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Letters and suggestions are welcome. Contact Brian Kladko at brian.kladko@ubc.ca

Send address corrections to patricia.gray@ubc.ca

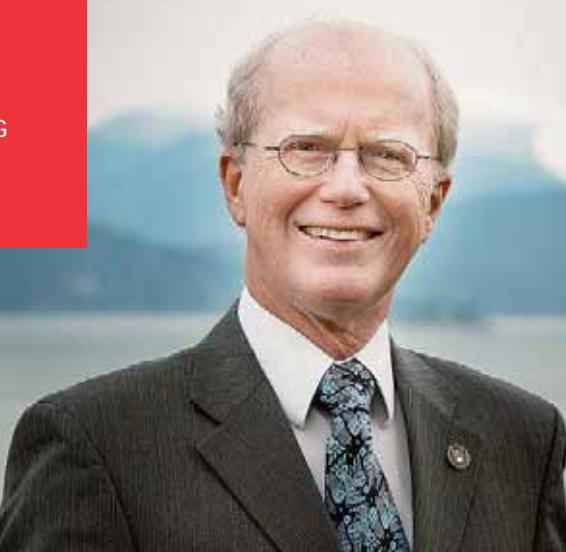
Editor/Writer
Brian Kladko

Contributing writers
Brian Lin
Anne McCulloch
Daniel Presnell

Design
Signals Design Group Inc.
www.signals.ca

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MESSAGE FROM THE VICE PROVOST HEALTH AND DEAN

When my grandfather graduated from medical school in Dublin in the 1920's, his subsequent residency was on the high seas: he served as a ship's doctor with the Cunard Line. Very little emphasis was put on education — this had been completed, and he was thrown into the new role as healer without anyone to mentor or supervise him.

When my father and father-in-law graduated from medical school some three decades later, the concept of medical residency had evolved — somewhat. The apprenticeship model gave way to a more balanced mix of apprenticeship, education and independent practice, unfolding over a period of five to seven years characterized by long hours, limited pay and sometimes great responsibility.

By the time I entered post-graduate training, in the 1970's, it had evolved even further from an apprenticeship, as education and training became a more formal part of the program, with defined learning objectives. Nonetheless, it still involved "one-in-two call" and 12- to 16-hour days in the hospital.

Today, thankfully, residency has mostly forsaken the "breaking in" approach of my grandfather's era. Governed by the Royal College of Physicians and Surgeons of Canada and the College of Family Practice of Canada, residencies are rigorous educational programs based upon principles of patient safety, pedagogy and evidence-based care. Patient safety requires limited work hours. Work-life balance is now an acceptable principle to consider in the design of residency programs. Protocols of care are founded on clear evidence.

Notwithstanding the many changes over the last century, three principles remain pre-eminent in residency training. One is the notion that caring for a patient is a privilege, and that we should be aware of our responsibility to earn the trust of those for whom we provide care. Another constant is the importance of role models — there is simply no substitute for emulating the care of our most experienced, exemplary colleagues in the profession. The third principle is the primacy of evidence — learning how to find it, knowing what level of scientific rigor is needed in a given situation, and becoming adept in applying it judiciously.

Much has changed in residency, yet those basic principles remain the same. It is a crucial, formative period in a physician's career, but one that doesn't get proper recognition, owing to its transitional identity. In this issue, *UBC Medicine* tries to compensate for that, by highlighting how big a role residency programs now play in our activities, the challenges of being a resident or providing training for them, and the contributions that residents make to the Faculty of Medicine and to the populations we serve.

Please let me know what you think of our effort, or if you have other stories to share. This certainly isn't meant as the final word on post-graduate training, but simply as an opening to further discussion — a discussion that could guide residency's continuing evolution from the days of "sink or swim."

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

FOCUS ON:
RESIDENTS



DIFFERENT JOURNEYS,
SAME DESTINATION:



L – R: Kirti Aneja, Suzanne Walter. PHOTO CREDIT: MARTIN DEE

B.C. EXPANDS OPPORTUNITIES FOR INTERNATIONAL MEDICAL GRADUATES

As a practicing anesthesiologist in northern India, **Kirti Aneja** thought she had it all. Not only was she fulfilling her childhood ambition of becoming a doctor, but she was happily married to her medical school sweetheart and was expecting their first-born son.

But she and her husband then made a bold decision: They left their beloved homeland to pursue a better life for their children, and for a chance to use their medical skills in an entirely new setting — Canada.

Dr. Aneja is an international medical graduate (IMG), one of a group of permanent residents or Canadian citizens who were trained outside of North America and are now seeking to practise medicine in Canada.

To ensure a high level of care in communities around the province, the process of integrating skilled and passionate medical graduates from overseas is rigorous.

While the U.S. and Canada share similar curricula and accreditation standards for medical students, systems vary widely around the world. Many do not, for example, demand the same level of training in a clinical setting that is required by Canadian medical education.

So all medical graduates trained outside of North America must complete a series of exams run by the Medical Council of Canada. Then, to enhance their likelihood of success when applying for a residency position, UBC offers a clinical assessment program, in which applicants work alongside experienced physicians in hospitals for two months.

Those accepted into a residency position then spend another two to seven years in training, depending on their specialization, before they can qualify for a license to practice.

Dr. Aneja had completed three years of residency training in India. But here in Canada, she had to start over. While preparing for exams and looking after her young son, Dr. Aneja worked in Walmart to make ends meet.

“I’m a fighter,” she says. “We came here for a better life for our family and our son, and I don’t give up easily.”

Dr. Aneja passed all of her exams and the clinical assessment in two-and-a-half years. She began her residency in the southern Fraser Health region, including Langley Memorial Hospital and Surrey Memorial Hospital, in July 2012.

“I was determined to practise medicine in Canada, but it was definitely challenging,” says Dr. Aneja, whose husband is still in the process of qualifying for residency training.

Another international medical graduate, **Suzanne Walter**, took a very different route to her medical residency.

Raised in North Vancouver, she earned a BSc from UBC in 2000. While traveling in Europe, she decided to become a doctor, and enrolled in the University of Freiburg medical school, in Germany. After earning her M.D. there, she returned to Vancouver in 2008.

It took her another two-and-a-half-years to complete the required exams and assessments before beginning residency training in 2010.

“In retrospect, I might have been a little naïve about what it would take to come back to practise in B.C.,” says Dr. Walter, who admitted that at times she felt deserving of special consideration as a natural Canadian.

“But the longer I was in the program, the more I realized that all the IMGs are Canadians — some have been here as long as 10 years and separated from their partners or children,” she says. “Many of the IMGs I know aren’t here for their own careers — they



Two of the main training sites for international medical graduates: Royal Columbian Hospital in New Westminster, and Royal Jubilee Hospital in Victoria.
PHOTO CREDIT (ROYAL COLUMBIAN HOSPITAL): JERALD WALLISER

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had a good life in their home countries as doctors. They were well-respected and made good money. They're here because they want a better life for their children, and as a new mother myself, I get it."

The shared ambitions of Dr. Aneja and Dr. Walter have dovetailed with the province's need for physicians — particularly family physicians, pediatricians, psychiatrists and internists in mid-sized urban centres and rural and remote communities.

That alignment of ambition and demand led the B.C. government to increase funding for the IMG program. It has partnered with the Faculty of Medicine to add 32 more IMG training slots to the existing 26 by 2017.

That expansion has not been simple. To meet Canadian accreditation standards, IMG residents — like all other residents — must be exposed to a variety of patients, and a variety of patient illnesses, injuries and conditions.

"All residents must have experience providing care from cradle to grave, and a variety of demographics and socio-economic status," says **Willa Henry**, director of UBC's Family Practice residency program. "We're increasingly exposing them to different geographic regions and health care settings."

Moreover, Dr. Henry says, they must be closely supervised by preceptors — senior physicians, often with extensive cross-cultural experience and broad clinical backgrounds, who serve double-duty as teachers.

But teaching capacity has already been stretched to accommodate the doubling of UBC's medical education program over the past decade. Even with a growth in the number of clinical teaching physicians, from 2,500 in 2004 to 5,000 in 2012, the number of senior physicians who can provide training in underserved areas is limited.

"Expanding the IMG program, like expansion of UBC's medical undergraduate program, requires extensive planning, to make sure all of the pieces are in place," says **David Snadden**, the Faculty's Executive Associate Dean, Education.

"But the dividends are enormous. B.C. is able to harness the skills and commitment of ambitious, capable physicians, many of whom are eager to practise in places where physicians are in short supply."

That reciprocal relationship includes a "return-of-service," in which the newly-licensed physicians are assigned to practise in an underserved community for two years. Since the last program expansion in 2006, seven IMGs have remained to practise in the underserved areas where they completed their return-of-service contracts.

Since 2006, seven IMGs have remained to practise in the underserved areas where they completed their return-of-service contracts.

For Dr. Aneja, the prospect of practising family medicine in an underserved community, and working with a range of health professionals in Canada's universal health care system, fulfills her childhood ambitions in ways she had never envisioned.

"India has a two-tier, public-private system, with the public system catering mostly to the poor and the private system operating much like a commercial industry — if you have money, you shop around for doctors who give you what you want," she says. "The health care system here is much more collaborative. As a family physician, I'll get to work with people from all walks of life and ensure my patients get the best care possible."

Despite a detour in the Walmart photo department, Dr. Aneja says the journey has been well worth it.

For Dr. Walter, the journey is more of a homecoming—one that enables her to give back to the province where she was raised.

"I grew up here, I knew I liked it here, this is where I wanted to be," she says.



L-R: Rheumatology resident Corisande Baldwin in mid-workout; Clinical Professor Kam Shojania (far right), with his residents and colleagues behind him, strengthen their quads, glutes and hamstrings. PHOTO CREDIT: MARTIN DEE

BASIC TRAINING: A RESIDENCY PROGRAM GETS PHYSICAL

It has always been a bit of an embarrassment that residency, the period when newly-minted doctors are suddenly immersed in their new roles, also happens to be a particularly unhealthy time for many of them.

A study of 614 residents in a variety of fields, published in the *American Journal of Obstetrics and Gynecology*, found that doctors-in-training ate fewer meals, ate more high-fat meals, slept less and exercised less than they did before entering residency.

It happened to **Kam Shojania** when he was a resident. And years later, as Head of the Division of Rheumatology, he noticed it in his trainees.

"I started wondering, 'Why am I more energetic than the residents who are younger than me?'" says Dr. Shojania, a Clinical Professor. "They look stressed and tired. And it's just not right. I'm 20 years older than they are!"

Dr. Shojania also didn't like what he saw among his colleagues: a lot of overweight individuals, walking slowly and tottering, due to weak core muscles and tight hamstrings.

"It's a shame to see that, because we have to practice what we preach," he says. "Physicians who exercise themselves are much more likely to recommend exercise to patients."

So every Friday afternoon, Dr. Shojania and nearly all of his rheumatology residents convene at a fitness centre near Vancouver General Hospital, to strain, sweat and swear their way to a healthier life.

During one session, a pair of trainers exhorted Dr. Shojania and the residents through a metabolic workout: a series of minute-long drills of pushing, pulling and holding.

"I find it's like taking medicine — like methotrexate," says fifth-year resident **Mitch Uh**. "But methotrexate doesn't hurt."

Dr. Shojania hit upon the idea last summer, when he noticed that his residents tended to disappear toward the end of academic days.

"They would say, 'There's no way I can learn anything on Friday at four o'clock.' And I thought, 'Yeah, you're right. So we're not going to learn anything. We're going to work out.'

Such programs are rare in medical education, according to a literature review by **Shannon Lockhart**, a third-year UBC medical student who studied Dr. Shojania's exercise initiative and presented a poster on it at the Canadian Rheumatology Association's annual scientific meeting in February.

Lockhart's survey of the five participating residents found that they all enjoyed it (appearances to the contrary), and three of the residents said it gave them more confidence in their own ability to prescribe or promote exercise to their patients.

"Now, when I tell residents to explain to back pain patients how to strengthen their core, they know how to do it — they can even demonstrate," Dr. Shojania said. "Before, that would have been an abstract thing for them. You don't learn how to strengthen your core in med school."

All of the residents reported that they were exercising more — beyond the weekly, semi-obligatory sessions — and that their diet, stress levels, sleep habits, mood and learning had improved since beginning the regimen.

"Before this, I wasn't very good about exercising," said fourth-year resident **Ann Marie Colwill**. "It helped to have this scheduled, to make sure we did it."

The sessions have also contributed to greater camaraderie among the residents, including post-workout drinks at a nearby pub.

"Yes, that does take away some of the health benefits," Dr. Shojania says. "But it also promotes the idea of physician as collaborator. Here is a way that they can encourage each other."

**FOCUS ON:
RESIDENTS**



Kristopher Kang in the corridors of BC Children's Hospital, and outside the local chief's office in a poverty-stricken neighborhood near Abuja, Nigeria.

THE DOUBLE LIFE OF PEDIATRICS RESIDENT KRISTOPHER KANG

Like his fellow pediatrics residents at BC Children's Hospital, **Kristopher Kang** is consumed with the challenges of a medical trainee — tending to patients, learning treatment protocols, conducting research, navigating the bureaucracy.

And then, when he gets the rare chance to take a break from it all, he immerses himself in a completely different set of challenges — gunfire and bombs, subsistence poverty, rudimentary governance.

Dr. Kang works as a United Nations consultant in some of the poorest or most violent corners of the world. As far removed as those two occupations may be, they share a common goal — caring for children.

As a consultant, he has become an expert on two aspects of child protection in low-income countries: expanding birth registration, so that more children can get access to schooling and health care, and finding alternative care for children who have lost their parents or have been separated from their families.

Dr. Kang, 29, has become one of the U.N.'s go-to analysts on both issues, valued for his ability to quickly find the right people to interview, and distill what he learns into practical reports — and most important, advice — for government officials.

"I'm told, 'Fix this' or 'Figure this out,'" Dr. Kang explains. "They say, 'You can meet with anybody you want, we'll take you wherever you want to go, you have this many days. Let's make a plan.' Then we negotiate on deliverables."

Dr. Kang, a native of Kamloops, discovered his knack for fact-finding and analysis on behalf of children soon after graduating from Princeton University — first as a research assistant at Columbia University, and then working for a child advocacy group at UNICEF's New York headquarters.

A year later, in 2007, the U.N. sent him to Nepal to develop "how-to" documents for South Asian politicians and policy-makers interested in tackling child protection issues, including care for parentless children and supporting those affected by HIV and AIDS.

In the midst of that assignment, he was sent to Afghanistan to get a handle on that country's large number of institutionalized children, and to help craft a strategy for returning those children to relatives. He returned to Afghanistan in 2008, working directly for the Afghan government on that same issue.

"There were guns everywhere," he says. "We always rode in a U.N.-marked car. There were often gunshots at night. Sometimes, there were big explosions, and we wouldn't be able to go to work the next day."

He took a break from his consulting work as a UBC medical student, but returned to it in 2011 as a first-year resident, when the U.N. hired him to conduct a bottleneck analysis of the birth registration system in Nigeria, where 70 per cent of children under 5 years old — about 18 million — are not registered.

"We ended up with a massive amount of data about what was going on," Dr. Kang says. "We were able to map out where the major barriers were, prioritize them, and propose interventions to improve coverage and monitoring."

Still, most of Dr. Kang's time is focused on pediatrics, where he is developing a focus on pediatric cardiology, due in large part to the mentorship of Associate Professor **Shubhayan Sanatani**.

"His work ethic is phenomenal," Dr. Sanatani says. "He pushes himself very hard. And at the same time, he is one of the most humble residents in the program."



RESIDENT RESEARCHERS

Doug Brown ascending a peak in the Cascades.

Medical residents play two roles — they are physicians, caring for patients, and they are trainees, soaking up the vast amount of knowledge necessary to become expert practitioners in their chosen specialties. But they are often researchers, too. It may be optional, but for many, it's the natural outgrowth of the process of learning and treating, because it's another type of questioning. Here is a glimpse of some of the research undertaken by UBC's current crop of residents.

01 | It's worth the trip

When rescue workers reach a victim of hypothermia, they must often make an excruciating choice — transporting them to the nearest medical facility, or to an advanced medical facility that is farther away. Emergency Medicine resident **Doug Brown** has helped make that choice a bit easier.

In a study published in November in the *New England Journal of Medicine*, Dr. Brown and collaborators from Banff, Austria and Italy reviewed the medical literature and concluded that hypothermia

victims whose hearts have stopped functioning should be transported to a medical facility with advanced heart and lung support equipment, even if that means longer travel time.

Cardiopulmonary bypass (CPB) and extracorporeal membrane oxygenation (ECMO) remove carbon dioxide from, and add oxygen to, a patient's blood, while supporting their blood pressure until the heart is warm enough to pump again. Dr. Brown's review found that hypothermia victims in cardiac arrest have a 50 per cent chance of surviving if CPB or ECMO is used, compared to a

survival rate of 0 to 37 per cent when it isn't used.

"Appropriately equipped hospitals are more dispersed here in North America than in Europe, so transport times are longer," says Dr. Brown, an avid mountaineer who earned his M.D. from UBC, and is in his final year of post-graduate training in Emergency Medicine. "But our review shows that hypothermic patients can tolerate many hours of cardio-pulmonary resuscitation (CPR) and still have a good neurologic outcome. Transporting a patient to a hospital with advanced heart and lung

support increases the odds of surviving hypothermia-induced cardiac arrest so much, that it's worth the trip."

The research will help guide updates to the British Columbia Ambulance Service Treatment Guidelines, says **John M.**

Tallon, the Vice President of Medical Programs for the B.C. Emergency and Health Services Commission. "These insights would be particularly helpful in optimizing patient outcomes in B.C., with our challenging geography and distances to critical care centres," he says.

02 | A better predictor for cardioversion therapy

Atrial fibrillation, a totally irregular rhythm, is an epidemic in Canada, with consequences that include stroke, heart failure and cognitive dysfunction. Cardioversion — a minor electrical shock to the heart — can potentially revert this arrhythmia back into a regular rhythm. But as many as half of

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the patients who receive this treatment relapse back into arrhythmia after six months.

Finding a reliable predictor of success will spare patients from undergoing a futile procedure, and lead to better use of precious health care resources. One of the most relied-upon predictors is the left atrial volume index (LAVI) — the maximal amount of blood that resides in the left atrium in relation to the patient's body surface area.

But **Christina Luong**, a second-year internal medicine resident, wondered whether right atrial volume (RAVI) is useful, too.

Under the supervision of Professor of Medicine **Teresa S.M. Tsang**, in the Division of Cardiology, Dr. Luong analyzed 73 arrhythmia patients who

had been cardioverted at Vancouver General Hospital. She found that RAVI was superior to LAVI in predicting who will stay in sinus rhythm after cardioversion, providing 80 per cent accuracy, compared to LAVI's 67 per cent accuracy.

Dr. Luong, who earned her M.D. at the University of Alberta, presented a poster on her findings at the American College of Cardiology's annual conference in San Francisco in March.

"It's another way to tell in advance whether a patient will likely stay in sinus rhythm for an extended period, in this case at least six months," Dr. Luong says.

03 | A novel approach to childhood obesity

Childhood obesity is not only on the rise — it's also very difficult to treat. Overweight children often remain so



Brenden Hursh.

into adulthood, and weight management programs have only a modest effect.

Brenden Hursh, a pediatric endocrinology resident at BC Children's Hospital, is approaching the problem from a different perspective: If their weight can't be lowered, can the negative consequences of obesity, including Type 2 diabetes, high blood pressure and heart disease, be minimized?

Dr. Hursh, under the supervision of Clinical Professor **Jean-Pierre Chanoine**, is conducting a collaborative study of 30 children between 12 and 18 years-old — half of them with obesity, half of them of normal weight — to examine the interplay between their inflammatory response and their autonomic nervous system (ANS), which controls involuntary functions such as heart rate, digestion and breathing.

Obesity has been linked to higher levels of inflammation. So the study will describe the children's levels of inflammation, as well as the

in vitro reactions of the children's blood cells in response to inflammatory stimulants.

The study also will test the sympathetic and parasympathetic component of the ANS, with a focus on the anti-inflammatory role of the parasympathetic system. Dr. Hursh and his colleagues will examine the variability of the childrens' heart rates at rest, and also when performing a grip-strength test and a mental test (tracing a star by looking in a mirror). The children's caloric consumption during rest also will be measured.

"If we can show there is a relationship between ANS dysfunction and inflammation in childhood obesity, then hopefully in the future we can explore therapies that specifically target the autonomic system, and ward off the obesity-related conditions that arise as they head toward adulthood," says Dr. Hursh, who earned his M.D. at the Icahn School of Medicine at Mount Sinai in New York and did his pediatric residency at the University of Michigan.



Christina Luong.



Karine Khatchadourian.

04 | Filling in the blanks of gender dysphoria

Gender dysphoria, a feeling that there is a mismatch between one's biological sex and gender identity, has emerged in recent years as a genuine medical condition that deserves treatment. But the diagnosis is so new, there is little research to guide clinicians — and almost all of it is from Amsterdam.

Karine Khatchadourian helped to fill in some of the blanks, with Canadian cases.

A pediatric endocrinology resident at BC Children's Hospital, she conducted a retrospective review of 84 patients, 12 to 24 years old, who were seen by the Endocrine Clinic between 1998 and 2011. The study, she says, gives clinicians throughout Canada and the U.S. more culturally-relevant guidance for treating gender dysphoria.

Dr. Khatchadourian, under the supervision of Clinical Professor **Daniel Metzger**, examined a variety of issues, including: how many came to be seen by specialists, and at what age; the prevalence

of mood and anxiety disorders; how many opted to take puberty-blocking medication, and later, cross-hormone treatment to switch their genders.

One of her more intriguing findings, presented at the Endocrine Society's annual meeting in 2012, was that only one patient out of the 27 who went on puberty blockers didn't follow through with the transition to another gender. Dr. Khatchadourian sees this as validation of using puberty-blockers as way of smoothing the transition.

Dr. Khatchadourian, who earned her M.D. and did her pediatric residency at the University of Montreal, found that the patients had a much higher percentage of mood and anxiety disorders than the general adolescent population. On a more encouraging note, she also found that many of the male-to-female patients chose to bank their sperm before proceeding with the transition.

"That shows you can have meaningful discussions about fertility with 16-year-olds," Dr. Khatchadourian says.

05 | A warning sign of a high-altitude hazard

There is no cure for acute mountain sickness, other than going back down. So being able to predict one's susceptibility to the condition — which includes difficulty sleeping, dizziness or light-headedness, fatigue, headache, loss of appetite, nausea or vomiting, and shortness of breath — has obvious usefulness for anyone contemplating that life-changing ascent up Everest.

Paul Hertz, a second-year general internal medicine resident, worked with **Michael Koehle**, an Assistant Professor in the Division of Sports Medicine and the School of Kinesiology, to see if balance

perform a simple, 3-minute balance test at sea level and various altitudes, as high as 4,500 metres. (Everest, by the way, is 8,848 metres high.)

Their hypothesis: The raw score isn't useful, because balance — even at sea level — can vary from one person to the next. What matters is how much a person's balance worsened as they go higher.

Half of the 12 subjects developed acute mountain sickness, giving the researchers the basis they needed to test their theory. The results are now being prepared for publication.

"I've just always been interested in pushing the limits of human physiology,"



The hypobaric chamber at Simon Fraser University. PHOTO CREDIT: ANDREW GILLATT/CICADA STUDIO

— more specifically, a loss of balance between sea level and higher altitude — can serve as that telltale sign.

Working at Simon Fraser University's hypobaric chamber, Dr. Hertz, Dr. Koehle and others asked research volunteers to

says Dr. Hertz, who earned his M.D. at Queen's University. "As physicians, we're focused on getting sick people back to normal. But it's also interesting to flip that, and take normal people and push them into the exceptional range."

FOCUS ON:
RESIDENTS

LEARNING MEDICINE AT THE BOUNDARIES OF THE WORLD



Haida Gwaii's natural beauty, and the rich history and art of the people who call it home, have long lured travelers. For the medical residents who rotate through this archipelago, it's an assignment unto itself.



Cam Grose, a second-year UBC resident; Clinical Instructor Michele Leslie. PHOTO CREDIT: DANIEL PRESNELL

Separated from British Columbia's mainland by the fierce currents of the Hecate Strait, and often shrouded in dense fog and mist, it is easy to see why the Haida people refer to the small set of sylvan islands as "Xaadala Gwayee"—the islands at the boundary of the world.

When the fog lifts on Haida Gwaii, the golden sunlight bounces off the water, illuminating the dense spruce and pines lining the coast. The natural beauty of these remote islands, and the rich history and art of the Haida people who call it home, have long lured travelers willing to make the journey.

But for a young doctor in training, this place brings a particular set of challenges. The closest CT scan is in Prince Rupert, an eight-hour ferry ride away. Managing a seriously ill or injured patient often involves considerations that most residents never confront—such as the weather.

"If someone can't be handled here, we have to get them off-island, and it's not just a matter of getting the plane and getting them on board," says **Cam Grose**, a second-year UBC resident in family medicine, in the midst of an eight-week rotation on Haida Gwaii. "There can be long delays due to weather conditions, plane availability, logistical challenges and managing them here in the interim. And any time I'm asking to put three people in the air, there is an added element of risk."

The limited availability of lab tests and resources, the logistical challenges of practicing medicine in a remote location, and the cultural skills required to care for a largely Aboriginal population combine to make the family medicine residency rotation in Haida Gwaii an assignment unto itself.

All family medicine residents must complete an eight-week rotation in a rural community in British Columbia. Haida Gwaii, an archipelago of two main islands and 150 smaller ones, has been one of the options for over 20 years, and has become one of the most sought-after.

"The rotations on Haida Gwaii give residents access to Aboriginal health issues, the doctors and health professionals have great reputations, and it is a beautiful place to visit," says **Willa Henry**, the Program Director of the Family Practice Postgraduate Program.

One stop for most residents is the Northern Haida Gwaii Hospital and Health Centre in Masset, on the northern tip of Mooresby Island, where on a clear day one can see the outline of Alaska in the distance.

Clinical Instructor **Michele Leslie**, a family physician based there, strives to ensure that the education extends beyond the clinic's walls. Supported by a Faculty of Medicine Special Populations Fund grant, she provides "cultural safety" training for residents, assigning readings on the history and impact of residential schools, and encouraging participation in Aboriginal community events, so that residents gain some context and can communicate more effectively.

"Being culturally aware and sensitive to subtle aspects of how they communicate, and what are *faux pas* or not, can make a big difference, especially when you are talking to elders about their care," says **Matt Menard**, a veteran of the Haida Gwaii residency rotation, who has since returned for a "locum," or temporary assignment.

Dr. Menard's return to the scene is typical.

"For every resident that has come here to train, every one has come back to do a locum as a staff physician here," Dr. Leslie says. "I really feel that is a testament to the positive experience they have as learners, and the pull of this place. People fall in love with it."

That was certainly the case for Dr. Grose, whose first encounter with Haida Gwaii came in his fourth year in UBC's Northern Medical Program, when he spent a month in Queen Charlotte City.

"The exposure to the doctors, and being a part of the health care community, solidified my decision to pursue rural family medicine," he says.

Now back as a resident, Dr. Grose is taking on a more independent role – managing patients with the health care team, and learning to optimize resources, such as telemedicine – to help his transition to independent practice this summer.

At Friday morning rounds, Dr. Grose joins his physician colleagues, members of the nursing staff, and community support workers at the Queen Charlotte Islands General Hospital to discuss patients, health care and other community issues in such villages as Tlell, Sandspit, Skidegate and Port Clement.

"It's not just the training, but the connections you make within the community," Dr. Grose says. "It's the patients you see, the problem-solving, the strategizing that you are exposed to throughout the training. Those are the pearls that don't necessarily relate to medicine per se, but do relate to future practice."

INVESTIGATIONS & BREAKTHROUGHS



01 | Another culprit for obesity: Too much insulin



A serendipitous discovery by Associate Professor **James Johnson**

could overturn widely accepted notions about healthy eating habits.

The study, published in *Cell Metabolism*, examined the role of insulin, the hormone that allows the body to store blood sugar for later use as an energy source. Dr. Johnson, in the Department of Cellular and Physiological Sciences, gave a high-fat diet to two groups of mice: A control group of normal mice and another group bred to have half the normal amount of insulin.

The control group, as expected, became fat. But the low-insulin mice were protected from weight gain because their fat cells burned more energy and stored less. The lean mice also had less inflammation and healthier livers.

Dr. Johnson concluded that extra insulin produced in the normal mice by the high-fat diet caused their obesity, which

strongly suggests that mice – and, by extension, humans – may make more insulin than they need.

The findings may mean that the key to maintaining a healthy weight is to continually return insulin levels to a healthy baseline by extending the gaps between meals and ignoring the widespread recommendations to consume small amounts throughout the day. In other words, cut out the snacks — and make sure not to overcompensate at mealtime.

“As crucial as insulin is for storing blood sugar, it can also be too much of a good thing,” Dr. Johnson says. “If we can maintain insulin levels at a happy medium, we could reverse the epidemic of obesity that is a risk factor for so many ailments — diabetes, heart disease, and cancer.”

While existing insulin-blocking drugs could prevent weight gain, they carry serious side effects that outweigh their benefit. Further research might lead to drugs that block excess insulin production or blunt its effect on certain targeted tissues. Dr. Johnson also has plans to study a number of

different diet types to determine which approach is most effective at maintaining healthy insulin levels.

02 | Grading the graders



The best gift you can give a stand-up comedian is to subject his audience to an atrocious warm-up act. **Kevin Eva** showed that the same is true for medical residents.

Dr. Eva, a Professor and Director of Educational Research and Scholarship in the Department of Medicine, worked with researchers at the University

of Manchester to see if clinical educators’ grading of younger doctors could be influenced by the quality of those they had previously evaluated.

In the study, published in *JAMA*, physician-educators in England and Wales were asked to grade videos of young doctors in their first year of post-graduate training. The trainees in the videos followed scripts representing three levels of performances – good, poor, and borderline – as they interviewed and examined actors portraying patients.

Some educators were “primed” by viewing the good performances while others



viewed the poor performances. Then both groups were compared on their grading of the borderline performances. Educators who had been primed by poor performances consistently gave better grades to the borderline performers than those who had just watched the good performances. Depending on the patient case, the grades were 30 per cent to 100 per cent better.

"This experiment shows that judging someone's performance – whether it's clinical skills, essay-writing, or figure skating – is likely to be relative, and that we can't assume that examiners are working from a fixed, absolute standard, as is expected in current models of education," says Dr. Eva, a Senior Scientist at UBC's Centre for Health Education Scholarship.

"While such assessments are unavoidable in determining whether a student has mastered the required competencies in a field like medicine, we need to take steps to minimize contrast bias — perhaps by continually mixing up the order of the people being examined," Dr. Eva says. "This is one of the reasons it is important to ensure that there are a sufficient number of evaluations — the more data points, the more reliable the aggregate score will be."

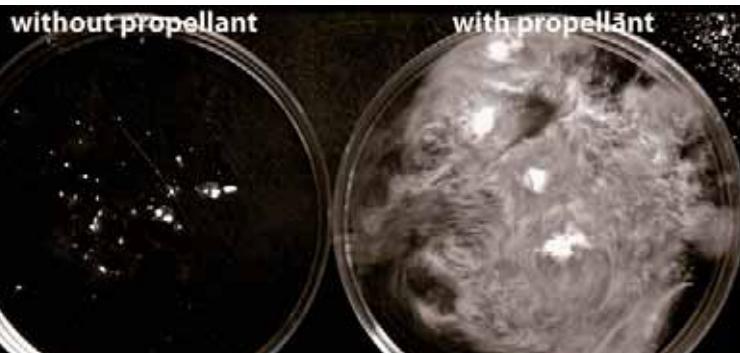
03 | A self-propelled coagulant

Christian Kastrup, an Assistant Professor in the Department of Biochemistry and Molecular Biology, has invented a mechanism for getting blood-clotting treatments to the source of bleeding.

Dr. Kastrup's idea involves micro-sized coagulant particles that are surrounded by a water-sensitive propellant, which releases gas and energy when it comes into contact with blood. The resulting reaction drives the particles at a high velocity (more than 10 cm/sec) upstream against the flow of blood, potentially allowing them to penetrate deep into areas of bleeding — particularly post-partum, but also in cases of trauma.

"If we put these particles onto a wound, the particles will fly all over, including upstream through blood, to the site of the hemorrhage, where they can stop bleeding from occurring," says Dr. Kastrup, who also is a member of the Michael Smith Laboratories and the Centre for Blood Research.

With a \$100,000 grant from the federally-funded Grand Challenges Canada, Dr. Kastrup plans to use animal models to determine the optimal combination of propellant and coagulant, and the optimal size of the particles necessary for penetrating deep into areas of bleeding without entering the circulatory



Christian Kastrup's anti-coagulant *in vitro*.

03



04

system. He will also produce a feasibility study showing how this topical treatment can be distributed and used by non-experts in developing countries, presumably through commercial partners.

"It will have simple instructions, such as, 'If you see a lot of blood, pour powder over the site of bleeding,'" Dr. Kastrup says.

04 | The lingering damage of concussions

Concussion-related changes to brain structure and function persist well beyond the initial trauma — leaving open the possibility that adolescent athletes could be returning to sports before their brain injuries have fully healed.

In a study published in *Pediatric Neurology*, Faculty of Medicine researchers used advanced imaging and a common concussion assessment technique to examine brain structure and function in a dozen adolescents who had experienced at least one sports-related concussion in the previous two months, and compared them with 10 otherwise healthy, non-concussed adolescent athletes.

"The imaging results, which captured the movement of water through the brain, showed that the integrity of white matter was significantly different between the concussed and non-concussed teenagers," says **Naznin Virji-Babul**, an

Assistant Professor in the Department of Physical Therapy and a scientist in the Brain Research Centre and the Child & Family Research Institute. Postdoctoral fellow **Michael Borich** analyzed the brain scans.

The brain images, Dr. Virji-Babul says, "were strongly associated" with results from the concussion assessment test, which is used on playing fields and in clinical settings, and measures 22 symptoms, including balance, orientation and memory. But coaches and trainers sometimes dismiss or downplay negative results from such assessments.

"Our research has immediate impact on return-to-play decisions made by physicians and medical personnel, coaches, parents, and the athletes themselves," says co-author **Lara Boyd**, a Canada Research Chair in the Neurobiology of Motor Learning and also a member of the Brain Research Centre. "We need age-specific diagnostic guidelines that are applied consistently across the disciplines of neurology, physical medicine, rehabilitation, and sports medicine."

The researchers are planning future studies to understand the risks of returning to play, and to develop improved clinical practice guidelines in physicians' management of sports concussions.



David Liu explains the finer points of a radioembolization on a patient with liver cancer. PHOTO CREDIT: DON ERHARDT

CUTTING EDGE, WITHOUT THE CUTTING

Interventional radiology (IR) is among the youngest of medical fields, dating only to the 1960s, when Portland's Charles Dotter invented angioplasty and the catheter-delivered stent. Owing to its novelty and its reliance on technology, IR is one of the most rapidly-evolving medical subspecialties.

Dave Liu is riding that wave's leading edge.



"We're trying to develop as many small, precise, elegant hammers as we can," says Dr. Liu, a Clinical Associate Professor who trained in interventional radiology at Northwestern University in Chicago, then worked in Los Angeles, Portland, and Spokane before returning to Canada in 2008.

IR is becoming a less risky complement to surgery, since many of its procedures are done through a small incision, guided by advanced imaging technologies such as ultrasound, computed tomography, magnetic resonance imaging, and x-ray cameras. Sometimes, IR is a patient's only hope because a tumour's growth or placement has made it impossible to remove through surgery, or because drugs have proven ineffective.

One of only 11 physicians in Canada to be inducted as a fellow in the Society of Interventional Radiology, and this year's winner of the Young Investigator Award from the Canadian Association of Radiologists, he also holds a clinical faculty appointment at the David Geffen School of Medicine at the University of California, Los Angeles.

He gives 40 to 50 lectures a year around the world, and is the driving force behind the Symposium on Hepatic Oncology at Whistler (SHOW), which held its second annual meeting in February, drawing 178 people from such institutions as the Johns Hopkins University and Duke University, and from as far away as Scotland and Australia.

Like most interventional radiologists, Dr. Liu's repertoire spans a wide range of conditions: pulmonary tumours, varicoceles in the scrotum, uterine fibroids, clot-induced leg swelling, pain relief

for cancer patients, even emergency reconstruction of damaged aortas. But his work on SHOW reflects his particular expertise and leadership in using IR techniques to treat liver cancer.

One of the most advanced therapies he uses to treat the condition is radioembolization — the injection of radioactive particles into the vessels that feed the growing tumour. The particles lodge in the vessels, emitting radiation over several weeks; angiography is used to make sure the isotopes are placed in the precise spot.

"Mother nature has provided us, through the process of angiogenesis, with a conduit that leads directly into the heart of the tumor," says Dr. Liu, who brought the technique to the West Coast. "It's so focused and targeted that the normal part of the liver continues to function with only a mild degree of temporary inflammation, while the tumor is subject to lethal amounts of radioactivity."

Dr. Liu is pushing hard to keep the innovation going, and is heavily involved in clinical research trials, including one testing the effectiveness of injecting and infecting tumours with genetically modified viruses that trigger the body's own immune system to attack cancer cells. Vancouver is one of the 15 trial sites around the world.

Another study is seeking to determine the optimal size and composition of drug-eluting beads that release chemotherapy drugs into the tumour's blood vessel network. He also is the Co-Chair and Co-Founder of a national expert panel exploring the best practices for management of deep vein blood clots in the legs.

Most recently, he has begun a collaboration with colleagues **Anna Celler** and **Francois Benard** in the Department of Radiology and **Urs Hafeli** in the Faculty of Pharmaceutical Sciences to develop the next generation of radioactive microparticles for liver cancer that are more visible, more accurate, and more easily administered.

"Better, safer, faster — that's basically what we're trying to do, so more hospitals can institute our techniques and ultimately, more patients can benefit from what IR has to offer," he says.



Gillian Taylor, a first-year audiology student, gets an up-close glimpse of Moe the Mouse.
PHOTO CREDIT: DON ERHARDT

VOYAGES OF DISCOVERY, CLOSE TO HOME

As Europeans colonized Canada's western coast, the uncharted wilderness slowly yielded its secrets to explorers, trappers, miners and cartographers. But understanding of the indigenous peoples always lagged behind Europeans' knowledge of the land, and still does.



Professor of Speech-Language Pathology
May Bernhardt discovered one such area of uncharted cultural understanding several years ago — in her own specialty.

When, at the urging of a development psychologist, Dr. Bernhardt began exploring how child language development was being evaluated and treated in Aboriginal communities, she realized how much she and her students had yet to learn.

The result was a new course, and one of UBC's most concerted efforts at fostering Aboriginal understanding: "Approaches to Speech Language Pathology and Audiology for People of First Nations, Metis and Inuit Heritage." Of the 11 Canadian universities that offer degrees in audiology or speech-language pathology, only UBC has such a course.

"We realized our students didn't know anything about First Nations communities — they were either afraid, or didn't know what to do," Dr. Bernhardt says. "And the communities were wary, because we were overdiagnosing kids in those communities with language difficulties, based on norms developed in the middle-class United States."

The course's premise is that language is a crucial component of identity — how we speak, and how we process what we hear, depends largely on who we are. So determining if someone is having trouble speaking or hearing, and working to remediate real or perceived deficiencies, must take into account cultural differences between the examiner and the examined.

For example, children who are being evaluated for potential speech problems are, of course, asked to speak. But one-on-one conversations with an adult may not feel natural to many

Aboriginal children, who are often encouraged to learn by listening and observing.

Aboriginal children also may use a dialect of English from their community, which can deviate from the "standard English" used by speech-language pathologists.

"When does a child have an actual problem, and when is it just a problem in the mind of the examiner or school? We're just beginning to figure that out," Dr. Bernhardt says.

Speech-language pathology and audiology students learn about the history of residential schools; create artwork, perform dramatic readings or create journals of reflection; and learn culturally-sensitive techniques and strategies, such as using group story-telling for speech evaluations, instead of one-on-one conversations.

Another technique is Moe the Mouse, one of a dozen stuffed animals created by two B.C. speech language pathologists as a way of drawing out pre-school Aboriginal children during speech evaluation and therapy sessions. Each animal represents a different sound.

Audiologists have taken up Moe as well — every time the child hears a tone in a headphone, Moe deposits a nut in a "tree" (actually, a milk carton).

"You have to draw their attention to something that is more tangible to their culture," says **Navid Shahnaz**, an Associate Professor of Audiology and a course co-instructor. "Moe the Mouse is a good way to make that connection and establish a good rapport. If children are scared of you, they're not going to respond to the beep, and they're not even going to let you put those headphones on."

But the most popular part of the course is the community learning experience, in which students spend time with agencies, organizations or individuals providing services to Aboriginal communities, and report back to the instructors and their fellow students on their activities and insights.

"You can't read about cultural safety and sensitivity," Dr. Bernhardt says. "You have to do it."

ENHANCING EXCELLENCE

NEW ARRIVALS TO THE FACULTY OF MEDICINE



GOAL To use simulation technology to improve training for the entire health care team, so patients receive kinder, gentler and more efficacious care.



GOAL To enhance exercise capacity and reduce shortness of breath in patients with chronic respiratory conditions.



ELSPETH MARGUERITA McDougall

AGE: 58 **POSITION:** Professor, Department of Urological Sciences; Provincial Coordinator for Health Simulation Education

EDUCATION: Bachelor of Science, University of Alberta; M.D., University of Calgary; Family Practice Residency, Holy Cross Hospital, Calgary; Urology Residency, University of Ottawa; Extracorporeal Shockwave Lithotripsy & Endourology Fellowship, Washington University School of Medicine, St. Louis; Masters in Health Profession Education, University of Illinois at Chicago.

PREVIOUS POSITION: Professor of Urology, Director of Surgical Education Institute, and Associate Dean of Simulation and Continuing Medical Education, University of California Irvine School of Medicine.

DISTINCTIONS: Chair, American Urological Association (AUA) Office of Education; Chair, AUA Laparoscopy Committee; Coordinator, AUA Ad Hoc Surgical Simulation Group; member of editorial boards of *Journal of Endourology* and the *Journal of the Society of Laparoendoscopic Surgeons*; past president of, and recipient of Excel Award from, Society of Laparoendoscopic Surgeons; Excellence In Teaching Award from the UC Irvine Department of Urology.

DID YOU KNOW?: She has toured the Rajasthan desert of India, the Hungarian and French countryside, and the coffee and rubber plantations of Brazil — all on horseback.

"Simulation-based education is widely accepted as an effective and efficient way for students and health professionals to learn. As the new Provincial Coordinator for Health Simulation Education, I will bring together the various players in simulation across the province to assess existing resources and capabilities, and to develop and implement a comprehensive program that meets the learning needs of all health care students, trainees and workers. I plan to help all simulation instructors reach a consistent level of expertise in this educational modality, develop standardized curriculum and practice scenarios for undergraduate, graduate and continuing education, and set up outreach from and between the various provincial medical learning centres. I will foster research to determine how to make simulation-based education more effective and efficient, and thereby improve the quality and outcomes of health care for British Columbians."



JORDAN GUENETTE

AGE: 31 **POSITION:** Assistant Professor, Department of Physical Therapy; Principal Investigator, James Hogg Research Centre

EDUCATION: Bachelor's degree in Exercise Science, Master's of Science and PhD in Exercise Physiology, UBC.

PREVIOUS POSITION: Postdoctoral Fellow, Queen's University School of Medicine, Respiratory Investigation Unit.

DISTINCTIONS: Providence Health Care Research Institute and St. Paul's Hospital Foundation New Investigator Award; Canadian Thoracic Society and Canadian Lung Association Postdoctoral Fellowship; Natural Sciences and Engineering Research Council (NSERC) Postdoctoral Fellowship; John Alexander Stewart Postdoctoral Fellowship

(Queen's University School of Medicine); CIHR Institute of Gender and Health Award of Excellence; Governor General's Academic Gold Medal; Senior and Junior Graduate Trainee Award, Michael Smith Foundation for Health Research; NSERC Postgraduate Scholarship; Sir James Lougheed Award of Distinction; Faculty of Education Valedictorian; Outstanding Service Award, Himalayan Rescue Association.

DID YOU KNOW?: When he's not in the lab he can usually be found training for the Grouse Grind Mountain Run. His fastest time up "Mother Nature's Stairmaster" is 28:20.

"Chronic obstructive pulmonary disease (COPD), a debilitating and degenerative disease that is caused primarily by smoking, is the fourth leading cause of death worldwide and accounts for the highest rate of hospital admissions among major chronic illnesses in Canada. Shortness of breath is the hallmark symptom, causing patients to avoid physical activity resulting in cardiovascular and muscular deconditioning. This downward spiral caused by physical inactivity progresses relentlessly to the point where COPD patients are unable to perform basic activities of daily living. The goal of my research program is to identify the physiological mechanisms of shortness of breath so that we can develop more effective interventions to enhance exercise capacity and reduce symptoms in patients with COPD. The Cardiopulmonary Exercise Physiology Laboratory at St. Paul's Hospital assesses the respiratory, cardiovascular, muscular and neurophysiological responses to exercise, so that we can identify the complex mechanisms of shortness of breath and exercise intolerance in humans. Based on this knowledge, we can then develop and test novel therapeutic interventions to target these mechanisms to enhance exercise tolerance, reduce shortness of breath and ultimately improve quality of life for those suffering from chronic respiratory diseases."



GOAL To enrich the quality of life of patients and bend the cost curve of chronic respiratory conditions in Canada and beyond



MOHSEN SADATSAFAVI

AGE: 36 **POSITION:** Assistant Professor of Health Economics, Division of Respiratory Medicine, Department of Medicine; Scientist, Centre for Clinical Epidemiology and Evaluation, Vancouver Coastal Health Research Institute

EDUCATION: M.D., Tehran University of Medical Sciences; Master of Health Sciences, Epidemiology, UBC; PhD, Outcome Sciences, UBC.

PREVIOUS POSITION: Health Economist, Centre for Clinical Epidemiology and Evaluation, Faculty of Pharmaceutical Sciences and Collaboration for Outcome Research and Evaluation, UBC.

DISTINCTIONS: Canadian Institutes of Health Research (CIHR) Fellowship Award; CIHR Bisby Fellowship Prize; UBC Four-Year Fellowship Award.

DID YOU KNOW?: An astronomy buff, he is chronically frustrated by Vancouver's cloudy skies, and compensates by reading articles and books, and watching documentaries, about red dwarfs, black holes and quasars.

"Chronic respiratory conditions, namely asthma and chronic obstructive pulmonary diseases (COPD), impose tremendous financial and humanistic burdens on individuals and society. COPD is projected to become the third-leading cause of death across the world in the next few years. Currently, respiratory diseases rank third as the major cause of hospitalization worldwide, behind circulatory and digestive disorders. Asthma is an especially significant burden in Canada, accounting for approximately 80 per cent of chronic respiratory disease. In a world of budget deficits and increasing health care costs, our scarce health care resources must be allocated on the basis of an objective and rational framework. Such a framework would translate the impact of technologies for the prevention, diagnosis, and treatment of disease into policy-relevant indices, such as costs and quality of life. I have dedicated my career as a health economist to addressing the pressing need to control the rampant cost of chronic diseases. I am finding ways to keep the soaring cost of chronic respiratory diseases under control, while ensuring the delivery of high-quality care to individuals."

IN MEMORY OF CLYDE HERTZMAN 1953 – 2013

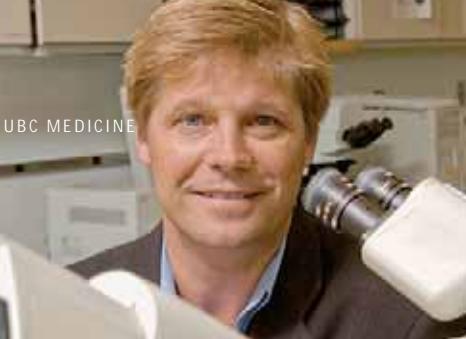
Clyde Hertzman – Professor in the School of Population and Public Health, and one of the most distinguished and dedicated members of the Faculty of Medicine – died suddenly while in London, U.K., in February. He was 59.

Dr. Hertzman, as the Director of the Human Early Learning Partnership and Canada Research Chair in Population Health and Human Development, played a central role in delineating the special role of early childhood development as a determinant of health. Throughout his career, he gathered scientific evidence to show that early life experiences affect a child's brain and social development, their genes and their ability to thrive. His research has informed initiatives for healthy child development at the international, national, provincial, and community levels.

He joined UBC in 1985, and went on to earn some of the country's highest honours. In 2010, he was named "Health Researcher of the Year" by the Canadian Institutes of Health Research. Shortly before his death, he was appointed to the Order of Canada, and was posthumously awarded a Queen Elizabeth II Diamond Jubilee Medal in February. He was a Fellow of the Royal Society of Canada and the Canadian Academy of Health Sciences.

"His energy, enthusiasm and irrepressible spirit were so great as to become an integral part of the Faculty of Medicine's very identity, and it will leave a permanent imprint on us as individuals, and on our institution," wrote Gavin Stuart, Dean of the Faculty of Medicine and UBC's Vice Provost Health, in a letter to the community. "While it is sobering to contemplate how much work he had left in him, we must take solace in how much Clyde accomplished – not only as a scholar, but also in his personal dealings with friends and loved ones."

Dr. Hertzman's family and the Human Early Learning Partnership organized a "Celebration of Life" in his memory on March 17 at the Chan Centre for the Performing Arts on the UBC campus. The university also created the Clyde Hertzman Legacy Fund; for more information, visit <http://bit.ly/hertzman> or find it through <http://startanevolution.ubc.ca/>



L – R: Martin Gleave, Peter von Dadelszen.

PHILANTHROPISTS BET ON THE FACULTY OF MEDICINE FOR LIVE-SAVING SOLUTIONS

Although the Canadian government is the largest single source of the Faculty of Medicine's research funding, its various granting agencies are understandably wary of unconventional ideas. That is often where private foundations step in.

Philanthropists can take a chance on a risky idea with the potential for high reward — an innovative solution that can transform the way we fight a disease, saving or improving millions of lives. As Warren Buffett told Bill and Melinda Gates, “Don’t just go for safe projects. Take on the really tough problems.”

In 2011-2012, 23 per cent of the \$292.6 million in peer-reviewed grants received by the Faculty of Medicine came from private philanthropic organizations.

The Faculty of Medicine has emerged as a competitive force in the national and international arenas of the major private charitable granting groups. Late in 2012, three substantial peer-reviewed grants were awarded to Faculty of Medicine investigators by the Bill and Melinda Gates Foundation, the Prostate Cancer Foundation with Stand Up To Cancer, and the National Sanitarium Association.

“The Faculty of Medicine’s highly collaborative research environment and the creativity of our clinician-researchers is a winning combination,” says **Howard Feldman**, Executive Associate Dean, Research. “Philanthropy allows us to push ahead even further to conduct game-changing research that transforms patient care locally, nationally and globally.”

In November, the Faculty of Medicine received an additional \$17 million from the Bill & Melinda Gates Foundation — on top of \$7.4 million awarded by the foundation in 2010 — for a project aimed at finding and treating women at risk of succumbing to pre-eclampsia, the often-fatal onset of high blood pressure during pregnancy.

Led by **Peter von Dadelszen**, Professor in the Department of Obstetrics and Gynecology, this project is testing a low-tech, low-cost method for diagnosing pre-eclampsia and assessing the degree of risk, based on a woman’s symptoms and a physical examination. The goal is to remedy a glaring inequity: almost all of the 76,000 women who die annually from pre-eclampsia live in the developing world.

In October, the Prostate Cancer Foundation and Stand Up To Cancer awarded \$10 million to a multi-centre “dream team” of more than 30 investigators at the Vancouver Prostate Centre, the University of California and the Oregon Health Sciences Centre.

The Vancouver Prostate Centre, the only Canadian site chosen to be part of the team, will use advanced genomics to study how prostate cancers adapt and overcome treatment therapies. Led by **Martin Gleave**, Distinguished Professor in the Department of Urologic Sciences, they will then design combination treatments that target the pathways the cancer cells are using, reducing the cells’ chances of survival.

In December, the National Sanitarium Association added another \$1 million to the nearly \$5 million it has granted to the Faculty



Stephen Lam.

of Medicine to speed the discovery of effective treatments for chronic respiratory diseases that affect hundreds of millions of patients worldwide.

With this most recent grant, **Stephen Lam**, Professor in the Division of Respiratory Medicine, is leading the development of a rapid screening technology to identify effective treatments.

“We think of ourselves as venture capitalists looking to kick-start innovative, high-risk research projects that have a potentially high pay-off,” says **William Acton**, President of the National Sanitarium Association, which funds respirology research. “We hold an annual call for proposals Canada-wide, and UBC frequently comes out on top of our scientific review process, which reflects the quality of the work you’re doing.”



L-R: Adam van Koeverden; UBC President Stephen J. Toope (left) and Sun Life Financial Canada President Kevin Dougherty.
PHOTO CREDITS: CANADIAN OLYMPIC COMMITTEE (VAN KOEVERDEN), JOHN SMEE (SUN LIFE)

OLYMPIC AMBITIONS – BOTH ATHLETIC AND MEDICAL

On a chilly January afternoon in London, two high-profile Canadians – a champion sprint kayaker and a leading UBC neuroscientist – met at Canada House, the High Commission of Canada in the United Kingdom. They were soon joined by UBC alumni and members of the London neuroscience and business communities.



They had come to discuss elite athleticism. But their larger mission was honouring the legacy of investor and philanthropist **Peter Cundill**.

Cundill completed 22 marathons before he was diagnosed with Fragile X-associated tremor/ataxia syndrome — a rare, untreatable neurodegenerative disease with symptoms similar to Parkinson's. After his death in 2011, the Peter Cundill Foundation donated \$6 million to the Faculty of Medicine for Parkinson's research, with an agreement that the Faculty would host a series of annual lectures.

January's inaugural lecture in London featured **Adam van Koeverden**, who told his personal story of how determination and years of training transformed him from a child with no apparent athletic talent into a record-breaking Olympian, and **Max Cynader**, Director of the Brain Research Centre and the Djavad Mowafaghian Centre for Brain Health, who explained how modern neuroscience is helping elite athletes enhance their grit, focus, teachability and adaptability.

Since the Foundation's most recent gift in April 2012, **Matthew Farrer** and UBC's Parkinson's team have identified a third gene linked to this disease.

"Understanding that diseases of the brain represent one of the greatest challenges to global medical health in the 21st century, the Peter Cundill Foundation's decision to support the UBC Faculty of Medicine was simple," said **Peter Webster**, a Foundation Trustee, at the London lecture. "UBC is a world leader in the field of neuroscience and brain health research. We have already begun to witness the impact their work is making on Parkinson's and other neurological diseases, and we continue to be inspired and hopeful."

SELF-HEALTH: SUN LIFE SUPPORTS ONLINE RISK ASSESSMENT TOOL

Faculty of Medicine experts in men's health, women's health and eHealth are collaborating – with funding from Sun Life Financial – to equip Canadians with a tool to assess their risk of developing common illnesses over the next 10 years.

The online questionnaire will ask users approximately 17 questions about their lifestyle, family history and medical status. In the background, an algorithm designed by the UBC team will weigh and rank their answers against risk factors for various illnesses.

The tool will deliver tailored recommendations to help Canadians be pro-active, rather than reactive, about their health. For example, men in their late teens and early 20's will learn to self-examine their testicles once a month. Testicular cancer is curable if found early.

"The goal is for men and women who are at higher risk of illness to seek appropriate advice on prevention and early detection. This will ultimately have huge downstream benefits on health, society

and health economy," says **Larry Goldenberg**, Professor and Head of the Department of Urologic Sciences, who is working on the tool with **Sarah Finlayson**, Assistant Professor in the Department of Obstetrics and Gynecology, and **Kendall Ho**, Director of the UBC eHealth Strategy Office.

Sun Life Financial donated \$246,000 to the Faculty of Medicine to develop and launch the online questionnaire. A marketing and outreach plan is underway to launch the men's tool this year, and the women's tool in 2014.

"Canadians who have a better understanding of their health risks can curb further complications down the road. We've seen this first-hand through our workplace health and wellness programs," says **Kevin Dougherty**, President of Sun Life Financial Canada. "Our major health sponsorship focus in Canada is diabetes, so we're proud to fund the University of British Columbia's initiative, which encourages Canadians to take action on their health – a critical step in preventing and managing diabetes and other serious illnesses."



Xuesen Dong, an Assistant Professor in the Department of Urologic Sciences, has

been named one of four grant recipients in the inaugural Rising Star in Prostate Cancer Research program of Prostate Cancer Canada.

Dr. Dong, who conducts his research at the Vancouver Prostate Centre, will focus on androgen receptor signaling in castration resistant prostate cancer. The “Rising Stars” program allows research scientists in the first five years of their first academic or research appointment to work under the guidance of an experienced mentor. Each recipient receives a grant of \$150,000 a year for salary support and research expenses, for a period of three years.

Three faculty members have received 2013 Certificate of Merit Awards from the Canadian Association for Medical Education (CAME):



Steven Chang, Clinical Instructor in the Department of Family

Practice, and Course Director, Clinical Skills in the Northern Medical Program.

Paul Kliffer, Clinical Professor in the Department of Anesthesiology, Pharmacology & Therapeutics.

Jill McEwen, Clinical Associate Professor, Undergraduate Education Program Director and Clerkship Director for Years 3 & 4 in the Department of Emergency Medicine.



David Schiefele, a Professor in the Department of Pediatrics, was appointed to the Order of Canada.

Dr. Schiefele is Director of the Vaccine Evaluation Centre, which conducts disease burden studies, vaccine clinical trials, and studies to fine-tune public immunization programs, including ongoing assessment of vaccine safety.

Dr. Schiefele also is co-leader of the Public Health Agency of Canada/Canadian Institutes of Health Research Influenza Research Network (PCIRN), responsible for clinical trials. PCIRN was established in 2009 to prepare for necessary investigations during an influenza pandemic and was quickly re-tasked to focus on the H1N1 pandemic.

Clyde Hertzman also was appointed to the Order of Canada, shortly before his death in January. See article on page 19.

MAKING A MARK: ACHIEVEMENTS & AWARDS



Dianne Miller, an Associate Professor in the Department of Obstetrics &

Gynaecology, received the Terry Fox Medal from the British Columbia Medical Association (BCMA) in recognition of her outstanding leadership in the ovarian cancer field.

Dr. Miller was instrumental in co-founding the Ovarian Cancer Research Program (OvCaRe) at the BC Cancer Agency and Vancouver General Hospital, which has successfully brought together a team spanning multiple specialties. Their initiatives include spearheading a major practice change involving fallopian tube removal, which will reduce deaths by ovarian cancer by up to 50 per cent over the next 20 years in B.C.



Judy Illes, Professor of Neurology in the Department of Medicine, was named a

Fellow of the American Association for the Advancement of Science (Section on Neuroscience) and a Fellow of the Royal Society of Canada.

Dr. Illes was recognized for her leadership in neuroethics — an interdisciplinary field dedicated to the ethical, legal, social and policy implications of advances in neuroscience. A Canada Research Chair in

Neuroethics and Director of the National Core for Neuroethics at UBC, she also holds affiliate appointments in UBC's School of Population and Public Health and School of Journalism, and in the Department of Computer Science and Engineering at the University of Washington.



Peter von Dadelszen, a Professor in the Department of Obstetrics and

Gynaecology and a world authority on diagnosing and treating pre-eclampsia, received the 2012 Knowledge Translation Award from the Canadian Institutes of Health Research (CIHR).

Pre-eclampsia – the sudden onset of high blood pressure during pregnancy – is the second-leading cause of maternal death worldwide, resulting in 76,000 women dying each year, almost all of them in lower- and middle-income countries.

Dr. von Dadelszen's research, spanning basic science, clinical research and health services evaluations, has included publication of 130 articles in high-impact journals. He was the lead author of guidelines issued by the Society of Obstetricians and Gynaecologists of Canada for diagnosis and management of pre-eclampsia and for use of magnesium sulphate treatment prior to labour to prevent cerebral palsy. He also was a

contributing author of the 2011 World Health Organization's guidelines for the prevention and treatment of pre-eclampsia and eclampsia.

Dr. von Dadelszen, the Co-Director of the Reproduction & Healthy Pregnancy research cluster at the Child & Family Research Institute, is leading the development and testing of a standardized surveillance tool for detecting and managing pre-eclampsia to prevent maternal and newborn complications.



Natalie Strynadka, Professor in the Department of Biochemistry & Molecular Biology, is one of 13 researchers to receive a Senior International Research Scholar award from the Howard Hughes Medical Institute (HHMI).

Dr. Strynadka, the Canada Research Chair in Antibiotic Discovery and Medicine, employs a multidisciplinary structural biology approach to study the molecular details and function of membrane protein assemblies, which play key roles in antibiotic resistance and bacterial pathogenicity. Her goal is to use this information to guide design of novel antibiotics and vaccines to treat bacterial infections.

Each HHMI senior international research scholar will receive a grant of \$100,000 per year over five years, and will present their research at scientific meetings held at HHMI.

Six faculty members have been elected Fellows by the Canadian Academy of Health Sciences:



Jan Friedman, Professor in the Department of Medical Genetics

and former Acting Associate Dean, Research of the Child & Family Research Institute, has authored more than 200 peer-reviewed papers and eight books. His current research focuses on the use of genomic technologies to identify causes of intellectual disability.



William Honer, Professor and Head of the Department of Psychiatry and Director

of the Institute of Mental Health, is the Jack Bell Chair in Schizophrenia. His research interests include mechanisms of illness in schizophrenia, brain aging and complex co-occurring illnesses such as psychosis, addiction and infectious disease.



Andrei Krassioukov, Professor in the Division of Rehabilitation Medicine, is

an internationally recognized expert in autonomic dysreflexia following spinal cord injury. He is a physician in the Spinal Cord Program at Vancouver Coastal Health's G.F. Strong Rehabilitation Centre and an Associate Director of ICORD.



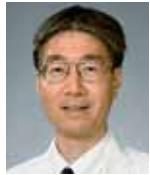
Christian Naus, Professor in the Department of Cellular & Physiological Sciences and

Director of the Life Sciences Institute, is a leading expert on the role that intercellular channels play in the developing brain and in disease processes. He is exploring the role gap junctions play in neural development and disease, including the consequences of mutations on gap junction structure and function.



Weihong Song, Professor in the Department of Psychiatry, focuses on

the molecular and cellular mechanism of Alzheimer's disease. Dr. Song also has facilitated Chinese-Canadian research collaborations. In 2011, he received China's highest honour for foreign experts — the Friendship Award.



Eric Yoshida, Professor and Head of the Division of Gastroenterology, is the Head

of the BC Hepatitis Program — a partnership of the British Columbia Centre for Disease Control and the UBC Division of Gastroenterology. He is also the Past President of the Canadian Association for the Study of Liver and is a member of the national governing board of the Canadian Liver Foundation. Dr. Yoshida is the past Medical Director of the Liver Transplant Program of BC Transplant.

Gairdner Foundation — the country's premier honour for leadership in medical science.

Dr. Hogg was selected for his research leadership in Chronic Obstructive Pulmonary Disease (COPD). Dr. Hogg's research focused on the mechanisms and anatomical sites of obstructive lung disease, advancing knowledge of how the lung works in health and disease, including the pathophysiology of asthma and the harmful effects of smoking and pollution.

Created in 1959, the Gairdner Awards are Canada's only globally-known international biomedical prizes. Nineteen of the last 26 Nobel Prizes in medicine or physiology in the past 10 years have gone to past Gairdner recipients.

Jae Lee, Lab Manager at ICORD, received the 2012 UBC President's Staff Award for Emerging Leadership.

Lee started at ICORD as a student technician. After completing his master's degree in 2010, he worked as a research scientist before becoming lab manager in June 2011. During his five years at ICORD, Lee has contributed to numerous scientific publications.

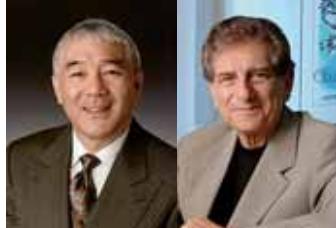
When a patient is enrolled in the ICORD clinical trial, Lee assists the nurses at any time of the day, helping the patient and their family to understand ICORD's research and mission. In addition to his work in clinical research, Lee mentors and coaches student volunteers to help them develop their skills.



James Hogg, Professor Emeritus in the Department of Pathology &

Laboratory Medicine, received the 2013 Canada Gairdner Wightman Award from the

ONE B.C. LEADER PAYS TRIBUTE TO ANOTHER



L-R: Brandt Louie, Victor Gomel

Brandt Louie, chair of British Columbia's second largest retailer, London Drugs, is the first to support a professorship to honour the legacy of **Victor Gomel**, the pioneering head of the Department of Obstetrics and Gynaecology.

Louie's gift of \$100,000 to the Faculty of Medicine initiated fund-raising for the Dr. Victor Gomel Professorship in Obstetrics and Gynaecology. Gifts totalling \$3 million are needed to establish the endowed professorship. Dr. Gomel's visionary leadership from 1978 to 1993 underpinned the department's most notable accomplishments: launching Canada's only PhD program in reproductive and developmental

sciences; establishing the In Vitro Fertilization Program in Vancouver, which resulted in Canada's first IVF baby in 1983; and initiating the BC Women's Health Centre, the first tertiary centre dedicated to women, newborns and their families in North America.

"Exceptional training and innovation are critical to high-quality obstetrical and gynaecological care," Louie says. "I encourage all those who know Victor or care about women's health to contribute to the professorship, too."

"The professorship will inspire new directions and new collaborations to take full advantage of our province's wealth of talent and expertise," says **Geoffrey Cundiff**, Professor and Head, Department of Obstetrics and Gynaecology. "Our goal is to continue making truly meaningful contributions to the lives of women and families in B.C. and around the world."

To support the Dr. Victor Gomel Professorship in Obstetrics and Gynaecology, please contact Stephanie Huehn at 604-218-0275.

A FAMILY FOCUS ON AN OBSCURE DISORDER

Not long after **Dan and Tina Priest's** five-year-old son, **Stephen**, was diagnosed with a rare hereditary bone disease known as Morquio B, the Richmond family began fund-raising to support UBC research into this neglected disease.

In 2012, the Priests directed \$51,589 in proceeds from their fund-raising efforts to the Faculty of Medicine.

Stephen's physician and principal investigator, **Sylvia Stockler**, Professor and Head of the Division of Biochemical Diseases in the Department of Pediatrics, also successfully secured a \$50,000 grant from the Priests through the MPS Society, which funds research into mucopolysaccharidoses, a group of disorders caused by malfunctioning or missing lysosomal enzymes.



L-R: Sylvia Stockler, Tina and Dan Priest

"As a prerequisite to developing a treatment for this ultra-rare condition, we need to understand the natural history and pathophysiology," Dr. Stockler says. "So our first goal is to lay critical groundwork by establishing an international Morquio B disease patient registry. The Priests are driving our progress forward."

This comes at the right time, because other researchers have experimental data that support the feasibility of developing a treatment."

To support the Priest Family Fund for Morquio B, please contact Leanne Denis at 604-822-2207.

A NEW TECHNOLOGY TO EXPLORE THE LOWER INTESTINE

When **Joan Clarke** needed single balloon enteroscopy to diagnose the bleeding in her small bowel, she and her husband Larry discovered that the procedure, which is the standard of care across Canada, was not available in British Columbia.

In response to this need, the Vancouver couple donated \$75,000 to the Faculty of Medicine to purchase a single balloon enteroscope to enhance both gastroenterology care and research in their home province.

"The Clarkes' gift provides opportunities in treatment and clinical research at UBC where none existed before," says **Eric Yoshida**, Professor and Head, Division of Gastroenterology. "We expect to do 20 single balloon procedures each year, which facilitates therapeutic intervention and may reduce the need for surgery."

To support gastroenterology research, please contact Stephanie Huehn at 604-218-0275.

SPRING 2013: MEDICAL ALUMNI NEWS



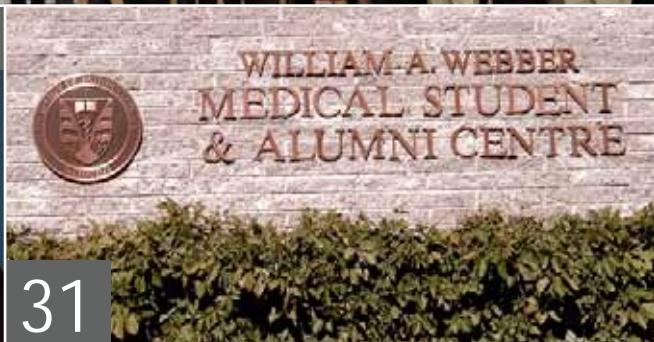
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DEVELOPING RESILIENCE

PRESIDENT'S REPORT



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Anne Campbell-Stone
Alumni Relations Officer
Kira Peterson

OBJECTIVES

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

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

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

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

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

Beverley Tamboline, MD '60
Alumni Affairs Faculty of Medicine
2750 Heather Street
Vancouver, BC V5Z 3M2
Ph: 604 875 4111 ext. 67741
Fax: 604 875 5778
med.alumni@ubc.ca

Spring is a time of rebirth, growth and renewal. The days are lengthening, gardens and lawns are revitalized, nature's energy is palpable and optimism abounds.

For many in medicine, it is a time of transition and change. Final year medical students and International Medical Graduates anxiously await the results of their Canadian residency matches. The outcomes for many will be excitement as they pursue and define their medical careers. For some, the outcome will be disappointment and a sense of having fallen short of their goals. Final year residents prepare for exit examinations and look forward to beginning their next step as autonomous physicians licensed for independent medical practice. Some residents anxiously face uncertainty about work prospects in their chosen disciplines of medical practice. For some alumni, it is the time of practice renewal and of seemingly endless professional membership dues, licensure fees, and liability insurance premiums.

These times of change are stressful and anxiety provoking for all of us, including our families and loved ones. Most of us remain committed to our career paths and daily work despite these challenges.

We remain optimistic, enthusiastic and excited about the important role we play for our patients and their needed medical care. For some of us, the stress of our careers and life's other challenges can become overwhelming and lead to a real sense of despair, depression and heightened anxiety. This may lead to the loss of self-satisfaction and disappointment in not meeting the high standards we impose on ourselves. We run the risk of beating up on ourselves – engaging in self-injury or risk-taking behaviours. How can we adapt constructively to life's stressful situations and crises?

Resilience is often referred to as hardness or "psychological muscle." Resilient people recognize that perfection is a fiction. They strive for excellence through motivation by creativity and enthusiasm. Resilience to career stresses starts with setting healthy work boundaries and striving for work/life balance. Sharing on-call responsibilities, getting over the guilt about not always being there for your patients, avoiding the temptation to respond to every work email on your personal time and maintaining your emotional integrity are some important strategies. Taking care of one's body, mind and soul, partaking in hobbies, and taking the time to be with family and friends adds psychological muscle.

Resilience comes from developing the perseverance to work towards one's goals and enhancing inner coping strategies. Resilient people learn to eliminate distortions from

their thinking and deal with real problems. They enjoy the present moment or activity by paying attention, on purpose, in the present moment without judgment. Jon Kabat-Zin refers to this as the basis of engaging fully in mindfulness-based stress reduction. Finally, resilient people value their core psychological driving needs or priorities in life and use them as guiding principles and goals to bring meaning to their work and to their life in general. Their values will motivate their involvement in and commitment to work/life balance. Ralph Waldo Emerson describes the triumph of the human spirit as the essence of resilience:

"What lies behind you and what lies in front of you pales in comparison to what lies inside of you."

Medical alumni colleagues are a source of support for those of us students, residents and alumni who need assistance, mentorship and friendship. Collectively, we are familiar with the UBC culture and experience through our education, familiar and similar training, collegiality and empathetic understanding of both the highs and lows of our professional journeys.

We welcome and encourage new members with new ideas and a renewed enthusiasm to join the Medical Alumni Association and lend their support.

Best wishes,
Jack Burak, MD'76

*President
UBC Medical Alumni Association*



L – R: Class of 2016 students from the IMP huddle for a photo at their Student Welcome Reception; students from the SMP celebrating at their inaugural Student Welcome Reception.

IMP AND SMP WELCOME THEIR CLASSES OF 2016

Island Medical Program

On January 19, the Victoria Medical Society and Medical Staff Association hosted the 9th Annual Student Welcome Dinner and Rural Medicine Gala Fundraiser at the Fairmont Empress Hotel in Victoria.

The second-year class partnered with the Victoria Medical Society and Medical Staff Association to organize the dinner to welcome the Class of 2016 to the Island Medical Program and to assist with raising funds for the second-year rural medicine rotation taking place this summer.

All the money was raised through a student run silent auction and ten dollars from every ticket sold for this event was donated to the rural clerkship students who need assistance with travel and living expenses while working with family doctors across B.C.

Many alumni and donors from the Island medical community attended this much anticipated evening and were able to spend the evening connecting with the new cohort. From this class, 72 per cent had an existing connection to Vancouver Island, having attended a

Vancouver Island high school or the University of Victoria.

Another important part of the evening were the teaching awards. Dr. Deke Botsford, Dr. Chris Cameron, (MedRes'86), and Dr. Ricardo Velazquez, on behalf of the Orthopedics clerkship, received the Island Medical Program Excellence in Clinical Teaching Award. Dr. Ahmer Karimuddin received the Vancouver Island Clerkship Preceptor Teaching Excellence Award and Dr. Ryan Gallagher received the Resident Teaching Excellence Award.

Thank you to the Victoria Medical Society, BCMA, MD Management, and the Vancouver Island Health Authority who sponsored this event and helped make it such a large success!

Southern Medical Program

One month after the IMP Student Welcome Reception, the Southern Medical Program welcomed its Class of 2016 at Volcanic Hills Winery with a wine and cheese reception on February 15.

This inaugural Student Welcome Reception was planned by UBC Faculty of Medicine's Southern Medical

Program, which joined with the Kelowna Medical Society and second-year students to officially welcome the second cohort of 32 students to the Southern Medical Program. Unlike the Island Medical Program, many of these new medical students originate from outside the Interior, so this event created the perfect opportunity for students to connect with the local medical community.

The evening started with a tasting of some of the Okanagan's finest wines followed by a student-run silent auction. All proceeds from the silent auction go to support the second-year students who will be doing a rural clerkship this summer.

Another highlight of the evening was the teaching awards. Dr. David Hawkins received the Best Family Practice Preceptor award, Dr. Mark Hyslop received the Best Clinical Skills Preceptor award and Graeme McCauley, MD'74 and Ms. Rani Behl received the award for Best PBL Tutors.

Thank you to Scotiabank, Kelowna Medical Society, MD Management, BCMA, and CMA who sponsored this event.

Northern Medical Program

The premier event of the year, the Dr. Bob Ewert Memorial Lecture and Dinner, was held on April 6 at the Prince George Civic Centre. Presented by the Northern Medical Society, UNBC, Northern Health, and the PG Community Foundation, this event honoured Dr. Bob Ewert who was the first medical specialist in Prince George.

Each year the Dr. Bob Ewert Memorial Lecture raises funds through donations for the Northern Medical Programs Trust, which supports the training and retention of future health care professionals in the North.

During dinner, a keynote presentation was made by Wade Davis, ethnographer, writer, photographer, film maker and UNBC Honorary Degree Recipient in 2010. This was followed by the induction of **Robert McGuinness, MD'72** into the Northern Medical Hall of Fame and mingling of the northern medical community with medical and nursing students who have been supported by the Northern Medical Programs Trust.

VERNON DOCTORS HOCKEY TOURNAMENT

HOCKEY NIGHT IN CANADA... MD STYLE

Think back to your medical student days—what sticks out in your memory the most?

Whether it was skits nights, study sessions, ski breaks, the student play, spring gala, the med ball, or my personal favourite—weepers—we balanced the rigors of studying medicine with a fantastic, built-in social life. We had the “luxury” of spending nearly all our time with our classmates through a variety of activities and opportunities. And those of us in Vancouver were especially lucky to have the MSAC as a place to call our own. Now, as practicing physicians, it is all too rare for us to have the opportunity to connect with our colleagues—across all areas of practice—to simply have fun.

This sense of community is what the Vernon Doctors Hockey Tournament is all about. It was started by Dr. Will Cawkell in 1982. The first event was held in Lumby and had four teams from Vernon, Kelowna, Vancouver, and Kamloops. The players were a group of doctors who enjoyed hockey, one another, and a cold beer or two. What a great idea.

Like all great ideas, it caught on. More than 350 physicians

and 24 teams from across BC now participate in the tournament, which is held in Vernon (and one Lumby arena) each year. The current organizers are **Dr. Will Cawkell, Chris Cunningham, MD '93, Gavin Smart, MD '84, and Tammy Benischek**. Each participant gets to play four games over the course of the two days. They also get to enjoy a beer garden, a Friday evening symposium, and a Saturday awards banquet with a keynote speaker. Some of the earlier events were known to get quite rowdy. (Buns are no longer provided at the banquet!) Over the years, the keynote speakers have included the Honourable John Crosbie, Guy LaFleur, Dennis Hull, Gerry Cheevers, Sheldon Kennedy, and Trevor Linden. Funds raised from the tournament are donated to charities throughout BC.

This year the tournament was held on March 1st and 2nd. Teams of players came from 15 towns and cities across British Columbia including Kelowna, New Westminster, Salmon Arm, Lumby, Prince George, Vancouver, Kamloops, Sechelt, Powell River, Nanaimo, Oak Bay, Vernon, Victoria, Surrey, and Penticton. Always

appreciated are the creative team names such as the Vancouver Flatliners and the Pedihatrics. The medical symposium this year featured **Chris Andrews, MD '93** who spoke about “Vaccine preventable diseases for the wanderer: travel tips” and **Dean Malish, MD '97** who described “Trauma Surgery in Kandahar.” If you would like to find out more about the tournament, please visit www.vernondoctorshockey.ca. To get a sense of the fun, look for the video “Salmon Arm Silverquacks Are Back” on YouTube, created by the Salmon Arm Silverquacks.

The Vernon Doctors Hockey Tournament is an annual highlight on the calendar of many physicians. They rearrange both work and family schedules, organize car pools, charter buses and start working out and training early. All this to carve out time to play hockey and have fun with a bunch of colleagues. That alone tells us how important it is for all of us to feel a part of this great medical community.

The Vernon Doctors Hockey Tournament is one of the largest gatherings of physicians in B.C. It encompasses virtually all areas of practice—family physicians, surgeons, internists, radiologists,

emergency physicians, and psychiatrists, to name just a few. Players are of all skill-levels, a wide range of ages, and both male and female. Medical students and residents are encouraged to join teams. It is important to let them know they are a part of our medical community. It also doesn’t hurt that the up-and-coming members of the profession tend to be the more energetic players and in better shape!

The tournament is held in early March. We hope to see you there in 2014.

Training starts early, and recovery takes a long time!

Submitted by Chris Cunningham, MD '93





This sense of community is what the Vernon Doctors Hockey Tournament is all about.





L-R: G. McCauley, MD'74; J. Carruthers, MD'71 and Dr. A. Carruthers

AWARDS, ACHIEVEMENTS, ACTIVITIES

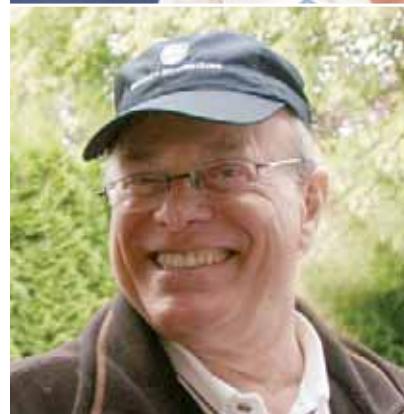
Recipients of the Queen Elizabeth II Diamond Jubilee medal were **Romayne Gallagher, MD'84**, **Dr. Larry Goldenberg (Hon.)**, **Victor Huckell, MD'69**, **Dr. Christine Loock (Hon.)**, **Deborah Money, MD'85**, **Garson Romalis, MD'62**, **Mark Schonfeld, MD'72**, and **Ellen Wiebe, MD'75**. This prestigious award recognizes Canadians who have made a significant contribution to their province, territory, region or community, or an achievement abroad that brings credit to Canada.

Jean Carruthers, MD'71 and Dr. Alastair Carruthers, her husband, wrote the third editions of two of their text books on neuromodulators (Carruthers, A, Carruthers, J. 2012. *Botulinum Toxin: Cosmetic and Medical Uses*. Philadelphia: Elsevier) and soft tissue augmentation (Carruthers, J, Carruthers, A. 2012. *Soft Tissue Augmentation*. Philadelphia: Elsevier).

At the Southern Medical Program's Student Welcome Reception, **Graeme McCauley, MD'74** was awarded with one of the teaching awards for Best PBL Tutor.

Adrian Ishkanian, MD'06, has been appointed Assistant Professor at the University of Miami Sylvester Comprehensive Cancer Clinic, Miami, Florida. His work is both clinical and research.

Linda Rabeneck, MD'74, MPH'90 (Yale University), was elected to Fellowship in the Canadian Academy of Health Sciences (CAHS) in September 2012. Fellows elected to the Academy are well recognized by their peers nationally and internationally for their contributions to the promotion of health science and have demonstrated leadership, creativity, distinctive competencies and a commitment to advance academic health science. Dr. Rabeneck, a Professor of Medicine and Professor, Dalla Lana School of Public Health at the University of Toronto, currently serves as Vice-President, Prevention and Cancer Control at Cancer Care Ontario, the province's cancer agency. She has played a leadership role in implementing organized colorectal cancer screening in Ontario, the first province to launch a province-wide, publicly funded colorectal cancer screening program.



Top L-R: M. Schonfeld, MD'72; R. Gallagher, MD'84
Middle: D. Money, MD'85
Bottom L-R: G. Romalis, MD'62; L. Rabeneck, MD'74



L-R: Shingles which were presented to the Class of 2012 during the Hooding Ceremony; the entrance to the William A. Webber Medical Student & Alumni Centre

UBC MEDICAL ALUMNI ASSOCIATION MEMBERSHIP

The UBC Medical Alumni Association would like to thank everyone who became a member in 2012.

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

The UBC Faculty of Medicine –with over 5,000 MD alumni—is active at university and clinical campuses throughout B.C., including the Vancouver Fraser Medical Program, the Northern Medical Program in

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

Your membership and additional donations support the many vital initiatives with which the Medical Alumni Association is involved throughout the year.

Please sign up for membership today and continue to keep your membership current each year to be part of this influential

network of peers. Your additional donation will support our project—the development of social and recreational centres for students and alumni at each of our program locations.

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

in Kelowna, Victoria and Prince George, state-of-the-art videoconferencing technology to connect students and alumni across B.C., support with the yearbook and the annual hooding ceremony, a gift of a “doctor’s shingle” for each member of the graduating MD class, and the MAA’s Annual Recognition Awards program, including the Wallace Wilson Leadership Award and our Honorary Medical Alumni Awards.

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

UBC Medical Alumni Association 2013 Membership Subscription

Name _____

Address _____

City _____

Province/State _____

Postal Code _____

Country _____

Field of Practice _____

Email _____

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Please include in my subscription:

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

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

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

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

Preferred payment:

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

I am using my credit card: Visa MasterCard Amex

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Top: E. Kharazi, MD'15 (2nd from left) at the Celebration of Medicine and the Arts Reception

MUS REPORT

2013 has proven to be an already productive year for the UBC Medical Undergraduate Society and our student body. In early February, five UBC medical students travelled to Ottawa to participate in the Canadian Federation of Medical Students' (CFMS) Federal Lobby Day. We met with Members of Parliament to discuss the inception of a pan-Canadian health human resource plan to provide needs-based projections of physician supply and demand. This initiative would assist medical students in selecting specialties

that would best meet the needs of our patients. We received encouraging responses from government officials and are currently in discussions with the responsible minister.

On February 19th the MUS hosted the ninth annual UBC Medicine Research Forum alongside the *UBC Medical Journal (UBCMJ)* and the Faculty of Medicine. Over 50 abstracts were presented by budding researchers at this event. We also launched the latest issue of the *UBCMJ* focusing on "Clinical Genomics."

UBC medical students will continue to have an action-packed year. On March 9, our students demonstrated their extraordinary artistic abilities at the annual Med Gala, a talent show featuring some our best musicians, dancers and performers.

As well, in September we will be proud to host the CFMS Annual General Meeting in Vancouver for the first time in over 30 years. We thank the Medical Alumni Association for their generous sponsorship of this meeting.

We look forward to hosting our colleagues from across

Canada, and to a busy and exciting rest of the year.

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

Sincerely,

Elisa Kharazi, MD'15

President, Medical Undergraduate Society
ekharazi@alumni.ubc.ca

MSAC REPORT

MSAC Gym: Good Health from Exercise at MSAC

Medical school can be a marathon. While balancing home life and school through two pre-clinical years, two clinical clerkship years, and from two to infinity years of postgraduate study, it's easy for students to neglect their own health while focusing on others.

Fortunately, the MSAC gym provides an outlet for the ones who want to answer the question, "Bro, do you even lift?" with a masculine, affirmative grunt.

'MSAC' is the William A Webber Medical Student and Alumni Centre, a social and recreational facility for the use of UBC's Faculty of Medicine community. In a small building huddled across from the VGH complex, medical student volunteers created and maintain the free weight and cardio gym.

Third-year medical student Rebecca Hartley emphasizes the importance of matching crazy hours of call schedules and exam cramming: "After sitting all day, it's really nice to go to MSAC gym and work off stress. The 24 hour availability

is convenient for our hectic schedules."

On an given evening, anywhere from 20-30 medical students and residents drop in and take advantage of the facilities, meeting up with familiar faces

from other medical programs to sweat out the day and meet friends and colleagues from the medical community.

*Kevin Wade, Year III, MD'14,
MUS Sports Director*



Students working out in the MSAC gym.



L – R: Cast of “Picasso at the Lapin Agile” on opening night; D. Heffner, MD’13 performing at the Celebration of Medicine and the Arts reception prior to the Spring Gala

STUDENT EVENT HIGHLIGHTS

2nd Year Play: **Picasso at the Lapin Agile**

The Med Play is a spring tradition and celebrated its 11th Anniversary with this year’s production of ‘Picasso at the Lapin Agile,’ which was presented from February 20 to March 1.

Written by Steve Martin, the play is set in 1904 in a bar called Au Lapin Agile. It is an actual bar that exists in the Montmartre district of Paris. It was originally owned by a man named Freddy, and artists, including Pablo Picasso, were regulars. The play is Steve Martin’s imagined encounter between Albert Einstein and Picasso when Einstein visits the bar one evening. It’s unlikely Einstein ever went to Au Lapin Agile, but both Picasso and Einstein were on the cusp of greatness in 1904 — one year later “the Special Theory of Relativity” was published and Picasso entered his “rose period.” “Picasso at the Lapin Agile” humorously explores what would happen if these geniuses had met in a bar (and met a time-travelling star from the 20th century while there).

In the cast were nine students from medicine and dentistry and five student producers.

In addition, five students helped build the stage, eight helped by donating baked goods for the concession, and 12 volunteered to help with ushering/being a cashier for the performances. This really was a student-driven performance!

2013 Medical Ball

The annual Medical Ball is the greatly anticipated formal evening of the year. This year’s Med Ball theme was James Bond and it brought together students from all years to join in on a night that featured dinner, dancing, teaching awards, and entertainment.

Three hundred and fifty guests attended Med Ball which was held Saturday, March 23, at the Four Seasons Hotel Vancouver.

Other entertainment included after-dinner “gambling”... with fake money of course, and the crowd favourite photo booth.

This year the MUS presented **Jason Ford, MD’96** with not only the Class of 2015 Excellence in Teaching award but also the Dr. William A. Webber award. The Class of 2014 recognized **Jason Hitkari, MD’00** and the Class of 2013 recognized Dr. Jagdeep Ubhi as the recipients of the other two Excellence in Teaching Awards.

A short recognition of Dr. Sharon Salloum was featured as she will be retiring at the end of the year.

The event was emceed by the stars of the Med Play, Amar Cheema and Charlie Walsh.

Thank you to Haslett Insurance and the CMA who sponsored this event.

Ben Millar, MD’15 Year II VP Social

Spring Gala 2013

The UBC Medicine and Dentistry Classes held their 19th annual Spring Gala on March 9th. Inspired by former Associate Dean of Student Affairs, Dr. Andrew Seal, whose interest in colorectal surgery was tempered by his passion for the arts, this event gives medical students an opportunity to showcase their diverse range of talents. This year’s gala featured a number of the traditional group acts, such as Karotid Chop, Bhangra Without Borders, the Hardwick Strings, and the Black and Blues band, in addition to some incredible individual and small group performances from students in all years of the program. Proceeds from the gala are typically donated to a local non-

profit organization voted on by students. This year’s chosen organization, the Kelty Patrick Dennehy Foundation, focuses on preventing depression-related suicide in young people.

The Spring Gala also serves as a vehicle for alumni to reconnect with their alma mater. Before the show on March 9th, the Faculty of Medicine held a special reception where alumni and donors could regale themselves with memories from their own days in the program. As well, during intermission the atrium was filled with nostalgia, as groups of current students and alumni shared their stories and experiences. So, please, mark March 2014 in your calendar for the 20th annual Spring Gala and come and see what talent the next generation of UBC medical students has in store for us all!

*Chris Nixon-Giles, MD’13
Spring Gala MC*

UBC MEDICAL ALUMNI ASSOCIATION

Annual General Meeting and Awards Reception

Please join us for the announcement and celebration of our 2013 Award recipients
on Thursday, May 9, 2013 at 6:30pm at the Medical Student Alumni Centre!

Wallace Wilson Leadership Award

Victor McPherson, MD'54

Honorary Medical Alumni Award

Dr. Shafique Pirani
Dr. Aubrey Tingle

Silver Anniversary Award

TBA

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

Upcoming Events

MAA Annual General Meeting

May 9, 2013
Vancouver, BC

Hooding Ceremony

May 21, 2013
Vancouver, BC

Student Graduation Ceremony

May 25, 2013
Vancouver, BC

UBC Alumni Weekend

May 25, 2013
Vancouver, BC

UBC Medical Alumni & Friends Golf Tournament

June 20, 2013
Vancouver, BC

Event Highlights from 2012 – 2013

UBC Faculty of Medicine Student Welcome Reception

All health disciplines
October 12, 2012
Vancouver, BC

UBC Midwifery Program's 10th Anniversary

November 8, 2012
Victoria, BC
November 10, 2012
Vancouver, BC

Victoria Medical Society Student Welcome Dinner

January 19, 2013
Victoria, BC

SMP Student Welcome Reception

February 15, 2013
Kelowna, BC

Vernon Doctors Hockey Tournament

March 1-2, 2013
Vernon, BC

Spring Gala & Celebration of Medicine and the Arts Reception

March 9, 2013
Vancouver, BC

9th Annual Run for Rural Medicine

March 23, 2013
Vancouver, BC

Matters of Life and Death

A panel discussion about critical illness and end-of-life considerations.

Panelists: Romayne Gallagher, MD'84; Erik Vu, MD'03; Dr. Anita Ho; Jonathan Meadows, LLB '96 Vancouver, BC

Dr. Bob Ewert Memorial Lecture

April 6, 2013
Prince George, BC

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

Upcoming Class Reunions

Class of 1954

May 9, 2013

Location: Vancouver, BC

Organizers: Dr. Al Boggie &

Dr. Morton Dodek

Class of 1956

September 6-7, 2013

Location: Trail, BC

Organizers: Dr. Louie & Jean Simonetta

Class of 1963

June 21-22, 2013

Vancouver, BC

Organizer: Dr. Gary Morrison

Class of 1973

June 22, 2013

Vancouver, BC

Organizer: Dr. Jim Lane

Class of 1993

August 23-24, 2013

TBC

Organizers: Dr. Nav Grewal
& Dr. Minnie Ho

Class of 2003

September 21-22, 2013

Vancouver, BC

Organizer: Dr. Jason Kason

Class of 1978

October 4-6, 2013

Vancouver, BC

Organizers: Dr. Liz Fendley,
Dr. Margaret Cottle, Dr. Bruce Fleming,
Dr. Jim Boyle, & Dr. Tony Wilson

Class of 1983

September 28, 2013

Victoria, BC

Organizers: Drs. Stan & Chris Vuksic,
Dr. Pat McAllister, Dr. Kelly Battershill,
Dr. Mike Miles, Dr. Beth Watt

Class of 1985

TBC

Vancouver, BC

Organizer: Dr. Steve Southland

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

A graphic for the "SAVE THE DATE" UBC Medical Alumni & Friends Golf Tournament 2013. It features a large, stylized "2013" in the background. In the foreground, there's a silhouette of a golfer in mid-swing on the left and a golf flag on the right. The text "SAVE THE DATE" is prominently displayed in the center, with "UBC MEDICAL ALUMNI & FRIENDS GOLF TOURNAMENT" underneath. Below this, the date "THURSDAY • JUNE 20 • 2013" and location "UNIVERSITY GOLF COURSE 5185 UNIVERSITY BLVD" are listed. A small UBC crest is visible on the left. The bottom section has a dark background with white text: "REGISTRATION OPEN NOW" and "For more information contact med.alumni@ubc.ca or 604-875-4111 x67741 alumni.med.ubc.ca/about/maa-golf-tournament".

A promotional image for UBC Alumni Weekend 2013. The top right corner features the text "UBC ALUMNI WEEKEND 2013". The image is divided into several sections: a top left section showing people on a canopy walk with the text "CANOPY WALKS"; a top right section showing people talking with the text "ENGAGING TALKS"; a middle section showing a man speaking on stage with a woman seated in front of him; and a bottom section showing a person walking through a forest. To the right of the image, there is descriptive text: "With activities from traversing platforms of the coastal rainforest ecosystem to thought-provoking discussions (and everything in between), **UBC Alumni Weekend** offers a glimpse at the many sides of UBC. Come experience Vancouver's most eclectic and energizing day." At the bottom right, the date "SATURDAY, MAY 25" is displayed.

alumni.ubc.ca/alumniweekend

start an evolution

A PROVINCE-WIDE ENTERPRISE

UBC FACULTY OF MEDICINE



FACULTY OF MEDICINE



● University Academic Campuses

- University of British Columbia (UBC) 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

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