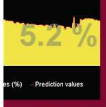

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UBC MEDICINE

VOL 7 | NO 1 SPRING 2011 THE MAGAZINE OF THE UBC FACULTY OF MEDICINE

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a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

FACULTY OF MEDICINE

UBC MEDICINE

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MESSAGE FROM THE VICE PROVOST HEALTH AND DEAN

The UBC Faculty of Medicine remains committed to promoting the health of British Columbians and beyond. In meeting the needs of a diverse population, it is necessary to ensure that certain principles underpin all of our programs and activities. However, it is also important to ensure that we address the unique health needs of specific populations — children, the elderly, aboriginal communities, to name a few.

In this issue, we have an opportunity to portray some of the Faculty's amazing academic contributions to women's health. The ambitious vision of Peter von Dadelszen and his colleagues for treating pre-eclampsia in the developing world has received significant financial support from the Bill and Melinda Gates Foundation. The Ovarian Cancer Research Program at Vancouver General Hospital (OvCaRe) has garnered international acclaim for its efforts to prevent ovarian cancer; the program also has received some well-deserved support from donors. New epidemiological research published by Jennifer Hutcheon, on the optimal timing for delivery of high-risk pregnancies, has been highly regarded.

These successes reflect the broad contribution to women's health within the Faculty of Medicine. Perhaps most important in considering these contributions is another common thread: they represent a direct translation of basic science laboratory research into clinical practice, and potentially into public policy.

Individual practice-changing discoveries are few and far between. However, in aggregate, the contributions of researchers have a major impact. For example, the basic science research occurring in the Faculty of Medicine in ovarian cancer has been carried through into translational studies that have sought to identify specific molecular characterizations of tumours and effect therapy. Similarly, an understanding of the basic pathophysiology of ovarian cancer has led to a significant recommendation in clinical practice to include removal of the fallopian tubes at the time of hysterectomy. The OvCaRe group is to be commended on translating research into clinical practice.

Women's health is a critical component of our contribution to the overall health of the population. Research that spans the continuum from the laboratory to the population, and also engages diverse teams of investigators, is most likely to have the greatest impact on the health of the population that we serve. I hope that you will enjoy reading about the successes included within this issue, and gain a better appreciation for the ways that science can be translated into clinical practice, and ultimately benefit the health of the population.

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

FOCUS ON:
WOMEN'S HEALTH

"We're dealing with different cultures, different expectations, different barriers....We have to be respectful of what the issues are in each place." – Dr. von Dadelszen

Above, L–R: Eclampsia ward in Dhaka, Bangladesh; Peter von Dadelszen meets with colleagues in Karachi, Pakistan. Opposite page: Bangladeshi community volunteers (seated) who teach pregnant women about the warning signs of pre-eclampsia. PHOTOS BY DIANE SAWCHUCK

SETTING A GLOBAL DRAGNET FOR PRE-ECLAMPSIA

When the United Nations laid out its Millennium Development Goals in 2000, No. 5 on the list was reducing maternal deaths. Progress has been slow — with only four years left to go before the 2015 deadline, the maternal mortality ratio has declined by 34 per cent, less than half of the UN's target.

One of the main obstacles is pre-eclampsia, the sudden onset of high blood pressure during pregnancy. It's the second-leading cause of maternal death worldwide, resulting in 76,000 women dying a year — almost all of them in lower- and middle-income countries.

A woman can be spared the dangers of pre-eclampsia, which include seizures (eclampsia), stroke or failure of the lungs, kidneys or liver. It doesn't take a lot of medical wizardry: She must be transported to hospital, where her blood pressure can be managed, her seizures prevented and her delivery induced, which ultimately is the only sure treatment.

But in much of the developing world, identifying women who are at-risk or already have pre-eclampsia — and getting them to a facility that can provide proper care — simply doesn't happen.

"It really is a social equity issue," says ***Peter von Dadelszen***, an Associate Professor in the Department of Obstetrics and Gynecology. "If you really want to make an impact on maternal health, we must focus on countries where women routinely deliver their babies at home, or live far away from medical facilities."

If Dr. von Dadelszen sounds like he has a plan, that's because he does. And the Bill and Melinda Gates Foundation has signed on to it.

The foundation has given Dr. von Dadelszen and his team $7 million to test a battery of new strategies to monitor, prevent and treat pre-eclampsia. To increase the chances of its scalability, it will unfold in a broad number of countries in Africa (Mali, Nigeria, South Africa, Uganda and Zimbabwe), South Asia (Bangladesh, India and Pakistan), Asia-Oceania (China and Fiji) and Latin America (Brazil).

"We're dealing with different cultures, different expectations, different barriers and different facilitators," says Dr. von Dadelszen, Co-Director of the Reproduction & Healthy Pregnancy research cluster at the Child & Family Research Institute. "We have to be respectful of what the issues are in each place."

One component of Dr. von Dadelszen's project is a clinical trial in South Africa and Zimbabwe to test the efficacy of calcium supplements for women with low calcium intake and at high risk for pre-eclampsia in their next pregnancy.

Pre-eclampsia is the second-leading cause of maternal death worldwide, killing 76,000 women a year.

Another component will test a method developed by Dr. von Dadelszen for diagnosing pre-eclampsia and assessing the degree of risk, based either on the woman's symptoms, clinical examination and simple lab tests, or without any lab tests whatsoever.

The Gates grant will also fund the creation of "a treatment pipeline" that extends from remote villages to properly-equipped medical facilities in urban centres. Community health workers will be trained to use Dr. von Dadelszen's diagnostic and risk-assessment tool, and to administer an anti-hypertensive drug (to prevent strokes), and magnesium sulfate (to prevent seizures). The pipeline will include a protocol for transporting women to hospitals that provide more elaborate care.

"Many women are moribund, or dead, by the time they are seen by someone who can help," Dr. von Dadelszen says. "The idea is to reach into the community to make a difference."

FOCUS ON:
WOMEN'S HEALTH

L–R: Sarah Finlayson, Dianne Miller
PHOTOS COURTESY OF VANCOUVER COASTAL HEALTH RESEARCH INSTITUTE

SPREADING THE WORD TO SAVE LIVES

BC's Ovarian Cancer Research Program realized they had new knowledge to share, but they weren't content to let the word get out through the usual channels. It was just too important.

NEW PROFESSORSHIP HONOURS A CARING PHYSICIAN

A new professorship in gynecologic oncology has been created at UBC in tribute to the late Chew Wei, a Hong Kong physician.

Dr. Chew, who retired to Vancouver in 1988 and died in 2009, practiced obstetrics and gynecology for 38 years, and came to be dismayed by the prognosis for his patients who developed ovarian cancer. Though not a cancer specialist himself, he was determined to do what he could — even posthumously — to improve outcomes for women faced with the disease.

His family and friends wanted to honor those intentions by donating $3 million to the Faculty of Medicine to endow the Dr. Chew Wei MBBS [HK] FRCOG [ENG] Memorial Professorship in the Department of Obstetrics and Gynaecology.

Born and raised in Malaysia, Dr. Chew earned his medical degree and specialist degrees at the University of Hong Kong and the University of London. Upon returning to Hong Kong, he was a lecturer at the University of Hong Kong and served as Acting Head of the Department of Obstetrics and Gynaecology before going into private practice. He also served as President of the university's medical society.

"UBC's Faculty of Medicine is enormously grateful for the generosity of Dr. Chew's family and friends," says Gavin Stuart, Dean, Faculty of Medicine and Vice-Provost, Health at UBC. "I remain in my clinical role as a member of our ovarian cancer team here in BC, and I know that this gift will help cement our place as a world leader in ovarian cancer research and treatment, hastening the day when this disease no longer poses the threat that it does today."

When researchers make a significant new finding, the news is typically shared through publication in a journal. Maybe they will get to make a presentation at a conference. Depending on its news value, and what else is happening in the world that day, the discovery might be covered by newspapers, radio and television.

When BC's Ovarian Cancer Research Program, OvCaRe, realized they had new knowledge to share, they weren't content to let the word get out through those usual channels. It was just too important.

Their discovery — that at least two-thirds of high-grade serous tumours in the ovaries have actually originated in the fallopian tubes — had huge implications. It meant that removing the fallopian tubes, either in women who carry a genetic predisposition to such cancer or in women already undergoing a hysterectomy or tubal ligation, could reduce the incidence of such cancers by as much as 50 per cent.

The potential for lives saved impelled OvCaRe to launch a campaign to promote routine removal of the fallopian tubes when performing hysterectomies or tubal ligations.

"This seems simple and obvious but the concept evaded all of us until recently," says ***Sarah Finlayson***, an Assistant Professor in the Department of Obstetrics and Gynaecology and a gynecologic oncologist at OvCaRe at Vancouver General Hospital.

Changing ingrained practices is a slow process, even if the change is backed by peer-reviewed articles in respected journals. Previous articles detailing the fallopian tube revelation, which appeared months before OvCaRe's independent findings, were pathology-oriented and didn't explicitly delve into the clinical implications. Even OvCaRe's article, published in 2009 in the *International Journal of Gynecological Cancer*, would not typically be read by the OB-GYNs who are best positioned to act on it.

Taking advantage of their role as the sole ovarian cancer group for the province, and their ability to communicate directly with most of the province's gynecologists, they produced an educational DVD that was sent to all of BC's 250 osbstetrician-gynecologists (and posted on the OvCaRe website at ovcare.ca/news_practice%20changes.php). They also made it a major focus of the province's annual gathering of OB-GYNs.

"We have a degree of trust both ways with the practicing community," says ***Dianne Miller***, Associate Professor in the Department of Obstetrics and Gynaecology and co-founder of OvCaRe. "We don't have a lot of pushback, which is both a privilege and a huge responsibility. When we launched this, we had to be sure this was the correct thing to do."

Tracking how much practice is actually changing is proving difficult, even in BC, because of the way such surgical procedures are coded.

"Anecdotally, we have heard from several major institutions around the province that it has become routine," Dr. Miller says. "The dominoes are falling."

Beyond BC, OvCaRe is relying on any willing ambassadors to spread the word. Jan Christilaw, Clinical Professor and President of BC Women's Hospital and Health Centre, made the fallopian tube removal recommendation the focus of a lecture she gave at McMaster University. The President-elect of the Society of Obstetricians and Gynaecologists of Canada, Clinical Professor Mark Heywood, has vowed to make promoting the practice change a priority during his upcoming term, and has already given presentations about it at two of the society's continuing medical education conferences.

"These articles go to press, it adds to the knowledge that's out there, but there's not always an immediate change in patient care," Dr. Finlayson says. "Part of it is the medical establishment's traditional deliberateness. Part of it is people just being very busy. So getting this new knowledge out takes time and energy."

FOCUS ON:
WOMEN'S HEALTH

Jennifer Hutcheon

A METHODICAL QUEST TO TIME THE DELIVERY OF HIGH-RISK BABIES

***Jennifer Hutcheon*'s career as an epidemiologist was sparked by questions from expectant mothers in the Fraser Valley.**

Dr. Hutcheon, while working as a nutritionist, often found herself trying to counsel pregnant women with diabetes on how to manage their blood sugar through diet.

"I would go to the literature for answers," she says. "But often there were none."

Determined to answer the questions herself when no one else had done so, she went off to earn a doctorate in epidemiology and biostatistics at McGill University.

Upon arriving at UBC's Department of Obstetrics and Gynaecology as a post-doctoral fellow, Dr. Hutcheon was party to a departmental discussion about the optimal timing of delivery for women with pre-existing high blood pressure.

It's a question that hangs over every obstetrician dealing with higher-risk pregnancies, whether caused by maternal hypertension, obesity, advanced age or multiple births: When does the risk of continuing the pregnancy, which could result in stillbirth, outweigh the risk of delivering the baby early, which could result in complications for the baby, especially respiratory problems?

There is no definitive data to guide the mothers or their physicians. Not surprisingly, clinical practices vary for mothers with pre-existing high blood pressure, with some physicians recommending delivery at 36 weeks, some preferring to await spontaneous onset of labour, and everything in between.

"You would just think that we would have a good answer for that somewhere," says Dr. Hutcheon, who became an Assistant Professor and a Scientist at the Child and Family Research Institute in March. "But the studies just haven't been done, because huge sample sizes are needed to study rare, serious outcomes like stillbirth or neonatal death."

This time, however, Dr. Hutcheon — recipient of fellowship awards from the Canadian Institutes of Health Research and the Michael Smith Foundation for Health Research — had the skills and expertise to find the answer herself.

Using a decade's worth of U.S. birth records, she was able to assemble a large enough collection of data of stillbirths (about two in every 1,000 deliveries) to make solid conclusions about the trade-off. Her analysis, published in November in the *British Journal of Obstetrics and Gynaecology*, revealed that the risk of stillbirth increases sharply in the 39th week, while the risk of complications decreases fairly dramatically between 36 and 38 weeks.

So delivering in the 38th or 39th week would minimize the number of stillbirths as well as the number of neo-natal complications and Caesarian deliveries. Her findings are now being applied at BC Women's Hospital and Health Centre.

A month after that publication, Dr. Hutcheon published a study in the same journal on a far more uncommon condition, but one that had been encountered at BC Women's — diaphragmatic hernia diagnosed *in utero*.

A previous large-scale study indicated that earlier delivery, at 37 or 38 weeks, would lower the rate of stillbirths among infants with that condition. But Dr. Hutcheon, using a different methodology, found that delivery at 39 to 40 weeks was associated with better outcomes.

"We don't want to be changing practice so all of these babies are delivered at 37 weeks, when in fact it could be causing harm," Dr. Hutcheon said. "Let's wait until we get a proper answer to this question before making changes to clinical practice."

L–R: David Patrick; students and faculty in the new home of the School of Population and Public Health. PHOTOS BY MARTIN DEE

A YEAR OF TRANSFORMATION

FOR THE SCHOOL OF POPULATION AND PUBLIC HEALTH

Nearly three years after its creation, the School of Population and Public Health has a new home — and a new leader.

The School moved from the Mather building to a renovated space on East Mall last summer, bringing it under the same roof as its numerous affiliates: the Centre for Health Services and Policy Research, the School of Environmental Health, the Human Early Learning Partnership, Population Data BC, the Global Health Research Program and the Centre for Population Health Promotion Research.

At the official building opening in November, UBC President ***Stephen Toope*** reflected back to the vision of the university's founding president, Frank Fairchild Wesbrook — a pioneer in public health teaching and research who had called for coordinated specialism in public health research.

"Wesbrook was a prescient thinker, but I doubt even he could have envisioned the diversity of expertise that would one day be standing in this room wanting to collaborate across specializations, wanting to break down disciplinary boundaries, to the extent that teachers, researchers and students will do within these walls and beyond," Professor Toope said.

The School's founding Director and former Head of the Department of Health Care and Epidemiology, ***Martin Schechter***, stepped down in December after 10 years of leadership. His vision of the new school took shape in 2002.

"The hypothesis was that if we could put everybody in the area of population and public health under the same umbrella, we would have the strongest group in the country and one of the best in the world," Dr. Schechter says. "I think we are well on our way to proving that hypothesis correct."

The task of overseeing the school's continuing evolution now falls to ***David Patrick***, who became its new director in April. Dr. Patrick, the former Director of Epidemiology Services at the BC Centre for Disease Control, says his first priority is to renew the school's strategic plan.

"We need to be a home for anyone interested in our overall vision and mission of population and public health, regardless of their discipline," Dr. Patrick says.

CLYDE HERTZMAN: HEALTH RESEARCHER OF THE YEAR

Clyde Hertzman, Professor in the School of Population and Public Health and Director of the Human Early Learning Partnership, was named Canada's 2010 "Health Researcher of the Year" — the highest scientific honour from the Canadian Institutes of Health Research (CIHR).

The award recognizes Dr. Hertzman's work on the effects of the environment on the development of young children. Dr. Hertzman has gathered a wide range of scientific evidence to support the idea that what happens to children during their early years is important to lifelong health and well-being. His research team monitors the condition of BC's children using the Early Development Instrument (EDI).

The award includes a grant of $500,000, paid over five years. Dr. Hertzman, who is also a Canada Research Chair in Population Health and Human Development, plans to use the grant to promote the use of the EDI in Latin America, China and Europe and to support the creation of a global monitoring protocol for early childhood rights.

Previous recipients of the award include *Michael Hayden* (Department of Medical Genetics) and *Brett Finlay* (Department of Biochemistry and Molecular Biology).

A CROP OF NEW DOCTORS FOR A REGION STARVED FOR CARE

James Card was planting trees in a remote part of northern BC in the summer of 2000 when news came over the radio from Prince George — thousands of residents had gathered at the local arena to protest the shortage of physicians.

"It kind of got me thinking that it would be a good job in terms of future employability," he says. "That's when the seed started to set. It was not something I had grown up wanting to do, but I saw the opportunity."

When the time had come to act on his idea, that rally had borne fruit — UBC's medical education program was expanding beyond the Lower Mainland, taking root in Prince George and Victoria. By distributing doctor training throughout the province, the thinking went, more doctors would be likely to set up their practices throughout the province.

He was accepted into the inaugural class of the Northern Medical Program, hosted by the University of Northern British Columbia. He and his 23 classmates experienced the same curriculum as their fellow UBC students in Vancouver and Victoria, with many classes conducted by videoconferencing.

Now, having completed four years of medical school and two years of postgraduate training (or "residency") in family medicine, Dr. Card is one of the first family doctors produced by UBC's distributed medical education program.

PHOTOS BY TIM SWANKY AND ROB VAN ADRICHEM, COURTESY OF UNIVERSITY OF NORTHERN BRITISH COLUMBIA

FACULTY OF MEDICINE WINS NATIONAL AWARDS FOR TECHNOLOGICAL INNOVATION

The Faculty of Medicine's distributed medical education program has won two national awards for innovation in medical education — the Ted Freedman Award and the COACH Best Innovation in Technology Award.

The awards acknowledge the technological foundation and provincial partnerships that enabled the first-of-its-kind distributed medical education program, which was launched in 2004 and became a model throughout North America.

The Ted Freedman Award is an international competition organized by Longwoods Publishing and the Ontario Hospital Association. The other award, presented by COACH: Canada's Health Informatics Association, is given every year to a program, project or service provider that demonstrates an innovative application of technology and learning in telehealth.

Dave Lampron, the Faculty's Director of Technology Enabled Learning, said the awards are a welcome acknowledgement from peers, but the real reward is knowing the impact that the program and its underlying technology are playing in improving health in British Columbia.

"We've shown that it's possible to use telehealth technologies to overcome geographical boundaries and to address imbalances in access to medical education resources," Lampron said.

He has stayed in Prince George, filling in for physicians who are on vacation or maternity leave, or helping out in the Emergency Department of the University Hospital of Northern BC. He also ventures to clinics and hospitals around the province, including the small northern town of Mackenzie, the bustling maternity ward of Surrey Memorial Hospital, and even his hometown of Maple Ridge.

Some of Dr. Card's former classmates have chosen a less peripatetic path since completing their family practice residencies — and true to plan, they have settled in the North.

Jennifer Parker, who dreamed of being a doctor since the age of six, is tending to patients in Fort St. John, a 480 kilometre-drive north from Prince George. A Cree Metis who was raised in the northern BC towns of Chetwynd and Fort Nelson, she was intent on returning to the region as a doctor.

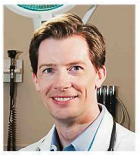
So after earning her MD in Prince George, Dr. Parker also opted for a residency in the North, in Ft. St. John. Before long, she was thinking about settling there.

"The medical community here is very friendly, welcoming, accepting and very supportive of one another," she says. "I just got to do so much in that space of time, and everybody was so excited to teach me."

She is one of the few BC born-and-raised physicians in town; most of the others are transplants from South Africa, the U.K., Australia and other Canadian provinces. Her days are long and varied, and can easily include delivering babies, assisting on surgery, seeing patients in the family practice she has joined, and working in the hospital's emergency room. She also travels to outlying towns, such as Hudson's Hope, every month.

"This was sort of what I had envisioned to begin with, and being in the Northern Medical Program, I was able to easily confirm that this is what I wanted," she says.

> By distributing doctor training throughout the province, the thinking goes, more doctors would be likely to set up their practices throughout the province.



Brian Hillhouse, like Dr. Parker, also was raised in the North. Although he spent years earning a bachelor's and master's degree at UBC's Vancouver campus, he wanted to return to his hometown as a family doctor. The opening of the Northern Medical Program, in his hometown, seemed tailored just for him.

Upon completing his residency in Prince George, he joined a practice there; he also sees patients at a walk-in clinic and the hospital's Emergency Department, where it becomes clear just how many more like him are needed. His fellow physicians estimate that a third of the town's residents don't have a family doctor.

"When I work in a walk-in clinic or in the emergency department, every day I'm faced with the dilemma — 'How do I get this person to follow up?'" Dr. Hillhouse says. "Usually the shortcut is I see them in my office for that problem, because otherwise there would be no follow-up."

Jose Campillo (standing) addressing health professions students at a Patient and Community Voices workshop.
PHOTO BY DON ERHARDT

TURNING PATIENTS INTO EDUCATORS

Patients have long been a part of the education of health professionals, but they have usually been relegated to a passive role, to be queried and examined — serving, in the words of Associate Professor of Medicine *Angela Towle*, as "audio-visual aids."

Not so in the Patient and Community Voices project.

Elevating patients into the role of educators, the project seeks to have patients, their relatives and caregivers, and other community members take an active part in the making of physicians, physical therapists, occupational therapists, audiologists, speech therapists, midwives and other health professionals.

"In contrast to the traditional university 'outreach' approach, we wanted these experts from the community to 'reach in' to the university," says Dr. Towle, Co-Director of the Division of Health Care Communication in the College of Health Disciplines.

In a typical workshop, several patients with a particular condition meet with small groups of students for two to three hours in an intimate, safe environment, away from campus or hospitals to escape the intimidating trappings of academic or clinical formality. Most students who participate are volunteers and don't receive credit for attending, though some participate as part of their regular courses. The inter-professional workshops have been attended by students from 15 different health and human service programs at UBC.

The project began in 2008 with funding from UBC's Teaching and Learning Enhancement Fund. The first workshops included community educators from the Richmond Mental Health Consumer and Friends Society, the Canadian Mental Health Association, the Arthritis Society/Scleroderma Association of Canada, the BC Epilepsy Society, the Indian Residential School Survivors Society and the BC Persons with AIDS Society. An upcoming workshop in June will involve people with aphasia, a speech disorder.

The volunteer educators talk about their experiences of living with and managing chronic illness, as well as stigma, peer support, recovery, community resources and their interactions with the health care system. After hearing short talks about the illness experiences, the students break into smaller groups, spending time in detailed conversations with each educator.

At a recent workshop that focused on mental health, the educators spoke about their frustrations with doctors, the challenge of finding the most effective medication, and discord or misunderstandings with relatives or employers.

"All those years I felt isolated in my own world, but also inferior," said ***Jose Campillo***, 50, who was diagnosed with schizophrenia when he was 19.

Ian Sadler, who has been diagnosed with schizo-affective disorder (after an initial diagnosis of chronic depression), explained how he wished his doctors had been more forthcoming about the trial-and-error nature of prescribing psychiatric drugs.

"Had I known that there was a trial period for medication, and after you go up several steps to dosage you should be on a new medication, I wouldn't have stayed for a year on a particular anti-depressant," he said. "That's one point I want to make for educating the patients."

Evaluation of the workshops indicates that students learn important aspects of patient-centred care and chronic disease management that they don't get in their formal curricula.

"Just to hear the lived experience from someone's mouth is always great," an occupational therapy student commented after a workshop. "Ten minutes of that seems to be worth about two hours of it coming from an instructor's mouth."

To learn more about the Patient and Community Voices Project, visit www.meetingofexperts.org

L–R: Djavad Mowafaghian; rendering of the Djavad Mowafaghian Centre for Brain Health. PHOTO BY MARTIN DEE

CENTRE FOR BRAIN HEALTH TAKES SHAPE, WITH A BENEFACTOR'S HELP

When the Faculty of Medicine's newest research enterprise opens in 2013, it will bear the name of its most generous individual donor — Djavad Mowafaghian.

The Djavad Mowafaghian Centre for Brain Health will take an interdisciplinary approach to understand and treat diseases of the brain, which affect one in seven Canadians from early childhood through to old age.

"The brain has been referred to as the last frontier of medicine," he says. "Maybe my donation will help doctors and researchers move a little closer to that frontier."

Dr. Mowafaghian gave $15 million for the construction of the 135,000-square-foot centre, the largest single gift from an individual to the Faculty of Medicine. A native of Tehran who settled in Vancouver in 1987, he has used his foundation to support many causes in British Columbia, including the Djavad Mowafaghian Young Scholars Project at UBC's Human Early Learning Partnership and the Djavad Mowafaghian Atrium at UBC's Beaty Biodiversity Museum.

The Djavad Mowafaghian Centre for Brain Health, a partnership between the Faculty of Medicine and Vancouver Coastal Health, will integrate brain research with patient care, and will unite neuroscience, mental health and addiction medicine — marking a new strategy of breaking down barriers to find answers and develop treatments.

"The Djavad Mowafaghian Centre for Brain Health will build on the Faculty of Medicine's globally recognized expertise in brain health, creating an innovative facility that integrates psychiatry, neurology and basic neurosciences, and, for the first time in Canada, uniting clinical care and brain research under one roof," says Gavin Stuart, Dean of the Faculty of Medicine and UBC's Vice Provost Health.

The Centre, to be built next to UBC Hospital, also received $25 million from the Province of British Columbia, $10 million from Industry Canada's Centres of Excellence in Commercialization and Research program, $17 million from the Canada Foundation for Innovation competition and British Columbia Knowledge Development Fund competition, and $5 million from the Townsend family.

Dr. Mowafaghian owned one of Iran's largest construction companies, with more than 8,000 employees. He continues to maintain a close connection to his homeland and has supported the development of a number of important projects, including the construction of more than 25 schools. Dr. Mowafaghian — motivated by his lifelong interest in helping children — decided to contribute to the Centre's construction for the role it would play in studying and finding cures for brain disorders affecting children.

> "The brain has been referred to as the last frontier of medicine. Maybe my donation will help doctors and researchers move a little closer to that frontier."
>
> — Dr. Mowafaghian

Shortly afterward, his decision took on a personal dimension as well — he suffered a stroke, spending eight weeks in hospital.

"I am lucky that I have recovered," he says. "But tens of thousands of Canadians suffer a stroke each year, with many of them dying or never fully recovering. So helping the Centre, which will be studying such a devastating illness, is important to me on a personal level."

ENHANCING EXCELLENCE

NEW ARRIVALS TO THE FACULTY OF MEDICINE

GOAL: To lead innovative research to help children and adolescents experiencing mental ill health, and develop a child psychiatry program in the Northern Medical Program.

ANTHONY BAILEY

AGE: 53

POSITION: Professor, Department of Psychiatry; Institute of Mental Health Chair in Child and Adolescent Psychiatry

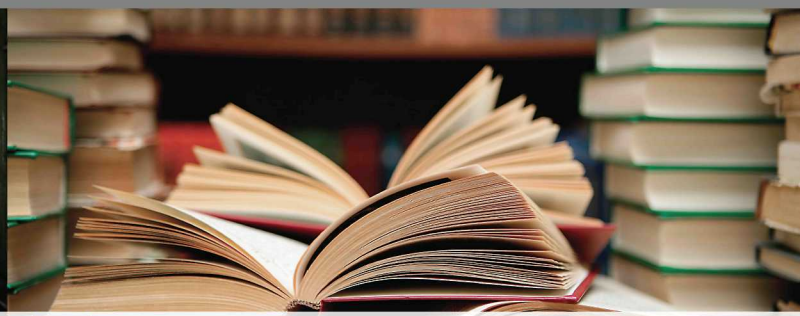
EDUCATION: Bachelor's degree in Experimental Pathology and medical degree (MBBS) from London Hospital Medical College; Diploma in Child Health (DCH); Member of the Royal College of Psychiatrists (MRCPsych) while at the Bethlem Royal and Maudsley Hospitals and the Institute of Psychiatry (London) as MRC Training Fellow.

PREVIOUS POSITION: Cheryl and Reece Scott Professor of Psychiatry, University of Oxford.

DID YOU KNOW? Winner of the British Aerobatic Association's Two-Up Trophy in 1990 for performing a series of aerial maneuvers while accompanied by a judge.

DISTINCTIONS: Coordinated International Molecular Genetic Study of Autism Consortium, which published first complete genome scan of autism; built the first Magnetoencephalographic Centre designed for the study of autism and other neurodevelopmental disorders; Founding Editor-in-Chief, *Autism Research*; former Editor, Section of Biological Child and Adolescent Psychiatry, *Journal of Neural Transmission*.

"My area of research and clinical practice is in the field of Autism Spectrum Disorders (ASD). I was attracted to UBC by the excellent diagnostic service for ASD in the province, which provide a strong basis for etiological, mechanistic and treatment research. We plan to establish a Magnetoencephalographic Centre that will enable us to make significant advances in understanding the physiological basis of autism. British Columbia provides special challenges in terms of distance and geographical inequality in medical resources; not only will developing innovative ways of tackling these challenges benefit the health of BC's citizens, they will also provide a template for work in the developing world. Regardless of where individuals live, currently able adults with ASD receive minimal or no support or treatment, and with the various autism charities, we plan to rapidly develop and evaluate new services that enable affected individuals to achieve the highest possible quality of life and contribute to society. Finally, there is an obvious need to improve child mental health services to First Nations children."



GOAL: To strengthen health professional education research and optimize the field's contributions to the educational and clinical practices of the health professions.

KEVIN EVA

AGE: 38

POSITION: Associate Professor and Director of Educational Research & Scholarship, Department of Medicine; Senior Scientist, Centre for Health Education Scholarship.

EDUCATION: Bachelor's degree in Psychology and PhD in Experimental (Cognitive) Psychology from McMaster University.

PREVIOUS POSITION: Associate Professor, Department of Clinical Epidemiology and Biostatistics, McMaster University.

DID YOU KNOW? Empirically demonstrated that men become more attractive the day they get married (Eva and Wood, *CMAJ* 2006;175(12):1573-4).

DISTINCTIONS: Editor-in-Chief, *Medical Education*; Young Educators Award from Association of Faculties of Medicine of Canada-GlaxoSmithKline; Best Paper by an Established Investigator, American Educational Research Association Division I; Junior Award for Distinguished Contribution to Medical Education from the Canadian Association of Medical Education; Innovator of Distinction Award, McMaster University.

"My current research interests are broadly defined within the context of research into educational practices within the health professions. They include research into the development, maintenance, and assessment of competence and expertise; the selection of students for health professional training programs; clinical reasoning strategies, performance assessment, and the role of self-regulation in professional practice. I approach these issues from a background in cognitive psychology, statistics, measurement, and the theory and practice of health sciences education.

Through these lenses my research program explores the value — and limits — of subjective judgment; the promotion and assessment of non-cognitive characteristics in professional practice; the context-specific nature of performance; the conceptualization, nature and use of self-assessment; the psychological processes that affect one's responsiveness to feedback; and the nature of clinical expertise."

GOAL: To advance research in the prediction and prevention of age-related adverse cardiovascular outcomes.

TERESA S.M. TSANG

AGE: 48

POSITION: Professor of Medicine, Division of Cardiology, Department of Medicine; Staff Cardiologist and Echocardiographer, Vancouver General Hospital; Director of Cardiovascular Research, UBC at VGH.

EDUCATION: Bachelor's degree in medical sciences and MD from University of Alberta; cardiology residency at University of Alberta; Fellow in Clinical Epidemiology at U.S. National Heart Lung & Blood Institute (NHLBI); Fellow in Echocardiography, Mayo Clinic (Rochester, Minnesota).

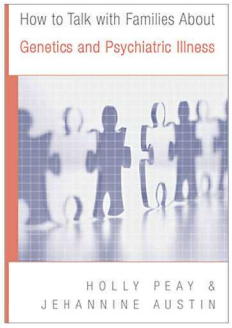
PREVIOUS POSITION: Professor of Medicine, Mayo Clinic College of Medicine; Staff Cardiologist and Echocardiographer at Mayo Clinic, Rochester.

DID YOU KNOW? As a resident, drove a sapphire blue Isuzu Impulse whose licence plate advertised her nickname, "BABY T"; at Bonnie Doon High School in Edmonton, she was the top season scorer on the girls' basketball team.

DISTINCTIONS: Recipient of multiple grants from the American Heart Association, American Society of Echocardiography and U.S. National Institutes of Health (NIH); American Society of Echocardiography Guidelines Committee Member; member of NHLBI expert panel on Prevention of Atrial Fibrillation; Editorial Board Member, *American Journal of Cardiology, Clinical Cardiology* and *World Journal of Cardiology*; American College of Cardiology William Parmley Young Author Achievement Award; Mayo Clinic Individual Award for Excellence; Mayo Clinic Practice Innovation Award; Mayo Clinic Clinician-Educator Award; Mayo Clinic Excellence in Teaching Award.

"My cardiovascular research has traditionally been focused on epidemiology of age-related cardiac conditions, such as atrial fibrillation and heart failure, and echocardiographic prediction and prevention of age-related adverse events, including atrial fibrillation, stroke, heart failure, and cognitive impairment. Using cutting-edge cardiac ultrasound and vascular technology, we can now detect and quantify cardiac and vascular abnormalities long before we can uncover their consequences by conventional physical examination, and we can do it with greater precision. The ability to stratify risk accurately in the early stages of a disease process may provide the window of opportunity for prevention of adverse outcomes. Ultimately, the goal is to decrease the burden of cardiovascular disease in our society and to improve the quality of later life."

NEWLY PUBLISHED

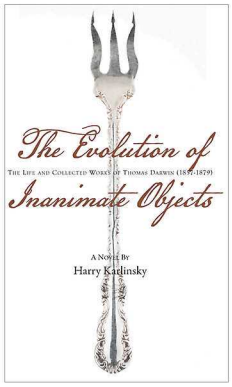


How to Talk with Families About Genetics and Psychiatric Illness

Authors: Jehannine Claire Austin (Assistant Professor, Departments of Psychiatry and Medical Genetics) and Holly Landrum Peay (Senior Director of Outreach and Education for Parent Project Muscular Dystrophy, and Adjunct Assistant Professor at the Johns Hopkins Bloomberg School of Public Health).

Publisher: W.W. Norton & Company

A practical resource for all mental health clinicians, this guide explains in a comprehensible and compassionate style how to address clients' questions and concerns about the genetic basis for mental health disorders, including common risk factors, the likelihood of recurrence, the need for genetic testing and implications for future generations. Filled with case studies, sample dialogues and question-and-answer examples, it offers a road map for practitioners, helping them to demystify a complex issue for their clients and equip them with the accurate, reassuring information they need.

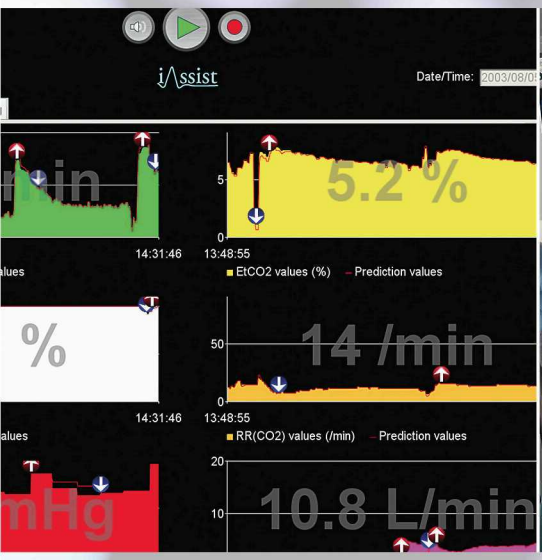


The Evolution of Inanimate Objects: The Life and Collected Works of Thomas Darwin (1857 – 1879)

Author: Harry Karlinsky (Clinical Professor, Department of Psychiatry)

Publisher: Insomniac Press

This novel tells the story of the fictitious Thomas Darwin, the last of 11 children born to the father of evolutionary theory, Charles Darwin. Dr. Karlinsky imagines himself finding a record of a "Thomas Darwin" being involuntarily admitted in 1879 to the London (Ontario) Asylum for the Insane. The author then proceeds to weave a narrative from sometimes doctored, sometimes invented letters, memoir abstracts, photographs and illustrations, sketching the life of a man who applied his father's ideas to such items as pastry forks. The result is a subtle parody and Nabokovian tale of Darwinian theory gone wrong.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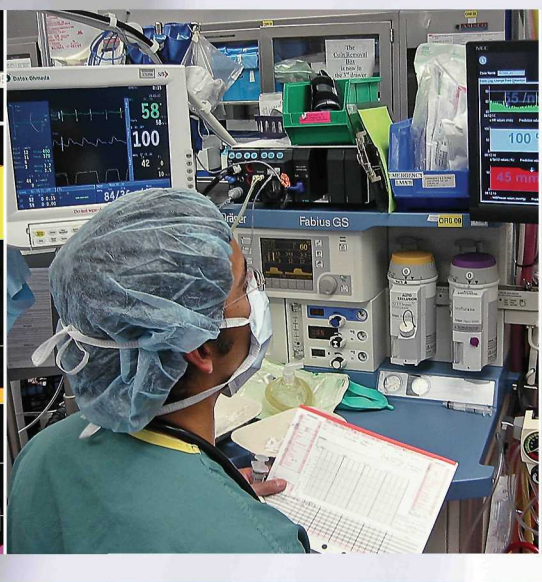

Fabius GS

Above: Mark Ansermino (seated) and Guy Dumont. Opposite page, L–R: A screenshot of the Intelligent Anesthesia Navigator; an anesthesiologist at the helm; an iPhone pulse oximeter. PHOTOS COURTESY OF NATURAL SCIENCES AND ENGINEERING RESEARCH COUNCIL OF CANADA AND UBC ELECTRICAL AND COMPUTER ENGINEERING IN MEDICINE GROUP

APPLYING ALGORITHMS TO ANESTHESIA

To hear *Mark Ansermino* and *Guy Dumont* expound on the challenge of anesthesia safety, it's all a matter of feast or famine.

The feast is to be found in Canada and the rest of the industrialized world, where anesthesiologists are inundated with data from more than 70 different sensors that, unless taken together, can obscure subtle signs of danger. The famine, not surprisingly, exists in the developing world, where monitoring of patients under anesthesia is often limited to keeping a finger on someone's pulse.

Dr. Ansermino, an Assistant Professor in the Department of Anesthesiology, Pharmacology and Therapeutics, and Dr. Dumont, a Professor in the Department of Electrical and Computer Engineering, have collaborated for years on the feast problem. They have much to show for it.

One of their inventions, "NeuroSense," precisely and instantly calibrates the amount of anesthesia to a patient's level of consciousness. Another device, the "Intelligent Anesthesia Navigator" (IAN), is a control panel that synthesizes the flood of physiological data, looking for pattern changes that herald danger. They also created a vibrating belt that transmits one of 24 different tactile alerts to an information-overloaded physician.

NeuroSense is already on the market in Europe, and clinical trials are scheduled to begin this year in Vancouver. A U.S. medical device company is adapting IAN. And this year, the Natural Sciences and Engineering Research Council of Canada awarded them the prestigious Brockhouse Canada Prize, which honours collaborations between scientists in engineering and natural sciences.

Now, having achieved some critical momentum (and receiving a $250,000 grant with the Brockhouse Prize), the duo is turning its attention to the famine.

"I wouldn't like to have anesthesia without an anesthesiologist," says Dr. Ansermino, an anesthesiologist at BC Children's Hospital and an Associate Scientist at the Child and Family Research Institute. "But if having a trained specialist at the controls is not an option, can you get someone with a relatively low level of training to perform the task an anesthesiologist performs?"

One avenue they consider particularly promising is pulse oximetry — measuring oxygen levels in the blood. It has contributed immensely to making anesthesia safer over the past two decades, because it alerts physicians to the threat of hypoxia, which can cause brain damage or death.

Dr. Dumont's and Dr. Ansermino's research cluster, called Electrical and Computer Engineering in Medicine (http://ecem.ece.ubc.ca) has developed an iPhone-based pulse oximeter that works with a light probe fitted around a patient's finger.

Their next step is making the technology universal, so it works on any mobile phone, and can be manufactured for $20 or less. Their team of graduate students also is exploring the possibility of capturing other information with the finger probe — for example, a patient's breathing rate.

One of their inventions is a vibrating belt that transmits messages to information-overloaded physicians.

They are also taking their algorithmic expertise to other diagnostic tools. One of their applications can detect a delay in capillary refill — the time it takes for someone's nail bed to regain normal colour after being compressed. (A delay is a strong indicator of illness or infection.)

"It's good enough technology," Dr. Ansermino says. "I wouldn't necessarily use that here in Vancouver. But I can give this to a health care worker, and they can determine if a child is sick. All of this is really building on what we've done around anesthesia, but goes far beyond that — to colds, intestinal disorders, malaria, even newborn screening."

INVESTIGATIONS & BREAKTHROUGHS

01 | A critical link between Down Syndrome and Alzheimer's Disease

The genetic mechanism that destroys brain cells in people with Down Syndrome is the same one responsible for Alzheimer's Disease (AD) — providing a potential target for drugs that could forestall dementia in people with either condition.

The research, led by ***Weihong Song***, Canada Research Chair in Alzheimer's Disease and Professor of Psychiatry, found that excessive production of a protein, called Regulator of Calcineurin 1 (RCAN1), sets off a chain reaction that kills neurons in the hippocampus and cortex. The findings were published in the *Journal of Biological Chemistry*.

"Neuronal death is the primary reason for the memory loss and other cognitive impairments of Alzheimer's Disease, and it's the main reason people with Down Syndrome develop Alzheimer's Disease long before most people, usually in their 30s," says Dr. Song, a member of the Brain Research Centre at UBC and the Vancouver Coastal Health Research Institute (VCHRI), and Director of the Townsend Family Laboratories at UBC. "By looking for the common elements of both conditions, we were able to pinpoint how and why the deterioration occurs."

People with Down Syndrome have an extra, third copy of the gene that produces RCAN1, thus leading to its excess production. The research team discovered that some AD patients have similarly elevated levels of the RCAN1 protein, despite having just two copies of the responsible gene. It's still unknown why, though Dr. Song speculates that the gene's overexpression might be triggered by stroke, hypertension or the presence of a neurotoxic protein, called beta amyloid, that typically collects into clumps in the brains of people with AD.

Now that the culprit gene and protein have been identified, "we can develop therapies that interfere with the gene's ability to produce that protein, and hopefully short-circuit the destruction of brain cells," says Dr. Song, the Jack Brown and Family Professor and Chair in Alzheimer's Disease.

02 | A new cardiac device dramatically reduces deaths

A combined pacemaker-defibrillator can significantly improve the chances for survival among the tens of thousands of heart-failure patients with only mild symptoms, according to a multi-year study of nearly 1,800 patients led by ***Anthony S.L. Tang***, a Professor in the Department of Medicine.

The research, which the *Wall Street Journal* described as "likely to change medical practice," showed that the device lowered the death rate by 29 per cent in patients with mild heart failure over 40 months, compared to those who had a standard defibrillator implanted. The study was published in the *New England Journal of Medicine*, and an accompanying editorial described the results as "breathtaking."

A standard defibrillator delivers a sharp shock to halt a lethal heart rhythm, while a pacemaker works to synchronize the beating of the heart's chambers. Medtronic Inc. developed the combined device, which is already approved in the U.S. and Canada for people with severe heart failure.

The company partially funded the 7-year study, along with the Canadian Institutes of Health Research. Dr. Tang, who presented the results at the annual meeting of the American Heart Association, began the study while a Professor at the University of Ottawa, then continued it after moving to Victoria's Royal Columbian Hospital and joining UBC's Island Medical Program in 2009. Some of the patients in the study were residents of Vancouver Island.

The study showed an increase in the number of device- or implantation-related complications within 30 days of implant, which Dr. Tang attributes to the additional wires needed for this device, compared to a standard defibrillator. The device is also more expensive than a standard defibrillator, though it's possible the reduced rate of hospitalizations could lead to a net savings.

03 | Finding the culprit gene in eye cancer

The eye is the second most common site in the body for melanomas, after the skin. Most of the people diagnosed with melanoma of the eye — about 1,500 a year in the U.S. — experience no symptoms until the tumor has become large enough to cause vision problems.

Catherine Van Raamsdonk, an Assistant Professor in the Department of Medical Genetics, has helped discover not one, but two genes associated with the most common form of eye cancer — those that arise in the uveal tract, the vascular layer that includes the iris.

In her more recent discovery, published in the *New England Journal of Medicine*, Dr. Van Raamsdonk, collaborating with researchers at Memorial Sloan-Kettering Cancer Center in New York, the University of California, San Francisco and the Medical University of Graz, in Austria, isolated a gene called GNA11 and found it in 37 per cent of tumor samples taken from patients with uveal melanoma.

This group previously revealed another "oncogene" associated with uveal melanoma, called GNAQ. Prior to these discoveries, genetic mutations responsible for uveal melanoma were completely unknown. Based on these studies, 83 per cent of uveal melanomas are now known to have an active mutation in the GNAQ or GNA11 oncogenes.

"If we can find a way to target these two genes, then there might be a therapy effective for the majority of cases," says Dr. Van Raamsdonk, a member of the Life Sciences Institute. "Right now, uveal melanoma is particularly difficult to treat once it metastases outside the eye."

Prior to these discoveries, genetic mutations responsible for uveal melanoma were completely unknown.

03

04

04 | Text messaging improves health of Kenyans with HIV

A simple "how are you," delivered weekly through cellphone text messaging, increases the likelihood that Kenyans with HIV will stay healthy, while reducing the spread of the disease.

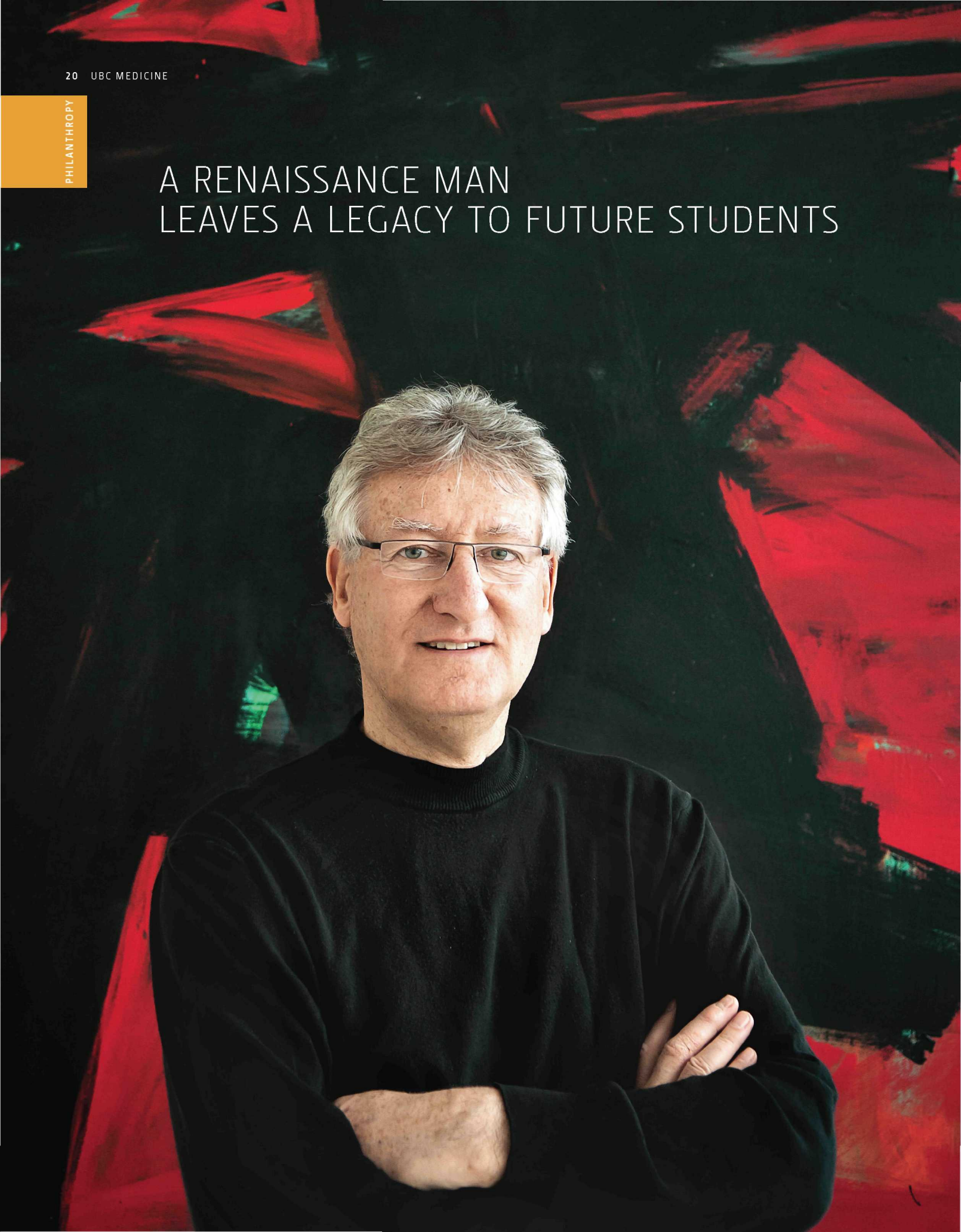
That finding was the result of the first randomized controlled trial to examine the effectiveness of a mobile phone support system with HIV patients, led by ***Richard Lester***, a Clinical Assistant Professor in the Division of Infectious Diseases in the Department of Medicine. Patients received a weekly message from their clinic, and were expected to respond within 48 hours that they were either doing well or had a problem. The clinics then contacted patients who reported a problem or who didn't respond.

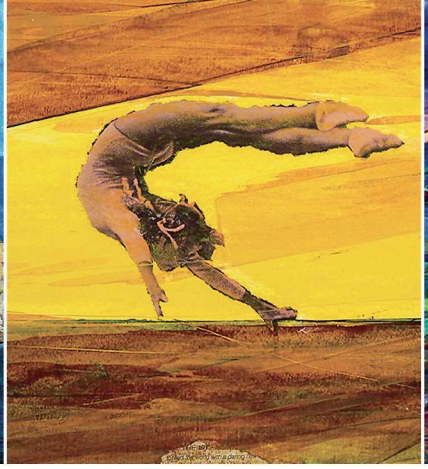
Delivered weekly, the messages weren't intended as medication reminders. Instead, participants reported that they felt "like someone cares" and had an opportunity to address any problems quickly as they arose.

Dr. Lester found that patients in Kenya who received weekly texts were 12 per cent more likely than a control group to have an undetectable level of the HIV virus a year after starting antiretroviral (ART) treatment. Undetectable viral loads have been associated with better health outcomes in people with HIV and with decreased transmission to new partners. If the same protocol were applied to the nearly 300,000 Kenyans who received ART under a U.S.-funded program in 2009, it could have resulted in more than 26,000 people with undetectable levels of the virus.

Dr. Lester, Lead Physician in the Division of Sexually Transmitted Infections/HIV Control at the BC Centre for Disease Control, will next lead two pilot studies in British Columbia using the same method for low-income people living with HIV, and for people with tuberculosis, who have similar needs for ongoing treatment.

A RENAISSANCE MAN LEAVES A LEGACY TO FUTURE STUDENTS





L–R: "Manarola C&J," "Olga" and "Bard Tent '92," all by Andrew Seal. Opposite page: the artist in front of one of his creations. PHOTO BY MARTIN DEE

It's hard to imagine in the era of DNA chips, PET scans and titanium rods that medicine was historically viewed within the realm of the humanities.

Andrew Seal, physician and artist, hasn't lost sight of medicine's origins. In fact, he celebrates them.

The retired surgeon, teacher, mentor and administrator sought to nurture the arts and humanities among medical students during his 30-year career in the Faculty of Medicine.

Now that he has traded his surgical mask for a smock, and left the operating room for his studio, he wants to help ensure that students in the Faculty continue to explore the arts and humanities.

Dr. Seal and his wife ***Hilde*** contributed the initial funding — subsequently augmented by colleagues, alumni and friends — for an award that recognizes the contributions of graduating medical students to the arts and humanities. The award, besides providing financial assistance, is intended to "reassure students that their humanity, spirit and passions are valued and celebrated by their teachers," Dr. Seal says.

The size of the annual award, which Dean Gavin Stuart named the Andrew Seal Arts and Humanities in Medicine Award, has yet to be determined. Donations are being accepted for the endowment, which grew to over $31,000 by the end of March.

"This award is a way of making sure that students benefit from Andrew's vision and commitment long after he is there to cheer them on personally," Dr. Stuart says.

Dr. Seal, the Faculty's first-ever Associate Dean of Student Affairs who served in that role from 1994 to 1999, was revered for cultivating students' non-academic talents and passions. One of his greatest and lasting achievements as Associate Dean was spearheading in 1995 the creation of the Annual Spring Gala, a showcase of medical and dental students' talents — from classical guitar to rock, from ballet to bhangra. Last year, Dr. Seal was recognized for his commitment to medical students and their education with the 2010 William Webber Award from the UBC Medical Undergraduate Society.

Dr. Seal is known for bringing that same passion to the care of his patients.

"He is the complete physician, and one that mere mortals aspire to," says friend ***Bruce Fleming***, who succeeded Dr. Seal as Associate Dean of Student Affairs, and is now Executive Coordinator of the Council of Undergraduate Associate Deans.

For Dr. Seal, his arts and humanities pursuits — including painting, photography and a study of the history of medicine — aren't mere hobbies; they are integral to his professional life.

Wherever the art of medicine is loved, there is also a love of humanity.

—Hippocrates

"Whether it's canvas or paper, whether it's oil, acrylic, water colour or simply pen-and- ink, my love of art has made me a better person and doctor," Dr. Seal says. "The arts and humanities provide us with a greater understanding of the human condition in both time and place, and an awareness of the hopes, fears, strengths and aspirations, not only of those whom we treat but also those with whom we interact and work with each and every day."

To contribute to the endowment for the Andrew Seal Arts and Humanities Award in Medicine, visit www.supporting.ubc.ca/andrewseal, or call UBC's annual giving office at 604-827-4111, or toll-free at 877-717-4483.

MAKING A MARK:
ACHIEVEMENTS & AWARDS

01

07

01 | ***Keith Walley***, Professor in the Department of Medicine and Assistant Head of Basic Research in the Department of Medicine at St. Paul's Hospital, received a Killam Research Prize in the Science/Applied Science category.

Dr. Walley has focused on the mechanism of decreased left ventricular contractility during sepsis, the mechanism of other organ dysfunction during sepsis, and the role of genotype on phenotype in sepsis and systemic inflammatory states. Dr. Walley is a co-investigator in the first intensive care unit outside the U.S. to become a funded center in the National Institutes of Health Acute Respiratory Distress Syndrome (ARDS) network.

02 | ***Donald Garbuz***, Associate Professor in the Department of Orthopaedics, has won the Frank Stinchfield Award from the Hip Society for a study that demonstrated the efficacy and safety of using large femoral heads in total hip replacements.

In 2009, Dr. Garbuz was the principal investigator on a UBC study that won the Hip Society's John Charnley Award.

03 | ***Michael Hayden, Robert H. Taylor*** and ***Angela Enright*** will become the Faculty of Medicine's newest Members or Officers of the Order of Canada.

Dr. Hayden, Professor in the Department of Medical Genetics and Director of the Centre for Molecular Medicine and Therapeutics at the Child & Family Research Institute, has worked to understand how gene mutations can cause diseases such as Huntington's disease, to identify genes that cause disorders such as Type 2 diabetes and to develop better treatments for patients suffering from these disorders.

Dr. Taylor, Clinical Associate Professor in the Department of Surgery and Director of UBC's Branch for International Surgery, has traveled to nearly every continent in the world providing surgical care for underserved populations. He is committed to communicating the need for surgical care in international health and helped establish the Branch for International Surgery.

Dr. Enright, Clinical Professor in the Department of Anesthesiology, Pharmacology & Therapeutics, was named an Officer of the Order of Canada "for her contributions to the field of anesthesiology in Canada and the developing world." An anesthesiologist at Victoria General Hospital, she has worked to provide training programs for anesthesiologists in developing countries in an effort make surgery available to the people of those regions.

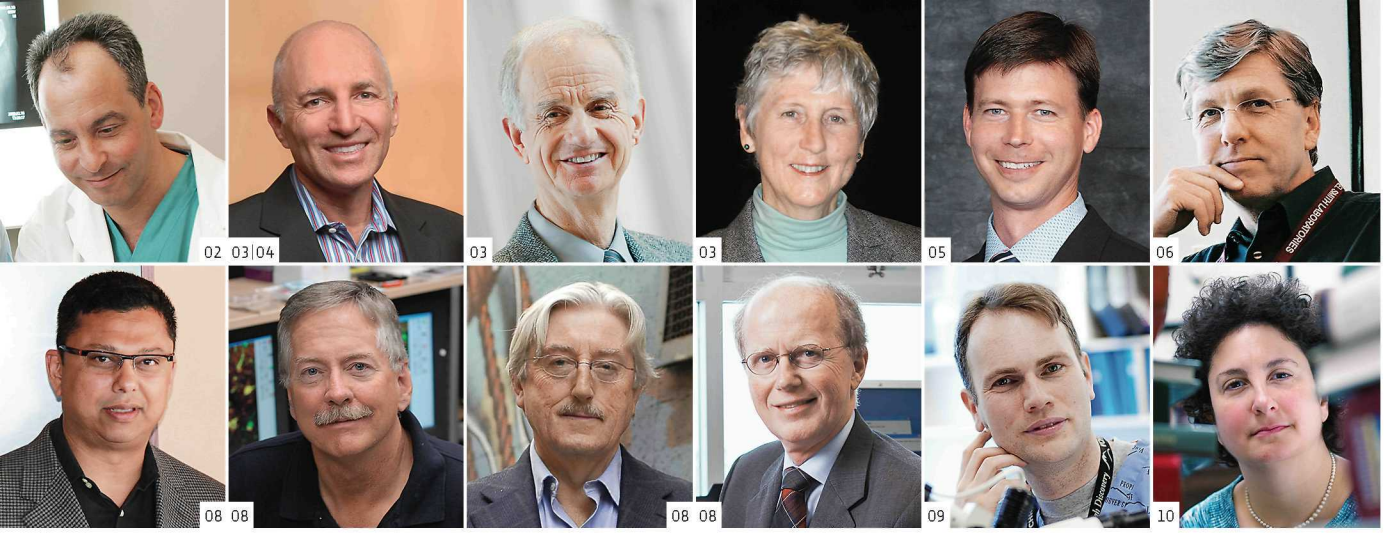
04 | ***Michael Hayden*** (see previous item) received three national scientific prizes this spring:

- The Canada Gairdner Wightman Award, the nation's premier honour for leadership in medical science. Created in 1959, the Gairdner Awards are Canada's only globally recognized international biomedical prizes. Nineteen of the last 26 Nobel Prizes in medicine or physiology in the past decade have gone to past Gairdner recipients, and Dr. Hayden is the first from British Columbia.
- The Killam Prize in Health Sciences, awarded by the Canada Council for the Arts to honour eminent Canadian scholars and scientists actively engaged in research, whether in industry, government agencies or universities.
- The Margolese National Brain Disorders Prize, awarded for the first time this year by the UBC Faculty of Medicine. Created by an estate gift made to the university by Leonard Hubert Margolese, it honours a Canadian who has made outstanding contributions to the treatment, amelioration, or cure of brain disorders. Dr. Hayden's selection involved an international panel of distinguished scientists in the field.

05 | ***Timothy Kieffer***, Professor in the Departments of Cellular & Physiological Sciences and Surgery, won the Canadian Diabetes Association's Young Scientist Award.

Dr. Kieffer is searching for ways to reduce complications from using replacement insulin. His team aims to determine the mechanism by which leptin, a fat-derived protein, regulates glucose homeostasis. The team proposes that providing leptin therapy in conjunction with insulin therapy may allow for better control of blood glucose.

06 | ***Philip Hieter***, a Professor in the Department of Medical Genetics, was elected Vice-President of the Genetics Society of America for 2011, and will become President in 2012.



TOP ROW L–R: Keith Walley, Donald Garbuz, Michael Hayden, Robert H. Taylor, Angela Enright, Timothy Kieffer, Philip Hieter
BOTTOM ROW L–R: Julio Montaner, Aslam H. Anis, Brian MacVicar, Anthony Phillips, Gavin Stuart, Torsten Nielsen, Erica Frank

The GSA represents more than 4,000 geneticists and science educators who work with experimental model organisms — bacteria, yeast, fruit flies, mice and plants — to elucidate the fundamental principles of inheritance from the cellular through the population levels. Dr. Hieter served on the Board of Directors from 1995-97, and was co-organizer of the GSA-sponsored Yeast Genetics and Molecular Biology Meeting in Vancouver last year.

07 | ***Julio Montaner*** won the Prix Galien Canada Research Award, the most prestigious award in the field of Canadian pharmaceutical research and development, and the 2010 "Albert Einstein" World Award of Science from the World Cultural Council, an international organization based in Mexico.

Dr. Montaner, who was recognized for his role in establishing highly active antiretroviral therapy (HAART) as the international standard of care for HIV infection, is a Professor of Medicine, Chair in AIDS Research and Head of the Division of AIDS. He also is Director of the British Columbia Centre for Excellence in HIV/AIDS at St. Paul's Hospital, and Past President of the International AIDS Society (IAS).

08 | ***Aslam H. Anis, Brian MacVicar, Anthony Phillips*** and ***Gavin Stuart*** were inducted as Fellows of the Canadian Academy of Health Sciences. Election to Fellowship in the Academy is considered one of the highest honours in the Canadian health sciences community.

Dr. Anis, Professor in the School of Population and Public Health, demonstrated that costly HIV/AIDS drugs save money and that failing to use these drugs actually is more expensive than using them. His program on determining formulary access in British Columbia has become the basis for a Canada-wide program and has been taken up by other government agencies, including that of the United Kingdom.

Dr. MacVicar, Professor in the Department of Psychiatry, is a pioneer in the development and application of cellular imaging to models of normal and pathological brain function. His fundamental contributions have advanced knowledge about cell excitability, synaptic transmission, glial cell function, and neuronal trauma.

Dr. Phillips, Professor in the Department of Psychiatry, is known for his pioneering work in neuropsychopharmacology and systems neuroscience, laying the foundation for our understanding of the role of dopamine in the neural control of motivation and memory.

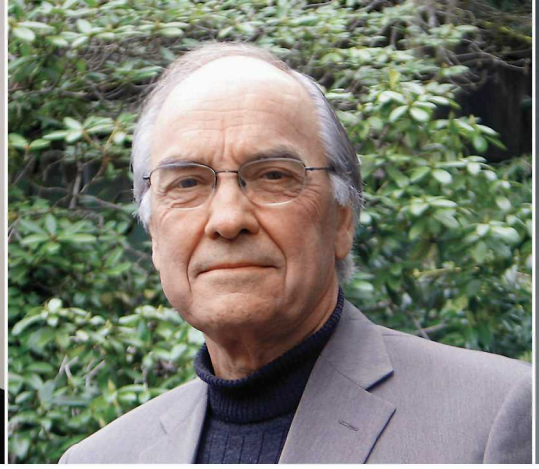
Dr. Stuart, Dean, Faculty of Medicine, Vice Provost Health, UBC, and Professor in the Department of Obstetrics & Gynaecology, has been internationally recognized for leading the Faculty's innovative distributed medical education program, as well as his leadership of the Cervical Cancer Prevention Control Network for the Public Health Agency of Canada.

09 | ***Torsten Nielsen***, Associate Professor in the Department of Pathology and Laboratory Medicine, received the 2010 Joe Doupe Young Investigator Award from the Canadian Society for Clinical Investigation.

Dr. Nielsen was cited for his translational research program that has resulted in three new diagnostic tests and two new clinical trials for breast cancer and sarcoma since he took up his faculty appointment in 2003.

10 | ***Erica Frank***, Professor in the School of Population and Public Health and the Department of Family Practice, won a University Sustainability Initiative Teaching & Learning Fellowship.

Dr. Frank, a Canada Research Chair, plans to use the $10,000 award to adapt an online course she is developing on climate change and health, as part of an introductory curriculum on sustainability. A distance version of the course will soon be offered through Health Sciences Online, an Internet-based portal established by Dr. Frank containing links to over 50,000 learning objects (www.hso.info) that will soon serve as a platform for a growing menu of distance learning programs in health sciences.



L–R: Linda Li, Nis Schmidt, Jerilynn Prior PHOTO OF DR. SCHMIDT BY BETH CAIRNS

PHILANTHROPY'S IMPACT:

RECENT GIFTS TO THE FACULTY OF MEDICINE

Tackling rheumatoid arthritis online

Assistant Professor Linda Li, the Harold Robinson Arthritis Society Chair in Arthritic Diseases in the Department of Physical Therapy, received a donation of $150,000 from Bristol-Myers Squibb to advance her leadership of the Technology-Enabled Arthritis Module (TEAM). TEAM involves a group of trainees from different departments in the Faculty of Medicine coming together online to view lectures and collaborate on the care of a "virtual patient," with the goal of improving care for people with inflammatory arthritis.

Simulation in the Southern Medical Program

The Colin and Lois Pritchard Foundation of Kelowna has made a $500,000 donation to the Southern Medical Program. This gift will be used to purchase patient simulation technology and to create an Academic Simulation Centre in the Clinical Academic Campus at Kelowna General Hospital. This donation supports a partnership between the Faculty of Medicine and Interior Health and will benefit medical students and health care professionals.

Awarding a historical perspective

Retired UBC Clinical Professor Emeritus Nis Schmidt has endowed $30,000 to create the Nis Schmidt History of Surgery Prize. His vision is for students to have a well-rounded perspective of medicine's role in history, society and culture that informs their medical practice. Two prizes totalling $1,000 will be awarded for a publishable-grade paper on a topic of historical surgical interest, based on a recommendation from the Department of Surgery.

Alzheimer's disease in the aboriginal community

A donation of $250,000 from the North Growth Foundation is helping a team of UBC researchers led by Professor Judy Illes investigate early onset familial Alzheimer's disease within the First Nations community. Some members carry a genetic mutation that appears with an onset of symptoms in their 40s to late 50s. The goal is to support disease prediction, diagnosis and care from both traditional and medical perspectives. The results of this research will improve treatment and help families throughout this underserved community.

Investing in women's health

An anonymous donor has made a gift of $40,000 in support of research and clinical activities at the Centre for Menstrual Cycle and Ovulation Research (CeMCOR), a partnership between the Faculty of Medicine and the Vancouver Coastal Health Research Institute. Founded in 2002 by Jerilynn C. Prior, Professor in the Division of Endocrinology, CeMCOR examines the variations in the menstrual cycle and ovulation, as well as how those variations fit contextually in the lives of women in different phases of life. Within this broader mandate, Dr. Prior and her team are looking at endogenous ovarian hormonal changes and how they affect overall health. The Centre has received international recognition for its education and research about changes in menstrual cycles and ovulation physiology and the potential impact on bone, breast, cardiovascular and brain health.

Planned gift for disease research

Velma Clark has generously committed a $1 million planned gift to establish an endowed fund to support medical research. The gift will advance knowledge of diseases that have touched her loved ones, and will directly benefit the Faculty's scientists in tackling the causes of — and cures for — these diseases.

SPRING 2011: MEDICAL ALUMNI NEWS

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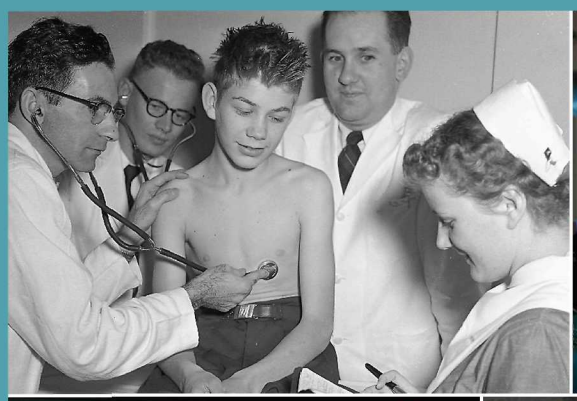

Celebrating MSAC's 20th Birthday *Front row: Dan Owen, MD'14; Jim Lane, MD'73; Andrew Remillard, MD'11; Alex Leung, MD'11; Breanne Abbott, MD'11; David F. Hardwick, MD'57; Beverley Tamboline, MD'60; Jack Burak, MD'76; Harvey Lui, MD'86; Kristy Williams, MD'13. Back Row: Vy Nguyen, MD'11; Katherine Blood, MD'11; Ron Warneboldt, MD'75; Marshall Dahl, MD'86; Nancy Thompson*

MEDICAL ALUMNI ASSOCIATION BOARD 2010 – 2011

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OBJECTIVES

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

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

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

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

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

Beverley Tamboline, MD '60
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Ph: 604 875 4111 ext. 67741
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med.alumni@ubc.ca

MEDICAL ALUMNI ASSOCIATION

PRESIDENT'S REPORT

Dear Colleagues,

Your UBC Medical Alumni Association has been busy helping students, doctors and the University engage more closely over the last six months. The practice of medicine and associated scholarly and research activities are extremely important for the health of British Columbians.

It's been a particular pleasure for all us to honour distinguished contributors to the profession: "Dr. Peter" in September and Dr. Jack Taunton in November. Additionally, we will present the Wallace Wilson Leadership Awards for 2011 to Dr. Linda Warren and Dr. Barrie Woodhurst at our Annual meeting.

During this 60th Anniversary year for the Medical Faculty we can all take pleasure in re-connecting with our classmates. I'm looking forward to the Class of 1986's twenty-fifth reunion in particular. Everybody is so busy, the time goes by quickly and I will really enjoy seeing friends with whom I've lost touch.

If you too are looking for a chance to connect with old friends, and possibly make some new friends with students and other colleagues, why not take part in some upcoming events? The Bob Ewart Memorial Lecture will take place in Prince George in April. There is a Faculty of Medicine Team for the Vancouver Sun Run in April (practice what you preach...). The MAA Annual General Meeting will be held at the Medical Student and Alumni Centre (MSAC) on April 30th in Vancouver. And you should really set aside June 23rd for our highly successful fundraiser: the UBC Medical Alumni & Friends Golf Tournament at UBC. Further details are provided in this magazine.

Of course, our most important role is to assist current medical students through fundraising for important items like the existing MSAC in Vancouver and for future facilities in Victoria, Prince George and Kelowna. Your membership fee is our most important fundraising tool. If you haven't renewed, please take a moment to do so online at www.med.ubc.ca/alum.

Lastly, we'd love to hear from you! Let us know if there are events where a Medical Alumni Association presence could be helpful. Any stories to share about Alumni activities? Just send a note to med.alumni@ubc.ca.

Best regards to you all,
Marshall Dahl, MD '86
President
UBC Medical Alumni Association

PHOTO VANCOUVER SUN

UBC FACULTY OF MEDICINE SUN RUN TEAM

As part of the celebration of UBC Faculty of Medicine's 60th Anniversary, alumni, staff, faculty, and students supported the UBC Faculty of Medicine Team by walking and running in the 2011 Vancouver Sun Run.

A big thank you to all of you who came out to join the team and made it a memorable event!

To show Vancouver our spirit and commitment to health, the Faculty of Medicine invited alumni, staff, students, faculty and colleagues to join together and tackle the 10km course. While some people raced to the finish line, others went at their pace and supported each other to the end.

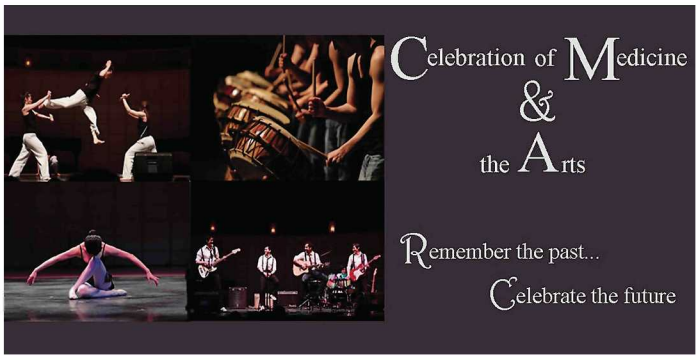
Led by Doug Clement, MD '59 and Jack Taunton, MD '76 , the founders of the Vancouver Sun Run, the Faculty of Medicine Sun Run Team stormed the streets of Vancouver on April 17th.

The Vancouver Sun Run first started in 1985 and attracted 3,200 runners. Four years later, it quadrupled to 12,400, and from there, it just kept growing. The Faculty of Medicine was extremely pleased to enter such a large and enthusiastic team this year.

The countdown is on, grab your running shoes and start training... see you on the course next year!!

CELEBRATION OF MEDICINE & THE ARTS

On March 26, 2011, the Faculty of Medicine held a special reception in Celebration of Medicine and the Arts. Thank you to all the alumni and guests who came out to support current medical students in their annual Spring Gala. It was amazing to see all the talent among future colleagues. And, for some, it brought back wonderful memories of their own talent shows and skits nights. A highlight during the reception prior to the Spring Gala was a special performance by alumnus Liam Brunham, MD/PhD '08.



This was an evening to remember and hope you attend next year.

Events during our Diamond Anniversary

Celebrating the Life & Legacy of Dr. Peter
September 9, 2010
CBC Studios, Vancouver, BC

UBC-O Alumni Endowment Fund Gala
September 29, 2010, Kelowna, BC
Congratulations to Richard Hooper MD'68 who was honoured with the 2010 Okanagan Alumni Community Builder Award.

An Evening with Dr. Jack Taunton: Legacies & Lessons from the 2010 Winter Games
November 26, 2010, Vancouver, BC

Victoria Medical Society Student Welcome Dinner
January 29, 2011, Victoria, BC
MC for the event was Bill Cavers, MD '77. Special thank you to Jo Ann Dubney for organizing this annual event so superbly.

Annual Spring Gala Celebration of Medicine & the Arts
March 26, 2011, Vancouver, BC

Dr. Bob Ewert Memorial Lecture
Hosted by the Northern Medical Society, UNBC, & the Prince George Community Foundation
April 2, 2011, Prince George, BC

6th Annual Run for Rural Medicine
April 2, 2011, Vancouver, BC

Vancouver Sun Run
April 17, 2011, Vancouver, BC

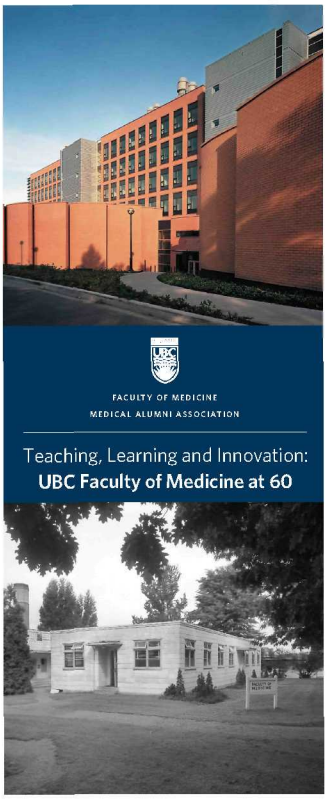
MAA AGM & Awards Ceremony
April 30, 2011, Vancouver, BC

Toronto – UBC Medicine Alumni Reception
May 10, 2011
Royal Ontario Museum, Toronto, ON

Graduation & Hooding Ceremony
May 25, 2011, Vancouver, BC

UBC Medical Alumni & Friends Golf Tournament
June 23, 2011, Vancouver, BC

UBC FACULTY OF MEDICINE – 60 YEARS IN THE MAKING



In 1950, UBC opened its doors to the Faculty of Medicine in British Columbia, and welcomed 60 eager students. Sixty years later, the Faculty welcomed 256 first year students to the MD program. There are now more than 2,590 students in the undergraduate, graduate and postgraduate programs and over 11,000 alumni from all of them.

The growth and success of the Faculty is of great importance to British Columbia. The Faculty of Medicine has not only impacted the lives of British Columbians but its influence also is felt nationally and globally as well. As the 60th Anniversary is celebrated this year, let us look back at the humble beginnings and some of the accomplishments which have occurred along the way.

To see the vast changes that the Faculty has accomplished over the years one does not have to look much further than the Point Grey campus. The first medicine classes were taught in modest white army barracks. The facilities may have been basic, but the quality of teaching was certainly not. With educators such as Drs. Sydney and Constance Friedman, Dr. Harold Copp, Dr. Marvin Darrach, Dr. Bill Gibson, Dr. Rocke Robertson, and Dr. Robert Kerr, the foundation was set to provide outstanding education and training at this new medical school. Some of these early alumni from the 1950s who went on to national and international recognition include Al Cox, MD '54, Bill Arnold, MD '55, David Hardwick, MD '57, Gurdev Gill, MD '57, Bill Webber, MD '58, Pat McGeer, MD '58, and Doug Clement, MD '59.

The 1960s were a time of broadening horizons. The Faculty of Medicine had new permanent buildings and was expanding with new programs in rehabilitation which showed early foresight with regard to interdisciplinary care. Alumni mirrored these expanded horizons. Don Carlow, MD '60 was CEO of BC Cancer Agency. William Carpentier, MD '61 was the physician for the Apollo 11 mission and continues to work for NASA. Felix Durity, MD '63 was a pioneer not only in neurosurgery but also in global health issues and outreach. This decade also saw the beginning of an increase in the number of women admitted to medicine. Two notable graduates are Linda Warren, MD '68 with her outstanding work in mammography and Carol Herbert, MD '69 in her role as Dean of Medicine and Dentistry at the University of Western Ontario.

As healthcare and public policy are interwoven, issues around this relationship are always in debate. The 1970s (and early 1980s) may have been a time when this influenced students and their career choices. Many alumni who graduated during this time later took on additional roles. Mark Schonfeld, MD '72 became CEO of BCMA. Alex Preker, MD '77 worked with the World Health Organization and now is the Chief Economist for the World Bank for West African Health based in Washington DC. Penny Ballem, MD '78, went on to provincial and then to municipal government.

Many alumni at this time ventured beyond Canada and are now leaders in healthcare internationally. To name a few, Neil Kowall, MD '79 is a recognized leader in neurology at Boston University, Ron Walls, MD '79 who teaches at Harvard Medical School was noted as the 2009 "Hero of Emergency Medicine" by the American College of Emergency

The growth and success of the Faculty is of great importance to British Columbia. The Faculty has not only impacted the lives of British Columbians but its influence also is felt nationally and globally as well.

Physicians, and Bruce Miller, MD '78, is the clinical director of the UCSF Memory and Ageing Center and also holds the A.W. & Mary Margaret Clausen Distinguished Chair at UCSF. Global solutions for healthcare issues are needed now and UBC Faculty of Medicine can be proud of all of its alumni who take on the responsibility of tackling these policy issues and global challenges.

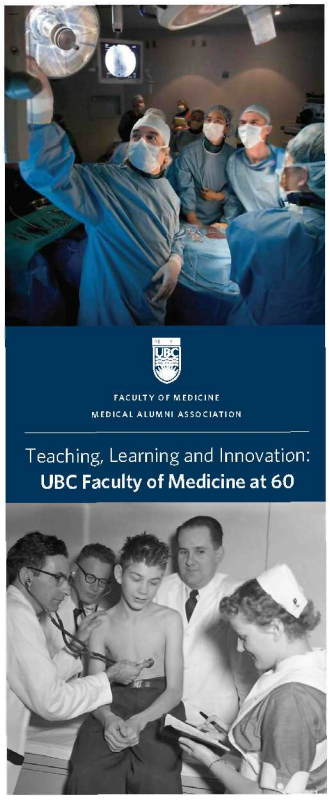
In the 1980s, the impact of the social issues of that time was evident on alumni. AIDS came to the forefront during this decade and no one better exemplified the changing role of a physician than Peter Jepson-Young, MD '85. He was a physician, advocate, educator, and HIV/AIDS patient who was a significant influence in bringing HIV/AIDS to world consciousness. Today, BC is a world leader in HIV / AIDS research thanks to the hard work, dedication and brilliance of people such as Dr. Julio Montaner, and Evan Wood, PhD '03.

The 1980s also ushered in the wave of functioning as both clinicians and researchers. Included are Dianne Miller, MD '80 in ovarian cancer, Martin Gleave, MD '84 in prostate cancer, Harvey Lui, MD '86 in dermatology, and Bas Masri, MD '88 in orthopedic surgery.

The 1990s and 2000s continued the forward momentum. UBC Faculty of Medicine expanded its MD undergraduate program throughout the province, to Vancouver Island (Island Medical Program, IMP) and to Northern BC (Northern Medical Program, NMP). Alumni in the distributed sites are contributing to the success of the expanded program. Individuals such as John Pawlovich, MD '94 (Fraser Lake), George Pawliuk, MD '95 (Victoria), and Nadine Caron, MD '97 (Prince George) are excellent examples as they have each been recognized as innovative leaders, practitioners, and teachers. With the start of the Southern Medical Program (SMP) in September 2011, it is anticipated that many alumni in the Okanagan area will be contributors to its success.

Throughout the many changes over the past 60 years, one thing that has remained consistent is the quality of education. UBC Faculty of Medicine is recognized and respected for its teaching and research. The accomplishments and success of alumni are a testament to this.

UBC Faculty of Medicine is also recognized for its research excellence. The medical breakthroughs from here are astounding and include Dr. Harold Copp with the discovery of calcitonin, Dr. Michael Smith, Nobel Prize winner, as a pioneer in genetics, Dr. Julio Montaner and the development of highly active anti-retroviral therapy, Dr. Michael Hayden in identifying the genes responsible for Huntington's disease, amyotrophic lateral sclerosis and type 2 diabetes, and Dr. Marco Marra in sequencing the SARS virus.



Sixty years ago, UBC and the Government of British Columbia initiated something great. The UBC Medical community of alumni, students, faculty and staff has grown and excelled. Looking back, all alumni can be inspired by the tremendous impact that this community has had, and looking forward, can be excited by what can be achieved.

Bob Brunham, Bob Young, Videsh Kapoor, Jack Taunton, Tim Murphy, Dianne Miller, David Hardwick
PHOTO OF BOB YOUNG: UNIVERSITY OF VICTORIA

ALUMNI AWARDS, ACHIEVEMENTS & ACTIVITIES

Robert Brunham, MD '72, was a 2010 inductee as a Member of the Order of British Columbia.

Bob Young, MD '56, was recognized by the University of Victoria as one of its Distinguished Alumni for his lifelong commitment to the provincial medical community. He did his undergraduate degree at Victoria College.

Videsh Kapoor, MD '93, was the recipient of the Velji Award given from the Global Health Education Consortium.

Jack Taunton, MD '76, was recognized with the BCCFP Exceptional Contribution to Family Medicine from the College of Family Physicians of Canada.

Ron Wilson, MD '78, received the Reg L. Perkin Award (Family Physician of the Year) from the College of Family Physicians of Canada.

John Cairns, MD '68, was recognized by the Vancouver Acute Medical Advisory Council with the 2010 Award for Special Services.

Dianne Miller, MD '80, is the President-Elect of the Society of Gynecolgic Oncologists of Canada.

Marian Akrigg, MD '72, was recognized as the 2010 Practitioner of the Year by the Dermatology Society of BC.

John Masterson, MD '77, was the recipient of the Excellence in Education Award with Distinction from the BCCH-OPSEI.

Bruce Forster, MD '85, and his team were recognized as Project Implementation Team of the Year from the Information Technology Association of Canada for their work on the Vancouver 2010 Olympic and Paralympic Games.

Tim Murphy, MD '81, was awarded a Killam Research Prize for 2010.

Jan Friedman, MD '92 and **Ken Gin, MD '85** each were awarded a Killam Teaching Prize for 2010.

Bas Masri, MD '88, had the honour of being the Presidential Guest Speaker for the Saudi Arabian Orthopaedic Association International Meeting in 2010.

Poul Sorensen, MD '84, was recognized as the Terry Fox New Frontiers Program in Cancer by the Canadian Institutes for Health Research.

T. Larry Myette, MD '80, received the 2010 Health Achievement in Occupational Medicine Award from the American College of Occupational and Environmental Medicine.

David F. Hardwick, MD '57, was the recipient of the Distinguished Service Award from the Association of Pathology Chairs.

Jody Anderson, MD '10, is the Chair-Elect of the Section of Residents of the College of Family Physicians of Canada. The Section of Residents is comprised of Family Medicine residents from across Canada who are represented by an elected council and have three voting representatives on the CFPC Board of Directors. Jody graduated from the UBC Island Medical Program and is currently completing a Family Practice residency at Queen's University.

MD ALUMNI MEMBERSHIP SUBSCRIPTION

The UBC Medical Alumni Association would like to thank everyone who became a member in 2010.

Once again we are calling upon our Medical Alumni to join fellow graduates in supporting the UBC Medical Alumni Association. Your annual $65 subscription fee provides benefits for you and has a direct impact on the experience of current medical students.

The Medical Alumni Association remains a key player in the operational funding of the William A. Webber Medical Student & Alumni Centre (MSAC). In 1990, the first phase of MSAC was opened with the help of funding through the generosity of students and alumni, and the second phase was completed in 1996. Today, it is a congregating site for students and alumni who use the space for social and extracurricular activities that are so important to connect us. MSAC provides a welcome environment to escape the outside world, unwind, and connect with friends and colleagues. Alumni members are entitled to free use of MSAC for class reunions, room rental discounts and 24-hour access to the facilities.

Through your membership, financial support is provided for medical students in Vancouver and at all of the medical program's distributed sites. In 2010, MSAC was host to over 650 student events, including over 200 video conferences. These encompass the extracurricular activities of our very engaged students, which is a crucial part of their experience in medical school. Your membership facilitates this – you are a part of it.

In addition to supporting MSAC activities, the Association annually contributes to the students' yearbook, provides funding for the graduation Hooding Ceremony and presents each graduating student with a shingle, which has become a UBC Faculty of Medicine tradition. The Association is also working toward providing student recreational facilities at the distributed sites on Vancouver Island, in Prince George, and in the Okanagan.

Please complete the attached *2011 Membership Subscription* form and help us continue to build our community of medical students and alumni. You may also subscribe online at www.med.ubc.ca/alum and click on the Membership Subscription link on the left hand side.

Please keep in touch and send us your latest news!

2011 MEMBERSHIP SUBSCRIPTION

UBC Medical Alumni Association
2750 Heather Street, Vancouver, BC V5Z 4M2
604 875 4111 ext. 67741 | Fax: 604 875 5578
med.alumni@ubc.ca
www.med.ubc.ca/alum/medalumni

Name: _____

Graduation Year: _____

Field of Practice: _____

Email Address: _____

Address: _____

_____

_____

Please find enclosed my 2011 subscription

☐ Regular Membership fee of $65.00

☐ UBC Medical Resident at the reduced fee of $25.00

☐ Cheque payable to *University of British Columbia*

☐ Visa/Mastercard

Number _____

Exp. Date _____ Signature _____

If you require an MSAC Access Card or need it to be reactivated, please contact us at: **med.alumni@ubc.ca** or phone **604-875-4111 ext. 67741**

Dan Owen and Farrah Issa

MUS REPORT

The objective of the MUS, and my personal mandate this year, is to facilitate medical students to have the best experience possible in the UBC Faculty of Medicine. Since September, the MUS has been working hard to provide new services, help finance students' extracurricular activities and ensure connectivity to the greater medical community across Canada. Highlights this year so far have been participating in the first ever Faculty of Medicine interdisciplinary student social event, and organizing a BC delegation to the Canadian Federation of Medical Students Lobby Day in Ottawa. We hosted the annual Western Canada Ice Bowl, with UBC women proudly taking home the trophy. We also had some other fantastic events this year such as the always highly-anticipated MedBall at the Four Seasons Hotel, and the Spring Gala later in March.

On the online front, a major new initiative put into place this year was the launch of the new MUS website. This new online platform allows all events from MSAC to be streamed live from any computer, making events much more accessible to students unable to be present. We have increased our technology front with two new iMac computers and an industrial printer in the MSAC. We have also made significant equipment upgrades to the MSAC gym. We have funded the activities of many clubs, had an active voice in curriculum renewal, and represented students to the Faculty of Medicine, the Alma Mater Society, the BCMA, the CFMS, and other organizations.

Submitted by Diane Wu, MD'12

MSAC REPORT

As the classes of UBC Medicine expand, more events take place at MSAC. There were over 650 booked events last year, up 45% from 2008! To help cope with this exciting demand, MSAC engaged two first-year medical students in 2010-11 to help facilitate evening events, aid student organizers and presenters, and operate MSAC's three videoconference systems.

Dan Owen and **Farrah Issa**, as MSAC Ambassadors, work two evenings a week each, and also on weekends for special events. They have become experts with the videoconference systems and training students and presenters on use of the equipment and have also learned to solve organizational and logistics problems which sometimes happen. Hired with the assistance of a donation to the Webber MSAC Ambassadors Program, Dan and Farrah facilitate up to 10 events in a 3-hour evening shift.

MSAC, celebrating 20 years, is rapidly expanding in use and popularity. Events are more frequent and participation has increased as students from all years are coming in droves to attend speaker series, workshops, coffee houses, and rehearsals. With all this activity, having Dan and Farrah available until 8 pm to answer questions, coordinate meeting rooms, and herd stragglers out of one meeting to set up for another makes MSAC's many events appear to take place effortlessly.

This program has also helped us to integrate quickly into the life of UBC Medicine. Dan said, "I have enjoyed working in the vibrant atmosphere of MSAC. Meeting medical students from all years has shown me the scope of interests of this diverse and accomplished group."

With this success of the Ambassador Program, MSAC will continue to hire first-year students in this program. In three years there will then be 8 medical student ambassadors familiar with the policies, procedures and culture of MSAC. It is a hub where the medical community can come to relax, to learn and to enjoy time together. As MSAC grows, the MSAC Ambassadors will continue to provide quality services for everyone's benefit.

Submitted by David Hardwick, MD'57, Farrah Issa, MD'14 and Nancy Thompson (Hon.)

L–R: 2nd Year Play (Christen Gilchrist, Chris Uy, Kateryna Vostretsova, Helena Lee, Scott McCoach, Theresa Lo, Chris Taplin); Brianne Bentzon; Devina Wadhwa SPRING GALA 2010 PHOTOS COURTESY OF RICHARD NG

STUDENT EVENT HIGHLIGHTS

2nd Year Play

The annual Medical Student Play, held in February, was a big success! The 'Med Play' has been a spring tradition in the Faculty of Medicine for the past 12 years, and is performed entirely by medical students at the Medical Student and Alumni Centre as a fundraiser for their third-year rural electives.

The play this year was Neil Simon's "Laughter on the 23rd Floor," a comedy about a wacky team of writers for a 1953 variety television show trying to survive each other's crazy antics and their show's impending cancellation. With lots of laughs, a destructible green stage and a great cast of hilarious medical students, the theatrical bar has certainly been raised higher for next year!

Submitted by
Ely Goldberg, MD'14 &
Henry Stringer, MD'14

Spring Gala

The Chan Centre at UBC was bustling with talent at this year's 17th Annual UBC Med/Dent Spring Gala. It was an incredible evening filled with art, song, dance, and martial arts delivered entirely by the medical and dental students and alumni.

The Spring Gala is student organized, and all proceeds this year were donated to the local Reading Buddies Literacy Program. This program focuses on mentorship and improved literacy amongst youths, and currently serves 7 elementary schools in Burnaby, Vancouver, and Richmond.

With such entertainment and charity, it is definitely a tradition that we will be continuing. See you at next year's Spring Gala!

Submitted by
Sarah Park, MD'11

The 2011 Medical Ball

The Medical Ball is a long-standing tradition at UBC, dating back to the 1950s. It is a much anticipated formal evening featuring dinner, dancing, awards and entertainment.

This year the Med Ball was held on Saturday, March 12th at the Four Seasons Hotel in downtown Vancouver. The theme was a Masquerade, giving participants a chance to showcase their creativity through their masks.

Attendees celebrated the recipients of the annual Medical Undergraduate Society's Excellence in Teaching Awards and the Dr. William Webber Award. The evening also featured 2 comedic presentations, an annual video put together by first year students, as well as an inaugural performance by "Stand Up For Mental Health." Also welcomed back was last year's popular photo booth!

It was an evening filled with entertainment and mingling amongst medical students from all four years and all the distributed sites.

Submitted by Anu (Amandeep) Ghuman, MD'13

The theme of this year's ball was a Masquerade, giving participants a chance to showcase their creativity through their masks.

Morris VanAndel & Marshall Dahl

UBC MEDICAL ALUMNI ASSOCIATION

ANNUAL GENERAL MEETING AND AWARDS RECEPTION

Please join us for the announcement and celebration of our 2011 Award Recipients on **Saturday, April 30, 2011**

William A. Webber
Medical Student &
Alumni Centre
2750 Heather Street
(@ 12th Avenue),
Vancouver

4:00pm – 6:00pm:
Meeting & Awards Presentation

- **Wallace Wilson Leadership Award Recipients**
  Linda Warren, MD '68
  Barrie Woodhurst, MD '73
- **Honorary Alumnus Award**
  Dr. Bob Taylor
- **Silver Anniversary Award**
  TBA

For more information, please contact med.alumni@ubc.ca or 604 875 4111 ext. 67741.

Wallace Wilson Leadership Award Recipients

2010 Morris VanAndel, MD '68
2009 Arun Garg, MD '77
2008 Vera Frinton, MD '69
Galt Wilson, MD '79
2007 H. Sharon Dougan, MD '69
2006 Basil C. Boulton, MD '63
2005 Felix A.A. Durity, MD '63
2004 John (Bud) Fredrickson, MD '57
2003 William D. S. Thomas, MD '59
2002 Carol E. Herbert, MD '69
2001 Alexander M. Boggie, MD '54
2000 Robert W. McGraw, MD '60
1999 Francis C.W. Ho, MD '61
1998 Peter R. Grantham, MD '58
1997 Garson Romalis, MD '62
1996 John Cairns, MD '68
1995 Douglas B. Clement, MD '59
1994 Andrew B. Young, MD '59
1993 Wendy Clay, MD '67
1992 Curtis Latham, MD '62
1991 John Anderson, MD '72
1990 David F. Hardwick, MD '57
1989 William A. Webber, MD '58
1988 Ann J. Worth, MD '55
1987 Roland E. Lauener, MD '65
1986 Albert Cox, MD '54

Honorary Alumnus/a Award Recipients

2010 Bill Nelems
David Ostrow
Dale Stogryn
2009 Roberta Ongley
Gavin Stuart
Nancy Thompson
2008 Vicki Bernstein
Michael Meyers
2007 Joanna Bates
Henry Hildebrand
2006 Dorothy Shaw
Gordon Thompson
2005 Christina Loock
Robert F. Woollard
2004 Jerilynn Prior
Don Rix
Lorna Sent
2003 Patricia Baird
Angus Rae
Patricia Rebbeck
2002 Martin Hollenberg
David McLean
2001 Eileen Cambon
Margaret Pendray
2000 Barbara McGillivray
Charles Snelling
1999 Clive Duncan
Bruce Tiberiis
1998 David Lirenman
Wes Schreiber
1997 Andrew Seal
A. Wayne Vogl
1996 James Carter
Doris Cavanagh-Gray
1995 David Fairholm
Wolfgang Felix
1994 Denys Ford
William Ovalle
1993 William Chase
A. Doug Courtemanche
Vincent Sweeney
1992 Wallace Chung
David Godin
1991 Fred Bryans
1990 William Goodsir
Charles Slonecker
D.M. Whitelaw
1989 Sydney Friedman
Constance Friedman
William Hurlburt
1988 Douglas Harold Copp
Claude Dolman
Robert Kerr
Frank Turnbull

Silver Anniversary Award Recipients

2010 Class of '85
Heidi Oetter
Peter Jepson-Young
2009 Class of '84
Romayne Gallagher
2008 Class of '83
David Sigalet
2007 Class of '82
Robert Conn
2006 Class of '81
Warren Julien
Raymond Lam
Ivo Olivotto
2005 Class of '80
Michael Golbey
2004 Class of '79
Steven Narod
2003 Class of '78
Bruce Fleming
2002 Class of '77
Arun Garg

UBC MEDICAL ALUMNI & FRIENDS GOLF TOURNAMENT

This year's Medical Alumni & Friends Golf Tournament will be held on June 23, 2011 at the University Golf Course.

The 2010 golf tournament was a huge success with 70 alumni, colleagues, and medical student golfers. This year, the UBC Medical Alumni Association wants to increase that even more.

The UBC Medical Alumni & Friends Golf Tournament raises funds for the Medical Alumni Association to support student programs in Vancouver and at our distributed medical sites on Vancouver Island, in Prince George, and the Okanagan.

Come out and spend the afternoon connecting with friends, colleagues, former classmates, and teachers. Between the conversations and laughing there will be some great shots on the course coupled with friendly competition. You may choose between the regular golf format or play best ball format – the only objective is to have fun.

After the round of golf, stay for a fabulous dinner in the clubhouse and see who is awarded the prizes. Last year, Brad Fritz, MD'75 walked away with the lowest net score and many alumni and friends took home some memorable silent auction items.

The Medical Alumni Association would like to extend a heartfelt thank you to our sponsors who have already committed their support for the 2011 UBC Medical Alumni & Friends Golf Tournament. Your support continues to help our current and future medical community.

If you would like to register or sponsor this year's tournament, please contact the UBC Medical Alumni Affairs Office at med.alumni@ubc.ca or 604-875-4111 ext. 67741.

UPCOMING CLASS REUNIONS

Class of '54
May 11 – 14
Location: Victoria, BC
Organizers: Bill Bell & Morton Dodek

Class of '56
May 18 – 20
Location: Whistler, BC
Organizers: Lee & Thais Kornder

Class of '61
Sept 16 – 18
Location: Vancouver, BC
Organizers: David Manson & Teddy Suiker

Class of '66
Organizer: Nathan Batt

Class of '71
Organizers: Chris Finch & Sherri Purves

Class of '86
Sept 23 – 25
Location: Vancouver, BC
Organizers: Marshall Dahl & Steve Larigakis

Class of '01
Organizer: Catherine Textor

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

Mark May 28, 2011, in your calendar for another outstanding *Alumni Weekend* experience.

That's right! Alumni Weekend is back with tours of UBC's amazing attractions (the Blue Whale, MOA, the Botanical Garden), classes (without quizzes) with your favourite professors, reunions, spectacular kid events (magic chemistry show, cookie making and eating, games) and much more.

Web: www.alumni.ubc.ca
Email: alumni.weekend@ubc.ca

A PROVINCE-WIDE ENTERPRISE

UBC FACULTY OF MEDICINE

FACULTY OF MEDICINE

University Academic Campuses

University of British Columbia (UBC) in Vancouver
University of Northern British Columbia (UNBC) in Prince George
University of Victoria (UVic) in Victoria

Affiliated Regional Centres

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

Clinical Academic Campuses

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

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