

MUNNMED

Faculty of Medicine

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Message from the Dean

THE FACULTY OF MEDICINE has achieved a number of milestones in the last year with the launch of our new curriculum, our increased class size and now the successful accreditation review. We are on the leading edge of medical education in North America and have much to be proud of.

One of the ways in which the Faculty of Medicine is in the forefront of medical education is through the use of enabling technologies. I am very proud of the developments that have taken place in the service unit known as Health Sciences Information and Media Services (HSIMS).

In this issue of *MUNMED* we look at the development of HSIMS over 40 years from its early days as Medical Audiovisual Services (MAVS) to the merging of MAVS and Computer Services in 1995, to today's expanded unit under full-time director Sean O'Neill. The Health Education Technology and Learning unit, under the direction of manager Steve Pennell, is responsible for providing leadership in the development of the vision for education technology in support of the education programs of the Faculty of Medicine and to develop and implement strategies required to achieve those goals.

HSIMS is responsible for educating and mentoring faculty, staff and students in the use of current and developing education technologies; supporting faculty and leadership committees in implementing educational technology in the curriculum; ongoing review and co-ordination with suppliers of educational technology; and leading assessment of education technology needs and developing services to meet requirements.

It truly is a technological evolution that has brought us to today's technology-enabled learning support services.



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International guidebook on rural medical education launched



Wonca Rural Health

The Wonca Working Party on Rural Practice

AN ELECTRONIC TEXTBOOK on rural medical education that's been six years in the making was launched in April by the World Organization of Family Doctors (WONCA) during the 12th World Rural Health Conference in Gramado, Brazil.

"This is a truly historic global step forward for rural medicine and one in which Memorial's Faculty of Medicine has played a key role," said Dr. James Rourke, dean of medicine.

Dr. Rourke has been deeply involved in developing the *Rural Medical Education Guidebook* from the initial idea through all the steps and work along the six-year journey. He is one of five editors of the guidebook; he noted that the Faculty of Medicine contributed organizational and financial support that has made this project possible.

"THIS IS A TRULY HISTORIC GLOBAL STEP FORWARD FOR RURAL MEDICINE AND ONE IN WHICH MEMORIAL'S FACULTY OF MEDICINE HAS PLAYED A KEY ROLE,"
~ DR. JAMES ROURKE,
DEAN OF MEDICINE.

"I am proud that Memorial's Faculty of Medicine has played such a major role in the development of the *WONCA Rural Medical Education Guidebook*," said Dr. Rourke. "This electronic book, now available on-line, will be an important resource for the education of doctors in rural communities around the world."

The guidebook is divided into five themes: Framing and Resourcing of Rural Medical Education and Practice; Medical Education in Rural Settings; Professional and Technical Support for Rural Medical Educators, Undergraduate Medical Education, and Postgraduate Medical Education. In total the guidebook contains 71 chapters featuring 74 international experts.

Dr. James Rourke is one of four authors who wrote the overview chapter *What Brings us Together: The Values and Principles of Rural Medical Education*. He and Dr. Leslie Rourke, professor of family medicine, also co-authored the article *Boundaries and Balance: Managing Relationships in Rural Practice*.

Other authors affiliated with Memorial who have written chapters in the *Rural Medical Education Guidebook* are Dr. Michael Jong, professor of family medicine (Labrador Health Centre, Happy Valley-Goose Bay); Dr. Wendy Graham, associate

professor of family medicine (Dr. Charles L. LeGrow Health Centre, Port aux Basques), Dr. Conleth O'Maonaigh, associate professor (emergency medicine, St. John's campus); and Dr. G. William N. Fitzgerald, clinical professor of surgery and surgeon-in-chief (Grenfell Regional Health Services, St. Anthony).

The titles of these four contributions are *Rural areas: Valuable learning contexts for medical students*, by Wendy Graham; *The making of a rural general surgeon*, by G. William N. Fitzgerald; *Professional development and support for clinical educators*, by Conleth O'Maonaigh; and *Health systems and funding of rural-based medical education*, by Michael Jong.

To see the *Rural Medical Education Guidebook* visit www.bit.ly/Woncaruralguidebook



Dr. Ed Randell oversees the operation of the Hemo Tech NS-Plus analyzer system located at St. Clare's Hospital.

What does your fecal matter reveal?

IT MAY NOT SOUND like the most pleasant activity, but by using a home fecal test known as a FIT kit, clients in the target population in the Newfoundland and Labrador Colon Cancer Screening Program can mail a stool sample for analysis which is then sent to a central lab in St. John's. Newfoundland and Labrador has the highest incidence and mortality rate in Canada from colorectal cancer, and these are among the highest rates worldwide.

A team of researchers based in the Faculty of Medicine has received \$50,000 funding through the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) to determine

the reproducibility, accuracy and stability of fecal transferrin compared to hemoglobin.

The research project is headed by Drs. Ed Randell and Jerry McGrath. Dr. Randell is an associate professor of laboratory medicine and division chief of clinical biochemistry with Eastern Health; Dr. McGrath, associate professor of medicine, is a gastroenterologist and medical director of the Newfoundland and Labrador Colon Cancer Screening Program. The other team members are Farah McCrate, a PhD student in the Faculty of Medicine and an epidemiologist with the Cancer Care Program of Eastern Health; and Scott Antle, manager of the NL Colon Cancer Screening Program.

The laboratory component of this study will assess the reproducibility, accuracy and stability of fecal transferrin versus hemoglobin using the Hemo Tech NS-Plus analyzer system. "Specific design details will be similar to our previously published work," said Dr. Randell. "The clinical evaluations will examine the diagnostic characteristics of fecal transferrin testing for pre-cancerous and cancerous colonic lesions."

Participants identified for the study will be contacted and informed consent obtained. A two-day stool sample will be collected and sent to the central laboratory. "The analysis of the fecal specimens will occur, followed by a chart audit after the colonoscopy to capture family history, endoscopic findings and biopsy reports," explained Dr. McGrath.

Dr. Randell said research shows that transferrin may be at higher levels in the stool among people with colon tumours. "The goal of our study is to compare testing for levels of transferrin with testing for hemoglobin using the FIT test kit, and using the results of colonoscopies to determine which method detects more pre-cancerous and cancerous polyps."

This study is funded through the Enhancing Health Care in Newfoundland and Labrador Research Fund, established as part of the recommendations put forth by the Commission of Inquiry on Hormone Receptor Testing.



Research team members (from left): Dr. Jerry McGrath, Farah McCrate and Scott Antle.

"THE CLINICAL EVALUATIONS WILL EXAMINE THE DIAGNOSTIC CHARACTERISTICS OF FECAL TRANSFERRIN TESTING FOR PRE-CANCEROUS AND CANCEROUS COLONIC LESIONS."

Genetics work at Memorial contributes to breakthrough international study



DR. MICHAEL WOODS, associate professor of genetics in the Faculty of Medicine, is a contributing author on a paper published in December 2013 in the journal *Nature Genetics* which describes a model of DNA variant interpretation for bowel and uterine cancer that will help diagnose at high risk.

“This paper provides a ‘proof of concept function’ which takes a genetic disease and identifies and analyzes all the known DNA variants in the causative genes in order to provide the best practice clinically,” explained Dr. Woods.

The research behind the paper was a monumental endeavour involving scientists and clinicians from dozens of countries around the world, he explained. “This study really takes advantage of the information from the Human Genome Project and has built on it in a medically-oriented way.”

The model described in the paper was developed by scientists researching how mutations in the genes that cause the inherited condition Lynch syndrome can increase the risk of bowel, uterine and other cancers. Dr. Woods is a member of a panel of international experts on Lynch syndrome and mismatch repair genes whose goal was to provide the interpretation of the variants in this study. He is also one of the founders of the InSiGHT database which houses the mutation data collated from around the globe.

Lynch syndrome is an infrequent but important cause of colorectal cancer and of gynecologic cancer; it is an inherited condition caused by mutations in mis-match repair genes. For many years, PhD students supervised by Drs. Patrick Parfrey and Jane Green in the Faculty of Medicine have published papers on aspects of this syndrome.

“As a result of the research published in *Nature Genetics*, doctors will now be able to say much more confidently whether those patients have Lynch syndrome, and therefore whether they are at a higher risk of cancer,” said Dr. Woods.

For further information about this story visit www.bit.ly/MUNMEDnews.

Genetics pioneer inducted into ONL

DR. JANE GREEN, professor of genetics in the Faculty of Medicine, was one of seven exemplary individuals inducted into the Order of Newfoundland and Labrador (ONL) at a ceremony hosted at Government House Feb. 7.

The Order of Newfoundland and Labrador is the highest honour of the province. It recognizes individuals who have shown excellence and achievement in any field of endeavour benefitting the province and its residents in an outstanding manner.

Dr. Green received the ONL award for her research work with genetics and inherited diseases in the province. She has received numerous honours during her career, including being inducted as a fellow in the Canadian Academy of Health Sciences (CAHS) on Sept. 19, 2013.

The other individuals inducted into ONL this year were: Bridget Foster for her work with immigrants and refugees in the province; Margaret Kearney for her efforts to promote tourism and travel to the province; Colleen Kennedy for her work promoting the Gros Morne region of the province; Gilbert Linstead for his work with the Labrador Fisherman’s Union Shrimp Company; Kevin St. George for his involvement in the Corner Brook region; Sara Sexton, the mother of Newfoundland comedian Tommy Sexton, for her work in AIDS awareness after his death in 1993, and retired General Rick Hillier.

Dr. Green said the selection of this year’s Order of Newfoundland and Labrador recipients shows her that people can do great things in whatever their chosen field.

For further information on this story visit www.bit.ly/MUNMEDnews.



The Green family (from left): Teresa Green, Dr. John Green, Dr. Jane Green and Valerie Green. Teresa travelled from Vancouver for her mother’s ceremony; son Tim, who also lives in Vancouver, was unable to attend.



Anne Sousem, left, and Youseline Pierre Louise, centre, explain the use of a Safe Birth Kit to a Haitian woman.

Prenatal care in Haiti: Reflections on contrast

By Jill Allison

HOCKEY BAGS in Haiti. It's an odd contradiction but a ubiquitous symbol of the many aid projects and charitable missions that have come to Haiti in recent years.

It's already hot at 8 a.m. when Youselene Pierre Louise packs her prenatal clinic supplies into a black hockey bag. We set off down the dirt road looking for a "moto" – a motorcycle taxi – to take us to another village a few kilometers away. It's Thursday and Youselene, the nurse employed by Haiti Village Health, does a prenatal outreach clinic in a different community in the region every week.

Haiti Village Health (HVH) is a small grassroots non-government organization started about eight years ago by Memorial medical graduate Dr. Tiffany Keenan (Class of 1998) and some colleagues. Since the first hockey bags came into the underserved area of the Bas Limbe peninsula in Northern Haiti, the project has grown from providing intermittent primary health care to having a permanent clinic, supporting a full-time doctor, nurse and pharmacist, as well as three community health workers. HVH has paid for the training of these community health workers; members of the organization have also supported the training of the pharmacist and a physician who will now do a return of service in the community.

Youselene is a gentle woman who genuinely loves her job. We arrive at the school where we will use an empty classroom to hold the clinic. The room is a bit dark, as are most classrooms in rural Haitian schools. She buzzes around the dusty little room setting up her supplies. She shifts a heavy object that turns out to be a large stereo speaker that no longer works. On it she places her medications, vitamin tablets and packets of oral rehydration solution. "Famasi," she proudly announces in Haitian Kreyol. Next, on a low bench, she sets up the little lab with basic tests for urine, hemoglobin, HIV and syphilis. She pulls out a scale, a measuring tape and blanket. In the back corner of the room she spreads the blanket on the dirt floor and places her measuring tape and the Doppler, a device for listening to the baby's heartbeat. Here she will examine the women using what are called Leopold's manoeuvres – a set of movements that physicians, nurses and midwives use to determine the position of the baby in the womb.

The women begin to arrive. Youselene musters all 17 of them on benches in the shade and delivers a brief education session. She does this with each clinic and varies the topics from nutrition to infant care to treatment of diarrhea. This week it is on family planning. The women are attentive and ask questions. Youselene answers their queries patiently. Some of them

are concerned that if they use contraception (called planning), their fertility will be reduced even after they stop the pills or injections. In a country where women have very little power in sexual politics, asking a man to wear a condom is not accepted. Men take this as an accusation that they are unfaithful. It's risky for women to make this request. Birth control pills and depo-provera are the methods of choice because they allow women the opportunity to make the choice for themselves. But a loss of fertility is risky too because children are what bring men into a committed relationship in many cases. If a woman wants economic security she may find motherhood is a viable option if she has a child with a man who has a job.

Youselene sees each woman in turn, spending time with them, asking questions about their family circumstances, checking weights, blood pressures, doing the lab tests, advising them on nutrition. She does this with no judgement and does not talk down. A frightened looking 18-year-old comes in and Youselene asks about the baby's father. It seems that he does not have any resources and he left her without support. Youselene holds the girl's hands and looks her in the eyes with a smile, asking her who will help her. The girl lives with her mother and Youselene is relieved that she will have some support.

Several of the women are near delivery. Youselene hands them each a package wrapped in plastic. These are the Safe Birth Kits that people in the Health Sciences Centre in St. John's put together in February 2014. Most, if not all, of these women will deliver in their homes, on a mud floor or a pile of bedding they share with many other people. They will be attended by a traditional birth attendant or a matrone who, if they are lucky, has received some training through collaboration between Haiti Village Health and Kombit Sante, another organization dedicated to improving health-care delivery in northern Haiti. The Safe Birth Kit contains gloves, soap, a clean razor blade for cutting the cord, a few pieces of clean string for tying the cord, some gauze, a baby blanket for wrapping up the newborn and a piece of plastic that provides a clean surface for the woman to lay on while she delivers.

As people built their Safe Birth Kits in St. John's that day in February, they always paused for a moment when they got to the piece of plastic. It was that moment, when they contemplated a woman lying on the dirt floor of a small village house to deliver her baby with this tiny obstetric kit in the hands of local birth attendant, that people grasped the enormity of the situation. It was then that the contrast, the difference between global north and south, high income and low income, over-served and underserved, settled into the minds of people as they taped their kits closed and signed them. Some women gasped or sighed, and some commented on their own deliveries in a high-tech institution where risks are not only minimized but virtually eliminated. In Haiti, the Safe Birth Kits are accepted with gratitude, but most women have not had the luxury of having such basic equipment available. I point out that people have signed their names on the tape that holds the kits together. The women smile and nod.

Youselene is a joyful woman with a beautiful singing voice. She directs a choir in her church in Cap Haitien. She truly loves working with women in the community. She often assists at deliveries and encourages the matrones to bring women to the clinic where she can offer support and help with any difficulties. She gets excited with each new birth in the region and provides each baby with a gift of clothing, baby hats or blankets when she has these to give. Women like Youselene are the future of Haiti. They are powerful role models that young Haitian women can aspire to and, given a few tools and an opportunity, they prove that Haitians are indeed helping themselves in ways that make a difference.

Dr. Jill Allison is the co-ordinator of the Global Health Office in the Division of Community Health and Humanities, Faculty of Medicine. She has been involved with Haiti Village Health since 2007, serving as director of the Global Health Program since 2011.



Starting with a baby blanket, Dr. Diana Gustafson, front, prepares a Safe Birth Kit under the guidance of Dr. Jill Allison. In February, 60 people donated \$10 and built a kit to send to Haiti. The fundraiser for Haiti Village Health was organized by Dr. Jill Allison (back).

Friendship Circle aims to build bridges of understanding

THE ABORIGINAL HEALTH INITIATIVE (AHI)

moved forward Dec. 5, 2013, when the MUNMED Friendship Circle was launched. This student-run association is comprised of First Nation, Inuit and Métis and non-Aboriginal medical students with the goal of building bridges of understanding.

The launch took place in conjunction with the visit of Dr. Stanley Vollant, University of Montreal. Dr. Vollant is an Innu oncologist and surgeon from Pessamist on the Quebec North Shore, well-known in Canada for his pilgrimage on foot across First Nation ancestral lands. This was his second visit to Memorial to speak to medical students about building partnerships in healing. He talked to the first-year class on Dec. 4 and also spoke at the launch of the MUNMED Friendship Circle.

Dr. Carolyn Sturge Sparkes, AHI co-ordinator, said the objectives of the Friendship Circle are to promote understanding, appreciation and respect among students, both Aboriginal and non-Aboriginal. “The medical students will run the Friendship Circle and set their own agenda and timeline,” she explained. “Even the name is tentative until the group decides if they want it as a permanent name.”

Two board members of the AHI flew in for the launch – Dorthy Earle, representing NunatuKavut, and Gillian Harding, representing Nunatsiavut.

The MUNMED Friendship Circle is one of the support pillars of the AHI. Under this program, two seats are reserved each year for Aboriginal students in addition to regular entries. In 2011 there were six applicants and two Aboriginal students were accepted. In 2012 there were 18 applicants and six Aboriginal students were accepted. In 2013 five Aboriginal students were admitted to Memorial University’s medical school. As of fall 2014, the number of seats reserved for Aboriginal students will be increased to three.

Once in medical school, the Medical Mentorship@MUN program matches Aboriginal medical students with faculty and postgraduates through mentorship clusters with one mentor and four students. Curriculum pillars in place include Aboriginal health sessions. The new undergraduate medical education curriculum integrates case study and problem-based clinical situations with a focus on Aboriginal peoples and their wellbeing.

For further information on this story visit www.bit.ly/MUNMEDnews.

Motherhood and Infertility in Ireland

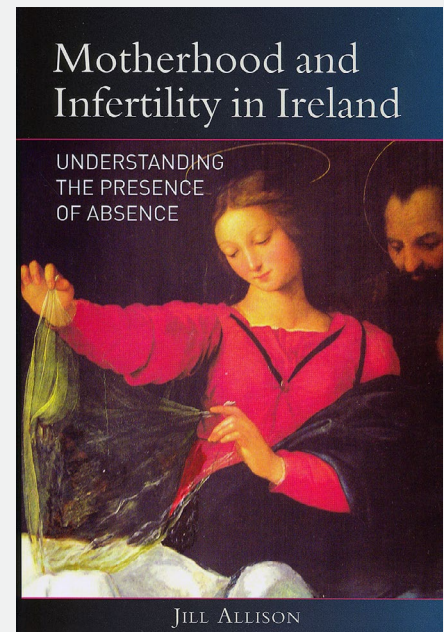
By Jill Allison

DR. JILL ALLISON, co-ordinator of the Global Health Office in the Faculty of Medicine, is author of *Motherhood and Infertility in Ireland: Understanding the Presence of Absence*, published by Cork University Press.

Through the lens of infertility, Dr. Allison offers a cultural account of shifting meanings of conception, fertility, motherhood and family in the current climate of changing Irish social life. This book portrays how the taken for granted associations between nature, reproduction, marriage, family and morality are also shaping the production of new kinds of reproductive knowledge and the use of reproductive technologies in Ireland.

The infertility stories in this book show us how the once seamless connection between marriage, motherhood, sex and procreation in Ireland is contested. Through the stories of women and men facing infertility, the book brings to life the forces that shape the idea of motherhood and the way many women see themselves — not as victims of circumstance, but as agents and beneficiaries of changing social values and expectations.

The book also examines how religious, medical and state institutions use the meanings of nature and science in an effort to be the dominant voice in ongoing politics which encourage bearing of children. Dr. Allison shows how the use of reproductive technologies is discussed in relation to the historical and contemporary debates about reproductive choice. The dilemmas people face when using assisted reproduction technologies also highlight the complexity and contingency of the local morality in which reproductive politics operates in Ireland. Overall, this book makes an important contribution to the story of change in Ireland as it represents the current cultural context in which people are making decisions about family building.



St. John's Data Collection Site marks 1,000th participant visit

THE CANADIAN Longitudinal Study on Aging (CLSA) was one step closer to its goal of recruiting 50,000 participants across Canada when the St. John's data collection site welcomed its 1000th participant in December, 2013.

"Thanks to the generous contributions of participants in Newfoundland, the CLSA is moving towards its goal of understanding the factors that shape healthy aging," said Dr. Gerry Mugford, lead investigator of the CLSA in Newfoundland and Labrador.

The CLSA is Canada's largest study of health and aging and will follow 50,000 men and women between the ages of 45 and 85 for 20 years. To date, more than 33,000 participants have been recruited nationally.

For further information on this story visit www.bit.ly/CLSAonethousand.



Owen Parfrey, DCS co-ordinator with CLSA and Karen Myers, the 1,000th participant



Dean James Rourke, centre, presented Dr. Reza Tabrizchi and Lindsay Glynn with their certificates.

First graduates of new diploma program

THE FIRST GRADUATES of the new Physician Management and Leadership Program are Lindsay Alcock Glynn, head of Public Services at the Health Sciences Library, and Dr. Reza Tabrizchi, associate dean of Research and Graduate Studies (medicine).

"This is a great partnership between the Faculty of Medicine's Professional Development and Conferencing Services (PDCS) and the Faculty of Business Administration's Gardiner Centre, in collaboration with the Government of Newfoundland and Labrador," said Fran

Kirby, director of PDCS. "To develop and deliver such programs in line with fostering leadership skills and training as part of the Faculty of Medicine's Strategic Plan as well as with the CanMEDS roles."

Ms. Glynn and Dr. Tabrizchi took the program during its inaugural offering in 2013/2014. "I was fortunate to obtain one of the faculty seats in the leadership program, said Ms. Glynn. "Although I am not a physician, the program content was relevant to my role as head of Public Services in the Health Science Library. It became clear very quickly that all participants face similar leadership challenges regardless of the various environments in which we work."

For more information about this program visit www.physicianleadership.ca.



Award winning faculty and staff gathered for a group photo following the inaugural Faculty and Staff Awards Luncheon on Dec. 6, 2013.

Faculty and staff awards celebrated

THE INAUGURAL Faculty and Staff Awards Luncheon took place Dec. 6, celebrating awards that were given in the last five years at the university, provincial, national and international level. Dr. James Rourke, dean of medicine, welcomed everyone to this special event. Before the

lunch, he played a video of the 100th laureate of the Canadian Medical Hall of Fame – Dr. Ian Rusted, founder of Memorial’s medical school.

For a full list of awards recognized at this ceremony visit www.bit.ly/MUNMEDawards13.

A permanent display of awards is being developed for the Faculty of Medicine. If you have an award that you would like acknowledged, please contact the Communications Office in the Faculty of Medicine communicationsoffice@med.mun.ca.

Med students participate in History of Medicine Days

TWO MEDICAL STUDENTS from Memorial attended the University of Calgary’s History of Medicine Days 2014, held March 7-8. Mark Hewitt and Claire Woodford both presented posters.

Attending History of Medicine Days has become an annual tradition. Dr. Jim Connor, John Clinch Professor of Medical Humanities and History of Medicine, encourages the medical students he teaches to go to this conference; he noted that more students would have been involved this year but were prevented by class schedules.

Mark Hewitt’s poster was titled HIV/AIDS, Origins, Interventions and Stigma; How Historical Attitudes Resonate within the Culture of Today.

“This was the first conference at which I had the opportunity to give an oral presentation,” said Mark. “I found that it was a very constructive environment and the mix of medical students and history students allowed for very different and interesting ways of presenting data, some of which have given me ideas to further my project,” she explained.

Claire Woodford’s poster was titled Semantic Barriers to Describing Diabetic Pathology in the Pre-Insulin Era. She noted that a close reading of medical textbooks related to pathology, physiology and the treatment of diabetes around 1918 shows how the poorly-defined endocrine terms internal secretion and hormone prevented academics from engaging in nuanced discussions of diabetic pathology and potential therapeutic avenues.

“The ambiguous terms that academics used to describe diabetic pathology created a semantic barrier that may have impeded widespread collaboration between researchers.”

Mark noted that having the ability to network with medical students from across Canada was a great experience. “Understanding some of the medical past and why certain procedures were done the way they were, or evolved because of certain pressures, helps to better understand the dramatic increase in health care practices in recent years. It really helps give context to why we do what we do as medical students and future physicians, and on the flip side of that, what we should avoid doing.”

A brief history of HSIMS

IN THE ORIGINAL temporary facilities of the Faculty of Medicine (1968), there was a small photographic and graphic facility. The unit was subsequently named Medical Audiovisual Service (MAVS) when it was formally established in 1973 with the appointment of Dr. Brian Payton as director. The role of MAVS was to provide photographic and graphic services to the medical school and also to the General Hospital; when possible, services were also provided to individuals at associated teaching hospitals.

In addition to production facilities, MAVS was responsible for the equipping, maintenance, and usage of the lecture theatres and seminar rooms. Photographic capabilities covered a wide range of formats including macro-photography, slide copying, 16mm and super 8mm film capabilities, black and white and colour video editing equipment, and large format still photography. The unit had its own black and white as well as colour film processing equipment.

When the Faculty of Medicine moved into the new Health Sciences Centre (starting in 1974), a service unit named Computer Services was established to deal with the computer revolution that was changing everyday work life and creating a need for support services for computers. For example, a card reader and a personal computer were used for marking exams, doing this in a fraction of the time it had taken previously.

In 1995, MAVS, Computer Services and various multimedia instructional development projects were incorporated under the umbrella of Health Sciences Information and Media Service (HSIMS). George Beckett, associate university librarian (health sciences), served as manager, along with his faculty duties.

HSIMS was established as a result of the report of the Task Force on Educational Media and Computing Services, chaired by vice-dean Dr. Carl Robbins. At this point in time, the mandate of HSIMS was to plan for, and provide, all computing and audiovisual support needed by the Faculty of Medicine, including a new data network for the Health Sciences Centre, allowing improved access and the potential for improved and more efficient sharing of information and resources. Computing Services physically re-located to MAVS, and the area that had been used by Computer Services was turned into a computer laboratory for students.

On May 1, 1995, a new agreement for shared computing lab services between medicine, nursing and pharmacy was formalized. HSIMS now operated the existing HSIMS Computer Lab and the nursing/pharmacy computer lab for the benefit of all health sciences students. At this time there were 22 computers in the main HSIMS lab and 15 in the laboratory previously devoted to nursing and pharmacy.



In 1992, two members of MAVS, Eugene Ryan and Terry Upshall, travelled to Nigeria as part of a five-member team under the direction of Newfoundland obstetrician Dr. Bob Walley. The project at St. Luke's Hospital in Akwa Ibom State to improve maternal health was documented on film. From left: Kay Mathews, nurse-midwife; Dr. Annette Felix Briones, film producer, Terry Upshall, Eugene Ryan and Dr. Walley.

In 2005, e-presence, the webcasting service of the Faculty of Medicine, was introduced to facilitate taking part in rounds and academic half days at the medical school. The e-Presence service included support for video, audio, slide broadcasting, slide browsing and review; submitting questions, integrated moderated chat, live software demos and the automated creation of archives. As early as June 2004, numerous presentations from Medical Grand Rounds, Family Medicine and the Thrombosis Interest Group of Canada were archived so users could view them online.

In the winter of 2008, *HSIMS UPDATE* was published; this newsletter contained articles on interactive classroom technology (*clickers*) and webcasting service/e-presence. The newsletter also included articles on the growth in the Graphics Units, IT support for students and faculty, and a massive upgrading of personal computers in administrative offices throughout the Faculty of Medicine.

In 2009, Sean O'Neill was appointed as the first full-time director for HSIMS. Originally from Labrador City, Sean returned to Memorial from Grande Prairie, Alberta, where he was regional manager in the Department of Information Management and Technical Services at Alberta Health Services.

Today HSIMS is a support department that provides instructional design, curriculum support services, teaching facilities, education technology, IT, multimedia, graphic design, and media relations at Memorial University's Faculty of Medicine. Faculty, staff and students have access to knowledgeable and helpful staff who are familiar with the latest technology trends.

A mix of services meets ongoing technological needs of medical school

AS DIRECTOR OF HSIMS, Sean O’Neill oversees a service unit within the Faculty of Medicine that provides knowledgeable help in a variety of areas.

“We are offering these services at a time when the fields of audio-visual services and information technology are converging and e-learning is becoming more prominent.”

Sean explained that the scope of services offered by HSIMS encompasses health education technology and learning, instructional design, information technology, medical illustration, graphics, photography, website design, computer support and media relations. “We also handle room bookings within the medical school and audio visual equipment and delivery.”

As the first full-time director of HSIMS, Sean said his job was created in 2008 as part of the medical school expansion. “There were a number of positions created as the accreditation process began to involve more technology-related standards.”

Sean emphasized that the common thread at HSIMS is service. “The Health Sciences Information and Media unit within the Faculty of Medicine is ahead of its time by having one department that encompasses IT, AV, e-learning, medical illustration, the operation of the learning facilities, and marketing and communications.”

And with social media becoming so important, Sean noted that having marketing and communications housed with HSIMS “allows us to leverage social media to get our communication out – whether it’s a vision of the Faculty of Medicine or news about a snow day.”

As for the future, Sean said that HSIMS will continue to provide forward-thinking technologies designed to advance the education, research, patient care and administrative missions of Memorial’s Faculty of Medicine.

What’s happening with health education technology and learning?

WITHIN HSIMS, the Health Education Technology and Learning unit is responsible for providing leadership in the development of the vision for education technology in support of the education programs of the Faculty of Medicine.

“To do that, we develop and implement strategies required to achieve that vision,” said Steve Pennell, manager of the unit.

“Our team is responsible for educating and mentoring faculty, staff and students in the use of current and developing education technologies,” he said. “We also support faculty and leadership committees in implementing educational technology in the curriculum and we have ongoing review and co-ordination with suppliers of educational technology. Overall we provide leading assessment of education technology needs and developing services to meet requirements.”

Steve Pennell and his team have developed a cornerstone technology that supports management of professional programs, curriculum development, and blueprinting and accreditation reporting.

“The new software, called CBlue, went live September 2013 and is supporting the new curriculum,” he explained. “CBlue is designed to work with a learning management system – such as Desire2Learn – to show the relationships between content, learning objectives, course goals and program competencies.”

CBlue also delivers the majority of content to the learning management system. “Another technology-enabled feature is the ability to provide performance feedback to learners on summative exams using CBlue’s tagging abilities and medicine’s new question bank system” he said.

Steve noted that as pedagogical methodologies align more to the needs of the learner and learner engagement, the Health Education Technology and Learning team provides support to faculty, staff and students on using appropriate methodologies that can be enabled with technology. “The key driver,” he concluded, “is education.”

Sample of the education technologies used in the Faculty of Medicine

DESIRE2LEARN, or D2L, is the Memorial University Learning Management System (or LMS). It can be accessed via my.mun.ca.

VIRTUAL PATIENTS are interactive computer simulation of real-life clinical scenarios for the purpose of health care and medical training, education or assessment. A virtual patient has mechanisms for the learner to interact with the case, materials, and information made available to the learner as they complete a range of learning activities. The medical education community recognizes virtual patients as very effective tools for developing clinical reasoning.

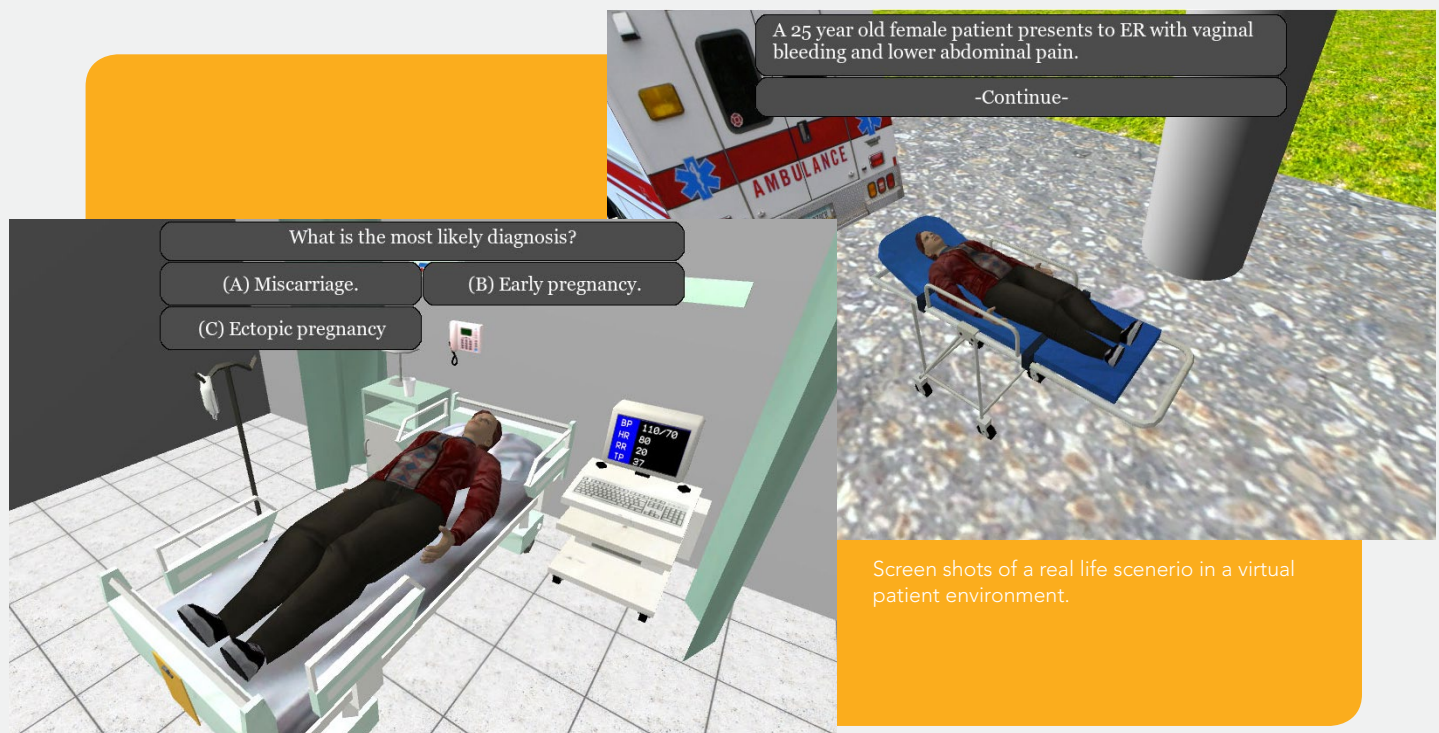
WEB COLLABORATION SOFTWARE is available to clinical clerks who are outside of Memorial's St. John's campus. The web collaboration software can be used to attend the academic half-days for their rotations. It also offers collaborative applications such as two-way audio, multi-point video, interactive whiteboard, application and desktop sharing, rich media and breakout rooms. Webcasts and lectures can be streamed and recorded.

STUDENT RESPONSE TECHNOLOGY (known as clickers) can provide the tools for interactive teaching and learning. Utilizing the technology to its full potential takes experience and creativity.

T-RES allows clerks on their clerkship rotation to efficiently record and evaluate clinical and academic activities, and mandatory procedures using mobile devices or the Web. Clerks enter their learning experiences, including self-evaluations; faculty may evaluate clerks as activities are completed during rotations. The activities and evaluations are easily available in various report formats over the Web, to the trainee and to their program director.

ONE45. The programs used by the medical school at Memorial use programs such as one45 for grades, evaluations (including in-term evaluation reports) and rotation scheduling during clerkship and residency.

INTERACTIVE WHITEBOARDS are used in many classrooms and replace the standard whiteboard in most cases. They can be used for collaboration and interaction during lectures, small group learning projects, team meetings and more.



Screen shots of a real life scenerio in a virtual patient environment.

HSIMS at a glance

(Dates in brackets indicate starting date with Faculty of Medicine)

SEAN O'NEILL, director (2008)

- **PENNY SHEPPARD**, administrative assistant (2012)

HEALTH EDUCATION TECHNOLOGY AND LEARNING

- **STEVE PENNELL**, manager (2009)
- **DAVID STOKES**, senior instructional designer (2009)
- **MOYA CLARKE**, instructional design assistant (2007)
- **ADAM SISCOE**, medical education technology specialist (2010)
- **JENNIFER KIRBY**, instructional designer (2012)
- **ANDREW HICKEY**, computer programmer (2012)

COMPUTER SUPPORT SERVICES

- **ROBERT RYAN**, manager (1984)
- **CARL BOLAND**, system administrator and team lead for servers (1990)
- **JACQUELINE LACEY**, database development and application programmer (1999)
- **EDWIN DAVIS**, database development and application programmer (2003)
- **CHAD LAWLOR**, database developer (2008)
- **COLIN HANCOCK**, system administrator (2009)
- **ED NORTH**, system administrator (2010)
- **SHARON MAHER**, IT consultant and team lead for desktop support (1998)
- **SCOTT HOWSE**, computer support (2010)
- **SAMMIE HUNG**, computer support (2010)
- **CLIFFORD JONES**, computer support (2010)
- **ROB FRENCH**, computer support (2012)

MEDIA SERVICES

- **EUGENE RYAN**, manager (1979)
- **GINA BARNES**, room bookings (2009)
- **PAT WEBBER**, AV support and equipment delivery and setup (1999)
- **JENNIFER ARMSTRONG**, medical illustration and graphic design (2007)
- **MYKILA SHERREN**, medical illustration and graphic design (2013)
- **JOHN CROWELL**, photography, e-services, video production, websites (1984)
- **TERRY UPSHALL**, photography, e-services, video production, websites (1985)

MEDIA AND COMMUNICATIONS

- **VIRGINIA MIDDLETON**, communications co-ordinator (2010)
- **SHARON A. GRAY**, communications co-ordinator, editor of MUNMED (1988)

The communication co-ordinator positions in the Faculty of Medicine are affiliated with Memorial's Division of Marketing and Communications.

For more information about HSIMS visit:

WWW.MED.MUN.CA/HSIMS/

Some of HSIMS staff



News from the clinical disciplines

ANESTHESIA



Two members of the Discipline of Anesthesia received awards in 2013, presented by discipline chair Dr. Jeremy Pridham, centre. **Dr. Barton Thiessen**, left, received the Outstanding Clinical Educator Award, presented to a clinical educator that residents choose for going above and beyond expected teaching requirements. **Dr. Chris Chu**, right, received the Mentorship Award for providing leadership and mentoring to the residency programs and residents.

Dr. Sonia Sampson (unavailable for photo) received the Outstanding Scholar Award for her role in maintaining and enhancing professional activities through ongoing learning.

RADIOLOGY



Three PGY3 radiology residents – **Drs. Sarah Pittman** (photo), **Christopher Smith** and **Andrew Ho** – presented electronic exhibits at the 2013 Radiological Society of North America Annual Scientific Assembly held Dec. 1-6 in Chicago. **Dr. Pittman** won an Award of Merit for her presentation.

At the end of each academic year the Discipline of Radiology holds its annual resident social to present departing residents with tokens of appreciation. This event is also a chance to distribute two annual awards: the Dr. Spencer Bridger Teaching Award for a faculty member, and the Roentgen Resident/Fellow Research Award. **Dr. Eric Pike** received the Dr. Spencer Bridger Teaching Award; **Dr. Noah Ditkofsky**, PGY5, received the Roentgen Resident/Fellow Research Award.

OBSTETRICS AND GYNECOLOGY



Dr. Claire Barber, a resident in the Discipline of Obstetrics and Gynecology, was the principal investigative recipient for the first award through The Estate of Rita Love Fund for Child and Women's Health Research. Dr. Barber worked with team members Drs. Naila Ramji, Phil Murphy, Lorraine Burrage, Donna

Hutchens, Geoff Downton and Joan Crane. Her study was on Maternal and Neonatal Outcomes of Pregestational Diabetes in Pregnancy.



Dr. Steve Parsons, assistant professor in Obstetrics and Gynecology and clinical chief of Obstetrics and Gynecology, Central Newfoundland Regional Health Centre, Grand Falls-Windsor, won the Association of Academic Professionals in Obstetrics and Gynecology (APOG) Carl Nimrod Award for 2013. The award recognizes

excellence, commitment, innovation and leadership demonstrated in teaching knowledge, attitudes, and skills to the next generation of practitioners. It also represents Dr. Parsons' exceptional work and dedication to the betterment of obstetrics and gynecology education. His interests lie in minimally invasive surgery and his is one of the most sought after rotations with residents.

Graduate student news

In each issue of *MUNMED* we highlight some of the recent accomplishments of our graduate students. For further information on graduate studies in the Faculty of Medicine visit www.med.mun.ca/graduate/home.aspx.

Graduate students in the Division of Community Health and Humanities have publications based on assignment work undertaken during the Chronic Disease Epidemiology course, an elective course co-chaired by Drs. Peter Wang and Shabnam Asghari. Other teaching faculty members include Drs. Marhsall Godwin, Michael Grant, Thomas Michalak, Guang Sun, Sahar Iqbal, Olga Heath, Martha Traverso and Guangju Zhai. In addition to the three students featured below, Kaylah Parsons and Stephanie Craig had publications.



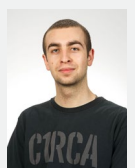
CECILY STOCKLEY published a letter to the editor on examining the Authors' Choice of

Secondary Data in determining what factors effect HIV prevalence in different groups based on the paper assigned by Dr. Michael Grant for his AIDS lecture.



ELYSIA DESGROSSEILLIERS published a letter to the editor in *AIDS Behaviour*, on secondary

data issues and non-generalizability of findings.

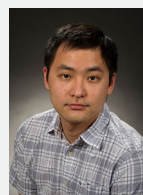


SHANE CHRISTOPHER RUSSELL'S letter published in *BMJ* is on the benefits of

statins in people without established cardiovascular disease but with cardiovascular risk factors: meta-analysis of randomised controlled trials.

From the laboratory of Dr. Christopher Kovacs, professor of medicine (endocrinology)

A new research publication is first-authored jointly by PhD student Yue "Toby" Ma and M.Sc. student Manoharee Samaraweera, with medical student Sandra Cooke-Hubley as a co-author. The paper is titled Neither absence nor excess of FGF23 disturbs murine fetal-placental phosphorus homeostasis or prenatal skeletal development and mineralization. It was published in *Endocrinology* 2014. Co-authors on that paper include senior author Dr. Christopher Kovacs at Memorial, Dr. Andy Karaplis at McGill, Dr. Beate Lanske at Harvard Dental School, and Dr. Kovacs' research assistant Beth Kirby.



PhD student **YUE MA** will be receiving a New Investigator Award (value 750 euros) from the European Calcified

Tissue Society. This highly-ranked abstract has been selected for an oral presentation, at the European Calcified Tissue Society meeting to be held in Prague, Czechoslovakia, in May 2014. The authors and title of the abstract are as follows: Ma Y, Kirby BJ, Kovacs CS. Study of Hyp or Phex null male fetuses reveals that 8-fold increased FGF23 does not alter fetal-placental phosphorus homeostasis or prenatal bone formation and mineralization.

New faculty



DR. DAVID JONES
Assistant professor of medicine (hematology)

As a general internist practising in Corner Brook

in 2008-2009, Dr. David Jones developed an interest in hematology/oncology. He pursued this interest by completing a hematology residency program at Dalhousie University from 2010-2011, then furthered his qualifications in the area with a one-year bone and blood marrow transplant fellowship at the University of Calgary, completed in April 2013.

Dr. Jones earned his MD at Memorial in 2004; he also holds a M.Sc. in neuroscience, completed in 2003. He did two years of his residency in internal medicine at Dalhousie University from 2004-2006, and completed the final two years at Memorial in 2008.

In addition to his academic appointment, Dr. Jones is a hematologist with Eastern Health, based at the Health Sciences Centre. His research focus is in leukemias, myelodysplastic syndromes (MDS) and graft versus host disease. He is also interested in pursuing leadership activities by directing policies in these areas.

"Our biggest challenge in Newfoundland and Labrador is our small population affected by blood disease," he said. "About 10 to 15 patients go to Halifax each year for treatment; we would like to have a stem cell transplant program here, but it may take a while to develop it."

All for a good cause

THE MONEY'S BEEN COUNTED and over \$98,000 has been distributed to four local charities from the proceeds of Monte Carlo 2013, an event organized annually by medical students in their first two years of study.

The 37th annual Monte Carlo Gala was held on Nov. 16, 2013 at the St. John's Convention Centre. Cheques of \$31,765.41 were given out Jan. 31, 2014 in a ceremony at the Faculty of Medicine.

The lucky recipients this year were Brighter Futures, Camp Delight and the Community Food Sharing Association. A fourth cheque of \$3,100 went to Team Broken Earth from the proceeds of the pie throwing contest.

Dean James Rourke, who attended November's gala, said the Venetian Masquerade theme was colourful and entertaining. "Today we see the tangible results of that special evening," he said. "Raising such a large amount of money is phenomenal, especially when you consider that the pre-clerkship medical students who organized this have a very heavy workload,"

Monte Carlo began in 1977 to raise money for medical student Conor Maguire, who sustained a spinal cord injury in a diving accident that left him quadriplegic. The medical class of 1980 rallied around their classmate and organized a fundraiser to purchase a vehicle wheelchair lift so he could continue his medical education. Today Dr. Maguire is back at Memorial as an associate professor of radiology (nuclear medicine and radiology).

"Since that first Monte Carlo fundraiser in 1977, the event has evolved into a major annual charity fundraiser that involves the community at large and raises funds for several deserving local charities," said Dr. Rourke.

Different charities are selected each year, and the funds are raised through donations, casino-style games, live and silent auctions, and much more. "It has become a formal gala event with spectacular music and entertainment throughout the night," said Dr. Rourke. "True to the spirit of its conception, Monte Carlo is the result of the passion, care, and dedication of Memorial University's medical students. It is an opportunity for all involved to contribute and further make a difference in the province."

The co-ordinators of the 2013 Monte Carlo Gala were Amy Burton and Stephanie Power-MacDonald. Most pre-clerks (first- and second-year medical students) were involved in one capacity or another in helping to make the event a success.

For further information about Monte Carlo, visit www.munmontecarlo.ca.



Representatives from four local charities, Brighter Futures, Camp Delight, the Community Food Sharing Association and Team Broken Earth received proceeds from Monte Carlo Gala 2013.

In memory



DR. MARIAN GREENE, Class of 1977, died Nov. 7, 2013. Born and raised in Placentia, Marian earned her MD at Memorial and practised family medicine for 32 years, dedicating her career to caring and helping others.

“Marian was fun to have as a classmate,” recalled Dr. Roger Butler, Discipline of Family Medicine. “She had a natural humour and had the ability to

look at the positive in every circumstance.”

Dr. Butler noted that Marian was writing a book called *From the Other Side* in which she depicted her experience as a patient. “I had the privilege to visit her a week before she died when she was a patient in palliative care. She read me the first chapter of the three she had completed. This was an eloquent expression of her journey as a patient and a reflection which we all should read not only to make us better doctors but to remember her as the beautiful person and physician she was.”

Dr. Hubert White, Discipline of Psychiatry, recalls Marian as a fun-loving lady, “not afraid to speak her mind, especially to the famous ‘Dr. Charles.’ She was loved by her

classmates, her colleagues and her patients.”

Dr. June Harris, professor of anatomy, said that Marian was one of her best friends while attending medical school. “We studied, trained and partied together during those few years when we had so much in common. Unfortunately, after graduation, our interests differed; we went our separate ways and did not reconnect again. I often thought about our times together and I was very saddened to hear of her passing at such a young age. It has been said that to each of us friendship has a different meaning but for all of us it is a gift. Marian was a gift to me.”

Among others, Dr. Greene is mourned and lovingly remembered by her children Katie, Julie and Jacob and dearly loved dog Hugo, as well as a large circle of friends, especially the ‘Placentia Girls.’

DR. CHARLES HUTTON, former chief forensic pathologist for the province, died Nov. 4 2013 at age 83. He served as chief of pathology at the Janeway Child Health Centre for more than 20 years during which he held a part-time clinical appointment in the Faculty of Medicine as a clinical lecturer (1971) and clinical associate professor (until 1978). He took over as chief medical examiner with the Department Justice in his 50s, working 18 years beyond mandatory retirement and five weeks before his death.

Retirement



LINDA BARNETT, Health Sciences Library, has retired. Linda started at Memorial in 1988 as a recent master of library science graduate from Dalhousie. “But I was not new to the library world as I’d worked as a library assistant for 11 years at the University of Calgary before obtaining my master’s degree,” she recollected,

“My first position at the

HSL was as assistant head, Technical Services, but most of my 26 years have been in the position of head of Public Services. I also served two stints as the acting associate university librarian (Health Sciences), the most recent being for two years subsequent to George Beckett’s retirement in 2011”.

Linda said her library career has spanned the introduction of the “Information Age,” the evolution of the World Wide Web, and transitioning from a paper to electronic based

library world. “Some of the highlights that stick in my mind are my heavy involvement in the implementation of Memorial’s integrated library system, the establishment of an Atlantic University interlibrary loan consortium, and the creation of a consumer health website. On the lighter side, I had a role in greening the library through plant donations and the not-so-successful experiment of a library fish tank.”

Linda’s last two years had the additional challenge of managing the disruption of library space and services due to a major flood (from a burst hot water pipe) as well as participating in the Faculty of Medicine’s space planning and accreditation processes. “When I moved here from the mainland in 1988, I expected it would only be for a short while, but loved it here and became a come-from away to a DTS (a come-from-away who decided-to-stay).”

Linda said that she will miss helping individual faculty and students in their pursuits, but she is looking forward to working on a number of personal projects and interests such as music, birdwatching and genealogy research.



A backwards view

Rules for doctors visiting their friends or colleagues in the hospital

By Dr. Bill Eaton

ALWAYS VISIT ALONE. Let's face it, you're off to visit a colleague in the hospital and you're not as sure of yourself as you usually are. So you bring a colleague or two for support and comfort. But the patient is too ill to talk so you talk to each other. This leaves the patient isolated. Always visit alone or just don't go.

Don't play doctor. The room and the routine are familiar but now you have no medical role as you are visiting as a friend. Leave the questions about bowels and puke to the attending. Don't make medical suggestions about IVs or drugs. Don't corner the nurses for details you aren't entitled to have. If you can't turn off the doctor button don't visit at all.

Ask the patient how they are feeling—really feeling—not just a superficial review of their disease. Leave the disease out and focus on feelings. If that's too much for you, don't visit at all.

Follow the ward rules. If the sign says "family only," follow the family's request. Most doctors see such a sign as a call to enter, while saying things like, "Good idea to have a family only sign, you really don't want some loudmouth bothering you." Most patients are too polite to point out that the bothersome loudmouth asshole is you. If you can't follow the family's request just stay away.

Bring a card. A well thought out note will offer comfort to a sick person and the family so if you can't get in the room for a visit at least you can offer up a few well wishes. Don't bring a card that says, "Get well" to a patient with advanced terminal disease. Cards with the sentiment, "Thinking of you" work well.

Make a specific offer. "Anything you need just call, anytime!" reads the same as "I want to be the biggee and let everybody know I'm at your beck and call. I'm so really special." Keep your offers simple so the patient doesn't have to think too much. Do something specific like, "I'd like to drop off a macaroni and cheese. Would tomorrow be OK?"

Show up. Regular short visits mean more than grandiose offers of over-the-top prolonged intense (unwanted) help. "Let's get together for a good long chat (so I can set you straight) is less helpful than short chats about the day."

Bring wrapped candy. Never eat anything unwrapped in a hospital. Hospitals are full of sick people and doctors who don't wash their hands. Bugs abound. Bring wrapped candy so the patient's doctors and visitors can have a safe, germ free, if not necessarily healthy, snack. Why bring up health when we're talking about hospitals and doctors?

Bring light reading. *Mad* magazine for men and *First for Women* for the ladies. Bring both and a book of Sudoku, you can afford it. Bring something to entertain all genders so visitors can keep entertained while the patient sleeps.

Don't talk about your own problems. A persistent cough might be bothersome to you but you're unlikely to get much empathy and no sympathy from a colleague who's just had a heart attack. My mother always said, "When people ask you how you're doing they really want to tell you how they are doing."

Keep it short. Unless the patient is your brother or a life-long friend don't stay in the room more than five minutes. Sit down when you visit. If you stand for five minutes it seems like you're rushed and the patient feels you have been there two minutes. If you sit, the five minutes seems like ten. So the five-minute seated visit is short but satisfying.

Give only good news. When the sick colleague or friend asks you how it's going, be specific and positive. Compare these three responses: "Well the new EMR (electronic medical record system) sucks, nobody knows what to do, the clinic was closed last week, the bills are piling up," to "Oh, same old old," to "We got the new EMR, it'll be great! The renovations are going pretty well. Staff has everything covered; they all send their hope that you'll be better soon."

Medical Graduates' Society Reunion 2014 takes place August 1-2 at the Faculty of Medicine. Welcome back to the Classes of 1974, 1979, 1984, 1989, 1994, 1999 and 2004. For more information on the reunion, please visit www.med.mun.ca/alumni/reunion.aspx

News from the MGS

By Bridget Picco



I'M BACK! The Med Grad Reunion this year is August 1-2, 2014. Here is my interpretation of the weekend. So, you warm up at the mixer, hug or maybe shake hands with your old classmates, have a few swallies and then head out. Time to sit in a pub or at a restaurant with a few old friends, talk about the present, dally into the past and by 2 a.m. be downright philosophical.

Saturday at 8:30 a.m. lectures arrive really fast! Vats of coffee and herbal tea await you. There is an old classmate talking about cooking and orthopedics; next, a world expert on advanced cardio life support. Coffee break is at 10:30, and everyone mingles. At noon, we all head up to the Johnson Geo Centre for the Dean's luncheon, a fully-catered event.

Saturday afternoon is a free time for individual classes and a chance to get ready for the evening meal. Just hanging out with old classmates is a great way to re-connect. Ten years ago, at our class of '84, Mike Mackin and Connie Robertson hung out with their kids on our wharf for that whole afternoon. Mike is no longer with us, and I really cherish that afternoon our class had together. I would like to profile some of the reunion classes for this year.

The Class of '79, the fifth graduating class, has its reunion this year. Alan Goodridge is your class representative. The Class of '79 were the first class to do all four years at the Health Sciences Centre. Apparently they had the run of the place since the hospital did not open until 1978. Mixer night was held every second Friday; it was a key social event attended by students and professors. Some med students were only 18 years of age, because at that time you could get into MUN's medical school after two years of university. Gordon Mercer, the student affairs officer then, did warn everyone about the legal drinking age with the following words: "I trust that we will not have to identify you to your peers!"

Occasionally, during an extended class break, Dr. Paul Wadden would give Bas Jamieson a call on open line – "dat you, Bas?" One cannot forget Dr. Ken Roberts and Dr. John Tomlinson as first- year professors. Dr. William Pryse-Phillips and Dr. Wallace Ingram were favourites for clinical skills teaching. This class also created *Acta Pathologica* during their anatomy course.

My class of '84 is also reuniting this year. Hopefully, classmates are coming from all corners of the globe. Remember *Actapath* and the wonderful skits? A movie ticket cost \$2.50 in 1984 to see *Ghostbusters* or *Indiana Jones and the Temple of Doom*. John Turner was prime minister of Canada and Ronald Reagan was president of the United States. The first Apple McIntosh computer went on sale. Disco was replaced with Billy Joel hits.

Helen Sandland designed our class tile and our motto was and still is *Illegitimi non carborundum*. Dr. Tom Scott taught us anatomy and we celebrated at Riverdale Tennis Club. Some of us went to Scotland after second year and toured a few castles and bed and breakfasts.

The class of '74 has Bill Eaton as their class representative this year, as he was at the last reunion. Sharon Peters was quite surprised to receive a Christmas card from Bill the Christmas before the reunion! It is the '*Bill touch*', and hopefully the class of '74 will show up in droves this year. Bill thinks that four will come. Prove him wrong! Of course, the class of '74 started in the temporary buildings, which really were a bunch of trailers by the old TSC.

Now, the baby re-union class – 2004 – with John Martin as your reunion class rep for 2014. Ten years have evaporated since you graduated. Memorable professors in medical school included Dr. Jim Hutchinson and Dr. June Harris. Does karaoke at the Rob Roy bring back memories? Favourite watering holes were Lottie's and O'Reilly's. According to John, favourite memories include the Superbowl 2002, Monte Carlo and the graduation trip.

Can't seem to track down the class of '89. Don't fret – I will connect for the next issue. More to come – in the next issue of *MUNMED* I'll present the remaining reunion years.

Cheers for now,
Bridget