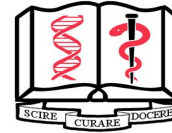


VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

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Some excellent things the Department of Medicine is doing!

*Dr. James Martin
Chair, Department of Medicine*

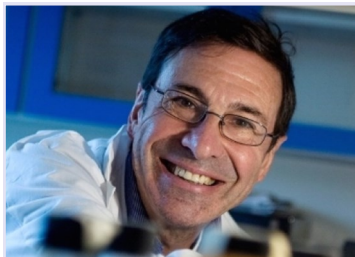


The recent one day fundraising exercise run by the University was a major success both for the University and for us. Through your generosity we raised \$16,625 from 77 donors. Furthermore we were among the top scoring departments. Although we do not know yet, we are hoping for the \$5000 bonus offered by the Provost to the winning department. Of more importance we were fund-raising for a great cause. For several years our residents and staff have been working and teaching at St. Nicholas Hospital in Haiti. The contrast between our well-equipped hospital and that in Haiti must be quite alarming. Although I have not visited I know staff and residents are faced with advanced pathology and limited diagnostic and therapeutic options. For all of these reasons we felt that we could make a difference to the hospital through the

provision of much needed resources. For those of you that missed the deadline feel free to donate to the Department of Medicine Haiti Project. It is never too late (to do the right thing). For more information on the Haiti Project, we invite you all to read the recent [newsletter](#) from our residents and Dr. Louise Pilote who are currently in Haiti.

The CARE workshops on patient relationships are starting again thanks to Dr. Tom Hutchinson's commitment to making us better physicians. With about 80 of the Department's members through these workshops we are looking forward to having an even greater participation in the current year. Tom has arranged workshops on different days to accommodate those with particular preferences. If you believe that you do not need this workshop then you are just the person we are targeting! In time everyone will be required to take the workshop so why not reserve your place now.

The MUHC Department offered to subsidized attendance at the Advanced Cardiac Life Support Course and there were 19 who took advantage of the offer in February. I successfully resuscitated a mannequin and it was a well-run non-threatening educational experience. It was also well attended by members of the Division of Cardiology at the JGH. We are hoping that more of our members will consider taking it this year.



Dr. Mark Wainberg (1945-2017)

By: Dr. Ernesto Schiffrin

It is with profound shock and sadness that we learned that Mark Wainberg, Head of the HIV/AIDS axis at the Lady Davis Institute and the Jewish General Hospital, Director of the McGill AIDS Centre, Professor of Medicine and of Microbiology and Immunology at McGill University, and

Director of the LDI from 2000 to 2009, had died tragically on April 11, 2017 at the age of 71 in Bal Harbour, FL, while vacationing with his family.

(Continued on page 2)

(Continued from page 1 / Dr. Wainberg)

Newspapers and newsletters and announcements have mentioned his many contributions, from the discovery of 3TC (Lamivudine) to novel therapies and his research on HIV resistance to drugs, his leadership in research and his activism in the cause of HIV/AIDS, his role as President of the International AIDS Society as well as of the Congress on AIDS in South Africa in 2000. However, I want to remember him not only for his contribution to making the world a better place for millions of people whose lives were saved as a result of his discoveries, but also for his wit, wisdom and knowledge, his friendliness and humility. For somebody whose achievements were so many, his honours including the Order of Canada and the Order of Quebec, named Chevalier of the Légion d'honneur, Fellow of the Royal Society of Canada, and inducted into the Canadian Medical Hall of Fame, he was an extraordinarily humble individual. He was always smiling, supportive of others, suggesting as he was awarded yet another honour, that the next time you would be getting it, almost embarrassed at being the recipient of so many accolades.

Only a few weeks ago, on the day of our last snowstorm, my wife and I spent a long time chatting with him during the recent Bravo event of McGill, honouring award recipients. It was one more occasion to experience his extraordinary humanity. I have known Mark for 30 years, before I moved to the JGH, and met him many times, often in airport lounges (!), as he crisscrossed the world to either advocate for AIDS victims, encourage the pharmaceutical industry and governments to manage the distribution of drugs to combat HIV/AIDS among those who could not afford the price of the medication, or transfer knowledge to improve research, diagnosis or treatment of HIV/AIDS. And again, what always struck me was his humility, openness and positive and joyful attitude. This was matched by his unflinching efforts to advance the treatment and the cause of AIDS patients, as when he confronted President Mbeki of South Africa over denial of the viral cause of AIDS, or when he chastised Prime Minister Stephen Harper for not being present at the opening of the AIDS International Conference in Toronto and therefore being "on the wrong side of history".

I remember when we accompanied him with a group of JGH staff to the reception at the Governor General's Rideau Hall in Ottawa to receive the Killam Prize for Health Sciences, one of the most important Canadian awards. It was necessary at a certain hour to say a prayer for the recent passing of the father of one of the attendees who accompanied Mark. So he organized 10 of us to perform this as the ritual required, in a corner of room adjacent to the hall where the cocktail was taking place, under the gaze of the portraits of all the Governor Generals of Canada. For Mark, respect for the rituals and values of the Jewish religion was critical and guided his life and his moral bearings. It made sense of a world where his actions were constantly directed toward advancing knowledge, and reducing suffering, while at the same time immersed in the Torah, parts of which he recited regularly to illustrate some aspect of modern life. He headed the Aisenstadt Clinical Day committee of the Jewish General Hospital, an occasion to honour a member of the hospital with a scientific meeting of high calibre with many invited speakers. He would give the introductory speech at the dinner the night before. It was always a treat to hear him relate the honouree or the science to the "parsha" (Torah reading) of the week. His ability to relate it to science or the individual was unusual, and always accompanied by his dry humour and wit.

The loss is huge, devastating, for the LDI, the JGH, McGill, Montreal, Quebec, Canada, science, and the world. Personally, scientifically, professionally, we are filled with huge sadness and a feeling of void for the passing of this wonderful person and scientist that was Mark Wainberg. Our hearts go out to his family for their loss, may they be spared any further sorrow.

IN THIS ISSUE:

- * [Flipping out: The move to competency-based medical education, Drs. Ahsan Alam and Ning-Zi Sun](#)
- * [CIUSSS de l'Ouest-de-l'Île de Montréal, Dr. Michael Bonnycastle](#)
- * [Sabbatical thoughts, Dr. Nancy Mayo](#)

- * [Clinical Practice Assessment Unit update, Dr. Todd Lee](#)
- * [Promotions and Kudos](#)
- * [Recruitment](#)
- * [Honours](#)
- * [In Memoriam: Dr. Andrew Gonda](#)

Flipping Out: The move to a competency-based medical education curriculum for Internal Medicine



*Dr. Ahsan Alam, Associate Professor, Division of Nephrology
Director, McGill Internal Medicine Residency Training Program*



*Ning-Zi Sun, Assistant Professor, Division of General Internal Medicine
Assistant Director, McGill Internal Medicine Residency Training Program*

The Royal College's 'Competence by Design' initiative has begun. The various medicine subspecialties are at different phases of development and implementation, and the core internal medicine training program is no exception. We are preparing to train our first cohort of residents under this new training model in July 2018. One of the most notable changes is the shift of the Royal College's credentialing exam from the PGY4 year to the end of PGY3. Gone will be the days of residents juggling internal medicine exam preparation while acquiring new knowledge and skills necessary to become medical subspecialists. This milestone will now (hopefully) be completed before they leave our program.

The move to a competency-based format comes with many other important changes. The areas we are actively working on include modifying the current rotation structure and schedule, and re-mapping learning objectives to our academic curriculum. Our program's curriculum committee, chaired by Dr. Ning-Zi Sun, has been carefully looking at these challenges. A new and exciting initiative is the 'flipped classroom' format for academic half-day teaching.

This new flipped classroom involves two parts: (1) video recording of short lectures based on the internal medicine Royal College's Objectives of Training, which are then made available for residents on McGill's MyCourses portal, viewable any time, and (2) interactive case-based learning during residents' academic half-day, which engages residents using an audience response system and is led by a faculty facilitator. The complete 2-year long curriculum will include 170 target lectures. Approximately 70 lectures have been recorded so far with another 20 that are booked for recording by July 2017.

Resident enthusiasm for this change has been overwhelming. When residents were anonymously polled about whether they would still attend this type of academic half-day if it was not mandatory, 94% stated they would still attend, as compared to only 47% with the current didactic lecture-based model, and the proportion of residents who responded "no" dropped from 44% with the current lecture-based model to 0% with this new flipped classroom model. Here are some comments provided as feedback from the pilot sessions:

"Flipped Classroom is by far better than the conventional method because 1) I am more engaged; 2) The discussion and question session help drill in core concepts better and 3) makes me truly feel like my program and attendings care about my education."

"I always found it tough to focus for 3 hours of standard lecture. Flipped Classroom keeps my attention 100% and I feel like the real important things we need to know are clear and outlined in the presentations...which is exactly what we need."

About 70 faculty members from the Department of Medicine have or will have participated in this major initiative by the end of this academic year. We thank the Department of Medicine and its faculty for their support and their ongoing participation!



Le Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île de Montréal

Dr. Michael Bonnycastle

Assistant Professor, Division of General Internal Medicine

Physician-in-Chief, Department of Medicine, St. Mary's Hospital

Chief of the Department of Specialized Medicine, CIUSSS ODIM

The Department of Specialized Medicine of the Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île de Montréal (CIUSSS ODIM) comprises 3 community hospitals (St. Mary's Hospital, Lakeshore General Hospital and Lasalle Hospital) and St. Anne's Hospital. It is comprised of over 130 physicians, covers an area of 184 km² and provides services to an estimated population of 368,740.

Since being set up in April 2015, it has gone through several administrative changes, some of which are still ongoing. This represents a significant challenge in trying to obtain organizational support for specific clinical processes. The administrative structure is now more solid and the dust is starting to settle. The goals are to harmonize clinical practice across the sites and provide excellent patient-focused care. Clinical teams are being formed to deliver the clinical care across the CIUSSS. The geography of the CIUSSS also represents a special challenge. Meetings are being held in rotation across the various sites and the times of the meetings are being rotated between early mornings and evenings. Going forward, we will be proceeding with videoconferencing in order to expedite these processes.

To deal with the day to day issues of clinical service delivery, medical site directors have been installed at each of the community hospitals. As well, local clinical division chiefs are continuing to maintain schedules and services at each site.

Perhaps the biggest success of the organization has been responding to Bill 10. The CIUSSS has a majority of its patients cared for in the hospitals by family doctors and new guidelines from the Ministry require that we decrease the number of beds covered by the family doctors and increase the number of beds covered by specialists. Working closely with the DPS and clinical chiefs, we have redistributed a number of beds to specialists who will now take over their in-hospital care. This has been submitted to the Ministry and we are awaiting a reply. A protocol will be rolled out that will increase the number of patients admitted to surgical specialties and thus reduce the overcrowding in the Emergency Room at the Lakeshore General Hospital.

Another challenge is that not all medical specialties are available at all sites. To resolve this, we have begun implementing corridors of service between sites, specifically having a corridor of consultation for neurology patients at the Lakeshore General Hospital to St. Mary's Hospital. We are in the process of developing a similar corridor for patients at Lasalle Hospital. A new clinical organizational structure will be developed over the next few months that will take into account the needs of the CIUSSS as well as the specific sites. Although initial progress has been slow, it is now speeding up and we are all seeing improvement in clinical care delivery.

In the next few years, the CIUSSS ODIM will be the major provider of health care to the West Island population. We will be well positioned to be an active participant in the evolution of health care on the island of Montreal.



SABBATICAL THOUGHTS

Dr. Nancy Mayo

Professor, Departments of Medicine and Physical & Occupational Therapy

Having been at McGill for 25 years, I decided that I was overdue for a sabbatical. I had two plans for my sabbatical. One was to visit a research team at Oxford-Brookes who was working on Multiple Sclerosis (MS) in areas that were complementary but different to my interests. So in March 2016, I set off for Oxford and got involved in the world of technology and exercise training for people with MS and Parkinson's disease. My second aim was to add some chapters to a book that had been mapped out for some years now based on my 25 years of trying to teach how to apply statistical methods to clinical data. An ulterior motive for visiting Oxford was to try out some of this statistical content on an unsuspecting audience. The book is actually a knowledge tool to translate existing knowledge about statistics to end users, those who apply statistics in their research areas but are not trained particularly in their use. "Making Statistics Work for You" has been in the works for several years and, as it was too early to golf in Oxford, I applied myself to writing.

The book is based on the notion that if a researcher knew what job they wanted the statistics for, they would choose wisely and not rely on only those methods they know or are commonly used in their field. A novel feature of this knowledge tool is the liberal use of Haiku poetry to illustrate some of the finer points of statistics.

After introducing the notion that no one would ice a cake with a hammer, the book starts, as it must, with measurement, the basis of the data on hand.

Data are of two
Count some and measure others
This you need to know

The subsequent chapters arose out of a focus group held with trainees who ventured that, as everyone knows how many time points they have or will have, why not show the statistics that could apply for one, two, three, or more time points. From this a structure was born. A knowledge tool is by definition something that meets the needs of the end users and, as such, it would not likely resemble something that would meet the needs of statisticians. Chapter 3 deals with methods for one time point and addresses the three types of jobs that a researcher would want statistics to do for them: describe, correlate, or explain. It covers everything from a mean to structural equation modeling including sample size and examples from the literature. I might need another sabbatical if I am to get beyond one time point.

If you count, count but
Don't pretend you have measured
Treat the count as is

Update on the Clinical Practice Assessment Unit



*Dr. Todd Lee
Associate Professor, Division of
General Internal Medicine &
Director of CPAU*

The Clinical Practice Assessment Unit (CPAU) was founded in 2015 to bring together bedside clinicians, quality improvement experts, and traditional researchers to work on locally identified issues pertaining to the value and quality of care within the McGill University Health Center. Looking at the past year it has been challenging to meet this goal given the many competing demands faculty physicians have, some challenges in obtaining timely access to data, and the fiscal realities of the institution. We are also still looking for a physical space to call home!

Nonetheless, team members have been working on several exciting projects including:

- Assessment of appropriateness of Deep Venous Thrombosis (DVT) prophylaxis in peri- and postpartum women admitted to the MUHC (Dr. Natalie Dayan)
- Performance measures in the emergency management of suspected bacterial meningitis (Dr. Sophie Gosselin)
- Leveraging the Hawthorne effect as a means of improving hand hygiene rates (Dr. Emily McDonald)
- Addressing overuse of proton pump inhibitors in renal transplant patients and exploring Proton pump inhibitor (PPI) effects of post-transplant hypomagnesemia (Dr. Ruth Sapir-Pichhadze)

We are also excited to be starting our 3 year CIHR-funded multicenter randomized clinical trial of a locally developed software package designed to improve prescribing in the elderly this July.

The CPAU is a valuable resource to all members of the divisions of the Department of Medicine. Those with an interest in hospital based epidemiology or higher value healthcare are encouraged to contact me at todd.lee@mcgill.ca.

ASSOCIATE PROFESSOR PROMOTIONS

Congratulations to our Faculty members for their achievements !

Dr. Ines Colmegna: A member of the Division of Rheumatology, Dr. Colmegna's principal research objectives have been to define the role of stem cells and hematopoietic progenitor cells in the development of autoimmune disease. Rheumatoid arthritis is a major clinical interest.

Dr. Julian Falutz: A member of the Division of Geriatrics, Dr. Falutz has been engaged in clinical research for over 25 years; his most current research relates to cardiovascular disease in HIV infected patients.

Dr. Thomas Maniatis: A member of the Division of General Internal Medicine, Dr. Maniatis has had a career focus on medical education, and more specifically on core internal medicine training. He has been very engaged nationally in the Royal College of Physicians and Surgeons.

Dr. Richard Sheppard: A member of the Division of Cardiology and based at the JGH, Dr. Sheppard's research and clinical interests have focused on exercise testing in patients with heart disease and subsequently on the investigation and treatment of heart failure.

Kudos

Congratulations to **Dr. Howard Bergman** who has been reappointed as **Chair of the Department of Family Medicine** in the Faculty of Medicine, McGill University. Dr. Bergman is a full Professor in three Faculty departments: Medicine, Family Medicine and Oncology, and is Chief of Family Medicine at the McGill University Health Centre (MUHC). He is also an Adjunct Professor at both the Université de Montréal and at Ben-Gurion University in Israel. During the course of his career, Dr. Bergman has made tremendous contributions to both primary care and geriatric medicine. [Read more on Med-e-News.](#)

RECRUITMENT

Welcome to our new Faculty members !

Dr. Maral Koolian, Assistant Professor to the Division of General Internal Medicine (GIM) and Attending Staff at the Jewish General Hospital (JGH). Dr Koolian earned her medical degree at McGill University in 2009, where she subsequently completed post-graduate training in internal medicine, and subspecialized in General Internal Medicine in the McGill University Residency Training Program. She pursued additional training at the University of Ottawa, completing her formation complémentaire in thrombosis medicine in 2015 as well a MSc in Quality Improvement and Patient Safety at the University of Toronto in 2016. Dr Koolian will have clinical duties at the JGH, where she will be involved in teaching students and supervising medical residents.



Dr. Peter Lakatos, Associate Professor to the Division of Gastroenterology and Attending Staff at the MUHC. Dr. Lakatos earned his medical degree at Semmelweis University in Budapest, Hungary where he subsequently completed post-graduate training in internal medicine and gastroenterology. Early in his career he completed a PhD thesis in cholestatic liver diseases. He continued his clinical activities at Semmelweis University where he held the position of Chief of Gastroenterology and Hepatology for the last 5 years. Dr. Lakatos' research has focused on epidemiology and outcomes in Inflammatory Bowel Disease (IBD). He brings extensive clinical and research experience and expertise in IBD. He will be Director of the new MUHC IBD center that is sited at the MGH. He will also be involved in teaching medical students and supervising residents, fellows and PhD students.

Honours

Congratulations to our members for their achievements !

The **Québec Science's "Découverte de l'année 2016 – Prix du public"** goes to Montréal's Nanorobotics Laboratory, and the team of co-investigators from McGill (Drs. Té Vuong, **Gerald Batist**, Maryam Tabizian, **Nicole Beauchemin**, **Danuta Radzioch**) and the Université de Montréal (Dr. Louis Gaboury, Dr. Michel Lafleur). [More on this story in Med-e-News](#)



Dr. Matthias Friedrich, Professor of Medicine in the Departments of Medicine and Diagnostic Radiology and cardiologist at the MUHC has been elected **President of the Society for Cardiovascular Magnetic Resonance**, one of the

largest international imaging societies. Dr. Friedrich oversees the operations of a 2,500+

member group of cardiologists, radiologists, scientists and technologists with a special interest in Magnetic Resonance of the cardiovascular system.



Two members of the Department of Medicine, **Dr. Jeffrey Wiseman** (left), Assistant Professor in General Internal Medicine based at the MUHC and **Dr. Gershon Frisch** (right),



Assistant Professor in General Internal Medicine based at the JGH, were presented with **Transition to Clinical Practice (TCP) Awards for Excellence in Teaching** during an event held at the Faculty in January 2017. [More on this story in Med e-News](#)

(Continued on page 8)

(Continued from page 7 / Honours)



Dr. Martin Olivier, Professor of Medicine and Microbiology and Immunology, was awarded the **Wardle Medal Canadian Society of Parasitism, Immunity and Environment (PIE) Section of the Canadian Society of**

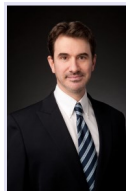
Zoologists (CSZ). The award recognizes outstanding contributions to Canadian-based research on the fields of study promoted by the PIE Section. [More info](#)



Dr. Brent Richards, Associate Professor in the Division of Endocrinology and based at the JGH, has been elected as a **member of the American Society for Clinical Investigation (ASCI)**. Dr. Richards focuses on

understanding the genetic determinants of common aging-related endocrine diseases, such as osteoporosis and vitamin D insufficiency. [More on this story in Med e-News](#).

Dr. Lawrence Rudski, Professor and Chief of the Division of Cardiology at the Jewish General Hospital, became **President of the Canadian Society of Echocardiography** in October 2016. The Society is the largest affiliate of the Canadian Cardiovascular Society. It hosts the second largest cardiology meeting in Canada, with an attendance in 2016 of 650 people.



At the 65th Annual Meeting of the **American Society of Tropical Medicine and Hygiene (ASTMH)** in November 2016 in Atlanta GA, **Dr. Mary Stevenson**, Professor in the Departments of Medicine and

Microbiology & Immunology, became a **Fellow of the ASTMH**. This honour recognizes contributions to the Society and sustained professional excellence in tropical medicine, hygiene, global health and research in these areas.

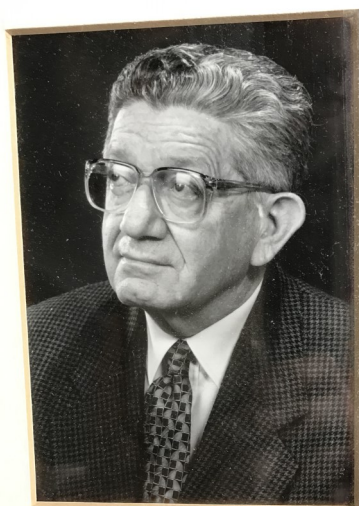
Dr. Patricia Tonin, Professor of Medicine and Human Genetics, received the **Karen Campbell Award for Research Excellence**. This

award recognizes overall research excellence and important scientific achievements that impact the understanding and treatment of ovarian cancer.

[More info](#)



Dr. Meredith Young, Assistant Professor in the Division of General Internal Medicine and member of the Centre for Medical Education at the Faculty of Medicine, has been selected as the **2017 recipient of the Canadian Association for Medical Education's (CAME) Meridith Marks New Educator Award**. The award recognizes individuals in the first phase of their professional career who have made a significant contribution to medical education. [More on this story in Med-e-News](#).



Dr. Andrew Gonda

IN MEMORIAM

By: Dr. Mortimer Levy

On Friday, March 31st, 2017, **Dr. Andrew Gonda** died peacefully at an advanced age at the Maimonides Geriatric Centre, Montreal.

Dr. Gonda was a long-time member of the Royal Victoria Hospital, Nephrology Division, and when he retired in June 2009, he had served more than 45 years in various capacities at the Royal Victoria Hospital.

Andrew was born in Hungary in the interwar years and managed to survive both the virulent anti-Semitism that pervaded that country and then the ravages of the Nazi occupation. He was able to attend university and then medical school, but was denied a research scholarship because of his Jewish background. As a consolation, his Professor of Medicine sent him on a brief holiday to a resort center frequently used by the Faculty of Medicine and it was there that he was to meet his wife, Lia Berkovits. As Andrew himself put it: "On Saturday

night, she walked into the ballroom and it was love at first sight".

After the Hungarian uprising in 1956, Andrew and Lia immigrated to Canada and spent several years in Newfoundland practicing his profession and learning English. By the early 1960s, they had moved to Montreal where Andrew was able to work part-time as a Nephrologist at the Royal Victoria Hospital and was the consulting Nephrologist at the Herbert Reddy (Reddy Memorial) Hospital on Tupper Street. When Dr. John Dossetor, then Director of the Renal-Urological Research Laboratory initiated the Transplantation Program at the Royal Victoria Hospital in 1963, Andrew was one of the physicians, along with the late Henry Gault, who assisted him in offering Nephrology services to these patients.

In September 1965, when Dr. John Dirks returned from the National Institute of Health in Bethesda to initiate a Medical Nephrology Program, Andrew became part of that division as well. In 1967, it was clear that the two-station dialysis unit on the 6th floor, Urology, that was used primarily to service patients on the cadaver transplant list, was insufficient for hospital needs. Dr. Dirks and the then Physician-in-Chief, Dr. John C. Beck invited Dr. Gonda to come full-time to the Royal Victoria Hospital and initiate a dialysis program.

Accordingly, in 1967, Dr. Gonda gave up his practice at the Herbert Reddy and moved full-time to the Royal Victoria Hospital. He directed a four-station dialysis unit on 7 Medicine (just south of the medical elevators) but several years later this expanded to a twelve-station unit north of the elevators in space which was eventually to become the Hematology/Oncology unit. Though busy with hemodialysis activities and his own office practice (located on 7 Medicine), Dr. Gonda found time throughout the 1970s and early 1980s to direct the Nephrology clinical laboratory. Senior physicians will remember the pre-computer days, when a yellow requisition form stamped with the title of Dr. Gonda as Director of the Nephrology laboratory was to be found in the chart listing the various results of tests offered by the laboratory. So devoted was he to his duties, that he took night courses in Biochemistry at McGill University, the better to understand the basic science underlying the clinical tests being offered.

Dr. Gonda became quite popular in the Montreal-Hungarian community and one can recall the Thursday morning OPD clinic in the Polycentre, containing large numbers of Dr. Gonda's patients who would sit patiently for several hours while waiting for their beloved physician. Dr. Gonda was also quite popular and well-known amongst Montreal physicians of Hungarian origin and because of his relative youth was nicknamed "Benjamin" by this group of friends.

(Continued on page 10)

(Continued from page 9 / Dr. Gonda)

Dr. Gonda was a gentle man in every way, compassionate and diligent in the treatment of his patients, courteous to his colleagues and students, and a devoted teacher and clinician. He was universally beloved by students, his colleagues and of course his patients. When computers became prevalent, Dr. Gonda became a devoted bridge player online and he and Lia both were devoted filmgoers and attended faithfully the Montreal film festival every summer.

He served the Royal Victoria Hospital faithfully for more than 45 years and was a founding member of the Transplantation Division, the Nephrology Division and for many years, Director of the Hemodialysis unit, as well as the clinical Nephrology laboratory on A4.

His retirement in 2009 was a cause of great sadness for his colleagues who cherished his presence and wise guidance for many years. As Director of the clinical Nephrology laboratory, he was mentor to many of us in the fine art of microscopic urinalysis.

Dr. Gonda will be sorely missed and we hope in the future, to establish a more permanent memorial to his name.

Dr. Gonda was predeceased some years ago by his beloved wife Lia and by his son Peter who died in August 2016.

Rest in peace, beloved colleague and friend.

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The Department of Medicine's number of successes is prolific. Although every attempt is made to acknowledge them all at the time we go "to press", some announcements may be delayed. Do not hesitate to contact us to let us know of your successes.