UBC MEDICINE

Volume 3 Number 1 Fall/Winter 2006

Take Two Aspirin® and . . .

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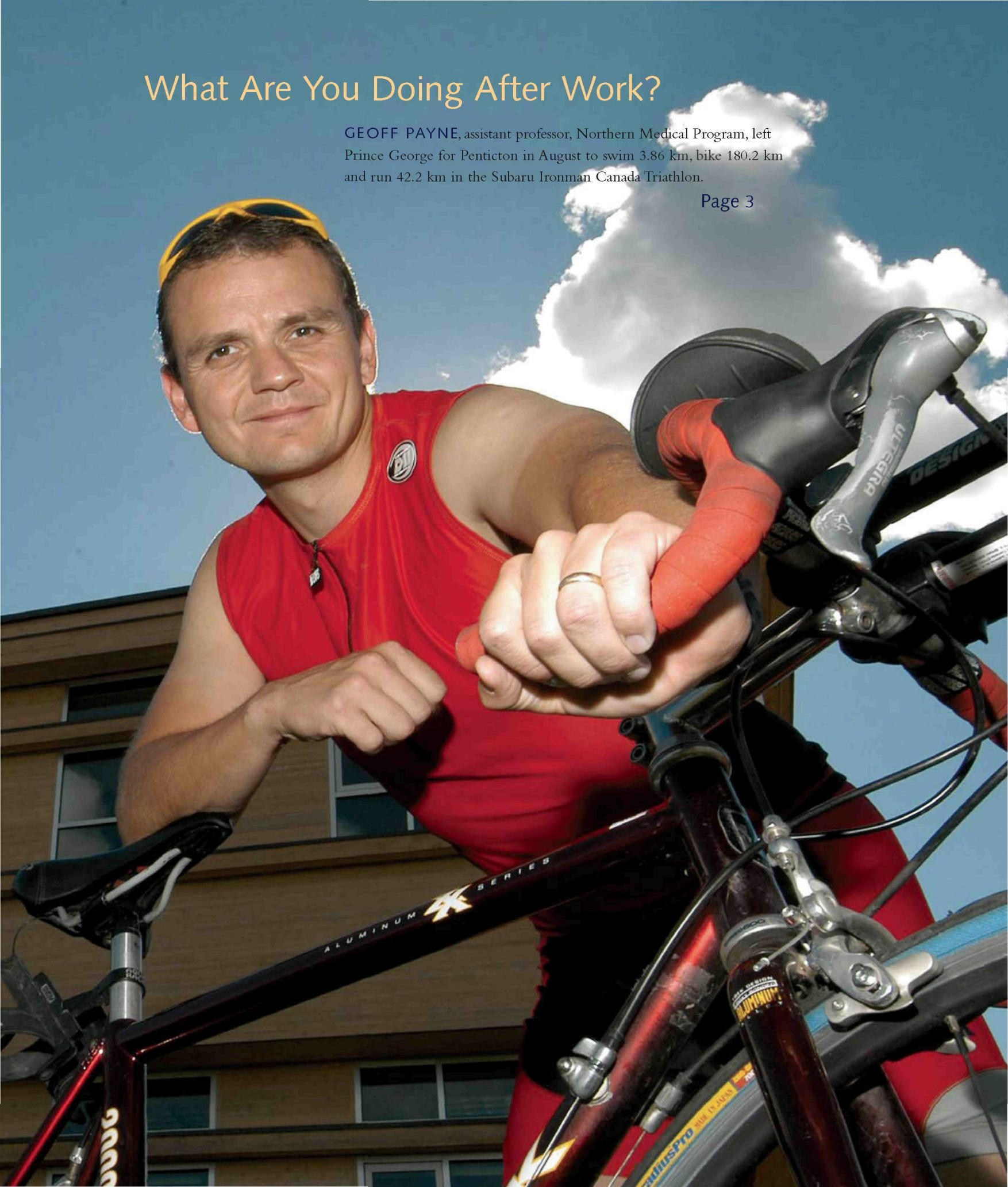
A publication of the Faculty of Medicine at the University of British Columbia

What Are You Doing After Work?



GEOFF PAYNE, assistant professor, Northern Medical Program, left Prince George for Penticton in August to swim 3.86 km, bike 180.2 km and run 42.2 km in the Subaru Ironman Canada Triathlon.

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UBC MEDICINE
is published twice a year by the Faculty of Medicine, and provides news and information about the activities of faculty members, students, staff, alumni, and friends, and their contributions to the health and well-being of people and populations locally, nationally and internationally.

Volume 3 Number 1
Fall/Winter 2006

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Correction: Photographs in Vol 2 No 2 were incorrectly attributed. The photos on page 2, 3 and 21 were taken by Trasi Jang

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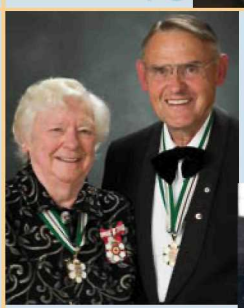
The 2006 Faculty of Medicine Lifetime Achievement Award winners are lifelong scientific visionaries, trail-blazers and risk takers—with an impressive list of "firsts" in neurodegenerative disease research. As a team, they're unbeatable—oh, and by the way, to see where it all began, take a look at that basketball score on page 14.



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Entrepreneurial ophthalmologist Dr. Stephen Drance took a chance on a new residency program in northeastern BC. Thirty-two years later, both the residents and the community they serve are still benefiting from their longstanding relationship.

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TAKING RISKS

UBC FACULTY OF MEDICINE

Vision
Through knowledge, creating health.

Mission
Together we create knowledge and advance learning that will make a vital contribution to the health of individuals and communities locally, nationally and internationally.

Commitments
Through education, research and service, UBC's Faculty of Medicine will positively and measurably influence the health of people in British Columbia, Canada and the world.

In its words, attitudes and behaviour, UBC's Faculty of Medicine will build a common identity as a single, integrated entity across British Columbia.

As a global leader in health education and research, UBC's Faculty of Medicine will be a source of pride to all its members.

We choose to advance our mission through leadership in information technology and communication.

For the full text of the Faculty's strategic plan, *Health Trek 2010*, go to "About Us" at www.med.ca and click on "Health Trek 2010."

At the end of August, I stood in front of the newly-arrived medical undergraduate Class of 2010, and talked about the journey they were about to embark on—and the wonderful professional choices that would be open to them.

For a new MD undergraduate student there are many choices. Some members of this class will be maternity care providers in Uganda. Others will be neuroscientists in an academic centre. Some will be primary care providers in the interior of British Columbia, perhaps serving the needs of the geriatric population, while still others will go on to become surgeons or translational researchers.

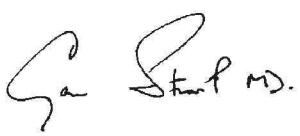
Reflecting on my comments, I realize that every one of those opportunities involves a measure of risk, and the degree to which risk-taking has become a part of our culture in the Faculty of Medicine—not just for our physicians, but for our audiologists and speech language pathologists, our midwives, our occupational and physical therapists, our public health administrators, our scientists and our researchers in 30-plus health-related programs, departments and research centres.

We expect our students, staff and faculty members to take risks, to think outside the box, to take on new challenges, and be open to experiences of every shape and description. Indeed, our people do so throughout their professional careers.

Risk taking can be exhilarating and lead to exciting new discoveries and accomplishments. It can also have negative consequences and extract a high price. Its rewards may be immediate, or frustratingly slow in arriving. In one's professional career one is constantly assessing and/or taking risks. Deciding when the risk is worth taking requires applying existing knowledge and invoking accepted practices.

I recognize that all of you in the Faculty—students, residents, staff, faculty and alumni—have high ideals, and hold yourselves to the highest standards. You are caring, committed and amazingly hard working. You take risks, accept challenges and devise out-of-the-box solutions. The determination and focus that makes that possible has served, and will serve you well throughout your professional and your personal lives.

I am extremely proud to be part of such an extraordinary team in the Faculty of Medicine.



GAVIN C.E. STUART, MD
Dean, Faculty of Medicine

WHAT ARE YOU DOING AFTER WORK?

Re-energizing on the Road—And What a Road!

GEOFF PAYNE, assistant professor in the Northern Medical Program, has degrees in Behavioural Neuroscience, Neuroscience and Cardiovascular & Renal Physiology. He did post-doctoral work at Yale—and has just begun a second master's degree in Health Care Education.

This year's winner of the NMP student-nominated Lasting Impressions award, Geoff not only teaches and mentors medical students, but spent last semester with UNBC nursing students as well.

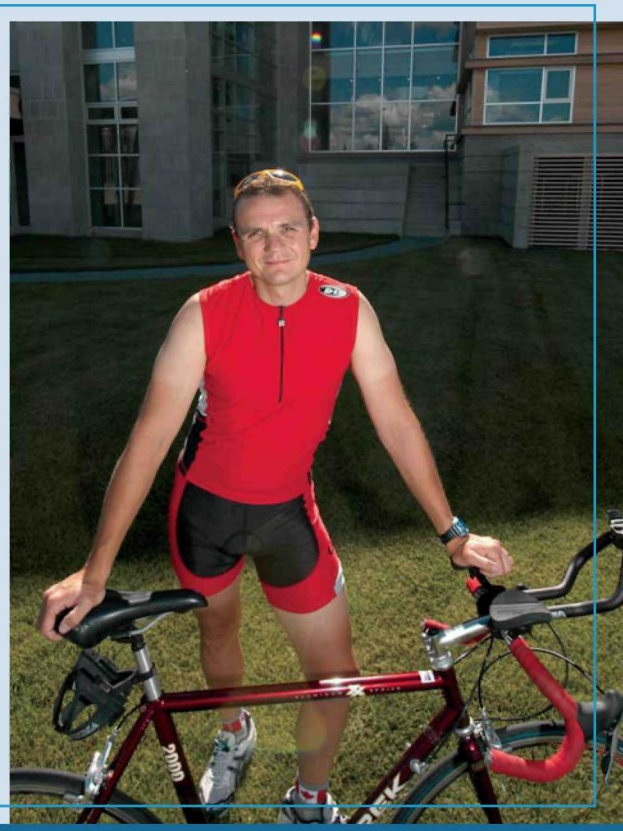
This summer he went south to Penticton to swim 3.86 km (2.4 mi.), bike 180.2 km (112 mi.) and run 42.2 km (26.2 mi.) in the Subaru Ironman Canada Triathlon.

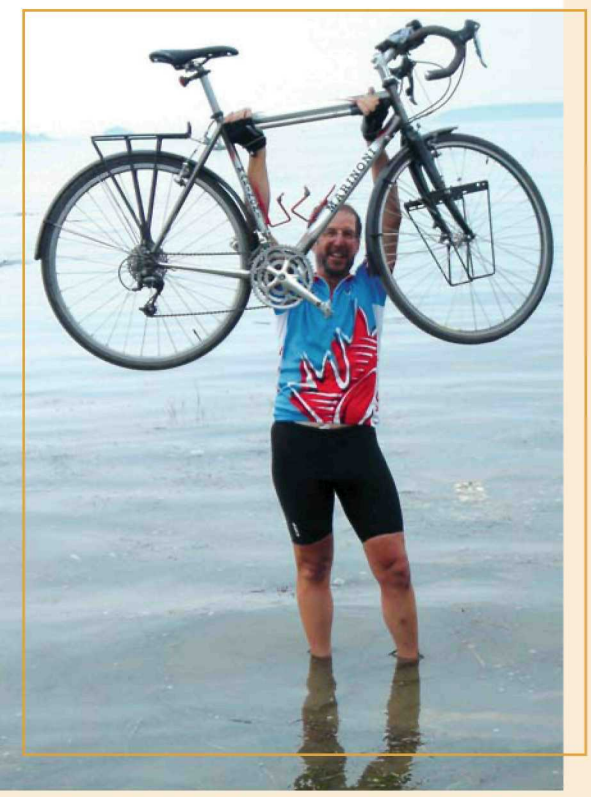
"Great swim and bike," he reports by e-mail. "On the run at just under eight hours into the race. Feeling great, wave to wife and kids and on we go. The first four miles are fine. I start to feel a little blah—but after nine hours going non-stop, blah is expected. Then over the next few miles my ability to process liquid and food begins to change.

"The wind is blowing and it's 35 degrees; man, this is tough. . . . I'm walking now and even a tiny sip of water makes me nauseous. I continue to slug it out for another two hours. At mile 11 the body says stop. I sit for a while and do the math—15 miles to go. My stomach complains bitterly and lets go of everything I've attempted to put in it. Ambulances are going crazy picking up people. One stops for me. A paramedic checks my BP (90/60) and says my day is done.

"After 11 hours of pushing my body to the nth degree, my day is cut short. An IV and some medical attention leaves only my heart feeling pain as I think of the lost moment."

He signs off with a cheerful "Will do it again in 2008."





In June this year, just outside Golden, BC, one of the cyclists in the Canadian Cystic Fibrosis Foundation's Gear Up for CF ride was hit by a truck. The driver didn't stop.

The cyclist, so angry he didn't pause to consider the gash in his leg, leapt back on to his bike in hot pursuit. He caught up with the vehicle at a stoplight.

"The driver was charged," DR. DAVID SPEERT reports, with more than a little satisfaction.

David was riding with his brother Peter, sister Ellen and brother-in-law Paul—"Their role is to keep me upright," he wrote on the event website, "and mine is to translate all conversations from Canadian to American for them." All four went on to finish the nine-day, 1,052-kilometre, Vancouver-to-Calgary ride without further incident.

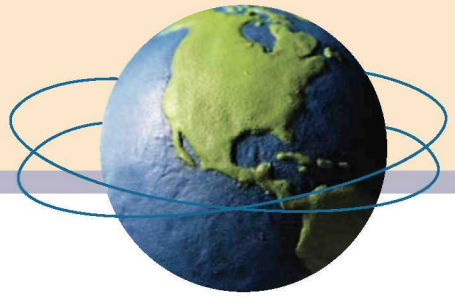
Six weeks later, the UBC Pediatrics professor rode into Minneapolis, wrapping up the second leg of a two-part, 5,426-kilometre cross-country fundraising trip. He cycled the first leg—from Minneapolis to Freeport, Maine—last year.

Riding for the Canadian CF Foundation is his way of thanking the organization for nearly three decades of research support. "My connection with CF goes back about 28 years, when I began researching bacterial infections in CF patients," he says. The funds he raises will support other researchers seeking to improve the lives of children and adults with this disease.

Not all Speert family members cycle; some choose to play a supporting role. But everyone seems to get caught up in what sister Ellen calls "the spirit of the Speert gang." They're already making plans for next year's Gear Up for CF, counting the days until June 23, 2007.

FLASH! at home & abroad

NEWS FROM THE FACULTY OF MEDICINE COMMUNITY



Women and Children First

BC's Infant Transport Team Sets the Bar High

BC's Infant Transport Team (ITT) is celebrating 30 years of dramatically reducing morbidity rates for newborn infants, for sick or injured children, and in high risk pregnancies. Medical director **Dr. Andrew Macnab**, a professor of Pediatrics in the Faculty, has been a member of the team since ITT first began.

Responding to over 2,000 calls per year, advanced life support (ALS) paramedics—who have the specialized training required to escort and care for these patients—transport critically ill or injured women and children to hospital, and repatriate them following treatment. Physicians at the Children's & Women's Health Centre of BC coordinate each call and oversee the medical attention—delegated to the paramedic at the scene—that each patient requires.

BC's transport program is internationally renowned for its research on safe transport. Macnab, who leads the research province-wide, notes, "BC has set standards of care worldwide. ITT provides guidelines and training models for transport teams in the UK, US and for the Flying Doctors of Kenya."

Death Channel Secret Revealed

Key Discovery in Reducing Stroke Impact

Members of the UBC Brain Research Centre have found a new stroke "death channel"—the conduit through which key chemicals flow out of brain cells, leading to the rapid cell death that disables stroke victims.

Roger Thomson, a UBC Psychiatry post-doctoral fellow, made the discovery in animal models, along with graduate student **Ning Zhou** and Psychiatry professor **Brian MacVicar**. "We've known for 40 years about chemicals flowing out of cells after stroke," Thompson said, "but nobody knew the exact process. So we went looking for the death channel. And we found it."

The researchers discovered that cell membranes were disrupted at the site of gap junction hemichannels. Gap junctions, composed of two hemichannels that bridge the intercellular space, allow molecules and ions to flow between cells. During a stroke, hemichannels can form outside the junction and leak chemicals.

The next step in the investigation will be to determine the cause of the hemichannel malfunction. Therapies for stroke patients may be available within five to 10 years.

Dramatic Genetic Discovery

Family Makes Pre-emptive Strike Against Gastric Cancer

Genetic pathologist **Prof. David Huntsman** has been in the national and international news recently for finding a genetic mutation in a large US family—a discovery that led to 11 cousins having their stomachs removed to avoid a fatal type of stomach cancer. Instead of living in fear when genetic testing revealed a 70 percent chance of developing the rare hereditary cancer, Huntsman reports, "they tackled their genetic destiny head-on."

"What I was expecting was to meet people who were feeling life was pretty lousy but were grateful they weren't going to get stomach cancer," he said in a *Globe and Mail* profile this summer. "And what was a really pleasant surprise was to meet 11 people who are really enjoying life and who are now looking forward to growing old."

Cure for Huntington Disease is Closer Than We Think

Cure for Disease in Mice Means Hope for Humans

Dr. Michael Hayden and his colleagues at UBC's Centre for Molecular Medicine and Therapeutics have provided groundbreaking evidence of a cure for Huntington's disease (HD) in mice.

Hayden found that by preventing a deadly cleavage of the mutant huntingtin protein responsible for HD in a mouse model, the degenerative symptoms underlying the illness do not appear and the mouse displays normal brain function.

Hayden's team is now testing this model of prevention in a mouse, using drug inhibitors, with the ultimate goal of moving to humans. Currently, there is no treatment to delay or prevent HD in humans.

Dr. Hayden is director and senior scientist at the Centre for Molecular Medicine and Therapeutics and holds a Canada Research Chair in Human Genetics and Molecular Medicine.

Authentic Happiness

Exploring the Relationship Between Happiness and Health

His Holiness the Dalai Lama was in Vancouver in September to inaugurate his new Center for Peace and Education and give keynote addresses at the Vancouver Dialogues 2006, the first in a regular series of talks to be hosted by the centre.

The third Dialogues session, *Happiness and Stress as Determinants of Mental Health*, was presented in partnership with the Faculty's Institute of Mental Health—also very recently established. Institute head and department of Psychiatry professor **Anthony Phillips** moderated the two-part discussion. On the platform with the Dalai Lama were distinguished researchers from McGill and the Universities of California and Illinois, Deepak Chopra and Psychiatry professor **Allan Young**, associate head of the Institute of Mental Health and holder of the BC Leadership Chair in Depression at UBC.

UBC president **Prof. Stephen Toope** gave the opening remarks. "It's unfortunate that the pursuit of happiness gets such short shrift in our society," he said. "We North Americans are incredibly accomplished at treating sickness, but we are underfunded, underequipped and underachieving when it comes to promoting public health . . . We are here today with some of the foremost experts in the world to expand our understanding of happiness. That gives me hope."

To see the webcast of the session, click on "Multimedia" at www.dalailamacenter.org.

Major Dementia Discovery

International Team Led by Faculty Researchers

UBC researchers **Prof. Ian Mackenzie** (Pathology & Laboratory Medicine) and **Prof. Howard Feldman** (head, division of Neurology) have discovered the genetic cause of an inherited form of frontotemporal dementia (FTD)—the second most common type of dementia in those under the age of 65.

Working with colleagues at the Mayo Clinic in the US, the scientists identified mutations in the progranulin gene that result in the underproduction of progranulin protein, an essential growth factor for nerve cell survival.

"The discovery is particularly exciting because the way these mutations cause dementia was quite unsuspected. It opens the door to new possibilities for treatment," says Mackenzie. There is currently no treatment for the disease, which affects both men and women and causes devastating language impairment and serious changes in behaviour. Expected lifespan after diagnosis is five to 10 years.

Feldman adds that the investigation process is an excellent example of clinicians, neuroscience researchers and geneticists working together to accelerate new findings.

The research team will now develop screening tests for families with FTD, explore genetic and non-genetic therapies, and determine if the gene plays a role in more common degenerative diseases such as other forms of dementia and amyotrophic lateral sclerosis (ALS).

Their findings were published online in *Nature* in July 2006.

UBC Prof Alerted World to Auschwitz Atrocities

Dr. Rudolf Vrba, UBC professor emeritus, department of Pharmacology & Therapeutics, passed away March 27, 2006, at the age of 82. Vrba was a prisoner of Auschwitz concentration camp from 1942 until his escape in April 1944, when he alerted the world to the atrocities there.

He was one of only five Jews known to have escaped the camp. Vrba and his fellow escaper, Alfred Wetzler, wrote a report that became known as the Auschwitz Protocols—considered one of the key documents of the 20th century.

The Times of London
"Witness to Auschwitz horror dies at 82: Rudolf Vrba escaped the gas chambers to tell the world of the Nazi genocide"
April 1, 2006

The New York Times
"Rudolf Vrba, 81, Auschwitz Witness, Dies"
April 7, 2006

The Globe and Mail
"When Rudolf Vrba fled Auschwitz in the spring of 1944, he made what may have been the most monumental escape of all time, slipping past Nazi guards and attack dogs that were trained to rip prisoners to pieces."
March 31, 2006

Going Wireless

High-Tech for Hearts

A patient in the Heart Centre at St. Paul's Hospital was the first in Canada to receive a *wireless* implantable cardiac defibrillator (ICD) early this summer. Cardiologist and clinical faculty member **Dr. Stanley Tung** and his team implanted the high-tech device.

Dr. Tung and recipient John Sieffert (left) examine the latest technology, which offers many advantages over the previous generation of implantable defibrillators—from efficiencies in the operating room to new ways of monitoring patient health and disease progression.

Initially, ICDs were only implanted in patients who had survived a previous cardiac arrest, to prevent a recurrence. However, in recent years research has shown that, for some patients who are diagnosed with heart disease and poor heart function, ICDs can be used prophylactically to prevent a first cardiac arrest.

A Radical New Prevention Strategy

Creating a Chemical Quarantine Around the HIV Virus

"A bold and strategic shift in the way HIV drugs are used could reduce the global prevalence of the virus 70-fold," the *Globe and Mail* reported in an article on the international prevention strategy proposed by **Dr. Julio Montaner** and his team at the BC Centre for Excellence in HIV/AIDS.

Treating everyone infected with HIV could create a chemical quarantine around the virus, the UBC researchers hypothesized in a special issue of *The Lancet* dedicated to HIV/AIDS. The upfront expense of providing universal treatment would be more than offset by savings from not having to treat new infections.

"[We] could move into an area where [we not only] treat because the patient needs it, but also because it's good for society," Montaner told the *Globe*. He presented the team's findings at the plenary session of the international AIDS conference in Toronto in August.

Down Syndrome and Alzheimer's Under the Microscope

Revolutionizing What We Know About Alzheimer's

Psychiatry professor **Weihong Song** is turning previous ideas about Alzheimer's disease in Down Syndrome (DS) patients upside down.

Song and his team discovered that an accumulation of a gene product, called beta-site APP cleaving enzyme 1 (BACE1), is the molecular mechanism that produces the Alzheimer's disease symptoms which affect virtually all people with DS in middle age.

At the same time, the scientists also found that another gene product, BACE2, previously thought to stimulate production of the characteristic Alzheimer's plaques, actually has the potential to treat the disease. "We now realize that if we stimulate production of BACE2, we may ultimately reverse plaque formation and have a new therapy for preventing Alzheimer's symptoms," says Song.

Song is the Jack Brown and Family Professor in Alzheimer's Disease at UBC and holds a Canada Research Chair in Alzheimer's Disease. The findings were published recently in two papers in the *Federation of American Societies for Experimental Biology (FASEB) Journal.*

the LIST

Order of Canada
B. Brett Finlay, professor, departments of Biochemistry & Molecular Biology (Faculty of Medicine) and Microbiology & Immunology (Faculty of Science)

Dr. Harvey Thommasen, clinical assistant professor, department of Family Medicine, Prince George

Order of British Columbia
Dr. Wallace B. Chung, professor emeritus, department of Surgery

Dr. S. Larry Goldenberg, professor and head, department of Urologic Sciences

Royal Society of Canada
Dr. Clyde Hertzman, professor and director, Human Early Learning Partnership

Natalie Strynadka, professor, department of Biochemistry & Molecular Biology

Dr. Yu-Tian Wang, professor, department of Medicine

3M Health Care Quality Team Award
For their innovative sepsis-prevention protocol: the multidisciplinary team from the emergency department and the intensive care unit at St. Paul's Hospital, which included Faculty members **Drs. Kirk Hollohan**, **Peter Dodek**, **Rob Stenstrom**, **Grant Innes**, and executive sponsor **Jeremy Etherington**

UBC Killam Teaching Prize
Ross MacGillivray, professor, department of Biochemistry & Molecular Biology, and director, Centre for Blood Research

A. Wayne Vogl, professor, department of Cellular & Physiological Sciences

Carol Park, senior instructor, department of Pathology & Laboratory Medicine, and coordinator, Medical Laboratory Science program

Faculty of Medicine Awards

Lifetime Achievement Award
Drs. Patrick and Edith McGeer, professors emeriti, department of Psychiatry

Career Award in Clinical Teaching
Dr. Richard Loomer, clinical professor, department of Orthopaedics

Dr. John Masterson, clinical professor, department of Surgery

Clinical Excellence in Teaching Award
Dr. Nazira Chatur, clinical instructor, department of Medicine

Tyler Dumont, clinical instructor, school of Rehabilitation Sciences

Dr. Leslie Ann Sadownik, assistant professor, department of Obstetrics & Gynaecology

Applegarth Staff Service Award
Darcie Prosser, coordinator, reviews and searches, Faculty Affairs, Dean's Office

Sabrina Cheng, administrator, department of Biochemistry & Molecular Biology

Elected to International Office
Dr. Julio Montaner, professor, department of Medicine and director, BC Centre for Excellence in HIV/AIDS, as president-elect of the International AIDS Society

Dr. Dorothy Shaw, senior associate dean, Faculty Affairs, and clinical professor, Obstetrics & Gynaecology and Medical Genetics, as the first woman president of the International Federation of Gynecology and Obstetrics

MAPPING THE LEGACY OF TEACHING

In the same way geneticists or molecular biologists trace the history of disease by gene mapping and linkage, DR. PETER BLAIR, clinical associate professor in the department of Surgery, traces the legacy of teaching.

I come from a family of teachers. There are teachers in all six Canadian generations of our family—and quite by accident, and without any training, I have become a teacher myself. My family tradition and my own experience have imbued me with the importance of teaching—not just in surgery or medicine or family practice; not just about the clinical signs of appendicitis, the technique of cholecystectomy or the treatment of hypertension—but teaching in the global, holistic sense. Teaching is the fabric that weaves through our society, shapes its values and determines the course of civilization. Teaching gives us an opportunity to leave behind a strong legacy—one that will spread in ever widening circles through the years and through subsequent generations.

We have all had memorable teachers. Bruce Tovee, a staff surgeon at Toronto General Hospital, is one of several I've had. After his training, he went to Chicago as a fellow in Lester Dragstedt's lab. The son of Swedish immigrants, Lester Dragstedt (1893–1975) was one of the great figures in American medicine. A physiologist, a scientist and a surgeon, he was one of the founders of the research tradition in our profession—and a great teacher.

During our time together, Bruce Tovee often quoted Dragstedt. How much was Bruce Tovee, the surgeon, the teacher and the individual, altered by working with such a great man? How much was I in turn affected by Tovee—and how much by Dragstedt?

And who taught Dragstedt? Other great masters, including Hartmann in Paris, DeQuervain in Berne and Polya in Budapest.

So we can construct a genealogy of our teachers—a family tree, if you will. Just as geneticists and molecular biologists can trace the history of disease by gene mapping and linkage, we can trace the legacy of teaching. The further back we go, the greater the mixing and redistribution of the teaching pool. If we were able to identify a "genetic marker" for teaching, we would no doubt find that all of us have been taught by Hippocrates.

And what about the greater world beyond the bedside, the operating room or seminar room? Many of you no doubt coached your child's sports team—helped them learn to dribble and pass the ball, slide into base or perform a slapshot. But, of course, you taught them much more than basic sports skills. You taught them patience, kindness, tolerance, and understanding. These lessons will benefit them as much as, or more than, the skills they acquired.

The influential and memorable teacher also passes on knowledge and wisdom through his or her behaviour. The great clinician and teacher Sir William Osler wrote: "In the teacher I have always valued the message of the life above the message of the pen."

The opportunity to teach is a privilege whether you are teaching medical students, residents or a little league baseball team. The knowledge and wisdom you possess was passed down through generations, just as some part of your own teaching will be. In *The Education of Henry Adams*, published in 1907, Henry Brooks Adams said it this way: "A teacher affects eternity; he can never tell where his influence stops."

Abridged from a speech to the Westminster Medical Association's spring 2006 meeting. An earlier version of this speech, to the North Pacific Surgical Association, was published in the American Journal of Surgery *in May of this year.*

LESLEY BAINBRIDGE

Passionate Advocate for Interprofessional Education

by Erin Creak

Working as a physical therapist in geriatric care at UBC's Purdy Pavilion in the mid-1980s was an eye opening experience for Lesley Bainbridge. For the first time in her career she was part of a team approach to patient care. Psychologists, nurses, physicians, physical therapists, and others actively helped one another contribute to the elderly residents' well-being. This initial exposure to shared learning and interprofessional teamwork would shape the next 20 years of Bainbridge's professional life.

Fast forward to 2006 and it is no surprise that Bainbridge is the recently appointed director of Interprofessional Education (IPE) in the Faculty of Medicine, following a three-year term as interim director of the Faculty's school of Rehabilitation Sciences. She is also heavily involved with Health Canada IPE initiatives—and serves as the associate principal of the College of Health Disciplines at UBC.

With a background in education as well as physical therapy, Bainbridge is an ardent supporter of the learning that occurs when professionals pool resources and share expertise. She talks enthusiastically about the improvements in patient care and the benefits to patients that are the well-documented results of collaborative practice.

First discussed in the 1960s, IPE has only recently been at the forefront of pedagogical agendas. Definitions vary, but the emphasis on shared learning is universal. According to the UK Centre for the Advancement of Interprofessional Education, "interprofessional education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care." Bainbridge characterizes IPE as "teaching students and practitioners in health and human services how to work together."

Adept at bringing professionals together, Bainbridge is a natural fit as the Faculty's interprofessional education ambassador. One of the many activities she plans to undertake in her new role is identifying interprofessional learning objectives and outcomes for the current undergraduate medical curriculum. She is also playing a key part in constructing IPE learning objectives, learning activities and evaluation metrics for the upcoming revisions to the fourth year of the medical program.

Associate dean of Curriculum Angela Towle notes: "We're fortunate that Lesley will be coordinating this piece of the curriculum for us—building on what we are already doing and helping to create new learning opportunities for students. At a personal level, I've worked with Lesley on several projects—she's got tons of enthusiasm and energy and great ideas."

One such great idea is Bainbridge's work with UBC Health Clinic director Dr. Christie Newton. Over the past year the two, along with medical student Kyle Merritt, have been developing a model for "problem-based learning (PBL) in action," or "clinical PBL." This model uses real patients—rather than "paper" cases or actors playing the part of patients—and incorporates an interprofessional team format.

It should be no surprise that Bainbridge's personal life is just as busy as her professional one. When not travelling for work, she splits her time between Vancouver and her six-acre farm in Victoria: home to two dogs, four cats, four horses, and "one menopausal chicken."

Bainbridge is planning a future hot-air balloon trip over the Serengeti and is actively trying to improve her golf game—or at least come a bit closer to par. In her "spare time," she is completing an interdisciplinary doctoral degree with a focus on interprofessional education and collaborative practice.

Two things about Lesley Bainbridge are unmistakable: not only does she believe strongly in the fundamental IPE concept of shared learning and in continuous, lifelong learning, but she practises what she preaches. Bainbridge is delighted that the Faculty of Medicine has made IPE an integral part of its strategic plan—and the Faculty will definitely benefit from having her as part of its team.

COFFEE HOT SHOTS

by Tim Carlson

John Chen jokes that, as caffeine-dependent PhD students in the Faculty of Medicine, he and Heather Heine calculated it would be a money-saving proposition to open their own café.

They insist that the newly opened Boulevard Coffee Roasting Company is a fine complement to their medical enterprises and to their lives as part of the UBC community—as opposed to a time management nightmare threatening to topple an already heavy workload.

"I always like to have ten things on the go," says Chen, whose research in the Experimental Medicine Program under Drs. Steinbrecker and Duronio focuses on heart disease. "I've been a professional photographer for the last six years, and I also consult for the biotech industry on a freelance basis. All these pursuits require creative thinking and deductive reasoning. I think exercising the mind in one field makes me better in the other areas as well."

Heine explores the potential for bone marrow stem cells to regenerate damaged vascular tissues for her PhD thesis, under the guidance of Dr. Bruce McManus and Dr. Thomas Podor at the iCAPTURE Centre. She is one of only two students annually accepted into UBC's combined MD/PhD program. For her, gaining hands-on business management skills will be an essential element in a career that she sees encompassing three environments: the research lab, medical practice and the corporate boardroom.

During a co-op stint at QLT Inc. in 2001 (where she met Chen), Heine was inspired by former QLT CEO Dr. Julia Levy, a researcher who bridged the gap between academia and industry.

"I wanted to do the MD program so I that I could work with patients and the PhD so I could to focus on research," she says. "I ultimately hope to bring stem cell therapy to

the public in some form and that will require working with a biotech company. I look at the way my supervisors run their labs and there are many business themes in terms of management and dealing with other issues. I see running The Boulevard as training in those areas. That's why it makes sense to be doing all three of these things."

The clean white design of The Boulevard's café might be described as antiseptic if weren't so stylishly contemporary (Heine and Chen were the driving forces behind the design). This room has breathing space—socially inviting, but also a good environment to open up the laptop and get to work. The café opened this past summer in the new David Strangway Faculty of Dentistry building on University Boulevard.

Not surprisingly, the partners are dedicated to a business philosophy that puts environmental and community health into action in numerous ways.

Two large colour prints of Victoria Falls in Africa, taken by Chen when he took part in a Habitat for Humanity project in Zambia last year, hang near the entrance. Proceeds from the sale will go to charity. The room is energized with bright abstracts by painter Gabe Daly, an Emily Carr Institute student, who will collect the entire price on the sale of the pieces. The Boulevard acts as a commission-free gallery for student work. With the exception of the manager, The Boulevard Coffee Roasting Company is student owned and operated.

Soon to be introduced are electronic club cards that give patrons a 10 percent break on purchases, as well as a 10 percent donation to the UBC club of their choice.

Organic, fair trade (the farmers are guaranteed a fair price) coffee is on the menu, and the operators are also looking to source shade-grown beans (produced in an environmentally friendly manner). This would give the coffee "triple certification" by industry standards.

"I remember speaking to [former UBC president] Martha Piper after one of her talks," says Heine. "She said, 'Oh, you two are opening the café! That's global citizenship. That's precisely what we should be doing here.'"

The financial sustainability and growth of the operation is on the partners' minds as well. A state-of-the-art coffee roaster stands just inside the door. This is the key to not only the freshest brews in-house, but also to future potential for creating and selling custom roasts to outside clients such as hotels. "A green bean is a fraction of the cost of a roasted bean," explains Heine. "The wholesale side of this business can be very good."

Although they have followed parallel tracks since meeting at QLT, Chen, 30, and Heine, 27, have very different backgrounds. The daughter of a teacher specializing in First Nations education, Heine was born in Vanderhoof and lived in a dozen different communities ranging from UBC to Bella Bella to Takla Landing to Surrey. She was the first to graduate from the joint UBC-BCIT Bachelor of Science in Biotechnology program. Chen was born in Hong Kong, but largely raised in Richmond, with the exception of a high school year at an international school in Indonesia. He earned a biochemistry degree from Simon Fraser University.

The idea for The Boulevard was born in a brief moment of whimsy, but became serious business very quickly.

In the spring of 2004, just as she and Chen were about to finish their exams, Heine happened to strike up a conversation with a woman who ran a Blenz franchise—and grilled her for the secrets of success. Later the same day she floated the idea with Chen, who had long yearned to open a restaurant. Chen mulled it over for a few days, then signed on.

"I had lived in UBC residences for four-and-a-half years and knew about the university town development, so I just fired an e-mail to info@ubc, asking if there were any potential retail spaces available," says Heine. The e-mail wormed its way through cyberspace and a few weeks later she received a request for a business plan from Bentall Realty.

At about the same time, the Specialty Coffee Association of America held a conference in Vancouver. "This was just a week after my med school final exams, so we had the time," she says. "We paid to go and took courses—like eight hours of latte training."

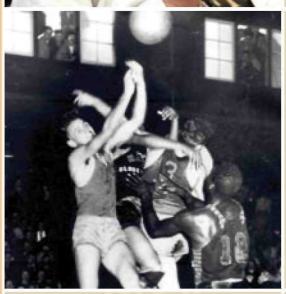
Chen and Heine went on the assumption that a students' business plan would have to be above average to be accepted. "We took a scientist's approach to it—broke it all down and just went to town on it," she says. "It was 100 pages, including even artist's drawings of what we had in mind. It was very thorough and the university said, 'Yes, we're interested.'"

Over the next year, the pair charmed fellow medical and dental school students into putting up 80 percent of the capital (in the form of loans) before going to the banks to top it up.

The result is a welcome addition to the university environment—and, really, a health service.

"The majority of a coffee drinkers' daily intake of antioxidants is from coffee," smiles Chen, citing a recent study. "Another recent paper said that drinking coffee helps reduce liver damage due to alcohol intake."

Ask Chen if the research was from peer-reviewed journals if you see him at The Boulevard. He said he'd check up on it.



Patrick and Edith McGeer

Trail-blazing research in neurodegenerative disease

by Mari-Louise Rowley

Recipients of the 2006 Faculty of Medicine **LIFETIME ACHIEVEMENT AWARD**, Drs. Patrick and Edith McGeer have set international benchmarks for understanding and treating neurodegenerative diseases. At 79 and 82, they are still "at the bench," honing discoveries that promise hope for the prevention and treatment of Alzheimer's disease and other degenerative disorders.

Their history reads like a storybook romance written for research scientists. Patrick and Edith McGeer met while working as chemists for DuPont. They lived in the same apartment building across the hall from one another. When Patrick McGeer decided to return to medical school at UBC, Edith came with him. In 1954 they both began working as volunteers under Dr. William Gibson in what was then known as the department of Neurological Research in the Faculty of Medicine. Ever since—for the past 52 years—they have worked side-by-side making groundbreaking contributions to the understanding of neurodegenerative disease.

The Drs. McGeer have received numerous prestigious awards for their research, including appointments to the Order of British Columbia, the Order of Canada and the Royal Society of Canada. They have been named two of the world's most highly cited researchers in neuroscience by the International Scientific Institute. Both have served major stints in administration as heads of the division of Neurological Sciences in the department of Psychiatry—Patrick from 1964 to 1977 and Edith from 1983 to 1989.

Patrick McGeer also served in the British Columbia Legislative Assembly from 1962 to 1986. He took annual leaves of absence from the university during legislative sessions until 1975, when he took full-time leave until 1986 as a cabinet minister in the Social Credit government. He held various portfolios, including Minister of Education; Minister of Universities, Science and Communications; and Minister of International Trade, Science and Communication. As a medical educator and an early supporter of distance education and distributed learning, Dr. McGeer was instrumental in founding the Open Learning Institute and the Knowledge Network.

While in office, he continued to work with Edith and other colleagues in the laboratory in the evenings and on weekends. They published 150 papers during that period as well as the first edition of their textbook, *Molecular Neurobiology of the Mammalian Brain,* with Nobel Laureate Sir John Eccles. Both have served on numerous editorial boards, and over the course of their careers have supervised over 100 post-doctoral students and numerous graduate students—in addition to raising a family and teaching.

What do they attribute to such a long and fruitful partnership, and what do they do to recharge? "Curiosity, and a mutual interest in investigating human disease," states Patrick McGeer. "Reading about new discoveries is revitalizing, and with the Internet, we have access to a smorgasbord of discovery every day." And they go to Hawaii every year, he adds.

Curiosity Drives Discovery "Firsts"

Patrick McGeer credits Dr. William Gibson, one of the first faculty members of UBC's medical school, for setting them on their long and celebrated career path. He hired the McGeers to do biochemical research in schizophrenia, before antipsychotic drugs revolutionized the treatment of psychiatric disorders. "Medical students today don't know what acute schizophrenia is like because they never see it. The early symptoms are treated and all of the acute symptoms are blunted," he says.

The McGeers worked on neurotransmitters and their metabolites in the study of schizophrenia. They were first to demonstrate the neurotransmitter function of dopamine in the brain (dopamine is critical for many brain functions, including movement, cognition, memory, motivation, and pleasure). Their work on neurotransmitters proved crucial to the study and treatment of Parkinson's disease (PD). They were first to administer large doses of DL-DOPA to schizophrenics with parkinsonian side effects and to Parkinson's disease patients, publishing a seminal paper in the *Journal of the American Medical Association* in 1961, several years before L-DOPA became a standard therapy for PD.

The couple were the first to provide biochemical evidence of aging in the normal brain, and then compare this evidence with neurologically diseased brains. By counting neurons in the *substantia nigra*, or midbrain, they showed that two-thirds of neurons are lost before PD becomes evident. They were also pioneers in the use of positron emission tomography (PET scans) and magnetic resonance imaging (MRI) in neurological disease, and the first to follow up pre-mortem imaging with postmortem findings. "At that time there were only two imaging centres in the world that had both PET and MRI. The other was in London," notes Dr. McGeer.

Inflammation an Antagonist in Alzheimer's Disease

One of the most fascinating—and controversial—areas of the McGeer's research has been in the role of inflammation in neurodegenerative diseases. Initially, they were investigating a theory that Alzheimer's disease (AD) was caused by a viral infection. Finding no direct evidence of this, they consulted an immunologist and were told that anywhere you find viral disease, you find HLA-DR, a human leukocyte antigen that stimulates immune response—in this case, an inflammation.

"Instead of a virus, we found something entirely new—a spectacular display of activated cells not generated by an infectious agent at all, but by abnormal biochemical elements," Dr. McGeer explains. They realized what they had found were microglia, cells first identified by the renowned Spanish neuroscientist Pio del Rio-Hortega in 1919. Microglia comprise roughly 15 percent of cells in the central nervous system, and it is now universally accepted that they act as the first line of defence when the nervous system is attacked.

The McGeers discovered that as part of their cellular defence mechanism, activated microglia upregulate a variety of receptors and other molecules involved in inflammation. In particular, HLA-DR was present in microglia and upregulated in Alzheimer's disease.

Anti-inflammatory Drugs Decrease Incidence of Degenerative Disease

From there, the McGeers hypothesized that people taking anti-inflammatory agents should be spared from getting AD. They consulted rheumatologists across the country and finally found the data they were looking for, compiled by Dr. John Sibley, a rheumatologist in Saskatoon. Indeed, people with rheumatoid arthritis had an apparent six-fold sparing of AD—presumably due to their anti-inflammatory medication.

THE McGEERS' ADVICE TO STUDENTS IS SIMPLE. "What motivates people to do research is curiosity. That's the only driving force."

The McGeers' initial findings—nearly 20 years ago—were considered flawed by the research community. Since then, however, their research on inflammation and AD has been confirmed by 25 studies worldwide. Not only has the McGeers' work been vindicated, it has created a whole new field, with departments and professorships in neuroinflammation established around the world. "We have also vindicated what Hortega had postulated; namely, that these microglial cells are phagocytes derived from the bloodstream," says Patrick McGeer. Such phagocytes ingest and destroy foreign cells and micro-organisms. Paradoxically, they can become overactive and produce excessive levels of toxins, contributing to neuronal death.

As a result of their discoveries, the McGeers were the first to establish the difference between autoimmunity and autotoxicity—work that transformed the medical community's understanding of inflammation. In autoimmunity, a systemic response, rogue T-cells and B-cells triggered by the adaptive immune system attack the body's own proteins. In autotoxicity, activated microglia, or their equivalents in other tissues, destroy cells at a local level. There are no T-cells or B-cells involved.

Remarkably, their research on AD has led to similar hypotheses and findings not only in other neurodegenerative diseases such as PD and amyotrophic lateral sclerosis (ALS), but also in vascular disease, macular degeneration and, lately, diabetes type II. "It appears that all of the age-related degenerative diseases follow this pattern, where an inflammation starts and then these local phagocytic cells try to repair the damage and end up doing harm," says Patrick McGeer.

Better Drug Design to Fight Alzheimer's Disease

There is still much to discover about anti-inflammatory agents and their potential as drug therapies for degenerative disease. "NSAIDS such as ibuprofen act to inhibit the production of prostaglandins, which turn out to be very weak inflammatory mediators," Patrick McGeer explains. "The most widely utilized class of drugs in the world is only swatting around at the edge of the inflammatory problem." The McGeers have identified stronger, more specific inflammatory mediators, and are now screening different peptides to identify new agents that will block the inflammatory process in different degenerative diseases.

An estimated 290,000 Canadians over 65 suffer from Alzheimer's disease, and the burden of care is astronomical. The disease costs $5 billion to $10 billion a year, with at least 100 people involved in the care of each patient in the acute stage of the disease. "For every 10,000 people looking after patients, there is only one researcher trying to find a cure," says Patrick McGeer.

The first wave of baby boomers will turn 60 in 2007. Prevention and treatment should be more of a priority, he feels. Both Patrick and Edith would like to see more scientists recruited into this effort—and the sooner the better. "There is a wealth of tools at our disposal that weren't available a few years ago," says Patrick McGeer. "All the greatest discoveries have yet to be made."

BIRDS BOP HARLEM 42-38

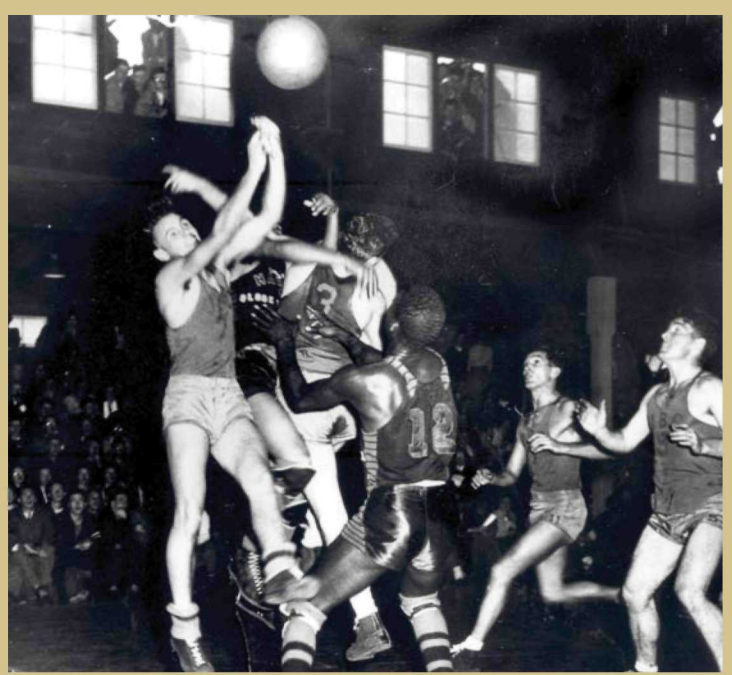
THE UBYSSEY
Saturday, January 12, 1946

Young Pat McGeer Paces UBC; Gym Bulges with 2000 Studes

By Don McLean

UBC'S HIGH-FLYING Thunderbirds out-ran, out-shot and out-played the mighty world-famous Harlem Globe Trotters as they chalked up a well-earned 42-38 victory before a jam-packed house of screaming students in their Varsity Gym Friday at noon.

Paced by young Pat McGeer, who tallied a total of 14 points, the 'Birds grabbed a 23-16 lead at half time and then played the Trotters at their own slow-moving pace for the second half to take the four-point victory.



Pat McGeer far left.

FLYING SOLO
IN FORT ST. JOHN

by Tim Carlson

OPHTHALMOLOGISTS ARE AN ADVENTUROUS BUNCH, travelling far and wide—even taking to the skies—to reach out to people in need of eye care, wherever they may be.

UBC's Ophthalmology & Visual Sciences Residency Training Program in the northeastern BC community of Fort St. John is the first experience most residents have in "flying solo" as an ophthalmologist. It's also their first experience applying the ophthalmologists' mission—it's virtually built into the program.

The 32-year-old initiative is a model of mutual benefit. The residents gain community experience—and the community gains access to a whole range of specialized eye care services.

The 32-year-old initiative is a model of mutual benefit.

The Ophthalmology residents gain community experience—and the "maturation process of independent thinking and problem-solving, away from constant supervision," as Dr. Gordon Douglas, one of the Fort St. John program's first faculty members, describes it.

The community gains access to a whole range of specialized eye care services.

In 1974, department chairman Dr. Stephen Drance heard the BC health minister on the radio saying the government would fund "new residency positions for imaginative projects." Drance, who was also the driving force behind the creation of the UBC/VGH Eye Care Centre in Vancouver, wasted no time in making his pitch.

"I went to the deputy minister and said we could create an outreach clinic to serve the North and give our residents experience outside the local teaching hospitals," Drance recalled in a recent interview. "But I said he'd have to make up his mind in a week, because the person I had in mind was not funded, and if we lost this person, the chance of finding someone in the next year wasn't very good. The program was approved almost immediately. I appointed the resident and we began the program six weeks later."

At the time, there were no ophthalmologists in the Peace District, and only "one or two optometrists" in Fort St. John, Drance remembers.

Residents signed up for two- or three-week stints, and supervisors flew up to oversee their work for two days of each resident's session. The residents' commitment to their Northern patients was ongoing—they usually tried to schedule their patients' surgery with specialists in Vancouver or Prince George so that both resident and patient would return to Fort St John at the same time, and the resident would be on the spot for the post-operative follow-up.

While the rural setting may offer students the odd case they likely wouldn't see in a large urban centre—a corneal injury from a horsetail flick, for instance, or injuries from vehicular collisions with moose, or even a bear attack—the program's most important impact has been on the care and treatment of chronic conditions.

"Children who may not have had adequate care for strabismus [now] had ongoing care—often by pediatric specialists," says Dr. Douglas. "Diabetics received care that would commonly have been end-stage before the eye clinic was initiated. Cataracts that would [previously] have been neglected too long were identified and treated earlier and better.

"Glaucoma, another chronic disease, was diagnosed or confirmed as a problem in many cases that would have otherwise been left until one eye was blind or nearly blind. There were many . . . patients who thought they could leave their 'cataracts' for a while—only to find out that they [actually] had glaucoma or diabetic retinopathy."

Suddenly, there was an extremely important perceptual shift in the population. The solution to their eye problems was actually within reach.

"Patients would still travel hundreds of kilometres for a visit, and often through snowstorms or rainstorms . . . [but] distances became relative as soon as facilities were 'closer,'" recalled Dr. Douglas, in an e-mail from Accra, Ghana. He is in Ghana to work with Project ORBIS International, the well-known non-profit organization that operates the world's only flying eye hospital.

The residents in the Fort St. John program experienced a perceptual shift too, in social terms as well as in their medical practice.

"Winter in Fort St. John can be traumatic for many whose homes may be in warmer climates," Dr. Douglas wrote. "One such resident was seen walking down the main street on a Friday evening in a raincoat when the wind chill was close to –40°C. He was redirected back to the hotel before he lost any body parts to freezing.

"The other issue was one of boots and shoes. It was a regular occurrence to see residents trying to walk in snow and on ice with 'city shoes.'" Last, but not least, he adds, "The local scene also had to be taken into account. You simply don't schedule a clinic in the middle of bonspiel season!"

Six residents now travel to Fort St. John for two- or three-week stints each year. "The program has evolved rapidly and a lot of that has to do with the support of the community," says Dr. Simon Holland, who was introduced to Fort St. John as a resident in 1981. He is now a clinical professor in the UBC department of Ophthalmology & Visual Sciences, and UBC medical director of the Fort St. John program. Dr. Holland says the region has chosen to stay with the program, because it provides access to the vast subspecialist knowledge available through UBC and VGH.

Optician Glen Merwin, born and raised in Fort St. John—he describes himself proudly as "a lifer"—has been working with the Ophthalmology Residency Training Program for the past six years. "The program has saved hundreds and hundreds of people the trouble and expense of having to go far from home, by themselves, for treatment. The majority of patients are seniors," he adds, "the very people who are least able to travel."

Fort St. John does not suffer technologically from its remote location. "We've been generously supported by industry up there," says Dr. Holland. "We do cataract surgery with ultrasound machines that Fort St. John got about the same time Vancouver did."

A passionate advocate for eye care services in the North, Dr. Holland is hoping that a needs assessment study will soon be underway to identify key current and future eye care challenges in the region and facilitate planning for them.

Ophthalmology resident Dr. Tanya Orton has spent three weeks in Fort St. John already, and will pay another visit in the final year of her residency.

"The nice thing about it is that it helps give you an idea of what your own practice would be like," says Orton. "A lot of times residents don't get that kind of experience until they are finished and out on their own.

"On a personal level it gives me some confidence and some idea of the areas I need to improve on. It's good from a learning perspective and also from the perspective that you're helping out the community."

As they move ahead in their professional lives, many former residents maintain an ongoing commitment to the Fort St. John program, taking their turn as an instructor, visiting specialist or administrator.

Ladner-based ophthalmologist Dr. David Fine, a UBC graduate who went to Fort St. John in 2001 and 2002, has continued his commitment by supervising residents for a few weeks every year.

"It's a very well-run clinic and you see a wide variety of patients," Dr. Fine says. His commitment is fed by the chance to sharpen his skills in teaching surgery—an opportunity that doesn't exist for him in the Lower Mainland.

"I'd like to make teaching a larger part of my practice," says Fine. "I've been gearing towards international work. Once I'm comfortable teaching cataract surgery in Fort St. John, I'd like to do it in developing countries. I have a master's degree in Public Health as well, so I'm interested in population-based studies and teaching."

Fine likes the challenge of working in remote locations. "You learn self-reliance," he says.

Dr. Holland agrees. Born, raised and trained in Zimbabwe, he worked for Project ORBIS between 1982 and 1987 in various locations around the world, and most recently, earlier this year, in Libya. "It's good to be able to go out into the world and do something useful," he says.

But in the true spirit of the Fort St. John program, he adds, "It's important to remember we also need to do some of the same work closer to home."

"On a personal level it gives me some confidence and some of idea of the areas I need to improve on. It's good from a learning perspective and also from the perspective that you're helping out the community."

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MEDICAL ALUMNI *news*

AWARDS ISSUE

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Greetings,

I am writing my first president's report on a glorious early September evening awaiting the Gulf Islands ferry. I hope you have all had as wonderful a summer as my family and I have enjoyed.

These are indeed exciting times for medicine. Nationally, there is renewed discussion of how we can best deliver quality health care in a timely fashion. Provincially, the first cohort of UBC medical students in the distributed program started their clinical clerkships in September. More than 2,600 physicians serve as clinical faculty across BC, helping to teach these students.

For some time, many have felt that unlike alumni at other prestigious Canadian medical schools, the UBC medical alumni have been overlooked. Led by Dean Stuart, the Faculty has set out to remedy this. I have been asked to extend the following message to you:

"The Faculty of Medicine gratefully acknowledges the ongoing support of the UBC Medical Alumni Association and the many alumni who are clinical faculty members in the teaching enterprise of the Faculty."

I would encourage you to participate in the focus groups and opinion survey being conducted early in the new year.

I have included some key points regarding credentialing and remuneration of teaching faculty from a report to the Medical Alumni executive committee by Dr. Katherine E. Paton, clinical associate professor, Ophthalmology & Visual Sciences, and special advisor to the dean, Clinical Faculty Affairs.

Have a great fall!

Clinical Faculty Affairs Report

Clinical faculty appointments are made by the UBC Board of Governors through the clinician's department of practice, regardless of where and whom they teach. The duration of these appointments is linked to the faculty member's rank. Accreditation requirements mandate that all clinical teachers have an appointment. There is a short form of the CV and a process for facilitating appointment for any clinical faculty requiring this assistance.

Separate from the appointment is a contract, which articulates financial recognition of teaching activities, and is in effect for a time-certain duration so that all clinical faculty are paid by the same rates, regardless of their date of appointment. A new contract is being introduced, which builds upon the previous contract. It includes substantial new monies for clinical teaching for patient care at the undergraduate level, and new principles for post-graduate teaching, with patient care money to follow the resident to off-site and off-service rotations in a more accurate recognition of the burden of teaching. There are also new processes to support payment, and better processes are under development for capturing the teaching activities of clinical faculty.

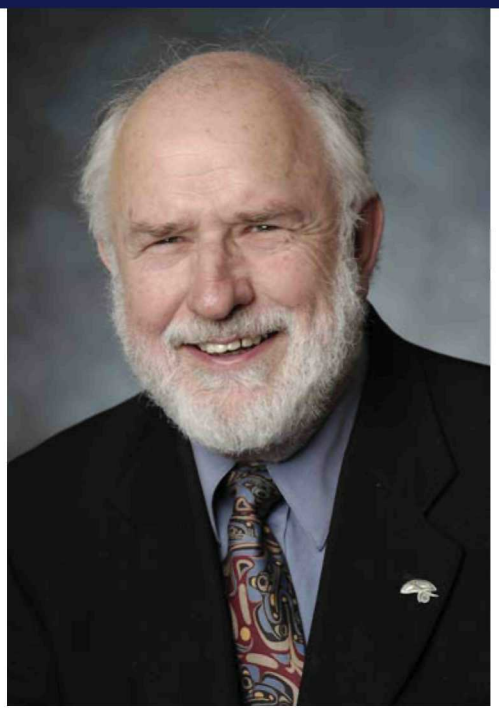
In view of ongoing discussions between the BCMA—representing the University Clinical Faculty Association, a voluntary organization of more than 525 clinical teachers—and UBC, there is no requirement for clinical faculty to sign a contract at this time.

We wish all alumni a terrific fall term and hope those newly engaged in teaching find the experience exhilarating.

Dr. Katherine Paton, Special Advisor to the Dean, Clinical Faculty Affairs

Information and advocacy services are available through the Office of Clinical Faculty Affairs and at www.med.ubc.ca/clinfac.

Dr. Basil Boulton—Wallace Wilson Leadership Award



I met Basil Boulton—physician, husband, father, friend, and children's advocate—in medical school. We became very close friends, who shared our faith and life principles.

I had the special privilege of playing the organ at Basil and Marilyn's wedding, with a flypast of jets roaring overhead as the minister pronounced them man and wife. It seemed impressive—until we found out that it was for the opening of the PNE! In those days, few medical students were married. Basil and I were two of just seven in our class of 60, and Basil worked very hard to support himself and his family throughout medical school.

Basil took his medical training very seriously. He even volunteered to be a scientific guinea pig at a two-hour Saturday morning session in the old Lecture Hall A. Many in our class will remember his matchup with the late Bill McIntyre to help demonstrate how different people handle a given amount of alcohol—seven ounces over two hours—differently. Being 'four sheets to the wind' is not expected after morning lectures. His wife Marilyn remembers her disbelief as a group of students brought him safely home—insisting it truly was an experiment! *[EDITOR'S NOTE: Basil protests! His recollection is that he was "volunteered"—after Frank Anderson declined.]*

Basil's road led him into pediatrics, while I pursued internal medicine. We remained good friends, keeping in contact through patient management. Basil would call me about a patient, and I could tell immediately that he was aware of every aspect of that patient's health and welfare. He is intense and detailed in his practice of medicine, taking every symptom of a patient very seriously. And he always sought the best possible investigation and treatment. Basil's patient management was detailed and complete—an excellent quality in a physician.

Basil found his calling in pediatrics in Charlotte, North Carolina, in 1964, during a rotation from the Montreal General Hospital. Invited to return as a Pediatric resident, he found himself the principal physician for a large, mainly black outpatient population in the early days of desegregation.

In 1967 he returned to Canada to complete his training at the Health Centre for Children at Vancouver General Hospital. He was awarded a Queen Elizabeth II Fellowship to work with Dr. Denny Vince in pediatric cardiology. Pediatrics was not well developed outside Vancouver, so in 1969 he established a practice in Victoria, where he worked to improve the health care of children until he retired from active practice in 2004.

As students, we didn't think kids had important illnesses, but obviously that is not the case. In 1977, supported by medical colleagues and the public, Basil led a campaign to improve pediatric and maternity services, which were split between two major hospitals in Victoria. The result was a single, well-equipped and staffed, integrated unit at Victoria General Hospital. This endeavour was broadened to include all community child health services with the release of the influential 1980 report on child health care in the Capital Region, which he co-authored with former deputy health minister James Mainguy.

Basil is a dedicated and concerned advocate for all patients and their needs. He has served on the board of the Greater Victoria Hospital Society and the BC Medical Association, and on various Victoria and provincial committees and organizations. He currently sits on the BC Medical Association Council of Health Promotion and the Child and Youth Health Committee. He is also an elected councillor for the Township of Esquimalt.

In addition to his service at home, Basil has volunteered internationally. As a member of the Christian Medical Society, he worked with the Cuban Ministry of Health and Cuban doctors to improve the health and welfare of children in that country.

Basil is dedicated to his family of four children and eight grandchildren. He chooses and builds solid friendships. I have always found him to be open and honest in his relationships and his criticisms. He's a person you'd really like to know—loyal and supportive of his friends and family, and a true gentleman.

I am honoured to share in recognizing my friend and colleague, Basil Boulton, as the recipient of this year's Wallace Wilson Leadership Award, for making significant contributions to our profession.

from the presentation by
Frank Anderson, MD'63

Dr. Gordon B. Thompson—Honorary Alumnus

Dr. Gordon Bruce Thompson, or GBT as we affectionately call him, was born in Saskatchewan on February 6, 1925, the youngest of three boys, all of whom became surgeons. He completed a BSc at the University of Manitoba in 1946, and his MD at McGill in 1952. His internship and core surgical years at Vancouver General (VGH) and UBC hospitals (1952-1955) included a six-month stint as a clinical clerk in Neurology at the world-famous National Hospital for Nervous Diseases in London, England. When he returned to McGill and the Montreal Neurological Institute (MNI) for neurosurgical training, he was particularly influenced by Dr. William Vernon Cone, a neurosurgical icon. Dr. Cone's obsession with excellence, high ethics, compassion, and hard work permanently left their mark on the young GBT.

He obtained his FRCSC in 1959, and married Sally, a nurse at MNI. She has been his supportive wife for 47 years!

GBT joined the neurosurgical staff at VGH in 1960, the youngest of six busy surgeons. He practised his profession at UBC and its affiliated teaching hospitals for 31 years and was the divisional head of Neurosurgery for an amazing 26 years.

He is currently professor emeritus in the UBC department of Surgery.

Among his many accomplishments are the establishment of:

- One of western Canada's first accredited training programs in Neurosurgery, with a trainee pass rate of 100 percent on the Royal College exams—unique in Canada to this day
- With Dr. Juhn Wada, the first formal Canadian program outside of the MNI for the surgical correction of intractable epilepsy, with results on par with any other world centre at that time
- With orthopaedic and neurosurgical colleagues at Shaughnessy Hospital, one of North America's first comprehensive units for the treatment of spinal cord injury
- Canada's first intracranial pressure monitoring program

[EDITOR'S NOTE: Dr. Thompson credits his colleague, Dr. Felix Durity, with the development and implementation of this last program.]

GBT's achievements as one of Canada's premier surgeons in the management of degenerative spinal disc diseases have been widely recognized, as has his generous fostering of the careers of younger surgeons on his staff. Under his leadership, Ian Turnbull, MD'57, in stereotactic neurosurgery, and Sydney Peerless, MD'61, in cerebral microsurgical revascularization, became recognized international leaders.

His many administrative roles include the presidencies of the Canadian and the Western Neurosurgical societies, the North Pacific Society of Neurology, Neurosurgery and Psychiatry, and the Society of University Neurosurgeons.

He has been chief examiner in Neurosurgery for the Royal College of Canada and a member of its supervisory Nucleus Committee, which shapes the course of the specialty. GBT has been a visiting professor at several universities, including the Chang Gung Memorial University in Taipei, Taiwan, and he has published widely.

The UBC Faculty of Medicine and VGH have both recognized GBT for his clinical expertise. The Canadian Medical Association accorded him senior membership in 2000, and the BC Medical Association its Silver Medal of Service in 2006.

The Faculty of Medicine also awarded him a Golden Jubilee Medal, for his singular, outstanding contributions to the Faculty and his vision of how the complex area of neurosurgery might be practised, taught and studied—which created one of Canada's prominent neurosurgical divisions.

GBT's humane approach and commitment to his patients are perhaps reflected best in some of the cherished aphorisms that we, his residents, came to associate with the man:

"If you don't examine the patients, you do not hit any home runs." "I'd rather spend three hours more in the OR and have my patients go home three months earlier." "Felix, when you operate on a wife and mother with three kids, you are operating on five people."

Gordon and Sally are the proud parents of three daughters, and grandparents of three boys. They have retired to Parksville, where GBT has become an accomplished golfer, a veritable green thumb, a proficient knitter, and an active community leader.

He is truly deserving of this award from the alumni of the university he has served so well.

from the presentation by Felix Durity, MD'63

Honorary Alumna—Dr. Dorothy Shaw

I consider it an honour to introduce Dr. Dorothy Shaw as a new honorary member.

Dorothy was born in England, but did her early medical training in Scotland. Graduation from the University of Edinburgh was followed by an internship in Edinburgh hospitals. She came to Canada in 1973 to enter the residency program in obstetrics and gynaecology at VGH. In 1974 she returned to England for a year of clinical and research experience before coming back to Vancouver in 1975 to complete the final three years of her residency.

The emerging subspecialty of maternal and fetal medicine became her chosen field of interest. She took further training in medical genetics, prenatal diagnosis and obstetrical ultrasound before joining the staff of the department of Obstetrics and Gynaecology in 1979. During the '80s and '90s, she played an active role in teaching, clinical care and counselling, working closely with colleagues in Medical Genetics, in which she holds a joint appointment.

In the last five years her career has undergone a gradual shift in emphasis and direction. She has assumed increasing administrative responsibilities within the Faculty, serving as Associate Dean, Equity, from 2000 to 2005, and currently as Senior Associate Dean, Faculty Affairs.

These are the milestones in a professional career in progress, but they tell you little about Dorothy the person; about who she is and what she stands for. She is a charming, independent-minded woman who likes people. She is a good listener and good communicator. She enjoys gardening, travel and learning about other cultures.

Dorothy and her husband, Mark Millman, are the parents of three daughters who are currently attending three separate Canadian universities. Interestingly, all three are preparing for careers related in some way to health care. One of them plans to look after four-legged, rather than two-legged, patients.

Dorothy's strong sense of social justice has been an important influence on her career. Her focus has been predominantly on a range of women's health issues, but her goals are based on the principles of universal tolerance, respect and equal opportunity. Beginning with her early interest in the Planned Parenthood Association and the place of choice for women, she has become a champion of women's sexual and reproductive rights.

As an obstetrician and gynaecologist, she has come through the ranks of several professional organizations to positions of influence and opportunity. In 1992 she became the fourth female president in the Society of Obstetricians and Gynaecologists of Canada's 47-year history. She was honoured by the society in 2005 with the President's Award.

During the past few years, she has extended her voice to the international field through the International Federation of Gynecology and Obstetrics (FIGO). As an invited speaker, delegate and/or committee member she has travelled extensively to other parts of the world, speaking on gender equity, reproductive rights and responsibilities, and discrimination and violence against women. Since the year 2000, she has visited countries on five different continents. Her travels and influence will continue after her installation in November in Kuala Lumpur as the first woman president of FIGO.

I recently heard Dr. Martha Piper, the [now former] president of UBC, speak

about her vision of what the future of UBC should be. It was to achieve excellence in teaching and research, and to promote what she called "global citizenship." By this she meant that we should extend our horizons and prepare our students to think as, and to be, global citizens.

Dorothy has demonstrated this global vision and serves as a role model for our students and for our faculty as we strive to meet Dr. Piper's challenging dream for UBC. Dorothy will be a credit to the Medical Alumni Association, as she already has been to the medical profession.

from the presentation by
Dr. Fred E. Bryans (Hon.)

Dr. Warren Julien, Dr. Ramon Lam, Dr. Ivo Olivotto—Silver Anniversary Award Winners

This award is presented to a graduate of the 25th anniversary class who, in the opinion of his/her classmates, has best demonstrated qualities in one or more of the following areas: leadership, research, teaching, clinical care, administration, or public service.

For the first time since the award's inception, voting ended in a tie—and a three-way tie at that. This year's winners are Drs. Warren Julien, Raymond Lam and Ivo Olivotto.

I think our classmate Rod Densmore, who practises in Salmon Arm, speaks for all of us when he says, "I could not be happier this is a three-way tie. I salute them all—and look forward to seeing what comes next for each one."

Warren Julien

Rod Densmore nominated Warren Julien.

For several years Warren contended with a life-threatening illness, surgery and several courses of chemotherapy. Despite this health challenge, he continued to work as a GP/anesthetist in Summerland, and to be very involved with family. A source of strength through all this was his church—he was, and is, a central person in the music ministry in his church.

"Warren is an exceptionally caring doctor and family man—an inspiration for the rest of us," Rod wrote. "He survived the rather (very!) harrowing job of small-northern-town GP for almost a decade. I saw him a few times then and learned how hard it was to balance the incessant call demands with the needs of a young family… yet I think he did this as well as anyone.

"When I recently caught up with him and his teenage son doing the BC Lung Association Trek for Life and Breath—a 200-kilometre bicycle trip to raise funds for respiratory research—the chemistry between him and his son was heartwarming."

Raymond Lam

Dr. Ray Lam is professor and head of the division of Mood Disorders in the department of Psychiatry at UBC—but first and foremost he is a clinician. "Ray has always been available for consultation regarding difficult depressive patients," nominator Kathleen Cadenhead says. "He has been very supportive of family practitioners and has spearheaded several programs to help support psychiatric care by primary care physicians in the community."

An active researcher, with a main focus on understanding the biological basis of seasonal affective disorder, Ray has authored over 230 scientific articles and written four books on depression.

Ray co-developed the Brain and Behaviour block in the Faculty of Medicine's new curriculum. He is a gifted educator of both medical students and residents, and has been recognized by the Canadian Mental Health Association for his public education initiatives.

Active in his local community, Ray has coached his son's baseball and soccer teams.

Ivo Olivotto

Gail Dodek Wenner nominated Ivo Olivotto, professor of Radiation Oncology at UBC, chief physician and head of Radiation Oncology at the BC Cancer Agency in Victoria, and founder and head of the BC Cancer Agency's Breast Cancer Outcomes Unit.

After graduation, Ivo did a rotating internship at St. Michael's Hospital in Toronto, locums in Victoria, and then a residency in Radiation Oncology. In 1987 he joined the BC Cancer Agency in Vancouver as a staff radiation oncologist. He taught undergraduates and residents, winning teaching awards in 1991, 1992 and 1996.

Since 1987, Ivo's clinical work has focused on the care and treatment of patients with breast cancer. He has authored over 100 publications, ranging from screening to diagnosis to treatment, communication and alternative therapy, with a particular emphasis on outcomes research. One of his most meaningful works is a book for women newly diagnosed with breast cancer, *Breast Cancer: All You Need to Know to Take an Active Part in Your Treatment*, now in its fourth edition, written with Drs. Karen Gelmon, David McCready, Kathleen Pritchard, and Urve Kuusk.

from the presentation by Jim Cupples, MD'81

MUS report

Derry Dance, Class of 2009

As the new president of the Medical Undergraduate Society, it is my pleasure to introduce myself and give a brief update on the state of the student body.

I spent my formative years in the raspberry capital of Canada (Abbotsford, BC), after which I sought the bright lights and sushi of Vancouver for my Bachelor of Science degree in Pharmacology at UBC. Having whetted my appetite for learning, I spent two years doing pediatric drug policy research at BC Children's Hospital, followed by law school, with an emphasis on health law and mediation. My passion and end objective has always been medicine, but I find that I've acquired a taste for student governance and advocacy. My 'hobby' is food: I am an avid eater, who relishes both the cooking and the consuming. When I'm not in the kitchen or at the table, you'll find me playing most any sport—though most likely hockey or soccer.

I hope my experiences will assist me in serving both the MUS and alumni with the variety of issues that lie ahead. Notably, the expanded and distributed program is beginning its third iteration, and the first expanded class will now have entered its clinical clerkship—this is an exciting next step, but one that will likely entail a number of challenges. A cooperative effort by the MUS, the Faculty and alumni will allow us to address those challenges together.

The future for UBC medical students is looking bright. As we start along this exciting but unfamiliar path, we are encouraged by the knowledge that there is a strong medical community to support and assist us. With the recent changes in medical education, the resources available to students are becoming increasingly valuable, and we are continually grateful for investments made on our behalf by the alumni.

MSAC report

David F. Hardwick, MD'57

The 224 members of the Class of 2010 bring the number of MD undergraduates to a healthy 776 students—632 of whom are in the Vancouver Fraser Medical Program. This has had a huge impact on activity at the Medical Student & Alumni Centre.

From September 2005 to May 2006, students booked both halls most weekdays and made extensive use of the exercise room. Competition for evening times was intense.

Over and above student demand, there are 15 years of alumni who used MSAC during their undergraduate and/or residency years—not to mention alumni from earlier years. More and more of them are taking advantage of the space for reunions and other activities.

In response, the MSAC Board has reduced evening and weekend public rentals, freeing up more time for students and alumni. They are encouraging faculty and staff from UBC and our affiliated hospitals to rent MSAC for daytime workshops, retreats and other events.

MSAC is certainly fulfilling its mandate to provide facilities for students and alumni to meet socially and recreationally! Thanks to financial support from students, alumni and the Faculty of Medicine, it will continue to do so.

Introducing the Office of Alumni Affairs

Miro Kinch, Director

Did you know that we're the *only* Canadian Faculty of Medicine to have our own building specifically for students and alumni? Opening an Office of Alumni Affairs at MSAC is another first—services for both groups are now available, on the spot.

Our job in this office is to work with all of you—alumni-to-be as well as graduates—to help build and support a thriving community of people who share interests, experiences and good times.

We focus on *friend*-raising (not fundraising)—on supporting established relationships and developing new ones that truly reflect *your* interests, abilities, needs, and concerns, while complementing and supporting those of the Faculty, and of the university.

I'd like to begin by getting to know you, and I hope you'll help me do that by agreeing to be part of a focus group, and/or responding to our survey later this fall/winter. And of course the door is always open at MSAC—drop by anytime. We'd love to see you!

Alumni Awards, Achievements & Activities

Nazira Chatur, MD'99, (1 above) was a recipient of the Faculty of Medicine Clinical Excellence in Teaching Award. This award recognizes the essential role clinical faculty members play in enabling students and residents to develop clinical skills and to integrate and translate prior classroom and textbook learning into effective health care.

In April this year, **Doug Clement, MD'59**, was inducted into the Canadian Olympic Hall of Fame for his remarkable four-decade sports career. Prior to the current honour, Doug received the Order of Canada and the Sports Medicine Council Lifetime Achievement Award and was inducted into both the BC and UBC Sports Halls of Fame.

Charles Eckfeldt, MD'93, Hazelton, BC, received the Rural Service Award from the Society of Rural Physicians of Canada at the 14th annual Rural and Remote Medicine convention in Winnipeg.

The Canadian Medical Association Honorary Membership Award was conferred on **Charles Ennals** (2 above) and **William Meekison**, both from the **Class of 1962**.

Psychiatrist **Robert Fairbairn, MD'59**, is now retired. He resides in Denver, Colorado.

Igor Grant, MD'66, (3 above) received the 2005 Annual Faculty Award for Excellence in Teaching from the School of Medicine at the University of California at San Diego, where he is Distinguished Professor of Psychiatry. The award recognizes his more than 30 years as an educator at UCSD, as well as his contributions in developing and teaching core courses to medical students and in developing a new graduate program in clinical psychology.

As director of the HIV Neurobehavioral Research Center, Dr. Grant heads a translational research program that receives approximately $15 million annually in extramural research funding. His own research concerns neurological and behavioural complications of HIV/AIDS. He is author or co-author of 400 publications.

Alan Hemming, MD'87, (4 above) was in General Surgery at UBC from 1988 to 1994, did liver transplantation and hepatobiliary surgery in Toronto from 1994 to 1996, and served as associate professor at the University of Toronto from 1996 to 1999. Since 1999, he has been at the University of Florida in Gainesville and is professor and chief, division of Transplantation and HPB Surgery. He married in 1990 and he and Marie have three children.

Louisa Mackenzie, MD'01, (5 above) completed a Pediatric Infectious Diseases Fellowship at Alberta Children's Hospital in June 2006.

She and best friend Kevin Mottershead were married in August 2006 and are now in Laos, South East Asia, to work for a year with Health Frontiers. They will return to Canada in the summer of 2007 and Louisa will set up shop in Victoria, BC.

John Masterson, MD'77, received the 2006 Faculty of Medicine Career Award in Clinical Teaching in recognition of his sustained record and reputation for excellence.

Patrick McGeer, MD'58, was a recipient of the BC Institute of Technology's Honorary Doctor of Technology, 2006, conferred for outstanding and sustained achievement in the recipient's area of expertise.

Philip Muir, MD'67, received a 2006 College of Physicians and Surgeons of BC Award of Excellence.

Andrea Procter, MD'03, (7 above) and Dr. Chris Steyn were married on August 6 in Vancouver. She is an Anesthesia resident at the University of Western Ontario.

The Canadian Medical Association awarded the 2006 Sir Charles Tupper Award for Political Action to **Robert Strang, MD'90**, (6 above) of Halifax, Nova Scotia, in recognition of his work in advancing CMA health policy through his tireless efforts to educate government, the public and health care professionals about the importance of smoke-free public spaces.

2006 BCMA Awards

Dr. Patricia Baird (Hon.) (8 above left) received the BCMA's Dr. Cam Coady Award. The Dr. Coady Foundation was established to commemorate Dr. Coady's great love of medicine and to ensure that his objectives of achieving excellence in health care continue to be fostered.

William Mackie, MD'76, (8 above right) was installed as chair, General Assembly, BC Medical Association, for 2006/2007.

Heidi Oetter, MD'85, (9 above) was awarded the Dr. David M. Bachop Gold Medal for Distinguished Medical Service.

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Dr. Gordon Thompson (Hon.) received the BCMA Silver Medal of Service, the association's highest honour.

VGH Celebrates 100 Years

Alumni can take a trip down memory lane by browsing through the special anniversary publication *Vancouver General Hospital: 100 Years of Care and Service*, by Donald Luxton. The archival photos are fascinating—that's Heather Pavilion (10 above)—and there are 100 years of good stories in its pages.

A Hole-in-One!

UBC's medical alumni excel in many fields, and this year many of us excelled on the fairways at the 19th Annual Medical Alumni Golf Tournament.

Grover Wong, MD'92, (11 above, left) raised the bar for future tournaments by shooting a hole-in-one on the seventh hole at Fraserview Golf Course. "Where's the car?" everyone asked, expecting a fabulous prize for such an accomplishment. Grover received a device for fishing golf balls out of water hazards, suggesting that his good luck may not last forever. He also received cheers and congratulations from his colleagues for a perfect tee shot.

Grover wasn't the only outstanding golfer at the tournament. **Brad Fritz, MD'75**, won the low net prize with a 72, adding his name once again to the trophy. **Dave Kester, MD'68**, also a repeat winner, shot the lowest gross score this year with a 76.

Against a competitive field, **Jim Mason, MD'76**, won the longest drive, and **Dave Harder, MD'59**, won the putting contest with a ball less than one centimetre from the hole.

Other golfers such as **Doug Clement, MD'59**, and **Ron Warneboldt, MD'75**, (11 above, right)—who both shot personal bests—participated for the collegiality, rather than the competition.

The golf tournament is an opportunity for classmates to get together, to compete and to work together again as a team. The **Class of 1957** won the best foursome score, and the **Class of 1970** entered a team for the first time this year.

Organized by **Drew Young, MD'59**, and **Ron Warneboldt**, the tournament had post-noon tee-off times, allowing doctors to put in a half-day in the office before their afternoon of sport, relaxation and south slope sun. The roast beef and salmon buffet in the clubhouse was excellent, and this year everyone went home with a prize.

The tournament has changed dates and locations over the years, but has now settled on June at the Fraserview Golf Course. Fraserview is in East Vancouver and easy to reach for MDs in the Lower Mainland and the Fraser Valley. All medical doctors and their colleagues are welcome to attend, whether or not they are UBC alumni. Next year's tournament is scheduled for **Thursday, June 14, 2007**.

Reunions

Alumni Weekend 2006

Many of our friends and colleagues took advantage of UBC's newly launched annual event and made it part of their reunion plans. Festivities took place September 29, 30 and October 1.

MD'61 celebrated their 45th Anniversary Reunion with dinner at Watermark Restaurant on Kits Beach, Alumni Weekend activities on Point Grey campus, and a private tour of the Life Sciences Centre.

MD'66 gathered for their 40th Anniversary Reunion on Point Grey campus on Saturday, followed by dinner at the Arbutus Club.

MD'71 also chose Alumni Weekend activities for their 35th Anniversary Reunion.

MD'86 launched their 20th Anniversary Reunion with Alumni Weekend activities during the day and dinner at Cecil Green Park House on Point Grey.

Other Reunions

MD'81 spent their 25th Anniversary Reunion at Brentwood Bay Lodge and Spa, October 13 to15.

MD'96 held their 10th Anniversary Reunion on September 23 and 24. Festivities began with an evening reception at the Medical Student & Alumni Centre, and included family brunch at Cecil Green Park House on Sunday, with games, a bouncy castle, clowns, and more.

Planning your reunion? For information and assistance, please contact Marguerite Collins at marguerite.collins@ubc.ca, or call her at 604-827-3294.

LAST *words*

Ladies and gentlemen, please welcome your new colleagues and fellow alumni—the Class of 2006. Here's where you'll find them as they start their residency programs at a university and in a hospital near you. Congratulations and best wishes to each and every one of them!

Aboriginal Peoples' Health—Family Medicine

Payam Puya Sazegar, University of British Columbia, Victoria, BC

Anesthesia

Steven Booth, University of Manitoba, Winnipeg, MB
Jacqueline Hudson, University of British Columbia, Vancouver, BC
Kyle Kirkham, University of Toronto, Toronto, ON
Kalina Popova, University of British Columbia, Vancouver, BC
Kenneth Ryan, University of Western Ontario, London, ON
Shelley Tweedle, University of British Columbia, Vancouver, BC
Michael Wong, University of British Columbia, Vancouver, BC
Stephen C.K. Wu, University of British Columbia, Vancouver, BC

Cardiac Surgery

Gordon Samoukovic, McGill University, Montreal, PQ

Community Medicine—Family Medicine

Katie Longworth, University of British Columbia, Vancouver, BC

Diagnostic Radiology

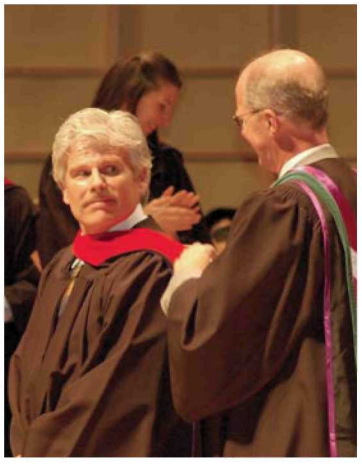
Annalise Becker, University of British Columbia, Vancouver, BC
Theo Blake, University of Western Ontario, London, ON
Dennis Lee, University of British Columbia, Vancouver, BC
David Manders, University of British Columbia, Vancouver, BC
Karyn Martin, Dalhousie University, Halifax, NS
Nancy Martin, University of British Columbia, Vancouver, BC

Emergency Medicine

Carolyn Kelly-Smith, University of British Columbia, Vancouver, BC
Donna Lee, Queen's University, Kingston, ON
Kevin Nemethy, University of Alberta, Edmonton, AB
Luke Terrett, University of Manitoba, Winnipeg, MB

Family Medicine

Sharon Aujlay, University of Alberta, Edmonton, AB
Graham Blackburn, University of British Columbia, Prince George, BC
Rorie Brown, University of British Columbia, Chilliwack, BC
Windy Brown, University of British Columbia, Victoria, BC
Jennifer Butler, University of Calgary, Calgary, AB
Patrick Chen, University of Toronto, Toronto, ON
Simon Chiu, University of Toronto, Toronto, ON
Suzanne Clutterham, University of British Columbia, Vancouver, BC
Andrea Cullingham, University of Calgary, Calgary, AB
Adam Davidson, University of Calgary, Calgary, AB
Amritpal Deep, University of British Columbia, Vancouver, BC
Janine Hardial, University of British Columbia, Vancouver, BC
Cheryl Hau, University of Toronto, Toronto, ON
Brian Josephson, University of Calgary, Calgary, AB
Jodine Klippenstein, University of British Columbia, Vancouver, BC
Jason Krowitz, University of British Columbia, Prince George, BC
Pamela Kryskow, University of British Columbia, Victoria, BC
Tania Kung, University of Toronto, Toronto, ON
Jatina Lai, University of Toronto, Toronto, ON
Joyce Law, Dalhousie University, Halifax, NS
Ann Lee, University of Alberta, Edmonton, AB
Jessica Leung, University of Toronto, Toronto, ON
Peter Loland, University of British Columbia, Prince George, BC
Jelena Maric, University of British Columbia, Vancouver, BC
Rachel McGhee, University of British Columbia, Prince George, BC
Danica McKenzie, University of British Columbia, Chilliwack, BC
Sarah Merriman, University of British Columbia, Prince George, BC
Kraig Montalbetti, University of British Columbia, Chilliwack, BC
Alison Morris, Memorial University of Newfoundland, St. John's, NF
Anne Morrison, University of British Columbia, Vancouver, BC
Shauna Nast, University of British Columbia, Victoria, BC
Robert Saona, Queen's University, Kingston, ON
Amy Sawchuk, University of British Columbia, Prince George, BC



Kendra Struck, University of British Columbia, Victoria, BC
Blazej Szczygielski, McGill University, Montreal, PQ
Amy Weber, University of British Columbia, Vancouver, BC

Elaine Willman, University of British Columbia, Vancouver, BC
Lenny Woo, University of British Columbia, Victoria, BC
Teresa Wood, University of British Columbia, Victoria, BC
Gabriel Woollam, Memorial University of Newfoundland, St. John's, NF
Melinda Zeron-Mullins, University of British Columbia, Victoria, BC
Aron Zuidhof, Dalhousie University, Fredericton, NB

General Surgery

Courtney Babcock, University of British Columbia, Vancouver, BC
Vanessa Fawcett, University of British Columbia, Vancouver, BC
Jory Simpson, University of Toronto, Toronto, ON
Clara Tan, University of British Columbia, Vancouver, BC

Internal Medicine

Stephanie Au, University of British Columbia, Vancouver, BC
Erin Bergsma, University of Western Ontario, London, ON
Margot Davis, University of British Columbia, Vancouver, BC
Behzad Etemadi, Queen's University, Windsor, ON
Tabassum Firoz, University of British Columbia, Vancouver, BC
Samuel Kohen, University of Calgary, Calgary, AB
Kevin Levitt, University of Toronto, Toronto, ON
Anson Li, University of British Columbia, Vancouver, BC
Jean-Paul Lim, University of British Columbia, Vancouver, BC
Marla McKnight, University of British Columbia, Vancouver, BC
Harpinder Nagi, University of British Columbia, Vancouver, BC

Callum Reid, University of British Columbia, Vancouver, BC
Michael Tsang, University of British Columbia, Vancouver, BC
Aaron Young, University of British Columbia, Vancouver, BC

Pathology & Laboratory Medicine

Corrie Messerer, University of British Columbia, Vancouver, BC
Tyler Smith, University of British Columbia, Vancouver, BC

Medical Genetics

Margaret McKinnon, University of British Columbia, Vancouver, BC

MS Imaging Research

Jimmy Lee, University of British Columbia, Vancouver, BC

Neurology

Maiya Geddes, McGill University, Montreal, PQ
Claire Hinnell, University of Calgary, Calgary, AB
Sharanpal Mann, University of British Columbia, Vancouver, BC
Suzanne Plessis, University of British Columbia, Vancouver, BC

Neurosurgery

Ryan Janicki, University of British Columbia, Vancouver, BC

Obstetrics & Gynaecology

Innie Chen, University of Alberta, Edmonton, AB
Stephanie Johnson, University of British Columbia, Vancouver, BC
Laurren Rodgers, University of British Columbia, Vancouver, BC
Ardelle Stauffer, University of Saskatchewan, Saskatoon, SK
Cheryl Wilson, University of British Columbia, Vancouver, BC
Paul Yong, University of British Columbia, Vancouver, BC

Ophthalmology

Claire Sheldon, University of British Columbia, Vancouver, BC
George Yearsley, University of British Columbia, Vancouver, BC

Orthopedic Surgery

Stephen Kennedy, University of British Columbia, Vancouver, BC
Shannon Samler, University of British Columbia, Vancouver, BC
Gerard Slobogean, University of British Columbia, Vancouver, BC

Otolaryngology

Clark Bartlett, Dalhousie University, Halifax, NS

Pediatrics

Cristina Bigg, University of British Columbia, Vancouver, BC
Kelly Cox, Dalhousie University, Halifax, NS
Tommy Gerschman, University of British Columbia, Vancouver, BC
Gordon Soon, University of Toronto, Toronto, ON
Kathy Wong, University of British Columbia, Vancouver, BC

Plastic Surgery

David Tang, Dalhousie University, Halifax, NS
Andrew Tung, University of British Columbia, Vancouver, BC

Psychiatry

Cameron Anderson, University of British Columbia, Vancouver, BC
Janel Casey, University of British Columbia, Vancouver, BC
Jessica Luckhurst, University of British Columbia, Vancouver, BC
Karolina Ochnio, University of British Columbia, Vancouver, BC
Helen Rosenauer, University of British Columbia, Vancouver, BC
Tamara Salih, University of British Columbia, Vancouver, BC
Jennifer Wide, University of British Columbia, Vancouver, BC
Jennifer Yeh, University of British Columbia, Vancouver, BC

Radiation Oncology

Christina Campbell, University of British Columbia, Vancouver, BC
Adrian Ishkanian, University of Toronto, Toronto, ON

Rural Family Medicine

Sharon Chan-Yan, University of British Columbia, Prince George, BC
Timothy Doty, University of Calgary, Lethbridge, AB
Dale Gatenby, University of British Columbia, Kelowna, BC
Jonathan Hawkeswood, University of British Columbia, Kelowna, BC
Kristian Hecht, University of British Columbia, Kelowna, BC
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