

Discipline of Medicine

ANNUAL REPORT 2015-16

INTERNAL MEDICINE

▶ Allergy and Immunology

FOR LAST ACADEMIC YEAR, 2015-16:

- ▶ There were 37 internal medicine residents, 7 neurology residents, 3 general internal medicine subspecialty residents and 2 nephrology subspecialty residents.
- ▶ 80 clerks (4 groups completing a 12-week internal medicine clerkship rotation).

Cardiology

- ► Clinical Epidemiology
- Dermatology
- Endocrinology
- Gastroenterology
 - General Internal Medicine
 - Geriatrics
- **▶** Hematology
 - Infectious Diseases
- ▶ Nephrology
 - Neurology
- Respiratory Medicine
- ▶ Rheumatology

Divisions Burin - 1 Carbonear – 2 Training Clarenville - 1 Corner Brook - 10 Part-time Programs Grand Falls – 6 **Faculty** St. John's - 50 Stephenville - 1 New Brunswick - 92 Full-time Peer reviewed funding: \$3.6m Faculty **Funding**

2015 - 16

We are the Discipline of Medicine on the Rock.

As the largest discipline (the traditional designation for departments in medical faculties) we are teachers, scientists and clinicians. The Discipline of Medicine at Memorial University of Newfoundland encompasses all of the medicine subspecialties and is home for many of the leading innovators in medical education and research in the faculty.

Our research programs span from strong pillar basic biomedical initiatives in areas such as endocrinology and metabolism, to our extensive population health programs in genetics and, most notably, the Translational and Personalized Medicine Initiative led by Dr. Pat Parfrey.

We train undergraduate and postgraduate students across both Newfoundland and Labrador, and New Brunswick. We support residency programs in internal medicine

and in neurology and subspecialty programs in nephrology, and most recently in general internal medicine. We are especially known for the collegiality and comradery that comes with being here in Newfoundland; being part of a small, close-knit community; and for the range of clinical and research opportunities available to our trainees.

In this year's report we review our accomplishments both quantitatively and qualitatively. Our grant support and publication records are growing. Further, our faculty continue to be recognized regionally, nationally and internationally for their academic and community contributions. We are pleased to be able to share their accomplishments with you.

Also in this year's report we illustrate what makes Memorial and the Discipline of Medicine so special. You'll see through the eyes of our two outgoing chief residents why they came from different ends of Canada to make Memorial the place they wanted to be to learn the tools of their trade and how our leaders in the discipline are driving the increasing emphasis of meeting the internal medicine needs of smaller communities across the province. We will also share how our faculty have taken key roles in rebooting our undergraduate curriculum and how the discipline provides training in clinical epidemiology for disciplines across the faculty and across the university.

Faculty in the discipline include leading scientists in cardiac sciences, neurosciences and in endocrinology and metabolism. In this year's issue we will share some of their stories.

We welcome you to learn more about the developments in Memorial's Discipline of Medicine. Visit us at: www.med.mun.ca/DisciplineOfMedicine

Dr. Ross Feldman Chair, Discipline of Medicine Faculty of Medicine Memorial University of Newfoundland

From sea to sea

TEACHING AND LEARNING Drs. Maggie Eddy and Anne Gregory come from opposite ends of the country but found some very common ground at Memorial's Faculty of Medicine. The two served as chief residents for the Discipline of Medicine for 2015/2016.

> When Dr. Eddy came from British Columbia for her interview in 2013, she said she'd heard that the residents from this program were very close. "The staff were also friendly, approachable, and similarly had close relationships with the residents. I am pretty sure the administrative support staff knew my name before we left the hospital after our interviews. The thought of going through residency in such a collegial environment was appealing to me."



Dr. Gregory, on the other hand, calls St. John's home. She decided to complete her residency training in internal medicine because of the diversity of the patient population, clinical presentations, diagnostic workup and treatments that make every day on the ward a little bit different. "I was impressed by the variety of career opportunities available to an internist; for example, being able to practice inpatient or outpatient medicine, or both; working as a generalist or a specialist, or both; having the opportunity to split your time between clinical medicine and education, administration or research."

Dr. Gregory completed her medical school training at Memorial so she already knew how well the internal medicine program fosters a collegial environment.

"In clerkship, I worked closely with the internal medicine residents and observed how comfortable they were managing sick patients," she said. "Given the absence of very many sub-specialty fellows, this early autonomy was something that attracted me to this program."

Both Drs. Eddy and Gregory expected the collegiality among the residents and they weren't disappointed. They both say they've met some of their closest friends during their time in the program. "What we hadn't anticipated was how great it has also been to work with the nurses and allied health professionals in the St. John's hospitals," said Dr. Gregory. "Hopefully we would be able to re-create this collegial environment in centres we work at in the future."

Dr. Eddy is in Ottawa for her fellowship in general internal medicine. Dr. Gregory is starting critical care medicine in Edmonton. Where they will be setting up a practice after their training is completed is still unclear for both of them but they both agree that they are grateful to have started their medicine training on this side of the country.



General internal medicine: Rural training and mentoring fill a need in NI.

In rural and remote areas where travel is often a challenge, internal medicine (IM) physicians play an important role in ensuring critical health-care services are available to people.

In Grand Falls-Windsor, Dr. Richard Lush, an assistant professor of medicine as well as the regional chief of Internal Medicine for Central Health, has played an important role in growing the IM program in the Faculty of Medicine.

Dr. Lush completed his residency training in IM in the early 2000s. At that time, the final year of the IM program did not have a high enrollment rate and physicians often left the province after their training. "Upon completion of my IM training I moved to central Newfoundland to set up practice. I remember being one of the only IM physicians in the province."

Identifying a clear need for IM physicians and, with the Royal College's recognition of the general internal medicine (GIM) subspecialty, the Faculty of Medicine established a GIM program in 2015 and Grand Falls-Windsor became an ideal site for training these new GIM residents. According to the Royal College, 'general internal medicine is a subspecialty of internal medicine which embraces the values of generalism, is aligned with population needs, and promotes the practitioner's ability to adapt their practice profile when population needs change. General Internists are prepared to diagnose and manage patients with common and emergency internal medicine conditions, and are able to do so when the individual has multiple conditions and with limited access to other subspecialists.'

Dr. Sharon Peters, professor of medicine who led the development of the GIM program at the faculty, noted that GIMs are important everywhere. "I truly believe in a shared care model between the family physician and the specialist. But we also need health care providers who can coordinate what subspecialists, like cardiologists for example, do. We need someone who can link the expertise of the other subspecialists."

Dr. Peters explained that because Newfoundland Labrador's population is distributed over a vast area, "it's costly and sometimes difficult to travel which means we need health care centres that can handle complex medical issues, in particular with the burden of chronic disease in the province."

Dr. Lush and his Grand Falls-Windsor clinic have been instrumental in developing the GIM program. But even before that, his clinic provided numerous medical students and residents with rural IM training, experience and mentoring. Medical students and residents receive hands-on rural experiences and, in turn, physicians and residents provide treatments to patients that would normally require extensive travel to a larger centre.

From Dr. Lush's experiences in the community, he can see that now more than ever there is a need for GIM physicians. When training residents, he encourages them to hone their skills and expand their experiences to ensure they can be the best physician in any situation.

"I was very fortunate to train at Memorial as it provided me with all the skills needed to practice in a rural setting," said Dr. Lush. "My practice is very much a general internal medicine practice affording me the opportunity to provide services from several subspecialty areas which, in turn, is helping to meet the needs of patients in my community. Plus, living in a rural community gives me access to rural life like snowmobiling and fishing. It provides an excellent work life balance."

Dr. Ross Feldman, chair of the Discipline of Medicine, believes that the Grand Falls-Windsor training site for GIM specialists is critical. "GIMs serve the needs of the people of Newfoundland and Labrador and fostering that training program is a central role we have in the discipline as part of our mandate. People, no matter where they choose to live, deserve exceptional health care and we're helping to provide that."



Mike Wahl

The Clinical Epidemiology program of the Discipline of Medicine: Big growth and high praise

The Clinical Epidemiology program at Memorial University is quite a success story. It has grown from the smallest Faculty of Medicine graduate program with less than 10 students, to one of the largest, with a current roster of more than 130 students. The program is housed operationally under the Discipline of Medicine.

Clinical Epidemiology has two streams: One focuses on MD education with an emphasis on medical research and critical

appraisal. Its primary mandate is to improve the research capacity of physicians and initiate an interest in and commitment to evidenced based medicine. The other focus is a traditional academic research based MSc and PhD program. Its initial mandate included a commitment to provide current and future health providers exposure to rigorous research methodology leading to improved patient care. The program has never deviated from this goal and, according to Dr. Gerry Mugford, director of the program, one or two semesters of study will lead to health providers with a stronger commitment to evidence based and interdisciplinary care; leading to improved patient outcomes.

Mike Wahl is enrolled in the doctoral program of Clinical Epidemiology. His background is in kinesiology but he wanted to expand his education to include clinical epidemiology. As a result, he enrolled in the doctoral program at Memorial following the completion of his masters degree.

"The Clinical Epidemiology program elevated my research skill set and taught me the fundamentals and advanced principles of study design and delivery," said Mike. "As a student, the guidance provided by my committee was essential to the completion of my program and included mentorship and collaboration which was above my expectations. As I near my thesis defence I have now worked with all aspects of the faculty including the team at Graduate Studies and the Office of the Dean and can say that there is a true concern for the progression of the student."

In 2011, Dr. Gerry Mugford was appointed director and tasked with overall leadership of the program and advancing the program's mission and goals. "I believe our growth can be attributed to the fact that it's a really, really good program," Dr. Mugford stated. "If you ask any epidemiology faculty across the country, I think they'd say the same thing about our program. We decline hundreds of stellar applicants every year because we won't take more students than we believe we can successfully mentor. That speaks to the quality and demand of this program."

The program has gone from educating physicians to training nurses, pharmacists, physiotherapists and non-clinical applicants. "I think Memorial is particularly collegial across all departments," noted Dr. Mugford. "Our main goal is improving the quality of human health so we are open to any collaboration with any faculty as long as it's related to human health."

"Our faculty are really, really dedicated and enthusiastic about the program and the students," Dr. Mugford explained. "We don't just mentor our students; we also spend a significant amount of time mentoring junior faculty, or pharmacy, nursing, any other health care professional who request our help."

"I would highly recommend the program to other students looking to progress in their research pursuits," said Mike, whose supervisors were Drs. Mugford and Christopher Kovacs. "It offers the skills to work in a variety of fields of medical research and is a benefit to a variety of backgrounds, including those like myself who migrated from other faculties."

The Clinical Epidemiology program started in 1989 under the directorship of Drs. John Harnett and Verna Skanes and was under the auspices of the Division of Community Medicine (now the Division of Community Health and Humanities) but became its own unit in 1999. The program, which focuses on evidence-based medicine, has been part of the Discipline of Medicine since that time, reporting to the Chair of Medicine.

Clinical Epidemiology has two complimentary streams: One is focused on physician education with an emphasis on medical research design and critical appraisal. The other focus is a traditional academic research based MSc and PhD (added later) program open to qualified undergraduates from appropriate health disciplines. The program also offers a diploma which is intended to provide persons working in health related fields a working knowledge of human health research. More than 100 students have graduated from the program in the last 10 years alone.

Inside the new MD curriculum

Drs. Joanne Hickey and Lisa Kenny trained together as residents and have recently reunited to work together again both as members of the Discipline of Medicine and in leading one of the Faculty of Medicine's biggest initiatives: The doctor of medicine (MD) curriculum renewal.

The MD curriculum renewal was identified as an objective in two strategic plans. As a result, the Medical Education Leadership Team (MELT) was created to assist Undergraduate Medical Studies in the process.

The new curriculum consists of four phases: health and its promotion, disruptions to health (reversible), and disease prevention, diagnosis and investigation of illness and disease, and integration into practice. Under this renewal, the curriculum moved from a silo- and subject-based teaching model to a more integrated, spiral curriculum; requiring integration across all disciplines and divisions in the faculty.



Drs. Lisa Kenny and Joanne Hickey. Photo credit: Jennifer Armstrong, HSIMS

Dr. Hickey, assistant professor of medicine (hematology), was recruited based on her expertise in hematology and initially joined the process with the intention of restructuring the hematology teaching within the new curriculum. However, not long into the process, she found her profound interest in medical education was leading her down a much more involved path.

After witnessing the development of Phases 1 and 2, she decided she was interested in leading Phase 3, which focuses on chronic conditions, where her specialty of internal medicine lies. "So, I sat down with Dr. Kenny in a little mini, mentorship session with her before I agreed to take it on to get a sense of the workload and what skills were required."

"My interest evolved from, yes, I'm interested in education and these sound like interesting principles and I love being involved in that, to wanting to take more of a leadership role."

Part of her motivation was moving the faculty forward. "When I came back to teaching, the way we were teaching medical students was the same as how we were teaching when I was a student and the same as years before. I thought we were doing a good job but I felt like we needed a change and the methods that were being used spoke to my educational principles."

"It's the idea that medicine is not practiced in a vacuum. In the real world, patients don't fit in boxes and that's what the new curriculum is trying to teach as early as possible; how to think clinically, early."

Although she describes her role helping with the final, pragmatic implementation as 'one of the last torch bearers in that relay,' Dr. Hickey does admit she played a significant role in the flow of the chronic conditions course. And, there was a personal connection. "My sister in law is going to be in the first graduating class of the new curriculum so I had a real personal interest in it because I could see it from an individual student's point of view."

Dr. Kenny, an assistant professor of medicine (critical care/neuro-critical care), led Phase 2 of the renewal. She has a masters in curriculum from the University of Toronto's Ontario Institute for Studies in Education and was excited about this as "a rare opportunity to shape and implement a new curriculum."

When Dr. Kenny arrived at Memorial from the University of Toronto, there was a need for faculty to engage in the phase management teams so it was good timing. Her official role was implementation but she quickly learned that although the foundational development of the new curriculum was well established there was a voluminous curriculum development project that required completion.

"My role spanned from schedule development, curriculum development, and faculty engagement. One aspect of the curriculum I have been heavily involved with is the integrated learning sessions," notes Dr. Kenny. "Through multiple iterations of these sessions the team has created a forum for development of foundations skills in self-directed and lifelong learning skills." She agrees with Dr. Hickey that the Discipline of Medicine plays a big part of the new curriculum and the faculty has contributed a great deal to its implementation and development.

Dr. Hickey believes the new curriculum helps with the sense of community and congeniality in the Discipline of Medicine, which has a big role in the new model because of the amount of formal teaching in the undergraduate curriculum that is medicine-based. "Through the development of the new curriculum, in my mind, it really emphasizes the importance of the discipline in the delivery of the undergraduate medical curriculum. I've seen a lot of members of the discipline take leadership roles in their divisions and within the process and making strides in improving innovative learning technologies."

Research for stroke patients takes it a step further

RESEARCH At 69, St. John's, NL resident Kevin Simmons had retired from a lengthy broadcasting career and found a passion for baking. But in 2013, he suffered a sudden stroke that left him with left-side paralysis and, in the first weeks, an inability to speak or to swallow.

Today, Mr. Simmons continues to push to regain what stroke took away with the help of Dr. Michelle Ploughman and her team based at the Recovery and Performance Laboratory in St. John's at the L.A. Miller Centre.



Kevin Simmons with physiotherapist PhD student Augustine Devasahayam, who was the winner of the POEM Graduate Award in Medicine this year. Photo credit: Canadian Partnership for Stroke Recovery.

In her Canadian Partnership for Stroke Recovery (CPSR) study, she and her team compare different combinations of mental and physical training in chronic stroke patients to help determine the optimal prescription for post-stroke recovery.

In an innovative clinical trial in Newfoundland's largest rehabilitation hospital, Dr. Ploughman's team is studying stroke recovery in 40 people by combining different kinds of computer brain games and fitness training. As part of the trial, researchers measure the patient's fitness, resting metabolic rate and various blood markers before and after participation in the study.

"What we do here is real-world trials," says Dr. Ploughman, who is the Canada Research Chair in Neuroplasticity, Neurorehabilitation and Brain Recovery. She is also an assistant professor of medicine (physical medicine and rehabilitation) and the CPSR site leader at Memorial University.

"My focus is always on intensity - more repetitions, higher heart rate and more frequency," Dr. Ploughman said. "In many cases, rehabilitation is not intensive enough."

"People think physical and cognitive are separate, but they're not," Dr. Ploughman noted. "You need cognitive capacity to learn a new physical skill. If you don't have the cognitive, the physical doesn't work."

Mr. Simmons is part of the trial, testing combinations of physical and computer-based cognitive exercises to boost his stroke recovery. "If you're not walking or functional after a year, therapy tends to stop," he said. "But this program is saying there is more left there. Seven weeks into the program they got me to stand up on both my legs and to balance without holding onto anything and they're getting me to get on and off the bed from the wheelchair," said the grandfather of two toddlers. "I'm walking with a cane now and I didn't do that before. All of it is huge. There have been amazing changes."

The study primarily evaluated cognitive outcomes in patients, especially the ability to problem-solve using new information. Results from the study will lead to the development of new protocols for stroke rehabilitation.



Dr. Ploughman and her team at the Recovery and Performance Laboratory. Photo credit: Canadian Partnership for Stroke Recovery.

Dr. Ploughman was able to leverage CPSR funds, her Canada Research Chair and matching funds from Newfoundland's Research and Development Corporation to support her research program.

Mr. Simmons says the research team has inspired him. "I'm steadier now. I've got more confidence and more determination." Incremental changes have increased his independence. "I can get out of bed and stand up and get into my chair myself. I couldn't do that before," Mr. Simmons added. "At home, I can use a walker and I can maneuver myself around and get a cup and teabag, put on the kettle and make a cup of tea. I can open the fridge and get milk out. That's stuff I can just do recently."

Fixing broken hearts

With files from Sharon Gray

Rick Ralph, pictured here with his children, had his first defibrillator implanted in 2003. Rick has a family history of arrhythmogenic right ventricular cardiomyopathy (ARVC). From Gambo, NL, he was only eight when his father died of heart failure and has known from an early age that ARVC runs in his family.

The discovery of the sudden cardiac death gene in the laboratory of molecular geneticist Dr. Terry-Lynn Young, and the translation of this discovery to affected families by



Rick Ralph, pictured here with his two sons, benefited from the discovery of the ARVC gene. Photo credit: David Howells.

Drs. Kathy Hodgkinson and Sean Connors is an outstanding example of genetics research success.

Then PhD student Nancy Merner and Dr. Kathy Hodgkinson were the first authors on the scientific paper detailing the discovery of the gene responsible for ARVC in Newfoundland families, published in the American Journal of Human Genetics.

ARVC is a deadly genetic heart condition highly prevalent in Newfoundland and Labrador. Men in affected families often die at a young age with only half of male carriers surviving to 41 years of age.

Thanks to this gene discovery, a simple blood test can now identify those who carry the gene. Dr. Connors, a cardiologist who has pioneered work in implanting internal cardiac defibrillators (ICD) in adult carriers of the ARVC gene mutation, described the ARVC gene mutation discovery as "absolutely pivotal" because it offers certain identification of affected individuals. The tiny ICD restarts the heart if it stops. While not a cure, this device has been very successful in saving lives.

Dr. Pat Parfrey said he is so proud that the work on identifying the ARVC gene was all done in Newfoundland through the hard work of multidisciplinary teams, which he describes as a model for future genetic work. "The sudden cardiac death project is a successful example of research in which genetic counselors, molecular geneticists, clinical epidemiologists, cardiologists, philosophers and health policy experts have functioned as a team and coalesced around trying to solve a major clinical problem in our province," said Dr. Parfrey.



Dr. Guang Sun and Dr. Pardis Pedram with the Dual Energy X-ray Absorptiometry scanner. Photo credit: Jennifer Armstrong, HSIMS

Obesity and diabetes: Research focus on twin diseases

Newfoundland and Labrador has one of the highest rates of obesity and diabetes in Canada. In fact, according to statistics, the prevalence of obesity and diabetes has reached epidemic scales globally and both diseases have taken a large toll on the health and health care system of Canadians.

"Obesity and diabetes are twin diseases with shared etiology in genetics and environmental factors," explained Dr. Guang Sun, professor of medicine and head of the Complex Diseases Laboratory. "The current research of my team has been focusing on the endocrine, genetic and nutritional factors in the

development of human obesity and diabetes in the Newfoundland population to develop a further understanding of possible causes and perform more effective treatment and prevention of obesity and diabetes."

"One of the frontier works we are performing is the endocrine, genetic and nutritional factors in the development of human food addiction and its role in the common form of human obesity," he added.

Dr. Pardis Pedram, a PhD student who is supervised by Dr. Sun, is focusing her research efforts on candidate genes to food addiction and nutritional characteristics in patients with food addiction. Dr. Sun's team is one of the frontier groups in this field and the findings have attracted worldwide attention including more than 100 television, radio, newspaper and professional magazine reports. In addition, their initial food addiction papers have been cited 64 times in peer-reviewed journals.

Dr. Sun's lab is also exploring the role of trace elements like selenium and dietary factors in the development of insulin resistance and diabetes in the Newfoundland population.

"When conducting medical research such as this, precision is critical in order to obtain accurate results," said Dr. Sun. The technology used in Dr. Sun's lab helps ensure that the data collected is precise. The DEXA (dual energy x-ray absorptiometry) scanner is one of the pieces of equipment used. It is a machine used to measure percentage of body fat which, according to Dr. Pedram, is more accurate than body mass index (BMI) and weight.

Research being conducted by Dr. Sun and his team will help better understand obesity and diabetes. The work may even be used help predict if individuals will be obese or develop diabetes in the future, and can aid in the prevention of childhood/adult obesity and diabetes.

"This research could potentially lead to future treatments for obesity and diabetes and clinical symptoms associated with it," noted Dr. Sun. "The prevention of these very complex diseases will greatly improve the overall health of Canadians."

Internal Medicine Resident Research Day 2016

There were oral and poster presentations at this year's Internal Medicine Research Day held on June 10, 2016. The event chaired by Dr. Sean Connors, highlighted research across the Discipline of Medicine and featured 24 poster presentations and nine oral presentations.



Photo credit: Jennifer Armstrong, HSIMS

◆ Dr. Anne Gregory received the Dr. Patrick Parfrey Medical Resident Research Award for best paper for her presentation on The relationship between body mass index and the severity of coronary artery disease in patients referred for coronary angiography in Newfoundland and Labrador, Canada.

Dr. Omar Abdel-Razek received the Dr. David Hawkins Medical Resident Research Award (second place) for his paper on Sex-influenced mortality in three Families with Catecholaminergic Polymorphic Ventricular Tachycardia caused by a RyR2 p.R420W mutation.



Photo credit: Jennifer Armstrong, HSIMS



Photo credit: Jennifer Armstrong, HSIMS

The Dr. Grenfell Adams Medical Research Award was presented to Dr. Sandra Cooke-Hubley (third place) for her paper on A 5% increase in trabecular (spine) bone density occurs in the first six months after weaning (Factors Affecting Bone Formation after Breastfeeding Pilot study [FABB-Pilot]).

Dr. Jessica Downing received the Dr. Harry Edstrom Medical Resident Research Award for best poster presentation for her paper on Does iron supplementation improve fatigue in non-anemic iron deficient females? A systemic review and meta-analysis.



Photo credit: Jennifer Armstrong, HSIMS

Internal Medicine Resident Awards



Photo credit: Jennifer Armstrong, HSIMS

Each year the Discipline of Medicine recognizes outstanding performance by our residents related to their clinical and scholarship expertise. This year's awards session, chaired by Dr. Jamie Farrell was held in conjunction with Resident Research Day.

◀ The Cameron Raffard Award is presented in memory of Dr. Raffard, a second-year internal medicine resident who died January 13, 2008. This award is given to the resident(s) who reflect Dr. Raffard's values and exhibit an aptitude for health advocacy. This year's awardees were Drs. Jacqueline Mouris and Michael Davis.



Photo credit: Jennifer Armstrong, HSIMS

◆ The Dr. John Simpson Memorial Award is given to the internal medicine resident(s), chosen by his or her peers, who demonstrate excellence in teaching other members of the internal medicine house staff and medical students. The award is a tribute to Dr. Simpson, a former medical internist at St. Clare's Mercy Hospital, who died in 1998 at the age of 46. This year's award was presented to Dr. Paul Young.

The Dean David Hawkins Award for Outstanding
Resident Teaching in Medicine was presented to Drs.

Kyle Murphy and Yoong Wah Lee.

Missing from photo: Dr. Kyle Murphy.



Photo credit: Jennifer Armstrong, HSIMS



Photo submitted.

Additionally, although absent at the time of the award ceremony, **Dr. Maggie Eddy** received the **Dr. Missan Postgraduate Cardiology Scholarship in Medicine** for the best resident in the cardiology rotation.

NOTABLE MILESTONS

Awards >

Rheumatology Association's Distinguished Investigator Award. Dr. Sharon Peters: Awarded the 2016 Mikhael Award for Medical

Dr. Proton Rahman: This year's recipient of the Canadian

- Education from the Resident Doctors of Canada.
- Dr. Sean Connors: Awarded this year's Dean of Medicine Excellence Award (Senior Clinical).
- Dr. Peter Daley: Awarded this year's Dean of Medicine Excellence Award (Junior Clinical).
- Dr. Susan MacDonald: Recognized as an outstanding clinical educator as the 2016 recipient of the Max House Award for CME/ CPD from Memorial's Faculty of Medicine.
- Dr. Brendan Barrett: Recipient of this year's International Distinguished Medal of the National Kidney Foundation (US).

Associate professor with tenure:

- Dr. Jennifer Leonard
- Dr. Kathleen Hodgkinson

Inaugural Dr. Ian Rusted Professorship in Medical Education Award



The inaugural Dr. Ian Rusted Professorship in Medical Education has been awarded to Dr. Sharon Peters recognizing her lifelong commitment of advancing medical education at Memorial.

Dr. Peters, a professor of medicine in the Discipline of Medicine, was a student of Dr. Rusted's and is a member of the second graduating

class from the Faculty of Medicine. She sees this award as offering her 'challenges and opportunities.'

Dr. Peters believes her passion for the medical school and medical education got her the honour. "Over my career I have been involved in many facets of medical education from being a Royal College program director, assistant dean of Student Affairs, leading, with several colleagues, the curriculum development of the MD program, developing the Medical Education Scholarship Centre (MESC), and creating the curriculum of a postgraduate training program. During my tenure as vice dean, I was involved in many other facets, directly or indirectly, with medical education throughout the continuum of medical education."

She has also held a number of other positions in the faculty including residency program director, and has been a member of or chaired many medical education committees. Dr. Peters was also the first clinical chief of critical care. She has been active in professional societies including president of the Canadian Thoracic Society.

Currently Dr. Peters is focusing on the development of the new subspecialty program in general internal medicine. Some of her previous awards include Outstanding Teacher Award (1994), Order of the Killick, Graduating Class (1995), President's Vote of Thanks, NL Lung Association (1998) and CAME Certificate of Merit (2015).

Since 2009, alumni and friends of the Faculty of Medicine have been providing donations to support a professorship in honour of the contributions of the late Dr. Ian Rusted. The Dr. Ian Rusted Professorship in Medical Education is a recognized leader in medical education and a driving force for quality and innovative education.

Dr. Ian Rusted was dedicated to the improvement of health care in Newfoundland and Labrador which led him to found the Faculty of Medicine at Memorial University in 1967. Funding will be used by the recipient for continuing studies in medical education, for the development of educational materials or for programming in education innovation. The honour is a three year term.

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