail,” says Joanna Bates, the Associate Dean, Education at the time. “We were told over and over again, ‘You can’t do that. What are you thinking?’”

1. **Northern Ontario School of Medicine** was created in 2005 by Lakehead University in Thunder Bay and Laurentian University in Sudbury. Its 256 students are distributed between the two universities, 1,000 km apart. Like UBC, NOSM relies on videoconferencing to ensure that students have equivalent experiences despite their geographic distance.

2. **University of Western Ontario** established a regional campus in Windsor, two hours away, in 2008. Western had already been running clerkships and residency programs through hospitals there when it opened the full-fledged regional campus in collaboration with the University of Windsor. It now has close to 100 first-through third-year students.

3. **McMaster University** partnered with local universities in Kitchener and St. Catharine’s to open regional campuses in both towns in 2007 and 2008. Similar to UBC, the combined 56 students spend a semester at the main campus, then head to their respective campuses for the next 3½ years. But McMaster’s regional campuses are less than an hour’s drive from Hamilton, so students visit the main campus for many of their learning experiences.

4. **University of Toronto** opened a campus in suburban Mississauga – not to remediate doctor shortages in an underserved area, but to accommodate more students. Given their proximity to UofT’s main campus, students travel frequently between the two sites, while also using videoconferencing to share learning experiences.

5. **Université de Montréal** opened a campus in the city of Trois-Rivières, 140 km away, the same year UBC opened its regional campuses – but did it with younger students. Students first attend a year-long foundational program at Université du Québec à Trois-Rivières, then transition to Montréal’s program, based at the local hospital. Its first cohort of 24 medical students graduated in 2009, a year after UBC; it now takes in 40 students a year.
Soon, however, the skepticism gave way to curiosity, and ultimately to emulation. Members of accreditation panels monitoring the Faculty’s progress spread the word. UBC became a frequent host to delegations from other medical schools – in Canada, the U.S., and Australia – who wanted to see first-hand how the Faculty of Medicine had managed to create equivalent educational experiences across such great distances.

Ten years after UBC opened the first four-year regional medical campuses, the idea has taken hold coast to coast and overseas.

**Sherbrooke University** created a 24-student regional campus in Saguenay, an underserved rural area in northern Quebec in 2006. Before setting up its regional campus, the school sent faculty members to B.C. to find out more about UBC’s plans; thus began an ongoing collaboration that continues to this day.

**New Brunswick:** Sherbrooke University opened a 24-student francophone campus at the University of Moncton in 2006. Four years later, Dalhousie University opened an anglophone campus at the University of New Brunswick in St. John.

**University of Flinders** looked to UBC when it began considering a regional campus in Darwin, 3,000 km (and a whole continent) away from Adelaide. The Northern Territory Medical Program opened in 2011 with 24 students on the campus of Charles Darwin University.

**Wollongong University** wanted an admissions process to select students who would ultimately practice medicine in the underserved steel mill town south of Sydney. They adapted UBC’s Rural and Remote Suitability Score, which UBC created to select students for the Northern and Island Medical Programs.

Learn more about UBC’s 10-year experience with distributed medical education – visit www.bcmd10.med.ubc.ca.
**THE PROBLEM**
Over 7,000 people attend a health care rally in Prince George in 2000 to protest the state of health care and a major exodus of health professionals in northern B.C.

**THE RESPONSE**
The B.C. government and UBC join with the University of Victoria, the University of Northern B.C. and B.C.’s health authorities to expand enrollment and create regional campuses throughout the province, connected with cutting-edge information technology.

**THE TIMELINE**
- 2002: Expansion of MD and residency training announced
- 2003: MD undergraduate program entry positions:
  - 128 (2002)
  - 134 (2003)
- 2004: Postgraduate medical training entry positions:
  - 308 (2013)
- 2004: Northern Medical Program opens in Prince George and Island Medical Program opens in Victoria

Learn more at www.bcmd10.med.ubc.ca
Doctors are more likely to stay in the areas where they train.

Hospitals with teaching facilities attract more physicians, and the presence of learners raises the level of care. Education and training isn’t limited to hospitals – a large amount of teaching takes place in physicians’ offices and clinics.

The Queen Elizabeth Theatre

**2,536**
**MEDICAL STUDENTS ADMITTED SINCE EXPANSION BEGAN IN 2004**
That would almost fill the Queen Elizabeth Theatre in Vancouver

1,481 of these are currently practicing medicine

989 of these are working in B.C.

**THE FUTURE**

**AN INCREASED NUMBER OF PHYSICIANS IN TRAINING**

By 2020, over 300 physicians a year will be completing medical training and entering practice in B.C.

2008 First class of UBC’s expanded MD program graduates and begins residencies

2010 Southern Medical Program opens in Kelowna

2012 Building on the province-wide expansion model, UBC Physical Therapy launches Northern and Rural Cohort

2013 UBC accepts the largest number of medical residents in provincial history, and its medical education program becomes the 5th largest in North America
Faculty of Medicine instructor Hanh Huynh fled Vietnam 34 years ago. Now he is introducing UBC medical students to his homeland through a clinical elective.

No one would begrudge Hanh Huynh if he had chosen to turn his back on his native land.

He fled Vietnam in 1980, five years after his father was sent to a “re-education camp” by the communist regime. Sensing that he might meet a similar fate or conscription into the army, he became one of the 800,000 boat people who embarked on harrowing journeys through pirate-infested waters to refugee camps in the region. His own boat was besieged by pirates, but he and his sister’s family made it to Thailand before settling in Trail, B.C. By any measure, it was a wise move. After working at a smelting plant in Trail, he earned a bachelor’s degree and then a double doctorate in neuroscience and pathology from UBC. He spent a year as a postdoctoral fellow in New York, working in the Rockefeller University lab of a Nobel Prize winner, and for the past dozen years, he has been an instructor in the Department of Pathology and Laboratory Medicine, teaching immunology, cell biology, problem-based learning and diabetes to medical students in Vancouver and Prince George.

But Dr. Huynh, who is now a Canadian citizen, has hardly severed his ties with Vietnam, despite the fact that it remains under communist rule. He has returned several times, not only for family reunions, but for extended stays to help the Christina Noble Children’s Foundation rescue street children, to train employees of a French pharmaceutical company, and even to start his own family. Now he is introducing his own students to the richness – and challenges – of the life he left behind.

This year, he organized a month-long elective for 11 fourth-year students in Ho Chi Minh City (formerly Saigon), where they were assigned to hospitals in their areas of interest – infectious disease, emergency medicine, anesthesiology, obstetrics and gynaecology, surgery, and nutrition.

“I wanted to get more exposure to diseases that are rarely seen in Vancouver, like malaria, leptospirosis, dengue fever, measles and tetanus,” says Mike Benusic, who graduated in June and is now doing a residency in family medicine and public health in Toronto. “But I think everyone who signed up wanted to see how a health care system operates in a low-resource setting.”

A MUTUALLY BENEFICIAL EXCHANGE

Electives are a standard part of the final year of a medical student’s education, and while most students choose courses under the auspices of other medical schools or hospitals in Canada or the U.S., about 20 per cent of this year’s cohort used the opportunity to learn about medical care abroad.

Dr. Huynh’s motivation for organizing the elective in Vietnam was his sense that medical students hunger for more hands-on clinical experience. Vietnam, he says, is a good place to get it: “Vietnamese doctors see so many more cases a day,” he says.

He also saw the elective as a way to help Vietnamese clinicians, who hunger to practice their English and have limited contact with native English speakers. Every year, he has responded to that yearning by spending a few weeks teaching problem-based learning and disease prevention to faculty members at the Ho Chi Minh University of Medicine and Pharmacy (UMP) and the Ho Chi Minh City Nutrition Centre.

Dr. Huynh’s willingness to aid his countrymen, and by extension, the fortunes of the country, might be surprising, considering this is the same country that he felt compelled to flee, imprisoned his father (who worked as a police officer before communist rule), and wouldn’t permit his wife and two children to leave for several years.

“I always look at the people,” he explains. “I try to stay away from the political domain and focus on the human side of it. I would never forgive myself if I didn’t share the things that I learn.”
OVERCOMING SUSPICIONS

Dr. Huynh’s willingness to move forward wasn’t initially reciprocated by the Vietnamese government, which suspected him of being a spy. But he came to win the trust of officials, including Tran Diep Tuan, who became UMP’s Vice President. In 2011, Dr. Tran asked Dr. Huynh to broach the idea of a collaboration with UBC; a year later, an agreement was signed by Gavin Stuart, the Dean of the Faculty of Medicine and UBC’s Vice Provost Health, and Vo Tan Son, the Dean of UMP.

Dr. Huynh used his professional and family connections – including a niece who is an ophthalmologist and a brother who is an orthopaedic surgeon – to set up the placements, provide a warm welcome and maximize clinical experiences for the students.

“I felt like we had a bit of a family in Ho Chi Minh City that was looking out for us, and people with whom we could have pretty frank conversations about the culture, the war and the health care system,” Dr. Benusic says. “I think we would have felt a little more isolated if it was just the 11 of us living in the hotel and doing our own things in the hospital.”

The potential for hands-on learning with patients was realized.
by Robert Dale, who chose a surgery rotation. Due to the language barrier between him and patients, the doctors decided the best place to spend his time was the operating room.

“Pretty much my entire elective was spent there,” says Dr. Dale, now a urology resident at UBC. “I would have my pick of cases to go to, and I was able to watch – and participate in – a lot of cases involving urology, including cystectomies [removal of all or part of the bladder], prostate resections, and stone surgeries... When I was scrubbed in, they would always offer to let me cut, suture and tie knots.”

The highlight for him was being allowed to do a complete male circumcision on an adult (after some training).

“‘There were people watching over me, and if I had any questions, I could always stop and ask them,” he says. “It was pretty straightforward, but I would never be allowed to do that here at this point in my training.”

**WARDS OF TETANUS PATIENTS**

Andrew Hurlburt was taken aback by the crowded conditions at one of the country’s premier hospitals, the Hospital for Tropical Diseases, which takes referrals from the southern half of the country.

“The wards were definitely over-capacity by our standards,” he says. “There were usually four or five people to a room that would hold just one or two people in Canada. And there were only a few isolation rooms, so contagious people were often placed in rooms with other patients.”

Dr. Hurlburt also was surprised by the sheer number of people suffering from tetanus, a relatively unknown disease in Canada, thanks to vaccinations. Although Vietnam has dramatically reduced the number of childhood cases through childhood vaccinations, it does not routinely provide booster shots to adults. Patients with tetanus would often spend a month in the intensive care unit, assisted by ventilators and under sedation to prevent full-body spasms.

“I WOULD NEVER FORGIVE MYSELF IF I DIDN’T SHARE THE THINGS THAT I LEARN.” — HANH HUYNH

**WAR, THEN REPAIR**

Dr. Huynh plans to continue organizing the elective, and due to overwhelming demand, he and the UMP will expand it to 16 students in spring 2015. Several other students have reserved spots for subsequent years. In addition, Dr. Huynh arranged a clinical placement for a UBC dermatology resident.

Meanwhile, he is facilitating another possible contribution to his native land.

He accompanied Michael Allard, the Head of the Department of Pathology and Laboratory Medicine, and officials of the Terry Fox Research Institute on a trip to Vietnam to discuss modernizing the country’s laboratories for diagnosing cancer.

Dr. Huynh not only served as a translator, but educated his fellow Canadians about the country, the culture and its medical system.

“When you hear his story, you just shake your head in disbelief,” Dr. Allard says. “His ability to get past that, and his dedication to helping Vietnam move forward, is remarkable.”

Dr. Huynh views his efforts as part of the natural order. He likens it to the immune system that he teaches to first-year medical students.

“In any war, whether it’s between pathogens and our own tissues, or between opposing political groups, destruction will happen,” he says. “But part of the natural process, in our bodies or in our societies, is repair. I don’t preach Buddhism, but I live by its precepts, and one of them is, if you keep hating, it eats away at you, emotionally and spiritually.”

Dr. Benusic, who also spent the elective at the Hospital for Tropical Diseases, gained a better appreciation for the importance of physical exams and taking a complete patient history, since lab work and technology aren’t as available there as they are in Canada. He also was impressed by the expertise displayed by Vietnamese doctors, trainees and nurses with diseases that would challenge their counterparts here.

“We felt like first-year medical students when dealing with some of these conditions,” he says. “It was certainly humbling to realize how isolated you can be in your medical training. It demonstrated for me the ridiculousness of the notion of the Western-trained physician parachuting into foreign countries and ‘fixing things.’”

**Andrew Hurlburt**

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He accompanied Michael Allard, the Head of the Department of Pathology and Laboratory Medicine, and officials of the Terry Fox Research Institute on a trip to Vietnam to discuss modernizing the country’s laboratories for diagnosing cancer.

Dr. Huynh not only served as a translator, but educated his fellow Canadians about the country, the culture and its medical system.

“When you hear his story, you just shake your head in disbelief,” Dr. Allard says. “His ability to get past that, and his dedication to helping Vietnam move forward, is remarkable.”

Dr. Huynh views his efforts as part of the natural order. He likens it to the immune system that he teaches to first-year medical students.

“In any war, whether it’s between pathogens and our own tissues, or between opposing political groups, destruction will happen,” he says. “But part of the natural process, in our bodies or in our societies, is repair. I don’t preach Buddhism, but I live by its precepts, and one of them is, if you keep hating, it eats away at you, emotionally and spiritually.”
The University of British Columbia will be educating more speech-language therapists, thanks to a boost in provincial funding.

The number of first-year slots for a Master’s of Science in Speech-Language Pathology will grow from 23 to 36 – a 56 per cent increase – by 2016, an expansion intended to help the one in 10 people in British Columbia who have a speech or language disorder.

The expansion of the program is intended to help alleviate the shortage of speech-language therapists in northern and rural B.C. The average wait in B.C. for infants or children to be assessed by a health authority-based speech language therapist is four to eight months.

Speech-language pathologists diagnose and help treat a variety of disorders, including:
- Articulation problems (omitting, substituting or distorting speech sounds)
- Stuttering
- Voice problems (loudness, pitch, hoarseness)
- Language delays and disorders, including difficulty expressing and comprehending in oral and non verbal contexts
- Swallowing and feeding disorders, sometimes resulting from neurological impairments or traumatic brain injury.

UBC’s speech-language pathology program, part of the Faculty of Medicine’s School of Audiology and Speech Sciences, is the only one in the province and one of only two in western Canada. Each year, the program receives about 150 applications for the 23 currently available seats.

Students complete the program in 21 to 36 months, depending on their undergraduate preparation and the students’ choice of graduating requirements. The curriculum includes graduate courses, five clinical externships in community settings and a final thesis, project or comprehensive exam. Graduates primarily work for B.C.’s school systems and health authorities, although many also work in non-governmental organizations and in private practice.

The government of B.C. is providing $2.5 million in one-time funding for the expansion, and another $932,000 in annual operating funds.

“Most of us take the ability to communicate for granted, but for the thousands of British Columbians who have problems with speech, language or swallowing, speech therapists provide a bridge to the rest of the world,” said Amrik Virk, Minister of Advanced Education. “Adding 13 spaces to the training program at UBC will help meet the growing demand for qualified speech-language pathologists.”

The September announcement was made by Minister Virk and Stephanie Cadieux, the Minister of Children and Family Development. Joining them were Arvind Gupta, the President and Vice Chancellor of UBC; Kate Chase, the Member Services Councilor for the B.C. Association of Speech-Language Pathologists and Audiologists and a UBC Clinical Assistant Professor; and Christy Campbell, who has relied on speech-language therapists to help her recover from a stroke.

“This funding will provide B.C. with more professionals who can diagnose communications disorders, provide treatment, and collaborate with educators, health care providers, social workers, families and caregivers,” said Gavin Stuart, Dean of the Faculty of Medicine and UBC’s Vice Provost Health. “The Faculty of Medicine is eager to respond to this very pressing public need.”
Two of the Faculty of Medicine’s newest programs, Midwifery and Genetic Counselling, each awarded their 100th diplomas this year.

This spring, Angel Resendes and Serena Talcott Baughman embarked on two different careers in two very different cities – Resendes as a midwife in Prince George, and Baughman as a genetic counsellor in Portland, Oregon.

But as they ascended the stage in the Chan Centre for Performing Arts to receive their UBC diplomas in May, they shared a common distinction: Each was the 100th graduate of their programs.

By virtue of the year they graduated and their place in the alphabetical order of graduates, Baughman and Resendes were walking milestones for two of the Faculty of Medicine’s newest and smallest health professions programs: Genetic Counselling (created in 1996), and Midwifery (created in 2002).

As different as their careers and destinations may be, Resendes and Baughman had more in common than their centesimal status.

They were both thirty-something working mothers who returned to school long after most people have settled into their careers; they chose very new health professions (at least new to the U.S. and Canada); and they were willing to re-locate to Vancouver from hundreds of kilometres away to earn their degrees at UBC.

For the 36-year-old Resendes, that meant living apart from her two daughters, who stayed in Prince George while she took 10 months of classes. For Baughman, it meant persuading her husband and her two daughters to leave Portland for two years.

“It was one of the hardest things I did in my entire life, being a long-distance mum,” Resendes says. “One of the things I had to tell myself was, ‘This is creating a vision for them.’ It taught them lessons about determination and courage and sacrifice, and about supporting each other when dreams come calling. In a way, I was teaching my children by being away.”

A CENTESIMAL CELEBRATION

L-R: Midwifery graduate Angel Resendes, Genetic Counselling graduate Serena Talcott Baughman.
Photos by Kelly Bergman, Rob Shaer

A LONG WAIT FOR THE RIGHT MOMENT

Resendes, like most Canadians, didn’t know what a midwife was when she met one for the first time, 16 years ago, while pregnant with her first child. “She helped me understand that there was more to becoming a mother than just giving birth, that it was a spiritual journey,” she says. “It stayed with me, and a couple of years later, I had a dream that I had followed her example – it was literally a calling.”

But at that time, midwifery had just become a regulated profession in B.C., and the province didn’t have a midwifery education program. So Resendes chose to do the next closest thing. She earned a bachelor’s degree in nursing from the University of Northern British Columbia, then held various jobs around Prince George – working at health centres on First Nations reserves, helping people cope with mental health problems and addictions, providing prenatal care, instruction and counseling to women in challenging circumstances.

“As a nurse, I had a series of amazing experiences that gave me
more to offer women,” Resendes says. “Meanwhile, my daughters became older, and UBC’s program became firmly established. So I came back to my dream.”

Resendes’s health care experience was so extensive that she was fast-tracked, entering in the second year of the four-year bachelor’s degree program. The UBC Midwifery program, eager to have Resendes spend as much time learning the profession in the place where she will be practicing it, arranged for her to spend her third and fourth years in Prince George.

“We make more home visits in the North, because transportation is more difficult,” Resendes says. “And many women’s partners are often away for extended periods. So it was important to have my education sourced from where I come from, to learn to deal with those challenges.”

Michelle Butler, who became the Director of the Midwifery Program in January, has plans to expand on that experience. This fall, eight second-year students moved to Victoria to continue their studies.

“B.C., by allowing midwives to be the primary caregiver for women with normal pregnancies, created a superb model for how midwives function in the health care system,” says Dr. Butler, who was recruited from University College Dublin. “Now we must train the people to fill that role, and train more of them in underserved areas, so students can see how rewarding it can be to fill that need.”

A “TOP TEN” CAREER

Serena Talcott Baughman’s path to genetic counselling began with a summer stint at the Oregon National Primate Research Centre in 2009. Science had been her job for the past decade – as a teacher of basic biology to Portland ninth-graders. The lab work, while socially isolating, was intellectually stimulating, and she wanted to find a way of combining the excitement of science with the personal interactions that are a natural part of teaching.

Her supervising researcher suggested genetic counselling – a new term to her, as it still is to most people. But she quickly discovered that it had been listed as one of the “Top Ten New Careers” by U.S. News and World Report.

Baughman soon discovered what this new profession was all about: helping people understand the implications of a diagnosis or test results of genetic disorders. Sometimes, counsellors advise parents – those with genetic conditions who are considering having children, or are expecting a child at risk of having an inherited condition, or have a child born with an inherited condition. In other cases, counsellors help clients make sense of their own diagnoses or test results. Sometimes, genetic counsellors work with an extended family whose members might share a genetic trait.

She soon found herself taking science courses at Portland State University and Portland Community College, shadowing genetic counsellors, and volunteering as a crisis counsellor – all pre-requisites for a genetic counselling program.

UBC’s two-year master’s program, the closest one to Portland, is one of only four in Canada, and the largest. Considering the rapid advances in genetics during the past two decades (the human genome’s rough draft wasn’t announced until 2000, four years after the program’s creation), the curriculum has been in a constant state of evolution. Students are now prepared for the possibility of genetic counselling specialties – in cancer, for example – that didn’t exist when the program was first created.

“Our graduates are still ready to do any job,” says Clinical Instructor Tracey Oh, who leads the program with Clinical Assistant Professor Jenna Scott. “We give them the tools to adapt, because genetics is changing all the time.”

Baughman is a testament to that preparation – the week before graduation, she received two job offers in Portland. She accepted one of them, at a fertility clinic where she advises patients about pre-implantation genetic screening and diagnosis, the implications of having children at an advanced age, genetic screening results and family histories, and genetic causes of infertility. She will also help screen sperm and egg donors.

“I’m helping a diverse patient population, many of whom travel to this clinic from all over the world, seeking help in starting a family,” she says.
Stronger Drunk Driving Law Leads to Safer Roads

Do harsher penalties for drunk driving reduce fatal crashes, hospital admissions and ambulance calls? For Jeff Brubacher, an emergency physician at Vancouver General Hospital, the question is hardly academic.

So he and his colleagues do what academics do – they crunched the numbers.

In a study published in the American Journal of Public Health, Dr. Brubacher, the lead author and an Associate Professor of Emergency Medicine, reported that British Columbia’s ratcheting up of penalties led to a 21 per cent decline in fatal crashes, an 8 per cent decline in crash-related hospital admissions, and a 7.2 per cent decline in crash-related ambulance calls. Based on those statistics, there were an estimated 84 fewer fatal crashes, 308 fewer hospital admissions and 2,553 fewer ambulance calls for road trauma each year.

The beneficial effects of the new laws were due mostly to a reduction in crashes related to drinking and driving.

Under the changes that B.C. imposed in 2010, drivers who get caught for the first time with a blood alcohol content (BAC) of .05% to .08% have their driver’s license immediately suspended for three days and, at police discretion, may also have their vehicle impounded for three days (instead of the previous one-day suspension and no vehicle impoundment).

They also must pay fees of approximately $600, compared to no fine before. Drivers with a BAC higher than .08% have their licenses immediately suspended for 90 days and their vehicle impounded for 30 days.

In the months after the heavier penalties took effect, many owners of drinking establishments complained that the penalties for a BAC higher than .05% were hurting their business. The B.C. Civil Liberties Association (BCCLA) also challenged the new rules in court, arguing that the harsher penalties essentially criminalize drivers who fail a roadside blood-alcohol test or refuse to be tested.

Drawing on previous research, Dr. Brubacher and colleagues assert that the changes to the law and accompanying enforcement and media coverage – and not other factors – were responsible for the reduced rate of fatal crashes, hospital admissions and ambulance calls.

“Our findings add to the growing evidence that the new laws, although controversial to some, were associated with marked improvements in road safety,” says Dr. Brubacher, who is also a Scientist at the Centre for Clinical Epidemiology and Evaluation of the Vancouver Coastal Health Research Institute, and Director of Vancouver General Hospital’s Emergency Medicine Research Division. “We hope that other jurisdictions will follow B.C.’s lead in implementing similar laws designed to deter dangerous driving.”
A “BROKEN BARRIER” THEORY OF ALS

The firing of a motor neuron depends on its ability to compartmentalize itself. Christopher Loewen, an Associate Professor in the Department of Cellular and Physiological Sciences, discovered one biochemical recipe for such internal barriers—and in the process, may have revealed a cause of amyotrophic lateral sclerosis (ALS).

Also known as Lou Gehrig’s disease, ALS causes people to lose control of their muscles. In most cases, they die three to five years after symptoms first appear.

But Dr. Loewen’s findings, published in the journal Cell, weren’t based on neurons. Instead, he was using a much simpler organism: yeast.

A yeast cell reproduces by squeezing off some of its own material to create an exact copy of itself. To prevent the unwanted mixing of material between “mother” and “daughter” during division, the mother erects a barrier between itself and its daughter. Dr. Loewen found that this barrier is formed by certain proteins in the outer membrane linking up with proteins in the inner membrane (the endoplasmic reticulum).

The same principle applies to neurons. The branches of neurons, known as dendrites, are primed to receive signals from neurotransmitters; effective nerve transmission depends on concentrating the neurotransmitters, such as glutamate, on the spines that protrude from dendrites.

“If you don’t restrict the biochemistry to these hot spots on the spines, it will break down in the tangles of dendrites,” says Dr. Loewen, a member of UBC’s Life Sciences Institute and the Djavad Mowafaghian Centre for Brain Health. “It would be so diluted that it wouldn’t be able fire the neuron.”

One of the dozen mutations that lead to ALS affects production of a protein called VAP-B, which is very similar to one of the linking proteins in yeast identified by Dr. Loewen.

He speculates that VAP-B may be a crucial part of the internal barrier isolating the hot spot from the rest of the dendrite. Without VAP-B, the barrier between the hot spot and the rest of the dendrite becomes porous, the glutamate signal leaks out, and the neuron won’t fire.

The next step for Dr. Loewen is to test that theory in animal models with the VAP-B mutation. He and Associate Professor Shernaz Bamji will examine the hot spots of the specimens’ dendrites to see if signaling at those points is degraded.

“If we find evidence that signals aren’t getting through, then we will be much closer to understanding how the VAP-B mutation leads to the loss of muscle control in ALS.” — CHRISTOPHER LOEWEN

THE DARK SIDE OF ANTIBIOTICS

Many antibiotics, for all their therapeutic power, don’t discriminate—they attack all kinds of microbes, even the ones we need. So understanding how different antibiotics affect those helpful bacteria is just as important as understanding how they kill the harmful ones.

Kelly McNagny, a Professor in the Department of Medical Genetics, has found that receiving antibiotic treatments early in life can increase susceptibility to specific diseases later on.

In the study, published in the Journal of Allergy and Clinical Immunology, he and Brett Finlay, Professor in the Department of Biochemistry and Molecular Biology, tested the impact of two antibiotics, vancomycin and streptomycin, on newborn mice. They found that streptomycin increased later susceptibility to hypersensitivity pneumonitis—an allergic disease found in people with occupations such as farming, sausage-making, and cleaning hot tubs. Vancomycin, in contrast, had no effect.

The difference in each antibiotic’s long-term effects can be attributed to how they changed the bacterial ecosystem in the gut.

“This is the first step to understanding which bacteria are absolutely necessary to develop a healthy immune system later in life,” says Dr. McNagny, a member of UBC’s Biomedical Research Centre.

Infants should be treated with antibiotics when needed, Dr. McNagny says, but he hopes these results will help pinpoint which bacteria make us less susceptible to disease. This could open up the possibility of using probiotics to boost helpful bacteria.

“Probiotics could be the next big trend in parenting, because once you know which bacteria prevent disease, you can make sure that children get exposed to those beneficial bacteria,” he says.
It doesn’t take long to discern that the Eaton Arrowsmith School takes a distinctive approach to education. Most of the time, students work quietly by themselves, on what appear to be tedious tasks: tracing ornate, unfamiliar letters from Chinese, Urdu or Burmese, often while wearing eye patches; listening to recorded phrases, and repeating them from memory, word-for-word; looking at images of clocks that flash on their screens, and typing in the displayed time – except the clocks can have as many as 10 hands, and the answers sometime include identifying the correct millennium.

The school, based in rented space on UBC’s campus, caters to students with learning disabilities. Its curriculum amounts to physical therapy for the brain.

The founder, Howard Eaton, adopted the approach from the Arrowsmith Schools in Ontario, founded by Barbara Arrowsmith-Young. Both Eaton and Arrowsmith-Young believe that children can overcome learning disabilities through specific cognitive exercises – if done repeatedly, at increasing levels of difficulty, with ever-increasing speed and accuracy. They assert that such a regimen re-wires children’s brains so that, after a couple of years, students can hold their own, even thrive, in conventional schools.

Scores of parents, who pay $29,000 a year for a full-time slot at Eaton Arrowsmith, believe in it. A handful of Canadian and U.S. private schools have adopted the program for some of their students, and a second Eaton Arrowsmith school opened in September in Redmond, Washington.

But this unconventional approach, and the bold claims that underlie it, have yet to be accepted by the education establishment – something that has nagged at Eaton since he founded the school in 2009.

Now, the Faculty of Medicine has begun an unprecedented effort to see if those claims can be verified.

The effort is led by Lara Boyd, an Associate Professor of Physical Therapy and Canada Research Chair in the Neurobiology of Motor Learning.
Dr. Boyd’s specialty is recovery from stroke – specifically, how the brain adapts to damage caused by a lack of blood flow to the brain, and how it can re-learn tasks, or even basic functions, in the process.

Dr. Boyd has a wealth of experience imaging the brains of older people. She has never worked with children.

“I’m not in education,” she says. “But I can determine whether someone’s brain has changed, and what behavioural changes correlate with those changes. I was intrigued by this project conceptually, and think it’s worth investigating.”

The project is being funded by private donations, including $105,000 from Eaton and $107,527 from the family of Microsoft CEO Satya Nadella (whose child attended the Eaton Arrowsmith School in Vancouver and is now attending the one in Redmond).

But Dr. Boyd has made one thing clear: She wants to publish whatever she finds, because the results would have major implications for the field of neuroplasticity – the ability of the brain to change, either at the cellular level or through the remapping of its signaling pathways.

“In rehabilitation, we’ve been very hot on plasticity,” says Dr. Boyd, a member of the Djavad Mowafaghian Centre for Brain Health. “Can we pump up the brain, make it stronger through practice, so a person can achieve the same thing but in a different way? No one in my field would question that. But the notion of having enough brain matter to learn something is a very novel concept in education.”

Dr. Boyd will be one of the first scientists to try to answer this question in children, by examining the brains and cognitive performance of Eaton Arrowsmith students between 9 and 17 years old, at two points in time, a year apart. She will also compare those results with a control group of learning-disabled students who are not in the school and are receiving assistance in public schools or other private schools.

Using magnetic resonance imaging (MRI), she will be trying to answer these questions:

- Do the cortices (the outermost layer of the brain) of Eaton Arrowsmith students become thicker? This would indicate an increase in dendrites – the branches of neurons that receive signals from other neurons.
- Do the students have more myelin surrounding their neurons? A thicker amount of that insulating material allows impulses to travel more quickly through the neuron, thus enabling quicker responses by the brain.
- Do the students’ brains use less oxygen during the clocks task? This would indicate that their brains have become more efficient.

Dr. Boyd’s project will also put the students through a battery of cognitive tests, assessing the students’ short-term memory, attention levels and intellectual abilities, looking to see if any changes in brain tissue and activity correlate with behaviour.

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THE RESEARCH PROJECT IS BEING SUPPORTED THROUGH DONATIONS, INCLUDING A $107,527 GIFT FROM MICROSOFT CEO SATYA NADELLA, WHOSE DAUGHTER IS AN EATON ARROWSMITH STUDENT.

Eaton, whose own struggles with dyslexia as a UBC student led to a very public battle to be exempted from the university’s foreign language requirement, is confident that the study will vindicate his school’s approach. If that happens, he hopes public schools would adopt it for students who need it, so parents won’t have to spend $29,000 a year at his school.

“We have kids working six hours a day on cognitive exercises, for 10 months out of the year,” he says. “I might be overly optimistic about it, but brain change is inevitable. The question is where, how and why, and how is the change benefiting kids’ academic and social lives?”
huck Fipke expected nothing but the usual cheer and festivity at the Christmas party he held a few years ago for friends and business associates in Kelowna. But that year’s gathering was marred by some disturbing news from one of his guests, Brad Bennett.

Fipke, who has made his fortune discovering diamonds in Canada, asked about his longtime friend, Brad’s father, Bill Bennett. He expected to hear that the elder Bennett, the Premier of British Columbia from 1975 to 1986, was enjoying retirement after a long and storied career in politics.

Instead, Bennett said his father had fallen victim to Alzheimer’s disease.

Fipke was stunned. Not only was it difficult for him to fathom that a man so vibrant and forceful was gradually diminishing with dementia. He also realized why, several years before, Bill Bennett himself had suggested that Fipke, a UBC alumnus, support Alzheimer’s research at his alma mater.

“I was interested, and I was going to do it, but this comes up and that comes up,” Fipke says. “I was so disappointed in myself to have not donated when I should have. I got to thinking about it, and thought, ‘Ronald Reagan got it, Margaret Thatcher got it. Now Bill Bennett.’ All these very smart people who mean so much to the world. We really need to solve this problem—put an end to it.”

C

A PASSION FOR EXPLORATION

FIRST FOR DIAMONDS, NOW FOR AN ALZHEIMER’S CURE

“CHUCK HAS GIVEN US A VOICE”

From that moment, Fipke resolved to follow through on that suggestion. The result: Three gifts, totaling $9.1 million, for Alzheimer’s research at UBC.

Fipke gave $3 million to endow a professorship dedicated to Alzheimer’s research, now held by Haakon Nygaard, a neurologist recruited from the Yale School of Medicine.

He pledged $600,000 to outfit Dr. Nygaard’s lab with cutting-edge equipment. And he committed another $5.5 million to support the purchase of a machine that combines positron emission tomography (PET) with magnetic resonance imaging (MRI)—the most novel and coveted brain imaging technology available, capable of spotting subtle changes in brain chemistry and structure a decade or more before symptoms appear.

The gifts were announced at a ceremony in September at the Djavad Mowafaghian Centre for Brain Health, where Brad Bennett publicly acknowledged his father’s illness for the first time.

“My father, as you know, was a person of high intellect, great drive, and those qualities aren’t there anymore,” Bennett, the former Chair of UBC’s Board of Governors, told invited guests, reporters, television crews and photographers. “We, by nature... are private individuals, who like to keep our private life our private life, and up to now we’ve chosen to do that with respect to my father’s condition.

“But Chuck has given us a voice, and for very good reason. Hopefully this donation and our presence here today will inspire other families facing the same situation to feel that it’s OK to talk about it... to help find further treatments and eventually a cure for Alzheimer’s, all forms of dementia and related brain diseases.”
NOT EASILY INTIMIDATED

A geologist, prospector and entrepreneur, Fipke’s donation reflects his lifelong passion for exploration.

After graduating from UBC with a bachelor’s degree in geology, he traveled the world for various mining companies, and opened his own lab in Kelowna, becoming an expert on “indicator minerals” that signal the presence of diamonds.

Later, he struck out on his own, spending weeks near the Arctic Circle before finding high concentrations of diamonds at Lac de Gras, in the Northwest Territories, in 1991. With a corporate partner, he established the Ekati Mine, the first commercial diamond mine in North America – thus jump-starting the Canadian diamond industry, which in 2011 accounted for 18 per cent of the world’s rough diamond production by value.

“It’s no wonder that he chose to devote some of his resources to a challenge as formidable as Alzheimer’s disease,” said Gavin Stuart, Dean of the Faculty of Medicine and UBC’s Vice Provost, Health. “Chuck, I’ve come to learn, is not easily intimidated – not by competition from global corporations, not by the harshness of the Arctic climate and its rugged landscape, and certainly not by conventional wisdom. We probably need more Chuck Fipkes in our labs and clinics.”

Instead, Fipke has enabled UBC to recruit Dr. Nygaard, one of North America’s most promising young neuroscientists, and a specialist in treating patients with Alzheimer’s.

Dr. Nygaard spent the past decade at Yale – first as a neurology resident, then as a PhD student, and finally as a faculty member. His interest in Alzheimer’s disease was sparked as a medical student in Nebraska, during a rotation with a physician who saw many patients with the disease.

As a doctoral student, he studied connections between epilepsy and Alzheimer’s, and as a faculty member, he was the founding Co-Director of Yale’s Memory Disorders Clinic.

RE-PURPOSING A CANCER DRUG

Dr. Nygaard, who arrived at UBC in July, is off to a strong start.

He will be co-leading an $11 million study funded by the U.S. National Institutes of Health examining whether saracatinib, a drug developed for cancer, can curb the progression of Alzheimer’s disease. He and his collaborators at Yale completed the first phase in Connecticut in early 2014, demonstrating the drug’s short-term safety. The next phase will aim to show, using PET, that the drug can arrest an Alzheimer’s-specific decline in metabolic activity in certain parts of the brain. The trial will enroll 152 patients at as many as 20 sites, including Vancouver.

Dr. Nygaard, who will be seeing dementia patients at the Centre for Brain Health (a partnership with Vancouver Coastal Health), also plans to collect DNA samples of cognitively healthy people over 100 years old, searching for shared genetic characteristics that might distinguish them from people who develop dementia.

In addition, Dr. Nygaard will continue work on a theory he pursued in his Yale dissertation: that Alzheimer’s disease might result from neurological hyperactivity. Since epilepsy is the most extreme form of such hyperactivity, he will study the potential of anti-convulsant drugs to delay or reverse Alzheimer’s disease.

Most of all, Dr. Nygaard will be striving to speed the process of converting research findings into treatments, especially now that pharmaceutical companies – discouraged by poor results in several large trials – are starting to retreat from the neurological realm, and Alzheimer’s in particular. He believes that he and his colleagues will follow Fipke’s example.

“Nobody believed Chuck when he insisted on the existence of diamonds in Canada,” Dr. Nygaard said. “But Chuck persevered, and as you know, the rest is history... That’s very similar to the situation we’re facing now with Alzheimer’s disease... Here at UBC, the words ‘giving up’ have not entered the conversation. In fact, in many ways, I think we’re just getting started.”
A VISION FOR THE DOWNTOWN EASTSIDE:

The patients who come to the Faculty of Medicine’s eye clinic on East Hastings Street have conditions rarely encountered in the rest of Vancouver: repeated eye trauma, damage from HIV-related infections, venereal infections in the eyes, talc from injected cocaine blocking blood vessels. Such is the nature of ophthalmology in the Downtown Eastside.

Compounding the challenge is the outdated clinic’s equipment, with its weak lighting, low magnification, and uncomfortable examination chairs. On top of that, the clinic can accommodate only one patient at a time.

Into this mix of pressing need and limited resources stepped the Mr. and Mrs. P.A. Woodward’s Foundation – the people behind the iconic rooftop “W” sign that remains a landmark for the impoverished neighborhood.

The foundation, created by the proprietor of the department store that once anchored the Downtown Eastside, donated $82,450 to replace the clinic’s lone unwieldy slit lamp and sparsely padded exam chair. The gift will pay for two new lamps and two new exam chairs with integrated instrument stands.

Now, the clinic’s volunteer ophthalmologists will be able to see into the far part of a patient’s retina, and patients will not have to endure neck or back strain during an exam. And the clinic will be able to treat twice as many patients in the same amount of time.

“These people are facing a lot of challenges,” says David Maberley, Head of the Department of Ophthalmology and Visual Science, who opened the clinic as a young assistant professor. “If we can help them see clearly again, it makes a huge difference in their day-to-day lives.”

The late P.A. Woodward, also known as “Puggy” for his pugnacious personality, was an early supporter of the Faculty of Medicine, providing funds for the Woodward Biomedical Library and donating $3.5 million for the P.A. Woodward Health Sciences Centre that housed the library, classrooms and the health care facility that became UBC Hospital.

Since those days, the foundation’s focus has shifted from medical education to medical care. The Downtown Eastside Eye Clinic – which has been staffed almost entirely by faculty members over its 14-year history – was a perfect way for the foundation to connect its original mission to its current one.

“Good eyesight is a determinant of health, like good teeth,” says P.A. Woodward’s great-nephew Kip Woodward, Chair of the foundation, whose mission is improving the health of British Columbians. “People like David Maberley are real heroes.”

With modern equipment, Dr. Maberley thinks he will be able to interest more of his colleagues in donating their time at the clinic.

“I didn’t feel comfortable asking colleagues to volunteer because it’s such a difficult space to work in,” he says. “Once it becomes more functional, we’ll be able to provide the level of care that we’re used to giving all of our patients. So I’m hoping we can double the number of days we’re open.”

The expansion also will enable the clinic to become more of a teaching site, because medical students and ophthalmology residents will be able to see patients in one room while an instructor does the same in an adjoining room.

“Serving neglected populations should be just as much a priority for ophthalmologists as it is for other physicians,” Dr. Maberley says. “Now we’ll be able to instill that principle early on.”

UBC MEDICINE  Fall 2014
Earlier this year, Irene Bettinger was looking for a good cause.

Her father, B.C. lumber mill owner Paul Heller, had recently died at the age of 101, just a year after her mother, Edwina, passed away. She now found herself looking for ways to put their estate to good use.

“Philanthropy was very important to my parents – it’s considered a responsibility in the Jewish community to take care of others,” she says. So Dr. Bettinger, a neurologist in Kansas City, Missouri, was in a particularly receptive state of mind when she traveled to Philadelphia for the annual meeting of the American Academy of Neurology, and heard a presentation by Neil Cashman, a UBC Professor of Neurology.

His talk, “Prion-Like Diseases: The Future is Unfolding,” laid out his investigation of misfolded proteins and their connection to neurodegenerative diseases such as amyotrophic lateral sclerosis and Alzheimer’s disease.

“It was one of the best talks of the Academy meeting,” she recalls. “This scientist is in the forefront of the field, and he put forward his vision in such a clear, convincing way. I came away from his talk excited.”

From that not-so-chance encounter, Dr. Bettinger decided to donate $210,000 to fund a postdoctoral fellow in Dr. Cashman’s lab – someone to help block the misfolding of proteins, so they remain in their proper, non-pathological shape.

“We’re after actual cures for these protein-related diseases, and it’s a very, very expensive process requiring millions of dollars over the long term,” says Dr. Cashman, a member of the Djavad Mowafaghian Centre for Brain Health. “We greatly appreciate donors like Dr. Bettinger, who contribute support over several years. It allows us to concentrate on the work, and that is absolutely invaluable.”

Dr. Bettinger named the fellowship for two of her parents’ close friends, Ludmila and Henry Zeldowicz, who, like the Hellers, were Polish refugees from the havoc of World War II.

Ludmila, known as “Lola,” was a Clinical Assistant Professor in UBC’s Division of Neurology (and one of the first female neurologists in British Columbia) and Henry was a Clinical Assistant Professor in the Department of Psychiatry.

“What Dr. Cashman is doing at UBC would have excited both of them, especially Lola – not only because she was a neurologist, but because she died of complications relating to Alzheimer’s disease,” Dr. Bettinger said on a recent visit to Vancouver. “The fact that this work is going on at UBC, where they were faculty members, made it the perfect way to honour them.”

Appropriately, the Zeldowicz fellowship will go to yet another female scientist, Judith Maxwell Silverman, who received her PhD from UBC in Immunology and Microbiology in 2010, and shared the award for top graduating doctoral student in the Vancouver Coastal Health Research Institute.

Dr. Bettinger considers the job of giving away money a privileged one because she gets to choose projects that reflect her parents’ final wishes. She also has donated money for UBC fellowships in forestry and opera, as well as robotics training for UBC urology residents and fellows. (Her father died of bladder cancer.)

“My mother loved people and my father loved education, so creating fellowships made perfect sense,” she says. “Medicine, the arts, forestry, and helping young people get a better education – all these things they would have loved.”
Chew Wei came to Vancouver late in his life, after retiring as a Hong Kong obstetrician and gynecologist. Tak Wah Mak made the same journey in his youth – first to the U.S., then to Canada.

But the two men had much more than their migration in common: They also contributed mightily to cancer research in their adopted homeland. Dr. Chew, based on his experience as a physician, grew determined to improve outcomes for people with cancer. After his death in 2009, his family and friends in Hong Kong and Malaysia sought to honour his goals by donating $1.5 million to the Faculty of Medicine for a prize in cancer research.

Dr. Mak became an immunologist at the University of Toronto, where in 1984 he discovered, along with U.S. scientist Mark Davis, the T-cell receptor – the component of those immune cells that enables them to detect and destroy bacteria and viruses.

The two men became linked this year, when the inaugural Dr. Chew Wei Memorial Prize in Cancer Research was bestowed upon Dr. Mak. The prize will be given annually to a Canadian physician or scientist who has made a transformational, internationally recognized contribution to the fight against cancer. It emphasizes researchers whose achievements encompass the spectrum of health research, from the laboratory to clinical care to health systems and public policy.

Dr. Mak was chosen to receive the $50,000 prize by an international panel of scientists that provided recommendations to an advisory committee chaired by Gavin Stuart, Dean of the Faculty of Medicine and UBC’s Vice Provost, Health.

“Dr. Mak, as the first recipient of the Dr. Chew Wei Memorial Prize in Cancer Research, has created a fitting benchmark for this award, unequivocally establishing its stature among the most prestigious scientific prizes in Canada,” says Howard Feldman, the Faculty of Medicine’s Executive Associate Dean, Research.

Although the cancer-fighting implications of Dr. Mak’s T-cell receptor discovery were not immediately apparent at the time, clinical researchers have in recent years developed techniques for re-engineering the T-cell receptor gene to target certain cancers. Such treatments, while still in the experimental stage, have yielded dramatic results in some patients, especially those with leukemia and melanoma, in part because T-cells can be far more targeted than surgery, radiation, chemotherapy or hormone therapy.

Since then, Dr. Mak pioneered the development of genetically engineered mice, also known as “knockout mice,” because one or more of their genes have been inactivated. Using this method, he demonstrated the inhibitory effect of a protein called CTLA-4 on T-cells. Those findings led to the development of ipilimumab, a drug that blocks CTLA-4, thus enabling T-cells to proliferate and destroy melanoma cells. Meanwhile, his technique for generating knockout mice – and sharing them with other scientists – fostered tangential discoveries by colleagues around the world.

Dr. Mak has also explored the mechanisms of cell death, thus providing clues about cancer cells’ potential vulnerabilities, and he has described how cancer cells can adapt their metabolism to avoid the body’s own defenses.

Dr. Mak was honoured at a banquet in June attended by the Faculty’s leadership, its top cancer researchers and family and friends of Dr. Chew.

One of the attendees included another legacy of Dr. Chew’s mission – Professor of Pathology and Laboratory Medicine David Huntsman, who was named the Dr. Chew Wei Memorial Professor of Gynecological Oncology in 2012, thanks to a $3 million gift from Dr. Chew’s family and friends.
FALL 2014: MEDICAL ALUMNI NEWS

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CONTINUING CONNECTIONS – CHALLENGING THE FUTURE

PRESIDENT’S REPORT

As incoming president of the UBC Medical Alumni Association, I look forward to the next two years, and I feel privileged to have this opportunity to work closely with our Board and support staff.

The MAA has been most fortunate to have such a deserving group of physicians dedicated to our mandate of supporting students from all the UBC sites as well as maintaining connectivity with our Alumni.

During the past two years, our past president, Dr. Jack Burak, provided a charismatic and dedicated leadership. He was assisted by an equally dedicated and capable alumni staff who together not only kept the ship afloat, but directed it in many challenging and progressive directions. We are greatly appreciative for their efforts and accomplishments.

Medicine for each physician has its own journey: those fun and challenging years as medical students lay solid foundations. The academic learning is imperative, but the ability to form and promote life-long connections to classmates and staff is equally as important.

Residencies and subsequent clinical practice, all which must be balanced with personal and family time, has its own challenges but rooted in these challenges are the relationships which are established with colleagues and professional staff. Our Alumni hope to promote this connectivity, and our activities are intended to support our intentions.

Reflecting on the past year, we were successful in our endeavours. During our AGM, which was held on May 8, 2014, we discussed many of our projects and formal reports, but of most importance was the honouring of the awards to deserving physicians.

At the Hooding Ceremony held May 20, 2014 at the Queen Elizabeth Theatre, 251 medical students received their diplomas and the traditional cedar shingle. Dr. Ian Courtice, Dr. Gordon Mackie and I were present to shake hands with the new graduates and to present the shingles. Dr. Courtice and Dr. Mackie were proud and honoured to present the shingles to their respective daughters.

The Faculty Alumni Relations Office initiated a new program, currently in its third year. ‘Residents in a New Residence’ intends to maintain and improve alumni connections. Another alumni initiative is the CME event, “Tuum Est: Leading Edge Medicine,” which took place in the fall of 2014.

There have been many activities provided by the MAA during the past year, which reflect both our association’s history and its commitment to further the connectivity between students and alumni. The UBC MAA encourages and inspires medical students to continue the traditions of excellence as compassionate, committed, future health care professionals in our diverse communities. As practising physicians, we are proud to be a part of this great tradition, and we are privileged to serve our patients.

To conclude, I feel privileged to be the new president of the MAA and look forward to meeting the challenges in a creative and innovative manner while respecting the honoured traditions of this association.

Best wishes,
Robert (Bob) Cheyne, MD’77
President
UBC Medical Alumni Association
When thinking of those words – doctor, humanist and educator – it is fitting that Linda Vickars should receive the Wallace Wilson Leadership Award.

I, like everyone else here, only wish that she could be here today.

Linda and I were classmates. In the last few weeks since her passing, I’ve thought a lot about her. Who she was in so many different roles – classmate, friend, colleague, doctor, teacher, researcher, mentor. I’ve also thought about the transitions we make in our lives since that first day of orientation in medical school. I remember meeting Linda in first year. Linda was quiet, shy, deeply thoughtful, intelligent, and willing to learn and share her experiences. I became enthused about hematology in years 3 and 4 simply by being around her and absorbing her excitement as she talked about hematology. Linda represented, even then, the medical expert, collaborator, communicator, and scholar long before the CanMeds competencies were developed and described.

As we progressed through medical school, we all went through so much – anxiety, stress, fear, joy, sadness, laughter, parties, and fun. Linda handled it in stride with her keen and dry sense of humour and her participation in our Class’ infamous medical skits nights, both as a performer and as a witty script writer.

To surize Linda’s amazing career, she grew up in East Vancouver having proudly ‘survived’ Killarney High School, obtained her MD degree from UBC in 1976, and then completed a one-year internship in Internal Medicine before moving to New Zealand where she studied Critical Care Medicine, then travelled in southeast Asia and eventually returned to Vancouver in 1979. Linda completed her residency in Internal Medicine and then a Fellowship in Hematology, and obtained her RCPSC certifications in both specialties in 1983 and 1984. Linda then practiced at Vancouver General Hospital for three years before relocating to St. Paul’s Hospital in 1987 to fill the vacancy left by Dr. Penny Ballem. Linda practiced at St. Paul’s for 25 years. She was highly respected as a hematologist and received the Clinical Faculty Award for Career Excellence in Clinical Teaching by the UBC Faculty of Medicine in 2008.

In 2004, Linda moved laterally to focus on her passion for non-malignant disorders and assumed the position of Medical Director of the Provincial Hemophilia and Inherited Bleeding Disorders Program from Dr. Gerry Growe. Linda was forced to retire in 2011 after being diagnosed with a malignant brain tumor.

Vera Frinton captured the essence of Linda in the following passage which was published in the British Columbia Medical Journal, Vol. 56, No. 8, October 2013: “Linda would arrive at the hospital by 7am to visit her patients, to sit with them, reach out and touch them, and talk with them as long as they needed. She had an extraordinary gentleness about her. She would return later, after a full office of similar caring and kindness, and make evening rounds again, spending time with each patient and often getting home after 10pm.”

Linda and Shelly Naiman travelled all seven continents of the world. Linda was a gourmet cook. She and Shelly loved cats, and named their last two cats “Eo” (eosinophil) and “Baso” (basophil), befitting names for cats of two hematologists.

Linda’s deepest concern was always for Shelly’s welfare. Sadly, Linda died in late April. She and Shelly are truly unsung heroes, having taught the next generation of learners and having made us all better doctors.

The speech presented by Jack Burak, MD’76 at the MAA Annual General Meeting on May 8, 2014.

Dr. Gerry Growe graciously accepted the Wallace Wilson Leadership Award on behalf of Linda Vickars, MD’76.
For all of us who knew them, when you think of Linda, you automatically think of Shelly too. We are proud to recognize Dr. Shelly Naiman this year with an Honorary Medical Alumnus Award.

The Honorary Medical Alumnus Award recognizes a member of the UBC Faculty of Medicine community who has made a significant contribution as a committed clinician, teacher, mentor or administrator.

Dr. Naiman was the first clinical hematologist in BC and sat on the first Canadian examining board for clinical hematology. He was also the first Head of the Division of Clinical Hematology in 1976. At that time, there were no effective treatments for adult leukemia, and Dr. Naiman wrote up the proposal for the bone marrow transplant program of B.C. The first transplant was done in 1980.

Though Dr. Naiman has been a noted clinician, teacher, mentor, and administrator, I think that “teacher” is one we all think of when we think of Shelly. He won many medical students’ and residents’ teaching awards and his teaching has become his legacy. Of note, he received the Cam Coady Award from the BCMA in 2009.

He has had an enormous impact on the UBC Faculty of Medicine and the health care of British Columbians. We are honoured to recognize Dr. Shelly Naiman with the UBC Honorary Medical Alumnus Award.

Shelly graduated from the University of Toronto medical school in 1962. He interned in California, initially in neurology, but later developed an interest in parturient women who had developed disseminated intravascular coagulation (DIC) in the post-partum period. He returned to Canada and ended up in Vancouver where he initially completed his Royal College certification in Internal Medicine. Shelly taught and worked in the lab and did clinical medicine.

As noted earlier, Shelly was appointed as the first Head of the newly-created Division of Clinical Hematology at UBC in 1976. In 1983, his good friend, Dr. David Hardwick, enticed Shelly back to Hematopathology.

Shelly relocated to St. Paul’s Hospital in 1996 to work with Linda Vickars. They had bought a house together in 1992 and married in 1997. Shelly fully retired in 2007 due to bilateral blindness caused by thrombosis in one eye and a later retinal hemorrhage in the other eye. This irony was not lost on Shelly who notes that having spent most of his career looking at blood cells through a microscope, he was felled by a blood clot and a hemorrhage. And this is typical of Shelly’s wit, sense of humour and his reputation as one who has never been at a loss to tell a good joke.

The speech presented by Jack Burak, MD’76 at the MAA Annual General Meeting on May 8, 2014.

Dr. Gerry Growe graciously accepted the Honorary Medical Alumnus Award on behalf of Dr. Sheldon Naiman as he was unable to attend the MAA Annual General Meeting.
I had the pleasure of nominating Dr. John Shepherd for an Honorary Medical Alumnus Award.

I met John when we were both undergraduate students at UBC. We were both interested in genetics and immunology, which is interesting because at that time, these areas of study were not very popular.

We spent much of our spare time with a group of about eight microbiology students who were also interested in genetics and immunology and would often meet in the Wesbrook building, near the Student Union Building.

John hasn’t changed much since his time as an undergraduate student. He is still just as caring and genuine as he was back then, but now, he is a hematologist who can be proud of the amazing career that he has had. John has also been involved in bringing many philanthropic donations to hematology at UBC, he has been a leader in terms of patient safety and patient quality of life and he really made a career of it long before being in hematology was in vogue.

John received his medical degree from the University of Calgary and came back to Vancouver as a hematologist. John has held leadership roles in the Leukemia/Bone Marrow Transplant/Hematology programs for the Vancouver General Hospital and the Province of British Columbia. He has also held the position of Senior Medical Director for Vancouver General Hospital and in that role he was responsible for quality in B.C.’s largest hospital (2002-2004). In 2004 Dr. Shepherd was the inaugural Vice President – Clinical Quality and Safety for Vancouver Coastal Health and in 2006 his portfolio was expanded to include Health Service Networks, Clinical Quality and Safety (2004-2007). He has had an amazing career with Vancouver Coastal Health and has been a wonderful colleague even with people who are not in his division. It has been a great pleasure to nominate John for an Honorary Medical Alumnus Award and I cannot think of someone more deserving.

The speech presented by Dianne Miller, MD’80 at the MAA Annual General Meeting on May 8, 2014.

The MAA awards and plaques on display at the AGM on May 8
Photo: vsaranphoto.com
It is a great pleasure to introduce an outstanding individual as our newest Honorary Medical Alumnus, Dr. Granger Avery.

I can think of at least three reasons he deserves this award, each of which by themselves would be enough, the first being that Granger is a very good doctor. After completing his medical degree in London, UK, he moved to New Zealand for further training. He then came to Port McNeill in 1974 and has been there ever since. Many physicians have come and gone from there, but Granger has remained a constant figure, providing medical care for those in Port McNeill. He has looked after the residents of Port McNeill, served on medical committees and has provided the best care possible for many people.

The second reason as to why Granger is an Honorary Medical Alumnus is because he is a medical leader. Granger has been very active and inspirational and those who have worked with him at the provincial level know that well. He has been a part of the BCMA (now, Doctors of BC), including serving as Chair and President at a time that was absolutely pivotal for forming the way that medical associations and the government work together. He was also a national medical leader with the Canadian Medical Association.

The third reason was really an amalgamation of the two, as a champion for improvements in rural health care. Granger was involved at the medical association level, tirelessly making sure that the important challenges of rural health care were addressed – politically, provincially, and societally. He took part in rural negotiations and continues today with many important jobs.

Granger has been recognized with many other awards including the Fellowship of Rural and Remote Medicine of the Society of Rural Physicians of Canada, the BCMA Silver Medal of Service award, the Dr. Don Rix Award for Physician Leadership from BCMA and last year the Queen’s Diamond Jubilee medal for services to rural medicine.

He has been passionate, effective, and a gentleman and we are happy to have him join us as an Honorary Medical Alumnus at UBC.


“Granger has been very active and inspirational and those who have worked with him at the provincial level know that well.”
Drs. Ken Lim, Karen Nordahl, and Barry Fung from the class of 1989 nominated Dr. Cynthia Horner posthumously for the Silver Anniversary Award. Their nomination letter was submitted by Dr. Lim:

I would like to nominate Dr. Cynthia Horner (posthumously) for the Silver Anniversary Award in order to acknowledge the many achievements of the class of 1989. Tragically, Cynthia passed away early in her career, and we will never know what achievements she could have attained personally, administratively, academically, clinically, and/or in her community. I would like to think the many accomplishments made by so many members of our class represent what Cynthia could have done had she had the chance. Classmates have served overseas on peacekeeping missions, written books, won research and teaching awards and practiced in all corners of this continent. Many are leaders provincially, nationally and internationally in their fields. Others have volunteered for their churches, schools, sports organizations and other endeavors with thousands of volunteer hours to the betterment of their communities. We have raised families, made many friends and touched the lives of those we have served in our profession.

In closing, I would think the spirit and promise of Cynthia lives on through the lives of her classmates, and we all should be grateful for the opportunities life has given us.

The award was presented at the Class of 1989 reunion on October 17-18.

A LOOK AT THE MAA’S ANNUAL GENERAL MEETING

May 8, 2014

On May 8, 2014 the UBC Medical Alumni Association held its Annual General Meeting.

The evening began with a light reception where MAA board members and alumni gathered to celebrate another successful year.

Jack Burak, MD’76 led the meeting and updated the UBC medicine community with the MAA’s activities and achievements for 2013. The MAA had a record number of memberships over the past year and saw many contributions to MSAC’s Endowment Fund. Membership support enables the MAA to deliver service and value for alumni and current medical students. The annual Medical Alumni and Friends Golf Tournament had a good turnout and continues to grow each year. In response to our alumni wanting more membership benefits, the MAA hosted “Tuum Est: Leading Edge Medicine,” an intellectually stimulating and clinically relevant morning which featured the topics dementia and stroke. The CME event had positive feedback and will continue to be an event that the MAA will present every year.

The meeting concluded with the Treasurer’s Report and installation of the new President. Harvey Lui, MD’86 has been the MAA’s Treasurer for 12 years and has done an excellent job of ensuring that the MAA increased its revenue and more importantly, focused on the financial sustainability of the MAA. This was his last meeting as Treasurer and he now joins the MAA Board of Directors as a Director. Taking his role as Treasurer will be Dr. Hamed Umedaly, MD’86. Finishing his two-year term as MAA President, Jack Burak, MD’76 moved to become Past President with Bob Cheyne, MD’77 stepping into the role of President for 2014-2016.

The MAA would like to thank Harvey Lui, MD’86 and Jack Burak, MD’76 for all of their hard work and dedication and welcome Hamed Umedaly, MD’86 and Bob Cheyne, MD’77 to their new positions.
At the Doctors of BC 2014 Annual Awards Ceremony, Morris VanAndel, MD’68, received the Dr. Cam Coady Award and Duncan Etches, MD’74, Michael Golbey, MD’80, Michael Myckatyn, MD’72 and Dr. Lorna Sent (Hon.) were recipients of CMA Honorary Membership Awards. Alia Dharamsi, MD’14 was awarded with the Student Advocate Award, one of the Doctors of BC Change Maker Awards.

Bill Cavers, MD’77 was installed as Doctors of BC President for 2014/2015 and Lloyd Oppel, MD’88 as Chair, General Assembly.

Dr. Vicki Bernstein (Hon.) was recipient of a YWCA Metro Vancouver Women of Distinction Award (Health and Wellness Category), June 3, 2014.

College of Physicians and Surgeons of BC Awards of Excellence were presented to Dr. Oscar Casiro (Hon.), Jean Hlady, MD’74 and Robin Love, MD’86.

Several alumni received awards at the Faculty of Medicine Awards Reception held in June. Ian MacDonald, MD’79 received a Clinical Faculty Award for Career Excellence in Clinical Teaching. Peter Doyle, MD’79, a Clinical Faculty Award for Excellence in Clinical Teaching, and Simon Bicknell, MD’97, Laura Farrell, MD’02 and Scot Mountain, MD’98 received a Clinical Faculty Award for Excellence in Community Practice Teaching. Distinguished Achievement Awards were accorded to Winson Cheung, MD’03 (Overall Excellence – Early Career) and Raymond Lam, MD’81, (Overall Excellence – Senior Faculty). The Innovation in CME-CPD Award went to Devin Harris, MD’98 and a UBC Killam Teaching Prize to Graham Wong, MD’95.

At the annual meeting of the Canadian Association of Pathologists/Association Canadienne des Pathologistes (CAP/ACP) in Toronto, July 13, 2014, Mike Allard, MD’81 received the William Boyd Lectureship Award. Established in 1981, the award honors Dr. William Boyd, a great Canadian pathologist and the first Head of the UBC Department of Pathology and Laboratory Medicine. The award recognizes the contribution of a senior CAP/ACP member to Laboratory Medicine.

Arun Garg, MD’77 was recognized by the Canadian Association of Physicians of Indian Heritage (CAIPH) with the CAIPH Lifetime Award at the recent Canadian India Networking Initiative (CINI) 2014 Conference. The award is in recognition of his work at CINI in 2010 and CINI 2014. The award recognizes and celebrates outstanding contributions by individuals who have led the South Asian community forward and paved the way for new industry talent.

John Richards, MD’60 received a Lifetime Achievement Award at the meeting of the Canadian Society of Cataract and Refractive Surgery and the BC Society of Eye Physicians and Surgeons, September 2014.

Videsh Kapoor, MD’93 received the UBC Global Citizenship Award at this year’s UBC Alumni Achievement Awards.

George Szasz, MD’55 is interested in establishing a collection of literary works created by B.C. doctors, UBC graduates practicing outside of B.C. and medical students at UBC. The collection would include items such as autobiographies, biographical works, novels, plays, short stories, historical works, theater plays, poetry and essay collections. The works may have been commercially or privately published or still in manuscript form. If you would like to contribute your work to this collection, or you know of an author who may be interested, e-mail the name of the author, the title of the work and the author’s contact information to gszasz@telus.net. After Dr. Szasz has assessed the interest level in creating such a collection he will seek funding to obtain and maintain the literary works and a location to house the collection.
The UBC Medical Alumni & Friends Golf Tournament was the most successful tournament to date, and in no small measure was due to the generosity of the sponsors and number of golfers that attended. The tournament was held at the University Golf Course on June 19, 2014. With many returning participants and some new alumni and friend golfers, the tournament featured a shotgun start which allowed all of the teams to start and finish their round of golf together. New to the tournament this year was that all teams participated in the ‘best-ball’ format, allowing for beginner and experienced golfers to play together.

The afternoon was spent connecting with friends, colleagues, former classmates, and teachers. The day went by quickly and was followed by a delicious dinner in the clubhouse and prizes for the winners. Many golfers participated in the raffle draw and silent auction which featured an iPad, Tiffany jewelry, and hotel getaways. The money raised from these activities and from the tournament as a whole totaled more than $23,000, and will go to support MD student programs at UBC.

Mark your calendars for next year’s tournament on June 18, 2015. The Medical Alumni Association encourages all alumni and friends of alumni in the medical community to register for the 2015 tournament. The goal will be to register a full field of 144 golfers, so invite your colleagues early as the tournament will fill up quickly! Registration will open in early spring.

Special thanks to Ron Warneboldt, MD’75; Bob Cheyne, MD’77; David Jones, MD’70; Jim Lane, MD’73; Brad Fritz, MD’75; Patty Scrase and Susanne Kingshott from Scotiabank and lastly, Anne Campbell-Stone and Kira Davis for organizing this year’s tournament.

The success of this tournament is due to the continued support of our sponsors. Thank you for your generous sponsorship and contributions of prizes for the golfers. The commitment you show to this tournament is greatly appreciated and directly supports the current and future medical community.

**Tournament Winners**

**Chuck Slonecker Best Ball (1st Place)**
- Dr. Barry Turchen
- Brad Fritz, MD’75
- Mark Schonfeld, MD’72
- Don Bulmer

**Best Ball 2nd Place**
- Dr. Rob Stenstrom
- Dr. Eric Grafstein
- Dr. Jim Christenson
- Dr. Grant Innes

**Best Ball 3rd Place**
- Matthew Antony
- Bill Finlay
- John McKinney
- Michael Healey

**Winning Senior Best Ball Team**
- Stew Madill, MD’59
- Bob Gordon, MD’59
- Gary Morrison, MD’63
- Dr. Harold Buck

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This spring 97 per cent of UBC’s 256 fourth-year MD undergraduate class matched to postgraduate training programs in the first round. UBC’s Postgraduate Medical Education Program accepted the largest number of entry-level postgraduate trainees in the history of UBC and while many graduates were matched to programs in British Columbia, many had the opportunity to begin their medical careers in other parts of Canada.

Summer rolled in and our newest graduates set off to begin the next steps in their careers – residency. Beginning residency training coupled with moving to a new city and meeting new people can be a bit overwhelming, to say the least, and the Faculty of Medicine Alumni Relations unit wanted to show our newest alumni that they weren’t alone and that there are many UBC Medicine alumni living all over the country.

With many new residents relocating to Toronto, Ottawa, Calgary and Edmonton, it seemed fitting to throw them all a big welcome party when they arrived! The event, “Residents in a New Residence,” brought together new graduates and alumni currently living in those cities. Many of UBC Medicine’s established alumni were there to meet and greet our newest alumni and fill them in on the ins and outs of the city and medical community.

Edmonton’s event kicked off the series on July 10, and was hosted by Gail Black, MD’80 at MKT Fresh Food & Beer Market. Toronto’s event followed on July 16 at Rodney’s Oyster House with Ivor Fleming, MD’85 hosting the evening. The next day, July 17, the event was held in Ottawa with Judy Chow, MD’80 and David Burt, MD’80 hosting the gathering at Sidedoor Restaurant in the Byward Market. The series concluded in Calgary on July 24 at Bar C Restaurant with hosts Jackson Wu, MD’93 and Vivana Chang, MD’98. Each event was filled with great conversation, delicious food, refreshing beverages, and some great patios!

If you are interested in hosting a “Residents in a New Residence” event in your city next summer to welcome the MD 2015’s who will be starting their residencies there, contact med.alumni@ubc.ca or 604-875-4111 x67741.

Welcome to Ottawa! Alumni and residents at Sidedoor Restaurant in the Byward Market.

Rodney’s Oyster House was the perfect place to welcome Toronto’s newest UBC graduates.
At the end of August, the UBC Medical Undergraduate Society (MUS) welcomed a fresh cohort of medical students to our family. As with last year, a new crop of 288 students joined our ranks of up-and-coming physicians.

This diverse and enthusiastic group will be training at UBC’s four distributed campuses in Vancouver, Victoria, Kelowna, and Prince George.

This past year, the MUS was involved in a number of exciting initiatives. On May 5th, 17 medical students, representing UBC’s four years of training and distributed sites, traveled to Victoria to engage with MLAs during our first annual “Dialogue Day.” The MUS was proud and thankful to be able to send students to over 30 meetings with MLAs and ministers.

The MUS looks forward to the exciting year ahead. On October 2nd, the MUS co-hosted their 2nd Annual Doctors of BC-MUS “Meet and Greet” at the Medical Student and Alumni Centre (MSAC). This event helped the incoming MUS Executive build productive working relationships with the Doctors of BC. We hope to continue this event annually. In addition, we’re looking forward to hosting our second Dialogue Day and further engaging medical students across the province.

Alumni, UBC faculty and staff support is vital for the functioning of our undergraduate society. The UBC community provides students with exceptional medical education and extra-curricular experiences. On behalf of the over 1,000 medical students at UBC, the MUS would like to thank these individuals who work tirelessly to ensure UBC students receive a well-rounded and world-class education.

MSAC REPORT

Private Rentals at MSAC

Reception rooms in the William A. Webber Medical Student and Alumni Centre are available for rent to medical students, UBC medical alumni, and UBC clinical faculty when not scheduled for student meetings or Faculty of Medicine events. UBC medical alumni who are annual subscribers to the UBC Medical Alumni Association receive a discount on the rental price.

In 2014, MSAC hosted private events such as birthday parties (for ages 1, 16, 40 and 80), bat/bar mitzvahs, anniversaries, retirement receptions, wedding receptions, and seasonal events such as a Thanksgiving dinner. Event organizers call MSAC when guest lists grow too large for their homes, or when it is best to have people gather in a place as central as the MSAC.

Dr. Oscar Casiro (Hon.) rented the MSAC in June. His wife Malca writes:

“...thank you for helping to make our out-of-town-guests dinner such a success. You made everything so carefree and easy, which helped us to concentrate on the things that were important, like greeting guests, making sure everyone was comfortable and meeting each other. The venue was perfect and we never imagined that things would proceed without any problems at all. Oscar and I were grateful to have the opportunity to use the facility and proud to see how well the space is utilized by all associated with the Faculty of Medicine. Having the event at MSAC was very meaningful for us.”

MSAC employs two full-time coordinators, Nancy Thompson and Scott Walker, to assist with event planning and day-of-event details. Nancy and Scott have nearly 20 years of MSAC experience between them, and they enjoy ensuring MSAC’s private rental events proceed without problems.

You can reach MSAC by email at MSAC.Centre@ubc.ca, or by phoning 604-875-5522.

Submitted by Nancy Thompson

MUS REPORT

At the end of August, the UBC Medical Undergraduate Society (MUS) welcomed a fresh cohort of medical students to our family. As with last year, a new crop of 288 students joined our ranks of up-and-coming physicians.

This diverse and enthusiastic group will be training at UBC’s four distributed campuses in Vancouver, Victoria, Kelowna, and Prince George.

This past year, the MUS was involved in a number of exciting initiatives. On May 5th, 17 medical students, represented by the MUS, traveled to Victoria to engage with MLAs during our first annual “Dialogue Day.” The MUS was proud and thankful to be able to send students to over 30 meetings with MLAs and ministers.

The MUS looks forward to the exciting year ahead. On October 2nd, the MUS co-hosted their 2nd Annual Doctors of BC-MUS “Meet and Greet” at the Medical Student and Alumni Centre (MSAC). This event helped the incoming MUS Executive build productive working relationships with the Doctors of BC. We hope to continue this event annually. In addition, we’re looking forward to hosting our second Dialogue Day and further engaging medical students across the province.

Alumni, UBC faculty and staff support is vital for the functioning of our undergraduate society. The UBC community provides students with exceptional medical education and extra-curricular experiences. On behalf of the over 1,000 medical students at UBC, the MUS would like to thank these individuals who work tirelessly to ensure UBC students receive a well-rounded and world-class education.

Taneille Johnson
President, Medical Undergraduate Society
MD Candidate, Class of 2017
CONGRATULATIONS TO THE CLASS OF 2014!

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
- Kyra Berg - University of British Columbia
- Jessica Saunderson - University of British Columbia

## Dermatology
- Marius (Laurentius) Hadiucu - University of British Columbia

## Emergency
- Baljeet Bhat - University of British Columbia
- Anthony Bryson - University of British Columbia
- Annalise Boudinotte - University of British Columbia
- Tammy Cadman - McMaster University
- Josephine Chow - University of British Columbia
- Jackson Chu - University of Alberta
- Brittany Craig - University of British Columbia
- Rachel (Rae) Dalzell - University of British Columbia
- Peiyu Daoss - University of British Columbia
- Tara Dawn - University of Alberta
- Rachel Delodra - University of British Columbia
- Leanne DeLong - Dalhousie University
- Paul Dickison - Dalhousie University
- Matthew Dykstra - University of Alberta
- Kevin Fairbairn - University of British Columbia
- Dylan Fulk - University of British Columbia
- Erica Farnsworth - Queen’s University
- Heather Filek - University of Calgary
- Harpreet Ghandi - University of British Columbia
- Aaron Gropper - University of Ottawa
- Jordan Hamilton - University of British Columbia
- Quinn Hamilton - University of British Columbia
- Kristi Hansen - University of British Columbia
- Sean Herman - University of British Columbia
- Natalia Belushkina - University of Calgary
- Ashley Bound - University of British Columbia
- Jason Cassidy - McMaster University
- Farnaz Eshaei - University of Ottawa
- Nicholas Janandrea - University of British Columbia
- Justin Jay - University of British Columbia
- Andrew Jeffrey - University of British Columbia
- Christine Kang - University of Calgary
- Diana Kang - University of British Columbia
- Sally Ke - University of British Columbia
- Amy Klaffinger - Queen’s University
- Patricia Konatze - Dalhousie University
- Maria Kovatch - Queen’s University
- Sinmun Kudri - University of Calgary
- Kathryn Kus - University of British Columbia
- Cheek Lam (Mark) Lau - University of Toronto
- Adrian Le - University of Toronto
- Rose Lee - Memorial University of Newfoundland
- Josephine Lee - University of Toronto
- Michelle Lehmkohl - University of Calgary
- Jama Levi - University of British Columbia
- Julia Liu - University of Calgary
- Chang (Nancy) Liu - University of Toronto
- James Liu - University of British Columbia
- Supreet Maan - University of British Columbia
- Rehana Manji - University of British Columbia
- Curtis Manning - University of British Columbia
- Gerren Martin - University of Calgary
- Andrea Minors - University of British Columbia
- Katelyn Mueller - University of British Columbia
- Kari Nishi - University of British Columbia
- Sean Nixon - University of Calgary
- Jasey Palmer - University of British Columbia
- Adam Pankalla - University of British Columbia
- Mallory Quinn - University of Calgary
- Sari Raber - University of British Columbia
- Michael Rose - Dalhousie University
- Travis Rosato - University of British Columbia
- Katherine Saxton - Northern Ontario School of Medicine
- Rose Lee - University of Toronto
- Josephine Lee - University of Newfoundland
- Michelle Lehmkohl - University of Calgary
- Jama Levi - University of British Columbia
- Warren Shenkman - University of Alberta
- Sukhdeep Sidhu - University of British Columbia
- Deanna Singh - Western University
- Rachell So - University of British Columbia
- Katarzyna Soreczek - University of British Columbia
- Kelsey Stevens - University of Calgary
- David Sung - University of Toronto
- Sharon Sze - University of Calgary
- Dillin Takeda - University of British Columbia
- Elana Taub - University of Calgary
- Derek To - University of Ottawa
- Nicole Touhey - University of British Columbia
- Benjamin Trepapier - University of British Columbia
- Christopher Turkki - University of British Columbia
- Matthew Turton - University of British Columbia
- Jocelyn Unger - Northern Ontario School of Medicine
- Shonan van Deurzen - University of British Columbia
- Kevin Wade - University of British Columbia
- Tanja Wall - Queen’s University
- Unzay Waqar - University of Alberta

## General Surgery
- Amandeep Kaur Bajwa - University of Alberta
- Gorme Beek - McMaster University
- Alexander Ednie - Dalhousie University
- Jennifer Li - University of British Columbia

## Internal Medicine
- Mohud Bardi - University of British Columbia
- Laura Budd - University of Toronto
- Yu Chiao Peter Chen - University of British Columbia
- Laurence Chown - University of British Columbia
- Laurens Fraser - University of British Columbia
- Justin Gill - University of British Columbia

## Anesthesia
- Richard Alexander - University of British Columbia
- Joanne Blackley - University of Ottawa
- Hue Chen - University of British Columbia
- Rana Hamizadeh - University of British Columbia
- Lavana Kahotshi - University of Calgary
- Edmond Li - University of Saskatchewan
- Shannon Lockhart - University of British Columbia
- Dishu Mehta - University of British Columbia
- Craig Bros - University of Ontario
- Breden Baergen - McMaster University
- Evan Shao - University of British Columbia
- Terri Sun - University of British Columbia

## ENT
- Harman Parmar - University of British Columbia

## Family Medicine
- Bousheh Abnadi - University of British Columbia
- Michael (Luke) Armstrong - University of British Columbia
- Jay Ching-Chieh Wang - University of Toronto

## Research Fellowship
- Jaspreet (Jessie) Dhillon - University of British Columbia
- Harman Parhar - University of British Columbia
- Laurentiu Haiducu - University of British Columbia
- Medicine - UBC MEDICINE | ALUMNI NEWS

## Clinical Fellowship
- Kari Nishi - University of British Columbia
- Josephine Chow - University of British Columbia
- Benjamin Trepapier - University of British Columbia
- Andrew Wong - University of British Columbia
- Fei James Xu - University of Toronto
- Howard Yan - University of Albert 2014
Please join us in welcoming our newest graduates as they pursue their residency programs.

CONGRATULATIONS TO THE CLASS OF 2014

British Columbia University of

Adrienne Roos

Saskatchewan University of

Michael Pascas

British Columbia University of

Allison Nakanishi

Queen's University

Nathaniel Moulson

Dalhousie University

Matthew Miles

University of

Carolyn Mackenzie

Saskatchewan University of

Alice Mai

British Columbia University of

Geordie Linford

Northern Ontario School of Medicine

Robert Dale

University of British Columbia

Thomas De Los Reyes University of British Columbia

Chia Hsun

Anthony Lin

Atanasio Hayashi University of British Columbia

Sarah Courtice University of British Columbia

Lawrence Kei University of British Columbia

Natalia Tebojkova University of Manitoba

Devon Rasmussen University of Manitoba

Angel Pei Yi Shan University of British Columbia

James Hayward University of Saskatchewan

Neurology

Christopher Ferhat University of British Columbia

Joshua Lai University of British Columbia

Miriam Lermer McMaster University

Emile Mackie University of British Columbia

David McVay University of British Columbia

Anne Nguyen University of British Columbia

Christopher YU University of British Columbia

Vignan Yegendrakumar University of Ottawa

Ophthalmology

Gagan Dhody University of British Columbia

Parvaneh (Pavel) Grewal University of Alberta

Bret Paulli University of Calgary

Timothy Ratcliffe Queen's University

Saama Saheri University of Ottawa

Orthopedics

Sebastian Ko University of British Columbia

Gautam Sarwal University of British Columbia

Neil bunton University of Calgary

Natalia Tchajkova University of Ottawa

Neurosurgery

Albert Isaac University of Calgary

Min-Han (Michael) Yang University of Calgary

Oncology

Matthew Miles Dalhousie University

Ketan More Dalhousie University

Nathaniel Mouldon Queen's University

Allison Naknishi University of British Columbia

Michael Pascas University of Saskatchewan

Aaron Rizzato University of British Columbia

Adrienne Roos University of British Columbia

Thomas Ruston University of British Columbia

Indep Sekhon University of British Columbia

Katherine Shoults University of British Columbia

Dylan Stanger University of British Columbia

Shanajit (Sonny) Thara University of British Columbia

Calvin Ka Wing Tong University of British Columbia

Katie Tyzik University of British Columbia

Aiza Babbre University of British Columbia

Andrew Wilson University of British Columbia

Rushin Yang Queen's University

Jonathan Van Sychowski Victoria University of British Columbia

Tamara Bhate University of British Columbia

Justin Mui University of British Columbia

University of British Columbia

James Harris University of British Columbia

Tom Kim Queen's University

Dorey Luk University of Toronto

Bradley Locke University of British Columbia

Amadeo deGennaro University of British Columbia

Sethul Hemantharaj University of British Columbia

Pratik Patel University of British Columbia

Masters in Clinical Epidemiology

Tabara Bhat University of British Columbia

MBA

International

Mountain Medicine

Mika Hempill

International

Radiology

Kathleen Edy

Dalhousie University

Gilar Granato

University of British Columbia

Jeffrey Hu

University of British Columbia

Kalveer Parhar University of British Columbia

Nathan Plaat

University of British Columbia

Patton Smith

McGill University

Sabbatical

James Macdonald

Urology

Robert Dale

University of British Columbia

Thomas De Los Reyes

University of British Columbia

Match Not Specified

Chia Hsun

Anthony Lin
University Academic Campuses
University of British Columbia (UBC) Vancouver campus
University of British Columbia (UBC) Okanagan campus
University of Northern British Columbia (UNBC) in Prince George
University of Victoria (UVic) in Victoria

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

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

Community Education Facilities,
Rural and Remote Distributed Sites
Serving medical students and residents,
student audiologists, speech language pathologists,
occupational therapists, physical therapists and/or midwives in the community