

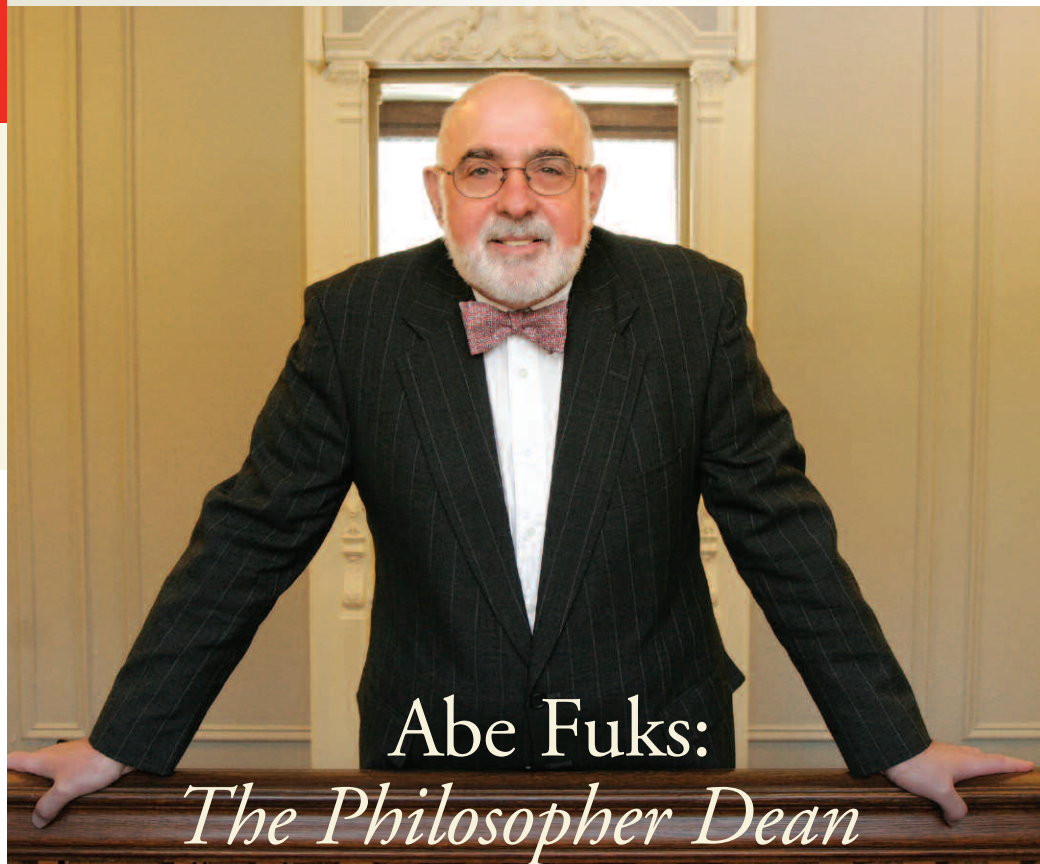


SPRING 2005

McGill

# MEDICINE

*edition*



Abe Fuks:  
*The Philosopher Dean*



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## FACULTY OF MEDICINE NEWSLETTER

Spring 2005

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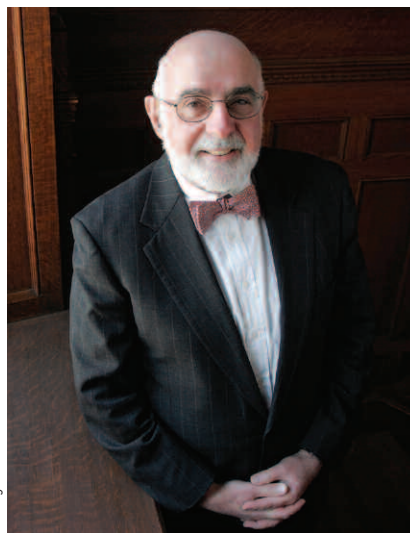
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Cover photo by Owen Egan



Dean of the Faculty of Medicine,  
Abraham Fuks

## Dear Graduates and Friends,

I am pleased to share with you the Spring 2005 Faculty of Medicine Newsletter. Our academic leadership, the Chairs of Departments and Directors of Schools, Centres and Research Institutes are engaged in the most active recruiting process that this University has witnessed since the expansion of the '60s. More than 150 young scholars, scientists, physicians and teachers have joined the faculty since the year 2000, and we continue to search for the best and brightest talent from all over the world. These new colleagues will continue our tradition of excellence by initiating new programs and fields of endeavour. Future issues of the Newsletter will introduce you to some of these young stars.

In this issue, we introduce our new Chair of the Department of Medicine, David Eidelman, a member of the class of '79. Another McGill alumnus, William Feindel of the class of '45, is featured in our ongoing series of Medical Luminaries. You will learn about the new medical curriculum, with its focus on Physicianship, that will be introduced under the direction of Don Boudreau. A feature article on the role of the Faculty of Medicine in the health care network of Quebec describes the work of Sam Benaroya, of the class of '75, in the development of the McGill RUIS.

Please note the section of alumni events and the dates for the forthcoming reunion weekend in the fall of 2005.

This represents the final edition of the Newsletter to be published during my mandate as Dean of the Faculty. I have been blessed with an enormous privilege over the past ten years: the opportunity to work with dedicated, talented and committed colleagues, both faculty and staff, who have given so much time and energy to the mission of the Faculty and the University. I thank the alumni and friends of the Faculty for their wonderful and generous support and their kind hospitality during my visits to the outposts of McGill Medicine throughout the world. It is your work and achievements that create our reputation for excellence and set a standard for the future. For this and much more, I offer my thanks.

With collegial regards and warm wishes,

A handwritten signature in black ink that reads "Abraham Fuks".

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

# Solid Growth

**D**avid Eidelman, MDCM'79, has had two photo-shoots in one day. "I feel like a rock star or something," he says. He isn't, although his schedule is hectic enough; in fact, he is Chair of the Department of Medicine, a position he has held since July 2004. "The job encompasses all kinds of interesting things," enthuses Eidelman, who is also Physician in Chief at the McGill University Health Centre (MUHC). "You're never bored." Medicine, one of the largest departments at McGill University, has over 300 full- and part-time faculty members in its various divisions, ranging from pure researchers to clinicians, and including everything in between. "It's a diverse and interesting group," says Eidelman, who works with more than 15 division directors to ensure that the entire operation runs smoothly.

This kind of diversity produces plenty of departmental activities on the educational and research fronts; in addition, its members provide much of the patient care in the hospitals, running a large number of the outpatient clinics. "In many ways, ours is a very mature and solid department; we're not struggling to get off the ground," says Eidelman. "But there is always continuing expansion and renewal." Much of his time and energy as Chair will be directed toward ensuring the success of the MUHC Glen project. "This project will be our biggest opportunity to renew our academic base. Access to state-of-the-art clinical and research facilities is essential to our growth," he emphasizes. "We are suffering, especially at the Royal Victoria, from outdated and inadequate research and clinical facilities. If we are going to remain the leading department of medicine in the country, we need those resources the Glen project would bring." In the meantime, though, the Jewish General has been building a new research wing, which should also benefit the Department of Medicine. "I'm hoping this facility will help us recruit world-class faculty," he says.

Many of these new recruits will be involved in translational research, complementing those researchers already at McGill. "Over the 1980s and 1990s, with the advent of molecular biology as a widespread area of research, a lot of funding went into very fundamental observations. Now people are starting to ask, 'What does this mean? How does this translate into making my grandmother better?'" Eidelman says. "Research over the next decade will marry our excellence in basic sciences with our excellence in clinical science to translate the observations made by PhD or clinician scientists into practical ways of treating patients more effectively."

Preventive medicine is another area that is beginning to excite public as well as professional interest. "In the rush to develop new technologies, we sometimes forget about trying to figure out how to get people to eat properly, exercise

regularly, and do those things that will keep them healthy." The Department has a number of researchers interested in developing specific programs for preventive and rehabilitative medicine, and will likely see even more in the future.

Finally, Eidelman has plans to raise the profile of the Department's successes in international medicine. "I'd like to make this field a more cohesive program so that it receives the recognition it deserves. We have stellar researchers working in the areas of tropical diseases in South America, respiratory diseases in Central America, and so on. These are very important McGill contributions to international medicine."

Local and provincial health care concerns will also come to the fore, as the Réseau Universitaire Intégré de Santé (RUIS) regulations come into play (see article on the RUIS in this newsletter). "The RUIS is going to be a big driver in determining how we do our work over the next few years," he says. "We've already started thinking regionally and provincially for both basic clinical work and also the training of students in residence."

Despite the fact that his agenda is packed with ambitious plans, Eidelman is not daunted. "This is my dream job," he says. "It offers an extraordinary opportunity to interact with the most amazing people. I'm making a contribution where my success is measured by the success of the people who work for me, which allows me to enjoy the ways in which my own efforts are multiplied. I don't get first or even last billing, but if the people in my department are successful, I've done a good job."



Owen Egan

*"I don't get first or even last billing, but if the people in my department are successful, I've done a good job."*

- David Eidelman, MDCM'79



## *Abe Fuks: The Philosopher Dean*

*In 1995, the University community was cash-strapped and senior administrators struggled to find ways of saving money; not an auspicious time to become Dean of a large and expensive Faculty, but such is fate. Abraham Fuks, BSc'68, MDCM'70, assumed the role of Dean of Medicine in this environment of financial austerity, but when his second term ends this summer, his legacy will be an expanded and rejuvenated Faculty that is an international leader in both research and education.*

Owen Egan



“Cutting budgets was tough to do emotionally but, ironically, didn’t take much managerial time or skill,” Fuks recalls. “Building the

Faculty, on the other hand, has taken lots of time and work, but it has also been a real thrill.” The Dean acknowledges that the nurturing of a healthy institutional culture is an important part of any building process. “The leader of any institution must set the tone for that culture,” he says, “but you don’t change it dramatically – you inherit it and then you remold it a bit, adding your own flavours, your own colours,” he explains. “I’m continually amazed at how wonderful institutions like this one are able, through the people working in them at the time, to transmit cultural values that transcend any given generation.”

The Faculty has benefited from Fuks’s astute management and his ability to foster a healthy culture – one that is reflected in all aspects of the Faculty’s activities. As Fuks prepares to step down, the Faculty is unveiling a new undergraduate curriculum that will reaffirm McGill’s status as the driving force in medical education in North America. “The physicianship curriculum is going to be a legacy for generations of medical students,” he says, noting that “the people leading that effort have been absolutely superb.” The new Clinical and Surgical Skills Centre for the Health Sciences will play its own role in the radi-

cal shift of the pedagogical landscape, providing McGill with innovative educational technology to train physicians and clinical personnel in developing important professional skills.

The Faculty’s research activities have also been revitalized due to the expansion of facilities and the aggressive recruitment of top young researchers from around the world. Fuks disclaims the credit, noting the changes in the external environment – growing government support for hospitals and increased research money from the Canadian Institutes for Health Research (CIHR), Canada Foundation for Innovation (CFI) and Canada Research Chairs (CRC) programs – but countless initiatives have benefited from his energy and focus. The genomics and proteomics centre at 740 Dr. Penfield, which opened in 2003, has been an important part of the Faculty’s recent growth, and it will be joined before long by the Bellini Life Sciences Complex and the Cancer Pavilion. And in the past five years, the Faculty has recruited nearly 150 new members. “We have hired absolutely outstanding young people, and they are stellar in their ideas, their quality, and their enthusiasm,” says Fuks. “These people are going to be the foundation for this institution for the next 30 years.” Having all these fresh young minds bustling about also has its personal perks. “I’ve not been able to go to scientific seminars for ten years because I’ve been so busy with administration, but I’ve learned a lot about what’s new in the world of medicine, science and research by meeting

recruits – I get private 10-minute seminars a couple of times a week,” he laughs.

Research also translates into clinical treatment. The Faculty’s close relationship to the hospitals in the McGill University Health Centre (MUHC), as well as the Jewish General, Douglas, and St. Mary’s Hospitals, has created new opportunities in research and teaching. “For instance, the building and expansion of research and academic environments at the Douglas and the Lady Davis Institute at the Jewish General have been important for those institutions and also for the Faculty,” he says. The Lady Davis is currently one of the largest biomedical research institutes in Quebec.

*“Building the Faculty ... has taken lots of time and work, but it has also been a real thrill.”*

Within McGill itself, Medicine has developed closer bonds with other faculties. There is a current collaboration with the Faculty of Education for curricular development, as well as a joint recruiting effort with Science, to hire biomedical researchers. Medicine is also working with the Arts faculty to bring in young scholars working at the interface of medicine, humanities and the social sciences, and there are plans to work with Agricultural and Environmental Sciences for joint positions on nutrition and public health.



“We’ve opened new dimensions and have diversified our portfolio,” says Fuks. “Of course, the strongest equity position is still on the basic science side.”

Building links is clearly one of Fuks’s strong suits, as many McGill alumni are no doubt aware. “Some of the most interesting human relationships I have experienced over the last decade have been with donors in the community. I appreciate meeting people who think differently and come from different walks of life,” he says. “I’ve seen wonderful displays of philanthropy, not just with money but with time and energy and emotions. It’s a philanthropy of commitment.”

While the Dean influences his Faculty, the opposite – not surprisingly – also occurs. “This job has changed me. I know it sounds schmaltzy for the books, but I’ve evolved as an individual,” says Fuks. “I’ve learned a lot about myself, and about paying attention to issues that count and focusing on outcomes. And I’ve learned about the emotional power of ideas and the power of an institutional culture.”

The Dean’s robes will be difficult to fill, so the University is hunting carefully for the best candidate. One thing is certain: the new Dean will inherit a vibrant, healthy faculty. Fuks is reluctant to dictate priorities for his replacement, saying, “You get a new person because they have new ideas, so I can’t tell him or her what to do.” Inevitably, though, some ongoing projects will be passed to the new Dean: curriculum development, the recruitment of young academics and scientists, the nurturing of the ties to hospital and research communities, provincial outreach within the parameters of the new Réseau Universitaire Intégré de Santé and, of course, the development of the MUHC project at the Glen site.

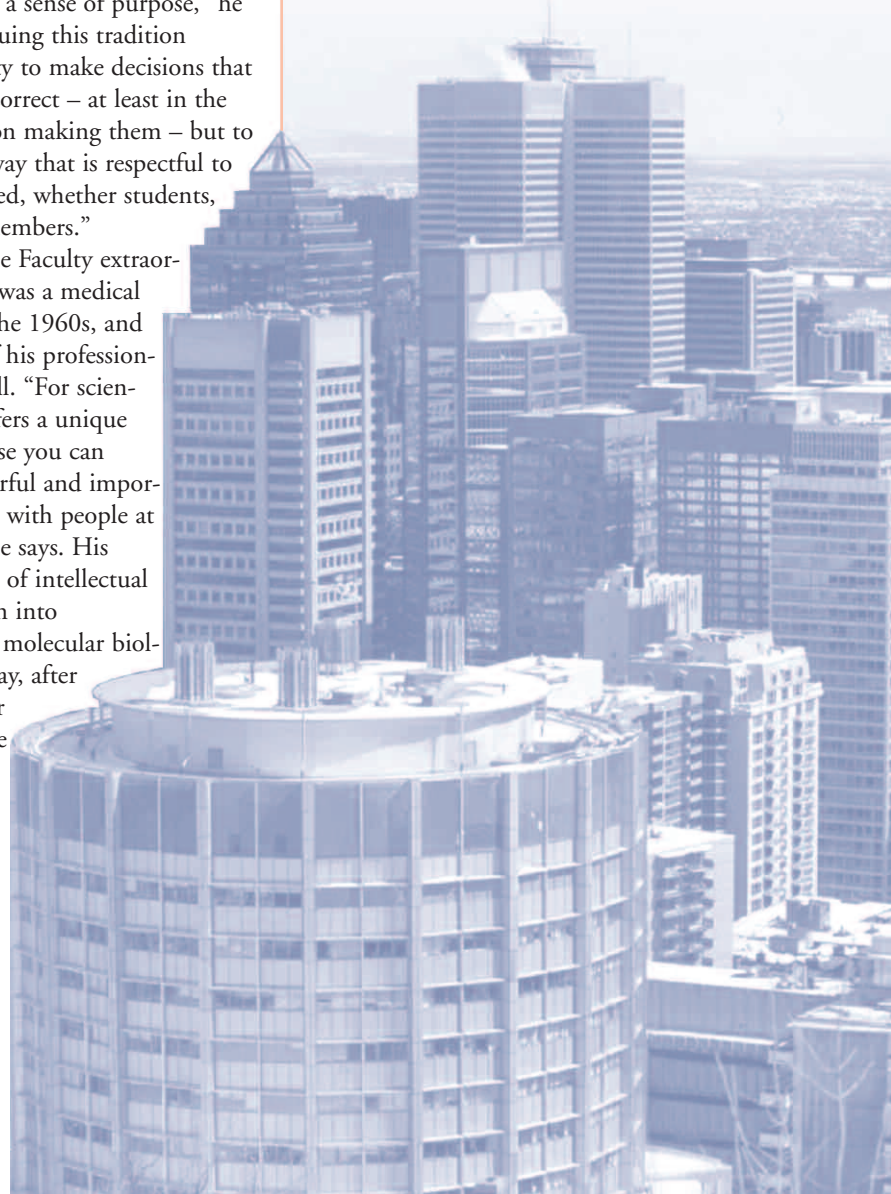
And the outgoing Dean does have some words of wisdom to share. “I’d ask the new Dean to be mindful of the institutional culture, to be respectful of what previous generations have built – not only me but my predecessors – to listen carefully to colleagues, and to trust the Faculty’s culture of collegiality and commitment in order to

*The Dean’s robes will be difficult to fill, so the University is hunting carefully for the best candidate.*

make things happen.” Collegiality, he stresses, is an important factor in McGill’s continued success. “This institution is characterized by a sense of academic excellence that is untainted by arrogance, a sense of collegiality that is clear-eyed and not maudlin, and a sense of purpose,” he says. “And continuing this tradition demands an ability to make decisions that are difficult and correct – at least in the mind of the person making them – but to make them in a way that is respectful to the people involved, whether students, staff, or faculty members.”

Fuks knows the Faculty extraordinarily well. He was a medical student there in the 1960s, and has spent most of his professional career at McGill. “For scientists, medicine offers a unique career path because you can work with wonderful and important ideas and yet with people at the same time,” he says. His curiosity and love of intellectual challenges led him into immunology and molecular biology research. Today, after ten years of senior administration, he is feeling the lure of some of those old challenges. “I want to be a professor again,” he smiles. “Not in my laboratory – I couldn’t revisit that – but I want to get back to teaching and thinking and reading and writing and working

with colleagues.” He is also drawn by the possibilities of working across disciplines. “I’m interested in language and medicine, in how ideas develop and how they have an impact on doctors and doctoring, and I would like to work with some of our new trans-disciplinary scholars,” he says. The future looks bright for Fuks as he moves on to this next stage of his career, one which has been quite successful so far. Still, the passage is bittersweet. “I will miss what I am doing now,” he says. “But I’m looking forward to the transition.”





# Working for Dean Fuks



“I’ve worked with some really wonderful people over the last decade,” says Abraham Fuks of his experience as Dean of Medicine. “They’re people who care enough to get engaged.” Of course, the Dean must provide the context to work with people, communicate ideas and build trust. There is no job aptitude test for “Dean of Medicine,” but if there were it would have to take into account an applicant’s affinities for the boardroom, the clinic, the laboratory, the classroom – and the spotlight.

“Dean Fuks came in at very difficult time, in the thick of cost cutting,” says Johanne Miller, Manager of Financial Affairs for the Faculty. “He had to make some tough decisions and hold to them.” And, she says, he made them in the thorough manner that characterizes his actions. “He likes to be informed, not to shoot from the hip and sweep up later. I lay out the options and try to arm him as best I can, so he can feel good with the decision he’s made.”

The Dean has also proven to be an able fiscal manager. “He’s very good with figures,” Miller says. Nadine Saumure, Associate Director of Development, agrees. “His background is as a researcher, and researchers like data. I learned to present information with numbers whenever I could.”

In terms of managerial skills, the Dean’s staff give him rave reviews. “He is definitely very astute,” says France Drolet, who, as Medicine’s Manager of Academic Affairs, should know. Drolet would meet weekly – and sometimes more – with Miller and Dean Fuks to cover the Faculty’s business. “When we discuss an issue, he knows exactly what’s involved in terms of human resources, and he always has a good sense of whether something is feasible or not,” she says.

But managing Faculty business involves more than dealing with numbers. “He really takes pleasure in recruiting young investigators and teachers who are doing outstanding work,” says Drolet, whose responsibilities include human resources. “For him, that’s both a challenge and a reward.” Robert MacKenzie, BSc(Agr) ’63, Associate Dean, Graduate Studies and Research, worked with Dean Fuks on recruitment, especially for Canada Research Chair positions. “He has a very interdisciplinary approach to research, which is reflected in how he hired,” says MacKenzie. “His grasp of how to put disciplines together really amazes me.” When the boss has such a comprehensive intellect, one must be certain that anything brought to him is fully fleshed out. “I found early on that if you had a proposal it had better be complete, because if there were any holes in it, he’d find them.”

Donald Boudreau, former Associate Dean, Medical Education and Student Affairs, stresses Fuks’s commitment to students and education. “When he invited me to be associate dean in 1996, he said, ‘I would like you to affect students’ experiences so they don’t leave here feeling quite so cynical.’ Many students start the program being idealistic and motivated but they leave being a little bit disillusioned – not just at McGill, but at all medical schools. I think his concern about this problem reflects his long-term vision of the role of medicine.”

MacKenzie, who has eight years of experience administering summer bursary programs for students in the health professions, echoes these sentiments. “The Dean has a soft spot for that program,” he says. “He has always found time to give an opening talk on Research Day, which features presentations at the end of the program. I know that sometimes he walked into other meetings late so he could speak to those students who spent the summer doing research, just because he thought it extremely important.”

Such commitment and concern are reflected in Fuks’s personal impact on people. “He is a wise and composed person, very intelligent and respectful,” says Drolet. Her colleague Miller agrees, saying, “He allows a lot of freedom and shows respect for ideas, no matter how far-fetched they seem. It’s probably the teacher in him, trying to bring out as much as possible.”

“He’s very reassuring and calm, and a very good listener,” adds Saumure. “He’s like a magnet – the alumni love him. He is able to talk with a graduate from 1943 or from 1993 about the Faculty as they knew it. Plus he has an amazing memory and knows absolutely everything that’s going on in the Faculty.”

As Boudreau says, Dean Fuks’s reputation extends well beyond the immediate McGill community. “At conferences I have people say to me, ‘You’re lucky Abe Fuks is your Dean – he seems like such a humanist.’ He’s seen as the philosopher-dean, someone who is interested in the bigger picture. He is concerned with the values that underpin medical education and how we support those values.”



Owen Egan

From left to right: Donald Boudreau, former Associate Dean, Medical Education and Student Affairs, and now Director of Curriculum Development and the Physicianship Program, Johanne Miller, Manager of Financial Affairs, Nadine Saumure, Associate Director of Development, and Robert MacKenzie, Associate Dean, Graduate Studies and Research. Missing is France Drolet, Medicine’s Manager of Academic Affairs.

## A Life in the Mind



Owen Egan

Consider *squalus acanthias*, the spiny dogfish. William Feindel, MDCM'45, DSc'84, OC, OQ, did, while slicing through the cartilage skull of one as a biology lab instructor at Acadia University in Wolfville, Nova Scotia. "Its brain had these huge olfactory nerves, and was extraordinary. Looking back, I realize it got me interested in the nervous system." While Feindel never relinquished the scalpel, his other tools became considerably higher tech. As Director of the Montreal Neurological Institute (MNI) between 1972 and 1984, he led a team that brought CAT (Computed Axial Tomography), PET (Positron Emission Tomography) and MRI (Magnetic Resonance Imaging) technologies to Canada – but not before leading the development of Canada's first automatic brain scanner.

But to return to the early days of Feindel's academic career. After graduating from Acadia in 1939, Feindel won a Rhodes Scholarship and attended medical school at Oxford during World War Two, until the Rhodes program was suspended, and he returned to Halifax, Nova Scotia. While studying physiology at Dalhousie, he was involved in research on "immersion foot" – a condition common in sailors from the navy and torpedoed merchant ships whose legs would freeze in the icy water while they were hanging onto wreckage or waiting in lifeboats to be rescued. Research directed his attention to nerves in the feet, so Feindel wrote to Wilder Penfield asking to be allowed to visit the Montreal Neurological Institute to bone up on the latest neurological technique. Says Feindel, "I fell in love with the place when I got here."

When Feindel's Dalhousie project ended, Penfield invited him back to Montreal, offering a lab assistant position – at \$50 a month, with room and board on the MNI's top floor. "I had it made," laughs Feindel. During the next three years, he also finished his medical degree, at McGill, and then returned to Oxford to complete a PhD in brain anatomy. "Altogether I spent about 17 years in university. My parents wondered when I was going to get a job."

In the early 1950s, during his neurosurgical residency, Feindel worked with Penfield on temporal lobe epilepsy. "The temporal lobe has to do with emotions and consciousness: the seizures cause patients to feel confused, lose contact and become automatons, performing quite elaborate acts but remembering nothing afterwards." They focused on what is called the amygdala – Greek for almond – buried deep in the temporal lobe. "By stimulating the amygdala during operations, we were able to trigger attacks; we then knew this area had to be removed surgically." This and other research findings at the MNI created the temporal lobectomy operation, now a common surgical treatment and often called "the Montreal Procedure," a cure in selected patients with up to an 80% success rate.

*"Altogether I spent about 17 years in university. My parents wondered when I was going to get a job."*

Success garners recognition, and when the University of Saskatchewan was building its hospital in 1955 and wanted to establish a Neurosurgical Department, Feindel received the call. While there, he led the development of Canada's first automatic brain scanner. "I gave my research colleagues some specifications, and they constructed a scanner with two detectors that went back and forth over the head, which would pick up the radioactive traces of tumours or blood clots and show them on a little paper chart." The invention was christened SCANS – the Saskatoon Contour Automatic Neuro-isotope Scanner.

When Feindel returned to the MNI in 1959, SCANS was installed as a core technology and used for many years thereafter. Feindel became Director of the MNI in 1972, and soon after the world of brain imaging revolutionized neurology. The CAT scanner was invented in London in 1972, and Feindel was quick to acquire one. The PET scanner followed shortly, and the MNI team, led by Feindel, performed critical early research with these technologies, discovering and refining their diagnostic applications. MRI was developed toward the end of Feindel's directorship, and he ensured that the MNI had this tool as well. His persistence laid the foundation for the McConnell Brain Imaging Centre, the MNI's world-class integrated research and clinical centre.

These days Feindel is busily writing up his surgical research, and plans to finish a history of the MNI this year. "I'm trying to cut it down to be smaller than a telephone book," he says. He keeps a daily routine at his MNI office, and is delving into medical history, specializing in the works of Thomas Willis, the 17th-century founder of neurology. Fittingly, Feindel is Honorary Osler Librarian, and he has received numerous other honours: Officer of the Order of Canada, Grand Officier de l'Ordre national du Québec, Fellow of the Royal Society of Canada, Laureate of the Canadian Medical Hall of Fame and, as of last October, membership in the Academy of Great Montrealers. In 2001, the William Feindel Chair in Neuro-Oncology was established at the MNI. In January of this year, the Quebec Brain Imaging Research group named the William Feindel Lecture in neuro-imagery.

What does he consider his greatest accomplishment? "I get letters all the time from patients I operated on 20 or 30 years ago, saying, 'It's the anniversary of my operation, so I thought I would write,'" he says. "To have seen those people back on their feet again and enjoying life gives me great satisfaction."

Dr. William Feindel, MDCM'45, DSc'84

# McGill's RUIS

Owen Egan

The Faculty of Medicine at McGill is about to assume a much higher profile in the delivery of health care in Quebec. The provincial government's new Réseau Universitaire Intégré de Santé (RUIS) plan divides the province into four geographic regions – to be served by McGill and the Universities of Montreal, Sherbrooke and Laval – with tertiary services, education and research coordinated by each university's faculty of medicine and its associated teaching hospitals. “We are taking on major new responsibilities,” says Samuel Benaroya, BSc’73, MDCM’75, McGill’s Associate Dean, Inter-Hospital Affairs, and the Faculty’s RUIS coordinator.

The goal of the plan is to improve access to health care by streamlining relationships between primary care providers – doctors and regional hospitals – and upper level care providers for specialized procedures. To organize primary care services, the govern-

*For patients in remote regions, the RUIS system provides more direct access to the kind of specialized care provided by the MUHC.*

ment divided the province into 95 local networks (réseaux locaux), each with a “centre de santé.” For more specialized care, the local networks would have an agreement with the faculties of medicine and the teaching hospitals; for McGill, these include the McGill University Health Centre (MUHC) as well as the Sir Mortimer B. Davis Jewish General, St. Mary’s, and Douglas Hospitals. McGill’s RUIS includes central and western Montreal, the western part of the south shore, Outaouais, Abitibi, the Cree territories, James Bay and Nunavik, and will support a population of 1.7 million. The McGill RUIS’s leadership alternates every two years between the Dean of Medicine and the Director-General of the MUHC. Dean Abraham Fuks, BSc’68, MDCM’70, is the current chair.

“Under the present system, the health care provider can experience a lot of frustration in the process of transferring a patient to see a consultant, or have a procedure done,” says Benaroya. For patients in remote regions, the RUIS system provides more direct access to the kind of specialized care provided by the MUHC. To meet its new clinical responsibilities, McGill has created an inventory of the tertiary clinical services offered by its teaching hospitals. “Local network partners would see what they could do; anything they couldn’t manage could be sent to the McGill RUIS,” says Benaroya. “Theoretically, the universities provide upper level care, but everything interacts. We’re developing contacts with our partner institutions in the local networks, some of which are new to McGill,” Benaroya says. “And we’re planning a network development office, with something like a ‘1-800-McGill-RUIS’ number; the whole point being to simplify communications.”

Students and residents will also notice changes under the RUIS initiative. The government is pushing for more rotations outside of Montreal at both undergraduate and postgraduate levels, in the hope that, by experiencing a non-urban milieu, young physicians may be encouraged to practice there later. Under the new plan, 30 percent of the rotations in family medicine and 15 percent in basic specialties, such as internal medicine and general surgery, will be in outlying regions. “This is a big challenge, as there may not be an infrastructure to meet the educational requirements in some of these settings,” says Benaroya. “So we’re building on the regional rotations we already have, such as our family medicine unit in Gatineau. Another option would be to develop hubs with a variety of specialties, where students at different levels of experience could work together.” Of course, the University must ensure that education received in these hubs meets the objectives of the training programs, and that proper faculty development programs are in place.

Technology will play a critical role. There is already a tele-health program in place, providing a long-distance means of communication, diagnosis and treatment,



*Samuel Benaroya, BSc’73, MDCM’75, McGill’s Associate Dean, Inter-Hospital Affairs, and the Faculty’s RUIS coordinator*

which can be used for both clinical work and education. “And because technology is developing so quickly, we can be creative in this area,” says Benaroya. “Our McGill-RUIS tele-health committee is very busy these days.” The Faculty is also planning to make the library’s electronic resources available at the regional sites.

The RUIS system will entail certain research responsibilities. “Fortunately, research is extremely well developed at McGill,” Benaroya says. “We already have close links with the other faculties.” There will also be potential for McGill to place more research teams in regions, and to forge links with regional partners. As David Eidelman, MDCM’79, Chair of the Department of Medicine, says, “Some of the remote regions include populations that have high rates of diseases like tuberculosis, or have inadequate access to health care. The RUIS provides opportunities to make important contributions in learning how to deliver care to those populations, and also in understanding how certain circumstances may result in difficulties for the population.”

The changes coming with the RUIS will affect the University’s clinical, educational and research activities, and will increase McGill’s role – and responsibilities – in the province’s medical community. “It’s a big challenge,” says Benaroya. “But it’s also a good opportunity to make a difference.”



# The Faculty's New MDCM Curriculum

When building a house, you start with the scaffolding; the rest will follow; and it's no different when developing a curriculum. "We have a theoretical framework developed by the task force, and the Faculty has endorsed this framework," says Donald Boudreau, who, as Associate Dean, Medical Education and Student Affairs, led the development of the Faculty's new undergraduate medical curriculum. His position as Associate Dean ended in November 2004, and he was appointed Director of Curriculum Development and the Physicianship Program. "The job now is to put meat on it," he says – referring to such pragmatic considerations as course design, content, scheduling and resources. Since January, Boudreau's team has been immersed in this process, and Year One of the new curriculum will be in place for September 2005.

The previous issue of *In Focus* introduced the Faculty's drive to develop a new undergraduate medical curriculum. The initial plan was approved at a Faculty retreat on September 21, 2004. "The idea of physicianship will accompany scientific methodology and the basic sciences as the core pillars of medicine," says Boudreau. The retreat allowed the participants to explore the plan in detail and make specific recommendations, such as the introduction of a series of five physicianship courses, which will be taught at intervals throughout the program's four years. Students entering the Faculty this fall will be taking Physicianship A, and other courses will follow as they work towards their graduation in 2009.

While the new curriculum represents a reorientation rather than an absolute overhaul of the current program, the changes are more than a simple tweaking of the status quo. Some courses are being retired and replaced with new ones, while others are being reformatted. There are, however, no major changes in terms of course loads, credits, or hours.

To ensure the success of the new courses, McGill is bringing in some respected external consultants, including Rita Charon of Columbia University and Eric Cassells of Cornell. Charon, an expert in the field of narrative medicine, will help design courses that will use narratives – often written by students – to reflect upon and investigate the notion of physicianship. She may also help train faculty to teach these new skills. The Faculty will introduce sessions on observation, a skill taught decades ago but neglected in recent times. Cassells will create a bank of teaching materials –

*Donald Boudreau leads the development of the Faculty's new undergraduate medical curriculum.*

including slides, video and audio – to help train students to be keen observers. Boudreau and Cassells have also sought innovative ways to teach observation. "We thought of drawing on dermatologists as teachers, as one of their skills is to observe and catalogue skin lesions. Then we thought about non-medical people, such as athletics coaches, who are very good at observing how athletes perform, and even police officers, who as detectives are trained to be keen observers at crime scenes," he explains. "So we may be drawing on these people as well."

One of the many challenges involves measuring the success of the program, especially as it affects patients. Starting this spring, the Faculty will design tools to determine what patients think of the new curriculum. "What do patients expect from contact with a McGill trainee? What would they want to see different?" asks

Boudreau. "We want to know what is 'patient-visible' in the new curriculum, so we must find out how we can measure this and track it over the next

four years." The Max Bell Foundation and the Montreal General Hospital Foundation are helping the Faculty to finance these studies, and Boudreau will be collaborating with professors in the Faculty of Education who have expertise in the sort of qualitative research methodologies required for this.

Although the new curriculum does not start officially until September, first-year students have already had a preview in the class where they observe a patient undergoing an endoscopy procedure – usually a colonoscopy. This year, the session following the endoscopy suite visit featured a "reaction panel" with a group of experts – a specialist who performed the procedure, a patient, a nurse, a psychiatrist, an ethicist and Boudreau. The panel engaged

the class with a series of questions designed to help them understand the procedure from the patient's point of view.

The session is designed to help nurture the students' understanding of patients' experiences of disease and illness. And in that respect, it embodies the notions of professionalism and healing in the new curriculum: exploring the consequences of the disease in the patient, its effect on their lives, its meaning to them – and how physicians can best address the patient, as well as the disease.

*"The idea of physicianship will accompany scientific methodology and the basic sciences as the core pillars of medicine."*



Owen Egan

## We need your help!

The Faculty has embarked on a long-term process of undergraduate medical curriculum renewal. The explicit and formal teaching of observation skills will be among the innovations that will be introduced.

If you have any materials that you think may be of use in teaching observation – photographs, kodachrome slides, cassette tapes or movie clips – these may all be appropriate. We will copy them and return them to you.

Also, if you would like to be involved in teaching observation to first-year medical students, please let us know.

To reach us:

**Office of Curriculum  
Development and**

**Physicianship Program**

Room 529

McIntyre Medical Sciences

Building

Fax:

(514) 398-6649

Email:

donald.boudreau@mcgill.ca

*The past few months have been very active ones for the staff in the Development and Alumni Relations Office.*

In November, we hosted a cocktail reception for Medicine alumni in Vancouver, where Dean Fuks relayed the latest news of the Faculty and the University to approximately 35 guests. He also spoke at the McGill Branch event in Victoria, on “The Military Metaphors of Modern Medicine.” The Dean’s presentation generated many questions and comments from graduates of the different faculties in attendance. We extend special thanks to Tim Houlihan, MUP’76, who organized a great event.

In January, we attended an intimate gathering of McGill graduates from various faculties at a Branch event in Edmonton. The venue was the magnificent Rutherford House, built by Alberta’s first premier, Alexander Cameron Rutherford ([www.ualberta.ca/ALUMNI/history/buildings/6667winruth.htm](http://www.ualberta.ca/ALUMNI/history/buildings/6667winruth.htm)).

We discovered, during a tour of the house, that Dr. Rutherford himself graduated from McGill with BA and BCL degrees. Thank you to Jim Gendron, BSc(Agr)’74, for organizing this very enjoyable evening.

February took us back to the West Coast, where Dean Fuks and I met with some of our alumni in San Francisco. We hope to return to California later in the year.

We always enjoy these opportunities to meet our alumni and catch up with your news, and we look forward to seeing you at one or more of our events in the near future.

### Special Gifts

On January 12, 2005, the Faculty celebrated Dr. Morag Park’s induction as the first incumbent of the Diane and Sal Guerrero Chair in Cancer Genetics. Dr. Park is researching ways to identify the important signal transduction pathways in the development of human cancers, and how these can be targeted with drug therapies. The Faculty thanks the Guerreras and the CURE Foundation for endowing this chair. We congratulate Dr. Park on her appointment.

Over the past months, we have once again been touched by the generosity of our alumni and other members of the community. One particularly notable gift came from Raymond Manuel Hakim, MDCM’76, who has endowed a Chair in Medicine in the name of Catherine McLaughlin Hakim. This endowment will permit the Department of Medicine to recruit a clinical scholar in the area of nephrology or oncology.

Our students have also benefited from the generosity of our donors. Harold N. Lyngé, MDCM’49, and Leonard and Carol Berall and family have endowed bursaries to help students who are able to maintain a strong academic record, but who are in financial need. An entrance scholarship, recently endowed by Anjna Majhail, MSW’72, for students who demonstrate a high level of academic achievement, will be a wonderful recruiting tool for the Faculty’s Admissions Office.

# Relations

Pictures (from top to bottom)

## Victoria McGill Branch Event

(Front row l to r): Norman Goodwin, MDCM'47, David Rodger, MDCM'35, Tim Houlihan, MUP'76

(Back row l to r): William Gibson, CM, MSc'36, MDCM'41, DIP TROP MED'48, Dean Abraham Fuks

## Edmonton McGill Branch Event

(First row l to r): Julie Hamilton, BSc(PT)'74, Stewart Hamilton, BA'72, MDCM'77, Victor Dorian, BSc'72, Dean Abraham Fuks, Jim Gendron, BSc(Agr)'74

(Second row l to r): Brent McGrath, MSc'03, Kathleen Fisher, BCL'83, LLB'84, Melanie Moore, Anne Marie Marko, MA'63

(Third row l to r): Roger Turnell, MDCM'78, Ian MacDonald, BSc'72, MSc'74, MDCM'79

(Fourth row l to r): Ebeline Zee-Hawton, BN'72, Larry Yasinko, Bev Kenny, Alan Murdoch, BSc'59, MCDM'63

## REMINDER

Please make your 2004-2005 McGill Alma Mater Fund gift before our campaign year end: May 31, 2005

## San Francisco Trip

(l to r): David Holdbrooke, BSc'64, MDCM'69, and Dean Abraham Fuks

## Vancouver Medicine Alumni Event

(l to r): Debbie Annette Rosenbaum, BSc'97, MDCM'99, Dean Abraham Fuks, George Athans, MDCM'48, Torsten Owen Nielsen, PhD'96, MDCM'97, Dodd Q. Chu, MDCM'49, DIP INT MED'54, and Patrick Cham, BSc'64, MDCM'68

## Chair in Cancer Genetics

(l to r): Dean Abraham Fuks, Dr. Morag Park, Diane Proulx Guerrera and Salvatore Guerrera

Two of our departments were also beneficiaries of recent gifts. Mr. Michael Lifshitz endowed the Norman Lifshitz Memorial Fund in Pharmacological Research in the Department of Pharmacology and Therapeutics, in memory of his father. This fund will support the research activities of the Department. The friends and colleagues of Dr. Maria Rozenfeld endowed a memorial fund that will provide the Dermatology program with support for travel by our residents, fellows and young staff. The funds will enable them to either attend national or international congresses, or spend time in other centres gaining specific expertise.

I want to take this opportunity to thank our loyal alumni who continue to support the Faculty with annual gifts or special contributions to reunion class projects. Your contributions are very important to the realization of the goals of the Faculty and its students. With your help we are able to grow, and remain at the forefront of medical education, training and research. Thank you to all!

With every good wish for a warm and pleasant summer,

*Nadine Saumure*

Nadine Saumure  
Associate Director, Development



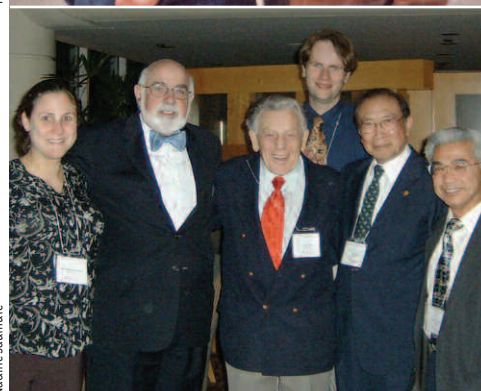
Nadine Saumure



Nadine Saumure



Nadine Saumure



Nadine Saumure



Nicola Morin

# HOME COMING 2005

**September 29 to October 2, 2005** are the dates for this year's McGill University Homecoming Weekend, and all are welcome to join in the festivities! As usual, we are planning a wide variety of activities that include some of your favourite events, such as the Leacock Luncheon, the Beatty Memorial Lecture (this year featuring renowned author Michael Ignatieff) and a McGill Redmen football game. Be sure to check out the most recent listing of events on the *Homecoming* section of the Faculty of Medicine's Alumni website at [www.medicine.mcgill.ca/alumnicorner](http://www.medicine.mcgill.ca/alumnicorner) or at McGill's Homecoming webpage at [www.mcgill.ca/homecoming](http://www.mcgill.ca/homecoming).

This year, we are celebrating the milestone reunions of our alumni who graduated in 1945, 1950, 1955, 1960, 1965, 1970, 1975, 1980, 1985, 1990 and 1995. If you are a graduate of any of these classes, you can find information on class-specific developments and events by checking out your own class page in the *Homecoming* section of the [www.medicine.mcgill.ca/alumnicorner](http://www.medicine.mcgill.ca/alumnicorner) website. Your class representatives will also be in touch with you soon, with further details.

Below is a list of the classes that have begun to plan their reunions. The Faculty looks forward to welcoming you home!

If you would like to help organize your class reunion and your class is not yet listed, please contact Paula Navratil at (514) 398-1299 or at [paula.navratil@mcgill.ca](mailto:paula.navratil@mcgill.ca).

It is never too late to join in the fun! See you there!

## LIST OF CLASS REPRESENTATIVES AND VOLUNTEERS

### 1945

- William H. Feindel, MDCM
- Victor C. Goldbloom, MDCM

### 1950

- John F. Davis, MDCM

### 1955

- David M. Harvey, MDCM

### 1960

- David A. Murphy, MDCM

### 1965

- Marvin J. Wexler, MDCM

### 1970

- Gordon L. Crelinsten, MDCM

### 1975

- Robert L. Bertrand, MDCM
- Robert Vroom, MDCM
- A. Kevin Watters, MDCM

### 1980

- Leo Plouffe, MDCM
- Jacques Genest, MDCM
- Jacquetta Trasler, MDCM

### 1985

- Robert Primavesi, MDCM

### 1990

- Susan Alexandra Hayden, MDCM
- Avrum Soicher, MDCM

### 1995

- Abdollah Behzadi, MDCM

## 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

George William Hays, MDCM'64

Patricia A. 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

Carroll 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

Joseph Stratford, BSc'45, MDCM'47,

BSc'51, GRAD DIP MEDICINE'54

Jacques E. Sylvain, MDCM'74

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. Bequests and other planned gifts have always played a vital role in helping McGill remain strong. The society's name recognizes the very first such gift, made by fur merchant James McGill, which resulted in the creation of the University itself in 1821.

Members of the 1821 Society receive a certificate of membership signed by the Principal, a commemorative pin and access to special seminars and lectures on estate planning.



*For more information:*

*McGill University  
Bequests and Planned Gifts  
1430 Peel Street  
Montreal, Quebec, Canada  
H3A 3T3*

*plannedgifts.dev@mcgill.ca  
tel.: (514) 398-3560  
fax: (514) 398-8012  
1-800-567-5175*

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



**McGill**

# Exclusive Engagement!

Dean Fuks is hosting a series of exclusive "Meet and Greet" receptions with Faculty of Medicine alumni, to reflect on the past and discuss the future of Medicine at McGill.

The first reception was hosted at the University Club of Toronto on April 7, and alumni from Medicine, Nursing and Physical and Occupational Therapy gathered to mix and mingle. Discussions revolved around the Dean's priorities; in particular, the growth of the Clinical Skills Centre and the imminent revision of curriculum development at the Faculty.

We would like to extend an open invitation to our next event, which will be held in Montreal on Wednesday, May 25, 2005 from 7-9 pm at the McGill Faculty Club. We will soon be mailing invitations to all graduates located in the greater Montreal area. All others who are interested in joining us in Montreal, please contact Paula Navratil at (514) 398-1299 or at [paula.navratil@mcgill.ca](mailto:paula.navratil@mcgill.ca) for further details.



## 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 2004-2005 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)

My cheque payable to McGill University is enclosed.

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

\_\_\_\_\_

Signature \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

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### 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.

### 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.

### PLEASE RETURN THIS FORM TO:

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1430 Peel Street  
Montreal QC H3A 3T3  
Phone: (514) 398-4436

# Faculty Update



Alan Forster

## Teaching Scholars for 2003-2004

The 2003-2004 cohort of Teaching Scholars is: Dr. Greg Berry, MDCM'91 (Surgery), Dr. Helen McNamara (Obstetrics & Gynecology), Dr. Maureen Rappaport (Family Medicine), Dr. Lorraine Portelance (Radiation Oncology) and Dr. Kenneth Shaw, MDCM'85 (Pediatric Surgery).

The Teaching Scholars Program is designed to promote the educational expertise of faculty members interested in pursuing their professional development as educators. The Scholars made presentations at Medical Education Rounds on December 2, 2004.

### Teaching Scholars for 2003-2004

(left to right):

Dr. Greg Berry (Surgery),

Dr. Helen McNamara (Obstetrics

& Gynecology), Dr. Maureen

Rappaport (Family Medicine),

Dr. Lorraine Portelance

(Radiation Oncology), Dr. Kenneth

Shaw (Pediatric Surgery)

## Kudos

### The following departments have moved to their new location:

3605 de la Montagne Street,  
Montreal, QC H3G 2M1

*Note: Telephone numbers remain the same.*

**Academic Affairs Office:**  
Room 213

**Area Personnel Office:**  
Room 222

**Communications Officer's Office:** Room 114

**Dean Abraham Fuks and his Secretariat's office:**  
Room 116

**Financial Affairs:** Room 203

**Hospital Affairs / RUIS Office:** Room 009

**Medicine Development & Alumni Relations Office:**  
Room 305

ALBERT J. AGUAYO has been elected President of the International Brain Research Organization (IBRO) for a three-year term effective January 1, 2005.

DONALD BOUDREAU took on the position of Director of Curriculum Development. He will be responsible for renewal of the undergraduate medical curriculum, and a program on Physicianship.

DAVID FLEISZER, BSc'69, MDCM'73, MSc'79, has been granted the Association of Faculties of Medicine of Canada (AFMC) John Ruedy Award for Innovation in Medical Education for the McGill University Molson Project. This prize is awarded to an individual or group who has developed innovative print materials, electronic learning aids or other teaching aids.

SUSAN E. FRENCH, BN'65, was honored by the McMaster Faculty of Health Sciences for her outstanding accomplishments as an educator and leader within the McMaster School of Nursing.

DAVID GOLTZMAN, BSc'66, MDCM'68, has been named recipient of the 2005 Distinguished Service Award from the CSCI.

BRENDA MILNER, PhD'52, DSc'91, was selected by the Royal Society of Canada to deliver the inaugural Royal Society Governor General Lecture. In the spring, Dr. Milner will lecture at Université Laval, University of Manitoba, University of New Brunswick and Queens University, where she received her first honorary degree in 1980.

SHARON WOOD-DAUPHINEE, DIP(PTH)'62, B PHYS THER'69, BSc(PT)'72, MSc(A)'75, has been appointed Chair and secretary of the new Education Committee of the Foundation for Advancement of International Medical Education and Research (FAIMER).

# Key Dates

## FACULTY DEVELOPMENT

### April 21, 2005

Medical Education Rounds  
*Interprofessional Education:*

*Making it Work!*

Marilyn Hammick, University of Birmingham

### May 19, 2005

Workshop

*Evaluating Residents in the Clinical Setting: Truth or Consequences?*

### June 9, 2005

*Symposium on Education in the Health Sciences*

Please consult the Faculty Development website at [www.medicine.mcgill.ca/facdev/](http://www.medicine.mcgill.ca/facdev/) for more information on these events.

## FACULTY DATES TO REMEMBER

### Tuesday, May 31, 2005 at 3:00 pm

*Health Sciences Convocation*

### Friday, June 10, 2005

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

### Thursday, June 30, 2005

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

### Thursday, September 29 to

### Sunday, October 2, 2005

*Homecoming 2005*

If you graduated in a year that ends in a '5' or a '0', mark these dates on your calendars. Also, anyone from milestone anniversary classes who would like to help plan special events and get-togethers, please feel free to contact Paula Navratil at (514) 398-1299 or [paula.navratil@mcgill.ca](mailto:paula.navratil@mcgill.ca).

# 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, Development and Alumni Relations Office  
3605 de la Montagne Street, room 315  
Montreal, Quebec H3G 2M1  
Fax: (514) 398-1753

Visit the Alumni Corner website at: [www.medicine.mcgill.ca/alumnicorner](http://www.medicine.mcgill.ca/alumnicorner)

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Name and Position

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Home Phone

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Office Address

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Office Phone

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Email

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Medical Specialty

Highlights since graduating:

.....  
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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)

NS05

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