John Kelton's 15 years of success

FHS welcomes new dean
Academy prepares future health care leaders
Nursing an affection for McMaster
Message from the Dean and Vice-President

About 16 years ago, during my interview for the position of dean and vice-president of the Faculty of Health Sciences at McMaster University, I boldly asserted to the selection committee that, if offered the opportunity, I would make the Faculty the best in the world. It was a grand ambition, but it is what I believed.

Looking back, I can confidently state that McMaster’s Faculty of Health Sciences is indeed positioned among the best in the world. In every corner of the globe we are known for our extraordinary achievements in all aspects of health care. Our approach to teaching and learning continues to be emulated worldwide. Our unparalleled research achievements continue to make a profound difference in many people’s lives.

We also boast numerous prestigious awards, including three Prix Galien awards, 22 Order of Canada awards, 18 Canadian Academy of Health Sciences awards, seven John Charles Polanyi prizes, and we have nine members in the Canadian Medical Hall of Fame. Clearly, we are situated among the crème de la crème of research-intensive institutions on a global scale.

Recent initiatives focus on integration and collaborations to enhance health care. Our researchers are making dramatic discoveries in areas such as cardiovascular diseases, respiratory health, infectious diseases, chronic pain, stem cells and gastrointestinal disorders, to name a few.

The Faculty of Health Sciences is made up of a unique combination of schools that are globally renowned. For example, our School of Nursing has an international reputation for excellence in educational scholarship, evidence-informed educational practices and community responsive research. Our School of Rehabilitation Sciences, which consistently ranks highly in Canada for faculty productivity and research impact, is known for partnerships within the clinical community to ensure its programs are at the leading edge of clinical practice. Our Bachelor of Health Sciences (Honours) degree program, recently named the hardest undergraduate program in Canada to gain admission, has a unique interdisciplinary approach to the study of health, wellness and illness and provides students with an understanding of health from biological, behavioural and population-based perspectives.

In addition, the Faculty offers outstanding collaborative programs, such as a Biomedical Discovery and Commercialization program that equips graduates with biomedical research skills and business acumen and a new Michael G. DeGroote Health Leadership Academy. Both initiatives are raising the bar in offering a forward-thinking and highly interdisciplinary approach to education.

We also demonstrate excellence in our midwifery programs, physician assistant programs, graduate studies and post graduate residency training, as well as several other world-class programs that continually build on McMaster’s track record of collaboration and expertise.

As I reflect on our Faculty’s accomplishments, I have become increasingly convinced that McMaster’s unique culture and core values, in fact, represent the driving force for excellence. McMaster’s Faculty of Health Sciences is built on collaboration which is facilitated by our matrix approach to management. Although we are organized into schools and departments, many of our faculty, staff and students cross those organizational lines.

The last few years have also focused my mind on why the Faculty has prospered intellectually for so many years. My own belief is that it was the rise of critical analysis intellectually for so many years. My own belief is that it was the rise of critical analysis of all aspects of health care, termed evidence-based health, which has been perhaps our most important driver of differentiation.

This is my last column for Network as the dean and vice-president of the Faculty of Health Sciences. It is never easy to leave a job you love. I will step aside this July 1 with confidence and contentment after a 15-year eventful term. I am assured that under the leadership of Dr. Paul O’Byrne, McMaster’s Faculty of Health Sciences will continue to improve health, education, research and care for all, continuing to raise the bar for health care excellence.

To stay up-to-date on the latest news from the Faculty of Health Sciences visit fhs.mcmaster.ca.

John G. Kelton, MD
Dean and Vice-President
Faculty of Health Sciences
Mac prof focus of Jeopardy question

A McMaster professor was surprised to see that he was the subject of a question on the TV game show Jeopardy. One contestant of the Feb. 11 college edition episode correctly asked, “What is pain?” to the clue, “Norm Buckley, anesthesia chair at Canada’s McMaster University, studies this sensation, both acute and chronic.”

“What is pain?”

Buckley is director of the Michael G. DeGroote Institute for Pain Research and Care and professor and chair of the Department of Anesthesia. He is well known for his research and clinical work on pain. He said the clue came as a surprise to him and his family. His daughter posted a screen grab of the clue to Facebook and wrote, “With the possible exception of, like, a Nobel prize – MAYBE – there is literally nothing in the world that could make me prouder than this. My dad is a Jeopardy clue!”

Health Sciences Program named toughest to enter

McMaster’s Bachelor of Health Sciences (Honours) Program (BHSc) has been named the hardest undergraduate program in Canada to gain admission. A ranking by University Hub and published by Yahoo! Canada says that only 4.5 per cent of applicants are accepted into the program, with 3,500 applicants vying for only 160 first-year spots. While other Canadian universities are strong in engineering, Alex Dorward, co-CEO of University Hub, said, “with health science, one university really sticks out and that’s McMaster.” “So it is somewhat common for people who might have a 95 per cent average to get rejected. As a result of the considerable demand and their supplemental applications, it is very difficult to get in.”

Stacey Ritz, assistant dean of the BHSc program, said, “We are delighted our program attracts the attention of so many of Canada’s top high school graduates. We have a team of talented educators and staff who make this program very special.”

Based on the University Hub ranking, McMaster’s BHSc tops the University of Waterloo’s software engineering program, where students with a 95 per cent average have only a 10 per cent chance of entrance. Rounding out the list is the University of Toronto’s Engineering Science Program at third, University of British Columbia’s Bachelor of Commerce Program in fourth, and McGill University’s Mechanical Engineering Program in fifth.
Nursing school calls for better exam

The director of McMaster’s School of Nursing is calling for a better licensing exam after local nursing graduates’ pass rates dropped significantly in 2015.

McMaster operates in a consortium with Mohawk College in Hamilton and Conestoga College in Kitchener to offer a Bachelor of Science in Nursing (BScN) degree to more than 2,000 students from a variety of educational backgrounds.

In 2015, graduates from the consortium’s BScN had to write a new required test in order to register and practice as nurses. The new exam from the U.S., known as the National Council Licensure Examination (NCLEX-RN) replaced the previous College of Nurses of Ontario Registration exam.

The outcome of the change was significant.

Only 72 per cent of the consortium’s test takers passed the first time writing, a large drop from the group’s previous average of a 90 per cent pass rate on the Canadian exam. Ontario graduates are allowed to write the test three times, and after rewrites, the passing percentage went up to 86 per cent.

Still, the numbers are alarming, said Carolyn Byrne, spokesperson for the consortium and associate dean and director of McMaster’s School of Nursing. Even after rewrites, almost 15 per cent of test takers aren’t able to move into the profession, compared to four to eight per cent prior to the NCLEX-RN. The drops locally were echoed provincially and nationally as well.

“There’s concern whether this is testing Canadian nurses for the Canadian system, and it isn’t just nurse educators that are concerned about the results,” said Byrne. “We’ve got nurses in the practice setting, nurse unions, and family members of graduates — not to mention the graduates themselves — all upset with the introduction of the NCLEX-RN.”

Students who took the NCLEX-RN have complained that it did not recognize Canada’s universal health care system, multiculturalism, use of the metric system or Canadian medication names.

The consortium’s BScN program offered exam preparatory activities, but will now be instituting a mandatory NCLEX-RN practice test and increasing the number of preparatory courses offered. However, the consortium would still like to see some major changes, said Byrne.

“We’re arguing for a made-in-Canada exam. We have an obligation to prepare our students, but how can we do that and how can they take the next steps when graduates are forced to write a test that doesn’t reflect the Canadian system?”

Award-winning video nothing to sneeze at

The Michael G. DeGroote School of Medicine stars in an international documentary about the best training of medical doctors.

Students and alumni took part in The People’s Health, a six-part series on the Al Jazeera Media-Network about the universal challenges of providing quality and affordable health care in different countries.

Canada, McMaster and the Michael G. DeGroote School of Medicine were chosen to demonstrate exceptional training of medical professionals in a one-hour episode.

The film crew followed medical students, residents and faculty over six weeks in 2014, and three weeks in 2015. To watch the 48-minute documentary, go to http://fhs.mcmaster.ca/main/medical_school_documentary.html

A video produced by AllerGen, a national research network hosted at McMaster, has won a Canadian Institutes of Health Research (CIHR) competition.

The whiteboard-style video focuses on the network’s Canadian Healthy Infant Longitudinal Development (CHILD) study, one of the largest birth cohort studies in the world.

The national, multi-disciplinary CHILD study takes an in-depth look at how genes and the environment impact the development of allergies and other diseases in children. It may be found at: https://www.youtube.com/watch?v=2PRmugtizws

“You imagine a world where allergies, asthma and chronic illness are rare, treatable conditions,” opens the video’s narrator, whose words correspond with cartoon images to better explain the study. “Better yet, imagine a world where these conditions can be prevented before they develop.”

The video, designed by ImagePropellor Studios, shows how 3,500 children and families involved in the CHILD study are helping to change Canada’s approach to fighting allergies and asthma. The study’s researchers, headed up by McMaster professor Malcolm Sears, believe the findings from the study will influence everything from health policy and building codes to parenting decisions.
Paul O’Byrne is the new dean and vice-president of the Faculty of Health Sciences. He began his term July 1, 2016.

Paul O’Byrne becomes FHS dean & vice-president

The new dean and vice-president of the Faculty of Health Sciences is one of McMaster’s own – Paul O’Byrne, who has been chair of the Department of Medicine.

O’Byrne, who joined McMaster as a resident in 1977, took the position on July 1, 2016. He is also dean of the Michael G. DeGroote School of Medicine.

“The Faculty of Health Sciences is unique in the world,” said O’Byrne. “It is very successful, very collegial and extraordinarily collaborative in advancing science, patient care and education. I’m honoured to have the opportunity to ensure that success has every opportunity to continue. I couldn’t dream of a better job.”

In making the announcement, McMaster President Patrick Deane said: “Paul has proven in countless ways his commitment to the University and its joint research and education mission. He has a unique ability to lead and inspire others to reach their full potential, and he has earned his place as one of the University’s most senior and accomplished researchers.”

O’Byrne trained as a doctor at University College in Dublin before coming to McMaster. A respirologist for St. Joseph’s Healthcare Hamilton, he is world renowned for his research on asthma that is the result of allergies. He has published almost 400 peer-reviewed papers in high impact journals.

Since 2002, O’Byrne has chaired the Faculty’s largest department, which has doubled in size under his guidance. He is also executive director of the Firestone Institute for Respiratory Health at St. Joseph’s Healthcare and leads the AllerGen NCE Clinical Investigator Collaborative.

Among his many awards, O’Byrne is a Distinguished University Professor of McMaster, and a member of the Royal Society of Canada and the Canadian Academy of Health Sciences.

O’Byrne took over from John Kelton, who led the Faculty for the past 15 years. Turn to page 12 to read about Kelton’s 15 years as dean.
**Intense and eye-opening** are two words that Bachelor of Health Sciences student Adam Eqbal would use to describe an intensive 14-day program offered by the Michael G. DeGroote Health Leadership Academy (HLA).

He was one of the first class of 25 to take a course at the Academy, a collaborative effort between the Faculty of Health Sciences and the DeGroote School of Business to provide students of different disciplines with important leadership qualities for the rapidly evolving health care field.

Composed of a variety of different backgrounds – business, engineering, nursing and health sciences – the inaugural Emerging Health Leaders Program was a rewarding experience, said Eqbal.

“What we’ve learned is that there’s more to having a degree. Regardless of what level you’re at, whether you’re the head of a health care team, the head of a department, the chief of staff, or a CEO in the private sector, leadership is going to be a requirement.”

With days that began at 8:30 a.m. and went to 8:30 p.m., Eqbal and the students were in the routine of not being in a routine. Guest speakers from IBM and OCAD University or collaborations on a group project about health care in the year 2046 were just some of the ways they spent their time at the Ron Joyce Centre in Burlington in May.

At times they’ve had differences of opinion – as to be expected when you’ve got a cross section of different majors working towards a common goal – but it’s all part of a gratifying learning experience about leadership in the ever-changing health care system, says Eqbal.

“It’s been incredibly fascinating because it’s allowed me to see a world from a perspective that I would have never used before,” he said of one experience working with engineering students. “The health care system is a complexity. It’s one of the most complex human systems out there, and these past two weeks have helped us learn how to drive change and the role you can have in those changes.”

**“We have to do things differently.”**

— Del Harnish

The program was developed by Del Harnish, associate dean of undergraduate education for the Faculty of Health Sciences, and Michael Hartmann, advisor to the dean of the DeGroote School of Business. As the program’s co-directors, they say they were overjoyed with its first run.

“This was phenomenally successful in giving these students the opportunity to think about their leadership and allowing them to explore tools for moving into new environments,” said Hartmann. “The overall hope is that students take with them the personal insight that will be necessary to change things in the future.”

Harnish added: “The challenges for the future of the health care system are very large. Rapidly changing demographics put a burden on the health care system. But the opportunities for health care professionals are very large as well. We have to do things differently to adapt to the evolving system, and that’s why we’ve gone outside the norm and had these two faculties collaborate to create this fantastic program.”

John Kelton, dean and vice-president of the Faculty of Health Sciences, said the Academy’s innovative approach to health leadership would not have happened without a generous gift from Michael G. DeGroote. The philanthropist gave $50 million to McMaster in 2014 which included $10 million earmarked for health leadership programming at the university.

“Mr. DeGroote’s strong vision for establishing this academy will yield generations of better prepared health leaders for Canada,” Kelton said.

“This joint enterprise by the DeGroote School of Business and the Faculty will provide an optimum environment for interdisciplinary learning.”

After Eqbal and his group have presented their outlook on health care in the year 2046, he’s looking towards his own future in health care as he enters undergraduate medicine in the fall.
**Extreme low birth weight (ELBW)** babies who survive are more likely to be disadvantaged in employment, income, self-esteem, marriage and more by the time they reach their 30s, according to a new study from Dr. Saroj Saigal.

The professor of pediatrics for the Michael G. DeGroote School of Medicine has been following a cohort of ELBW survivors since their birth between 1977 and 1982. Her current study involved 100 ELBW participants, now aged between 29 and 36, and compared them to normal birth weight (NBW) babies born during the same period.

Compared to their peers, the ELBW group is less likely to be employed, have a full-time job, and they have an average of $20,000 less in personal income. More of the ELBW survivors are single, more have never had sexual intercourse, and fewer have children.

“We didn’t see any major differences between the ELBW and NBWs (in earlier studies), but they were still very young and just transitioning into adulthood,” said Saigal. “But now, they are older and are facing a competitive labour market where jobs are scarce. Also, the high proportion with neurosensory impairments accounted for many of the differences between the groups.”

Nevertheless, a significant proportion of ELBW adults are employed and living independently and contributing well to society, Saigal said, adding that her team plans to continue to track the outcomes of the ELBW survivors.

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**Bullied preemies may develop mental illness as adults**

Researchers from the Michael G. DeGroote School of Medicine say babies born at extremely low birth weight (ELBW) are more likely to be bullied as children, thus increasing their risk for mental problems as adults.

The more ELBW children were bullied as children, the more likely they are to develop problems such as depression, anxiety, antisocial behavior or attention-deficit/hyperactivity disorder as adults, according to the study led by Kimberly Day, Lawson Postdoctoral Fellow at the Offord Centre for Child Studies, and published in the journal *Pediatrics*.

“This has important implications for parents, teachers and clinicians who need to be aware of the long-term effects of peer victimization on mental health,” said Day. “They need to watch out for bullying and intervene when possible.”

The study looked at ELBW babies who were 2.2 pounds or less at birth between 1977 and 1982. They were then interviewed at age 8, between 22 and 26 and between 29 and 36. They were compared to normal birthweight babies of 5.5 pounds or more who were born in the same time span and interviewed at the same intervals.

The study found that ELBW are more likely to be victims of bullying, and of those ELBW children that were bullied, they were nearly twice as likely to develop a mental health problem such as anxiety, depression or ADHD by the time they were in their 20s.

By their 30s, the ELBW adults who had been bullied as children were nearly three times more likely to have developed anxiety disorders such as obsessive-compulsive disorder, social phobia and panic disorder. Rates were even higher for those bullied more frequently.

“This is the first study to fully illustrate the profound and long-lasting effects of bullying on the mental health of preterm survivors,” said Ryan Van Lieshout, assistant professor of psychiatry and behavioural neurosciences and senior author of the study. “Their risk for anxiety disorders is especially high, particularly among those who are exposed to bullying on a regular basis.”
Study looks at gap in care for depression

It’s almost a flip of a coin. At this time one in two seniors with multiple medical conditions will have depression when going home after hospital, but will receive limited follow-up care for this condition in the community. This results in medication errors, readmission to hospital, reduced quality of life and higher costs to the health care system. McMaster University researchers have received $1 million in funding support to look at what and how transiton could be better handled.

“We'll work with patients, caregivers and health care professionals to identify how to make transitions home from hospital both effective and efficient,” said Maureen Markle-Reid, associate professor of nursing and co-lead of the study along with Carrie McAiney, associate professor of psychiatry and behavioural neurosciences. The team will look at home visits, telephone follow-up and nurse-led co-ordination of care, and track follow-up hospital and doctor visits, as well as costs of the transitional care. The 30-month study will involve more than 200 older adults in northern Ontario and south central Ontario from Mississauga to Brant. The funding for the researchers of McMaster’s Aging, Community and Health Research Unit is an IMPACT award from the Ontario SPOR SUPPORT Unit, a collaborative network of Ontario health research centres funded by the Ontario government and the Canadian Institutes of Health Research.

Test finds deadly bacteria

Researchers from the Michael G. DeGroote School of Medicine have found a way for inventing molecule probes to quickly identify deadly bacterial strains of infectious disease.

Published in a German scientific journal, the study was labelled a “hot paper” by the publisher because of its importance for showing promise for detecting specific strains of bacteria and tracking their specific trail of illness.

“This technology can be extended to the further discovery of other superbug strain-specific pathogens,” said Bruno Salena, a co-author of the study and associate professor of medicine for the Michael G. DeGroote School of Medicine.

Blood thinner antidote?

McMaster researchers have successfully tested an antidote that reverses the effects of two different blood thinners, a potential step in answering how to quickly resolve major bleeding complications brought on by blood thinners.

The study, published in The New England Journal of Medicine, is led by Deborah Siegal and Mark Crowther, both from the Division of Hematology and Thromboembolism.

“Bleeding complications present the most common risk for patients taking blood thinners. Without an antidote, there is no way to quickly reverse the effects of a blood thinner in emergency situations,” said Siegal. “The findings of this study are an advance towards resolving major bleeding complications effectively within minutes.”

Surgery riskier than replacement

Physicians have long assumed that patients undergoing surgery for a hip fracture have a higher risk of death and major complications than those undergoing an elective total hip replacement.

This belief is based on the typical age of hip fracture patients who are older and have more chronic diseases.

But a new study led by Yannick Le Manach, an assistant professor of anesthesia in the Michael G. DeGroote School of Medicine and member of the Population Health Research Institute, says that while hip fracture patients do indeed have worse outcomes, this is not entirely explained by age or chronic illness.

The study, published in The Journal of the American Medical Association, looked at almost 700,000 hip surgery patients in France who are older than 45 years, between 2010 and 2013. Researchers found that the total hip replacement patients were younger, more commonly men and had less other medical problems than hip fracture patients.
McMaster is receiving two of five large federal grants for pioneering developments in patient-oriented health care, Canada’s Minister of Health announced on campus.

The grants, worth $12.5 million each, are from the Canadian Institutes of Health Research (CIHR) under Canada’s Strategy for Patient-Oriented Research (SPOR). The objective of the SPOR networks is to be patient-centered, focusing on improved health outcomes for Canadians.

McMaster is hosting two of the five networks, one named the Chronic Pain Network, led by Dr. Norm Buckley, and the other the IMAGINE-SPOR Chronic Disease Network, led by Dr. Paul Moayyedi.

“Pain and digestive health are two very important areas,” said Dr. John Kelton, dean and vice-president of McMaster’s Faculty of Health Sciences. “Both McMaster and the Michael G. DeGroote School of Medicine are particularly proud that we received two of the five multi-million dollar awards given across Canada.”

Patient-oriented research refers to investigation that engages patients as partners, puts a focus on patient-identified priorities and improves patient outcomes.

Both the Chronic Pain Network and IMAGINE Networks are national collaborations of patients, researchers, health care professionals, educators and government policy advisors to direct new research and increase care, either for chronic pain or digestive health.

Moayyedi says IMAGINE will be developing innovative therapies and novel probiotics for Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD).

“We’ve been patient-driven in setting priorities for this work. We believe IBD and IBS are caused by an immune response to the disturbance in the gut’s microbiome, and we know diet plays a key role in shaping the gut microbiome,” said Moayyedi.
Children with autism have a wide range of ability to talk with other people, but it has been difficult to group children by their specific skills.

Now researchers at the CanChild Centre for Childhood Disability Research at McMaster University have developed an autism classification system that defines levels of social communications ability among those with autism spectrum disorder (ASD).

“This is not a test, but more like describing the colours of a rainbow,” said Briano Di Rezze, a scientist with CanChild and the lead author for the paper published by the international journal Developmental Medicine and Child Neurology.

“Currently we hear terms like ‘high-functioning’ or ‘low-functioning’ to describe children with ASD. However, there is no common interpretation of what those terms mean, which makes them unreliable because clinicians, therapists and parents aren’t using them in the same way,” said Di Rezze, who is also an assistant professor of occupational therapy at McMaster’s School of Rehabilitation Science.

The new system, called the Autism Classification System of Functioning: Social Communication or ACSF:SC, provides a standardized and simplified way for clinicians, therapists, teachers and parents to talk about a child’s social communication abilities — from the standpoint of what the child can do rather than what they cannot.

The new classification system has the potential to be as influential as the Gross Motor Function Classification System (GMFCS) for children with cerebral palsy, said Dr. Peter Rosenbaum, one of the original developers of the GMFCS, co-founder of CanChild and a professor of developmental pediatrics at McMaster’s Michael G. DeGroote School of Medicine.

Antibiotic treatment alone may not be sufficient to treat pneumonia in older adults, says a study by researchers from the Michael G. DeGroote Institute for Infectious Disease Research. In fact, it appears as though the inflammation that comes naturally with age actually increases the risk of developing pneumonia.

“It sounds counterintuitive to limit inflammatory responses during a bacterial infection, but clinical observations and our research indicates anti-bacterial strategies need to be tailored to the age of the patient,” said Dawn Bowdish, lead author of the study published in the journal PLOS Pathogens. Bowdish is an associate professor for the Department of Pathology and Molecular Medicine, and a scientist of the Institute.

Aging is accompanied by a chronic state of low-level inflammation — also known as “inflamm-aging” — which is associated with diseases such as cardiovascular disease, dementia and infections, particularly pneumonia. During an infection a little bit of inflammation is required to fight the infection. In older adults, however, the inflammation, which is already heightened, increases during infection but doesn’t necessarily go away afterwards.

Exposure to these high levels of inflammation appears to impair the ability of white blood cells to fight infection.

“Our study … is consistent with clinical studies that recommend using anti-inflammatories as part of a treatment to improve older adults’ defense against pneumonia, and that points to the development of better care,” said Bowdish.
**Early ability to detect leukemia found**

**A study out of** McMaster’s Stem Cell and Cancer Research Institute has shown a way to identify the early stages of a deadly cancer and predict its development in individuals.

“We’ve found that the transition from healthy to cancerous blood stem cells happens in clear, compartmentalized steps,” said Mick Bhatia, director of the Institute and principal investigator of the study. “We’ve identified two steps in that staircase.”

In a paper published by the journal Cancer Cell, Bhatia’s research team details how they’ve been able to fingerprint myelodysplastic syndromes (MDS), a state for blood cells that turns into acute myeloid leukemia (AML) cancer in approximately 30 per cent of patients. AML is the most common type of leukemia in adults and about 1,300 Canadians are expected to develop the disease each year.

The study demonstrates that early and accurate prediction of this aggressive cancer is possible. Bhatia says this study is just the first step in the researchers’ look into AML.

“Our next step is to go beyond better predictive measures for the development of a blood cancer, and use this predictive gene expression as a target for drugs to prevent AML from developing altogether. This will be part of a new era of genetic-based drug discovery.”

**Home births as safe as hospital births: study**

**McMaster research**, published by the Canadian Medical Association Journal, has shown that home births with the help of a midwife are as safe as planned hospital births.

“Among women who intended to birth at home with midwives, the risk of stillbirth, neonatal death or serious neonatal morbidity was low and did not differ from midwifery clients who chose hospital birth,” said Eileen Hutton, assistant dean of the Midwifery Education Program and professor of obstetrics and gynecology for the Michael G. DeGroote School of Medicine.

In the study group, about 75 per cent of the woman who planned to give birth at home were able to do so, and about 97 per cent of those who planned to give birth in hospital had their babies there.

Of the group that planned home births, eight per cent needed emergency medical services while 1.7 per cent did in the planned hospital group, but Hutton said that is to be expected: “Midwifery in Ontario is well integrated into the health care system and clients of midwives have good access to transportation to hospital when required and typically a smooth transfer of care.”

Women with planned home births were less likely to have interventions such as labour augmentation, assisted vaginal births or cesarean deliveries. The incidence of stillbirth or neonatal death was 1.15 per every 1,000 births in the planned home birth group compared to 0.94 per 100 in the planned hospital birth group.

The home births also resulted in fewer obstetrical interventions and higher likelihoods of having a spontaneous vaginal birth and exclusively breastfeeding at three and 10 days after delivery, the authors of the study wrote.

“As more women choose home birth and as the midwifery profession grows in Ontario, it will be interesting to see whether the lower intervention rates that have been consistently observed to date among women who plan home births are sustained.”
A conversation with Dr. John Kelton

In 2001, Dr. John Kelton was appointed dean and vice-president of the Faculty of Health Sciences and dean of the Michael G. DeGroote School of Medicine at McMaster University. On June 30, he completed his third term in the role and transferred responsibilities to Dr. Paul O’Byrne.

Born and raised in Windsor, Ontario, John Kelton graduated (cum laude and Poulec Gold Medal) from Western University in 1973. Following specialty and research training in hematology and internal medicine at Duke University in North Carolina and McMaster University, he joined McMaster’s Faculty of Health Sciences in 1977. As a hematologist, he has an active clinical practice and a research program with a particular focus on platelet disorders, bleeding disorders of pregnant women, and heparin-induced thrombocytopenia. His basic studies have been complemented by clinical trials that have changed the treatment of many blood disorders, resulting in the improvement of patient care.

His research contributions have led to numerous awards, including, and among many others, the first Canadian to receive the Karl Landsteiner Award (Germany’s highest award for Transfusion Medicine) and the first Canadian to receive the Emily Cooley Award (USA). Some of his most recent awards include election to the Royal Society of Canada, membership in the Order of Canada, the Queen’s Jubilee Award and the Prix Galien Canada prize, which is the highest award for Canadian scientists who have made significant advances in pharmaceutical research.

Recently, Network interviewed John Kelton about his 15-year term.
Dr. Kelton, when you started out in academia, did you think one day you would become dean of McMaster University’s Faculty of Health Sciences?

Well, I honestly didn’t consider that possibility. I tend not to be a long-range planner because I have learned that things can happen that will invariably alter long-term plans. About 20 years ago, I became the chair of the Department of Medicine in the Faculty of Health Sciences at McMaster. That decision was simple: the opportunity arose and I accepted the position. I really enjoyed myself as the chair of a large department because it gave me a chance to promote the intertwining of patient care, research and education. The intersect of these three aspects of health had become a focal interest of mine.

In the year 2000, the position of dean and vice-president for the Faculty of Health Sciences became available. A couple of my colleagues suggested I apply for the position, and I did. To my surprise and my family’s shock, I was offered the role by then president Peter George. That summer was really interesting because I moved into the dean’s office, not really knowing what to expect. As an early step, we completed a strategic planning exercise. It was a good “road map”, but I had learned that any strategic plan must be flexible enough to allow nimbleness within an organization. Sure enough, a series of opportunities presented themselves, which we happily pursued.

Since becoming dean in 2001, there have been some significant milestones for the Faculty. For example, you have overseen the doubling of enrolment in the Faculty’s programs to more than 5,000 students, the Faculty’s research mandate has grown to $130 million a year and, in partnership with academic hospital partners, health research by faculty members has grown to $223 million annually. Did you ever anticipate your term to be this momentous?

First, I have to laugh at the word “momentous.” Rather, I was surrounded by great colleagues who were eager to take risks and who encouraged me to pursue opportunities. But an early dilemma was which of these to pursue.

When I first moved into this office in 2001, I didn’t know what to expect. In 2001, I didn’t know what to expect. As an early summer was really interesting because I moved into the dean’s office, not really knowing what to expect. As an early step, we completed a strategic planning exercise. It was a good “road map”, but I had learned that any strategic plan must be flexible enough to allow nimbleness within an organization. Sure enough, a series of opportunities presented themselves, which we happily pursued.

If you had to pick one defining moment over the last 15 years, what would that be?

My life and McMaster’s trajectory changed the day Michael G. DeGroote gave our university $105 million. I had the privilege of knowing Mr. DeGroote for about a decade, and I became aware of how interested he was in our School of Medicine. On November 18, 2003, President Peter George and I met with Mr. DeGroote and two of his sons. After some informal conversation, President George asked me to describe my vision. I said, “We would like to build the finest School of Medicine in Canada, one of the best in the world.” There was a little more conversation and after a short interval, Mr. DeGroote said, “Dr. Kelton, I’m favourably predisposed to your suggestion.” And that was it.

When something like this happens, at first you can’t believe it. But the impact was almost immediate. Suddenly, we had the funding to review our curricula in a thoughtful fashion clarifying our values. What really was important? The gift opened doors for our students, staff and faculty that would have never happened. It was a remarkable enabler. We were able to complete the Health Sciences building, now called the Michael G. DeGroote Centre for Learning and Discovery, and its beautiful Atrium, which to me, symbolizes Mr. DeGroote’s vision.

Mr. DeGroote’s incredible generosity seemed to have inspired many other thoughtful citizens also to make transformative donations to the faculty: Mr. David Braley, the Boris family, the Farncombe family, McMaster Chancellor Suzanne Labarge, the Heersink family, and so many others. Their gifts have created scholarly research spaces, unique opportunities for students and improved health care for many Canadians.
Q How would people describe you as a leader?
I think most people would say I’m tough and I hope most say I am honest. I am naturally curious and optimistic. During my years of working with people, I have been fortunate that my colleagues share these values and enthusiastically pursue excellence. Our senior administration, our chairs, our associate deans, our staff, I’ll put against anybody, anywhere. These are passionate people who have very different personalities, and invariably bring completely different perspectives to a conversation, yet their belief in the Faculty is unwavering.

Q Looking back, what would you say have been some of your greatest accomplishments?
There have been a number of new programs, new research and educational offerings and new buildings during my time as dean. A few comments about physical spaces and buildings: I’ve always said a space or building should be more beautiful after we leave, than it was before we arrived. Before becoming dean, I had been at the university for 20 years and I noticed something concerning: I would see a new building opened or developed, and within six or seven years it was starting to run down. Recognizing this fact, we put money away to ensure that we kept our spaces beautiful. A beautiful space and a beautiful building sends a signal about how we respect our patients, our students, our staff, our faculty and our donors.

It was also around the time that I was appointed dean that my own perceptions concerning research and education were maturing. I knew we had many great educators and researchers in the Faculty and I was convinced that if we could find a way to provide adequate funding for them, they would have the opportunity to pursue excellence. I have often said that research and education are “commodities.” That expression is not intended to be interpreted negatively. Rather, educators need infrastructure...
support and adequate time to develop and implement innovations. Researchers are the true “missionaries” of the faculty. Most research experiments fail. Most research grants are rejected. Many research papers are never published. It’s a really difficult job. But adequate fiscal support enhances their chances of success.

Another lesson that I’ve learned in my years as dean is that when opportunities arise, you need to first recognize them and then act on them. I’ll give you an example. About 15 years ago there was an acute nursing and physician shortage in Ontario. McMaster had a chance to put in a bid to expand our medical school. I was intrigued with the approach our School of Nursing had taken a few years back. They formed partnerships with communities, in this case Mohawk and Conestoga Colleges. We asked the question, “What if we expanded our medical school, not on campus, but in those communities where the health care provider shortage was most acute?” The government agreed, and we developed collaborative partnerships in Niagara and Waterloo to bring integrated health care into a host of new communities. Fifteen years ago, it seemed daunting to consider community-based schools of medicines, nursing and rehabilitation sciences. Today, graduates from these campuses are practicing in these regions.

Q You have had a number of significant accomplishments. Which are some of the most satisfying?

Besides some of the wonderful international successes of our educators and researchers, I find the development of new spaces and new buildings very satisfying. I love seeing students using the Heersink Pavilion in our library. Most recently, the David Braley Health Sciences Centre opened in downtown Hamilton. For years, a number of us had wanted to build a beautiful building right in Hamilton’s core. We believed that if we could bring people, especially young people downtown, we could increase activity, and with that, help change our city, while improving health care.
The success of this project, like all others during my term, was directly attributable to the hard work and vision of so many. It is beautiful, but more importantly, it is functional. The integration and collaboration of family medicine and public health is unique, to my knowledge, anywhere.

We had identified the ideal space in the heart of downtown but we quickly discovered the complexity of working with multiple levels of government. Many people were key: former McMaster President Peter George and current McMaster President Patrick Deane were tireless supporters. David Braley provided support at every level. Three consecutive mayors, two city councils, and many other groups made it happen.

To me, this landmark building in the heart of downtown Hamilton will help shape our city’s future. It offers a place for collaboration, innovative learning and exceptional care. On top of it, I think that it is one of the more beautiful buildings in Hamilton, reflecting our city with its architecture including waterfalls, wood, and stone. It is a remarkable space.

Q Do you think that people’s concept of Hamilton has changed as a result?

Hamilton is known as a tough and gritty city. I was born and raised in Windsor, Ontario and both cities seem to produce wonderfully good people. One of the things that makes me smile, occurs when scientists and educators visit Hamilton from across Canada. They see our rising city, its parks and wetlands. They see our campus, buildings and faculty, meet our students, staff and say, “It’s hard to believe this is Hamilton.” McMaster and its partner hospitals are driving a new knowledge-based economy for our city.

Q You grew up in Windsor. Can you tell me about that? What was your childhood like?

I had a wonderful childhood. I thank my father and mother for instilling in me my core beliefs. They taught me the value of honest hard work and taking pride in a job well done.

I spent summers working on the line at the Ford Motor Company, where my father was a plant manager. That experience was a “vaccination” that immunized me from tough work, forever. I also developed a deep and profound respect for people who work in these jobs. The people who work with their hands and do repetitive tasks day in and day out, have tough jobs.

I went to university and I enjoyed myself. Perhaps for the first time in my life, I started to appreciate the joy of learning. I had always been a curious person and the experience of a university opened doors to knowledge. I discovered that a university is filled with extraordinarily talented individuals. The most inspiring ones are both remarkable and fearless. From my first days of studying at Western, I knew that academics was the path for me.

Q Do you think the job has changed you?

I would like to think that I am still (mostly) the same person as when I started. I enjoyed the job the entire time. I found it always interesting because of the ever-changing challenges, but most of all because of the people. I enjoy a good laugh. Every day something funny happens. My kids note that I enjoy my own humour and my own “bits” more than anyone else. Maybe they are right. Happily, my office staff pretend that they find me funny, too.

Q What comes next for you?

I am a physician, a researcher and an educator. For two decades, my focus has been on academic administration. But now, it is time to return to my core skills. I’ve cared for patients my entire professional life. When I became the dean, I had to reduce the amount of time I spent taking care of patients. But now, I can increase my
clinical activities. I also love research and teaching and will do more of both.

I will continue with some administration. Mr. DeGroote, who remains admirably generous, asked that I help manage the additional $50 million he gave in 2014 to create new opportunities. I’m very much looking forward to that mission and delighted to support Dr. Paul O’Byrne in this area.

I have also alerted my three kids, David, Fraser and Kim that soon I’m going to have enough time that I’ll be able to make “house calls.” So far, they seem almost sanguine at the possibility of more time with dad. I also have an almost two-year-old granddaughter, Marin whom I really enjoy. Lots of visits with my parents in Windsor are planned.

I also enjoy gardening and over the past few years, I’ve taken up cooking which my wife, Kathleen, claims to enjoy.

Mostly, I’ll just see what happens. It will be a wonderfully different part of my life.
Enthusiasm is pièce de résistance to teaching

A professor renowned for his active and effective lectures has received a prestigious national award for teaching.

Bruce Wainman, associate professor of pathology and molecular medicine for the Michael G. DeGroote School of Medicine, was named a winner of the prestigious 3M National Teaching Fellowship in February and recognized for his excellence in university teaching and educational leadership.

Wainman has developed anatomy teaching materials that can be reviewed on any electronic device. He’s written several electronic texts, created a popular extracurricular interpersonal course in anatomy, remodeled the anatomy lab into a learning commons and created a surgical skills lab.

Wainman believes that preparation, insight and enthusiasm, what he calls PIE, are essential to teaching. “When I want to present a very engaging talk I have to spend what seems like a ridiculous amount of time preparing. But that’s not enough, there has to be insight from research, life, experience, or a metaphor – like you would do while talking to friends at a coffee shop,” he said.

“Then there has to be genuine enthusiasm. That’s the pièce de résistance to teaching.” Wainman received his master’s degree in medical science at McMaster. He’s been a faculty member since 1994 and the director of the anatomy education program since 2004. His previous awards include the McMaster President’s Award for Outstanding Contributions to Teaching and Learning, the Canadian Association for Medical Education’s Certificate of Merit, and, on four different occasions, the McMaster Students Union Teaching Award.

Dr. John Kelton, dean and vice-president of the Faculty of Health Sciences, said: “Bruce Wainman is the epitome of teaching excellence, as he is passionate on his subject, innovative in his teaching style, and warm and engaging to everyone he meets. This national fellowship is well-deserved recognition.”

For more on Wainman’s thoughts on teaching, watch youtube.com/watch?v=MwIT4pShF0A.

Pioneers of family medicine research recognized

Two researchers of the Department of Family Medicine were named to the College of Family Physicians of Canada’s (CFPC) list of the Top 20 Pioneers of Family Medicine Research in Canada.

Brian Hutchison, professor emeritus in the Departments of Family Medicine and Clinical and Epidemiology and Biostatistics of the Michael G. DeGroote School of Medicine, was recognized for his simulated office patients as an innovate research methodology. Janusz Kaczorowski, former associate professor and research director with the Department of Family medicine and now a professor at the University of Montreal, was recognized for his use of cities as the unit of randomization, specifically with the Cardiovascular Health Awareness Program (CHAP).

He co-developed CHAP while he was at McMaster.

To celebrate the 20th anniversary of its section of researchers, the CFPC chose to honour the Top 20 Pioneers for their respective contributions to advancing health care in Canada and around the world, and to recognize those health professional’s dedication towards family medicine research.

Research duo take highest award in pharmaceutical research

Kelton and Warkentin are both hematologists and professors of medicine, pathology and molecular science at the Michael G. DeGroote School of Medicine.

The partners won the award for their research on heparin-induced thrombocytopenia (HIT), a serious and potentially fatal condition caused by an allergic drug reaction to the blood thinner, heparin. Warkentin and Kelton pioneered the approaches, prevention and treatment strategies now used for HIT, and have authored more than 250 publications on the condition.

They are recognized as the world’s leading researchers on the subject, and their work has led to a profound enhancement in patient outcomes and a dramatic reduction in the frequency of HIT.

“Ted and I are grateful for this recognition and we are honoured to be recognized alongside Prix Galien winners who have done so much to improve the health of Canadians,” said Kelton, who is also the dean and vice-president of the Faculty of Health Sciences.

“It is bold of the jury to select us because our work has been on responding to serious consequences caused by a drug, rather han the development of a new drug.”
Three leaders named to Community of Distinction

**Three men responsible** for McMaster’s outstanding reputation for pediatric research and care, gene therapeutics and overall school growth have been added to the Faculty of Health Sciences’ Community of Distinction.

Peter Dent, Jack Gauldie, and Peter George were honoured at a presentation and reception in the Ewart Angus Centre at the Health Sciences Centre as their plaques were added to a wall display in the Centre’s lobby.

Peter Dent is a pediatrician dedicated to the health and well-being of children. Joining McMaster in 1968, he began as a clinician scientist with a research focus in cancer immunology and pediatric rheumatology. As the chair of the Department of Pediatrics (1981-1990), his stamina and political capability were key to the creation of the McMaster Children’s Hospital and the Ronald McDonald House for families of pediatric patients. During his final decade in administration (2002 to 2012), he served as the Faculty’s associate vice-president, clinical services.

Jack Gauldie is a world-renowned expert in the field of gene therapeutics, and best known for his contributions to mucosal immunology, cytokine biology and the regulation of inflammation, fibrosis and tissue repair. He joined the Faculty in 1971 and continued a distinguished career of research, education and administration until 2015. He was designated a Distinguished University Professor in 1998. While serving in many important roles, including chair of the Department of Pathology and Molecular Medicine (1989-2004), his outstanding leadership influenced the direction of research locally, provincially and nationally.

Peter George had an important impact on the Faculty’s success during his 15 years as McMaster’s president and vice-chancellor from 1995 to 2010. He encouraged the significant development of expanded and new programs in the Faculty, and encouraged research growth.

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Medical Hall of Fame inducts two, awards grad student

Dr. May Cohen, professor emeritus of family medicine, and Dr. Gordon Guyatt, Distinguished University Professor of clinical epidemiology and biostatistics, were named to the CMHF, two of six new inductees celebrated at the 2016 induction ceremony held in Hamilton in April.

Cohen was recognized for her work promoting the equality and well-being of women both as providers and beneficiaries of health care.

Guyatt has made ground-breaking contributions in the measurement of health-related quality of life and led the initial development of the concept of evidence-based medicine.

Molly Whalen-Brown, a graduate of the Master of Science in Global Health Program and now a third-year medical student at McMaster, won a CMHF award, which recognizes medical students who demonstrate the qualities of perseverance, collaboration and an entrepreneurial spirit, and show outstanding potential as future leaders and innovators of health care in Canada.

“Receiving this award has been extremely humbling and I am very grateful to have been recognized by the Canadian Medical Hall of Fame,” she said.

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New Canada Research Chairs

Six Faculty of Health Sciences researchers were among 12 McMaster University professors awarded $11.4 million to improve the health and prosperity of people across Canada and around the globe.

Two of the FHS researchers awarded are new Canada Research Chairs (CRCs), while the four other researchers had their existing chairs renewed to pursue their world-leading research programs.

Brian Timmons, associate professor of pediatrics, was awarded the Tier 2 CRC in Child Health and Exercise Medicine to chart a new course in pediatric exercise medicine and immunology.

Hsien Seow, associate professor in the Department of Oncology, was awarded a Tier 2 CRC in Palliative Care and Health System Innovation. His research will result in the development of new quality indicators and system performance measurements to better inform policy-making decisions around palliative care.

The four faculty members who had their CRCs renewed are Deborah Cook, Tier 1 CRC in Research Transfer in Intensive Care; Brian Coombes, Tier 2 CRC in Infectious Disease Pathogenesis; David Meyre, Tier 2 CRC in Clinical Epidemiology and Biostatistics, and Jeffrey Weitz, Tier 1 CRC in Thrombosis.

The University receives $100,000 annually for five years for Tier 2 chairs. The chairs are renewable once. Tier 1 Chairs are held for seven years, are renewable, and the University receives $200,000 annually.

McMaster University currently has 68 Canada Research Chairs.
Dr. Dan Dwyer was “larger than life”

Dan Dwyer, known for building bridges between local physicians and McMaster’s then-newly formed medical school, passed away in November. He was 81 years old.

A professor emeritus of medicine at the Michael G. DeGroote School of Medicine, Dwyer began at the school as a part-time clinical professor in 1970, becoming full-time in 1978. He also held several leadership positions in the city’s hospitals, including deputy chief of medicine at Henderson General Hospital.

Faculty of Health Sciences’ Associate Dean, Research Steve Collins was an internal medicine resident under Dwyer and described him as an icon: “Both as a physician and as a personality, he was larger than life.”

First chair of anesthesia set tone of collaboration

Donald Catton, former professor and inaugural chair of anesthesia of the Michael G. DeGroote School of Medicine, died in February at age 85.

After serving as a medical officer in the Royal Canadian Air Force, Catton was an anesthetist for Hamilton Civic Hospitals before joining McMaster’s fledgling medical school as a professor in 1970. He was chair of the Department of Anesthesia for nine years beginning in 1971.

Outside of McMaster, Catton held leadership roles at Hamilton hospitals, the Ontario Medical Association and the Royal College of Physicians and Surgeons. He retired from McMaster in 1988 and received the Canadian Anesthetists’ Society Medal for meritorious service in 1989.

On Catton’s passing, current chair of the Department of Anesthesia, Norm Buckley, said: “Don Catton set a tone of University and community collaboration in the creation of the academic department of anesthesia.”

MD grad was jazz ‘trailblazer’ before medical career

McMaster MD alumna Kira Payne, a jazz saxophonist to some, a doctor and psychiatrist to others, died in January at the age of 50.

Described as a trailblazer of Toronto music performance, Payne played in several musical outfits during the first half of her life before making a decision to switch professions and become a physician in the early ’90s.

She broke the news to her peer and noted jazz musician Bill King that she wanted to try another profession. “One day she came to me and said, ‘My dream is to be a doctor,’” King told the Toronto Star. “So I wrote her a reference, she got in, had tremendously high scores, put in her seven years and got her degree.”

After her medical degree, Payne completed a psychiatry residency program and worked as a psychiatrist at the Ontario Shores Centre for Mental Health Sciences.

Car accident was ‘silver lining’ for nurse grad, professor

Donna Sergeant, a graduate (’61) and professor of McMaster’s School of Nursing, died in June, 2015 at age 75.

Sergeant’s first exposure to nursing came when she was in her mid-teens. A car accident put her in hospital for four months, but the “silver lining” was her inspiration to join the nursing profession, and an insurance payment gave her the opportunity to attend McMaster, wrote her daughter Laura in the Globe and Mail.

After graduation, Sergeant spent most of her career working for the Victorian Order of Nurses, providing home-based care. In her early 50s, she returned to McMaster for a master’s degree in health sciences, and later taught at McMaster’s School of Nursing.

At 55, Sergeant accepted a position at Aga Khan University, a partner of McMaster, to help develop its School of Nursing. After travelling and adventures in Pakistan, she retired at 64 to tend to her family.

Wrote her daughter: “In her final days she described herself as having had a full and happy life, without regret, though she was ‘greedy for more time’ to relish the gift of life.”

Lifelong learner combined western medicine with holistic care

Allison Spiller, a McMaster graduate with a PhD in psychology (’96) and an MD (’97), died in December, 2015 at the age of 51.

Spiller, described by those close to her as a lifelong learner, did her neurology residency at McGill University. She then studied epilepsy surgery at Yale University before becoming a faculty member at Queen’s University, where she worked from 2003 to 2014.

As program director for its neurology residency program, Spiller infused her residents’ western medical education with non-traditional approaches in an effort to bring more holistic care to future patients.

Even in the weeks before her passing, Spiller continued her teaching with palliative care trainees, reviewing neurology as they examined her during her treatments for breast cancer.
FHS alumni: Where are they now?

1990s

Brian Rowe, M.Sc (Medical Sciences) '91
Brian Rowe has led a 25-year career where he's authored more than 440 peer-reviewed publications and 30 book chapters. Rowe got his medical degree at the University of Ottawa before completing his graduate research training at McMaster. He then committed his career to making health care more accessible and accountable to patients living with respiratory illnesses such as asthma, chronic obstructive pulmonary disease and pneumonia. Rowe is now a professor of emergency medicine at the University of Alberta, a practicing emergency physician and a Tier 1 Canada Research Chair in evidence-based emergency medicine. In January 2016, Rowe assumed the position of scientific director at the Canadian Institutes of Health Research (CIHR) Institute of Circulatory and Respiratory Health.

Remi Ejiwunmi B.Sc. (Psychology) '93, B.H.Sc (Midwifery) '96
A graduate of the Midwifery Educational Program’s inaugural class, Remi Ejiwunmi has since practiced as a member of the Midwifery Care of Peel and Halton Hills, where she became a senior partner in 1999. Ejiwunmi has admitting privileges at William Osler Health System in Brampton, and Trillium Health Partners at the Credit Valley and Mississauga sites where she acts as head midwife. She has taught as a sessional instructor within the Midwifery Education Program at Ryerson Polytechnic University. Ejiwunmi sat on the board of directors of the Association of Ontario Midwives for 10 years, including two terms as president. She currently sits as a member of the GTA Obstetrical Quality Improvement and Patient Safety (GTA-OB QIPS) network and the Provincial Council on Maternal Child Health’s (PCMCH) Expert Panel, developing a strategy for low-risk birth.

Ruth Gratton B.Sc. (Nursing) '97
Ruth Gratton said she feels blessed to have worked in her own community for close to 30 years at the Brantford General Hospital (now called Brant Community Healthcare System). Over that time, Gratton served as staff nurse and acting manager before moving into Infection Prevention and Control. She is currently the manager of infectious diseases. Outside of work, Gratton is an active volunteer with the Canadian Medical Health Association Brant board of directors and the Stedman Community Hospice in Brantford. In 2013, she went back to school and got her master’s degree in education at Nipissing University. Her future plans involve continuing to learn as much as possible. “The field of medicine is ever evolving,” said Gratton.

2000s

Tracy Hussey, B.Sc. (Biology) '96
After graduation, Tracy Hussey worked at McMaster Children's Hospital as a registered dietician. Hussey then spent 10 years in a leadership role with the Hamilton Family Health Team. There she worked with the Ministry of Health and Long-Term Care, Local Health Integration Networks, Health Force Ontario and led research and education within her own team, gaining extensive knowledge of the regulatory framework in Ontario and Ontario's health care system. In January 2016, she was hired as the executive director of Farm Food & Care Ontario, who welcomed Hussey's strong background in nutrition and dietetics.

Devonna Truong B.Sc. (Physiotherapy) '15
Having graduated in 2013 with a B.Sc. in honours biology with a specialization in physiology, Devonna Truong was inspired to chase her passion for physiotherapy after working as a summer program assistant for several physiotherapy and occupational therapy programs at the ErinonokKids Centre for Treatment and Development. McMaster's M.Sc. physiotherapy program aligned well with Truong's professional values and beliefs. "The program strives to develop empathic, adaptable and reflective practitioners with the skills to become life-long learners," she said. Since graduating from the program in 2015, Truong has been working in a private practice orthopedic clinic where she treats individuals with general orthopedic injuries. She also provides pelvic health physiotherapy, an avenue of physiotherapy that she developed a passion for through post-graduate specialized training.

2010s

Elyse Watkins B.H.Sc '12
After finishing her degree at McMaster, Elyse Watkins went to Harvard University where she obtained a master's degree from the Graduate School of Education with a specialty in international education policy. Today, Watkins works in Toronto as the policy analyst and research coordinator at People for Education, an independent organization working to support public education in Canada. One of her projects is the “Measuring What Matters” initiative that aims to create a new set of measures for students in K-12, across five broad areas of success — one of them being health. Watkins told Maclean's magazine that her background in health sciences, combined with McMaster's problem- and team-based learning style, inspired her involvement in the project. “I was completely empowered by that learning experience,” she said.

To make a submission to “Where Are They Now?” email: network@mcmaster.ca

Elyse Watkins

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Supporting “the human element”

**Keyna Bracken** always had an itch to travel, but she never thought during her student days at the Michael G. DeGroote School of Medicine that her job would afford her any opportunities to see the world.

Since joining McMaster University as a faculty member, however, she’s worked in Haiti, Tanzania four times and Kenya, teaching emergency obstetrics. In the near future, she’ll be doing more of the same, this time in Indonesia. In addition, the ’89 alumna will be visiting medical schools in Australia, Massachusetts and California looking at ways to innovate undergraduate medical education.

Not bad for a doctor and associate professor working in family medicine.

“All of these amazing opportunities wouldn’t be available unless I was here at McMaster,” said Bracken. “It’s a credit to this school’s culture. If you have a great idea, and you have a passion for something, run with it and nobody is going to stand in your way.”

One idea of hers was to enhance general practitioner obstetrical training in the rural areas of the Himalayan country in April of last year. After a productive week in Nepal, she was departing from the Kathmandu airport when she became aware of a “stillness and dense quiet,” she wrote of her account in the McMaster Daily News.

Bracken was in the middle of a 7.8 magnitude earthquake.

“In a split second, a noise like a subway train coming into the station hit my ears, and my chair jolted sharply sideways. Then a massive up-and-down violent wave tossed the chair from under me. I could hear cracking and then taste dust as the ceiling starting falling around me,” she wrote.

Bracken said she was fortunate to have been in the airport at the time of the quake. She made it out uninjured onto the runway where, after a three-hour wait, she found someone fluent in both English and Nepalese who helped her get back to the city before flying out from that same airport the next day.

A harrowing, albeit memorable, experience, the trip to Nepal was just one of many international missions that Bracken has taken since she started working at McMaster in 2006. As an associate professor, and until recently the medical director of the Maternity Centre of Hamilton, Bracken teaches the same innovative, collaborative and human-centered approach to medicine that she learned as a student here.

“One of the telling points for me that McMaster was different from most schools came when I was presenting a case review during my residency,” said Bracken. “The review was looking at a woman who couldn’t afford medication. Everyone had given their presentation on the case, and after I had finished mine, the staff physician leading the meeting said ‘You’re from Mac, aren’t you? That was the best case review I have ever heard.’ He really appreciated that I had considered the human element.”

Bracken continues to support the human element of McMaster. She recently made a $25,000 pledge to establish The Keyna Bracken Bursary, an annual award to be given to an undergraduate medical student with an interest in primary care in women’s and children’s health.

She said it was important to give back to the school that has afforded her such wonderful opportunities, both as a student and as a professor. She wants to provide other students the chance to have these same experiences.

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**Clara Elman ’46 and Jean Rankin ’83** were pioneers in the nursing profession. Both blazed a trail for those who followed. Both devoted their lives to nursing education. And both made a final gesture to help others, leaving generous gifts in their wills to support nursing students at McMaster.

Elman was the first in her family to attend university, and was one of McMaster’s first three nursing graduates in 1946. After a stint at the Hamilton General Hospital, she was hired as the fifth faculty member in McMaster’s newly established School of Nursing.

In 1954, she travelled to Ceylon (now Sri Lanka), where she served as a surgical nursing instructor for six years. She also travelled on her own to Japan, Hong Kong, Australia and India. While overseas, she met a Canadian journalist named Russell Elman. They were married in 1960.

Over the years, the Elmans established several endowments at the School of Nursing to fund scholarships and travel awards, as well as at the Hamilton Community Foundation to support literacy. Russell died in 2009 and when Clara passed away in December 2013, her will included a sizeable bequest to augment the Clara I. Elman Scholarship Fund in support of nursing students at McMaster.
In November of 1972, Subodh Kanani arrived in Hamilton at 22 years old, a stateless refugee with one suitcase and very little money. Subodh was one of 20 medical-student refugees on a flight from Uganda to Canada. He was escaping the rule of Idi Amin, whose eight-year rule over the east African nation was marked by political repression, corruption, human rights abuses and ethnic persecution.

When they touched down, the students dispersed across parts of Canada.

“That’s when it really struck me,” Subodh recalls. “I’m alone. I don’t know anyone. I have $10 in my pocket.”

Thanks to a helpful social worker, he registered for work as a lab technician. He also found a room to rent in a friendly home in the Westdale neighbourhood of Hamilton.

And he discovered that McMaster University had a medical school.

“Eight o’clock the next morning, I marched into the Dean’s office and asked if I could see him.” The Dean was not in, so Subodh waited. Several hours later, Dr. Fraser Mustard returned from Toronto, where he had been meeting with colleagues to discuss how to accommodate the influx of medical students from Uganda.

“Fortunately I was his first Ugandan medical student,” says Subodh. He was accepted into the program and given funding of $3,000, half of it a grant, the other half a loan.

Subodh’s medical experience in Africa served him well – he had first-hand knowledge of tropical medicine, parasites and infectious diseases. He asked for a further year of study to learn more about first-world medicine. “It was a good decision. There was so much to learn,” he says.

This was Subodh’s first time in the cold, and he was ill-prepared for the weather. A friend suggested he take the bus to Toronto, where the Uganda Welcome House was providing warm clothing.

There, Subodh got a coat and was asked to sign the guest book. Flipping through pages of previous signatures, he spotted a familiar name.

Amita Nathwani, who had attended the same high school and university as Subodh, had also visited the Uganda Welcome House. He jotted down his phone number from the guest book. They will celebrate their 42nd wedding anniversary this June.

Like Subodh, Amita was also Ugandan-born and over 21 when she was rendered stateless. She was in the first group of Ugandan refugees to arrive in Canada.

Amita held onto the last words her grandmother spoke to her before leaving for Canada: “You’re not leaving anything behind. You’re taking all that you have with you.”

She meant Amita’s education, resourcefulness and intelligence. Her grandmother had also given Amita this useful advice: “Take any job you can get.”

Amita did just that. “I started working on my eighth day in Canada and I’ve never stopped.” She soon resumed her career in cancer research, while Subodh established his family practice.

The two now have two grown children and three grandchildren and have reunited with far-flung family members. Along with annual gifts to McMaster, the couple supports Aim for Seva, a charity that provides educational opportunities for schoolchildren in rural India.

They note that Syrian refugees will face additional challenges – dealing with language barriers as well as overcoming the trauma of a brutal and lengthy civil war.

“But Canadians are very helpful to newcomers,” says Subodh.

“Clara Elman’s impact on the School of Nursing has been wonderfully multi-faceted, like a diamond,” said John Kelton, dean and vice-president of the Faculty of Health Sciences. “She contributed first as a student, then as a faculty member, and now she will have an everlasting influence as a benefactor.”

Rankin received her master’s of health sciences from McMaster in 1983 and worked as a faculty member in the School of Nursing during the 1980s.

“Jean was incredibly committed to nursing education,” says Carolyn Byrne, ‘79, ‘82, associate dean and director, School of Nursing. “She was a wonderful driving force for our undergraduate program.”

Byrne and Rankin were young faculty members at the time, with offices next to each other. “We had a wonderful time,” recalls Byrne.

“We were young and fearless.”

Rankin moved to Calgary in 1989 to join the Foothills Hospital as director of patient care. She never forgot McMaster, though. “Jean said McMaster was the best place she had ever worked and she would always remember it,” says Byrne.

Rankin passed away in August 2015. True to her word, she had named McMaster as a beneficiary in her will, establishing the E.J. Rankin Bursary for nursing students in financial need. A longstanding Mac supporter, she had already funded another bursary in honour of her father.

“Jean lived life to the fullest, and she was an outstanding teacher,” says Byrne. “This bequest is a wonderful tribute to her life.”

Rankin expressed her own feelings best in a February 2014 email: “I love Mac and think it’s the greatest university going.”
Reunions

Mark your calendars

Attention MD classes of ’76, ’81, ’91 and ’06: save the date on Saturday, Oct 15, 2016 to celebrate your class reunions.

Details and reunion packages were mailed in June. To ensure you don’t miss out on the invitation and reunion updates, please send your preferred mailing and email addresses to us at intouch@mcmaster.ca.

We are always looking for individuals to assist with class outreach. For more information, email Josie Bufalino-Jasek at jasekj@mcmaster.ca

To get a sneak peek of planned reunion activities, visit:
• http://alumni.os.mcmaster.ca/MD76
• http://alumni.os.mcmaster.ca/MD91
• http://alumni.os.mcmaster.ca/MD95
• http://alumni.os.mcmaster.ca/MD96
• http://alumni.os.mcmaster.ca/MD84
• http://alumni.os.mcmaster.ca/MD06

MD reunion weekend celebrates 30 years of classes

The MD classes of ’75, ’80, ’85, ’90, ’95 and ’05 celebrated their class reunions in the Fall of 2015 with tours, food, cocktails and lectures. There were 30 years between the classes, but that didn’t show at the October get-together.

Pictured top row, from left, celebrating their respective reunions are the MD grad classes of ’05, ’75. Pictured bottom row, from left, the MD class of 90 celebrated its 25th anniversary with tours of Niagara-on-the-Lake and McMaster’s anatomy lab. For more photos from reunion weekends, go to http://bit.ly/mdreunion2015.