

MB | MEDICINE

MAGAZINE OF THE UNIVERSITY OF MANITOBA
FACULTY OF MEDICINE AND THE MANITOBA
MEDICAL COLLEGE FOUNDATION

issue

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spring

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CELEBRATING THE PAST...
PREPARING FOR THE FUTURE



UNIVERSITY
OF MANITOBA

Faculty of
Medicine

dean's message

“It is gratifying to see how closely our efforts align with the Association of Faculties of Medicine of Canada *Future of Medical Education* report.”

We have been working together during a watershed period in medical education. Factors that influence how we educate future physicians are more dynamic now than at any time since the Flexner Report a century ago. This issue of MB Medicine describes the hard work we have been doing in the faculty, and it is gratifying to see how closely our efforts align with the Association of Faculties of Medicine of Canada “*Future of Medical Education*”¹ report. The report “*Megatrends in Medical Education*”² provides a more global view of medical education and our efforts resonate very much with the ten “Megatrends” trends listed. Each of the 12 issues highlighted in this issue of Manitoba is important, but some are more pressing than others.

Essential, among the positive changes, is the recognition that medical education is an integral part of the health care enterprise. Our Joint Operating Division is an ideal way to create the best possible “virtuous” circle of clinical service, education and research in an academic health sciences network.

We have chosen to be strategic in our recruitment for new research programs. Our investment in infrastructure through the Strategic Research Fund and our new programs in Regenerative Medicine and Neurosciences are aligned with local, provincial, and national priorities.

Our focus on community need is exemplified by our Centre for Aboriginal Health Education, our Aboriginal Medical Student Financial Assistant Program, our Inner City Sciences Centre, Inter-professional Student-run Health (WISH) Clinic and our Remote and Northern Residency Programs.

Professionalism and the values associated with being a physician have been part of what has been called the “hidden curriculum.” Our Associate Dean Professionalism led the creation of educational programs and policy jointly with students and faculty to make these values clear and explicit.

1. *The Association of Faculties of Medicine of Canada, “The Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education”.*

2. *Cathy J. Lazarus, MD., Ten Megatrends in Medical Education, Physician & Scientist, January 2009, 7-9.*

As a profession, we must learn how to teach using simulation and health informatics. Our 11,000 square foot Simulation Centre and our investment in technology infrastructure for provincial video conferencing prove powerful tools for our faculty to teach and to do research using these techniques.

The complexity of our curriculum requires improved accessibility to the whole curriculum, and an understanding of how the parts of the curriculum map to each other. Web-based province wide access for students and faculty to the entire undergraduate program curriculum is essential. “OPAL”, our curriculum management system developed in partnership with Online Business Systems, meets all our education and evaluation needs; and in addition, ensures compliance with national accreditation standards.

Based on provincial need we have been actively working to build on our extensive educational experiences around the province and to diversify the way we teach in the community. After a year of province-wide consultations, we have established new clinical teaching units in Brandon, Steinbach, and Boundary trails, established a unique provincially funded remote and northern family medicine residency program in 2009, and we have expanded that program to include 15 federally funded positions in 2010 and 2011.

Quality and Safety of health care is another important area needing improvement. The George & Fay Yee Centre for Healthcare Innovation was designed in partnership with the Winnipeg Regional Health Authority to support academic careers in many disciplines for faculty who wish to develop the expertise needed for education and research which will allow us to “Cross the Quality Chasm.”

In summary, the work mentioned above as well as other work reviewed in this publication that we have done together has consisted of thoughtful, innovative creation and implementation of programs that anticipate megatrends in medical education and will prepare us well for the future.

**J. Dean Sandham, MD FRCPC FACP
Dean of Medicine**





editor's message

THIS ISSUE OF MB MEDICINE IS NOT ONLY ABOUT LOOKING BACK ON THE MANY SUCCESSES THAT HAVE TAKEN PLACE IN THE FACULTY OF MEDICINE OVER THE LAST SIX YEARS DURING DR. J. DEAN SANDHAM'S TENURE AS DEAN - BUT ALSO ABOUT LOOKING AHEAD. THROUGHOUT THIS ISSUE YOU WILL LEARN HOW THE UNIVERSITY OF MANITOBA FACULTY OF MEDICINE IS WELL-POISED FOR THE FUTURE THANKS TO THE VISION AND LEADERSHIP OF DEAN SANDHAM.

Dr. Sandham has championed strategic research alliances, collaboration with external partners, technological advancements, academic innovations - and he has done so with dedication and persistence. His achievements include the establishment of the Physician Assistant Education Program; the Clinical Learning and Simulation Facility; the George and Fay Yee Centre for Healthcare Innovation; Centre for Aboriginal Education; Regenerative Medicine Program; development and implementation of the new integrated Curriculum Management System OPAL; distributed medical education; enhanced scholarships and bursaries; Joint Operating Division and more-all in an era of increased enrolment and infrastructure renewal.

As alumni of the University of Manitoba, you should be proud that your alma mater is at the fore on so many initiatives recommended by the Association of Faculties of Medicine of Canada in its report: *The Future of Medical Education in Canada: A Collective Vision*. As well, the Faculty is aligned with many of the megatrends identified by the American Association of Faculties of Medicine, all of which you will read about in this issue. Clearly, under Dr. Sandham, medical education in the Province of Manitoba has been enriched and is on the right course to meet tomorrow's challenges and opportunities.

Many of you will be attending milestone reunions in 2010 and reconnecting with your classmates and friends. This year, the classes of 1950, 1955, 1960, 1970, 1980, 1985, 1990, 1995, and 2000 will be holding reunions (all during Homecoming September 24-26, 2010 except for class of 1955.)

It is wonderful to see so many graduates wanting to reunite at a Medicine class reunion - some just ten and 15 years after receiving their MDs. This speaks volumes of the important place our medical school occupies in the hearts and minds of our alumni, and we look forward to welcoming you all back.

I hope you will find this issue of MB Medicine to be a positive reminder of your medical school's many accomplishments, and also a forward-looking glance at our exciting future. MbM

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Greetings from Honourable Minister of Health

Theresa Oswald

AS MINISTER OF HEALTH IT HAS BEEN A GENUINE PLEASURE FOR ME TO WORK IN PARTNERSHIP WITH DR. DEAN SANDHAM DURING HIS SIX-YEAR TENURE AS DEAN OF THE UNIVERSITY OF MANITOBA'S FACULTY OF MEDICINE. DR. SANDHAM'S CREATIVE APPROACHES TO HEALTH CARE HAVE EARNED HIM A REPUTATION AS A FORWARD-THINKING LEADER AND INNOVATOR.

A member of the Premier's Economic Advisory Council, the dean is greatly admired for his willingness to collaborate with system stakeholders, including Manitoba Health, in carving out a shared vision for the future of health care in this province. With Dr. Sandham at the helm, the relationship between the University of Manitoba's Faculty of Medicine and the provincial government has been exceptionally strong and productive.

The Association of Faculties of Medicine of Canada (AFMC), in their Future of Medical Education in Canada (FMEC) Collective Vision report, provides key recommendations for strengthening medical education in Canada and, ultimately, the health status of all Canadians. Dr. Sandham has translated this vision into action, playing a pivotal role in the many initiatives launched during his time at the university.

Addressing community needs and enhancing admissions processes are two key recommendations in the FMEC's report. Dr. Sandham played an instrumental role in increasing the enrollment in Manitoba's medical school (60 per cent increase since 2002) and in improving the admissions process to recognize the rural and northern experience. Aboriginal scholarships have been established to support our Aboriginal student population and the 2009 CaRMS (Canadian Resident Matching Services) resulted in all available positions being matched on the first round.

Dean Sandham's vision for distributed education ensures that medical education occurs in a variety of rural and northern settings. As well, rural and northern Manitoba will greatly benefit from the Northern Remote Physician Practice Initiative (NRPPI) and the Physician Assistant (PA) program. This program is the first university-based, graduate-level PA program in Canada and will see its first year of graduates this fall.

The Clinical Learning and Simulation Facility is a truly state-of-the-art teaching and learning centre, reflecting Dr. Sandham's commitment to coordinating medical education, research and real world clinical practice. As well, the implementation of an associate dean of Professionalism has helped promote a learning environment that places patients' needs first.

In addition to being an outstanding leader and collaborator, Dean Sandham remains a caregiver in the purest sense. He spent five weeks in Kandahar in 2007 as a physician volunteer working in the military hospital's intensive care unit. The dean's courage and generosity of spirit are part of a career legacy that will follow him through his future ventures.

On behalf of Manitobans from across the province and the Department of Health, I thank you, Dr. Sandham, for being an outstanding administrator and a true partner in positioning Manitoba as a health care leader.

Theresa Oswald, Minister
Manitoba Health



University of Manitoba
Faculty of Medicine

Faculty of Medicine Alumni Online Community

Reconnect with classmates, plan reunions, and see what's happening in the Faculty of Medicine with our new, password-protected Online Community.

www.umanitoba.ca/medicine/olc.html



A Year in Review

MANITOBA MEDICAL COLLEGE FOUNDATION REPORT

BY: DR. DIANE BIEHL, MMCF PRESIDENT

IT IS MY PLEASURE TO REPORT THAT THE MANITOBA MEDICAL COLLEGE FOUNDATION (MMCF) ENJOYED A VERY GOOD YEAR IN 2009-10. THE BOARD HAS BEEN ABLE TO PROVIDE OVER \$50,000 IN SUPPORT OF SCHOLARSHIPS AND BURSARIES TO MEDICAL STUDENTS, GRADUATE STUDENTS AND NURSING STUDENTS. THIS IS, OF COURSE, ONE OF OUR MAIN OBJECTIVES - PROVIDING FUNDS FOR STUDENTS. WE ARE PLEASED THAT DESPITE THE UNSETTLING ECONOMIC TIMES WE HAVE NOT HAD TO REDUCE OUR SPENDING ALLOCATIONS FOR THESE ACTIVITIES THIS YEAR AND WE ARE OPTIMISTIC THAT WE SHALL CONTINUE ON THE SAME COURSE IN 2010-11.

Bursaries are going to become increasingly important as medical school tuition is expected to rise, and we will endeavour to provide as much support as we can in this area.

It is very interesting to examine our endowment funds and see what the original motivations were to create them. Many are from physicians and their families who desire to help the faculty and students. Some of the bequests have been in place for many years. One of our main endowment funds, "The Gordon Bell Memorial Fund," actually began in 1925. It is in remembrance of one of the founding physicians in our faculty: Dr. Gordon Bell was one of the first microbiologists here in Manitoba and practiced in both rural Manitoba and Winnipeg. His son, Dr. Lennox Bell was one of the Deans of our faculty. I will mention some of our other endowments in future reports.

Another of our activities which has been rewarding this year is our partnership with other foundations. We have assisted in the funding of studentships with the Manitoba Health Research Foundation. This type of partnership increases

our ability as a small foundation to help a more researchers and students. We are also pleased to have been made aware of research activities from the Manitoba Medical Services Foundation. This has allowed us to fund a research project for Dr. Donald W. Miller and his colleagues entitled "Magnetic nanoparticles for enhanced drug delivery to the brain".

MMCF has also renewed our commitment to the Faculty of Medicine Library expansion. We are completing our \$50,000 five-year pledge this year and will undertake an additional pledge of \$20,000 over the next four years to assist the library to provide state-of-the-art facilities for faculty, staff and students.

As we rely on membership fees to pay our expenses and increase our endowments, we encourage you to join us in these endeavours. Please become a member by filling out the card below and returning it to us in the near future. MbM

YES! I WANT TO HELP THE MANITOBA MEDICAL COLLEGE FOUNDATION ACHIEVE ITS GOAL OF SUPPORTING STUDENTS AND RESEARCH ACTIVITIES AT THE FACULTY OF MEDICINE.

Please accept my gift of:

\$250 \$500 \$1,000 other _____

I wish to designate my gift this year to:

\$50 MMCF member (one year) _____ Research
 \$500 MMCF lifetime member _____ Libraries
 _____ Clinical Learning and Simulation Facility _____ Scholarships and Bursaries

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LOOKING FORWARD LOOKING BACK

BY: DR. BRUCE MARTIN, ASSOCIATE DEAN, UNDERGRAD MEDICAL EDUCATION



Preparations continue for the Undergraduate Medical Education (UGME) Program accreditation survey **April 3 to 6, 2011**. Accreditation has been a catalyst for positive process improvements, enhancing linkages between Undergraduate and Postgraduate Programs, Faculty and clinical teaching sites, Faculty and Departments, Faculty and Central University Administration, and Faculty and Students.

LOOKING BACK...

Since the last survey of April 2004, the Faculty has provided regular progress updates to the accrediting bodies, the Liaison Committee on Medical Schools (LCME) and the Committee on Accreditation of Canadian Medical Schools (CACMS). We anticipate full compliance will be achieved in 2011 for those key standards cited in the 2004.

In June 2009, survey preparations began with the establishment of the required, Faculty Self Study Task Force, and five UGME Subcommittees, one for each of the five LCME standards sections, who have been reviewing the 130+ standards and completing the extensive, associated documentation. Representation is broad with approximately 100 participants meeting regularly.

The medical students' voice figures prominently in accreditation. There is a parallel, student-driven survey required for accreditation. An interim report was completed November 2009, with the final student report expected June 2010. Student concerns are being addressed as we move towards compliance with all standards.

The March 2010 two day, Secretariat Consultation Visit, requested by the Faculty, with Drs. Linda Peterson, (CACMS) and Dan Hunt (LCME), proved most helpful. In addition to encouraging work in progress, they provided real clarity and focus, identifying priorities for a successful accreditation survey visit.

IMPORTANT DATES

The Dean's Update Report to LCME, June 2010
Mock Accreditation Survey, October 3-6, 2010
Self Study & Documentation to LCME, January 2011
Accreditation Survey, April 3 - 6, 2011

LOOKING FORWARD...

During the tenure of Dean Sandham, many visionary initiatives have been achieved which will move us towards compliance with accreditation standards. These are detailed in this issue of MB Medicine, and include highlights such as:

- Online Portal for Advanced Learning, OPAL Curriculum Management System, in August 2009, an integrated tool for faculty, students and staff to be a part of a living curriculum, allowing mapping, reporting, and evaluation, essential for accreditation;
- Clinical Learning and Simulation Facility (CLSF), in April 2008 for examinations, clinical assessments, training sessions, remediation of learners, Standardized Patient medical scenarios and continuing medical education;
- The George & Fay Yee Centre for Healthcare Innovation (CHI) in November 2008, as a focal point for inter-professional education;
- Increased emphasis on professionalism, with the appointment of an Associate Dean, Professionalism in 2007; and
- Appointment of a new Associate Dean, Distributed Education, in January 2010, to provide medical education leadership and collaboration for the creation of new and innovative educational opportunities outside of the major academic health sciences centres.

Planning has been initiated for the Mock Accreditation Survey Visit, scheduled for October 3-6, 2010. Dr. Thomas Marrie, Dean of Dalhousie Faculty of Medicine, has kindly agreed to act as Chair of the Mock Survey Team. His extensive experience and anticipated good counsel will do much to assist the Faculty with its preparations.

We look forward to the opportunity to discuss the ongoing improvements in the Faculty and Undergraduate Medical Program in April 2011, and to benefit from the experience of the survey team.

MB | MEDICINE

2010 | TRENDS

TREND 1: RECOGNITION OF MEDICAL EDUCATION AS PART OF THE HEALTH CARE ENTERPRISE

JOINT OPERATING DIVISION: SUPPORTING THE OPERATIONS OF AN ACADEMIC HEALTH SCIENCES NETWORK

In September 2008, after many months of consultation and planning, the University of Manitoba and the Winnipeg Regional Health Authority created a new Joint Operating Division (JOD) to support ongoing development of an Academic Health Sciences Network designed to enable an integrated continuum of education, research and clinical service in a virtuous circle.

In January 2009, the JOD commenced operations as the operational arm of the Academic Health Sciences Centre to:

- Enhance patient-centred service delivery, health sciences education and health sciences research by enabling integration of the practices of physicians across the continuum of clinical care, teaching, research and administration, within an inter-professional collaborative model;
- Provide a structure that enables physicians, staff and faculty to collaborate in a strategic and effective manner areas of health sciences education and research in alignment with the strategic priorities of both the University and the WRHA to be competitive at a national level;
- Enhance recruitment and retention of physicians within an academic health sciences network environment by integrating processes related to recruitment, selection, engagement, appointments (clinical and academic), payment and support of academic physicians; and
- Enhance accountability for delivery of health services by articulating deliverables related to clinical services, teaching and research, administration and management within an academic health sciences network environment.

Under Dr. Brock Wright, Associate Dean Clinical Affairs, and Bethe Beaupre, Executive Director, the Joint Operating Division is now fully operational. Its three primary functions are: 1) Medical Staff and Faculty Engagement and Administration 2) Joint Education Programs and Projects and 3) Joint Research Programs and Projects. Governance committees and subcommittees have been established to guide and support these strategic priorities.

Recruitment processes for medical staff and faculty have been redesigned and integrated with the support of a process engineer and discussions between Doctors Manitoba and the JOD regarding a new contractual model for engagement of academic clinicians are progressing well. The Clinical Learning Simulation Facility is a world-class demonstration of the synergies and opportunities created by the collaboration between the Faculty of Medicine and the WRHA in the educational realm. An emerging collaborative effort on the research front is the development of a Neurobiology Program aligned with the strategic priorities of the Faculty of Medicine, the WRHA and its Health Sciences Centre site.

While there is much work to do to achieve the possibilities envisioned when the Joint Operating Division was created, a solid foundation has been laid upon which to build well into the future to keep Manitoba's Academic Health Sciences Network competitive nationally and internationally for the best and the brightest talent and sustained funding support.

J.O.D.

EDUCATION, CLINICAL CARE AND RESEARCH



TREND 2: BUILD ON THE SCIENTIFIC BASIS OF MEDICINE

ENHANCED RESEARCH STRATEGY

Research is the engine for building upon scientific knowledge, a major underpinning of medical education. Several innovative policy and cultural changes in the research area were established over the last six years. The unique B.Sc. Med. Program has existed for decades, but has experienced exponential growth and interest among students during this time.

Similarly, the annual June "Canada Student Research Days", which provide a showcase for trainees to present and share their work, and which has existed for more than 20 years, has seen phenomenal growth since 2004 thanks to continued support by the Dean's Office. "This extraordinary evolution has resulted in increased numbers of participants, both local and national, dramatic enhancement of the quality and national prestige brought to the University of Manitoba, culminating in the logical cross-fertilization of ideas by trainees in both basic and clinical sciences," said Dr. Kevin Coombs, Associate Dean, Research.

Additionally, a number of strategies to enhance the Faculty's strengths in research have been implemented over the last six years. Nationally important priority areas such as Regenerative Medicine and Neurosciences have been targeted for group recruitment to generate core critical mass to increase our national competitiveness.

The faculty's research endeavour has also been enhanced by the following measures:

- The formation of a Strategic Research Fund, aimed at establishing substantial platforms to support innovative cross-disciplinary research;
- Additional major investment in MHRC, the Province's major health-related funding body;
- Returning CFI-Infrastructure Operating Funds to the investigators and units who generated those funds, allowing continued maintenance and investment in innovative research areas; and
- Internal review of National operating grant applications, which evolved into a more rigorous panel review process.

"The Faculty of Medicine has recently enjoyed a more than doubling of our success at the latest CIHR Operating grant competitions thanks to the foresight, vision, and the courage of our faculty's leaders to make changes," said Dr. Coombs.



REGENERATIVE MEDICINE PROGRAM

Regenerative medicine is a powerful, emerging field of medicine focused on repairing and replacing damaged cells and tissues. Often, this involves harnessing the power of stem cells which can renew themselves and differentiate into many other cell types.

A faculty-wide consultation on the development of a Regenerative Medicine program was carried out in early 2007.

Currently, the Regenerative Medicine Program at the U of M is the only well-defined structured program available in the prairie provinces. The program was awarded \$1.7 million by the Western Economic Diversification Fund for the purchase of cutting-edge equipment, including a new fluorescence activated cell sorter and a confocal microscope. In June 2009, the Regenerative Medicine Program was awarded a \$5 million package (\$2.5 million from the federal government's Knowledge Infrastructure Program and \$2.5 million from the Faculty and the University of Manitoba) for the completion of renovations to the 6th floor, Basic Medical Sciences Building to house the 20,000 square foot laboratories and program space.

In Fall 2008, Dr. Geoff Hicks was appointed Director of Regenerative Medicine, and three other scientists have been appointed at the Assistant Professor level. The Faculty has allocated \$1 million to the Director as start-up funds to jump start research programs of these scientists.

"Stem cell research conducted here at the University of Manitoba has the potential to transform medicine through the regeneration of muscles, heart tissues and nerve tissues and to provide treatments for some of the world's most devastating diseases such as cancer," said Dr. Hicks..

This centre of excellence for regenerative medicine will position the university as a leader in this promising field. It will initially support seven professors, 36 graduate students, 20 new technologists and 10 new postdoctoral fellows within the first five years.

TREND 2: CONTINUED

NEUROSCIENCE RESEARCH PROGRAM

The Faculty of Medicine, University of Manitoba, is developing a new priority initiative, the Neuroscience Research Program. The program is currently recruiting five tenure-track faculty positions in the area of neurosciences, mental health and addiction. This program is aligned with the national priority, university research focus and has tremendous public impact.

It will be located in the Kleysen Institute for Advanced Medicine, a new clinical research facility at the HSC where scientists and clinicians can access innovative technology they need to conduct research, and perfect techniques that have a direct impact on patient care. The Health Sciences Centre will be the first hospital in Canada with the capabilities of both IMRISNV and IMRISneuro image-guided therapy systems. IMRISNV provides the ability to promptly identify stroke patients who are likely to benefit from immediate intervention while IMRISneuro allows for multiple surgical applications including cranial, spinal and general surgery.

“The new Research Program provides major support for teams of talented and experienced researchers doing high-quality health research, contributing to knowledge translation, and building research capacity at a level of productivity that would not be possible from individual researchers working on their own,” said Dr. Xin-Min Li, Director of the Neuroscience Program and Assistant Dean, International Medical Education. The program supports teams that comprise an appropriate range of talent, experience and perspectives for tackling complex health issues of importance to health status and health service.

The program will help to bolster the University of Manitoba’s reputation in the field of mental and neurological health research and will serve to attract and retain graduate and postgraduate trainees.

“The Neuroscience Research Program will stimulate the development of even greater interdisciplinary collaborations between researchers in different departments and faculties, and with other universities on a national and international scale,” Dr. Li noted, adding patients with mental health and neurological disorders in Manitoba will be the beneficiaries of leading edge discoveries and improvement of services.

The Neuroscience Research Program will have access to numerous state-of-the-art facilities and expertise including gene targeting, high throughput screening, Province-wide medical databases, RNAi Libraries, Proteomics, cell sorting, and animal modeling, imaging and functional assay systems.

“This first-class research program in neuroscience research will have long-lasting legacy for our Faculty, University and our Province in future,” Dr. Li predicted.



TREND 3: ADDRESS COMMUNITY NEEDS



CENTRE FOR ABORIGINAL HEALTH EDUCATION

The Centre for Aboriginal Health Education offers a welcoming and supportive environment for Aboriginal students enrolled in the health care profession faculties through mentorship, peer supports, academic resources and professional development opportunities.

Students also have access to cultural programs developed by the Elder-in-Residence and personal supports. Aboriginal students receive support for attendance at Aboriginal health professional conferences and networking opportunities – Indigenous Physicians Association of Canada, Aboriginal Nurses Association of Canada, Pacific Rim Indigenous Doctors Congress, and International Network for Indigenous Knowledge Development.

Dr. Barry Lavallee, Acting Director of CAHE, is a graduate of the University of Manitoba and is a family physician. He has provided clinical services in both northern and urban communities over many years. Dr. Lavallee has completed a Master's Degree in Education, is a member of the Department of Family Medicine, and has worked at the national level in the development of Indigenous medical education.

The CAHE staff actively engages in all activities with the Centre for Aboriginal Health Research through the ACADRE and NEAHR CIHR grants and student internships. Community members have been involved in the comprehensive development of the Mentorship Program through focus group discussions and surveys to create a program that best meets the needs of the Aboriginal community at large.

CAHE staff also supports the continuum of learning for elementary, middle year and high school students through partnerships with Discovery Days at both Niji Makwa and Children of the Earth inner-city schools, the Inner-City Science Lab, and Children of the Earth – Pan Am Medical Internship Programs.

ABORIGINAL MEDICAL STUDENT FINANCIAL ASSISTANCE PROGRAM

In 2008, the Province of Manitoba established the Aboriginal Medical Student Financial Assistance Program to augment the number of Aboriginal students in the undergraduate medical education program at the University of Manitoba and to increase the number of Aboriginal physicians practicing in the province.

The AMSFAP provides financial assistance in the form of an interest-free conditional grant to Aboriginal students studying medicine in Manitoba. Recipients of financial assistance under the AMSFAP must return six months of service in Manitoba for each year in which financial assistance was received.

Up to seven Aboriginal medical students, who are committed to practising medicine in Manitoba, may be eligible for \$7,000/year in financial assistance.

Since its inception, the Province of Manitoba has awarded a total of 17 grants to Aboriginal medical students at the University of Manitoba under the Aboriginal Medical Student Financial Assistance Program.

INNER-CITY SCIENCE CENTRE

Youth in Winnipeg's inner city have the opportunity to learn in a laboratory equipped with the latest in scientific equipment, developed through a partnership between the Faculty of Medicine and the Winnipeg School Division. The Inner-City Science Centre, officially opened in December 2009, brings students of all ages together with university professors, graduate students, and mentors to foster science literacy and interest in science and the health careers.

The ICSC builds on the Biomedical Youth Program launched by the Faculty of Medicine in 2006 which targets Aboriginal, inner-city, refugee and new Canadian youth traditionally underrepresented in science and medical fields.

"The ICSC enhances existing efforts, over the long-term, by the University of Manitoba to attract diverse individuals into the health professions with the skills and interests required to reflect and serve Canada's changing population," said Dr. Francis Amara, Associate Professor, Biochemistry and Medical Genetics, founder of the Biomedical Youth Program and Director of the ICSC.

The ICSC is the only such centre established by a medical school anywhere. "The ICSC is not a program but a community-based facility that represents a permanent commitment by the faculty to the community," Dr. Amara explained, adding it is located within the community where it is needed most. The ICSC is now attracting attention from several medical schools and cities across North America; and is positioning itself to become an international centre of excellence that facilitates access to health careers for Aboriginal and disadvantaged youths.



TREND 3: CONTINUED

WINNIPEG INTERPROFESSIONAL STUDENT-RUN HEALTH (WISH) CLINIC

The Winnipeg Interprofessional Student-Run Health (WISH) Clinic provides Point Douglas community members with access to holistic health care. Operated out of Mount Carmel Clinic in Winnipeg's North End, the WISH Clinic is a partnership between the University of Manitoba, Faculty of Medicine, Winnipeg Regional Health Authority and Mount Carmel Clinic.

This interdisciplinary initiative involves students and licensed professional mentors from a broad range of disciplines including Dental Hygiene, Dentistry, Dietetics, Medical Rehabilitation, Medicine, Nursing, Pharmacy, Psychology and Social Work.

The WISH Clinic doors opened in March 2009.

The interdisciplinary nature of the WISH Clinic results in comprehensive health care service delivery to patients in a supportive environment, and provides collaborative learning opportunities to students. Students have gained an understanding of the life situation faced by residents in the inner-city community it serves.

The Tolkien Trust, which has committed to £60,000 over six years towards the WISH Clinic, has a long history with the University of Manitoba and the WISH Clinic. In 2006, it lent its support to develop the Alan Klass Memorial Program for Health Equity in the Faculty of Medicine. This Program assisted the undergraduate medical program to fulfill its commitment to social responsibility by funding a review that led to faculty support for an inner-city student run health clinic. Tolkien Trust then funded students over three summers to develop a proposal for the WISH Clinic. Students quickly identified that an interdisciplinary initiative would best meet the diverse needs of the community.



NORTHERN AND REMOTE FAMILY MEDICINE RESIDENCY PROGRAM

THE FACULTY OF MEDICINE'S NORTHERN AND REMOTE FAMILY MEDICINE RESIDENCY PROGRAM (NRFMR) IS AN INNOVATIVE INITIATIVE, SUPPORTED BY THE PROVINCIAL AND FEDERAL GOVERNMENTS, DESIGNED TO ADDRESS THE ONGOING ISSUE OF PHYSICIAN SHORTAGES, AND CHALLENGES OF RECRUITMENT AND RETENTION IN NORTHERN AND REMOTE COMMUNITIES.

The program offers Family Medicine residents the opportunity to treat diverse medical conditions in varied practice areas from large northern towns to small First Nations and Inuit communities accessible only by air; and re-entry for further postgraduate training. In return, residents must complete a two-year return of service agreement with the Province of Manitoba in a northern or remote community.

"This program represents a made-in-Manitoba response to the health inequities of the North. It builds on the long relations that the university has fostered with Northern communities, the work of the Northern Medical Unit and others," said Dr. Chris Burnett, Associate Dean, Distributed Medical Education.

Throughout the two-year residency, academic courses focus on skills required for health-care service in the north such as Aboriginal health policy, obstetrics, psychiatry and advanced trauma treatment.

"Let's train people specifically for this role, in the communities they will hopefully serve and then let's incent them to stay and put down roots," said Dr. Burnett.

In May 2010, Health Canada announced \$6.9 million of funding toward the NRFMR program. This funding will increase the number of entry level Family Medicine residency positions in the program by 15 seats over four years to 25 seats. The Provincial Government provided funding for the initial 10 residence space. In addition to providing care to patients in northern and remote regions of the Canada, the program also establishes vital information technology supports in rural and remote areas as a teaching and retention tool.

"This project gives us a frame work that we can then transfer to other health care programs such as specialty training and community medicine. It opens the door to a wider partnership with First Nation groups in a meaningful way that addresses their health needs from a workforce planning context," said Dr. Burnett. "We need to evaluate and adapt the program as we learn from it and then disseminate the information. We are leaders in Northern residency training in Canada and we should be very proud of this achievement."

TREND 4: ADDRESS THE HIDDEN CURRICULUM

Dr. Samia Barakat's appointment as Associate Dean, Professionalism in January 2008 demonstrates the commitment of the Faculty of Medicine to address the "hidden curriculum", and reflects the importance of this issue in our society and within our academic institutions.

Society at large has expressed concern about the potential erosion and decline in professionalism in some physicians. As individuals, physicians' personal values may vary; but as members of the medical profession they are expected to share and uphold the high standards of ethical conduct that characterize the practice of medicine and the care of patients.

Faculties of Medicine have been successful at teaching technical and clinical skills, but have fallen behind in teaching about professionalism. It is important to pay attention to the professionalism manifested by practicing physicians. Their behaviour has implications not only on the patients they care for, but also impacts the students who observe these physicians providing clinical service.

"Our Faculty's goal is to create a learning environment that will allow learners to become true professionals as they acquire the knowledge and skills required to provide high quality patient care," stated Dr. Barakat. "In order to teach professionalism, it must be incorporated into the undergraduate and postgraduate curriculum. Furthermore, in order to evaluate how well it is taught, there must be indicators: It should be covered in exams and in the annual performance reviews for Faculty."

In November 2008, the Faculty of Medicine brought together faculty members from clinical and basic science departments, department heads, medical students and residents, Associate and Assistant Deans of Medicine, and faculty/staff from the department of Medical Education and from the School of Medical Rehabilitation.

The purpose of the consultation was to engage a broad range of members of the Faculty of Medicine in a discussion about how best to describe 'professionalism' and to develop a professionalism document to guide learners and teachers in this area.

The booklet, produced in February 2010, provides a framework and set of principles relating to professionalism within the programs and departments of the Faculty of Medicine. It also guides the actions of professionals in their practices and the actions of learners, at all levels, as they prepare for independent careers.



The next phase will be to partner with other health faculties such as Nursing, Dentistry and Pharmacy to work together on professionalism initiatives. "The delivery of health care is with teams, so it is imperative there is respect and healthy boundaries amongst the health care professionals," said Dr. Barakat.

As well, new brochures are under development which will augment the professionalism booklet on timely issues such as social networking sites. If technology is used wisely, it can be very useful and beneficial to our personal and academic lives. But it is important for members of an institution of higher education (students, staff, and faculty) to be aware that they are a representative and/or affiliate of the University of Manitoba and are held accountable for any information they post on a social networking site.

Violations of policies and procedures of the University of Manitoba, can be subject to disciplinary action.

The Professionalism brochure can be downloaded from:
http://umanitoba.ca/faculties/medicine/media/Professionalism_Brochure_low_res.pdf

TREND 5: DIVERSIFY LEARNING CONTEXTS



Distributed Medical Education has been a major priority since the Faculty of Medicine held its “*Our Medical School: Imagine its Potential*” Health Forum in May 2008. At that day-long meeting attended by more than 120 participants, many rural physicians, administrators, business and municipal leaders stressed the need for collaboration between the faculty, rural health authorities and Manitoba Health to address the urgent need to recruit and retain physicians to rural centres.

Following the forum, Dr J. Dean Sandham established a working group on Optimization of Health Sciences Education in Manitoba (OHSE in MB).

The work group, which has convened in Thompson, Brandon, Boundary Trails and Steinbach, includes all relevant participants as it meets its objectives to estimate the need for the next 10 years for extended education and to establish the necessary guidelines for the following:

- Infrastructure including physical education space, access to Library and access to Tele Health and Tele Education;
- Suitable faculty and administrative supervision;
- Appropriate resources for clinical teaching units across the province; and
- To explore all issues and make recommendations relevant to student life in these locations taking into account accommodation, travel, child care and educational issues.

Dr. Chris Burnett, new Associate Dean, Distributed Medical Education, sees Distributed Medical Education (DME) as an opportunity to create centres of learning in rural and remote Manitoba. “Now is the time to utilize the considerable skill of physicians living outside the perimeter. Many currently offer ad hoc teaching and preceptor services but there are many places where we can build on this and create centers of learning,” he said.

It is expected that within the several years, the Faculty will establish up to six clinical teaching unit sites in rural communities of Brandon, Steinbach, Winkler/Morden and Thompson. Dauphin is already an established clinical teaching site and its programs may be further expanded.

In these DME sites, both students and residents will work together with preceptors, as well as collaboratively with students of nursing, pharmacy and other allied health professionals. “Add meaningful research at these sites and we have virtual campuses, interconnected into a Manitoba network of learning. We then truly achieve a University of Manitoba, throughout Manitoba, servicing the needs of all Manitoba and a medical faculty that becomes the first truly provincial medical school,” said Dr. Burnett.

Once the clinical teaching units are established at sites around the province, then the Faculty can explore potential options for smaller communities to bring them into this network.

“This becomes a win-win situation for the faculty. We achieve a wider base for learners, which we believe will impact positively on the level of care in these communities; and we hopefully enable a proportion of these rurally-trained physicians to return to rural communities for a portion of their medical career,” he said.

The Faculty of Medicine has also been engaged in other endeavours to encourage medical students to consider career options beyond the perimeter. Dr. Burnett, points to Rural Week as a good example of an important initiative introduced to Med I students that the Faculty can build upon and enhance.

Each May, first-year medical students spend a week with a family physician in a rural community. The objectives are for students to develop a basic understanding of the role of the rural family physician in various settings; the physician’s role as a member of a multidisciplinary health care team and gain an understanding of a rural physician’s lifestyle and his or her role in the community.

“Distributed Medical Education is critical for the future of our medical school, and it holds a place in the recently released national document on the Future of Medical Education,” noted Dr. Burnett. “I suspect that what we will end up with will again be a Manitoba-unique approach, partly necessitated by our unique population distribution.”

TREND 6: SIMULATION AND TECHNOLOGY

INFRASTRUCTURE RENEWAL

Educational and technological infrastructure renewal is integral to the success of a faculty of medicine in the 21st Century.

Since 2004, the Faculty of Medicine has engaged and completed a significant number of projects to help fulfill the faculty's mission and vision to provide a high quality academic experience and to create the Joint Operating Division, a true academic health sciences network. The University of Manitoba, the Province of Manitoba and the Government of Canada have supported numerous projects and research endeavours to advance the three pillars of the Faculty: education, research and service.

"By working together with the University of Manitoba, the faculty has been able to meet today's changing technologies and systems, as well as redevelop and construct new space," said Keith McConnell, Director of Operations.

The primary focus of the faculty's infrastructure renewal has centred on teaching and research space including: the construction of the Clinical Learning and Simulation Facility, two new small group rooms, School of Medical Rehabilitation small group rooms and faculty labs, upgraded faculty board room, Family Medicine Research space, Community Health Sciences research space, Physician Assistant office, and Immunology Department relocation. Theatres B and C have been expanded to seat 110 students and now have recording, teleconferencing, and webcasting capability. Four HD cameras have been added to the two theatres and new switching and audio boards have been installed in the control room. The Faculty will continue to address physical plant challenges including our priority of the Old Basic (T) Building redevelopment identified in 2008/09.

CLINICAL LEARNING & SIMULATION FACILITY

Every week, students in the health sciences are presented with new therapies, new procedures, new skills on how to treat their patients. Now they can rehearse on a simulated medical emergency or practice the communication and collaborative teamwork skills they need to develop, before actually treating real patients.

It's all thanks to the \$4.6-million Clinical Learning and Simulation Facility (CLSF) opened in April 2008. Operated by the University of Manitoba Faculty of Medicine, in collaboration with the Winnipeg Regional Health Authority, it is one of Canada's most comprehensive simulation teaching facilities.

Funding for the 11,000 square CLSF included \$1 million each from the WRHA, Province of Manitoba and Faculty of Medicine; and \$1.6 million from donors, students and alumni.

The CLSF promotes simulation education and training using life-like robotic mannequins for students and postgraduate students in Medicine, School of Medical Rehabilitation, Pharmacy and Nursing; clinicians, physicians and faculty members; and WRHA health teams and emergency medical service personnel.



OPAL, the Online Portal for Advanced Learning, was successfully launched in August 2009 as a comprehensive electronic Curriculum Management System for the class of 2013.

OPAL provides a first-rate, 21st Century education to students all over Manitoba which requires superlative technological infrastructure, communication capability, and health informatics.

OPAL is particularly important because it allows the Faculty of Medicine to provide transparency in its curriculum delivery; serves as an excellent link between learning objectives, core curriculum and clinical experience; and provides excellent evaluation and reporting of data. All of OPAL's functions are critical for compliance with today's increasingly rigorous accreditation standards.

Educationally, OPAL offers an integrated system featuring curriculum, schedules, learning materials, evaluation, data reporting tools and more. Students and faculty members have access to a suite of communication tools.

"OPAL is a versatile system, and not many other medical schools in Canada have access to a similar across-the-board integrated curriculum management system," noted Dr. Sat Sharma, Medical Director, OPAL.

OPAL accomplishes the pedagogical, administrative and accreditation needs of the Faculty of Medicine, noted Dr. Bruce Martin, Associate Dean, Undergraduate Medical Education. "It enables users to view and upload learning resources, track standards and map all components of curriculum: learning objectives, schedules and content," he said. "It will help us to meet our accreditation needs by providing the faculty with critical business intelligence, data flow, and tracking of areas such as student/teacher contact hours, clinical schedules, and student exposure to various disciplines."

OPAL is a true success story for the Faculty of Medicine and demonstrates the innovation within the faculty leadership. Dr. Dean Sandham's vision and support for a new comprehensive electronic curriculum management system resulted in the Faculty of Medicine's partnership with Winnipeg-based IT company Online Business Systems to develop and implement OPAL, and to market this superior system to other medical schools.

TREND 7: GLOBALIZATION OF MEDICAL EDUCATION



INTERNATIONAL MEDICAL GRADUATE PROGRAM

The International Medical Graduate Program (IMGP) was created in 2001 in collaboration with the University of Manitoba, College of Physicians and Surgeons of Manitoba and Manitoba Health with a mandate to increase the number of IMGs eligible to practice medicine in Manitoba. To date, the IMG Program has graduated over 170 internationally-trained physicians to work in Manitoba with a high retention rate of over 90%.

“The University has collaborated closely with its partners to facilitate this progress,” said Dr. Xin-Min Li, Assistant Dean, International Medical Education. “The IMG Program has grown and streamlined its programs to become a leading model for integrating internationally-trained physicians into the Canadian health care system.”

The IMG Program runs competitive and merit-based programs for the orientation, assessment and training of IMGs. The program strives to build the most accessible, effective and efficient IMG education program through the University of Manitoba with the following objectives:

- To enhance the successful integration of IMGs into the Canadian/Manitoba health care system and remove unnecessary barriers in the IMGs pursuit of medical licensure;
- To improve the effectiveness and efficiency of IMG training and assessment;
- To enhance quality of care for patients, promote physician recruitment and retention; and
- To have a sustainable and transparent program accountable to the public of Manitoba.

The IMG Program in Manitoba has garnered national attention as the leader in IMG assessment, selection, training and retention in the country. Other provinces, including Saskatchewan and the Yukon Territory, are looking to our program as a model.

Much of this national attention is due to the Faculty of Medicine’s leadership and promotion of the program. Our partners, the CPSM, Manitoba Health and the University of Manitoba are working together to help relieve the physician shortage in Manitoba, especially for family physicians in rural areas. The program has proven to be a major force for Manitoba to recruit and retain family doctors and specialists.

CENTRE FOR GLOBAL PUBLIC HEALTH

The Faculty of Medicine’s Centre for Global Public Health tackles public health issues on a global scale under the leadership of Director Dr. James Blanchard and Associate Director Dr. Stephen Moses. In addition to its HIV/AIDS research, the centre studies the public health aspects of communicable and non-communicable diseases, and educates communities around the world about disease prevention.

At the official opening of the Centre for Global Public Health (CGPH) in December 2009, the University of Manitoba announced \$8.4 USD in funding from the Bill & Melinda Gates Foundation for a project that promotes maternal, neonatal and child health interventions in underserved populations in rural India where high mortality and morbidity rates are prevalent. The project is providing support to the Government of India’s National Rural Health Mission in Karnataka state, South India and will run until September 2014.

While a new entity at the University, the leaders of the CGPH have been involved in international health and development projects and research for over a decade. The work of Drs. Blanchard and Moses has drawn international recognition and awards, including more than \$50M in funding from the Gates Foundation to date.

The Centre’s research focus is primarily on assisting in designing and delivering public health programs and services. Various research disciplines support this effort, including epidemiology, microbiology, clinical outcomes research and medical anthropology.

A cornerstone of CGPH is the international health and development projects now underway in countries around the globe including India, China, Kenya and Pakistan, primarily in the areas of HIV/AIDS prevention. Current partners include the West China School of Public Health at Sichuan University in Sichuan, China; the Karnataka Health Promotion Trust in Bangalore, India; and the University of Nairobi in Nairobi, Kenya.

Established in the Faculty of Medicine’s Department of Community Health Sciences in collaboration with the Department of Medical Microbiology, the CGPH has six core full-time faculty members, and several faculty associates from numerous other university departments.



TREND 8: ENHANCE ADMISSIONS PROCESSES

IN THE LAST SIX YEARS, THE UNIVERSITY OF MANITOBA UNDERTOOK AN EXTENSIVE EXTERNAL REVIEW OF ITS ADMISSIONS PROCESS AND IS EMBARKING ON A PATH TO SUPPORT SOCIAL ACCOUNTABILITY AS WELL AS ACADEMIC EXCELLENCE IN THE SELECTION OF MEDICAL STUDENTS. IN 2007, DR. BARBARA MacKALSKI WAS APPOINTED ASSISTANT DEAN, ADMISSIONS TO PROVIDE LEADERSHIP IN THIS AREA. DR. MacKALSKI IS FROM A RURAL BACKGROUND AND PRACTICES HER SPECIALTY IN BRANDON. THE APPOINTMENT IS INTENDED TO HIGHLIGHT THE IMPORTANCE THE FACULTY OF MEDICINE PLACES ON ATTRACTING QUALIFIED MEDICAL SCHOOL APPLICANTS WITH A DEEP-SEATED CONNECTION TO RURAL MANITOBA.

The Faculty of Medicine is committed to the retention of excellent medical practitioners in the Province, particularly in under-served rural, and remote regions and the enhancement of the role of clinician-scientists as teachers, scholars and researchers.

In March 2008, the Multi Mini Interview (MMI), developed by McMaster University, was used as the principal instrument for assessing the personal attributes which the Faculty is seeking in our medical students and future doctors. The Multi Mini Interview is an objective, structured test and research has shown it is a superior tool for predicting outcomes during medical school. It has now been adopted by many faculties of medicine.



The MMI was well received by our applicants and interviewers. The MMI assigns positive value to new personal attributes which we are seeking, particularly 'rurality'—a connection to and involvement with rural communities—and others such as advanced academic pursuits, interdisciplinary collaborative work experience especially in a health care field, and full-time military service in the Canadian Forces.

The vision of 'rurality' is to cast a wide net, to attract and retain competent and ethical individuals who exemplify professionalism and will serve as committed, rural and northern practitioners both as scientists and clinicians, and as leaders and innovators. 'Rurality' is defined as rural background in its broadest sense: not just having graduated from a rural high school, but having rural roots, volunteering in rural environments or having demonstrated a commitment and interest to do so. This initiative is supported by findings that medical students who come from a rural background are more likely to relocate and practice in rural areas after graduation.

Self-declared individuals with Aboriginal, Inuit, First Nations or Métis heritage will be considered in a separate applicant pool. Since 2000, 40 Aboriginal students have been admitted to the Faculty of Medicine.

The University of Manitoba medical school has expanded greatly over the last 10 years and the changes in admissions processes address the physician shortages we face in our province. In 2000, the entering class consisted of 75 students. In September 2008, the Faculty of Medicine admitted a class of 110 new students - the largest medical school class in our history.

TREND 9: PROMOTE DISEASE PREVENTION AND PUBLIC HEALTH

MANITOBA CENTRE FOR HEALTH POLICY

As one of the first research centres of its kind in Canada, the Manitoba Centre for Health Policy celebrates its 20th year in 2010. Research scientists and their collaborators at MCHP study health services, population and public health, and the social determinants of health using data from the entire population of Manitoba. MCHP has had a long-standing relationship with top-level policy makers in the province based on a formal association with Manitoba Health and input from other government departments. Five research projects are mutually chosen by Manitoba Health and MCHP every year with goals of informing policy aimed at improving the health of Manitobans. Research scientists at MCHP also bring in external grants from agencies such as the Canadian Institutes of Health Research with topics ranging from primary care, to patterns of health of specific populations, to child educational outcomes and social services use patterns.

In addition to an alliance with government, MCHP has a strong research relationship with planners from every regional health authority in the province. MCHP, especially in the past five years, has strengthened collaborations with clinician scientists in the Faculty of Medicine due to strong support for these initiatives from within the Faculty itself.

Dr. Patricia Martens, Director, MCHP noted how the Dean's support for MCHP's latest Canada Foundation for Innovation application contributed to the successful bid for the Leading Edge Fund. MCHP's "LEADERS" Initiative led by Dr. Martens will expand the world-class data repository (which is developed, maintained and housed at MCHP) with the addition of 16 key databases including justice, dentistry, cardiac care, and university education data sets. This initiative will also support a fundamental transformation of the repository as well as developing and piloting Remote Access Sites (RASs), including one at the Health Sciences Centre and three in the Faculty of Medicine. A RAS will allow research scientists to securely access data housed at MCHP from anywhere in the province. Combined, these activities will support enhanced analysis of the underlying causes of health problems by improving access to and linkage across, a variety of clinical, health services and social datasets, dramatically improving the opportunities to investigate the causes of ill health and mortality in Manitoba.

SECTION OF FIRST NATIONS, MÉTIS AND INUIT HEALTH ESTABLISHED IN COMMUNITY HEALTH SCIENCES

In January 2010, the Faculty of Medicine announced the establishment of a Section of First Nations, Métis and Inuit Health in the Department of Community Health Sciences, Faculty of Medicine, University of Manitoba.

The new section brings together the Centre for Aboriginal Health Education (CAHE), the Manitoba First Nations Centre for Aboriginal Health Research (MFN CAHR) and the J.A. Hildes Northern Medical Unit (NMU) under one umbrella. It strengthens the leadership in initiatives related to research with First Nations, Métis and Inuit Health peoples, health services for remote communities, and educational initiatives within the Faculty of Medicine.

Dr. Catherine Cook was appointed as the Acting Section Head. The Department and the Section are undertaking a process of consultation with Aboriginal elders, groups and organizations.

Dr. Cook is the Winnipeg Regional Health Authority's Executive Director of Aboriginal Health Programs and was formerly the Director, Centre for Aboriginal Health Education, Faculty of Medicine, University of Manitoba. Dr. Cook serves also as Co-Director, MFN CAHR. She is the Principal Investigator for the CIHR-awarded grants Aboriginal Capacity and Development of Research Environments (ACADRE) and the Network Environments for Aboriginal Health Research (NEAHR). The focus on development of research capacity for Aboriginal students and community-based research projects with Aboriginal communities has facilitated partnerships with the Assembly of Manitoba Chiefs, the Manitoba Métis Federation and First Nation communities.

Joining Dr. Cook in the Section of First Nations, Métis and Inuit Health are Dr. Brenda Elias, Co-Director, Manitoba First Nations Centre for Aboriginal Health Research (CAHR), Department of Community Health Sciences and Dr. Bruce Martin, Director, J.A. Hildes Northern Medical Unit, Department of Community Health Sciences.





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TREND 10: VALUE GENERALISM

During the past six years, Postgraduate Medical Education has seen considerable expansion and success, says Dr. Ira Ripstein, Associate Dean, Postgraduate Medical Education. As the size of the Medical School class grew, so did postgraduate medical education: from 77 first-year positions in 2005, to 120 first-year PGME positions in CaRMS for 2010. Family Medicine has also grown from 31 seats to 47. We have been able to expand our rural Family Medicine Residency Program, as well as create the new and innovative Northern and Remote Family Medicine program. As well, from a time when many specialties did not get as many spots as they wished, we are now able to accommodate everyone's requests. This has also resulted in a reduction of the numbers of Visa trainees accepted into our programs. Our Manitoba Licensing Program for International Medical Graduates grew from five to 20 learners per year.

"With the increase to a total number of residency spaces to approximately 490, the Faculty was also very successful in securing adequate funding for PGME training; something that had not occurred in the past. We were able to pass this money on to departments to hire new faculty to teach our many new learners," noted Dr. Ripstein.

In years past, the University of Manitoba would have many unfilled spots after the first iteration of CaRMS, with a median of 27 per year. Since 2007, we have allowed International Medical Graduates and Canadians studying abroad to compete equally in the first iteration of the match. This has resulted in making Manitoba a destination of choice, as our programs continue to select IMGs of the highest calibre. Finally, our retention of Manitoba students into residency has climbed steadily from 37% to 62% this year, the highest in English speaking Canada.

Also, in 2008, PGME underwent successful accreditation by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

UNIVERSITY OF MANITOBA FAMILY MEDICINE PROGRAM

The University of Manitoba Family Medicine Residency Program features four streams to meet today's challenges and address the urgent need for family physicians in all parts of the Province.

The urban stream is the largest stream. It is based in two teaching units in Winnipeg: Kildonan Medical Centre at the Seven Oaks General Hospital and Family Medical Centre at the St. Boniface General Hospital where the residents train during their Family Medicine Block Time.

The rural stream is currently the second largest stream. Residents in the rural program spend their first year based at one of the urban sites. In preparation for their rural experience, they spend one week of their Family Medicine Block Time in Dauphin. The second year is based in Dauphin, with two months of their Family Medicine time in Ste. Rose.

The Bilingual Stream accepted its first residents in 2005 and currently accepts three residents per year. The first-year Family Medicine Block Time is spent at Centre de Santé, a Francophone clinic in St. Boniface. The off-service rotations are done at either Health Science Centre or St. Boniface Hospital and these are done in English.

The Northern/Remote Stream received its first resident in 2008. This stream has a strong emphasis on preparing doctors for practice in remote Northern settings. Much of the training is in the context of Northern Manitoba communities and the Northern Medical Unit. Eight months of the second year is largely based in Northern communities and related activities. This stream is associated with a return-of-service agreement in the North and, subsequently, the opportunity to pursue further Postgraduate training at The University of Manitoba for which the residents are qualified.

TREND 11: IMPROVING QUALITY AND SAFETY OF HEALTH CARE: INTRAPROFESSIONAL & INTERPROFESSIONAL PRACTICE

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GEORGE & FAY YEE CENTRE FOR HEALTHCARE INNOVATION

In 2008, the Faculty of Medicine announced one of its largest gifts ever from an alumnus, \$2.5 M from Dr. George Yee (MD/60) to establish the George & Fay Yee Centre for Healthcare Innovation and the George & Fay Yee Fellowship in Health Service Design and Quality Improvement. The George & Fay Yee Centre for Healthcare Innovation (CHI) brings together healthcare expertise from the faculties of Medicine, Nursing, Pharmacy and the School of Medical Rehabilitation; experts in quality improvement from the I. H. Asper School of Business; systems and process design engineers from the Faculty of Engineering; computer and measurement scientists from the Faculty of Science; and health informatics experts.

Serving as a nucleus for inter-disciplinary study, teaching and research, the CHI provides academic leadership in healthcare system design and quality in a continual drive to improve patient care and safety in Manitoba and beyond. The innovative centre is an extension of the faculty's existing partnership with the Winnipeg Regional Health Authority and is housed in the Health Sciences Centre.

The multi-professional team of experts in the George & Fay Yee Centre for Healthcare Innovation serves as the academic backbone of healthcare innovation in Manitoba, and is a resource to the Winnipeg Regional Health Authority, the Government of Manitoba and the community.

To take advantage of those opportunities, and to establish itself as a leader in health systems management, the Department of Internal Medicine at the University of Manitoba created an endowed Chair in Health Services Design and Quality Improvement. Faculty members collectively donated \$2 million and the Winnipeg Regional Health Authority Internal Medicine Program, in partnership with the Health Sciences Centre, provided an additional \$1 million.

The unprecedented gift from the internal medicine faculty members allows the department to create its own opportunities to excel. This commitment will help convince and inspire private donors and the business community to consider the department's research initiatives when they are choosing where to invest their gifts.

Through this Chair, the department can recruit a senior clinician scientist and provide sufficient protected time for that individual to advance research in quality improvement and health services design. The chairholder will also mentor postgraduate physicians considering careers that combine clinical practice with leadership and management.

PHYSICIAN ASSISTANT EDUCATION PROGRAM

The University of Medicine has worked collaboratively with the Province of Manitoba and the College of Physicians and Surgeons of Manitoba to develop a Physician Assistant Education Program, launched in 2008.

Offered through the faculties of Medicine and Graduate Studies, it was Canada's first and remains its only university-based, master's level Physician Assistant Education Program (PAEP) and was made possible thanks to Government support and endorsement by the province's medical regulatory body.

Physician assistant students are prepared academically and clinically to practice medicine under the supervision of a physician. Physician assistants work as part of a health-care team and can perform a wide range of procedures including conducting patient exams, ordering and interpreting diagnostic and therapeutic tests, performing minor procedures and prescribing medications and treatments.

Up to 12 candidates are accepted each year into the university's PA program, a two-year program which includes both lectures and clinical-care courses. The PAEP attracts students from diverse backgrounds including nursing, paramedicine, nutritional science, athletic therapy, physical therapy, occupational therapy, medicine (international), basic science and community health science.

Once their two years of study are complete, graduates will receive a Master of Physician Assistant studies degree. After graduation and meeting national certification standards, they will be able to register with the College of Physician and Surgeons of Manitoba and practice in Manitoba in a delegated relationship with physicians.

The University of Manitoba's PAEP aims to educate outstanding physician assistant clinicians, to advance the academic field of the profession, and to foster PA leaders who will serve their communities and advance the physician assistant profession in Manitoba and Canada.

TRENDS

TREND 12: FOSTER MEDICAL LEADERSHIP

By: KAIF PARDHAN, MD, SENIOR STICK, MMSA

STUDENT LEADERSHIP AND ENGAGEMENT CAN BE FOUND THROUGHOUT THE FACULTY OF MEDICINE AT THE UNIVERSITY OF MANITOBA. ELECTED REPRESENTATIVES SERVE ON THE MANITOBA MEDICAL STUDENTS' ASSOCIATION (MMSA) AND INDIVIDUAL CLASS COUNCILS AND THESE GROUPS ADVOCATE ON BEHALF OF THE STUDENT BODY ON LOCAL, NATIONAL AND INTERNATIONAL ISSUES. WORKING IN TANDEM WITH THIS GROUP ARE THE LEADERS OF THE SERVICE-BASED LEARNING PROGRAMS INCLUDING THE JACOB PENNER PARK (JPP) AFTER SCHOOL PROGRAM AND THE NEWLY OPENED WINNIPEG INTERPROFESSIONAL STUDENT HEALTH (WISH) CLINIC. FURTHER ENGAGEMENT CAN BE FOUND IN CAREER DEVELOPMENT AND ENHANCEMENT PROGRAMS INCLUDING THE SPECIALTY INTEREST GROUPS, FACULTY OF MEDICINE ART SHOW AND CANADIAN NATIONAL MEDICAL STUDENT RESEARCH SYMPOSIUM (CNMSRS).

Fostering these opportunities is an important area for the Future of Medical Education in Canada. With the ever present and widely publicized health human resource shortages, many of the challenges facing medicine in the present and future will be embodied in the dichotomy between business models and traditional modes of healthcare delivery. In this environment, leaders within medicine will be in increasing demand. Their areas of focus will be diverse and will range from social accountability to improving the standard of care to developing innovative practice models. By engaging students early and encouraging investment in leadership initiatives, service learning opportunities and concurrent degree programs our graduates will be better equipped to face the challenging health care landscape.



Manitoba is unique nationally as our senior elected student representatives are in their final two years of study. This allows for longitudinal engagement of the student body and a broader frame of reference on issues facing the medical school, student body and society as a whole. This model also allows the MMSA to provide student representation on a significant number of committees and projects wherein their experiences in the clinical realm allow them to make substantive contributions. Serving in a leadership position concurrently with a busy academic and clinical schedule mirrors the environment that physicians face in practice. Encouraging and facilitating this model is one of the greatest assets of the University of Manitoba program and this investment will yield strong physician leaders that will provide a substantial return to the Faculty of Medicine.

Manitoba is also unique in the level of student consultation, engagement and support from the Dean of Medicine, Dr. Sandham. This is embodied in the financial support provided by the Dean's Fund for student initiatives, the involvement of students in many of the major projects initiated during his tenure, particularly the upcoming UGME accreditation, and consultation with student leadership on issues that will impact the student body and medical education as a whole. The Dean has been a strong advocate for many student initiatives that have come to fruition during his tenure including the WISH clinic and the CNMSRS as well as projects that directly benefit students such as the Clinical Learning and Simulation Facility (CLSF).

Message from Development

BY: DANIELLE DUNBAR



This is the time of year for reflection. Many of our students have recently graduated and are looking back on the goals they set for themselves four years ago. These students have reached those goals and are ready to take their places as our next generation of medical doctors. Throughout their undergraduate

medical education, they have benefited from a broad range of innovative and excellent programs, chairs and centres that have been established within the Faculty of Medicine.

Between 2004 – 2010, more than \$26 million has been raised for the Faculty of Medicine. This is an amazing achievement! Over 62 per cent, or \$16.4 million, has been directed to the establishment and support of Chairs and Professorships. This enables the Faculty to attract and retain intellectual leaders in their fields of expertise and to build on our many areas of research excellence. Students will benefit first hand from these high calibre professors and the research opportunities they bring to the faculty.

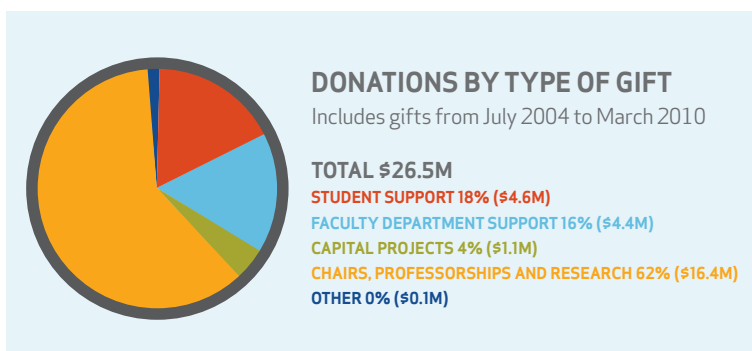
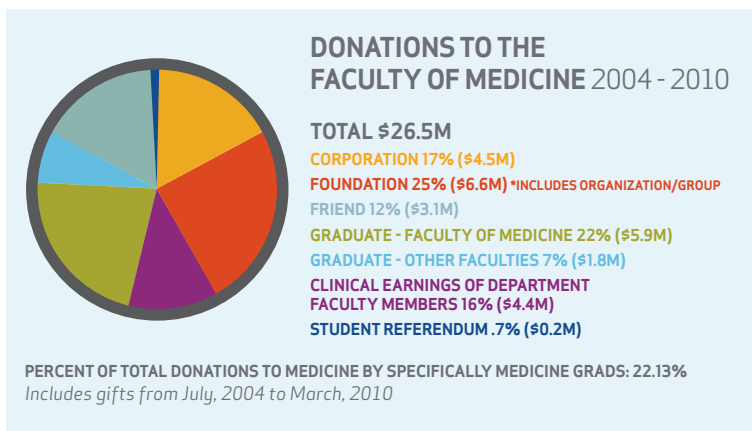
Alumni, friends and our faculty's academic clinicians have played a key role in our faculty's success by generously contributing to the Faculty of Medicine's endeavours over the last six years. University of Manitoba Faculty of Medicine alumni have given an inspiring \$5.9 M back to their medical school. This represents more than 22 per cent of all donations to the faculty during this period. Department faculty

members have donated a remarkable \$4.4 M of their clinical earnings to the Faculty of Medicine. Additionally, friends have provided an impressive \$3.1 M in funds to the faculty. These contributions have led to many achievements, of which all alumni can be proud, including chairs in Gastroenterology and Renal Transplantation; the Clinical Learning and Simulation Facility; the George and Fay Yee Centre for Healthcare Innovation; and significant enhancement of scholarship and bursary support.

Recently, the Faculty of Medicine established the Student Accessibility Bursary. As the cost of attending medical school increases, bursaries become even more essential to ensure the Faculty of Medicine remains accessible to the top students with a passion for medicine. If you have ever considered giving to a student award or creating your own named award to help medical students, our Development team would be pleased to assist you in fulfilling your goals. Supporting student awards today yields benefits for years to come.

As well, the *Dr. J. Dean Sandham Innovations in Health Care Lectureship* has been established in honour of Dean Sandham and offers an opportunity to pay tribute to his contributions to our Faculty of Medicine.

Please call External Relations at (204) 977-5615 or toll free at 1-800-330-8066 to discuss how you can make a difference in the life of a medical student or to make a donation.



NEW AWARD SUPPORTS RURAL STUDENTS

Brothers John (B.Sc. LLB/75) and David B.Comm(Hons.)/75 McGoey established the Dr. John E. and Mary McGoey Bursary in Medicine this fall in honour of their parents, for whom the award is named. John and David's father earned his MD from the University of Manitoba in 1948; both he and their mother were raised in rural Saskatchewan. The new bursary will honour that rural heritage by supporting students from rural Manitoban schools who have the academic qualifications but not the means to pursue their dreams of becoming doctors.

"The medical school was always a cause of my father's, and when he passed away he did not leave any specific bequests," said John. "So David and I thought we should do the right thing and make a gift on his behalf. My father was a prominent doctor in the community, but once you retire the name starts to fade, so we felt that this would be a way to keep his name in prominence through the future."

The brothers plan to continue adding to this legacy, said John. "Both David and I are committed to growing the fund over the years."



Medicine Class of 1969 GIVES BACK TO ALMA MATER

By: LISA THOMSON STIFORA

When a group of motivated individuals comes together to achieve a common goal, they can accomplish great things. The Medicine Class of 1969 is no exception. Over the past year, they have raised nearly \$148,000 to create a legacy endowment fund that will benefit the Faculty of Medicine and its students for years to come.

The Class of 1969's three leaders Dr. Diane Biehl, Dr. Allan Becker and Dr. Calvin Gutkin felt that the timing was right for their class to establish a significant legacy. When they gathered to celebrate their 40th reunion at the 2009 Homecoming celebration, Biehl noticed a distinct shift in her classmates' perspective, "I think we have all become very cognizant of our success and have a feeling that we owe at least some of it to the education we received here at the University of Manitoba, and everyone seemed very keen to give something back in return," said Biehl.

During the weekend's festivities, the three leaders approached their classmates with the idea of creating a legacy fund that would offer significant support to the Faculty's future students. It was decided that the class would raise funds for five years leading up to their 45th reunion and decide how to direct the fund at that time.

Thus far, the Class of 1969 campaign has been a great success. Over 24 of the 65 living classmates have pledged gifts. Additionally, many of the classmates, including all three class leaders, have pledged \$6,900 in honour of their year of graduation. Several participating classmates are making their first-ever gift to the University, which illustrates how important this legacy is to the entire class.

There is a feeling among the classmates of wanting to lend their support to future doctors said Biehl. "My classmates and I are aware that it is tougher to get a medical education now than when we were students. With tuition costs rising, it is much harder going than it used to be and we just want to help out."

If you are interested in starting a class giving campaign or would like more information about class giving, please contact Blair Nicholls, Development Officer at (204) 789-3647 or blair_nicholls@umanitoba.ca.

BOOST TO RENAL TRANSPLANT RESEARCH

Douglas Flynn pledged a \$1 million leadership gift to the Chair in Renal Transplantation, offering tremendous support for kidney disease research. The chair will continue the important work accomplished by Peter Nickerson and David Rush – two internationally esteemed U of M researchers who are trying to determine how to prevent the body's immune system from rejecting kidney transplants. Their research is committed to improving outcomes for patients. Approximately 2,000 Manitobans suffer from kidney disease, about 1,000 of whom require dialysis.

"My father received a new kidney in December 2008, so I have had the good fortune of seeing first hand the life changing benefits of the Renal program under the direction of Drs. Rush and Nickerson. Life on dialysis is exceptionally difficult and offers limited quality. I am happy to report that my father's new kidney is functioning very well and that dialysis is a thing of the past for him. I am honored to assist the doctors and their team with their worthy efforts so that they may continue to enhance the lives of others in the future," said Flynn.

faculty awards and honours

COMPILED BY: JANICE LABOSSIERE



Dr. Chris Anderson, Assistant Professor, Department of Pharmacology and Therapeutics, received a 5-year NSERC Individual Discovery Grant and received a Grant-in-aid funding from the Heart and Stroke Foundation of Manitoba.



Charles Bernstein (MD/85), Section Head of Gastroenterology and Director of the University of Manitoba Inflammatory Bowel Disease Clinical and Research Centre, was the recipient of the Canadian Association of Gastroenterology Visiting Professor Award for 2010. Dr. Bernstein

has also been selected by the Doctors Manitoba Board of Directors to receive the 2010 Scholastic Award for scholarly achievement in the health professions.



Harvey Max Chochinov (MD/83, PhD/98), Distinguished Professor of Psychiatry at the University of Manitoba and Director of the Manitoba Palliative Care Research Unit, CancerCare Manitoba was recently awarded with the Dr. John M. Bowman Memorial Winnipeg Rh Institute

Foundation Award recognizes outstanding research accomplishments by senior University of Manitoba faculty. The award consists of a cash prize of \$20,000 and a medal.

Dr. Chochinov was also the recipient of the IPOS Bernard Fox Memorial Award which honors an IPOS or psycho-oncology community member who has made an outstanding contribution in education, research or leadership to the field of psycho-oncology, as well as the CAPO Lifetime Achievement Award.



Juliette (Archie) Cooper (BOT/79, M.Sc./82, PhD/87), Professor Emeritus, Department of Occupational Therapy, received Canadian Occupational Therapy Association Fellowship Award.



Dr. Michelle Driedger, Associate Professor, Department of Community Health Sciences, received two CIHR Operating grants (total of over \$900,000). She also received a Canadian Cancer Society Research Grant of \$711 198 for "Advancing quality in cancer control and cancer system performance in the face of uncertainty."



Dr. Anne Durcan (MD/84), Assistant Professor in Community Health Sciences and Coordinator of the Inuit Health Program of the J.A Hildes Northern Medical Unit, was named Family Physician of the Year by the Manitoba College of Family Physicians.



Dr. David Eisenstat, Director, Advanced Degrees in Medicine Program, Faculty of Medicine was awarded the Paediatric Chairs of Canada 2010 Paediatric Academic Leadership - Clinical Educator Award, recognizing his leadership skills and tremendous influence in the Faculty in medical, graduate and postgraduate education.



Moni Fricke (BMRPT/87, M.Sc./98), Instructor, Physical Therapy, was the recipient of the 2010 Manitoba Physiotherapy Association's Lenore Saunders mentorship award.



Dr. Abdelilah Soussi Gounni, Associate Professor, Immunology, received a Manitoba Research Chair Award for his research program that focuses on the molecular mechanisms regulating immune and structural cells function in asthma and COPD.



Andrew Halayko (PhD/96), Associate Professor, Departments of Internal Medicine & Physiology, received Certificate of Recognition for Outstanding Contributions as Chair of the Planning Committee, Respiratory Structure Function Assembly of the American

Thoracic Society, and was appointed to the Board of Directors of the American Thoracic Society. Dr. Halayko was also appointed Chair of the Research Committee and member of the Board of Directors, Canadian Thoracic Society.



Dr. Tom Hassard, Professor, Department of Community Health Sciences has been appointed to a Special Chair in Applied Methods and Statistics in the Institute of Work, Health and Organisations (IWHO) at the University of Nottingham, England. He has also been appointed to IWHO's Advisory Board.



Davinder Jassal (MD/98), Associate Professor in the Section of Cardiology, Department of Internal Medicine, and the Institute of Cardiovascular Sciences at St. Boniface Hospital Research Centre is the Rh Award recipient in the Health Sciences category for his research in cardiovascular medicine.

Lisa M. Lix (M.Sc./91, PhD/95), Assistant Professor, Department of Community Health Sciences, was named Top New Investigator, Socio-Health, by the Saskatchewan Health Research Foundation (SHRF).



Sora Ludwig (MD/77), Associate Professor in the Section of Endocrinology, Internal Medicine, received \$150,000 from Public Health Agency of Canada (PHAC) in partnership with WRHA and Manitoba Health for project, "Prediabetes Screening in an Urban Setting" and \$75,000 from Manitoba Health for "Diabetes Care Redesign at Health Action Centre, an Inner City Clinic" in partnership with WRHA.



Patricia Martens (M.Sc./94, PhD/99) was honoured in the category of Health and Wellness as the 2010 YMCA-YWCA Women of Distinction for her work as a researcher and her work at the University of Manitoba.



Arnold Naimark (MD/57), President Emeritus and Dean of Medicine Emeritus, receive the Distinguished Service Award from Doctors Manitoba for recognition of service rendered to patients and the community which have enhanced the image of the physician through devotion

to the highest ideals of the medical profession and in the promotion of the art and science of medicine through teaching, writing and administration.



Drs. Fiona Parkinson (PI) Professor & Acting Head - Department of Pharmacology and Therapeutics, and **Ben Albensi (co-PI)** Associate Professor - Department of Pharmacology and Therapeutics received a Heart & Stroke Foundation Grant-In-Aid award on their project: "Stroke injury in genetic mouse models".



Dr. T. Vidhya (Vid) Persaud, Professor Emeritus, Dept. of Human Anatomy and Cell Science was awarded the American Association of Anatomist's (AAA) 2010 Henry Gray/Elsevier Distinguished Educator Award. This award is AAA's highest award for human anatomy education.

Dr. Pierre Plourde, Associate Professor in Community Health Sciences and Medical Microbiology, Medical Officer of Health for the Winnipeg Regional Health Authority, was awarded with the Dr. Jack Armstrong Humanitarian Award for outstanding contributions by a member or former member of Doctors Manitoba in the service of humanity either within Canada or abroad.



Dr. Noralou Roos, Professor in Community Health Sciences, was named the 2010 Hall Laureate and the Emmett Hall Memorial Lectureship by the Justice Emmett Hall Memorial Foundation.



Dr. Sat Sharma, Professor and Head, Section of Respiriology Department of Internal Medicine, received a Special Recognition Award for providing leadership to Health and Science Policy Committee, American College of Chest Physicians and a Publisher's Award for Excellence, eMedicine/WebMD. Dr. Sharma was also appointed Chair, Professional Development Committee and member Board of Directors, Canadian Thoracic Society.



Robert Tate (M.Sc./75, PhD/00) Associate Professor in Community Health Sciences, was the 2009 recipient of the Betty Havens Award in Longitudinal Research presented October 24, 2009 at the 38th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology.

Dr. Debrah Wirtzfeld, Associate Professor, Community Health Sciences and Provincial Lead Surgical Oncology, recently completed the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women. ELAM is the only North American program preparing senior women faculty in medicine, dentistry and public health for leadership positions in academia.



Brock Wright (MD/84), Associate Dean, Clinical Affairs, was awarded the Health Administration Award by Doctors Manitoba for contribution to policy and/or in administration of health care.

WE EXTEND OUR CONDOLENCES TO ALL FAMILY AND FRIENDS OF OUR UNIVERSITY OF MANITOBA FACULTY OF MEDICINE ALUMNI AND COLLEAGUES WHO HAVE RECENTLY PASSED AWAY.

ALEXANDER WILSON ANDISON MD 1935

On Tuesday, December 8, 2009 at the age of 100 in Ottawa, Ontario. Alex was born and raised in Winnipeg. He graduated as the gold medalist from the Faculty of Medicine at the University of Manitoba in 1935 and after serving in various medical positions in England during the War he returned to his native city and joined the Department of Obstetrics and Gynaecology at the Winnipeg Clinic in 1946. Over the following years Dr. Andison also served as Associate Professor of Obstetrics and Gynaecology at the University of Manitoba and received fellowships of both the Royal College of Obstetricians and Gynaecologists and of the Royal College of Physicians and Surgeons of Canada. From 1968 to 1974 he was Associate Editor of the Canadian Medical Association Publications. Predeceased by his beloved son, Jeremy, and by his wife of sixty years Edith Mary (Molly). Alex is survived by his children Joy (Georg Mauerhoff) and Martin (Leslie-Ann Scott) and dear daughter-in-law Susan and by four grandchildren and three great granddaughters. Donations can be made to the Ottawa Children's Choir, the Multiple Sclerosis Society of Canada or St. Andrew's Presbyterian Church, Markham, Ontario.



JOHN DAVIDSON BROWN MD 1964, PhD, FRCP

On December 21, 2009 John Davidson Brown, MD, PhD, FRCP(C) died suddenly in his sleep aged 71. He worked through adversity steered always by his principles, his sense of humour, and a commitment to the many communities around him.

His life started hard. By age 10, he had spent years in hospital for polio and other problems. His mother, who nursed him through these stays, died shortly after he came home. By the age of 15 he was self-sufficient. He put himself through university and through medical school (Manitoba), working as a baker, a bartender, and a laboratory assistant. He worked most nights and every weekend but graduated from medicine with no debt, one shirt and one pen. He won the Prowse Prize for his PhD (Manitoba) and studied at the National Hospital for Neurological Diseases (London) as a Medical Research Council Fellow. He was repeatedly recognized as a leader.

He was the honorary class president more than once at the Schulich School of Medicine (UWO). He was honoured by the same school as a Professor Emeritus and with a Lifetime Achievement Award and the designation of Elder Statesman. But he always said that he was luckiest when he married Unnur, his wife of 45 years.

He was a gifted athlete. Despite a weak leg from polio he was recruited for the Bruins Farm Team. He turned it down to go into medicine. He is survived by his loving son Adalsteinn; daughter-in-law Erica, and two grandchildren. Donations may be made to the John D. Brown Memorial Fund at the Schulich School of Medicine and Dentistry, University of Western Ontario.



**JACOB DYCK MD 1955
June 11, 1922 – October 20, 2009**

Jacob was born June 11, 1922 in Rosenthal, USSR, the eldest of five children. He immigrated with his family to Canada, at the age of six. The family settled in Rosthern, Saskatchewan. After graduating from high school, Jacob became a teacher

and taught for three and one-half years in Saskatchewan. During the Second World War Jacob served as a Conscientious Objector in the Dental Corps in the Canadian army. On his discharge in 1946, he took advantage of the veteran's assistance program to continue his education, earning his medical degree from the University of Manitoba in 1956.

In 1960 he earned a diploma in general surgery from the U of M, and shortly thereafter joined Westbrook Medical Centre in Winnipeg. He was a partner of the group practice until 1990, when he retired from practicing surgery. His last medical role was working as a consultant for the Department of Veterans' Affairs until 1997. He was president of the Winnipeg Medical Society in 1979, president of the Manitoba Medical Association in 1980-1981 and president of the Canadian Medical Association in 1986-1987.

Jacob was predeceased by his first wife Alice in 1997. Jacob married his second wife Emily in July 2000. Family and Christian faith were always important to Jacob.

In addition to an active medical career, Jacob loved music, art, beekeeping, photography, painting and travelling. Jacob will be sadly missed and lovingly remembered by his wife Emily; children, grandchildren, step-children and extended family. Donations may be made to Christian Investors in Education, in care of Henry Poetker, 307-475 Lindenwood Drive East, Winnipeg, Manitoba R3P 2P3.



JOSEPH KETTNER MD 1953 B.S.C. (MED)

Dr. Joseph Kettner died on February 18, 2010, at the age of 82, with his family by his side. He is survived by his daughters Adrian (Irwin), Norine (Larry), four grandchildren, and many loving relatives and friends. Joe felt privileged to enter the medical profession, a career that was

to span his lifetime and provide immense satisfaction. He was a committed family physician, beginning his practice in Steinbach, then moving back to Winnipeg to join the Mall Medical Group, working in their downtown clinic and their satellite office on North Main Street. He worked primarily at Misericordia and Seven Oaks Hospital, where he was actively involved in their geriatric medicine program, and in several personal care homes, including the Sharon Home, where he ultimately became a resident.

He was a dedicated, very hard-working physician who provided comprehensive care. He continued to educate himself throughout his career. He enjoyed mentoring medical students and new medical school graduates. He had a strong sense of social justice, and was involved in the politics of medicine through the Manitoba Medical Association. He truly loved his work and was appreciated by many for whom he cared. He possessed those qualities most admired in a physician: dedication, diligence, calmness, compassion, and valuing and respecting all people.

He was generous with his time, his efforts and his money, contributing generously to charities in Manitoba, Israel and his family, as his greatest pleasure was to give to others. His attitude of acceptance and his selflessness were the hallmarks of his life. Donations honouring his memory may be made to the Jewish Foundation of Manitoba (Dr. Joseph and Ruth Kettner Memorial Fund).



CHARLES DANIEL (DANNY) LEES
MD 1950
August 15, 1920 – January 11, 2010

After an eventful 80 years of vigorous life and 10 years with Alzheimer's disease, Danny Lees died peacefully on January 11, 2010. Danny is survived by his loving and devoted wife of 60 years, Dorothy; his children Georgia Klass (Daniel), Virginia Lees (Ron Kibbins) and J. D. Lees (Ruth); and nine grandchildren. Danny was born in Winnipeg. He was only 11 years old when his mother died and thereafter he was raised by her sisters (the aunts ... Vera, Bunny and Teddy Baskerville) and his father (Tiny -6' 4 -Lees). At 19, he suspended his university education and worked in Mills Lake, Northwest Territories as a heavy equipment operator. He quickly became foreman of the project, building a runway for Canada's wartime air defence. At war's end, Danny restarted his education, graduating from the University of Manitoba Faculty of Medicine in 1950. After a year of general practice in Oak River, Manitoba, he became a respected orthopedic surgeon and, later, Medical Director of the Manitoba Workers' (the Workman's) Compensation Board.

At 56, he retired from the WCB and renewed his career as a heavy equipment operator, this time as a trucker. He was owner/operator of an 18 wheel semi-trailer and hauled gravel for Nelson River Construction. At 60, a serious accident cut short this career and he became a farmer and wood-cutter at Prawd, Manitoba.

Danny was a man of many talents and interests; an avid outdoorsman, canoeist and hunter, as well as a skilled builder, plumber and electrician. He devoted all of his free time to being with his kids, leading them on exciting and perilous adventures; canoeing to Elk Island, skiing, snowmobiling and exploring deep into the hinterland of the south east corner of Lake Winnipeg around Victoria Beach. He never was too old for something new. He was more than a great dad; he was also a dear friend. Donations can be made to the Alzheimer's Society, 10 - 120 Donald Street, Winnipeg, MB R3C 4G2 or the East Beaches Animal Shelter at Victoria Beach.



GARY ROBERT PODOLSKY MD
1992 B SC. (MED)
January 29, 1968 – October 24, 2009

On October 24, 2009, Gary passed away while on a trip to Los Angeles. Gary will be missed by his family and his team at the Skylark Medical Clinic as well as by his patients - Gary specialized in travel medicine and had become the go-to person for travelers in the region.

He was a caring and devoted physician, having studied at the University of Manitoba School of Medicine after attending Grant Park High School. Gary worked at various clinics in Winnipeg before opening a practice of his own. Even then, he still helped out at other clinics and made visits to Churchill to provide his services when needed. Previously, Gary worked for Carnival Cruise Lines as a medical officer on many cruises. He also worked as expedition doctor in Nepal and Tibet and as a civilian physician with the Canadian Air Force. He even found time to accompany patients on medical evacuations to and from Canada.

Gary's passions covered many areas and he lived life to the fullest, travelling the world, learning foreign languages, painting, and taking many different classes in anything that interested him. Donations may be made in Gary's memory to the HealthBridge Foundation of Canada (www.healthbridge.ca) or to the Canadian Juvenile Diabetes Association.

James Richard Ireland MD/39 – October 18, 2009
at British Columbia

Victor Joseph Houston Sharpe MD/44 – July 5, 2009 at Brandon

Alvin Byron Watson MD/44 – October 5, 2009 at Winnipeg

(James) Comrie McCawley MD/46 – February 25, 2010
at Winnipeg

John E dwin McDonagh MD /46 – May 6, 2009 at British Columbia

Richard Parker MD/48 – May 31, 2009 at Brandon

James S. Brown MD/49 – May 1, 2009 at Brandon

Florence Treple Kaplan MD /50 – October 14, 2009 at Calgary

John Jestadt MD/50 – November 2, 2009 at Boise, ID

John Bernhard Dick MD/55 – August 4, 2009 at Ontario

John Choate MD/55 – December 8, 2009 at Winnipeg

Paul Joshron Portnuff MD /57 – January 18, 2010 at Winnipeg

Hugh R ichard Williams MD /57 – March 26, 2010 at Vancouver, BC

Gordon Palmer Woodall MD /57 – Feb 2, 2010 at Oshawa

Samuel Kenneth Kemkaran MD /58 – January 5, 2010 at Winnipeg

David Bryan Conly MD /63 – October 15, 2009 at Ontario

Michael Elkin MD – November 11, 2009 at Winnipeg

Jagan Nath Joshi MD – March 21, 2010 at Winnipeg

James Rodway Kirkpatrick MD – April 15,
2010 at Winnipeg

Calling all Faculty of Medicine Alumni!

Reconnect with fellow classmates, old friends and your alma mater at a Medicine class reunion. Many Faculty of Medicine milestone class reunions will take place over the University of Manitoba Homecoming Weekend September 24-26, 2010.

All Faculty of Medicine alumni – including those not celebrating reunions – are invited to join us for the Faculty of Medicine Dean’s Homecoming Breakfast and Tours at Brodie Centre Atrium, 727 McDermot Ave on September 25, 2010. The Breakfast begins at 8:30 a.m. (registration opens at 8:00 a.m.) with tours at 10:15 a.m. The Clinical Learning & Simulations Facility, located on the lower level of the Brodie Centre, will be a highlight of the tour.

For more information about the 2010 Medicine reunions, Homecoming Breakfast, or becoming involved in organizing your own class reunion, please contact Darcy Routledge, Alumni Affairs & Events Officer at (204) 977-5650 or routledd@cc.umanitoba.ca.

**Class of 1950 – 60th Reunion
September 24 & 25, 2010 – Winnipeg**

September 24 – Reunion Luncheon on Bannatyne Campus
September 25 – Faculty of Medicine Dean’s Homecoming Breakfast, Brodie Centre Atrium at 8:30 a.m. & Tour at 10:00 a.m.

**Class of 1955 – 55th Reunion
June 23-25, 2010 – Winnipeg**

June 23 – Welcome Reception at Fort Garry Hotel
June 24 – CLSF Tour / Brunch at Resto Gare / Dinner at Fort Garry Hotel
June 25 – Farewell Breakfast at Fort Garry Hotel

Class Leaders: Dr. Philip Katz, Dr. Robert Handford, Dr. Fletcher Baragar

**Class of 1960 – 50th Reunion
September 24-26, 2010 – Winnipeg**

September 24 – Welcome Reception at the Inn at the Forks
September 25 – Faculty of Medicine Dean’s Homecoming Breakfast/ Class Discussion Group / Dinner at Sydney’s at the Forks
September 26 – Brunch at the home of Dr. Neil Margolis

Class Leaders: Dr. Neil Margolis, Dr. Tino Ethans, Dr. Semeon Hrushovetz, Dr. Bryan Kirk, Dr. Anthony Miller, Dr. Ian Sutherland, Dr. John Wade

**Class of 1970 – 40th Reunion
September 24-26, 2010 – Winnipeg**

September 24 – Welcome Reception at the home of Dr. Bill Pope
September 25 – Dean’s Homecoming Breakfast, Brodie Centre Atrium/ Scientific Sessions / Dinner at the Fort Garry Hotel
September 26 – Brunch at the Fort Garry Hotel

Class Leaders: Dr. Bill Pope, Dr. Jim Beckstead

**Class of 1980 – 35th Reunion
September 24 & 25, 2010 – Winnipeg**

September 24 – Welcome Reception
September 25 – Dean’s Homecoming Breakfast/ Dinner at the Fort Garry Hotel

Class Leader: Dr. Ira Ripstein

**Class of 1985 – 25th Reunion
September 24 & 25, 2010 – Winnipeg**

September 24 – Welcome Reception at the home of Dr. Mary-Jane Seager
September 25 – Dean’s Homecoming Breakfast/ Dinner at the Fairmont Hotel

Class Leaders: Dr. Mary-Jane Seager, Dr. Jennine Barc, Dr. Monica Hennessy, Dr. Claire Jaeger, Dr. Mark Kristjanson, Dr. Margaret Speer

**Class of 1990 – 20th Reunion
September 24 – 26, 2010 – Winnipeg**

September 24 – Welcome Reception at the Fort Garry Place
September 25 – Dean’s Homecoming Breakfast, Brodie Centre Atrium/ Dinner at the Inn at the Forks
September 26 – Brunch at the Fort Garry Hotel

Class Leaders: Dr. Trent Faraday, Dr. Carol Kurbis, Dr. Sandyha Pruthi

**Class of 1995 – 15th Reunion
September 25 & 26, 2010 – Winnipeg**

September 25 & 26 – Dean’s Homecoming Breakfast, Brodie Centre Atrium/ Dinner

Class Leaders: Dr. Brad Baydock, Dr. Wendy Tretiak

**Class of 2000 – 10th Reunion
September 24 & 25, 2010 – Winnipeg**

September 24 – Welcome Reception at the home of Dr. Raina Best
September 25 – Dean’s Homecoming Breakfast, Brodie Centre Atrium/ Scientific Sessions / Lunch / Dinner at Terrace 55

Class Leaders: Dr. Raina Best, Dr. Michael Boroditsky



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