The clinical faculty juggling act
For most professional health disciplines, education is carried out within tightly formulated standards of accreditation. Although the standards continue to evolve, change is generally slow, with preference shown for the status quo.

This gradualism often contrasts sharply with rapid changes in the health care system, forcing us to adapt and reform. It also adds to the pressures many clinical teachers face every day, as they try to deliver excellent health care and education in an ever-shifting landscape.

I witnessed these dilemmas over the summer, as my wife and I traveled through BC's Interior, visiting sites where our growing corps of clinical faculty members educate increasing numbers of students and residents.

One stop on my travels was Enderby, a small community south of Salmon Arm, which once had its own full-service hospital that provided a rich environment for learning the principles of rural medicine. The hospital's closure in 2002 forced area residents to travel to Salmon Arm or Vernon and caused significant financial impact through the removal of many jobs from the area; it also left a gap in our network of educational sites. Today, the Enderby Community Health Clinic has evolved into an extremely popular rural practice clinical learning site, but the educational opportunities are significantly different than those provided by exposure to patients in a full-service community hospital. We must take that change into account in making sure students and residents in the area get a comprehensive clinical experience.

That same year, Castlegar, nestled between Trail and Nelson, also lost its full-service hospital. In addition to the obvious economic, personal and societal impacts, we were forced to re-evaluate how Castlegar figures in our training of students and residents. We now look to consider integrated community clerkships in Trail and/or Nelson, and potentially having health learners stop at the Castlegar Health Centre for learning experiences on their way between the larger sites.

The personal and economic impacts of these changes are most obvious in small communities – an active debate now rages in the East Kootenays about closing several small hospitals there. But metropolitan areas aren't immune to such wrenching changes, either. Currently Lower Mainland integration is affecting how patient care and teaching are delivered by Vancouver Coastal Health, Fraser Health and the Provincial Health Services Authority, together with Providence Health Care. For example, a decision to close obstetrical services in one institution and centralize that care at another carries serious implications for postgraduate training programs in family practice, obstetrics, pediatrics and others, and also affects the midwifery, physical therapy and MD undergraduate programs.

We must somehow reconcile changes in the health care system with our educational mission, and do so within the confines of accreditation. This is a big challenge, given the intimidating complexity of our health care system. But it's the kind of challenge that health professionals routinely face, as they juggle shifting priorities and limited resources.

That juggling act is especially acute among our clinical teachers, whom we highlight in this issue of UBC Medicine. Their contribution to educating tomorrow's health professionals, even as they carry heavier patient loads and contend with growing administrative demands, cannot receive enough recognition – from me, the rest of the Faculty of the Medicine, and the entire province.

Gavin C.E. Stuart, MD, FRCSC
Vice Provost Health
Dean, Faculty of Medicine
Medical schools like UBC have long depended on practicing health professionals to help train the next generation. Like all relationships, it takes work to keep it going.

To master the intricacies and subtleties of providing care, whether in an examining room, an operating room, an emergency room or a therapy room, there is no substitute for hands-on experience alongside seasoned professionals – watching what they do, listening to their explanations, asking questions, and answering questions aimed at assessing their knowledge.

That give-and-take in real-world settings, dealing with real-world problems, depends on an implicit social contract – that training the next generation of health professionals is an integral part of being a health professional. But that contract has started to strain under the pressure of changing times.

Not that clinical faculty are any less crucial these days. On the contrary, the expansion of medical education across Canada and the increasing educational focus on community-based, primary care have made preceptors even more crucial to the enterprise of training health professionals.

At the same time, however, the medical profession itself has undergone major changes. Health professionals who once generously devoted their time to teaching now find themselves hard-pressed to make time for it in the face of multiplying administrative tasks, reduced autonomy and heavier patient loads.

“You’re looking at people who are stressed, for a variety of reasons,” said **David Cook**, former Chairman of the Department of Pharmacology at the University of Alberta’s Faculty of Medicine and Dentistry, who spent a year studying the issue for the Association of Canadian Faculties of Medicine (AFMC). “They’re stressed by teaching, they’re stressed by increasing clinical demands, they’re stressed by being put under a microscope.”
"That view is held passionately by some physicians, but equally dismissed with equivalent passion by others," Dr. Cook said. He also believed that the higher a physician’s income, the more that sacrifice becomes an issue.

Contributing to the range of attitudes is a tremendous variation in compensation. Some clinical faculty members are paid for their teaching by the hour, some are given an honorarium, and some aren’t paid at all (though that number is dwindling). One hospital in Canada, he noted, educates medical students from three different universities – each of them using different pay scales.

One way of introducing some order to that mishmash is the use of alternative funding plans, or AFPs, which move clinical faculty away from a fee-for-service model to being salaried employees. In return, their duties are officially expanded beyond clinical care to education, research and even administrative work.

Alas, alternative funding plans and their adoption across Canada also vary tremendously – a "patchwork quilt" is how Dr. Cook described it. At the University of Toronto, alternative funding plans are central to the way clinical faculty members are paid, he said. UBC, on the other hand, is just starting to delve into them, led by the Department of Surgery and the Division of General Internal Medicine. (See story, page 8.) Dr. Cook saw promise in such plans, but also cautioned, "You’ve got to get everybody on board with it."
The power of respect

Money, however, isn’t everything. Dr. Cook believed that most clinical faculty members truly like teaching, and are willing to do it if they get respect.

“If you’re a cardiologist and you are teaching, the money you get for that is trivial,” Dr. Cook said. “What you hope to get out of it is some respect. The money gets lighted upon as a huge issue, not because money is important, but because it’s a token of respect you would like to get for your teaching efforts.”

Making clinical faculty feel like a part of the team, giving them a say in how education is handled, and recognizing their contributions could go a long way to dispelling the frustration over compensation, Dr. Cook said. It’s especially important to ensure that clinical faculty members don’t feel they are being dictated to by the university’s full-time faculty.

“One of my recommendations is that people on part-time staff be invited to participate in the process of deciding what works and what doesn’t, what students need,” he said. “Some of them, especially those who have already been teaching a while, might see that as one additional demand, so you’ve got to be a little bit careful about the way you do this. But it would be wonderful if clerkship directors and program directors could get on the phone and ask, ‘How is it going? What advice do you have? What’s making your life difficult?’ Some clerkship directors and program directors do this, but not all of them.”

Dr. Cook didn’t dismiss the power of symbolic gestures – for example, free business cards from the university. Another idea: Photograph every clinical faculty member and assemble a “wall of fame” prominently displayed in the lobbies of the hospitals where they work, thanking them for their time training the next generation of physicians.

“Those kinds of things make a difference,” he said. “What medical schools have done is assume that without any kind of real contact or any kind of earnest show of respect in which they hold clinical faculty, that they would go right on teaching.”

Smoothing out road bumps

In addition to showing respect, Dr. Cook also believed that medical schools must focus on making teaching easier to do. In the course of his research, he heard a litany of complaints from clinical faculty members about logistics, such as:

“I’m never given warning for what I’m supposed to do, or I’m given dates that are then changed. I’m not given enough information about students. I’m not quite clear on what I’m supposed to do with them. I’m expected to go to the university but I can’t find anywhere to park. I don’t have enough training to know what I’m supposed to be doing.”

Making the situation harder to resolve is the division of governmental responsibility for clinical education between ministries of health and health authorities, which oversee resident training, and ministries of advanced education, which oversee education of medical undergraduates.

“If the government departments are working closely together, then everything’s cool. And if they’re working with the university and the medical association, even better,” Dr. Cook said. “But that doesn’t always happen. In fact, it’s a pretty darned unusual thing for it to happen.”

After examining the clinical faculty relationship at all of Canada’s medical schools, Dr. Cook concluded, “I can’t really find a good role model. But there are plenty of universities that are working very hard to improve the situation.”

Dr. Cook also believed that clinical faculty members must put issues of compensation in perspective. Whether they get paid eight dollars an hour versus 10 dollars an hour for teaching, he said, is a distraction from the greater good.

“At what point do we start to say, ‘As a physician, I’ve got some responsibilities to make sure that the next generation of physicians actually get adequate clinical training?’”

Between 2004 and 2007, UBC doubled the size of its medical school classes to 256 students a year.
REFORMING COMPENSATION, DEFINING EXPECTATIONS – AND RAISING THE BAR

Two Faculty of Medicine units seek to alter the landscape of clinical teaching.

UBC’s Department of Surgery and Division of General Internal Medicine are embarking on projects to reform the way teaching is performed, assessed and compensated. Both efforts, called the Clinical Academic Learning & Innovation framework, or CALI, have resulted from months of discussions between the Ministry of Health Services, health authorities throughout the province, the Faculty of Medicine and clinicians in those units.

The pilot projects will use alternative funding mechanisms, a departure from the traditional fee-for-service model by which most physicians are paid, and a concept already embraced by most of Canada’s major academic medical centres. In return for a more predictable income stream, participating physicians will be expected to perform an agreed-upon amount of clinical care, teaching and research. They also will have more freedom to innovate in the delivery of health care – for example, through greater collaboration with allied health professionals or better use of information technology.

Both efforts have proceeded on parallel tracks, as Dr. Garth Warnock, Head of the Department of Surgery, and Dr. Graydon Meneilly, Head of the Department of Medicine, have sought to delineate an endeavour plagued by a lack of clear expectations and rewards. “We haven’t really articulated what the deliverables are – X hours that a learner should spend in the operating room, Y hours of small-group bedside teaching, Z commitment to evaluating your learners,” says Dr. Warnock. “Nor have we collected data on the quality of learning experiences. We haven’t really talked about those things as much as we should – not just us, but across Canada.”

Both units have been working with clinical faculty members and the Ministry of Health Services to hammer out their respective plans, which will be voluntary for participating physicians.

The General Internal Medicine plan would create a new partnership between the Faculty of Medicine, the Ministry of Health Services and the division’s 25 or so clinical faculty members at Vancouver General Hospital and St. Paul’s Hospital. Instead of earning money for each patient they see or procedure they perform, they will earn a salary. The distribution of clinical work, teaching, research and administration performed by each member of the division will vary, but the division as a whole would be responsible for meeting expectations in all areas.

“It allows them to do so much more,” Dr. Meneilly says. “In a fee-for-service paradigm, your job is to see as many patients in as short a time as possible. But if you’re in some kind of alternative funding plan, you could actually think creatively, and figure out innovative ways to look after more patients. I think they see it as an opportunity to do new, interesting things.”

Surgery’s pilot project, which will go into effect later this year, doesn’t move to a salary model, but specifies in an unprecedented manner what a surgical practice group is expected to do in return for a payment for teaching services.

For example, the plan states how many hours of evaluation a learner will receive in a year from members of a six-surgeon group. It also lays down certain rules that were never specified before – for example, that sufficient valuable operating room time must be set aside to allow for meaningful teaching encounters between surgeons and their learners.

“The questions being asked by clinical faculty are informing us to write some of these things down that we didn’t think had to be written down before,” Dr. Warnock says. “I think it’s helping us get to higher standards of teaching and learning.”

Along those lines, Dr. Warnock also produced an instructional video in which he demonstrates various educational tasks: working with an administrator to allocate space for learning, supervising a student’s examination of a patient, and giving feedback after surgery. Such tasks might come as second nature to someone who has spent a career in academic medicine, but may not be so obvious to a full-time surgeon.

“It’s something that other people look at and say, ‘Oh, so that’s how it’s done,’ ” Dr. Warnock says.
A few years ago, the Division of Gastroenterology didn’t have the best reputation among residents and medical students.

Clinical care crowded out time for learning; it was overly focused on acute cases, giving residents limited exposure to ambulatory patients; and the quality of teaching was inconsistent. As a result, attracting residents from the internal medicine core training program was a challenge, and at times, almost impossible.

Today, the division has no trouble attracting residents, and there is intense competition for the Adult Gastroenterology Fellowship Training position.

Nazira Chatur helped set that turnaround in motion.

Embarking on a career in medicine after eight years as a programmer/analyst at Motorola, she quickly became enthralled with Gastroenterology during her Internal Medicine residency at Vancouver General Hospital. Upon joining the division as a fellow, she was alarmed that so many students and residents shunned a specialty that she found so fascinating – and resolved to improve the learning experience.

“I went to the division and said, ‘This is what we need to do,’” says Dr. Chatur, now a Clinical Assistant Professor. “But if this had not been a collaborative effort with my colleagues and fellows in training, nothing would have changed.”

Dr. Chatur was a realist – she knew nothing could be done about the high volume of patients at a hospital like Vancouver General.

“Being a tertiary care institution, we expect to be busy,” she says. “You can’t change the service. But we can change the service-to-teaching ratio.”

So Dr. Chatur added some old-fashioned didactic instruction to the mix, instituting two teaching seminars in every four-week rotation.

“Sometimes they appreciate somebody giving them a short lecture or teaching session on clinical scenarios, such as GI bleeds,” she says.

During one of those teaching sessions, she ran through a series of slides, peppering her explanations with questions to the three residents seated across from her. At one point, while following up a resident’s answer with yet another question, she conceded, “Now I’m being pushy.”

“Many times, the residents arrive at the teaching sessions after being up all night on call, and are obviously very tired,” she explains later. “The moment I start challenging them with questions, their attention span improves.”

She also explained how somatostatin agents, drugs used to treat stomach or esophagel bleeding associated with cirrhosis, might be overlooked by formularies in remote locales because they aren’t heavily marketed by pharmaceutical companies.

“This is the practical aspect of medicine – having to deal with what makes business sense for people, and how that impacts physicians,” she explains.

Dr. Chatur, who won the 2006 Clinical Faculty Award for Excellence in Teaching from the Faculty of Medicine, also pushed to make ambulatory clinics and liver clinics a mandatory part of the Gastroenterology rotation, giving residents more exposure to the types of cases they will typically encounter in an outpatient setting, and providing them with crucial feedback about their dictating skills.

As Program Director for the Adult Gastroenterology Training Program and the Division’s Service Chief at Vancouver General, she now evaluates every medical student, resident and fellow that comes through the division.

She also has a popular habit of treating them to lunch and coffee because, in the words of one former fellow, “she understands that learning is hindered on an empty stomach.”
Gurdeep Parhar, like so many practitioners, must deal with the frustration of having too many patients and too little time. His solution: television.

Dr. Parhar, an Assistant Clinical Professor in the Department of Family Practice, is the creator, writer and co-star of a 26-part series that teaches new immigrants and refugees the basics of health care and education in half-hour segments. The show began airing this fall on the Shaw Multicultural Channel (Channel 119 in the BC Lower Mainland).

“Pearls for Success” includes some role-playing of a typical health care or education encounter that goes awry due to language differences, cultural differences or just plain unfamiliarity with the way things are done in Canada. It’s followed by an interview with an expert on the topic, and then a replay of the encounter, which goes more smoothly than the first.

Among the health topics to be covered by the series: how to make the most out of a visit to the doctor; when to go to the emergency room; nutrition and preparing healthy lunches for children; Pap tests and mammograms; dental care; cholesterol and diabetes; and flu shots.

The show is hosted by Dr. Parhar, and his wife, Anita, who is earning her PhD in education at UBC. (Anita takes the lead on the education segments.) For Dr. Parhar, who is donating his time to the effort, the show is just the first step in a more elaborate effort to assist new immigrants and refugees in the Fraser Health region.

The show will be dubbed into various languages and packaged onto DVDs, which will be distributed at a series of school-based, Saturday morning workshops on many of the health and education topics covered by “Pearls for Success.” By the end of the series, each participant will be assigned a family physician to assist them in their future health care needs.

“Fraser Health is really excited about such a program because they see these patients right now as being orphaned,” Dr. Parhar says. “They want to stop these patients from coming in and out of the emergency room because they’re not in the system... The idea is that after these workshops, not only will they have achieved a higher level of health literacy, but they will have a go-to person who can help them navigate through the health care system.”

“Trust me, I didn’t do it the easy way... But I think over time I’ve gained some expertise first-hand.”
— Dr. Parhar

Dr. Parhar, a former Co-Head of the Department of Family Practice and now Associate Dean for Equity and Professionalism in the Faculty of Medicine, had a thoroughly Canadian upbringing in Kitimat, BC. But he wound up reconnecting with his parents’ Punjabi culture – and forging new connections with many others – through his practice in Burnaby, where his patients are predominantly first-generation immigrants from Afghanistan, Southeast Asia, Bosnia, Croatia and Africa. He also has learned how to care for patients whose religious beliefs sometimes pose a challenge for modern, Western health care practices.

“Trust me, I didn’t do it the easy way,” he says. “I’ve made enough mistakes along the way. But I think over time I’ve gained some expertise first-hand, and that has given me some confidence. I think I know some of the secrets.”
By the time Cherrie Tan-Dy entered medical school, she had already begun teaching.

She was guaranteed admission to the Boston University School of Medicine while still an undergraduate, enabling her to take some first-year courses while earning her Bachelor’s of Science degree in Biomedical Engineering. So, upon entering her first year of medical school, she served as a teaching assistant for fellow students in courses like histology.

“I wasn’t sure how much I could support people who were essentially at the same level that I was,” Dr. Tan-Dy says. “But eventually I realized that I had the knowledge base.”

It was one of several experiences in medical school, residency and fellowships that helped her become co-director of the neonatal intensive care unit at Victoria General Hospital until last year, and now the Year 3 Clerkship Director of the Faculty of Medicine’s Island Medical Program. She also happens to be one of the most popular pediatric clinical faculty members in the province – since arriving in BC five years ago, she has twice won the Community Pediatrician Award, given annually by residents to the most outstanding teacher in that field.

Dr. Tan-Dy doesn’t claim to be a natural at teaching. She had to learn it, from people like her third-year obstetrics professor at Boston University.

“He walked up and down the aisles, picking people out of the crowd, asking specific questions,” she recalls. “He really zoned in, making sure that you understood the importance of basic science to develop an appropriate diagnosis and plan of management for patients.”

While doing her pediatric residency at Children’s Hospital Los Angeles, she again became a disciple of the Socratic, question-and-answer approach – this time from the neonatology team. “They didn’t just sit there and lecture you on a topic,” she says. “They asked you really pointed questions about a case, and built on those questions, getting more and more into the details, so they could find exactly where the gaps were.”

As a neonatal/perinatal fellow at the University of Toronto, Dr. Tan-Dy learned that effective communication with other health professionals – respiratory therapists, social workers, pharmacists, nutritionists and nurses – would enhance her own effectiveness as a physician. Those same communication skills carry over naturally to her work with residents and students.

“A lot of your success is based on how well you can explain what is going on in your mind,” she says. “So teaching – making sure that the people supporting the care of that baby are well-versed and know why I’ve chosen a certain approach – became part of my everyday work.”

Now, as she educates residents and medical undergraduates, she calls upon those same skills. She also emulates the most effective teaching techniques of her mentors, such as giving trainees constant, specific feedback.

“It’s important to give them some insight into how they did – not just ‘Good job today,’ but ‘Good job with...’” she says. “I also give students more autonomy as their mastery grows. I give them some wings, to make sure they get to the best point possible during the time they have with me.”
When Steven Chang arrived in Prince George for his family practice residency, he figured he would leave after his two years were up and head to a big city to practice. After all, he spent almost his entire childhood in Burnaby, attended Simon Fraser University and UBC’s Faculty of Medicine, and had never been outside of the Lower Mainland.

Ten years later, Dr. Chang remains in Prince George. Now, as Director of Clinical Skills for UBC’s Northern Medical Program, he is trying to show medical students that Prince George is not only a good a place to learn, but to work and live.

“In Vancouver, a lot of patients are referred off to specialists,” says Dr. Chang, a Clinical Instructor. “Here, I get to do a lot of everything – deliver babies one day, look after palliative patients, look after geriatric patients, look after pediatric patients, deal with chronic pain or depression. You get to see the broad scope of everything.”

Outside Prince George Regional Hospital, his colleagues helped him discover his inner outdoorsman. Canoeing and kayaking were his gateway activities; soon he had acquired four different types of skis, along with camping and hockey gear.

“In Vancouver, I didn’t have a lot of time to do that stuff,” he says. “There was a lot of driving back and forth to places. Here, everything is within 10 or 15 minutes of town, and the outdoors is right there.”

Those activities with colleagues proved useful when Dr. Chang – who works full-time in the emergency room and part-time in a family practice clinic – was tapped to become the Northern Medical Program’s clinical skills director.

“Recruiting tutors for that was difficult because everybody is busy enough doing their clinical work, and couldn’t give up an afternoon to spend two or three hours with a group of students,” he recalls.

“But I knew each of the staff personally, because I had gone through the different rotations as a resident, and we would do social things all the time. So I could badger and harass them until they finally agreed to do it.”

Over the past four years, Dr. Chang has noticed a transformation among the town’s physicians, who previously had no teaching responsibilities.

“We had to change their mindset,” he says. “They used to complain when they had a resident on call with them. But now we’re relying on the residents to help us out, and when you explain things and show them how to do things, there’s a lot more enthusiasm and excitement all around. It’s actually more fun. Now everybody complains when there’s no resident or student on call.”

“When you explain things and show them how to do things, there’s a lot more enthusiasm and excitement all around. It’s actually more fun.”

— Dr. Chang

Still, he says it’s not always easy to fill teaching slots for the clinical skills courses. Instructors often tire of teaching one section of the course and want to move on to another set of skills, but that creates gaps that aren’t so easy to fill in a town with only 200 physicians.

“Trying to keep them involved is tough,” he says. “We’re hoping that as residents graduate, they will stay around and be involved with teaching.”
Below are just a few of the clinical faculty members of the UBC Faculty of Medicine who have advanced British Columbia’s health care as clinicians, educators or administrators. The Faculty of Medicine salutes them, and the thousands of others whose contributions have made a difference – not only for students and residents, but for the health of all British Columbians.

01 **CONNIE HULL**

**VERNON**

Clinical Associate Professor, Family Practice

As Clinical Education Leader, Interior since 2005, Dr. Hull helped lay the groundwork for creation of the Southern Medical Program, which takes its first class of 32 students in 2011. Dr. Hull, working with physicians throughout the Interior, developed 52 different electives for fourth-year MD undergraduates, doubled the number of UBC students placed annually in electives in the region, and facilitated 87 new UBC clinical faculty appointments. As a result, the Interior is fast becoming a popular destination for UBC students seeking clinical opportunities.

02 **PAUL STENT**

**FORT ST. JAMES**

Clinical Instructor, Family Practice

An urban transplant from Durban, South Africa, Dr. Stent came to Fort St. James sight unseen in 1989. As one of three physicians in town, he regularly hosts two or three MD undergraduates a year, and makes a point of taking students and visiting residents on his helicopter trips to First Nations reserves. He also helped develop the Rural Suitability Score for screening applicants to the Northern Medical Program (conceding that as a “city slicker,” he might not have scored too well himself), and serves as an admissions interviewer, hoping that the distributed education program produces more home-grown physicians seeking to work in remote areas.

03 **LUBA LYONS RICHARDSON**

**VICTORIA**

Clinical Assistant Professor, Midwifery

Convinced that midwifery deserved the legitimacy accorded other professions, Ms. Lyons Richardson served on the first board of the College of Midwives of BC, which drafted the province’s midwifery regulations in the mid-1990s. In that role, she and others fought to give midwives primary care provider status, have their services fully funded, and allow women to choose home birth. “It was quite a long process, with a lot of struggle, a lot of diplomacy,” says Ms. Lyons Richardson, who served as the first President of the College of Midwives. “There’s a lot more acceptance now, and midwives are much more part of the team.” As a clinical faculty member, she regularly has third- and fourth-year students from the Faculty of Medicine’s Midwifery program learning and working alongside her.

04 **DONNA DRYNAN**

**VANCOUVER**

Clinical Associate Professor, Occupational Science and Occupational Therapy

A specialist in assistive technology for disabled children, Ms. Drynan has been teaching for the Faculty of Medicine for 15 years. Since 2002, she has been the department’s fieldwork coordinator, teaching scores of practicing therapists throughout BC how to become teachers themselves, or how to become better, through face-to-face workshops and video conferences. Ms. Drynan also coordinates 200 placements a year for the department’s two-year master’s program, a role in which she has received high marks for mediating conflicts. She also teaches two of the program’s required courses. She won the 2009 Clinical Faculty Award for Excellence in Teaching, and was named the Outstanding Occupational Therapist of the Year by the BC Society of Occupational Therapists.

05 **STEVE BEERMAN**

**NANAIMO**

Clinical Associate Professor, Family Practice

Dr. Beerman helped make Nanaimo a major training centre for Family Practice residents by crafting a position statement reflecting what the medical staff needed to make it viable – such as official acknowledgment and administrative support. The document, approved after seven drafts, aimed to get buy-in from the staff, “so we could make this a long-term, sustainable project.” Now Nanaimo Regional General Hospital hosts 16 Family Practice residents for their full two years (the first cohort graduated in June), as well as 20 or more undergraduates for three-to five-week rotations.

06 **JOHN DIGGLE**

**SURREY**

Clinical Assistant Professor, Neurology

A “Surrey boy” who returned to his hometown after training elsewhere in Canada and abroad, Dr. Diggle was quickly recruited to orchestrate
the elevation of Surrey Memorial Hospital to a Clinical Academic Campus of the Faculty of Medicine. As Site Director, he has played a crucial role in planning the hospital’s new critical care tower, which will have a large UBC footprint within it. He also has worked to nudge the hospital’s culture to a more educational orientation. “It lets you share what you’re seeing with others, forces us as physicians to adopt a critical role in planning the hospital’s future,” he says. “We have a core group of specialists who have the potential to be great teachers, and I think our last year showed that.”

**08 ANDREA GELLER**
*Clinical Instructor, Family Practice*

**07 JOHN PAWLOVICH**
*Clinical Assistant Professor, Family Practice*

Based in Fraser Lake for the past 10 years, Dr. Pawlovich is helping experiment with new models of primary care, including the use of integrated health teams and group medical visits, in which 10 to 15 patients meet with a physician and other health professionals at the same time. He also has used state-of-the-art information technology to raise the standard of care for chronic diseases in remote aboriginal villages. Dr. Pawlovich and his three other colleagues in Fraser Lake host medical students on month-long rural clerkships, the occasional resident from Vanderhoof or Prince George, and aspiring nurses and nurse practitioners.

**09 PAUL MACKEY**
*Clinical Instructor, Family Practice*

To explain how an Aussie wound up in the northern reaches of British Columbia, Dr. Mackey says, “I took a wrong turn in Albuquerque.” He is still there 13 years later, working to make towns like Fort St. John part of the network of medical education in British Columbia. It’s now into the second year of a residency program, with seven post-graduates stationed there and in Dawson Creek, and this fall launched its year-long integrated clerkship program, in which medical students spend an entire year in one health care setting. Dr. Mackey hopes to lessen his town’s dependence on physicians trained elsewhere. “You have lots of people working really hard, doing really good work, but often in silos,” he says. “The idea here is to help people cross-fertilize, and think about what other people are doing around the province.”
Dr. Gavin Stuart, Dean of the Faculty of Medicine since 2003, has taken on an enhanced role at the University of British Columbia.

The UBC Board of Governors, acting on the recommendation of President Stephen J. Toope, approved on September 24 the establishment of a new position, Vice Provost Health, and approved that Dr. Stuart assume that position, with the title Vice Provost Health and Dean, Faculty of Medicine.

In June, Dr. Stuart was reappointed Dean of Medicine for a second term. To inform the reappointment process, an external review of the Faculty was undertaken, followed by the establishment of an advisory committee to recommend on the reappointment to the President. Each process involved extensive consultation with internal and external stakeholders.

The Review Report noted that Dr. Stuart’s leadership was instrumental in enabling the successful implementation of the distributed medical education system and that the Faculty is now viewed as a provincial organization. The report also recommended that UBC appoint a Vice Provost Health to represent UBC in interactions with other universities and with the health authorities across the province.

The reappointment advisory committee, while unanimously recommending Dr. Stuart’s reappointment as Dean, also fully agreed with the recommendation that the University appoint a Vice Provost Health.

The position of Vice Provost Health at UBC will enable a comprehensive representative role when dealing with the key stakeholders in matters affecting the provincial distributed model of medical education, teaching and research. Internal to UBC, the Vice Provost Health will work closely with the Principal of the College of Health Disciplines and the Deans of other health-related Faculties.

Concurrent with this announcement of the new position of Vice Provost Health, a new position was created at the Faculty of Medicine – Vice Dean, Academic Affairs. Dr. Ross McGillivray, Professor of Biochemistry and Molecular Biology and founding Director of the Centre for Blood Research, was appointed to that role, in which he will support the Dean in the area of academic functions of the Faculty, with particular focus on Faculty Affairs.

The Review Report noted that Dr. Stuart’s leadership was instrumental in enabling the successful implementation of the distributed medical education system...
The medical education and research complex is beset by bottlenecks of knowledge.

First, there is the huge volume of research – much of it published in pricey journals, protected by copyright, and inaccessible to people without easy access to an academic library. Another is the huge demand for health professionals – the World Health Organization estimates the shortfall at four million globally – and the limited number of seats to train them all.

Anita Palepu and Erica Frank, through separate but parallel efforts, are trying to open up those logjams.

Dr. Palepu, a Professor in the Department of Medicine, is the founding co-editor of Open Medicine (www.openmedicine.ca), Canada’s first open access general medical journal. Open access means what it is says – anyone can read it, no subscription necessary, and reproduce its contents without concern for copyright, as long as the source and authors are properly attributed.

Dr. Palepu and others started Open Medicine in 2007 after resigning en masse from the Canadian Medical Association Journal (CMAJ) to protest what they saw as inappropriate editorial interference by the Canadian Medical Association.

“It really forced us to explore what our values were, and what was important to us, and if we were to do this again, how would we do it,” she says.

Open Medicine, like conventional journals, uses the peer review process to screen and edit research articles. But it doesn’t accept advertising, especially from pharmaceutical companies – an income stream that Dr. Palepu sees as a “largely undeclared conflict of interest” that could affect what gets published and what doesn’t. And the organizers of Open Medicine want their articles to be freely and widely distributed.

Dr. Frank’s project, Health Sciences Online (http://hso.info), is an online portal to over 50,000 different pieces of health science material scattered around the world, all of it screened for legitimacy and value. But Dr. Frank, a Canada Research Chair in Preventive and Population Health, wants HSO, which went live in December, to be much more than a Google for the health care crowd.

Anita Palepu and Erica Frank, through separate but parallel efforts, are trying to open up logjams of knowledge.

An ardent believer in distance education, she and her team are creating educational programs that will result in certificates or even diplomas. Students will use the HSO portal to listen to or watch lectures, and read chapters and cases, all of it screened by committees of experts in a particular field. Students also will get face-to-face mentoring from local health care professionals, submit written assignments to peers, and take standardized tests to demonstrate their mastery of the subject.

One of the credentials closest to becoming reality is a certificate in exercise and health that will carry the endorsement of the U.S. Centers for Disease Control and Prevention, the American College of Sports Medicine, the Fundacion Santa Fe Bogota Active Living Program, and the Pedagogical University of Colombia.

“We want to show that this works and that we produce competent practitioners, because this kind of thing is really new, and it changes the scale drastically,” she says.
Asia for Medicine

PHILANTROPY

When blood stops flowing to the brain, its cells start dying within minutes. The result is the devastating event known as stroke, the leading cause of disability and the third leading cause of death in Canada.

Even after the initial cause, such as a clot, is removed, about 30 percent of victims still suffer from decreased blood flow—"leading to a slow death of nerve cells," says Psychiatry Professor Brian MacVicar.

"There are changes happening, which we still don't understand, that continue to disrupt the normal control of blood flow in the brain," says Dr. MacVicar, a member of the Brain Research Centre, a partnership between UBC and Vancouver Coastal Health Research Institute.

A healthy functioning brain meets the metabolic needs of its different parts by supplying just the right amount of glucose- and oxygen-carrying blood at any particular moment. Dr. MacVicar, a Canada Research Chair, is the lead coordinator of a team that includes colleagues in the U.K., France, U.S. and Denmark, studying how the brain accomplishes this feat, in the hope of helping people whose brain blood flow has been severely compromised.

Last year, the team received a U.S. $6 million grant from the Fondation Leducq in France, which encourages research collaborations between North American and European scientists. Just two months after the money started flowing, they had their first achievement: an article in the journal Nature.

In previous work (also published in Nature), Dr. MacVicar found that astrocytes, a specialized type of brain cell, cause blood vessels to constrict or dilate in response to rising or falling levels of calcium in surrounding tissue. In the more recent work, MacVicar’s team laid out the complex chain reaction underlying these processes, involving not only calcium but also lactic acid (a by-product of energy consumption) and prostaglandin (a hormone-like chemical involved in communication between cells). Dr. MacVicar and colleagues originally thought dilation occurred because of increased release
of prostaglandin by cells. But it turned out the dilation was due to lactic acid inhibiting the uptake of prostaglandin by cells. While the pathway was different, the net result was the same.

“It was a surprising pathway, more complicated than we thought it would be,” Dr. MacVicar says. “It’s not intuitively what we thought it would be.”

02 | Redundant connections put to work

As vulnerable as the brain is to a decrease in blood flow, it also has an amazing ability to recover.

Using specialized imaging techniques to peer at the brain circuitry of mice before and immediately after a stroke, Professor Tim Murphy, in the Department of Psychiatry, has found one of those paths to recovery: a backup system for processing information in areas destroyed by stroke damage.

Dr. Murphy, a member of the Brain Research Centre, was able to map what areas of a mouse brain were activated when stimulating its hindpaw or forepaw. He found that parts of the brain supposedly dedicated to sensing hindpaw stimulation were also activated when only the forepaw was stimulated.

These apparently off-target circuits, Dr. Murphy found, play an important role even within minutes of a stroke, albeit at a reduced capacity – a finding that has significant implications for rehabilitation and therapy for victims.

Along those lines, Lara Boyd, an Assistant Professor in the Department of Physical Therapy, is exploring one way to activate those redundant circuits: applying electromagnetic stimulus to the affected section of the brain, using a figure eight-shaped coil placed next to a patient’s head.

In experiments involving people who hadn’t suffered a stroke, Dr. Boyd found that those who received the stimulus were better than a control group at tracking a moving target with a computer mouse. She is now conducting the same experiment with stroke victims, with results expected in coming months.

“The brain is an amazingly dynamic organ that can reorganize itself,” says Dr. Boyd, a Canada Research Chair and an investigator at the Brain Research Centre. “What we want to do is to stimulate and enhance brain cell reorganization around the damaged part of the brain.”

03 | Homework: The best medicine

For now, the only proven treatment to help stroke victims gain mobility is rehabilitation therapy. Professor Janice Eng, in the Department of Physical Therapy, is studying whether that process could go faster if patients made use of the time between therapy sessions.

Dr. Eng devised a set of exercises for the arm and hand – stacking blocks, squeezing a ball, folding, buttoning and pouring – that patients can do themselves with minimal supervision by therapists, and can be done in the hospital or at home. Patients were given an exercise book with written instructions and drawings.

Patients who participated in the program had greater arm function at the end of four weeks compared to the control group, and those differences were retained five months later.

“The ease of this program allows for a much higher amount of physical therapy for patients recovering from stroke in hospital than could ordinarily be delivered one-on-one by physical therapists,” says Dr. Eng, a member of the Brain Research Centre. “It also has the benefit of providing a way for patients’ families to support the rehabilitation process.”

Patients who did the exercises also had fewer depressive symptoms than the control group.

The ease of the program allows for immediate uptake by health care providers, and four hospitals in BC have implemented the regimen. Eng has received additional funding from the Heart and Stroke Foundation of BC and Yukon to develop a similar program for leg rehabilitation. (The manual can be found at www.rehab.ubc.ca/jeng/Our_Exercise_Manuals/GRASP.htm)
Fourteen thousand kilometres separate the UBC Faculty of Medicine from Uganda. Shafique Pirani is trying to bridge that gap.

A Clinical Professor in the Department of Orthopaedics, Dr. Pirani returned to the country of his youth a decade ago and has made 20 subsequent trips, trying to rid the east African nation of clubfoot, a birth defect in which one or both feet are turned inward and downward.

He has been working not as a practitioner, but as a proselytizer of the Ponseti method, a non-surgical way of curing clubfoot. By gently manipulating a baby’s foot, placing a cast on it, and then repeating the process over several weeks, the flexible cartilage is molded into the proper position and stays put as it becomes bone.

Pirani, an orthopaedic surgeon at Royal Columbian Hospital in New Westminster, has helped make the Ponseti method the standard in North America. But he has been even more determined to see it taken up in Uganda, where the limitations and pain imposed by clubfoot are so much more of a burden (the main means of transportation is walking, while farming and manual labour are the main occupations). Moreover, because the treatment doesn’t have to be performed by physicians, it’s the best hope for eradicating the condition in a country with so few orthopaedic surgeons.

Funded in part by the Canadian International Development Agency (CIDA), Dr. Pirani, Professor Richard Mathias, of the School of Population and Public Health, and Edward Naddumba, Head of the Department of Orthopaedic Surgery at Uganda’s Makerere University, have worked to create a network of 30 clinics throughout the country, staffed by “orthopedic officers”; he is aiming to add 10 more before the grant expires next year.

Dr. Pirani estimates that about 40 percent of Ugandan babies born with clubfoot are now being treated in one of those clinics. Many of the other 60 percent, Dr. Pirani suspects, are babies not born in hospitals. So the Ugandan Ministry of Health has undertaken a public awareness campaign using posters, brochures and radio spots in various languages. (To listen to the spots in English and Luganda, go to www.med.ubc.ca/media/med_mag/clubfoot.htm).

“Because of the Ponseti treatment, children born in Uganda with clubfeet now have a good chance to grow up with normally functioning feet, freeing them from a lifetime of pain and suffering,” Dr. Pirani says.

Dr. Pirani has received a $100,000 gift from an anonymous donor to expand training within Uganda, and to replicate the project in other countries. Various governments, including those in Bangladesh, Mali, Nepal and the Indian state of Karnataka, have expressed interest, and he has already taken his message to Brazil and Malawi.
01 | Making streets safe for cycling

If driving Vancouver’s streets is a bit slower these days, you may have Kay Teschke to blame—or, if you’re a cyclist, to thank.

Dr. Teschke, a Professor in the School of Population and Public Health is leading a research program called “Cycling in Cities,” which aims to make urban areas bike-friendly. One project influenced by the study was increased “traffic calming”—for example, construction of traffic circles—for residential bike routes in Vancouver.

Dr. Teschke is one of 10 UBC researchers participating in the program, which includes Transport Canada, the City of Toronto, Metro Vancouver, Translink and other partners. Teschke says the initiative’s goal is to give municipalities the information they need to make the best decisions for bike infrastructure types and locations.

“By assessing routes for injury risks and exploring the factors that make people want to cycle, we hope to show cities how to build pathways that are safer and more convenient,” says Dr. Teschke, noting that their research shows most cyclists want to be away from traffic. “But that’s challenging, because we are talking about cities that are already built.”

Fall-related hip fractures among seniors cost the province over $75 million each year in direct hospital expenses.

02 | Mobility research goes truly mobile

The Centre for Hip Health & Mobility took its research on the road this fall, using a new mobile lab that will travel throughout BC, collecting data from populations that are often difficult to reach.

The equipment in the lab is capable of evaluating bone mass and strength in 3-D, measuring total bone, fat and muscle mass in the body and predicting the future risk of falls with 75 percent accuracy. Fall-related hip fractures among seniors cost the province over $75 million each year in direct hospital expenses.

The unit, unveiled in August by Healthy Living and Sport Minister Ida Chong, cost about $500,000, including the truck and trailer, with an additional $500,000 to equip it. The mobile lab was funded by the Canada Foundation for Innovation’s (CFI) innovation fund, the British Columbia Knowledge Development Fund (BCKDF) and private donors to the VGH & UBC Hospital Foundation.

“This lab is another example of how the University of British Columbia’s Faculty of Medicine has become a province-wide enterprise,” said Dr. Gavin Stuart, Vice Provost Health and Dean of the Faculty of Medicine. “Just as we expand our educational programs throughout British Columbia, our researchers are also reaching farther afield to get the most comprehensive, diverse data about the health of the population of the province.”
Tailoring treatment for different types of breast cancer

Torsten Nielsen is helping develop more personalized treatment for women with a certain type of breast cancer. Approximately two-thirds of breast cancer patients have tumours whose growth is fed by the hormones estrogen or progesterone. Although tamoxifen or aromatase inhibitors can block the hormones, not all women benefit. Survival rates could be improved or side-effects minimized by determining which patients are at high risk for recurrence, and thus need more chemotherapy, and which ones are at low risk, for whom supplemental hormonal therapy alone may be sufficient. Doing so requires gene expression tests that are expensive and require specialized lab equipment. So Dr. Nielsen, an Associate Professor in the Department of Pathology and Laboratory Medicine, has devised a panel of simple, inexpensive antibody tests that can distinguish between the two types of hormone receptive tumours: Luminal A (low risk) and Luminal B (high risk).

“Our antibody test can be applied cheaply and inexpensively to standard pathology specimens, and so far it seems to provide much of the clinically-important information gained from more complicated molecular tests,” says Dr. Nielsen, who also is a clinician-researcher with the Genetic Pathology Evaluation Centre at the Vancouver Coastal Health Research Institute and BC Cancer Agency.

Researchers find molecular “key” for blood stem cell transplants

A common problem with blood stem cell transplants is the failure of stem cells to repopulate the thymus and generate a type of white blood cell called T-cells. Without T-cells, the patient is unable to fight infection and post-transplant prognosis is poor. Now Hermann Ziltener and his research team at UBC’s Biomedical Research Centre have identified a molecule called S1P that can tell the thymus to “open the gates” and accept more stem cells.

“This discovery gives us a handle on determining whether the thymus will be receptive to migrating stem cells,” says Dr. Ziltener, a Professor in the Department of Pathology and Laboratory Medicine. “By treating patients with drugs that control S1P, scientists can now manipulate the thymic gates to either open or close.” The same team had previously identified several molecules that function as the thymic gates for migrating stem cells. The recent study, published in the Journal of Experimental Medicine, is the first to home in on the “key” molecule that can open the thymic gate. Researchers estimate that it will be at least five years before the discovery can be translated into a clinical test.

Researchers estimate that it will be at least five years before the discovery can be translated into a clinical test.

Approximately two-thirds of breast cancer patients have tumours whose growth is fed by the hormones estrogen or progesterone.
Many students dream of the day when they can close their books, trade the classroom for the workplace, and gain insights that can be gleaned only from experience.

Julia Iosfina, a third-year medical student, didn’t have to wait until graduation. Iosfina is one of many students participating in the Doctor, Patient and Society (DPAS) course’s innovative self-directed project option. Second-year MD students forego the traditional DPAS assignment in favour of a project of their own design, where they explore how public health can affect whole populations or individuals. Lessons are learned from working with fellow students, community aid organizations, and government to bring about change.

Iosfina, working with a team of nursing and midwifery students, provided birthing support at the Fir Square Doula Project, which caters to pregnant women from Vancouver’s Downtown Eastside, many of whom are homeless, suffer from addictions and have few resources for support.

“I learn more when I work hands-on and pursue my own interest,” Iosfina says. “I immerse myself more in a project that I’m interested in, rather than sitting in a discussion group discussing prescribed topics. I like that my work actually impacts someone.”

The shape, scope and outcomes of the projects differ greatly. One team of students produced a documentary film, Strange Bedfellows, that explored the relationship between pharmaceutical sales representatives and family doctors. One student introduced to Lower Mainland schools a program called Do Bugs Need Drugs?, which teaches children about proper hand-washing and the problem of antibiotic resistance. Another student helped establish new chapters of Universities Allied for Essential Medicines, an organization that encourages universities to negotiate patent deals with pharmaceutical companies to make drugs affordable for developing countries.

No matter the outcomes, Gary Poole, Associate Course Director of the DPAS self-directed project option, thinks that all projects are ultimately a success.

“A project that sets out to change the world, but doesn’t change the world, can still be very successful because the student in question learned a great deal,” says Dr. Poole, who is also Director of UBC’s Centre for Teaching and Academic Growth. Self-directed projects increase a student’s cultural sensitivity and ability to assess the health needs of a particular subpopulation, while also teaching the fundamental skills and ethics of health care research. Students also learn to work collaboratively to affect change – lessons that they may not otherwise get in the regular curriculum.

“One of the most important things they learn is that nothing is ever straightforward,” says Debby Altow, a DPAS Project Tutor. “It’s a bit of a cold shower to realize that the passion you have is not necessarily shared to the same degree by those who are in place to implement or move it forward.” Project management, goal-setting, communication skills and multidisciplinary collaboration may prove the most long-lasting lessons, especially as the students become doctors with the ability to improve the health of the population through public health initiatives and research.

The self-directed option is in its seventh year, and has grown from the initial seven students to 82.

“The thing that I am most excited about is that it is truly self-directed,” Dr. Poole says. “It’s what happens as an educator when you get out of the way, not in the way.”
Glen Carlson remembers the time he spent at UBC in the 1950s, earning a bachelor’s and medical degree, as “probably the greatest decade of my life.” It also was the most difficult for him financially.

As a third-year medical student, “I literally ran out of money,” he recalls. “I couldn't pay my landlady in Vancouver.”

A meeting with a dean led to a $300 loan from an endowment created by a family—enough to pay his rent and finish the year.

That experience helps explain why he and his wife Margaret, who earned her UBC medical degree four years later, became two of the most important donors for student aid in the Faculty of Medicine. The financial stress of being a medical student, they believe, is even greater now.

“It’s been a long time since we’ve been students, and so I don’t think we really appreciate how much it costs to get a higher education today,” Glen says. “The fees aren’t small, the cost of accommodation is not small, and a lot of young people are running up tremendous student debts.”

The Carlsons, retired family practitioners in Merritt, BC, say their contributions are nothing exceptional, but the 20 students who have received the Glen and Margaret Carlson Bursary might disagree. The endowment they created has already generated $55,085 since it was created in 2005, and will continue to generate more for financially needy students for years to come. The Carlsons also have planned to support UBC through their estate.

After graduating in 1960, Glen practiced in Burnaby for three years while Margaret, whom he married in 1961, completed her medical degree. Coming from Port Alberni, though, Glen felt that big-city hospitals weren't the best fit for him. When a colleague asked him to join a practice in Merritt, he quickly agreed.

While the Carlsons believe they have a responsibility to reduce the burden of student debt, they also have received a great deal of joy from their philanthropy, especially when meeting students who have benefited from it.

“It’s very enjoyable,” says Margaret. “It’s nice to know what they’re thinking and where they’re heading.”

“If anybody can afford to assist others, and particularly the university, then I would encourage them to do so,” Glen says. “Education is the key to everything.”
ONE MAN’S VISION SAVED – MANY OTHERS TO COME

After having the vision in his only seeing eye saved by a UBC faculty member, Gwyn Morgan and his wife, Patricia Trottier, have returned the favour – for the next 25 years.

Thanks to a $1.375 million gift from the couple’s foundation, the Faculty of Medicine and the St. Paul’s Hospital Foundation have created the William H. Ross Fellowship in Vitreo-Retinal Excellence.

Each year for the next 25 years, the fellowship will allow Dr. Ross, a Clinical Professor and one of Canada’s most experienced retinal surgeons, to select one post-graduate retinal fellow from among the world’s best to train with the retinal staff at UBC.

“Dr. Ross is one of North America’s most respected vitreo-retinal specialists,” said Mr. Morgan, former president and CEO of EnCana Corporation, North America’s largest natural gas producer. “Over a career spanning 36 years, he has saved the vision of thousands of patients, including my own, Patricia and I are pleased to recognize his outstanding expertise and contributions and to provide an opportunity for other promising young doctors to follow in his footsteps.”

The annual contribution from the Gwyn Morgan and Patricia Trottier Foundation will be commensurate with the salary of a second-year ophthalmology resident at UBC to accommodate any possible inflation over the next two and a half decades.

“It has been my pleasure to train some of the world’s leading vitreo-retinal specialists at St. Paul’s Hospital and UBC over the past 24 years,” said Dr. Ross, a surgeon at St. Paul’s Hospital and chair of the UBC Vitreo-Retinal Fellowship Program. “This new fellowship ensures the next generation of specialists will continue to advance the medical education, clinical research and care of patients with retinal diseases in BC and around the world.”

The inaugural recipient of the fellowship, Dr. Andrew Kirker, said working with Dr. Ross will be an ideal learning experience because of his intense commitment to both innovative research and helping patients.

“He has written papers that have fundamentally changed the way we manage certain retinal detachments,” he said when the fellowship was officially announced on September 16, adding that Dr. Ross works as hard in his clinics as he does on his research. “He is up early seeing patients at 7:30, and he works late nights and weekends. This combination makes for a great fellowship experience.”

“Dr. Ross has advanced the knowledge and skills of medical students, ophthalmology residents, and fellows now caring for patients in hospitals around the world,” said Dr. Frederick Mikelberg, Head of the Department of Ophthalmology and Visual Sciences.

“This fellowship in Dr. Ross’ name recognizes the global contribution that he has made in educating medical students, ophthalmology residents and fellows throughout a long and distinguished career,” said Dr. Gavin Stuart, Vice Provost Health and Dean of the Faculty of Medicine.

Gwyn Morgan led EnCana Corporation, North America’s largest natural gas producer, through a merger that was widely viewed as the most significant transaction in Canadian energy sector history.

Over the past decade, Patricia Trottier has dedicated her time to a variety of wellness, social and business causes including founding the Integrative Health Institute in Calgary, Fundacion Nan Paz in Ecuador, chairing Calgary’s Economic Development Authority and leading Calgary’s 2010 Winter Olympic Bid.
Johanna Schuetz, currently pursuing a PhD in the Department of Medical Genetics, received the 2008 Lionel E. McLeod Health Research Scholarship from the Alberta Heritage Foundation for Medical Research. The one-year award is given annually to an outstanding student at the University of Alberta, University of Calgary or UBC for research related to human health. Schuetz’s research focuses on the genetics of susceptibility to non-Hodgkin lymphoma, the fifth most common cancer in Canada.

2009 Distinguished Achievement Awards of the Faculty of Medicine

Excellence in education
Andrew MacNeil, Associate Professor, Urologic Sciences
Ian Scott, Associate Professor, Family Practice

Excellence in basic science research
Leonard Foster, Assistant Professor, Biochemistry & Molecular Biology
Catherine van Raamsdonk, Assistant Professor, Medical Genetics

Excellence in clinical or applied research
David Huntsman, Associate Professor, Pathology & Laboratory Medicine
Todd Woodward, Assistant Professor, Psychiatry

Service to the University and community
David Kuhl, Associate Professor, Family Practice
Adele Diamond, Professor, Psychiatry

Overall excellence
Jason Barton, Professor, Medicine and Ophthalmology & Visual Sciences
Natalie Strynadka, Professor, Biochemistry & Molecular Biology

Outstanding contribution by a senior faculty member (three were awarded in 2009 due to 2nd-place tie)
Peter Pare, Professor, Medicine
David McLean, Professor, Dermatology & Skin Science
Anthony Phillips, Professor, Psychiatry

2009 Faculty of Medicine Applegarth Staff Service Award:
Michael Hockertz, Director of Core Facilities, Centre for Molecular Medicine and Therapeutics

2009 Faculty of Medicine Career Award for Excellence in Clinical Teaching:
Andrew Macnab, Professor, Pediatrics
Robert Meek, Clinical Professor, Orthopaedics

2009 Faculty of Medicine Significant Impact of Teaching in the Local Community:
Peter Pommerville, Clinical Associate Professor, Urologic Sciences

2009 Faculty of Medicine Innovation in CME/CPD Award:
Kendall Ho, Associate Professor, Surgery, and Director, eHealth Strategy Office

2009 Faculty of Medicine Bill and Marilyn Webber Lifetime Achievement Award:
Judith Hall, Professor Emerita, Pediatrics and Medical Genetics

Katherine Paton, Executive Associate Dean, Clinical and Community Partnerships, is among the 53 senior women faculty selected for the 2009-2010 class of fellows in the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women at Drexel University College of Medicine in Philadelphia. ELAM is the only national program dedicated to preparing senior women faculty for leadership at academic health centers.

2009 Faculty of Medicine Award for Initiatives in Health Promotion and Sustainability:
Department of Medicine’s Health & Wellness Program

2008 Faculty of Medicine Innovation in CME/CPD Award:
Kendall Ho, Associate Professor, Surgery, and Director, eHealth Strategy Office

2009 Faculty of Medicine Allergist Staff Service Award:

2008 Faculty of Medicine Bill and Marilyn Webber Lifetime Achievement Award:
Judith Hall, Professor Emerita, Pediatrics and Medical Genetics
A team of four orthopaedic surgeons from the Faculty of Medicine and Vancouver General Hospital received the John Charnley Award from the Hip Society for a study that raises questions about a common hip replacement surgery.

The study by Donald S. Garbuz, Bas Masri, Clive P. Duncan and Nelson Greidanus found that patients who underwent total hip replacement using large-diameter metal heads had much higher levels of metal ions in their blood than patients who received resurfacing, in which the damaged hip’s ball and socket are covered with smooth metal. The data prompted the team to report the findings early, halt all surgeries with large-diameter metal heads, and reduce the head size for large-head replacements.

The three major annual Awards for Excellence given by the Physiotherapy Association of British Columbia were given to members of the Department of Physical Therapy:

> Award for Excellence in Education: Sue Murphy, Instructor and Academic Coordinator of Clinical Education for the Masters of Physical Therapy program
> Award for Excellence in Leadership: Nancy Cho, Clinical Assistant Professor
> Award for Professional Contribution: Brenda Loveridge, Clinical Professor and former Interim Department Head (now Special Advisor to the Dean, Allied Health Professions)

Professor Julio Montaner, in the Department of Medicine, is the 2009 recipient of the Leadership Award from LiFeSciences British Columbia. Dr. Montaner, Director of the BC Centre for Excellence in HIV/AIDS and President of the International AIDS Society, was recognized for his leadership in “treatment strategies and removing the barriers to seeking and maintaining treatment.”

Medical Undergraduate Society Teaching Awards
> Year I Teaching Excellence Award (from the Class of 2011): Majid Doroudi, Senior Instructor, Cellular and Physiological Sciences
> Year II Teaching Excellence Award (from the Class of 2010): Morris Pudek, Clinical Professor, Pathology and Laboratory Medicine, and Jason Ford, Assistant Professor, Pathology and Laboratory Medicine
> Year III Teaching Excellence Award (from the Class of 2009): Jag Ubhi, Clinical Assistant Professor, Obstetrics and Gynecology
> Dr. William A. Webber Award: Sharon Salloum, Associate Dean, MD Undergraduate Program, Student Affairs

Two faculty members were awarded the Order of British Columbia, the highest recognition the province can bestow on its citizens:
> Michael Hayden, Killam Professor of Medical Genetics, has helped identify seven causal genes for disabling, devastating conditions, including Huntington's disease. The Director of the Centre for Molecular Medicine and Therapeutics, he also is co-founder of three biotech companies. He was named Canada's Health Researcher of the Year in 2008 by the Canada Institutes for Health Research.
> Linda Warren, Clinical Professor in the Department of Radiology, helped establish the Screening Mammography Program of BC, the first in North America. Now the chief provincial screening radiologist, Dr. Warren's work has made breast cancer mortality in BC the lowest in Canada, and as a Clinical Professor, has helped train most of the radiologists currently practicing in the province.

2009 UBC Killam Teaching Prizes
Majid Doroudi, Senior Instructor, Cellular and Physiological Sciences
Andrew MacNeil, Associate Professor, Urologic Sciences
Barbara Purves, Assistant Professor, Audiology & Speech Sciences
Darlene Redenbach, Senior Instructor, Physical Therapy
ON CALL FOR THE OLYMPICS

Jack Taunton and Bob McCormack came close, as runners, to participating in the Olympics. But they ultimately found a way to vicariously experience the thrill of the world’s most prestigious collection of sporting events: As physicians.

Dr. Taunton, a Professor in the Family Practice Department’s Division of Sports Medicine, is Chief Medical Officer for the 2010 Winter Olympic and Paralympic Games in Vancouver, responsible for the health and safety of all of the athletes, coaches, families, VIPs and spectators at all of the events taking place in February and March.

Dr. McCormack, an Associate Professor in Orthopaedics, is Chief Medical Officer for the Canadian Olympic team, responsible for making sure the athletes vying for slots in their sports, and the 250 or so who ultimately compete, are in prime condition. He performed the same role at the 2008 Summer Games in Beijing and the 2006 Winter Games in Turino. Although each team has its own doctor and other health professionals, he is often sought out for his expert opinion on orthopaedic issues, and ultimately weighs in on major decisions, including whether an athlete is well enough to compete.

“When push comes to shove, it comes on my plate,” Dr. McCormack says.

It’s not always so clear-cut. A concussion, communicable disease, or stress fracture wouldn’t necessarily prevent an athlete from competing. In Beijing, he had to deal with a swimmer who developed an infectious disease, leading to fears that the entire Canadian team might be ejected from the Olympic Village. The athlete was forced to sit out one event, but after much wrangling by Dr. McCormack and others, was allowed to compete in a subsequent one.

In Vancouver, the threat of disease will loom larger than ever, thanks to the H1N1 virus — but that is just one of the myriad threats that Dr. Taunton has been preparing for. Some of the others include food poisoning, air pollution, terrorist attacks, and major accidents. (A simulation exercise he organized in June involved a two-man bobsled that careens off the track into the stands.) He will have 44 ambulances and two helicopters at his command. He also carries two BlackBerries.

One of his biggest challenges has been creating two 10,000-square-foot “polyclinics” to avoid putting a strain on Vancouver Coastal Health’s facilities. The one at Whistler is a specially-ordered modular complex that includes a mobile operating theatre — a requirement of the International Olympic Committee, which was concerned that foul weather could prevent the evacuation of seriously injured people.

A simulation exercise he organized in June involved a two-man bobsled that careens off the track into the stands.

On top of that, Dr. Taunton oversees anti-doping enforcement, which has meant creating a 17,500-square-foot, 24-hour-a-day lab at the Richmond Oval. With a staff of more than 50, it’s planning to process 2,000 tests (compared to the 1,300 tests performed at the 2006 Winter Games).

Dr. Taunton says his job, while “all-encompassing,” would be impossible if not for the high caliber of the people on his medical and anti-doping teams. But he has stretched himself in the process. Before this post, he had never sent e-mail. And the task of securing the equipment, supplies and staff — including treatment tables from the Department of Physical Therapy, or defibrillators from Medtronic — required that he tap his network of health care contacts around Vancouver and Canada.

“By the time I finish this job, I’ll be ready to be a carpet salesman,” he says.
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- Yoga pants

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- Rural Practice

Shown: Unisex Frog Logo Thermal

All profits go towards the Class of 2012 Rural Practice
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The Lifelong Lessons of the Olympics

Pictured: The Canadian Olympic basketball team, which included Dr. Pat McGeer, MD ’58 and Dr. Bill Bell, MD ’54, goes for gold in the 1948 Olympics.
MEDICAL ALUMNI ASSOCIATION
PRESIDENT’S REPORT

Providing Alumni Recognition

One of the highlights of being president of the Medical Alumni Association is presenting awards of noteworthy achievement at the Annual General Meeting. This year’s recipients of the awards are highlighted in the Alumni fall edition and I would again like to take this opportunity to extend my congratulations to them. I have found the biographies of the individuals receiving these awards to be inspirational and incredibly interesting. However, I have also thought of all the individuals in our alumni that have had fascinating accomplishments or activities in their lives that most of us are unaware of or may never have been recognized. It would be fitting if recognition could be given to these many others. Recognizing these individuals and the family members who have supported them is encouraging and enlightening for others to see. It builds pride in our profession and helps to expand our awareness for one another.

I have been impressed with the level and scope of talent that is found in the classes of the medical school. Examples of these are demonstrated in a variety of ways. Two ways that come to mind are the play that is put on by the second year class as a fundraiser for rural practice and the Spring Gala Talent Night performed annually at the Chan Centre. These events demonstrate outstanding talent in drama, music, dance and many other unique abilities. These students graduate and join the rest of the Medical Alumni who have not only excelled in clinical medicine, research and teaching but in a variety of interesting facets of life. In our profession we have Olympians and other athletic stars, concert pianists, opera singers, artists and politicians. For example the Medical Alumni Association recognized Dr. William Carpentier (MD ’61) this summer who has had the distinction of being the NASA physician for the Apollo 11 crew forty years ago. In this capacity he spent three weeks in quarantine with the returning crew from the first moon landing.

The Alumni Association would like to recognize as many as possible for their contributions in all aspects of life. This recognition could be provided through a variety of methods including articles in the Medical Alumni News. We need your help! Please let us know of individuals that you would like to acknowledge or whose activities would be of interest to all.

Please send their names and information to Campbell, Senior Alumni Relations Manager for the Faculty of Medicine. Her e-mail address is anne.campbell@ubc.ca, and her mailing address is at the Medical Student Alumni Centre, 2750 Heather St., Vancouver B.C., V5Z 4M2.

Your Medical Alumni Association Executive looks forward to the coming 60th anniversary year of our UBC Medical School. We thank you for your support.

Yours sincerely,

Jim Lane, MD ’73
President
UBC Medical Alumni Association

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WALLACE WILSON LEADERSHIP AWARD
DR. ARUN GARG, MD ’77

Many of us don’t know who Wallace Wilson was.

He was a great Canadian physician who took leadership roles as Presidents of the CMA, the College of Physicians and Surgeons of BC and the Chair of the CMA Ethics Committee. He was actively involved in the development of health insurance and the establishment of the Faculty of Medicine at UBC. The Wallace Wilson Award is awarded annually to a graduate of the Faculty of Medicine of UBC who has demonstrated high ethical standards and outstanding leadership to the profession.

This award exemplifies Arun’s contribution to the profession.

Arun was born in Agra, India, the city of the Taj Mahal. After receiving a Master of Sciences in Chemistry from Agra University, he moved to Canada, where he received a PhD in biochemistry from the University of Saskatchewan. He subsequently entered UBC Medical School and graduated in 1977. This was followed by a residency in medical biochemistry at UBC, receiving his FRCPC in 1980. He has been on the UBC Clinical Faculty in Pathology since 1981 and is presently a Clinical Professor of Pathology.

He has practiced medical biochemistry at the Royal Columbian Hospital since 1980 and has been the Director of Laboratory Services at Simon Fraser Health Region and now the Fraser Health Authority since 1986. During this time he has also held a number of leadership positions in Dr. C.J. Coady Associates, a large pathology partnership providing complete pathology services to the Fraser Health Authority and to BC Biomedical Laboratories for nearly 50 years.

This however was not enough to keep Arun occupied. He has held numerous leadership positions and been on countless numbers of medicine related committees. The more significant positions are President of the Professional Association of Residents & Interns, President of the BC Society of Clinical Chemists, President of the Westminster Medical Association, President of the BC Medical Association, Chair of the Council of Health Policy & Economics, Canadian Medical Association and Co-Chair of the Guidelines and Protocol Advisory Committee, Medical Services Commission.

Still this was not enough; he has held leadership positions in many community and volunteer organizations. Some of the notable positions include: Founding Member of the Canadian Physicians with Interest in South Asia; Chair of the Board of Governors, BCIT; Member of the Board of Governors, University of BC; and Co-Chair, Simon Fraser University Presidents’ Advisory Committee on India.

In recognition of his commitment and achievements he has received several prestigious awards including the 2008 Distinguished Visiting Scholar award from the Government of India, the first Canadian to receive this award, the BC Medical Association Silver Medal of Service and the UBC Medical Alumni Silver Anniversary Award, Class of 1977.

During these busy years Arun has practiced at the top of his medical specialty, essentially full time and been able to present and publish on various topics.

In spite of these activities he has managed to stay married and raise one adult son.

Even after knowing and working with Arun for so long, reviewing Arun’s CV, was both inspiring and exhausting. I can think of no one more deserving of the Wallace Wilson Award.

Presented by Jim Cupples, MD ’81
01 | Honourary Alumna – Roberta Ongley

Dr. Roberta Ongley was born and raised in Toronto. She originally gave thought to a career in Law as her father was a lawyer, but did not think he was too enthusiastic about “Ongley and Daughter” on the office door. So she opted for Medicine, graduating from the University of Toronto in 1967. She decided on an internship in Vancouver for two reasons; she had never been here and VGH was the best paid internship in the country at $400.00 per month. During this year, Roberta decided to stay in Vancouver and also became interested in Dermatology. After a year as a resident in general medicine and one in pathology, she entered the dermatology residency, receiving her FRCPC in 1972. She then became a teaching fellow and joined Dr. Bill Stewart in practice. Shortly after they moved into university space near VGH and established the official Division of Dermatology, with teaching practices, expansion of the residency program and an attempt to increase undergraduate exposure to dermatology, although for some years this was more successful in Pharmacy than Medicine.

During her residency Roberta had two special mentors. Dr. Bill Stewart guided her into teaching and research. Her favourite part of teaching was the office preceptorship program, although lecturing was a close second. As well as lectures to students, she has been a presenter at many meetings and has been a visiting lecturer. She has authored or co-authored 28 journal publications and edited, authored and narrated a video collection in Dermatology. Her area of special interest in dermatology is immunofluorescence microscopy. At the time of her retirement she was a Clinical Associate Professor and was a consultant at VGH, BCCA and GF Strong Rehab Centre.

The second mentor was Dr. Peggy Johnson, who awakened Roberta’s political interests, which started by getting her involved with the local Branch of the Federation of Medical Women of Canada, then onto the National organization as the representative to the CMA General Council. BCMA was next, starting as a member of the Board as a delegate and then on the Executive as Hon. Secretary-Treasurer followed by Chair of the General Assembly. Next was the presidency of the Vancouver Medical Association and the Pacific Northwest Dermatology Society. Several years were spent on the Medical Advisory Board of the GF Strong Rehab Centre, and many other organizations and committees.

Awards have also come her way, including the Vancouver Medical Association’s Primus Inter Pares Award in 1989, the Canadian Dermatology Association Award of Merit in 2007 and the CMA Honourary Membership in 2008. It is my privilege and pleasure to present Dr. Roberta Ongley as an Honourary Alumna.

Presented by Beverley Tamboline, MD ’60

02 | Honourary Alumnus – Gavin Stuart

Dr. Gavin Stuart was appointed as the Dean of the Faculty of Medicine, University of British Columbia, in September 2003.

A native of Manitoba, he attended the University of Western Ontario for his undergraduate medical and postgraduate training in obstetrics and gynecology. This was followed by a Fellowship in Gynecological Oncology at Wayne State University in Detroit.

Dr. Stuart was Director of the Department of Gynecology at the Tom Baker Cancer Centre in Calgary for 10 years. He went on to become Professor and Head of the Department of Oncology and Professor in the Department of Obstetrics and Gynecology at the University of Calgary and Director of the Tom Baker Cancer Centre for 12 years. He was also appointed as Vice-President of the Alberta Cancer Board.

His clinical research interests and publications have been in the area of gynecologic cancer, including population-based screening programs and the conduct of clinical trials as therapeutic interventions in gynecologic cancer.

He is currently the Chair for the Gynecology Site Committee of the National Cancer Institute of Canada (NCIC) Clinical Trials Group. Having been active for many years in the design and implementation of a number of major international intergroup trials in ovarian cancer he is the Chair-elect of the Gynecologic Cancer Intergroup (an international collaboration for clinical trials).

Dr. Stuart has been active in leadership roles in many national and US committees on medical education, health human resource planning and evidence-based guideline development. In his current role, he continues to function as a Gynecological Oncologist and a member of the team at the Vancouver Hospital and BC Cancer Agency, Vancouver. He has received both an FRCS and an FACOG.

He enjoys woodworking, running regularly and remains actively involved in alpine ski racing. Dr. Stuart and his wife Janet have three young adult children.

From the presentation by Jim Lane, MD ’73
SILVER ANNIVERSARY AWARD —
ROMAYNE GALLAGHER, MD ’84

I am writing this to celebrate my friend and colleague—Romayne Gallagher—on her winning the 25th year Medical Alumni award for the class of 1984.
Romayne has inspired me with her wit and energy since medical school. Through her work as a palliative care physician, she has become a well known authority provincially and nationally on pain management, and end of life care. She has fought for appropriate resources for people needing palliative care and has served her family physician and interdisciplinary team colleagues through teaching, consultation, and writing about issues related to palliative care.

One of the things I have found most inspiring about her is the way she lives out her values. Romayne has always been brave in dealing with issues that are controversial. Sometimes this has meant talking with her feet, and looking toward new challenges and opportunities for growth. My relationship with Romayne (both personal and professional) has been rekindled since she moved into a leadership role within the Elder Care and Palliative Care Programs at Providence Health Care. There, she has begun to teach us about a palliative approach to residential care, has generated powerful arguments regarding disparities of end of life funding between the young in hospice and the old in residential care, and has helped elders in residential care receive appropriate pain management. She models the best of interprofessional collaborative care for her patients.

Romayne is a clinical professor with the department of Family Practice at the University of British Columbia. She has published numerous papers and book chapters relating to Palliative Care and Pain Management. She has received recognition as Family Physician of the year in British Columbia. In addition, Romayne has been a committed wife and mother to two amazing children, as well as caring for a beautiful garden at her home in Vancouver.

Romayne is always supportive and encouraging, yet is not afraid to “call a spade a spade.” We need more physicians like her in this province. I, for one, would be thrilled if we could clone her knowledge, energy, commitment, intelligence, and wit and spread it throughout British Columbia. Our health care system would be much the better for it. Hats off to you Romayne!

Presented by Elisabeth Drance, MD ’84

03 | Honourary Alumna – Nancy Thompson

Nancy Thompson has provided a welcoming presence at the William A. Webber Medical Student and Alumni Centre for nearly a decade. Her warm personality combined with enormous energy and care and attention to the Centre have created a home like environment for the many students and others that use the facility. Nancy is attentive to ensuring that each person that uses the MSAC has a rewarding experience.

When required, Nancy not only supervised the MSAC facility, but also provided secretarial and other support for the Medical Alumni Association, in effect doing two jobs! With the doubling of the enrollment in the Faculty of Medicine, Nancy now not only supervises the MSAC but also enables students to conduct video cast presentations throughout our distributed sites provincially.

In sum, Nancy Thompson is an amazing person who adds immeasurably to the rich social and recreational life of the Faculty of Medicine students and alumni. It is my very great pleasure to present the Honourary Alumna Award for 2009 to Nancy Thompson.

Presented by David F. Hardwick, MD ’57
What words come to mind when you think of Olympic athletes? When describing their Olympic experience, some UBC Faculty of Medicine alumni used the words “goals,” “focus” and “team.”

On the road to the Olympic Games, goal-setting is part of the training, whether it’s achieving a personal best time, mastering a difficult move, or advancing to the final rounds of a tournament. Lise Leveille, MD ’09 noted that the “Olympics don’t define who you are—you are more than one competition.”

Along the way, there are some unique moments that only come with the Olympics. Dr. Leveille, remembering entering the Opening Ceremonies with the Canadian Team, described it as “surreal.” One would think winning a gold medal at the Olympics would come with many emotions, but Hugh Fisher, MD ’88 simply remembers feeling an overriding sense of relief.

What brings these athletes together is being part of a team, whether it was Pat McGeer, MD ’58 and Bill Bell, MD ’54, who were members of Canada’s 1948 Olympic basketball squad, or those in individual sports who took pride in being part of the larger Canadian team.

For some, “team” has expanded to “community” as they have shared their knowledge, skills, and passion for sport with successive generations. Doug Clement, MD ’59 has been a coach, mentor, and community activist for the benefits of sport across all ages. Hugh Fisher, MD ’88 has coached and initiated dragon boat racing programs in his community.

For some, a commitment to athletics has continued into specialization in Sports Medicine, such as Doug Clement, MD ’59 and Bill Mackie, MD ’76. When asked if his Olympic experience impacted him professionally, Dr. Mackie noted that it instilled in him a high level of discipline, a continued interest in Sports Medicine, and a willingness to take responsibility. Dr. Leveille credits her athletic experience with her sense of perseverance, the importance of teamwork, and being able to perform under pressure, all of which will serve her well in her Orthopedics Residency.

No matter which area of medicine these Olympians have pursued, they all have a unique knowledge and skill set that, thankfully, they are willing to share. UBC is fortunate to have so many outstanding alumni within the Faculty of Medicine with so many varied accomplishments, and with this article wanted to recognize and applaud these Olympic alumni. You are extraordinary!

*These were the Faculty of Medicine alumni that we were able to research online. If you or a fellow alumnus/a you know was an Olympic athlete, please let us know by emailing Anne Campbell at anne.campbell@ubc.ca.
ALUMNI AWARDS, ACHIEVEMENTS, ACTIVITIES

Heidi Oetter, MD '85 was appointed Registrar of the College of Physicians and Surgeons of BC, 1 Nov, 2008, and is the first woman to hold this position.

Roy Innes, MD '64 retired and residing on Gabriola Island, has authored 2 mystery novels, “Murder in the Monashees” and “West End Murders.”

Doug Clement, MD '59 is Chair of the Board of the Heart and Stroke Foundation, BC and Yukon Division.

Dr. Don Rix (Hon.) received the 2008 Outstanding Philanthropist, Association of Fundraising Professionals Award.

On Feb, 8, 2009, Colin Bullock, MD '05, a family physician in Prince George, earned the men’s overall title at the Prince George Citizen Iceman competition. To do so he skied 8 km, ran 10 km, skied 5 km and then swam 800 m, finishing 32 minutes ahead of the nearest competitor.

Matthew Dickson, MD '02 currently an ENT Fellow at Cincinnati Children's Hospital, and his wife have designed a website to help moving medical students, residents and fellows. This was born out of their experience moving from BC to Ohio; they hope it will make moves easier for colleagues. To view go to www.MovingDocs.com.

Robert Meek, MD '68 was a 2009 recipient of the Faculty of Medicine Career Award for Excellence in Clinical Teaching. This award is presented to long-time clinical faculty members who have maintained a reputation for excellence in clinical teaching throughout their careers.

Andrea Chapman, MD '97 was a 2009 recipient of the Faculty of Medicine Clinical Faculty Award for Excellence in Teaching. This award recognizes the essential role clinical faculty plays in enabling students and residents to develop clinical skills and to integrate and translate prior classroom and textbook learning into effective health care.

At the BCMA 2009 Annual Awards Ceremony, Morris Vanandel, MD '68 received the Dr. David M. Bachop Gold Medal for Distinguished Medical Service and Larry Collins, MD '68 was a recipient of the BCMA Silver Medal of Service, the Association’s highest honour. CMA Honourary Membership was conferred on Graham Clay, MD '56, Daniel Froese, MD '57, Felix Durity, MD '63 and Steven Treadwell, MD '66.

Ian Gillespie, MD '71 was installed as BCMA President Elect. Bill Mackie, MD '76 is the Immediate Past President. Dr. Lorna Sent (Hon.) ran her first Half Marathon as a participant in the Scotiabank Group Charity Challenge at the Scotiabank Vancouver Half Marathon. Her time goal was to do the run in less than 3 hours, which she did and her fundraising goal was $12,000, which she exceeded by $3,000! This was for 2 YWCA programs, Welcome to My Life and Boys 4 Real.

William Carpentier, MD '61 now a Texas resident who summers on Pender Island, has good reason to recall the 40th anniversary of the Apollo 11 flight in which Neil Armstrong took his famous walk. He examined the astronauts for that July '69 flight and spent the three-week post-flight quarantine with them.

John Pawlovich, MD '94 was named BC’s Family Physician of the Year by the College of Family Physicians of Canada, He and his wife, Dr. Sarah Pawlovich, practice in Fraser Lake, BC.

Richard Muir, MD '69 and Charles Scudamore, MD '75 were recipients of the College of Physicians and Surgeons of BC Award of Excellence.

Linda Warren, MD '68 is a 2009 recipient of the Order of British Columbia.
L–R: Dr. Rob Cheyne, MD ’77, Dr. Dan MacCarthy, Ms. Schulhof, and Dr. Brad Fritz, MD ’75 enjoy a break at the Meyers Norris Penny tent; Dr. Charles Slonecker (Hon.), Dr. Jim Lane, MD ’73 (President, Medical Alumni Association), Dr. Gavin Stuart (Dean, UBC Faculty of Medicine).

**MEDICAL ALUMNI ASSOCIATION GOLF TOURNAMENT**

The weather was perfect for our 23rd annual MAA Golf Tournament held on June 18, 2009 at Fraserview Golf Course. We spent the afternoon connecting with friends, colleagues, former classmates, and teachers. Between laughing and conversations, we even managed to find time to get in some great shots on the course. And, to top it off, we raised almost $7,000 to support student programs!

After the round of golf, we enjoyed a lovely dinner together in the clubhouse before the prizes were awarded. Of special note, the inaugural Dr. Charles Slonecker prize for Team Winner of Best Ball Format was awarded to David Jones, Ryan Paley, Airm McKenzie and Jason Mould.

Special thanks to Dr. Ron Warneboldt, MD ’75 and Dr. David Jones, MD ’70 for organizing this year’s tournament. All proceeds from the golf tournament go toward the Medical Alumni Association’s support for student programs.

Next year’s tournament will be held on Thursday, June 24, 2010. For sponsorship and registration information, please contact Anne Campbell at 604 875 4111 ext. 62031 or anne.campbell@ubc.ca.

**WHAT MAKES A UBC ALUMNI ACHIEVEMENT AWARD RECIPIENT GREAT?**

What makes a UBC Alumni Achievement Award recipient great? Dedication to community service? Respect from one’s peers? Boldness? Outstanding leadership abilities? A trailblazing spirit?

An award recipient embodies all of these qualities and more. Hear the full stories of this year’s high achievers at the 15th Annual UBC Alumni Achievement Awards. Then, after being inspired by our 2009 recipients at the awards ceremony, see and be seen at the Elements of Achievement Afterparty.

Break out your business glam ensembles and don’t miss out on this modern and marquee event.

**15th Annual UBC Alumni Achievement Awards**

Tuesday, November 10, 2009, 5:30 - 10:00 pm

Life Sciences Centre, 2350 Health Sciences Mall

University of British Columbia

**TICKETS**

**SINGLE:** $110 before October 15, $120 thereafter.

**GROUP OF 10:** $900 before October 15, $1000 thereafter.

To order tickets/RSVP, go to:

[www.alumni.ubc.ca/events/awards](http://www.alumni.ubc.ca/events/awards)
MSAC REPORT: CHILDREN OF ALUMNI ENJOY MSAC

“Weepers” could take on a whole other meaning as alumni and students bring their children to MSAC.

Alumni are renting the MSAC facility for their children’s birthday parties, and organizing reunion family days at MSAC. The MSAC courtyard has seen magicians, chalk drawing, and a bounce castle. DJs play fun music to a room full of 13 year olds while parents listen to each other in the second hall. Alumni choose MSAC for parties and events that are too large for their own homes and find the facility well-designed for up to 100 guests.

The Medical Alumni Association has a yearly Membership Subscription drive in January. The membership fee of $65 gives alumni an MSAC access card good for the year, and a substantial discount on rental costs at MSAC. Class reunions, whether or not for a milestone year, receive the venue at no charge.

The MSAC facility once rented space to the public to meet initial operating costs, but it is now available only to the UBC Medicine community, with students and alumni at the top of the list.

In hopes of further advancing the MUS, UBC medical students are engaged in everything from awareness campaigns and almost forty clubs and associations under the MUS, UBC medical students are responsible for is not the only concern however.

With students in distributed sites across the province return for another year of school at UBC, the Medical Undergraduate Society (MUS) continues to strive forward to meet the unique needs and demands of its members.

While medical education often focuses on intellectual development, education is also about personal and professional development with the majority of that development taking place outside of the classroom. As such, the MUS is working to ensure that students are supported both inside and outside the classroom.

Outsiders can take a whole other meaning when students are supported both inside and outside the classroom.

Inside the classroom, the MUS is collaborating with the faculty to develop a program to record lectures on video podcasts. This program would allow students to revisit challenging and complex lectures online as often as necessary translating to a more thorough understanding of the material.

Furthermore, the MUS serves as an active contributor to the Dean’s Task Force on Curriculum Renewal in hopes of further advancing medical education at UBC. The vast breadth of knowledge that students are responsible for is not the only concern however.

With students in distributed sites across the province in Victoria, Prince George, and soon in the Okanagan, equitable representation can present a challenge. However, with the support of a creative and capable MUS council, as well as generously donated advanced video-conferencing equipment at the MSAC, barriers such as these are being broken down piece by piece.

Outside the classroom, the MUS is working to ensure that medical students are afforded a life beyond the library. With Medicine Beyond Medicine seminars, global health awareness campaigns and almost forty clubs and associations under the MUS, UBC medical students are engaged in everything from acting and activism to opera and outreach. The creativity and drive demonstrated by students has also led to new and innovative projects. One such project that will inevitably leave a lasting legacy comes in the form of the UBC Medical Journal (UBCMJ). In the spirit of like-minded initiatives at the University of Toronto and McGill, a team of over a hundred medical students have been working hard to spearhead a truly student-directed journal targeting fellow students, residents, and members of the faculty. As such, students are afforded the opportunity to participate directly within the publication process of a professional journal, an experience that will serve to foster future involvement within academic research. Ultimately the ability of students to pursue their passions outside of medicine is critical to their health and well-being and as such should be supported and encouraged by their student society.

Whether it is inside or outside the classroom, the MUS is looking forward to the academic year ahead with great optimism. On behalf of all of us at the MUS, I would like to thank the Medical Alumni Association for taking the time to read about our hopes and plans for the new year.

Wishing you all the best,

Mattias Berg
President
UBC Medical Undergraduate Society

Dear Members of the UBC Medical Alumni Association,

As hundreds of medical students across the province return for another year of school at UBC, the Medical Undergraduate Society (MUS) continues to strive forward to meet the unique needs and demands of its members. While medical education often focuses on intellectual development, education is also about personal and professional development with the majority of that development taking place outside of the classroom. As such, the MUS is working to ensure that students are supported both inside and outside the classroom.

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Wishing you all the best,

Mattias Berg
President
UBC Medical Undergraduate Society
CONGRATULATIONS TO THE CLASS OF 2009!

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

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