in Focus

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SPRING 2003

MEDICINE

edition

The New Pedagogy: Clinical and Surgical Skills Centre for the Health Sciences

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FACULTY OF MEDICINE NEWSLETTER

Spring 2003

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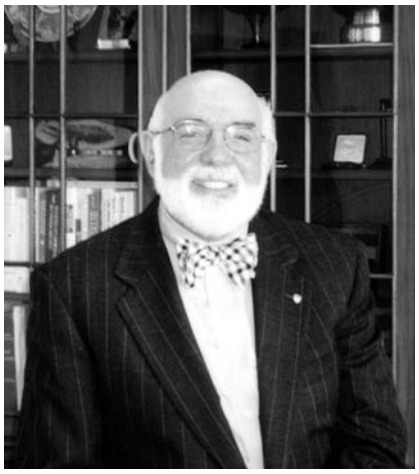


Photo: Nadine Saumure

Dean of the Faculty of Medicine, Abraham Fuks

Dear Graduates and Friends,

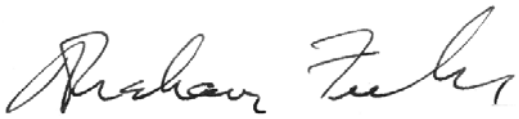
The spring 2003 edition of the Faculty of Medicine Newsletter highlights several initiatives that are certain to have a major impact on the training of health professional students at McGill University. One, described in detail on page 4, is the development of the Clinical and Surgical Skills Centre for the health sciences. The project's development is being coordinated by Dr. Kevin Lachapelle of the Department of Surgery and Associate Dean Donald Boudreau, and we are benefitting from the wisdom and management skills of Mr. Arnold Steinberg, Chairman of the Faculty Advisory Board.

The section on research showcases the successes of our faculty members in garnering research awards and grants, and also underscores our contributions to the full spectrum of healthcare and health services research. Associate Dean Robert Mackenzie describes the ability of our researchers to carry out a rich palette of research endeavours across the transdisciplinary spectrum. I am also pleased in this regard to draw your attention to the developments in our School of Physical and Occupational Therapy that will better prepare our graduates for the realities of today's work environment in rehabilitation medicine.

I am delighted that this issue's "McGill luminary" is Dr. Balfour Mount, a world-renowned pioneer in the field of palliative care medicine. Dr. Mount has gone from strength to strength in his work at McGill and internationally, and has broadened his efforts to develop a new Program in Integrated Whole Person Care.

The reopening of the Osler Library was made possible by a gift from a distinguished Oslerian, Dr. John P. McGovern of Texas. The newsletter includes descriptions and photos of some very special events that have taken place in the Faculty. You will note the inauguration of the Marjorie Bronfman Chair in Social Studies in Medicine, the appointment of the first Peter Quinlan fellow in oncology, and pictures from two alumni events in Vancouver and New Orleans. I would also like to bring to the attention of all our alumni the article on physicians of the future and to indicate that we look to you to help us identify outstanding candidates who are interested in a career in medicine. Last but certainly not least, please note that Homecoming Weekend will take place on October 16 to 19, 2003. I look forward to greeting all of you there.

With best regards,
Yours sincerely,



Abraham Fuks, BSc'68, MDCM'70
Dean, Faculty of Medicine

Meeting New Realities

"The healthcare system is evolving to get patients out of hospitals more quickly," says Robert Dykes, Director of the School of Physical and Occupational Therapy. "Our professions take care of people who aren't quite ready to get back into the stream of things so we are a key element in that transition." Highly skilled physical and occupational therapists are required to give people the care and support they need to reintegrate into their communities or to remain active in their communities. Quebec's Ministry of Health and Social Services predicts a minimum 3% increase in demand per year in Quebec alone for rehabilitation personnel, but many believe the increase is likely to be double that figure.

Not only are there more jobs, but job conditions are changing. Instead of working in a hospital healthcare team, many new graduates are working independently with neither supervision nor guidance from very early in their careers. Therefore they must be fully skilled when they join the work force. These shifts in work environments and patient profiles require new approaches in the education of physical and occupational therapists. "The healthcare system demands that all graduates are familiar with gathering evidence," says Associate Director of Physical Therapy, Katherine Berg, BPhysTher'72, BSc(PT)'73, MSc'88, PhD'93, "so they have good strong rationale for their treatments and can monitor them to ensure that they're delivering effective care."

The professional governing bodies – the Canadian Association of Occupational Therapists and the Canadian Physical Therapy Association – would agree with Berg. By 2010, these bodies will not grant therapists a first-time licence with anything less than a Master's degree, and schools or departments of physical and occupational therapy not accredited for Professional Master's programs by 2008 will lose their accreditation.

In response to changing social and professional needs, the School of Physical and Occupational Therapy is developing innovative graduate programs. The University has approved new programs in both physical and occupational therapy. The School will begin accepting students into those programs in September 2004. Explains Sandra Everitt, Dip(OTH)'64, BSc(OT)'86, Associate Director, Occupational Therapy, "The current graduate programs are for people already licensed for practice as therapists – they have a professional competency and are upgrading to a Master's level. The professional new streams will accommodate people with undergraduate degrees in other fields who wish to become therapists. Students coming in will not have a background in physical or occupational therapy, but will leave ready to be licensed."

The new programs respond to the Quebec context as well as to Canadian and international needs. CEGEP graduates will be able to enter into a three-year Bachelor of Science program that will lead to a one-and-a-half-year Master's, while students entering with a degree in another discipline will follow a two-and-a-half-year program, assuming they have the prerequisite courses. "Theoretically, a student could come in with a BA," says Everitt, "but would probably have to do a qualifying year to pick up the prerequisites."

Prospective students are unlikely to be deterred by this requirement. Says Berg, "We're already receiving calls from people who have prior degrees, and in previous years a good proportion of our students have come into our present program for a second undergraduate degree. That number has dropped, though – we have to get this program in place so we aren't losing students to Ontario, where they have already started the Professional Master's program."

The School is also developing an online graduate program to respond to related needs. While therapists with undergraduate degrees obtained before 2008 will still be licensed to practice, a Master's degree will keep them competitive with their peers. But a two-year campus-based program is unrealistic for many, says Diane St-Pierre, BSc(PT)'74, Associate Director, Graduate Program. "Many therapists are women with families, and don't live near a university where they offer a graduate program. How can they take two years to acquire a campus-based degree?" St-Pierre hopes to market the online program to the 120,000 therapists without graduate degrees in the US, as well as to Canadian therapists.

The online program has been approved by the Faculty of Medicine, but still needs to complete the university approval process. "We would be the first program at McGill to offer a complete graduate degree online. It sets a precedent, and must be equivalent to what is happening on campus," stresses St-Pierre. "We have to be certain that McGill quality can be assured."

The future looks good for graduates. "When we began talking about the Master's program, the first response from employers was 'We're desperate for physical and occupational therapists – don't slow down the process!'" says Everitt. "Without exaggeration we can say that 100% of the students who wish to work upon graduation can work."

Photo: Owen Egan

Sandra Everitt, Associate Director, Occupational Therapy, Dip(OTH)'64, BSc(OT)'86; Dr. Katherine Berg, Associate Director, Physical Therapy, BPhysTher'72, BSc(PT)'73, MSc'88, PhD'93; Dr. Robert Dykes, Director of the School of Physical and Occupational Therapy; Diane St-Pierre, Associate Director, Graduate Program, BSc(PT)'74

THE NEW PEDAGOGY:

Clinical and Surgical Skills Centre for the

"See one, do one, teach one": this handy verbal formula sums up the apprenticeship model that has been used to teach surgical, technical and clinical skills for generations. "That model still works, sometimes…" says Kevin Lachapelle, MDCM'88, an Assistant Professor of Surgery. But then he reels off a list of qualifiers that have altered its usefulness: time constraints, technology advances, quality assessment and control issues, and changing licensing board criteria among them.

Fortunately, alternatives exist. When Jonathan Meakins, BSc'62, Chair of the Department of Surgery, visited the University of Toronto's surgical skills centre at Mount Sinai Hospital, he saw a facility that allowed students to learn certain basic skills without practicing on live patients. He imagined something similar at McGill.

Imagination, combined with energy, diligence and teamwork, is a powerful force. The proof: this winter the university approved the Clinical and Surgical Skills Centre. The facility will be constructed over the next two years on the second floor of the Queen Elizabeth Health Complex, formerly the Queen Elizabeth Hospital, near the boundary of Westmount and Notre-Dame-de-Grâce. With sections for teaching both clinical and surgical skills, the McGill Skills Centre will be the only multidisciplinary skills centre in Canada. Medical students, as well as those in nursing and physical and occupational therapy programs, will be able to learn in the new facility.

Once the decision to go ahead is made, and the funding is secured, they estimate construction time to be 45 to 55 weeks, according to Lachapelle. There is a pressing need for a good teaching centre. "We have a long waiting list for patients, our time in the operating room is curtailed because of financial issues, and we have to maximize the number of patients going through. As a result, we have less time for teaching," Lachapelle explains. In addition, technological advances are changing the skills physicians require. "We've seen a shift from open surgery to keyhole surgery, which improves patient comfort and reduces the time in hospital. A less invasive approach has become a recurring theme in surgery – we try to do as much as we can while minimizing trauma to patients." The Faculty needs an area for students to practice and develop techniques and procedures that can then be applied to patients – but the patient need not always be the learning model.

"The best example is in the airline industry, where pilots go through simulations before they fly jets," says Lachapelle. "It's amazing that we have not done that yet in medicine." The medical equivalent of a flight simulator can range from virtual-reality surgery to simulated patients. For instance, consider the possibility of an endoscopy simulation: you enter a computer-generated colon, complete with polyps, turns to negotiate, and so on – much like the real thing. But not all simulations are of the video variety. Randy, a computer-based simulated human, is 5 feet 10 inches of interactive plastic. "He could be programmed as a trauma victim, say, with a ruptured spleen and massive blood loss," explains Lachapelle. "You have to go through the steps of treating him, and along the way you receive feedback as to what works and what doesn't – the heart rate and blood pressure change, for instance." The strategy is to mimic a scenario that students are going to face in reality one day, but in an environment where the thinking process can be thorough and comparatively stress-free.

In terms of clinical skills, the facility will provide a learning centre with the opportunity for more observation and feedback than is available in conventional clinical settings. "In Quebec, the *virage ambulatoire* that began about eight years ago meant that many patients now check out earlier and receive more care at home. The patients left in the hospital are sicker than those of twenty years ago," explains Don Boudreau, Associate Dean, Medical Education and Student Affairs. "It's just not as appropriate for students to learn basic procedures on them."

The Skills Centre will use standardized patients – real people who make themselves available for teaching purposes – to help students develop clinical skills. These volunteers, or patient partners, as Boudreau also calls them, could be actual patients, but could also be perfectly healthy individuals coached to play the role of patients. "If you had rheumatoid arthritis, then you might volunteer yourself as a patient for teaching. Or we could train someone to portray a patient, say to play the role of someone with depression, even giving them a script," he says. While low-tech, these simulations will be useful: for instance, the Skills Centre design includes a one-bedroom apartment which students in Physical and Occupational Therapy could use to assess the needs of a patient with a disability or recovering from a stroke. When not used as a teaching site, the apartment kitchen could revert to its other role: a place for staff to prepare their lunches.

Observation and feedback are key components of the Skills Centre's pedagogy. In the high-tech realm, computers themselves can provide feedback. The clinical section will include a series of exam rooms having two-way mirrors as well as video cameras. "The teaching physician can observe encounters when it's convenient, and we can also institute peer assessment or self-assessment," says Boudreau. "There is plenty of opportunity for critical observation and feedback."

The Skills Centre will also facilitate quality assessment and control. "Patients expect that the person doing a procedure has a certain qualification," explains Lachapelle, "but currently we have no formal way to evaluate our ability to perform surgery. In addition, licensing boards are going to want objective evidence of the competency of persons doing procedures." Indeed, the site will also

Health Sciences

"The centre can change fundamentally the way we educate medical students and residents, and the way we teach clinical staff and surgical physicians. It will allow us to do pedagogical research and refine how we teach."

Photos: Owen Egan

be useful for examinations, providing space, not available now, for schools to hold their Objective Structured Clinical Examinations.

Linda Jurick, a planner in the Department of Organizational and Physical Programming at the McGill University Health Centre, says, "The expectations are very high." Ms. Jurick assists and supports Dr. Lachapelle and various committees by coordinating the stages in the development of a comprehensive proposal. Her mission is to assist the users in identifying project objectives, working with key stakeholders, deciding the centre's strategic direction and fitting the Clinical and Surgical Skills Centre into the second floor of the Queen Elizabeth Health Complex. Faculty and educators now teaching despite limited resources may soon be considering how to best use the Skills Centre to change the way clinical skills are transferred, perhaps revolutionize healthcare education, and by introducing such skills as knowledge through practice and feedback, transferring skills, simulation in a classroom setting, thereby inspiring students with confidence and insight. The Skills Centre will provide a space where the educator can set objectives in a controlled, risk-free environment where this pioneering approach will succeed.

Indeed, the Skills Centre could spark a pedagogical revolution. "The centre can change fundamentally the way we educate medical students and residents, and the way we teach clinical staff and surgical physicians," enthuses Lachapelle. "It will allow us to do pedagogical research and refine how we teach." Boudreau agrees. "For instance, we don't use self- or peer assessment right now, nor is there a lot of literature on that subject in medical training. We could easily carry out research on this subject."

The great remaining challenge, of course, is funding, with the effort being spearheaded by Arnold Steinberg, BCom'54, LLD'00, Chairman of the Faculty Advisory Board and former chairman of the MUHC. "We're looking for a major donor," Lachapelle laughs. "Although it's a teaching centre, the surgical skills platform needs standards similar to those in an OR." The feasibility study results indicate construction costs may run as high as $5.5 million. "Personnel will be key," he adds. "You can have an elaborate and sophisticated skills lab, but with the wrong personnel, it's not going to work. We anticipate a recurring cost of around $300,000 a year, but we may be able to recoup half of that with continuing medical education conferences and courses on various topics and techniques." And, as the Skills Centre would be a unique facility in Quebec, other medical schools would pay to use it.

The Skills Centre will never replace real patients. As Boudreau says, "Part of learning medicine is also appreciating that we're all different, which you only understand by dealing with real people." The facility will be a site to learn fundamental skills as well as develop new techniques. Linda Jurick has no doubts about the importance of its place in the learning process. "The Clinical and Surgical Skills Centre will prove once again that McGill's Faculty of Medicine is a recognized leader in healthcare education, and is firmly committed to providing state-of-the-art education facilities," she says. "The proposal is, at this stage, in its infancy. The Skills Centre will be an attractive incentive for recruiting and training tomorrow's healthcare professionals – it will be an achievement that really does McGill proud and it supports our mission to provide superior-quality patient care in our community." In the pedagogy of "see one, do one, teach one," the Clinical and Surgical Skills Centre will enable students to "see one" – and in some cases "do one" – in a dedicated education centre where all learning needs are met.

Clockwise from top right: Dr. Kevin Lachapelle, MDCM'88, Assistant Professor of Surgery; Linda Jurick, Skills Centre planner and OR nurse; Dr. Don Boudreau, Associate Dean, Medical Education and Student Affairs

Health Systems and Health Populations

"It's a very exciting time to be in research," enthuses Robert MacKenzie, BScAgr'63, and as Associate Dean, Graduate Studies and Research, he should know. He could add that the excitement is even greater if one is a researcher at McGill. The Faculty of Medicine has established itself as one of the biggest research-money magnets in the country.

The numbers don't lie. In 2000-01, the last year for which full figures are available, the Faculty of Medicine brought in 69% of McGill's research grant and contract dollars. In January 2002, it won $40 million from the Canada Foundation for Innovation (CFI) funding decisions, more than any other medical school in the country, and several lions' shares of the $47 million that went to McGill as a whole. The funding-application percentage success rate is also extraordinary, MacKenzie points out with glee – the Faculty won an eye-popping 53% of the Senior/Distinguished Investigator Awards given by the Canadian Institute for Health Research (CIHR), each award coming with five years of faculty salary. In 2000-01, twenty faculty members saw their salary picked up by CIHR – adding them to the hefty number from previous years. But of course, numbers tell only part of the story. Research isn't just growing, it's also taking novel interdisciplinary forms, and with the help of an explosion in medical technology, new fields of exploration are being created.

Pure research starts at the "I'm interested in this problem/idea because nobody knows about it" stage, but the recent trend is toward research leading to applications. "There is more concern about developing research to the point where it would be viable to bring it to the population," says MacKenzie. "For instance, a pharmacology researcher who has been developing compounds that would have an effect on tumour cells is working with a physician in the Centre for Translational Research in Cancer. This exemplifies a growing belief that the university really might be able to take research from the bench to the bedside, not just to understand a problem but also to treat it."

The basic thus runs very quickly into clinical health services and other factors that affect the health of populations, and simultaneously spills over departmental boundaries. "People are not so easy to divide into basic and clinical research as they used to be, because there are people in basic science departments who would just love to take their research into a clinical area, and people in clinical institutes who are PhDs doing research that's every bit as basic as anything in the McIntyre Medical Sciences Building. The boundaries are getting fuzzy," MacKenzie says. Research in genomics and proteomics, for instance, a major undertaking of the university, will involve fundamental scientific research but with a range of clinical applications. While studies in genomics at McGill are mostly medical, the bioinformatic component means that there is interdisciplinary input from the Faculties of Science and Engineering. The new Francesco Bellini Life Sciences Building is another case in point: this new research centre brings in people working on common themes – complex traits, for instance – rather than being organized along departmental divides.

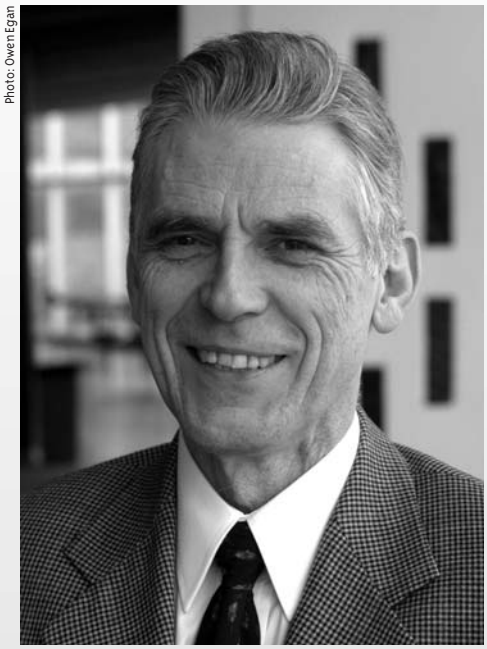
Interdisciplinarity attracts the eyes, and cheques, of granting bodies. "A couple of years ago, the Montreal Neurological Institute joined with the Douglas Hospital in a project connecting researchers interested in cognition, behaviour and mental health with those in brain imaging and chemistry, uniting two fields where people previously didn't talk to each other," says MacKenzie. Along with researchers in aging at the Lady Davis Centre, they were awarded a CFI grant to develop a brain-imaging centre.

The Canadian Institute for Health Research is also expanding the mandate it held as the Medical Research Council (MRC), when it was perceived as an agency that funded only biomedical research. Now it supports health research across the spectrum: from biomedical and clinical research to studies in health and populations, healthcare delivery, and the history of medicine. Thus, in the realm of cancer studies, one end of the spectrum may encompass biomedical research, while the other may be palliative care and health services delivery. Recently, Robin Cohen, BSc'81, MSc'83, PhD'86, Research Director of Palliative Care, received a CIHR grant for her current research on developing an evidence base for palliative care practice – something which might have been more difficult under the old MRC.

Similarly, the CIHR is recognizing divergent streams in health research. Ann Macaulay, in the Department of Family Medicine, was recently awarded a CIHR grant to establish the Kahnawake Schools Diabetes Prevention Project. "There's a partnership now between McGill University, the Université de Montréal and the community of Kahnawake to run this research program. Only after the people of Kahnawake agreed was the project approved by the McGill ethics board," explains MacKenzie. "And it helps that Dr. Macaulay has a long relationship with the community."

The range of opportunities, diversity of research projects and interdisciplinarity of approach is stimulating, says MacKenzie. "It's the best time to be a researcher. The world of research is very interesting."

Photo: Owen Egan



Dr. Robert MacKenzie, BScAgr'63, Associate Dean, Graduate Studies and Research

DR. BALFOUR MOUNT, OC: PALLIATIVE PIONEER

McGill Luminary

Photo: Owen Egan

Dr. Balfour Mount, Director, Integrated Whole Person Care, Department of Oncology and Eric M. Flanders Professor in Palliative Care

In the summer of 1973, Balfour Mount, OC, was a urological oncologist on staff at McGill. His career had led him from Queens, New York, where he was an MD, to residency at McGill, and then to New York's Memorial Sloan-Kettering Hospital before returning him to Montreal. But soon his life would change again – and with it the lives, and deaths, of countless others. That summer Mount found himself leading a quantitative and qualitative study to understand the process of death at the Royal Victoria Hospital. "Hearing the personal experiences of these people was a real eye-opener," he recalls. "There were unmet psycho-social needs, which we had expected to find, but in addition there was poor control of pain and other symptoms. We hadn't expected that."

The experiences recounted were so horrific that Mount began to explore previous research. "There weren't many studies, but every methodologically sound one revealed the same thing – there were serious problems." He had seen a reference in Elizabeth Kübler-Ross's *On Death and Dying* to Dr. Cicely Saunders and St. Christopher's Hospice in London, England, and arranged to visit for a week in September 1973. "It was a pivotal point in my life," he asserts.

Mount returned from London convinced that the healthcare system had major problems, but that it could be healed. However, recreating St. Christopher's Hospice was not the best choice. "This multi-million-pound institution in southeast London was serving an area with a radius of five miles. We couldn't afford a sufficient number of institutions like it to meet the population's needs." His conclusion: someone needed to do a pilot project to see if the hospice concept could work as part of the healthcare system, particularly within a teaching hospital. Mount became the "someone"; the Royal Vic was the hospital. But in French the term "hospice" had connotations of the poor-house, a place of last resort. Instead, he coined the term "palliative care," which would translate nicely as "soins palliatifs," to describe his project.

"This type of thing hadn't been done before. For the administration of the Royal Vic and McGill to embrace the challenge of a two-year trial project showed a degree of courage and flexibility that is remarkable," he stresses. "You don't have to look far to see other hospitals that quickly became aware of the need but chose to do nothing, because it ran so counter to the ethos of the existing healthcare system."

But the timeline was short. Mount's team had to discover what needed to be done, devise programs, build a team, carry out the project, assess it and, finally, analyze and report on the results – all within 18 months, if the hospital were to have time to decide whether to continue the program. "It was an extraordinary challenge," he says, "but very gratifying. We learned a lot about the adaptability of people who are very sick, as well as about how caring our professional colleagues could be, given the opportunity. We simply said it was permissible, even desirable, to add compassion to the healthcare system. We learned that it works, and that it influences care throughout the hospital."

They also learned that pain could be managed, helping people to stay home longer and perhaps to die there. Palliative care decreased pressure on beds and on the emergency department; if it were available across the country, it would contribute to better care with little cost increase. Mount's success prompted similar hospital-based programs around the globe, and the 1982 *RVH Manual on Palliative / Hospice Care* became a blueprint for the international palliative care movement.

But there was a conundrum. Even if palliative care was maximizing the quality of life, there were no good measures to reflect this. The best available measures reflected the physical status, and as a result, for patients approaching death, their "quality of life" rating always declined. "We knew from our experience that that wasn't necessarily the case," Mount says. "For a considerable portion of patients, the quality of life could be quite satisfactory, and for some it would even increase."

Mount hypothesized that the measures were missing something. In 1995, with Robin Cohen, now director of research programs for the McGill palliative care program, he helped develop the McGill Quality of Life Questionnaire (MQOL), designed particularly for people with advanced or life-threatening illness. Working with cancer and AIDS patients, they were able to demonstrate for the first time the significance of the spiritual or existential domain as a determinant of quality of life.

His interest in the impact of the existential domain on health care outcomes led to the creation of the McGill Program in Integrated Whole Person Care in 1999. The program's most recent study has been a qualitative examination of the inner life experiences of people facing life-threatening illnesses; it also holds courses in palliative care and healing for the undergraduate curriculum and a course on qualitative research for the Medical Research department.

Through it all, Mount shows no sign of slowing. "I truly enjoy what I do for a living – these are the people for whom, traditionally, 'nothing more can be done.' And yet it is possible to make a huge difference."

Physicians of the Future

Photo: Owen Egan

Foresight, not hindsight: that distinction summarizes the task confronting the Faculty of Medicine Admissions Office. How can one predict who will make a good physician? While McGill consistently attracts top applicants, the Admissions Office is charged with determining which among them will have the right blend of characteristics.

"Medicine has a solemn covenant to serve society," begins the CanMEDS 2000 Project, "Skills for the New Millennium," released in February 2000. The report, an initiative of the Health and Public Policy Committee of the Royal College of Physicians and Surgeons of Canada, identifies eight necessary areas of competency: medical expert, clinical decision-maker, communicator, collaborator, manager, health advocate, scholar and professional. McGill has developed its own response to these projected needs, says Phil Beck, MDCM'64, DipPsych'69, Associate Dean of Admissions. "We try to choose students who will make excellent physicians, be able to offer comprehensive care to their patients, remain up-to-date in terms of the latest medical knowledge and research techniques and methodology, participate in research projects, and make good teachers. That's a full slate."

Of course, becoming a model physician usually presupposes that one will also be a pretty good medical student en route. Karen Devon, BSc'00, MDCM'04, a third year medical student who serves on the Admissions Committee, has seen the process from both sides. "I can't simply choose on a perceived ability to be a good physician – I'm not one yet! – but also on the ability to be a good student, a problem solver with good communication skills." The first rung, though, is academic performance, says Beck. "Transcripts are part of that, as are letters of reference and results in the Medical College Admissions Test." Then, should the applicant meet the scholastic requirements, the committee moves on to the four-page autobiographical letter that accompanies each hopeful's package. "We don't want people who are simply academically proficient; we would like them to have a certain kind of experience in life, showing that they're suitable for this kind of profession," Beck explains.

Life experience is not so easy to assess when the applicant is only twenty, yet there are indicators that someone may have the right stuff. "First of all, we need to be sure that these students are able to undertake a medical career – it's a long and sometimes arduous path through the medical curriculum, so you have to be motivated and it has to come from within," he insists. Sometimes students will come for other reasons – family expectations, for instance – but they haven't really thought in terms of matching their own attributes with those required to be a successful physician. "They need to have made an effort to find out what medicine is all about, whether it be meeting with the family physician, shadowing a doctor for a few days, or working as a volunteer in a hospital," Beck stresses.

Good communication skills are also important, especially given the high-pressure environments in which physicians frequently work. "Patients are unwell and often under a lot of stress, as are your colleagues, so you need people skills and the ability to communicate. We make a particular effort to choose students who enjoy being with people."

"People" means communities as well as individuals, and involvement at that level shows the sort of civic-mindedness that reflects the "solemn covenant" identified in the CanMEDS report. "We ask students if they've been involved in community groups, volunteer situations, church groups, or similar activities. They should be comfortable assuming a helping, participatory role."

Leadership skills in almost any field will catch the committee's collective eye. "Students who are able to pursue excellence in a particular field – whether it be sports, theatre, arts, or whatever – often do well in medicine," says Beck. Likewise, creativity and originality are good signs that an applicant might make a good physician. "Sometimes we confront questions for which there are no set answers, and we need people who can think outside the box when they need to," he observes. But applicants, as well as med students and professional physicians, need a life outside medicine. "It's hard to grind it out for twelve or fourteen hours a day and do nothing else," he notes, "so we look for students who have other intellectual or cultural interests. Basically, we want them to be well rounded."

And if these criteria were not sufficient, the Admissions Office is also looking for students who can add to their skills and knowledge when they need to. "These students are often very young, and certainly haven't reached their full potential, so we have to look for signs that they have the capacity for self-development."

Finally, should academic records, letters of reference and the autobiographical letter be convincing, the applicant is invited to be interviewed individually by two members of the admissions committee before a final decision is made. The final result? "To err occasionally is human," says Beck, "but I believe this is the best possible process. The quality of our students is truly amazing."

MEDICAL SCHOOL APPLICATION DEADLINES FOR AUGUST 2004

NOVEMBER 15, 2003
For applicants whose residence is outside of Quebec

NOVEMBER 15, 2003
For all applicants to the MD-PhD and MD-MBA programs

JANUARY 15, 2004
For residents of Quebec applying to the M.D., C.M. program

MARCH 1, 2004
For residents of Quebec applying to the Med-P program

Website: www.medicine.mcgill.ca/admissions

Faculty Events

Above, opposite page:
Dr. Philip Beck, MDCM'64, DipPsych'69, Associate Dean, Admissions

Above:
Sara Stafford, MDCM'05

Below:
Dr. William H. Feindel, OC, GOQ, MDCM'45, DSc'84, Director Emeritus of the Montreal Neurological Institute, Pamela Miller, BA'66, Head, Osler Library, Dean Abraham Fuks

Bottom:
Reception attendees

Student Life: Med Games 2003

Med Games is an annual event, hosted by one of the four Quebec medical schools on a rotating basis. This year was McGill's turn, and from January 10-12 more than 1,800 medical students participated, including students from all five Ontario schools, the four Quebec schools, Dalhousie and the Naturopathic Students Association.

The event is organized and run by medical students from the host school, who begin the planning process almost a year before the event. Hotel accommodations and food are provided for all visiting students. The weekend of events started with a four-floor party at the University Centre, featuring performances by bands from several of the schools, including McGill Medicine. On Saturday and Sunday, tournament-style sporting events were held at the Currie Gym and included everything from hockey, swimming and basketball to four-corner dodgeball and many more. There were also dance competitions, improvisation and *Génie en Herbes.*

The McGill Medicine teams ranked first in handball, *Génie en Herbes*, swimming, track, water bombs, and billiards. The overall standings placed Sherbrooke third, Université de Montréal second, and McGill in first place, and the trophy will be on display in the Faculty of Medicine office for the next year.

The organizing team of students worked very hard to make this event a success, and feedback from the participating schools has been incredibly positive. This was a great opportunity to demonstrate the enthusiasm, athleticism and skill of the McGill medical students, as well as a chance to meet many of their future colleagues from the other schools.

Congratulations to everyone who worked to make Med Games 2003 a success!

Osler Library Reopening

Dr. William H. Feindel walked us down memory lane at the official ribbon-cutting ceremony of the Osler Library last November 27. It was an emotional and history-filled event attended by over 200 supporters and friends of the University. With the help of a $500,000 grant from Dr. Jack McGovern, a prominent Texas allergist and founder of the American Osler Society, and the advice of the Canadian Conservation Institute, the library has installed a new climate control system and undergone major renovations.

Pre-1840 books are now accessible in the Osler Room, reached through the Wellcome Camera. Rare books from 1840 to 1918 are stored in a special access area that surrounds the Osler Room. Those in the latter category are more fragile due to acids that were introduced into the papermaking process. It was necessary to adapt the McIntyre Medical Sciences Building air circulation system for the post-1840 material.

"Now, instead of getting 16 different climates a day, we are only dealing with seasonal variation," says Osler Librarian Pamela Miller. A high-tech climate control unit controls the humidity in the inner area.

Older shelves, many of which were literally bowed from years of bearing their bibliographic burden, were repaired and reinforced. Special compact shelving that allows for 50% more storage space is now in place.

NEWS FROM THE OFFICE OF

Development and Alumni Relations

McGill Alma Mater Fund

At mid-year (December 31), the McGill Alma Mater Fund was just over $20,000 ahead of last year's total at the same time and the average gift had increased from $424 to $458. These increases are largely attributable to the efforts of the classes that raised funds for special gifts to commemorate their milestone reunion. As well, this year, Mark Abelson, BSc'66, MDCM'70, Neville Poy, BSc'58, MDCM'60, MSc'63, David Mulder, MSc'65, Christopher Feindel, BEng'68, MDCM'76, Paul Dorian, MDCM'76 and Charles Peniston, BSc'77, MDCM'81, assisted the leadership gifts division of the McGill Alma Mater Fund, and contacted classmates and other medicine alumni, making this year's leadership effort particularly dynamic. We thank all our class and volunteer leaders whose hard work makes such a difference to the quality of the student experience in the Faculty of Medicine.

Alumni Meetings

In November 2002, the Dean met with McGill San Francisco alumni at a reception organized by the McGill Branch President, Rié Shigematsu Collett, MBA'96. The topic of his presentation was: "The Language of Medicine: Metaphors of war in the battle for your health."

In January, David Tat-Chi Lin, MDCM'83, and his wife, Helena Yeung-Lin, MSW'82, hosted a reception for Medicine, Nursing and Physical and Occupational Therapy graduates at their home in Vancouver. It was a wonderful event in a spectacular venue.

There was a small alumni gathering in February, when Robert Smith Larimer, BSc'76, MDCM'77, with Lisa Piazza, John Joseph Naponick, MDCM'73, Dr. Theary Vanna Oum and Bruno Umberto Karl Steiner, BSc'86, BSc (PT)'89, dined with Nadine Saumure, Senior Development Officer, Medicine, in New Orleans.

REMINDER

Please make your 2002-2003 McGill Alma Mater Fund gift before our campaign year end:
May 31, 2003

In March 2003, the Dean was once again on the west coast, attending a McGill Alumni function in Los Angeles coordinated by Branch President, Jennylynd James, BSc'86, PhD'97.

Special Gifts

In January, the Faculty received confirmation of a number of gifts to honour former Dean Richard L. Cruess (1981-1995). The funds will be used to establish the Richard Cruess Chair in Reproductive Biology. This chair, combined with the Milton Leong Chair in Reproductive Medicine, stands to further strengthen McGill's leadership in the field.

In February, Mrs. Robin Quinlan hosted a reception to introduce C. Annette Hollmann, PhD, the first Peter Quinlan Fellow in Oncology, to all those who contributed to endow this fellowship. The fellowship honours the memory of Peter Quinlan, a special McGill friend and community leader. Dr. Hollmann's research is looking into cellular resistance to chemo-therapeutic agents, which may help to develop methods of identifying resistance to chemotherapy before treatment begins.

A Final Note

For many of the Faculty's graduates and friends, this newsletter is the primary source of information about developments in the Faculty. We would appreciate your feedback about this and past issues, as well as suggestions for future features and articles. Please email your suggestions to scot.dejong@mcgill.ca.

With every good wish for a wonderful and warm summer,

Scot DeJong,
Executive Director, Development

Photos: Nicolas Morin and Nadine Saumure

Clockwise from top left:

New Orleans:
(left to right) Robert Smith Larimer, BSc'76, MDCM'77, Lisa Piazza, John Joseph Naponick, MCDM'73, Dr. Theary Vanna Oum and Bruno Umberto Karl Steiner, BSc'86, BSc (PT)'89

Marjorie Bronfman Chair Announcement:
(left to right) Dean Abraham Fuks, Marjorie Bronfman, LLD'99, Dr. Margaret Lock, Bernard Shapiro, BA'56, LLD'88

Vancouver reception:
(left to right) Conrad Mackenzie, MCDM'49, Patricia Mackenzie, Helen Elfert, BN'57, Dean Abraham Fuks, William Rivers, MDCM'55, and Susan Carol MacDonald, BSc'76, MDCM'80

Peter Quinlan Fellow in Oncology
(left to right) Robin Quinlan, Dr. C. Annette Hollmann, Judith Cowling, BEd'62, CertEdTech'86, and Gail Johnson, BA'63

List of Class Representatives

Special thanks go the Class Representatives who have volunteered their time and energy to ensure a successful Homecoming 2003:

1943a: John McMartin
1943b: Lester McCallum
1948: James Darragh
1953: Lawrence Hutchison
1958: Douglas Morehouse
1963: David Chui and David Boyd
1973: David Fleiszer and Ruth Russell
1978: Gail Beck and Claus Hamann

We also wish to thank the classes that have decided to commemorate their anniversary by raising funds to support the activities of the Faculty. The Class of 1943b is raising funds for the Bursary Fund they established at a previous Homecoming. The Class of 1953 will be supporting the Health Sciences Library. The Class of 1963 is raising funds for a Scholarship Fund established in 1998. The Classes of 1973 and 1978 are in the process of identifying their respective class project.

Alumni News

Honour a Teacher Program

Great teachers encourage and inspire. They are enthusiastic, patient and understanding. They make a fundamental difference in the lives of their students, helping to build the self-confidence that results from knowledge.

To honour these remarkable men and women who enrich the lives of students every day, the McGill Alma Mater Fund has created the Honour a Teacher program.

To participate in the Honour a Teacher program, please request a brochure from Sarah Sandusky, Annual Fund Coordinator. *Please note that the program is currently only available to recent graduates of the past five years who give $100 or more. If the program is successful, it may be expanded in the upcoming fund years to include all graduates*

When you join the Honour a Teacher program, McGill will send your teacher a certificate of commendation noting that a gift has been made in his or her honour, and will include their name in the online Honour roll of Teachers.

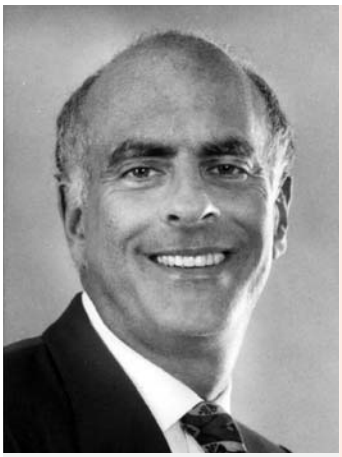
For more information please contact Sarah Sandusky at (514) 398-3579 or sarah.sandusky@mcgill.ca.

HOMECOMING 2003

October 16-19, 2003
Homecoming
www.mcgill.ca/homecoming/
www.medicine.mcgill.ca/alumnicorner/ Select: Homecoming

October 17, 2003
Medical Seminar presented by the members of the Class of 1978

October 17, 2003
Leacock Luncheon in Montreal
www.mcgill.ca/homecoming/



Dr. Mark Abelson, BSc'66, MDCM'70

Alumni Leaders

Lending inspiration to the Medical Development Office, Dr. Mark Abelson, BSc'66, MDCM'70 offered suggestions to profile medicine alumni on the Alumni Corner Website (www.medicine.mcgill.ca/alumnicorner).

On January 12, 2003, we launched Alumni Leaders, a quick glance into the lives of our alumni from their experiences post-graduation to present day. Highlighted for their support to McGill, a different Medicine Alumnus will be profiled each month.

If you are interested in learning about the Alumni Leaders' Program, please contact Amy Samsonovitch, Development & Alumni Relations Coordinator, at amy.samsonovitch@mcgill.ca

1821 Society Members

The Faculty of Medicine would like to thank those alumni who are 1821 Society members and have provided for McGill in their estate plans.

Peter Benjamin, BSc'51, MDCM'55
J. Robert Bowen, MDCM'45
Janet E. Campbell, MDCM'51
Daniel Funderburk, MDCM'56
William Hays, MDCM'64
Patricia Innis, MDCM'65
Ruby G. Jackson, MDCM'50
Joanne H. Jepson, MDCM'59
Arthur D. Kracke, MDCM'58
Kalman C. Kunin, BSc'41, MDCM'43
Samuel B. Labow, BSc'58, MDCM'62
Carrol A. Laurin, OC, MDCM'52
Andrew Q. Mccormick, MDCM'60
Donald G. Moehring, MDCM'65
Robert S. Mumford, MDCM'43
Dwight Parkinson, MDCM'41
Margot R. Roach, MDCM'59
Winifred M. Ross, MSc'48, MDCM'52
John M. Rothschild, BSc'67, MDCM'69
Frank H. Russ, MDCM'39
Myron I. Segal, BA'45, MDCM'49
Jacques E. Sylvain, MDCM'74
Kenneth M. Telford, MDCM'40
Alan D.M. Turnbull, BSc'57, MDCM'61, MSc'65
Frederick E. Whiskin, MDCM'48
W.W. Wilson, MDCM'43

Bequests and other planned gifts for McGill University

The Gift of a Lifetime

The McGill University 1821 Society

McGill takes great care to acknowledge and show its appreciation to everyone who makes a donation to the University. Planned gifts, however, often go unrecognized while the donor is alive because the University is not aware of the gift.

If you have made a provision for McGill in your estate plans, we invite you to join the McGill University 1821 Society by informing the Planned Gifts Office of your decision.

If you wish, you will also be recognized in the Annual Report on Private Giving for your generosity towards McGill.

For More Information:

Susan Reid
Director
McGill Planned Gifts Office
3605 de la Montagne
Montreal, Quebec, Canada
H3G 2M1

susan.reid@mcgill.ca
tel.: (514) 398-3560
fax: (514) 398-7362
1-800-567-5175

www.mcgill.ca/alumni
(click on "Supporting McGill" then on "Planned Giving")

McGill

All images are details from watercolours by Bonnie P. Folkins: "Columns-Hosmer House," 15x22 in.; "The Three Bares-View of the Arts Building," 20x27 in.; "View from Porch Strathcona," 28x17.5 in.

Upcoming Continuing Medical Education (CME) Courses

Ste. Anne's Centre Conference: Psychological Trauma and Operational Stress

May 1-3, 2003
Hilton Montreal Bonaventure Hotel

Topic:
Addressing the spectrum of trauma-related disorders among civilians and military personnel.

Thursday Evening Lecture Series

September 18 - December 11, 2003
McIntyre Medical Sciences Building

Topics:
Endocrinology, Respiratory Diseases, Otolaryngology, Musculoskeletal (Orthopedics / Rheumatology)

54th Annual Refresher Course for Family Physicians

November 26-28, 2003

Topics:
An overall review of relevant topics of interest to family physicians in both rural and urban practice. There will be ample opportunity for interaction with colleagues and faculty, as well as a chance to brush up on "hands-on" skills.

For more information on these and other CME courses, visit our web site: http://cme.med.mcgill.ca

McGILL ALMA MATER FUND Your gift does so much

Gifts from graduates designated to the priorities of the Faculty of Medicine ensure that our students can participate in and learn from exciting projects that provide excellent educational opportunities and foster friendships that endure beyond the years spent here. If you have not made your 2002-2003 Alma Mater Fund gift – or if you have never given – please take this opportunity to send a gift with this form. With your help, we will continue to offer an education that is well beyond the ordinary. Thank you!

Here's my gift of $ _____ ☐ CDN$ ☐ US$

Please direct my gift to the following area of need:
☐ The priorities of the Faculty of Medicine (02113)
☐ McGill's greatest needs (00100)
☐ Scholarships and Student Aid (02100)
☐ Libraries (02119)
☐ Athletics (02121)

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email

PERMISSION:
McGill welcomes the opportunity to thank donors by printing their names in University publications.
☐ I permit McGill to include my name in such lists.
☐ I do not permit McGill to include my name in such lists.

☐ My cheque payable to McGill University is enclosed.

☐ You may charge my gift to my credit card: ☐ Visa ☐ MasterCard

Signature _____ Expiry Date: ____ / ____

MATCHING GIFTS:
If you are a current employee, retired or the spouse or widow(er) of an employee, or a member of the Board of Directors for a company with a matching gift program, the company could be waiting to match your gift to McGill. Please write the name of your employer below.

EMPLOYER: _____
Our MATCHING GIFTS coordinator (514-398-3580) can advise you if your organization is a matching donor. Gifts are eligible for tax credits in Canada and the U.S.A.

PLEASE RETURN THIS FORM TO:
McGill University, Gifts Services
3605 de la Montagne
Montreal Qc H3G 2M1
Phone: (514) 398-4436

03255

Faculty Updates

Photos: Nadine Saumure

Top: Srinivasan Krishnamurthy, Khalil Sultanem, Gustavo Duque and Krista Lawlor, MDCM'93. Above: Jean-François Boivin, Ronald Onerheim, Barbara Hales, BSc'70, PhD'77, Bernard Unger. Missing is Michel Aubé.

Honouring the Educators

The Teaching Scholars Program for Educators in Health Sciences was initiated in 1997 thanks to funding provided by the Henry and Berenice Kaufmann Foundation. This program aims to encourage the professional development of health science educators at McGill. This year-long program is designed to enable a number of individuals to increase their expertise in developing and implementing education programs and to take leadership roles in education. The 2001-2002 scholars were: Dr. Gustavo Duque (Geriatric Medicine), Dr. Srinivasan Krishnamurthy (Obstetrics & Gynecology), Dr. Krista Lawlor, MDCM'93 (Palliative Care), and Dr. Khalil Sultanem (Radiation & Oncology). Their independent research projects focused on the following themes: Learning about Compassion in Medical Education; Web CT-Based Ob/Gyn Tutoring; Trans-Curricular Teaching of Aging and Geriatrics; and Developing an Introductory Course to Oncology for Medical Students.

The Faculty Honour List Program recognizes and celebrates outstanding contributions to education in the Faculty of Medicine in the areas of teaching, educational leadership and innovation, faculty development, and research and scholarly activity. These individuals made it to the top of the list for 2002: Jean-François Boivin, Ronald Onerheim, Barbara Hales, BSc'70, PhD'77, Bernard Unger and Michel Aubé.

Kudos

– Dr. Morag Park, from the Department of Biochemistry and Molecular Oncology at the Royal Victoria Hospital, was appointed to the Diane and Sal Guerrera Chair in Cancer Genetics.
– Dr. Margaret Lock, from the Department of Social Studies of Medicine, was appointed the Marjorie Bronfman Chair in Social Studies in Medicine.
– Dr. Pierre Tellier, Undergraduate Program Director from the Department of Family Medicine, and Drs. Joyce Pickering, MDCM'80, and Bernard Unikowsky, MDCM'75 of the Department of Medicine were chosen as Canadian Association of Medical Education Certificate of Merit Award winners.
– Dr. Francine Ducharme became the 20th recipient of the *Prix d'Excellence* of the Foundation for Research into Children's Diseases.
– Dr. Nahum Sonenberg, from the Department of Biochemistry, is the winner of the 2002 Robert L. Noble Prize, one of four awards for excellence in cancer research from the National Cancer Institute of Canada.
– Dr. Stéphane Richard, from the Department of Oncology, was awarded the Terry Fox Young Investigator Award, one of four awards for excellence in cancer research from the National Cancer Institute of Canada
– Dr. Maryam Tabrizian, from the Department of Biomedical Engineering, introduced a new International Centre of Biosensors and Biochips (ICBB) that is constituted to promote excellence in nanoscience and nanotechnology research fostering interdisciplinary research.

KEY DATES IN THE FACULTY

FACULTY DEVELOPMENT

Faculty Development is responsible for organizing activities throughout the Faculty of Medicine and for promoting excellence in teaching and learning.

June 12, 2003
Annual Symposium on Education in the Health Sciences

November 2003
Reception to honour the 2002-2003 Teaching Scholars

For more information on these events, please consult the Faculty Development website at www.medicine.mcgill.ca/facdev/

OTHER DATES OF INTEREST

May 15, 2003
"Problem" Student & Resident: Whose Problem Is It? workshop McIntyre Medical Sciences Building, Jonathan C. Meakins Amphitheatre

June 2, 2003
Health Sciences Convocation

June 6, 2003
Commemorative service in gratitude to those who have given the gift of their bodies to health sciences studies at McGill.

June 2003
Collège des Médecins du Québec's swearing-in ceremony for residents who have chosen to practice in Quebec.

August 13, 2003
Registration and orientation for the students accepted in Med-1

September 2003
The McGill University Cancer Centre celebrates 25 years of research excellence with a one-day symposium in honour of Dr. Phil Gold, the initial founder of the Centre in 1978.
www.med.mcgill.ca/cancer

November 5, 2003
Osler Lecture and Banquet
www.health.library.mcgill.ca/osler

Your alumni profile

We are collecting data on each class, with the goal of making it available on our password-protected website. This information is accessible only by McGill Medicine alumni. If you wish to participate, you may either mail or fax this form (along with a current photo and a graduation photo) to:

Faculty of Medicine, Alumni Web Development Project
3655 Promenade Sir William Osler, 6th Floor
Montreal, Quebec H3G 1Y6
Fax: (514) 398-1753

Visit the Alumni Corner website at: www.medicine.mcgill.ca/alumnicorner

Name and Position

Home Address

Home Phone

Office Address

Office Phone

Fax

Email

Highlights since graduating:

What I remember most about McGill University:

Professors or fellow students who were most influential during my time at McGill:

I authorize the McGill University Faculty of Medicine to post the above information on the web.

(include signature) NS03

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