As Faculties of Medicine our unique and primary mandate is to educate our next-generation of physicians. This is usually considered as a role in undergraduate and postgraduate education. Lifelong learning is an essential behavior in the modern professional environment. We are challenged as professionals and educators to find ways to become more effective and relevant to help practicing professionals in their lifelong learning endeavor. The vast nature of our country and the wide distribution of our population to remote areas require innovation and creativity in the way in which we do this. The ideas expressed by Dr. Bourgeois-Law in her article foreshadow what we hope to be continual improvements.

The need to be creative, innovative and responsive to new challenges in professional education is broader still. In Canada today, the need is nowhere more important than in the evaluation and education of international medical graduates from a wide variety of backgrounds. As part of our plan to improve our capacity to educate this has been an area of significant work. Dr. Jocelyn Sanchez has accepted a position as the acting director of our IMG program and is working hard with her steering committee to develop new programs. These include the development of orientation programs for faculty and international medical graduates, the development of three-month clinical evaluation programs in collaboration with MCPS, and the development of new curricula and programs for the one-year postgraduate education elements. This is exciting work in the need to support of our entire professional community to make it work well.

The intellectual endeavor is not just about the content of medical science, but to increase our understanding and skills about the methods of education and evaluation.

continued on page 2...
I would like to highlight several new ways in which the MMCF is working with the University of Manitoba to support programs in the Faculty of Medicine.

Although the MMCF is required, by the Canada Revenue Agency, to operate separate and distinct from the University, the MMCF Mission Statement confirms its firm link with the Faculty of Medicine: “The mission of the MMCF, as a registered charitable organization, is to raise and administer endowment funds and to make awards in support of the programs of the Faculty of Medicine of the University of Manitoba.”

Since 1978 the MMCF has established more than 60 individual endowment funds, each with specific terms of reference - each supporting a program in the Faculty of Medicine. Donations continue to be directed to MMCF funds for Student Support, Libraries, Research, Lectureships or other academic programs.

In 2006 the MMCF Board offered to assist the Faculty of Medicine in seeking donations for two funds held by the University itself. These are the Clinical Learning and Simulation Center (CLSF) - formerly identified as the Clinical Learning Center (CLC) and the Health Information Place (HIP) Campaign for the Neil John Maclean Health Sciences Library.

The CLSF campaign is seeking the remaining funding required to build and equip the exciting new teaching facility due to open in late 2007. The Spring / Summer 2005 issue of Manitoba Medicine included a feature on simulation in medical education and an outline of the early plans for the CLC (now CLSF). The next issue of Manitoba Medicine (Spring / Summer 2007) will include details about the CLSF itself as well as the campaign for its funding.

The MMCF Board has committed $50,000 (over five years) to the HIP Library Campaign. Members are invited to consider this project when they return their annual membership fee payments or make other special donations to MMCF. We are confident that with this help the MMCF pledge will be met. In addition, the Dr. Joseph and Dr. Dorothy Hollenberg Memorial Fund, held by MMCF, has pledged $10,000 for the HIP Campaign.

Canadian readers are reminded that the 2006 Federal Budget eliminated all taxes on capital gains of in-kind donations of publicly traded securities to Canadian charities. Many donors have elected this tax-advantageous method for their donations. Both the University of Manitoba (http://www.umanitoba.ca/admin/dev_adv/donate_now/transfer_stock.html) and the MMCF (http://www.umanitoba.ca/faculties/medicine/mmcf/) provide efficient mechanisms for donations of securities. More details about the advantages to the donor of this donation mechanism will be included in future issues of Manitoba Medicine.

On behalf of the Board of MMCF - and the Faculty of Medicine - I would like to thank the readers of Manitoba Medicine for their interest in our programs and our members and donors for their loyal support.
Our faculty needs to develop and expand our educational skills. Over the next three months a working group will be actively redeveloping for our Medical Education Department vision, mission, processes, staffing and the way in which we expand and develop that important role. Stay tuned!

Manitoba Medicine is a collaborative effort between MMCF and the Faculty of Medicine. It is a valued tradition and it is our desire to improve the content and relevance to our readership. You can help us significantly by returning the questionnaire found on page four.

The Northern Medical Unit and the role of Continuing Professional Development

*Interview with Dr. Bruce Martin, Director, Northern Medical Unit By James Buchok*

Providing health care in Canada’s north has always posed geographical and cultural challenges, yet delivering care to remote communities can also drive medical practitioners to the edge of innovation.

“The fact we are all involved with students forces us to remain current,” says Dr. Bruce Martin, Director of the University of Manitoba’s J.A. Hildes Northern Medical Unit. “I revel in the fact of having students in these remote locations and I have to stay current and sharp for both my patients and for the students.”

Medical discoveries and developments are of great importance in northern communities, says Martin. “Because of evolving illness and evolving technologies it behooves the clinicians to keep up to date.”

And, because the various northern health practitioners work in different models of care, staying current means keeping up with what each member of a health care team can bring together in collaboration.

Martin says continuing professional development is vital to northern medicine. “In some arenas of Canadian healthcare, professional development could go a bit unnoticed, for instance, if you were a solo clinician and chose not to embark on lifelong learning. But in areas of greatest needs and in an areas of strained health resources it is particularly challenging and necessary to provide safe, efficient timely healthcare,” says Martin.

Martin is a family physician and graduated from Queen’s University in Kingston, Ontario. He began his career in northern and aboriginal health care in Ontario, and was recruited to provide short-term assistance to the University of Manitoba’s northern medical unit in 1991, “and I never left,” says Martin. He has lived in Churchill, and worked as a fly-in physician in northeast Manitoba. He is now based at the Faculty of Medicine’s Bannatyne Campus.

“The challenge of getting medical practitioners to work in the north has always been one of the most difficult tasks,” says Martin.

The J.A. Hildes Northern Medical Unit, established in 1970, delivers health care to rural and remote areas with predominantly aboriginal populations. In addition to their clinical duties, physicians work with nurses, community health representatives and other community service workers, to meet the needs of each specific community.

Churchill and Hodgson, Manitoba as well as Rankin Inlet, Nunavut are staffed by full-time physicians. The First Nations communities of Island Lake, Poplar River, Berens River, Little Grand Rapids, Pauingassi, Bloodvein, Moose Lake, Grand Rapids, and continued on page 19...
Inspiring Others to Make a Difference, the Story of Jocelyn

Written by: Kimberley Corneillie

Born and raised in the Philippines, Dr. Jocelyn Dumatol-Sanchez graduated from the University of Santo Tomas, located in Manila, in 1986. This is the story of Dr. Jocelyn Dumatol-Sanchez.... and her experience in the IMG Program.

Dr. Jocelyn Dumatol-Sanchez and her husband were looking for better career opportunities and a better place to raise their family. Jocelyn was 7 1/2 months pregnant when she and her husband left their home to move to British Columbia, Canada, in September 1994. Her husband, a computer analyst found work right away; but Jocelyn couldn't because the medical licensure requirements in Canada were different from those in the Philippines.

But this didn’t deter her. She used this time to raise her three sons, study and to write the Evaluating Exam and the Licentiate of Medical Council of Canada (LMCC Part I). During her study preparations she volunteered for the Heart and Stroke Foundation, the Canadian Cancer Society, and the Mental Health Association.

It wasn’t until 1999 that she first contacted Dr. Giséle Bourgeois-Law at the Continuing Medical Education Office (CME), Faculty of Medicine, University of Manitoba. She had applied for a position in Yellowknife, but first had to complete a Clinician’s Assessment and Professional Enhancement program (CAPE). Due to Jocelyn’s lack of Canadian medical requirements she didn’t qualify for the Yellowknife position, but instead remained in contact with Dr. Bourgeois-Law and the CME team to obtain her Canadian requirements.

Moving to Manitoba in July 2000, she obtained a position as a Registered Clinical Assistant (RCA) in the Bone Marrow Transplant Unit for Health Sciences Centre in Winnipeg. After working in the unit for nine months, she took the RCA Examination Part II, an examination specific to bone marrow transplant cases and completed her LMCC examinations. In 2001, CME was developing the International Medical Graduates (IMG) program and Jocelyn found herself undertaking new challenges as part of this trial group. She obtained sponsorship from a Regional Health Authority, and passed her CAPE examinations, both requirements of the IMG program.

As part of her sponsorship from Burntwood Regional Health Authority, Jocelyn agreed to work in their health region, Thompson, Manitoba. Upon completion of IMG training, her family packed up and moved more than 730 km north to Thompson to begin another adventure in a community of 15,000 and a rural population of 35,000. It was here that she applied her knowledge, practiced medicine, and became a mentor for so many other IMG doctors from all over the world such as Africa, Egypt, El Salvador and her home, the Philippines.

She continued to work in Thompson for four years. During her practice in Thompson, she volunteered for CME by acting as their Rural Chairperson, arranging for CME programs, skill review sessions, guest speakers, meeting

continued on page 4. ...
with Manitoba Health, and organizing weekly physician group sessions to discuss difficult cases and find a team approach to treatment.

“One of my greatest experiences in this program was the opportunity to benefit from my colleagues backgrounds and their specialties,” she said. She adds that this opportunity helped her to build her confidence in treating patients, to mentor her IMG colleagues and to continue to learn. “I grew as a person, as a physician.” Dr. Sanchez thanks CME for their continued assistance and support in helping her to achieve her goal. Now, that she and her family are back in Winnipeg, she would like the opportunity to assist the IMG program to continue to grow and to help other IMG participants become confident and competent treating physicians in Canada, so that together, they can continue to provide Medicine with a Difference.
Life-long learning in the medical field has changed and evolved over the years, but a fundamental principle remains - failure to partake in life-long learning means that a physician is not living up to society’s expectations.

“As a professional you are personally and individually responsible for assessing your own degree of competence both at any given moment and for the future and in particular determining what areas of your practice you feel need revision and improvement,” says Dr. Bill Pope, the registrar of the College of Physicians and Surgeons of Manitoba.

“And this doesn’t just mean attending a lecture or going to a drug company dinner. It means the much bigger picture. That is where you get the phrase ‘Continuing Professional Development (CPD)’ rather than continuing medical education (CME).”

Pope says that over the last decade the emphasis in the profession has turned to CPD. “Up until 5-10 years ago CME was the only concept out there. Many specialties and the College of Family Physicians deliver valuable educational learning sessions throughout the year and at their annual meetings. However, much is better described as CME.” Pope says CPD means that a physician has developed a plan which may range from going to a specific lecture to obtaining practical training in a certain procedure, and then incorporating what is learned into one’s practice. Finally, the physician must assess whether the practice has been improved and is more effective as a result.

Pope also says CPD requires that physicians actively review areas in their practices that need to be improved, changed or modified. Once action has been taken, it is vital that a physician examine how the action has changed their practice.

Pope says the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada both operate continuing professional development programs. In several provinces, participation in one of these programs is mandatory. It is likely that such will occur in Manitoba within the next two years. These programs operate on a five year cycle.

The College of Physicians and Surgeons of Manitoba also attempts to reinforce in young doctors that their initial graduation is just the beginning of life-long learning. “The rest of your life should incorporate what you have learned as a student or a resident into your practice. Then you should move on with material as it becomes available, as ideas and standards of practice change and as drugs change - all those kinds of things,” says Pope. “When you become a medical student you become a member of the college and you remain one until you stop practicing.”

Pope says that busy schedules sometimes prevent or delay some physicians from getting the professional development they want. Other hurdles include the expense of extra training and the travel that is often required.

continued on page 6...
Manitoba Medicine • WINTER 2006

“Many physicians will say ‘if I had more time I would do X, Y and Z kinds of training’. Even that mindset is positive and is the first step in making the change from CME to CPD.”

Pope says a primary role of the College of Physicians and Surgeons of Manitoba is annual license renewal. “We’re responsible for what doctors do in the outside world. They have to show that they’ve done certain things, and tell us whether they have had problems of a certain sort including criminal convictions or complaints.”

“The formats are different, but if you’re a family physician you basically participate with the College of Family Physicians and if you’re any kind of a specialist you would participate with the Royal College of Physicians and Surgeons,” says Pope. He also advises that physicians should be aware of the guidelines and statements their college produces since doctors are expected to know them. To breach them may be professional misconduct.

“Life-long learning must include keeping up on your college’s statements and guidelines, especially the ethical ones because if you follow them it means that you’re unlikely to have potential disciplinary action taken against you.”

“The colleges expect doctors to do this as professionals and as a requirement of the code of conduct, and doctors should be thinking about these at all times,” says Pope. “It’s easy to let this kind of thing slip. You don’t think about this as an issue while you’re busy treating patients. It’s a phrase you only tend to think about when you’re listening to somebody else talk about ethics. Yet, doctors must incorporate the guidelines into everyday practice as a part of life-long learning.”

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Life-long learning is an essential component of practice for all physicians. Regulatory authorities across the country are formally recognizing this by moving towards mandatory CME, as the means for physician revalidation. However, there are unique challenges for both physicians and CME offices in meeting the CME and CPD (Continuing Professional Development) needs of rural and northern physicians. Rural and northern physicians may find it difficult to attend traditional CME sessions, and conversely CME offices may encounter challenges in providing CME for rural and northern practitioners. Leaving the community to attend a CME session is not only expensive and time-consuming, but it also leaves a void in patient care.

Over the years, this has been resolved by having CME come to physicians: the CME office sends specialists and others to several communities in Manitoba. The presenters travel by car or plane, and in some regions usually stay overnight. In many ways this is CME at its best: the topics, and often the speaker, are chosen by the local physicians through the CME Chair, (the CME Chairs are local physicians selected by their peers to represent the CME needs of the region to the CME office) the number of attendees is small (usually less than 10), and there is the opportunity to engage one-on-one with the speaker and discuss cases from one’s own practice. However, there are increasing challenges with this model. It is becoming harder to recruit specialists who are willing and able to take the time necessary to travel to rural and northern Manitoba. While a CME session may only last a couple of hours, travel time may mean a day away from a busy practice. We had video-linked the sessions to one or more nearby communities in order to maximize learning opportunities, but have discontinued this method because of the impossibility of finding a time that worked for all communities involved. At the same time, we recognize that the CME needs of rural and northern physicians may differ from those of their urban colleagues. For example, rural and northern physicians are much more likely to work shifts in the emergency department and to admit patients to hospital.

For the past two years, the CME office has been working closely with the Office of Rural and Northern Health and the regional CME Chairs to address some of these issues. We hired a Director of Rural CME with experience in telehealth to revamp our programs. We visited our rural and northern CME sites in order to hear directly from physicians what they need and want from the CME office. These visits have helped us understand the context under which rural and northern physicians practice and attempt to meet their ongoing needs for continuing professional development.

As a result, we have made several changes and are undertaking several new initiatives. While we have ceased video-linking presentations from one small town to another, we have started a Friday-at-Noon program, whereby a
Dr. Elpida-Niki Emmanouil-Nikoloussi, associate professor of the Aristotle University of Thessaloniki, Greece, is the first to visit the Department of Human Anatomy in the Faculty of Medicine, as part of the Bilateral International Academic Programme Exchange Agreement between our university and hers. During her 12 day stay, September 25 to October 6, 2006, she shared her knowledge with Dr. Jim Thliveris and Dr. Maria Vrontakis of Human Anatomy and Cell Science. Together they worked to enhance their collaborative research on agents that counter-act the harm caused by teratogens. Teratogens are agents that cause birth defects during pregnancy. Dr. Emmanouil-Nikoloussi, gave a seminar entitled, “Experimental Study on Folate Antagonism to Retinoid Teratogenicity on the Rat Fetus.”

The future is both challenging and exciting. Challenging - because many of the issues mentioned earlier will only become more acute in the near future. Exciting - because the possibilities are also great. On the one hand, there will always be the need and desire for ‘live’ CME. Our challenge is finding a means to do this that is sustainable, and delivering as much ‘bang for our buck’ as possible. On the other hand, new technologies open up a world of possibilities. ‘Blended CME’ where a live session is followed by an ongoing on-line discussion is one example. Access for all the province’s physicians to the University of Manitoba e-library would be another. Our dream for the not-too-distant future is the development of on-line communities of practice where rural and northern physicians could access web-based CME, ‘chat’ about interesting or puzzling cases, and provide each other with ongoing learning and support. The University, in addition to developing and delivering CME courses, would support these communities of practice by making available educational resources as necessary and providing a structure whereby the participants could obtain the necessary CME credits. At the moment, this is just a dream, but the University of Manitoba and the Office of Rural and Northern Health benefit from a collaborative relationship; together we will continue to work towards facilitating lifelong learning for Manitoba physicians and turning some of these dreams into realities.
Consumption
Written by: Kimberley Corneillie, Faculty of Medicine

Dr. Kevin Patterson of the Northern Medical Unit, Faculty of Medicine, and medicine grad, class of 1989, released his latest, Consumption - A Novel. On October 16th, students and faculty attended his book release party at the Health Sciences Book Store at Brodie Centre. The event was a success, as is his book which combines essential aspects such as cultural change, medicine and human struggle.

Interesting enough, what started out as a group of essays later developed into a novel. Patterson explains, “The essential aspects of what I wanted to talk about were not being delivered effectively through the essays. It was later that I realized that the most direct way to deliver human struggle and draw attention to medicine needs in the north is through fiction.”

The novel took four years to write and focuses on a main character, Victoria, who leaves her home in Rankin Inlet, Nunavut to be treated for tuberculosis - leaving her family and the culture she knows behind. When she returns, it is to a new world, a family who doesn’t recognize her and to a new means of living. Her family has adapted to becoming part of a western culture leaving their traditional living styles and values behind. Patterson brings us into Victoria’s world of internal exile and follows her as she proceeds with life.

Highly insightful and definitely human, this novel is about people and the challenges of life. “His characters are complicated, passionate, confused and in some cases, doomed, by disease, their failures, and by economic and cultural forces beyond their control,” as stated by the Winnipeg Free Press. Patterson hopes that his readers access the personalities and feelings of his characters and draw from them, as they learn about the need for cultural, medical and economic support by our northern communities.

Copies of Consumption - A Novel can be bought at the University of Manitoba bookstore both at Bannatyne and Fort Garry. Kevin’s first book, a memoir called The Water in Between, was a Globe Best Book, and an international bestseller. Country of Cold, his debut short fiction collection, won the Rogers Writers’ Trust Fiction Prize in 2003, as well as the inaugural City of Victoria Butler Book Prize.
The need for medium-sized health care facilities in rural areas

Interview with Dr. Charles Penner, Vice-President of Medical Services, Brandon Regional Health Authority. Written by: James Buchok

In a perfect world, each community in Manitoba would have all the local medical services they need, but the imperfect reality is that many communities would be better off with a medium-sized medical centre within close proximity.

“We do need more medium-sized medical centres just to provide service closer to home,” says Dr. Charles Penner, who has just completed his first year as vice-president of medical services at the 314-bed Brandon Regional Health Centre. For instance, says Penner, the centre in Brandon we can deal with relatively difficult cases.

“Some of the things that were once done in rural areas aren’t done anymore,” says Penner, particularly procedures such as treating simple fractures or performing minor surgery.

That is a result of higher expectations of patients who increasingly want to be treated by specialists, and the fact that rural physicians do not offer as broad a range of services as they once did.

“Things have changed,” says Penner, who grew up in Cranberry Portage, about 50 kms southeast of Flin Flon. “My family did not have a high need for medical care, but I did break my arm as a teen and I went to The Pas for treatment and what was different about those days was that there was a family physician there who was quite comfortable with the process. It’s just the way medicine was done.”

These days the local general practitioner might have the training and confidence to offer such treatment or may likely recommend that the patient go to a larger centre for more specialized treatment, which the physician may consider simply a wise thing to do.

Basic training does not provide doctors with the wider range of abilities that more physicians had in the past, said Penner, but, he added, the University of Manitoba does offer a rural family physician program that includes one year in Dauphin.

Penner himself is a 1988 graduate of the Faculty of Medicine, University of Manitoba and practiced in Comox, B.C. and Abu Dhabi, in the United Arab Emirates before returning to work in Manitoba.

“The med-school program today doesn’t teach you how to do an appendectomy or a gall bladder, and that was the case by the time I was in medical school in the mid-80s,” says Penner, who is quick to add that there are family physicians who will do an extra year of anaesthesiology or obstetrics or surgery “but that is certainly not the norm,” he says. Yet, meanwhile, “people have much higher expectations of medical care these days, they are wanting perfection.”

“With more specialists available today there is an expectation that their services are more readily available than they actually are. We had specialists 40 years ago, but not as many of them and certainly not with such narrow areas of specialty,” says Penner. Penner does not believe that establishing more medium-sized health centres in Manitoba is purely a budget issue. He says it is much more of a people issue.

“The remoteness of some communities is the biggest challenge and there are some people who would not work in a remote community no matter how much they were paid,” he says.

“Population is getting more urban and that is the trend worldwide. As medicine becomes more socialized that mitigates against
Brandon Regional Health Centre

delivering care closer to home,” says Penner. “Standards of care are set in the city.”

Penner says another reality is that for doctors who do decide to work in a rural area, the on-call requirements can be onerous. “In Brandon we have four general surgeons and they have to be on call one in every four nights. And if you get a difficult case you’re on your own. There’s a lot more back-up in the city,” says Penner.

“We don’t have any ear, nose and throat people and often the general surgeon is left to work with it which is a lot more stressful than having specialists nearby,” he says. A medium-sized facility like Boundary Trails Health Centre, a 94-bed hospital located midway between Winkler and Morden that opened in 2001, makes sense, says Penner “when you have the adequate patient base. But if you’re a certain kind of specialist you are not going to an area where you can’t make a living because there aren’t the cases. You need the population base.”

And getting back to that perfect world, the kinds of services that would be available at such medium-sized health centres, says Penner, would include obstetrics, general surgery, anaesthesiology, general internists, a pediatrician where warranted, and of course emergency services where possible. In a simpler time, rural medicine was simpler too.

“For family practitioners in the old days there weren’t the same expectations,” says Penner. “And the volume of what they had to do was perhaps not quite as high and the people did not have the expectation that there could be perfect care.”

New journal highlights MCHP (October 2005)

What is health-care policy? How do policy-makers come to decisions on health care issues? What role do researchers play in the shaping of policy?

These are just a few of the questions addressed in the inaugural issue of the new Canadian journal Healthcare Policy. So what does this have to do with the University of Manitoba? The answer: The Manitoba Centre for Health Policy (MCHP), an academic research unit within the Faculty of Medicine, is once again shown to be front and centre on the national research scene.

MCHP senior researchers Patricia Martens and Noralou Roos were invited to write for the inaugural issue, an article exploring the role that health services research and health services researchers play in shaping health care policy in Canada. The resulting piece, “When Health Services Researchers and Policy Makers Interact: Tales From the Tectonic Plates,” focuses on experiences gained at the Manitoba Centre for Health Policy, one of Canada’s premier policy research centres, and also draws on the experience of others across the country. Manitoba’s CIHR-funded The Need to Know team project, headed by Patricia Martens, is highlighted as an example of how evidence can be used to help make better health policy.

The journal also reports an interview with Brian Postl, president and chief executive officer of the Winnipeg Regional Health Authority, commenting on the issues facing the health care system and the road to change that must be traveled to resolve these issues.

The Manitoba Centre for Health Policy (MCHP) is located within the Department of Community Health Sciences, Faculty of Medicine, University of Manitoba. The mission of MCHP is to provide accurate and timely information to health care decision-makers, analysts and providers, so they can offer services which are effective and efficient in maintaining and improving the health of Manitobans.
Class of 1954 Reunion - Florida

We came together to celebrate our 52nd class reunion in Hernando, Florida on April 25-27, 2006. Activities included breakfasts, visiting the Appleton Art Gallery in Ocala, dinners at the Black Diamond Country Club and a visit to Homosassa Springs Wild Life Park.

Hiro was a great host and everything was well-organized and fun. The camaraderie, the visiting and sightseeing, the stories (real and otherwise), the food and drink were enjoyed by all. Although there were only 10 classmates, we were 19 in total. All who weren’t there were in our thoughts and your ears may have been burning as you were remembered in our recollections of the times gone by. This was Gerry’s first reunion and he assured us he will be home for the 55th, which we are planning to hold in Winnipeg, Manitoba in 2009.

Written by Allan Downs
She’s full of energy and an operator of reconnection. No, she doesn’t plan love connections, but she does help you organize your class reunion.

Tammy Holowachuk, has been working for the Faculty of Medicine since 2002. Originally, she helped organize class reunions for the Faculties of Medicine and Dentistry, but now focuses on the Faculty of Medicine alone. Since her first start the numbers have been increasing and in 2006 she helped organize nine medicine reunions and she already has eight confirmed for 2007.

How does she begin the process? Each fall she goes through her yearbook collection, found in a large wooden bookcase, in five year increments, and finds those celebrating a reunion. She looks for those who were class leaders, senior sticks and class presidents and then writes them a letter letting them know that their reunion year is approaching.

Her requests are often replied to quickly with volunteers or contact leads, especially from those classes who are celebrating 20 or more years and who want to see their old classmates and visit again. Committees are developed, and before long the process of organizing their class reunion begins and Tammy is there to help guide the members along the way. Invites, catering, schedules, flowers, guest speakers, follow-up, these are only a few aspects of her job.

“The best parts of my job are the relationships that I build while working with each alumni member and listening to their stories,” says Tammy.

Tammy will meet with committee members after work hours, during lunches, in the evenings and even on weekends. She is dedicated to helping each reunion committee make their reunion a success and has developed a reunion planning guide to assist those who are interested in organizing their reunion.

“It’s about bringing old friends together and wanting them to enjoy themselves and leave saying we need to do this more often,” says Tammy, as she closes another class yearbook. For Tammy - her job is a part of her heart.

Tammy Holowachuk – Meet the Face Behind Your Reunion

Written by: Kimberley Corneillie
My fellow medical students have once again demonstrated *Medicine with a Difference* by actively organizing and participating in various charitable activities for our local and global communities. I would like to share a few highlights from the past year to recognize the endless commitment by our student body to serving humanity.

This was the first year that the Faculties of Dentistry, Nursing, and the School of Medical Rehabilitation joined medical students here and across Canada, lead by the University of Manitoba, in sending donated health science textbooks to Afghanistan as part of the Books with Wings project.

Locally, the evolving Jacob Penner Park Drop-In Center continues to demonstrate the commitment that medical students have to providing a safe haven for children of all ages in Winnipeg’s core area. JPP volunteers act as role models to demonstrate respect, consideration, honesty and fairness to all children. The program has exhibited leadership and success by obtaining funding for the purchase of a refrigerator to help provide nutritious dairy snacks for the children and to purchase appropriate education materials to augment the learning portion of the program. Lastly, the funds raised allowed us to take the children to three exciting field trips this year including a play at Manitoba Theatre for Young People and the Children’s Museum.

The increased demand for the tremendous service that JPP provides has developed a continually expanding need for more volunteers. As a testament to the interdisciplinary atmosphere in which we learn and work, students from the faculties of Dentistry, Dental Hygiene, Social Work and the School of Medical Rehabilitation, as well as a number of community members, have become important contributors to the program.

Through the generosity of the Alan Klass Health Equity Memorial Fund, two students participated in a pilot project to develop a proposal to demonstrate how students in health care can meet the needs of Winnipeg’s low-income inner city residents. They engaged in a detailed literature review, interviewed a number of health professionals and met with outreach organizations, as well as, local business owners who were interested in helping the cause. The project has lead to the development of a proposal for an inter-disciplinary clinic, to be staffed by medical students, with the specific goal of providing medical support for Winnipeg’s most under-serviced residents. With the support of the Faculty of Medicine, the Alan Klass Health Equity Memorial Fund, Winnipeg Regional Health Authority and local business; this project will continue to grow until an operational clinic is realized.
Centre Supports Aboriginal Students

A new facility that offers dedicated support to Aboriginal students enrolled in health education degree programs at the University of Manitoba opened its doors on September 20.

The new Centre for Aboriginal Health Education is located at the Bannatyne campus and the opening celebration was a colourful and musical affair that included traditional singers and dancers representing Inuit, Métis and First Nations cultures.

Dean Sandham, Dean of the Faculty of Medicine, says the new centre will serve a vital function at the university.

“This new home for students in health professions of aboriginal origin is an essential element of a comprehensive program designed to assure education for Aboriginal health,” says Sandham.

The centre is the result of a unique partnership led by the Faculty of Medicine and includes the faculties of Dentistry, Nursing, Pharmacy, Science, the Schools of Medical Rehabilitation and Dental Hygiene, and the Winnipeg Regional Health Authority.

The centre’s primary role is:

- to support Aboriginal students enrolled in health education degree programs through culturally relevant academic and social support;
- ongoing professional development and enhanced networking opportunities for future career opportunities;
- to provide practitioners with education on ways to become a better practitioner to the Aboriginal community and other non-traditional communities.

The collaboration between governments, the academic institutions and the aboriginal community is expected to enhance the potential for Aboriginal students to successfully complete their degree programs.

Faculty of Medicine Honours and Awards

Dr. Bruce Martin, Community Health Sciences, Northern Medical Unit, was presented with a Certificate of Merit Award by Canadian Association for Medical Education for his contributions to undergraduate medical education at the University of Manitoba.

Dr. S. Michelle Driedger, Community Health Sciences, was awarded a Tier II Canada Research Chair in Environmental and Health Risk Communication, April 2006-March 2011.

The Royal College of Physicians and Surgeons of Canada have named Dr. Piotr, Czaykowski, Department of Internal Medicine, Mentor of the Year for Manitoba and Saskatchewan.

Dr. Alan Katz, Community Health Sciences, has been awarded the Clinical Research Professorship in Population Medicine. This is an award from the Manitoba Medical Service Foundation. The Professorship is a three-year award.

The Multiple Sclerosis Foundation has named Dr. Marcia Finlayson, Community Health Sciences, one of 20 MS Leaders, in May 2006.
Faculty of Medicine Honours and Awards

Dr. Leslie Roos, Community Health Sciences, has been awarded the prestigious honour of Distinguished Professor, by the University of Manitoba.

Dr. Cox BJ., Community Health Sciences 2006-2011: Canada Research Chair in Mood and Anxiety Disorders. Government of Canada.

Drs Brenda Elias, Lisa Lix and Jitender Sareen, Community Health Sciences, were awarded CIHR New Investigator Awards.

Drs Rachel Eni and Josée Lavoie, Community Health Sciences, received CIHR Postdoctoral Fellowships.

Dr. Patricia Martens, Community Health Sciences, was one of three nominees in the category of “Research and Innovation” for the YMCA/YWCA Women of Distinction 2006 Awards.

Dr. Lawrence Elliot, Community Health Sciences, was nominated for the UM Health Sciences Students Association Mentorship Award, for the second year in a row.

Dr. Estelle Simons, Department of Pediatrics & Child Health, Department of Immunology completed a successful term of office as the elected President of the American Academy of Allergy, Asthma, and Immunology (AAAAI) in March 2006. She presided over the AAAAI 2006 Annual Meeting, attended by more than 8,000 individuals. Her Presidential Initiatives included the AAAAI Strategic Training in Allergy Research Program, and the AAAAI Anaphylaxis Education Program.

Dr. Allan Ronald, Community Health Sciences & Department of Medical Microbiology - has been appointed inaugural Scientific Director of The National Collaborating Centre on Infectious Diseases, August, 2006. This Centre has tremendous potential to create efficient links between research advances in disease prevention and the public health community of Canada.

Based in Winnipeg, the NCCID is a not-for-profit corporation with a mandate to advance Canada’s infectious diseases capacity locally and globally through the provision of training and consulting, research support, innovation support and management services.

Honorary Degree received from University of Winnipeg at June convocation (Doctor of Science). 2006, Wightman Award from the Gairdner Foundation and Joseph Esmarel Awardee, Infectious Disease Society of America.

Dr. Teresa Cavett, Department of Family Medicine - has been named Secretary to the Board of Headache Care for Practicing Clinicians, a new Canadian non-profit organization which has been formed under the umbrella of MIPCA International (Migraine in Primary Care Associates). It is a group of primary care practitioners with an interest in promoting best practices in migraine treatment and research.

Dr. Janice Dodd, Head, Department of Physiology - was awarded the Sarah Shorten Award from the Canadian Association of University Teachers. The Sarah Shorten Award was established in 1990 in honour of Sarah Shorten, who served as Vice-President (1982-83) and two terms as President of CAUT (1983-84 & 1984-85), to recognize outstanding achievements in the promotion of the advancement of women in Canadian universities and colleges.
Dr. Judy Anderson, Department of Medical Microbiology - was awarded $750,000 in funding from Health Canada for a collaborative proposal with Faculties of Nursing, Pharmacy, Dentistry and the School of Medical Rehabilitation, to lead the Manitoba Initiative for Interprofessional Education for Collaborative Patient-Centered Practice. The initiative aims to increase interprofessional learning among faculty and professional health care education students and prepare them for collaborative team practice to improve the quality of health care in the long term.

Dr. Daryl Hoban, Professor, Department of Microbiology - elected as a Fellow in the American Academy of Microbiology.

Dr. Harvey Artsob, Adjunct Professor, Department of Medical Microbiology - received Canadian College of Microbiologists Distinguished Service Award given to members of the CCM in recognition of outstanding professional contributions to the field of microbiology in Canada in the areas of research, training and involvement in the Canadian College of Microbiologists.

Ms. Rosemarie Howie, PhD student, Department of Medical Microbiology - received the 2006 Canadian College of Microbiologists Award for the Best Poster in Environmental Microbiology at the CADMID-AMMI Annual Conference in Victoria, BC. The award was sponsored by Novatek International Inc.

Dr. Peter Kuegle, Department of Family Medicine - first recipient of the Gary Beazley Family Medicine Award 2006. This award is presented to a family medicine teacher deemed outstanding by undergraduate medical students.

Dr. Fred Aoki, Assistant Dean, Admissions and Professor, Department of Medical Microbiology - received the 2006 Scholastic Award of the Manitoba Medical Association for scholarly activity in the health profession including research, training, and writing.

Dr. Jody Berry, Medical Microbiology - awarded the Knudsen Memorial Publication Award from the American Biological Safety Association in September 2006.

Dr. Gordon Glazner, Department of Pharmacology - Alzheimer Society Grant; Co-PI Canadian Diabetes Grant.

Dr. Paul Fernyhough, Department of Pharmacology - NSERC Discovery Grant; Co-PI Canadian Diabetes Grant; Samuel Weiner Distinguished Lecturer Nomination Award.

Dr. Grant Hatch (Co-PI), Department of Pharmacology - National Cancer Institute of Canada Grant.

Dr. Don Smyth, Department of Pharmacology - University of Manitoba Grant; Anniversary Award to recognize his contribution to the University of Manitoba.

Dr. Wayne Lautt, Department of Pharmacology - Canadian Liver Foundation Grant.

Dr. Ben Albensi, Department of Pharmacology - MHRC Establishment and Operating Grants; Thorlakson Grant; Scottish Rite Award

Dr. Don Miller & Dr. Asher Begleiter, Department of Pharmacology - (co-applicants) RFA Award, Dean’s Office

Dr. Chris Anderson, Department of Pharmacology - CIHR Grant
Dr. David Langdon, Department of Pediatrics - child life specialist/therapeutic clown and member of the Child Health programme, was awarded the 2006 Robo Award from the Ontario Hospital Association. The hospital therapeutic clowning concept started here in our own Children’s Hospital 20 years ago.

Dr. Brian Postl, Department of Pediatrics - CAPHC 2006 Child Health Award of Distinction Recipient.

Dr. Bryan Magwood, Department of Pediatrics - MMSA Teaching Excellence Award.

Dr. Jeff Hyman, Department of Pediatrics - MMSA Most Outstanding Clinician.

Dr. Pamela Orr - Department of Medical Microbiology - Elected President, Canadian Society for Circumpolar Health Elected President, International Union for Circumpolar Health.

Dr. Jody Berry - Department of Medical Microbiology - Knudsen Memorial Publication Award from the American Biological Safety Association Sept 2006.

Dr. Klaus Wrogemann, Department of Biochemistry and Medical Genetics - now sits on the Institute of Musculoskeletal Health and Arthritis Advisory Board.

Dr. Etienne Leygue, Department of Biochemistry and Medical Genetics - awarded the Ken Hughes Young Investigator Award in June 8, 2006 during Faculty of Medicine Research Days.

Drs. Spencer Gibson, Marek Los, Leigh Murphy, Department of Biochemistry & Medical Genetics - CIHR Grants.

Dr. Ab Chudley, Department of Pediatrics - President elect of the Canadian College of Medical Geneticists (CCMG) effective October 1, 2006.

List of the headships from April to September this year:

- Associate Dean, Academic - Dr. Heather Dean, July 1, 2006.
- Assistant Dean, Innovation in System Design and Quality - Dr. Louis Oppenheimer, September 1, 2005.
- Biochemistry - Dr. Louise Simard, April 1, 2006.
- Medical Microbiology - Dr. Joanne Embree, July 1, 2006.
- Psychiatry - Dr. Murray Enns, July 1, 2006.
- Anesthesia - Dr. Eric Jacobsohn, July 1, 2006.
The Northern Medical Unit and the role of Continuing Professional Development

continued from page 2

Easterville are visited regularly by Northern Medical Unit Family Practitioners. University and private practice consultants from a wide range of disciplines visit these communities on a regular rotating basis. In its 36-year history, the Northern Medical Unit has established various educational programs that focus on cross-cultural aspects of delivering community health and primary health care.

“Our greatest challenges now are trying to match the escalating needs in First Nations and Inuit communities with available and transportable medical technology,” says Martin. “To make sure northern residents can get as high a level of care as possible.”

Martin says the evolution of information technology has been vital with more communities attached to high speed Internet and therefore to tele-medicine and that has created a capacity for an increasingly large number of clinicians to partake in education.

“More and more skills are taught by tele-health and its potential is always growing,” says Martin. Martin adds that northern challenges require a focus on integrating students and health care professionals with northern communities and their social, economical, geographical and cultural demands.

“The greatest medical challenges involve patterns of disease and the broader determinants of health and the relative scarcity or deficiency of aboriginal health professionals, those individuals that have cultural sensitivity.”

Martin says the “triad” of education, service and research was the foundation of the unit in the 1970s and continues to drive its existence.

“The vast majority of our work is not physician work,” says Martin. “The majority of what we do is with other health professionals in northern communities.”

“If there are real or perceived shortages of physicians in the north we encourage communities to make use of those health care workers that are there. These may not include physicians, but include nurses and rehabilitation therapists,” says Martin. “Physicians are not a majority of our clinicians.”

Martin adds that “It is a challenge to be capable of working in these environments and some might want to take it on as a social responsibility, as the right thing to do, to give back, to be part of our provincial, national and global community.”

“We encourage students to follow a path that many of their mentors followed before them. These are self-selected opportunities and we rarely, if ever, turn anyone away.”

In Memoriam

We would like to extend our sympathy to all family and friends of those Faculty of Medicine alumni and colleagues who have recently passed away.

Dr. Francis McManus, Class of 1939
Dr. Mary Garner, Class of 1941
Dr. David Bruser, Class of 1936
Dr. George P. Wollner, Class of 1975
Dr. Wesley Chipperfield, Class of 1952
Dr. Richard Gordon Woodgate, Class of 1979
Dr. Henry T. Dirks, Class of 1959
Dr. Allan Decter, Class of 1957

Dr. John Hopkins, Class of 1948
Dr. J. Alan McCann, Class of 1955
Dr. Earl Pash, Class of 1950
Dr. Stanley Windle, Class of 1950
Dr. Terence Lalor, Class of 1950
Dr. Gestur Kristjansson, Class of 1953
Dr. Roberta Jean Keyes (McQueen), Class of 1945
Dr. G.E Mohamed, Class of 1964
Dr. James Hector Moir, Class of 1936
Dr. Jack Armstrong, Class of 1966
Dr. Bernhard B. Fast, Class of 1951
Dr. William Sterin, Class of 1955
Dr. David Kaan, Class of 1960
Dr. Thomas McMurtry, Class of 1941
Dr. Colin Alistair Cambell, Class of 1955
Dr. John Varsamis - Faculty Member, Department of Psychiatry
With deep sadness we announce the death of Liam Joseph Murphy, aged 56, early in the morning on July 9, 2006. He loved and was loved by his family and will be truly missed. Dr. Murphy was born in Ireland, educated in Australia and moved to Winnipeg in 1984. Dr. Murphy was Professor of Medicine and Physiology, Director of the Diabetes Research Group and Head of the Section of Endocrinology and Metabolism at the University of Manitoba and Consortium Head of Endocrinology and Metabolism at the two major teaching hospitals, St. Boniface Hospital and the Health Sciences Centre.

Dr. Murphy established an internationally competitive research program in molecular endocrinology of the insulin-like growth factors (IGFs) and contributed to the knowledge of the role of IGFs in glucose metabolism and type 2 diabetes.

He had continuous funding from the MRC and CIHR with additional grant funding from CDA, and NCIC. He published over 150 research papers in prestigious journals including Nature, JCI, Diabetes, Molecular Endocrinology and JCEM.

In addition to a busy clinical practice in Endocrinology and Diabetes, Dr. Murphy also ran an active research laboratory and was a highly published scientist.

It is with great sadness that we announce the passing of Dr. Deepak Bose who had a long and distinguished career as a Professor of Pharmacology in the Faculty of Medicine. Deepak was born in India, obtained his degree in Medicine from the Mahatma Gandhi Memorial Medical College in 1963 with several gold medals and a post-graduate degree in Pharmacology.

He immigrated to Winnipeg in 1968 where he completed his PhD in Pharmacology at the University of Manitoba. His many research publications encompass a wide range of topics in the field of physiology / pharmacology of cardiac and smooth muscle, malignant hyperthermia and septic shock. One of his great passions was teaching and he made a permanent lasting impact on the many students that he interacted with over the years. His passion for continuous learning even led him to pursue a further degree in Anesthesia at the age of 50. To quote one of his students, “He was incredibly intelligent, gentle, respectful, as well as mischievous, and he believed in the necessity of not only teaching, but mentoring”.

The Manitoba Medical Student’s Association presented a Life Long Dedication and Inspiration Award to Deepak at the 2006 Teaching Awards Ceremony. He will be sadly missed by his colleagues, friends and countless students at the University of Manitoba and elsewhere.
MANITOBA MEDICINE READERSHIP SURVEY

The External Relations Office - Bannatyne Campus, would like your feedback on Manitoba Medicine, the Faculty of Medicine newsletter. Please take a few minutes to fill out this short survey and either mail or fax back to 204-789-3928. Email: corneill@cc.umanitoba.ca

1. In the past two years have you read an issue of Manitoba Medicine?
   ____ Yes   ____ No
   a. Which of the following statements is most accurate about your experience with this and other editions of Manitoba Medicine?
      ____ Read all of it  ____ Did not read any of it
      ____ Read most of it  ____ Did not see it
      ____ Read some of it
   b. If you do not read it - why not?
      ____ Doesn’t interest me  ____ Don’t have time
      ____ Too text heavy  ____ No relevant content

2. How do you typically obtain a copy of Manitoba Medicine?
   ____ Mail  ____ Web
   ____ Pick up from magazine stands on campus

3. How often would you like to receive Manitoba Medicine?
   ____ Less frequently  ____ More frequently
   ____ Current practice of twice year is just right

4. Please identify yourself:
   ____ Alumni  ____ Student
   ____ Faculty  ____ Spouse of faculty
   ____ Support Staff  ____ Support staff or alumni
   ____ Retiree  ____ Other: Please identify:

5. If alumni, please identify graduation year.

6. Please rate the following Manitoba Medicine topics in terms of their interest to you:
   Dean and MMCF President Message
      ____ Very Much  ____ Neutral  ____ Not at all
      ____ Somewhat  ____ Little
   Research News/Articles
      ____ Very Much  ____ Neutral  ____ Not at all
      ____ Somewhat  ____ Little
   Donor News/Testimonials
      ____ Very Much  ____ Neutral  ____ Not at all
      ____ Somewhat  ____ Little
   Alumni News
      ____ Very Much  ____ Neutral  ____ Not at all
      ____ Somewhat  ____ Little
   Articles of Interest - history, medicine, faculty stories
      ____ Very Much  ____ Neutral  ____ Not at all
      ____ Somewhat  ____ Little
   Faculty Honours
      ____ Very Much  ____ Neutral  ____ Not at all
      ____ Somewhat  ____ Little
   Student News
      ____ Very Much  ____ Neutral  ____ Not at all
      ____ Somewhat  ____ Little
   In Memoriam
      ____ Very Much  ____ Neutral  ____ Not at all
      ____ Somewhat  ____ Little
   New Initiatives at the Faculty of Medicine
      ____ Very Much  ____ Neutral  ____ Not at all
      ____ Somewhat  ____ Little
   Other, please specify:

7. During the past two years, which if any, of the following topics do you remember reading about in Manitoba Medicine?
   ____ Heart Research  ____ History pieces
   ____ Messages  ____ Patient Safety/Care
   ____ Student News  ____ Rural Medicine
   ____ New initiative stories  ____ $1 million dollar gift
   ____ Development/Gift stories  ____ Clinical Learning and Simulation Facility

8. What information/stories would you like to see in Manitoba Medicine?
   ____ Research  ____ New developments in the Faculty of Medicine
   ____ Alumni highlights/stories  ____ Feature stories
   ____ Faculty submissions  ____ More photos
   Other, please specify:

9. How would you improve Manitoba Medicine?

   Thank you for completing our survey. In our initiative to redevelop Manitoba Medicine, your feedback is essential and we appreciate you taking the time to help us produce a better publication.

Please contact
Kimberley Corneillie, Editor,
Manitoba Medicine,
if you have any questions
or story ideas at 204.789.3427
or corneill@cc.umanitoba.ca.
Homecoming

Dr. J. Dean Sandham hosted the Faculty of Medicine Homecoming Breakfast which took place on Saturday, September 24th. More than 200 medicine alumni and guests piled in to the Brodie Atrium to celebrate their alma mater.


Following the breakfast, guests were given a tour of the Bannatyne Campus led by Keith McConnell, Barb Becker, Dr. Judy Anderson and 3rd year medical student Dale Wiebe. Mini tours of the library were given by Ada Ducas, and a tour of the future Clinical Learning Simulation Facility was lead by Dr. Bruce Martin. Scientific sessions for Medicine 61, 71 and 81 began after the tours ended.

A special thanks to the following class reunion organizers, for the reunions that were held during Homecoming and throughout the year:

**Medicine 1954** - Dr. Hiro Nishioka

**Medicine 1956** - Drs. Pat Wightman & Ian Reid

**Medicine 1960** - Dr. Neil Margolis


**Medicine 1966** - Drs Brian Ayotte, John Tanner, Fred Aoki & Marlis Schroeder, as well as Pam LeBoldus and Donna Van Horne.

**Medicine 1971** - Drs Bill Myers, Robert Kippen, Suzanne Ullyot, and Lana Myers & Riva Micflikier

**Medicine 1976** - Dr. Ed Schollenberg

**Medicine 1981** - Drs Sharon Barker, Carl Collister, Susan Fair, Darcy Johnson, Mark Bernier, Randy Goossen, Cindy Pachel, Doug Hobson and Margaret Burnett

**Medicine Class of 1991** - Dr. Anita Wong

**Medicine 1996** - Drs Clare Ramsey & Glen Drobot

**The following reunions are in the development stage for 2007:**

**Medicine Class of 1955** - Class organizers Drs Fletcher Baragar, Phil Katz and Bob Handford

**Medicine Class of 1957A** - Class organizers Drs David Brodovsky & Keith Christie

**Medicine Class of 1957B** - Class organizer Dr. Arnold Naimark

**Medicine Class of 1962** - Class organizer Dr. Bill Novak

**Medicine Class of 1967** - Class organizers Drs Norman Bell and Paul Mitenko

**Medicine Class of 1977** - Class organizer Dr. T. Chen Fong

**Medicine Class of 1982** - Class organizers Drs Sybil Henteleff, David Charlesworth, Doug Maguire, Marc Del Bigio, Sandra Shaw, Urbain Ip, Carry Martens-Barnes

**Medicine Class of 1987** - Class organizers Drs Robert Brown, Heather Tulloch-Brownell, Joe Polimeni, Josh Koulack, Paul Kerr, Tony Kaufmann

**Currently recruiting organizers for Med ’62, ’67, ’72, ’87, ’92 and ’97.**

**Other Reunions currently in development:**

**Medicine Class of 1968** - Class Organizer Dr. Robert Ramsay - Reunion in 2008

**Medicine Class of 1985** - Class Organizer Dr. Claire Jaeger - Reunion in 2010

**This year’s Homecoming will be September 14-17th, 2007 - mark your calendars!**

If you would like to plan a reunion, please contact Tammy Holowachuk, Alumni & Development Events Officer for the Faculty of Medicine at 204-977-5650 or email holowac@cc.umanitoba.ca.