

FOCUS

MEDICINE

SUMMER
2013



**PATIENT AT HEART, SCIENCE IN HAND:
A NEW CURRICULUM FOR OUR SOCIETY**



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★ ABOUT OUR COVER

The cover of this issue of *Medicine Focus* was inspired by our Faculty's new MDCM curriculum, which launches this year. As you will read on page 16, the new program was conceived to meet the changing needs of society, both locally and globally. Five years in the making, it embodies countless consultations with the

Faculty community, on campus and in our hospital network. Both the cover image, created by Lisa Kisiel, of Communications and External Relations, and the title reflect the Faculty's desire to train doctors of the highest calibre who are distinctly patient-centred, primed with the best science in hand and practised working with fellow health care professionals to serve society and the diverse communities it comprises. Learn more about McGill's new MDCM curriculum at: <http://www.mcgill.ca/new-mdcm>.

Visit our website:

<http://www.mcgill.ca/medicine/alumni>



LOOKING FORWARD



Courtesy of MUHC

Running a faculty is an inherently optimistic activity, like planting a tree. You make an implied contract with yourself that people, families and communities will enjoy the fruits over the coming years and decades. Training new generations of health care professionals and conducting groundbreaking research are in the same category, because we are working collectively to create a better future for society.

A year and a half into my mandate, I am as proud of all that the Faculty achieves as I was on my first day. Over the course of Campaign McGill, which concluded earlier this summer, several truly seminal initiatives were introduced, while many other projects, featured in previous *Medicine Focus* magazines, were completed.

This issue is largely dedicated to the ideas and opportunities that were born in the last five years, such as the new MDCM curriculum launching this month, the Rossy Cancer Network publicly announced in the spring, a new online Physical and Occupational Therapy Graduate Certificate in Chronic Pain Management and the Ingram School of Nursing inaugurated in 2012. This fall, we will celebrate one-half century of leading research and training in the School of Communication Sciences and Disorders. Also during the Campaign, dozens of bright students and trainees continued their studies with

the crucial support of bursaries, scholarships and fellowships. It's through the talent and efforts of all our students that we can see the future taking shape.

I was recently asked about the Faculty's priorities for the coming year, and while it is always exciting to spearhead new major projects, the theme that immediately came to mind was "consolidation." We will not stand still, despite the current period of financial austerity for all universities. Equally important, though, is that we build on our strengths and the advances we have made, like those mentioned above, together with our new research plan, ongoing educational strategy, RUIS McGill activities, international collaborations and global health projects, among several others. Our number-one responsibility at this juncture is to ensure we cultivate what we have put in place, successfully and sustainably.

Universities create new knowledge and push boundaries. Similarly, philanthropy is both an intellectual gesture and a creative pursuit, whether through endowed gifts or annual fund support. Just as I am proud to be part of this Faculty, I consider myself privileged to belong to such a tremendously engaged community of alumni and friends who are not only helping us to innovate, but also to make society, the people we serve, better and healthier.

DAVID EIDELMAN, MDCM'79

Vice-Principal (Health Affairs)

Dean, Faculty of Medicine

McGill University

COLLABORATING FOR THE FUTURE

Nursing is playing an ever-greater role in health care delivery. Now, thanks to a visionary gift from Richard Ingram of the Newton Foundation, celebrated with his wife, Satoko Ingram, at McGill in 2012, McGill's Ingram School of Nursing is poised to build on its innovative programs and initiatives.

“What’s special about McGill is the particularly rich set of partnerships to draw from and the critical mass of graduates threaded through its research and clinical services.”
 –Sean Clarke



Owen Egan

➤ Nurses represent the largest human resource in the health care system today.

I think that my nursing studies at McGill have given me an increased appreciation for the importance of never losing sight of individual human beings—each with their own unique histories, challenges, hopes and fears—who are at the centre of health care delivery,” says Barbara Harvey, a McGill nursing student.

Trained as a lawyer in aboriginal law, Harvey saw the Global Health Studies stream in the School’s recently accredited Direct-Entry Master’s program as a means to combine her interests in health and social justice. Having undertaken clinical work and research with refugee populations in Nepal, she credits McGill with instilling in her the big-picture thinking and problem-solving skills that are needed in today’s health care climate.

“The program is the only one of its kind in Canada,” says H el ene Ezer, BScN’68, MSc’77, Associate Dean and Director of the Ingram School of Nursing. “Since 1977, it has been graduating exemplary cadres of nurses who have taken on leadership roles as clinicians, researchers, educators and administrators in the profession.”

Sean Clarke, MSc’92, PhD’98, Professor and Susan E. French Chair in Nursing Research and Innovative Practice at the Ingram School of Nursing, echoes Ezer’s pride in the School’s offering. “McGill wants to ensure that it equips students with comprehensive training for wherever they go in Quebec or elsewhere in the world,” he says. While disease states grow more complex, populations age, technology progresses and staff and budget constraints continue to tighten, nurses, which represent the largest human resource in the system, must maintain the closest relationship of any medical professional with patients and their families.

As Director of the McGill Nursing Collaborative for Education and Innovation in Patient- and Family-Centred Care, Clarke is leading an initiative to foster excellence in research, education and practice. Supported by long-standing nursing advocate Richard Ingram of the Newton Foundation, along with McGill University, the Jewish General Hospital and the McGill University Health Centre, the Nursing Collaborative will increase the local, national and international impact of the School's programs.

For Ingram, who last year gave a transformative gift that made the Nursing Collaborative possible, the initiative represents an ambitious leap for the University. "We hope the highly creative concept embedded in the Collaborative will propel McGill nursing to preeminence in evidence-based research, practice and education," he says.

Among the Collaborative's key priorities are enhancing opportunities in doctoral and post-doctoral research training, promoting the School's successes to partners and the public, and strengthening existing connections while forging novel, sustainable ties with the clinical community. Considering that enrolment at the School has more than tripled over the last 10 years, and that societal health needs are in a constant state of flux, future curricular revisions are also on the radar.

"What's special about McGill is the particularly rich set of partnerships to draw from and the critical mass of graduates



Owen Egan

The Direct-Entry Master's program is the only one of its kind in Canada.

threaded through its research and clinical services," says Clarke. "This shared focus is unlike any other academic nursing community I've worked in.

"As the responsibilities assumed by nurses in the health care force continue to expand, McGill will be at the forefront, guiding its students and society in how to deliver better care."

ANNETTE MAHON

A NEW APPROACH TO PAIN

Last September, the School of Physical and Occupational Therapy launched its online Graduate Certificate in Chronic Pain Management, going global with its expertise to give health care professionals new tools to treat patients.



As populations age, chronic illness and pain are on the rise.

" will benefit from gaining further knowledge on chronic pain issues and their management, to offer the best possible evidence-based treatment modalities to patients," says Josée-Anne Noël, a student of the School of Physical and Occupational Therapy who lives in Australia.

As part of the inaugural cohort of health care professionals currently pursuing the School's new online Graduate Certificate in Chronic Pain Management, Noël hopes to overcome some of the challenges she faces in helping patients with chronic pain. As an occupational therapist in vocational rehabilitation under the workers' compensation system in the city of Perth, she is witness to the effects of this debilitating condition.

But Noël's experience is certainly not rare: an estimated 20 per cent of the world's population suffers from chronic pain. Carrying a hefty price tag of related medical care costs, deficits in life quality, disability and lost workforce productivity, it is a major public health problem. In seeking a solution, the School proposed its new graduate training program to address what Quebec's Ministère de la Santé et des Services sociaux and Agence de la santé et des services sociaux have identified as an urgent priority.

“While McGill has an international reputation for basic and clinical research on pain, chronic pain is not being adequately addressed across the province,” says Anouk Lamontagne, an Associate Professor at the School of Physical and Occupational Therapy and Co-Chair of the program’s steering committee with Mark Ware, Associate Professor in Family Medicine and Anesthesia. The graduate certificate is the only one of its kind to be affiliated with a research centre, namely McGill’s world-renowned Alan Edwards Centre for Research on Pain. The program is funded by the provincial government, the Centre and the University, along with private support from The Louise and Alan Edwards Foundation.

“Designed for frontline clinicians, the interactive nature of the assignments and discussion groups promotes collective problem-solving and fosters a team approach that can best respond to the needs of those experiencing chronic pain,” says Annette Majnemer, BSc(OT)’80, MSc’85, PhD’90, Associate Dean and Director of the School of Physical and Occupational Therapy.

This post-professional training program is offered in French and English, and of the 14 currently enrolled students, who started in September 2012, eight live outside the province, a fact that speaks to the program’s far-reaching appeal.

The students are established professionals in family medicine, neurology, occupational therapy, physiotherapy, psychology and related fields. Their diversity mirrors that of the specialized clinicians and pain experts who comprise the steering committee and teach via online forums and chat rooms. In addition to four core courses covering the neuro-physiological and psychological mechanisms of pain, as well as targeted clinical expertise in the latest assessment approaches and intervention strategies, a directed practicum provides students with the opportunity to apply what they’ve learned.

“The School strives to maintain the standards of educational excellence that McGill is known for by translating this recipe for success to online education,” says Monica Slanik, BSc(OT)’96, who is responsible for promoting its online graduate certificates, including a certificate in Driving Rehabilitation. “I believe we are succeeding.”

Program coordinator Kimberley Smalridge, BSc(PT)’04, agrees. With 10 years of clinical experience in chronic pain management, she understands the program’s significance. “Students learn the most recent and pertinent approaches in the field, and leave with a network of resources. For a health professional, this knowledge is invaluable.” **{ANNETTE MAHON}**



S.C. Marshall

A ROOM WITH A PHILANTHROPIC VIEW

The Benefactors’ Lounge at the School of Physical and Occupational Therapy honours donors and students—and provides an oasis for Davis House visitors.

On November 29, 2012, the School of Physical and Occupational Therapy (SPOT) got the lounge it had long deserved. McGill Principal and Vice-Chancellor Heather Munroe-Blum gave a generous donation to the SPOT two years earlier, when she was the keynote speaker at the Edith Aston-McCrimmon Lectureship. This gesture inspired the creation of a Benefactors’ Lounge to honour the School’s donors. The directors of the SPOT chose a prime “spot” as a space to recognize their support: a landing at the top of a staircase on the second story of the Davis House, where the school is located.

Employees of the school moonlighted as decorators, selecting a carpet, sofa and chairs that kept with the heritage of the building. Wooden panels were installed to display the names of the School’s benefactors and award-winning students.

The Benefactors’ Lounge was formally inaugurated by a speaker with deep roots in the school, Her Excellency Sharon Johnston, MSc’87, PhD’96, the wife of the current Governor General and former Principal and Vice-Chancellor of McGill, His Excellency David Johnston.

Now the lounge, despite being a no-eating zone, is a favourite study space of graduate students and hosts many guests of the School’s directors, whose offices are located on the second floor.

And while it is a recent addition to Davis House, it seems as if it has always belonged. “The building is an old mansion,” says Sarah C. Marshall, the Director’s Academic Associate. “The room pays respect to the history of Montreal’s Golden Square Mile, where it sits.”

{GEMMA HOROWITZ}

MARKING A GOLDEN MILESTONE

Fifty years ago, McGill's School of Communication Sciences and Disorders was founded with the clear yet complex mission of studying human communication. Today, its excellence is renowned.



Sophie Vaillancourt

Students from the School of Communication Sciences and Disorders during their first on-campus hearing clinic



Elisa Bucurel

researchers at the Université du Québec à Montréal, Université de Montréal and other institutions, as well as other departments at McGill.

Researchers from the School have pushed the boundaries of knowledge in such areas as hearing science and aural rehabilitation; the nature of typical and atypical acquisition of spoken and sign languages; the development of literacy skills in children with speech or language difficulties; and how complex social skills are affected by conditions such as autism or Parkinson's disease.

SCSD alumni have also made an impact internationally. In 1977, Ayala Hanen Manolson, MSc'73, founded the Hanen Centre at McGill to develop training programs for parents of language-delayed children. The efficacy of the Hanen approach, first developed at McGill's SCSD, is now widely accepted, and the method is practised in much of the world.

The SCSD's 50th anniversary is being marked with a series of events, the first of which took place last March, when the School hosted a campus clinic that provided free hearing screenings to almost 250 students and staff, while raising awareness of long-term hearing damage. The School hopes to hold this clinic annually.

From October 24 to 25, it will host an international conference entitled "Multilingualism: Linguistic Challenges and Neurocognitive Mechanisms."

"Our mission is to bring together linguists and neuroscientists," says Dr. Karsten Steinhauer, an Associate Professor at the School. "We study the same thing, but our methods are so different. Without linguistic theories, we wouldn't be able to do good empirical research." The interaction between neuroscientists, linguists, psychologists, psychiatrists and educational researchers is "extremely fruitful," he says.

Kristina Kasparian, BSc'07, a PhD candidate who is on the Half-Century Organizing Committee alongside Steinhauer, echoes his enthusiasm. "We are actively trying to bridge the clinical side of our program with our research side, and to form one community within our School," she says.

In addition to the conference, there will be an open house, alumni award presentations, social events and the public lecture "How to Handle Two Languages in One Brain: Some Mysteries About Bilingualism" on October 24.

The School's milestone anniversary is both a celebration and an opportunity for reflection. "There will be a mix of forward-thinking and nostalgia," says Pell. And pride. "All our people have strong international reputations. We are making strong and visible progress." **{PATRICK LEJTENYI}**

"Language is always a topic of conversation in Montreal," says Marc Pell, MSc'93, PhD'97, Associate Dean and Director of the Faculty of Medicine's School of Communication Sciences and Disorders (SCSD). But he isn't complaining. In fact, Pell calls the city's linguistic duality a boon to the research and clinical training in which his group is engaged. Celebrating its 50th anniversary this year, the School is recognized for excellence in professional training in Speech-Language Pathology and as an international leader in research into how language and communication skills are acquired and used, and how they are affected by disease.

"Montreal has gained an enviable reputation for research on language because the environment naturally stimulates this type of work," Pell says. Collaborating with researchers at other institutions across North America and Europe, the SCSD has led groundbreaking work on speech and language development, the cognitive neuroscience of communication and multilingualism.

The School was founded in 1963, originally as the School of Human Communication Disorders, by Donald Doehring, now Professor Emeritus in the School. The department then was tiny, but today counts 12 faculty members and some 80 students at the Master's and PhD levels, boasting the largest PhD program in the field in Canada. Members of the SCSD were also instrumental in founding an affiliated research centre, the Centre for Research on Brain, Language and Music, which fosters collaborations with

COMMUNITY-MINDED

Everyone who studies medicine wants to help others once they graduate. It's the nature of the profession. But the students behind the Faculty of Medicine's Strategic Planning and Community Involvement Committee are giving their classmates tools to make a difference while they're in school.

“We want to create something to enable and empower students to effect change in the community.”
 – Esli Osmanliu



Carine Machaalani

➤ Montreal-area teens train for Share the Run, a five-kilometre race.

What do you get when you mix a collection of young, very intelligent and highly motivated people? One possibility is a critical mass of community service volunteers, which most would agree is great, except that sometimes it creates some overlap and discord.

Enter the Medical Students' Society of McGill University's Strategic Planning and Community Involvement Committee (SPCI). Founded in the fall of 2011, the SPCI was designed as a combination of financing, coordinating and planning tools for medical students hoping to give back to the community.

“There are 36 or 37 student groups within the student society,” says SPCI co-founder Esli Osmanliu, now a third-year student. Though each is unique, he saw opportunities to increase cohesion and communication, and ultimately efficiency and knowledge-sharing, between them. While running for a position on the Medical Students' Society executive council, he made this a priority. “We want to create something to enable and empower students to effect change in the community.”

The need was there, if not vocalized. “Through personal observations and discussions at student council with my colleagues, as well as through surveys and student presentations, we saw indications that students were looking for this kind of initiative,” he says.

“There was low recognition and a lack of financing for a lot of groups,” says second-year student Samantha Liauw, co-coordinator of the SPCI. The committee focused first on holding roundtables to create links between groups and faculty, and distributing funds raised for specific causes. Their main event, SHOUT, held in May, sees students, faculty and community organizations gather to celebrate their initiatives and deliver three-minute speeches on their projects.

Of particular help is the support the SPCI receives from McGill's Annual Fund. This year, the group is benefiting from fundraising by the fourth-year graduating students' Class Action

initiative, which, combined with the SPCI's own fundraising, gives them some \$6,000 to distribute to various projects.

Share the Run is among the past beneficiaries of this funding. "This project was created by second-year med students working with Pointe St. Charles organization Share the Warmth, and it's a training program for seven teenage girls who tried their first five-kilometre race in April," says Liauw. "It's both a training and mentoring program."

The project encouraged healthy, active lifestyles among those living in Pointe St. Charles. Like other SPCI initiatives, it showed the potential of a health care model in which professionals are engaged with the communities they serve. "Getting involved in the community has allowed students to put what they see in the hospital into context," Liauw says. "It shows them how this epidemic of obesity and all the associated medical and surgical interventions really stem from complex issues in our community."

Other SPCI programs include: Sexperts, which provides sex education to high school students; STAMP, a human rights education

initiative; the Aboriginal Health Interest Group, which prepares future doctors and nurses who will be on clinical rotations in First Nations communities; and Vitamin Sport, the SPCI's Spotlight project for 2013, an effort dedicated to curbing childhood obesity through nutrition and sport.

The SPCI's work is rewarding, but there are always challenges. First among them is continuity. "There is a rapid turnover year to year," Liauw says. "A lot has to be relearned every two years."

But by bringing stakeholders together and holding regular networking events, that constant transition can be smoothed, says Osmanliu. "We want to make sure that the bigger roles are taken up by younger students."

The incentive for joining the initiative—and supporting it—is clear. Liauw cites all that the SPCI students gained from their work in Pointe St. Charles. "This is something you can't learn in a classroom—you can only learn it by getting involved."

{PATRICK LEJTENYI}

RETHINKING HEALTH CARE MANAGEMENT

No one ever said health care management was easy. Dwindling resources are a fact of life, and the workplace can be fraught on all fronts. The International Masters for Health Leadership, an initiative launched by McGill's Faculty of Medicine and Desautels Faculty of Management, has allowed health care leaders from around the world to share strategies—and learn new ones—on how to overcome the challenges they face each day.



➤ Dr. Possy Mugenyi



Ever tighter budgets and scarcer resources have long challenged the ability of health care managers to maintain and improve the services they oversee. "Managing is a huge amount of work—something that nobody in the academic world is trained for," says Dr. Peter Goldberg, head of the Department of Critical Care Medicine, Adult Sites, for the McGill University Health Centre. "But, in fact, I manage doctors and interact with a large group of nurses, respiratory therapists and administrators, not to mention the patients."

The International Masters for Health Leadership (IMHL) program is helping people like Goldberg meet those challenges. He is one of over 60 graduates of the program, which was established in 2006 by the Desautels Faculty of Management and the Faculty of Medicine as a Master's of Management degree. Co-founded by renowned management strategist Henry Mintzberg, the IMHL was created with health care managers, physicians, nurses and administrators in mind. It is international in scope, with 16 countries represented in the four cohorts it has graduated thus far.

"The program is hugely beneficial for doctors who have management roles," Goldberg says. "For me, it was highly valuable."

The IMHL helped Goldberg hone his interpersonal and problem-solving skills, offering effective solutions to issues like workplace tension. By appreciating different perspectives on any given issue, it is more easily resolved. “I put myself in my colleagues’ position and ask, “Why would I say no?””

The program encourages participants to share their experiences and best practices, and collaborate to solve institutional problems. This is achieved through five modules in which participants explore different aspects of health care leadership: reflection, analysis, worldly perspective, collaboration and action.

IMHL participants all express a similar sentiment—that the program has enhanced their daily practice and helped them use the resources at their disposal more effectively. Graduates also credit the program with giving them more confidence to suggest and implement improvements in the workplace.

“Now I feel comfortable to propose changes,” says Dr. Possy Mugenyi, Manager of Uganda’s Center for Tobacco Control in Africa (CTCA). “You have to modify your original thinking to accommodate new plans.”

Mugenyi cites his proposal to adjust the CTCA’s mandate. The organization was committed to only five countries, but Mugenyi successfully argued that focusing on countries more motivated to control tobacco would be a better use of resources.

Father Samuel Cuarto, a Catholic priest who works with impoverished indigenous communities in the Philippines, says his

exchanges with his IMHL colleagues have afforded him a new perspective on global health care. “I have closely observed how the Canadian health care system and that of the National Health Service in the U.K. work,” he says. “The person is of paramount importance. Universal access to health care remains a struggle for us in the Philippines.”

In another Quebec example, a group of students presented its findings about reducing the gap between administration and service delivery to a commission appointed to investigate major issues in the province’s health care system. The presentation led to a meeting with the commission, which had a significant impact on its subsequent recommendations.

The program is all about breakthrough moments like these. “The key is to tap into the creativity, calling and community of people,” Mintzberg says.

For Mugenyi, that proved invaluable. “It gave me a new perspective on management.” **{JESSICA BERGER}**

The part-time IMHL program takes place over 16 months and consists of five 12-day modules; it is designed to accommodate participants’ schedules. Four modules take place in or near Montreal, while the fifth is held in an international location. The next session begins this November. To learn more, visit: <http://www.mcgill.ca/imhl>.

HISTORY MADE

Campaign McGill, which came to a close earlier this year, drew over \$1 billion in support, including a record amount for the Faculty of Medicine, thanks to its unique community of alumni and friends.



Owen Egan

➤ Principal and Vice-Chancellor
Heather Munroe-Blum addresses
the media at the close of
Campaign McGill.

This June, just over five years after it launched, Campaign McGill, the University’s historic fundraising effort, concluded with the announcement that it had amassed \$1.026 billion in donations, surpassing its initial goal of \$750 million. Over one fifth of those funds were designated to McGill’s Faculty of Medicine.

“Philanthropy is a noble pursuit,” says Joanne Leebosh, Managing Director of Development for the Faculty of Medicine. “In fact, it is a force that unleashes creativity: What uncharted path will be explored? Whose spark of talent will be illuminated? Will a career be launched in an unexpected direction?” These are just a few of the myriad possibilities generated by the gifts the Faculty has received in the last five years.

Over the course of the Campaign, donations to the Faculty have supported a wide range of initiatives, providing students with additional prizes, scholarships and bursaries, renewing infrastructure and advancing research into the diseases that affect all of us. And neither this work nor the achievements that stem from it would be possible without the continued loyalty of the Faculty’s supporters.

“A gift is an expression of our innate desire to effect positive change that will impact society. It is motivated by a core belief in the promise of a better future.”
 – Joanne Leebosh



Nicolas Morin

➤ Dr. Alice Chan-Yip (centre) with Annette Majnemer (left) and Janelle Cyr

“It’s a function of my own commitment to the University,” says Alice Chan-Yip, MDCM’62, who served as a community-based pediatrician for more than three decades. “I feel indebted to McGill.”

Chan-Yip has given to the University’s Annual Fund for 42 years. “What I give to depends on what I see the need to be,” she says. In 2012, the dedicated humanitarian and member of the Order of Canada established the School of Physical and Occupational Therapy’s Dr. Alice Chan-Yip Multiculturalism Award, an honour highlighting the importance of cultural sensitivity in the professional practice of rehabilitation.

“That is something related to my own interests in both the practice of medicine and advocating for health equity for our multicultural population,” she says.

Each year, the award is given to a student in the School’s professional occupational or physical therapy programs, or master’s or PhD programs in rehabilitation science, who has undertaken a project reflecting the principles of cultural competency in these fields.

Chan-Yip takes satisfaction in helping students meet their goals. “I give because I know it contributes to the cause of higher education,” she says. “I have donated to help students in need, to help the younger generation stay focused on higher learning.”

For Jemi Olak, BSc’77, MDCM’82, the decision to make a bequest to the Faculty of Medicine was a simple one. “I owe my whole career to McGill,” says the retired general thoracic surgeon. “That’s how I’m paying it back. I just think it’s the right thing to do.”

Dr. Saleem Razack, who has spent 22 years at McGill, was pleased to contribute to an institution with which he feels a deep bond. Last year, in memory of his late father, he established the Abdul K.I. Razack Memorial Prize for Social Justice in Medicine.

“I won the Faculty of Medicine’s 2012 Haile T. Debas Prize for my contributions to equity and diversity on a national level,” says the Associate Dean of the Faculty’s Office of Admissions, Equity and Diversity and Associate Professor of Pediatrics. “After that, I just felt really, really grateful for all of the opportunities that I’ve had and to my parents, in particular my dad, who spurred my interest in social justice issues. I thought the time was right to recognize how fortunate I am by doing something to work toward an equitable medical profession.”

Razack says that contributing to the University has only made him want to give more. He was grateful to hear from the first recipient of the award he created, whose interest in aboriginal health care issues encouraged him further. “I just thought to myself, ‘These are the kinds of things that will transform this country, in terms of health care,’” says Razack. “As I get older, I really appreciate seeing young people come into their own and do their thing.”

Razack’s, Chan-Yip’s and Olak’s words and commitment to the University reflect Leebosh’s belief in the power of philanthropy and its transformative effect on the Faculty of Medicine. “A gift is an expression of our innate desire to affect positive change that will impact society. It is motivated by a core belief in the promise of a better future,” she says. “The philanthropist always hopes to make a difference.” **{LUCAS WISENTHAL}**

BUILDING BRIDGES *to* IMPROVE CANCER CARE IN QUEBEC

This May—with the visionary support of the Larry and Cookie Rossy Family Foundation—McGill University, the McGill University Health Centre, the Jewish General Hospital and St. Mary's Hospital Center publicly celebrated the launch of the Rossy Cancer Network, a major initiative to combine strengths and improve cancer care.



Paul Fournier

Faculty members, hospital staff, researchers and patients, together with alumni, friends and the press, gather for the official launch of the Rossy Cancer Network.

According to Robert Busilacchi, Executive Director of the Rossy Cancer Network (RCN), the goals are clear: “Improve quality of care and patient satisfaction, increase survival rates and reduce the overall burden of cancer.” Moreover, the RCN is aligned with Quebec’s recently announced action plan for cancer care, adding momentum to the efforts throughout the province in the battle against the disease, says Busilacchi.

Inspired by Dollarama founder and Chief Executive Officer Larry Rossy and his wife Cookie, this major collaboration represents a \$30-million pledge from their family foundation—matched by another \$28 million from McGill, the Jewish General Hospital Foundation, the St. Mary’s Hospital Foundation and the Cedars Cancer Institute (for the McGill University Health Centre Campaign)—over a 10-year period.

For Larry Rossy, the gift has concrete implications. “Cancer touches all of us,” he says. “I’ve seen the personal and physical struggles faced by many cancer patients, and have witnessed the strength of the professionals who work for the benefit of their patients here in Montreal. It is my great hope that in the near future, we will look back on this initiative and our collective efforts as a defining moment when Quebec became a model for how to make cancer care better.”

COMBINING STRENGTHS

The RCN saw its beginnings in 2011, when the partner institutions—led by Dr. David Eidelman, Vice-Principal of Health Affairs and Dean at McGill’s Faculty of Medicine, Normand Rinfret, Director General and CEO of the MUHC, Dr. Hartley Stern, Executive Director of the Jewish General Hospital, and Dr. Arvind Joshi, former Director General and CEO of St. Mary’s Hospital Center—signed a letter of intent defining the network’s shared vision, mission and goals.

Over the next year and a half, teams from each institution worked closely together to lay the foundation, based on a common action plan for evaluating the patient experience, managing the disease and improving outcomes. Work is now underway across the RCN to establish standardized resources, IT and other tools and best practices.

Several milestones have already been achieved, including the creation of a governance structure and four major work streams spearheaded by leaders from each of the hospitals.

“It is my great hope that in the near future, we will look back on this initiative and our collective efforts as a **defining moment when Quebec became a model for how to make cancer care better.**”
—Larry Rossy

In 2011, four work groups that include members from across the partners, as well as patient representatives, began laying the foundation for the Rossy Cancer Network.

n **Patient Experience:** Led by Ann Lynch, Associate Director General, Clinical Operations and Nursing Affairs, McGill University Health Centre (MUHC);

n **Indicators & Outcomes:** Led by Dr. Gerald Batist, Director, Segal Cancer Centre, Department of Oncology, Jewish General Hospital;

n **Integrated View of Patients & Data:** Led by Dr. Armen Aprikian, Chief of the Cancer Care Mission, MUHC; and

n **Synoptic Reporting:** Led by Dr. Indrojit Roy, Director of Pathology, St. Mary’s Hospital Center.

Additionally, Dr. Ari Meguerditchian, Surgical Oncologist at the MUHC, is now leading the Oncology Clinical Quality Initiatives Program.

For details about each work group, visit: <http://www.mcgill.ca/rcr-rcn/initiatives>.



Cookie and Larry Rossy

Paul Fournier

Additional expertise was brought to bear on their efforts with the creation of an international RCN Advisory Committee of recognized leaders in the field, which continues to provide expert guidance and support to the RCN partners.



Frank Roop

▾ Robert Busilacchi

“We’re going to expand to all cancers, starting with the most common forms, to have the greatest impact possible.”
– Robert Busilacchi

The Rossy Cancer Network Advisory Committee comprises seven recognized leaders in areas critical to the network’s implementation, including:

- n Dr. Terry Sullivan (President) – Professor, Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto
- n Dr. Hans Boerma – Managing Partner at KBT Partners in Philadelphia, experienced in next-generation, technology-enabled business solutions in the health care sector
- n Dr. George Browman – Professor, School of Population and Public Health, University of British Columbia
- n Dr. Adalsteinn Brown – Director of the Institute for Health Policy, Management and Evaluation and Dalla Lana Chair of Public Health Policy, University of Toronto
- n Dr. Michel Coleman – Professor, Epidemiology and Vital Statistics, Non-Communicable Disease Epidemiology, London School of Hygiene and Tropical Medicine
- n Dr. Joe Jacobson – Chief Quality Officer, Dana-Farber Cancer Institute in Boston, Massachusetts and Associate Clinical Professor at Harvard Medical School
- n Charles-Antoine St-Jean – Partner at Ernst & Young with experience in private and public sectors at the international, federal, provincial and municipal levels
- n Arnold Steinberg – Chancellor of McGill University and Vice-Chair of the Canadian Institutes for Health Research’s Governing Council

In March 2013, the Larry and Cookie Rossy Family Foundation signed the formal agreement with the partners and their foundations that would help see the RCN through to successful implementation over the next decade.

THE PATIENT FIRST

“More than 11,000 Quebec patients were diagnosed with cancer in the RCN in 2012, and thousands more depend on our cancer care and services,” says Eidelman. “By leveraging the oncology expertise of our doctors, nurses, allied health professionals, researchers and support staff, we are taking a major step forward.”

The partner hospitals are united in their belief that the Rossy Cancer Network represents the most effective way to serve the best interests of patients, to ensure they are at the centre of all efforts. “The era of close cooperation in all areas of health care must take precedence, as is happening now with the RCN,” says Stern. “If we look at the best systems in the world, their success is due, to a considerable degree, to these types of partnerships.”



↳ Dr. Eduardo Franco

The patient's voice is at the heart of the RCN's vision, as well as its development. In June 2012, the Patient Experience work group, including patient representatives from across the partner hospitals, began a series of ongoing, standardized surveys to evaluate the care they receive.

The survey is now in its fifth stage, and the results, Busilacchi says, are proving very valuable. "What we're learning is that information patients receive is sometimes not enough," he explains, "and the coordination of care can be disrupted, since patients often have to transfer between hospitals." Another recurring theme in the surveys is psychological distress. "For people who receive a cancer diagnosis, it's a huge shock for both the patient and their families, so we have to support them accordingly."

Tracking the patient experience consistently will enable the partners to target improvements across all hospitals, every step of the way, no matter where the patient's course of care takes them. "The RCN will make sure that a patient who goes from St. Mary's to any of the MUHC hospitals or to the Jewish General Hospital will benefit from the same experience, the same approach, the same process of care," says Dr. Eduardo Franco, Chair of McGill's Department of Oncology and Director of the Gerald Bronfman Centre for Clinical Research in Oncology. "The electronic medical record will go with the patient or will be waiting for the patient at the other end. The goal is a seamless experience."

A VIRTUOUS CIRCLE

The RCN foundation will not only serve as the basis for action plans and continuous improvement in the clinical setting, continues Franco. It will enable all partners to amass considerably more data, giving their researchers a powerful lens through which to explore, test and introduce new treatments and therapies for combating the disease.

"We're going to have a system whereby we can accelerate discoveries from the bench to practice," Franco says. "That way, we—and, most importantly, our patients—won't have to wait the many years that one would normally have to wait to move from a discovery to a clinical demonstration."

New knowledge gained will also become part of the curriculum for the next generation of health care professionals and scientists.

"Being at McGill, a teaching institution, our patients are already treated in the best possible academic setting because of randomized control trials that guarantee the best available care to those who are fighting cancer," says Franco. The RCN, he explains, will improve on what is already a very good thing. "It's the extra care, the follow-up, the surveillance, the opportunity to help patients to receive timely care, as well as allow us to target improvements and continuously elevate our standards."

SUSTAINABLE TRANSFORMATION

The network is currently focusing on breast cancer, lung cancer, prostate cancer and colorectal cancer. "These represent more than 80 per cent of all cancer cases," Busilacchi says. "We're going to expand to all cancers, starting with the most common forms, to have the greatest impact possible."

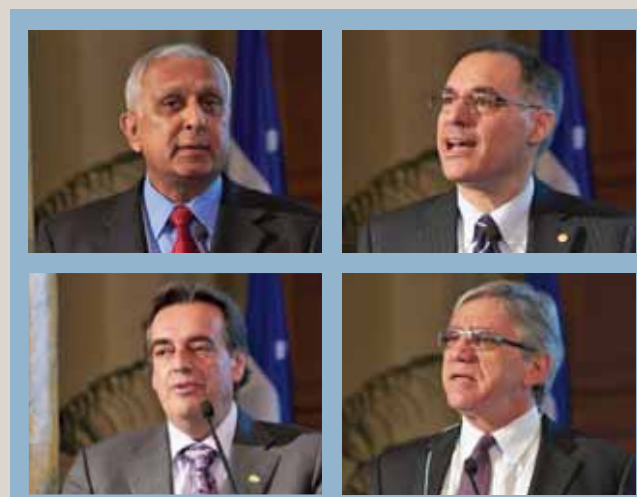
Ultimately, everything the Rossy Cancer Network does will advance a single agenda: improving cancer care. "It's a 10-year project," says Busilacchi. "We can't achieve all our goals in the first year, but in a few years, we'll be able to measure ourselves against the best in the world."

Franco agrees—and looks forward to building a network that is renowned as a leader in the fight against cancer. "Sustainability is the key," he says. "The Rossys' visionary gift for the next ten years is enabling us to begin creating a critical mass of actions and mechanics that will help us sustain this work into perpetuity."

"The end result, of course, is going to be better cancer care for our patients."

{LUCAS WISENTHAL}

To find out more about the Rossy Cancer Network, visit: <http://www.mcgill.ca/rcr-rcn>.



Paul Fournier

↳ Leaders of the partner institutions—St. Mary's Hospital Center, McGill University, McGill University Health Centre and the Jewish General Hospital—at the internal RCN launch in 2012.

A NEW CURRICULUM *for OUR SOCIETY*

This September, the Faculty of Medicine will debut its new MDCM curriculum. Designed to meet the changing needs of society, it interweaves clinicianship and science, builds in lifelong learning and promotes inter-professional teamwork to prepare McGill's next generation of physicians.





↘ Dr. Robert Primavesi



↘ Dr. Beth Cummings

MOLECULES TO GLOBAL HEALTH

“Our intention is to produce medical students who can apply what they learn in whatever field they’re in,” says Primavesi. “We’re really looking at what medicine is all about: from the molecules to the global health perspective.”

“And to accommodate a need for early clinical experience learning, as well as learning that takes place in small groups, there’s actually less lecture time overall,” he continues, “with the science content incorporated throughout.”

In the first block of the new MDCM, a clinical case will serve as the basis for all that is taught, ensuring that, from the outset, clinical and science experiences are interwoven. “We’re aiming to make the basic sciences more relevant to the students, so that they can link what they’re learning to what it means in medicine,” says Primavesi. “Normal and abnormal functioning of the organ systems will be taught in quick succession, so that when a student is learning about asthma, he or she is also learning about the pathology of asthma and the medications to use to treat it.”

According to Dr. Terry Hébert, Professor of Pharmacology and Therapeutics in the Faculty and responsible for the curriculum’s basic sciences theme, McGill has the opportunity to change how medical education is delivered. “A better integration of scientific, clinical and personal skills will ultimately make better doctors,” says Hébert. “The trick will be getting the balance right.”

Beth Cummings, MDCM’03, who developed the program’s Core and Senior Clerkship component, agrees with the importance of relevancy. The redesigned clerkship portion, developed in consultation with the Faculty’s affiliated teaching network, remains hospital-based, but also takes into account the increasing rate of chronic disease and the subsequent need for outpatient management, as well as the reality that a growing number of patients are admitted for care in very ill states and in need of specialized treatment.

“We’re allowing ourselves to think outside of the walls of hospitals,” says Cummings, “while maintaining our belief that strong participation in departments within the hospitals is important to the education of our students.”

To Chalk, who is overseeing the Fundamentals of Medicine and Dentistry, these sorts of curricular adjustments speak to the fact that, more than ever, the notion of physicianship remains at the heart of the program. And though many of the physicians who emerge from the program may go on divergent paths, there is emphasis on a generalist ethos.

“There are external demands from the public—not just in Quebec, but elsewhere in North America—to create a training situation whereby the value of generalism is promoted,” says Chalk, himself a neurologist. “The most difficult job in medicine is to be a generalist who has to deal with one undifferentiated problem after another.”

This fall marks a new beginning for the McGill Faculty of Medicine. In September, the incoming medical class will be the first to receive training based on an all-new undergraduate MDCM curriculum.

“Curricula do have a life cycle,” says Colin Chalk, MDCM’84, the Faculty of Medicine’s Director of Curricular Development. “I think that in most medical schools, curricula renewal happens in a 15- or 20-year cycle.”

McGill’s last major MDCM review was in the mid-1990s. While the curriculum has been updated since, shifts in demographics, together with research and technological breakthroughs and emerging global concerns, prompted the Faculty in 2009 to rethink it. Under then Dean Richard Levin, a redesign team was launched and work was begun by co-chairs Joyce Pickering, MDCM’80, MSc’88, Dr. John Orłowski, BSc’78, CERT PROF FRENCH’92, and the Faculty’s current Dean, David Eidelman, MDCM’79.

For Robert Primavesi, BSc’81, MDCM’85, Associate Dean of Medical Education and Student Affairs, the change is a timely one. “The year 2010 was the hundredth anniversary of the Flexner Report,” the seminal study that defined medical education in Canada and the United States, he says. “It has been the basis for the way we have taught medicine for some time.” It was also the year the Association of Faculties of Medicine of Canada initiated a pan-Canadian review of medical education that produced the report *The Future of Medical Education in Canada: A Collective Vision for MD Education*.

After a multi-year consultation across the Faculty, what has emerged is a curriculum built around four major components—Fundamentals of Medicine and Dentistry, Transition to Clinical Practice, Core and Senior Clerkship and Physician Apprenticeship—with a renewed focus on patient-centred, scientifically based learning and care.

“McGill has the opportunity to change how medical education is delivered.”
– Terry Hébert

LONGITUDINAL EXPERIENCES

To address this need, the Faculty has instituted a first-year course called the Longitudinal Family Medicine Experience. The class will pair students with a family physician, enabling them to experience the richness and dynamism of clinical practice from the outset of their medical studies. The students will attend patient-based clinical sessions with their assigned physician twice a month throughout the entire first year of school.

Leonora Lalla, MDCM'96, is the course's director. "As a university, we have a dual mandate of education and also responding to societal needs," she says. "And there is obviously a huge need for primary care for Canadian citizens and a growing understanding of the importance of family medicine to meet the health needs of society."

That makes sense to Mali Worme, an MDCM student who last year served as Academic Vice-President of the McGill Medical Students' Society and took part in curriculum committee meetings. "I see the ideal curriculum as one in which students are exposed to clinical practice in the early days, which is something this curriculum is doing," she says. "There's a big emphasis on the types of things that are not only going to help us as we go into the hospital as clerks, but also as we start in the hospital or the clinics as physicians."

The Transition to Clinical Practice, headed by Laurie Plotnick, BSc'87, MDCM'91, addresses similar concerns. Consisting of three components—Core and Consultative Medicine, Comprehensive Health and Diagnostic and Interventional Health—it will run from January to June of a student's second year. The courses will complement each other very directly.



↘ Dr. Laurie Plotnick



↘ Dr. Barry Slapcoff

McGill's new MDCM curriculum incorporates 10 distinct longitudinal themes that students will be exposed to throughout their course of study:

- n Basic Sciences
- n Clinical Method / Interviewing & Communication Skills
- n Equity & Diversity
- n Evidence-based Medicine
- n Longitudinal Family Medicine Experience
- n Inter-professionalism Learning
- n Patient Safety
- n Public Health
- n Research
- n Student Wellness and Career Advising

To find out more about McGill's new MDCM curriculum, visit: <http://www.mcgill.ca/new-mdcm>.



▾ Dr. Robert Primavesi
addresses first-year students
during orientation week.



Owen Egan

“We’re teaching within each component much more longitudinally,” says Plotnick, “so rather than having two weeks of one course and two weeks of another, and each being taught in silos, those courses will overlap with each other, and students will be exposed to them together.”

Under this methodology, students will witness inter-professionalism in action. “They will be taught and assessed in a way that is in line with understanding technology, understanding how to navigate through evidence. It will be very evidence-based, with an eye on a diverse and inter-professional approach to medicine.”

Barry Slapcoff, BSc’83, MDCM’87, lead of the Physician Apprenticeship portion of the program, which runs in blocks throughout, is tasked with ensuring that this is the case. “To become a complete physician, a student must acquire knowledge and skills, as well as certain attitudes and behaviours,” says Slapcoff. “It is these attitudes and behaviours that will allow our students to function as holistic physicians and respectful members of their inter-professional teams.”

The curriculum, in other words, recognizes that there is an art about physicianship. At the same time, it aims to imbue students with the skills to be lifelong learners so that they may serve the needs of a changing society.

“There’s a list of desired attributes of a medical school graduate,” says Cummings, “but to me, what that list is really describing is somebody who you want to have take care of your family member or yourself. That’s what we—and our new MDCM curriculum—are after.” **{LUCAS WISENTHAL}**

“There’s a big emphasis on the types of things that are not only going to help us as we go into the hospital as clerks, but also as we start in the hospital or the clinics as physicians.”
– Mali Worme,
MDCM student



SPREADING THE OPHTHALMOLOGICAL WORD IN CENTRAL AND SOUTH AMERICA

Arturo R. Quevedo, MDCM'63, knew it would be a challenge to practise ophthalmology in Guatemala, where he was born. His efforts have made a world of difference in a challenging environment.



Courtesy of Dr. Arturo R. Quevedo

➤ Dr. Arturo R. Quevedo (front row, fifth from left) with staff and residents from the National Eye Unit of Guatemala

Though he trained at McGill and Harvard, Arturo R. Quevedo, MDCM'63, always knew he would return to his native Guatemala. He wanted to revolutionize the practice of ophthalmology in his country.

"If I'd stayed in North America, I figured I'd just be another ophthalmologist," he says. "If I went back to Guatemala, I thought I could have an impact. I wanted to see if I could change ophthalmology in Guatemala."

Fifty years later, Quevedo can claim success. Hundreds of ophthalmologists, most of whom trained under the program he founded and continues to direct, now practise in Guatemala and the rest of Central America.

But that accomplishment didn't come easily. When Quevedo arrived at McGill in 1959, just 17 ophthalmologists served Guatemala, a country of nine million. All were in either Guatemala City or Quetzaltenango (Guatemala's second-largest city), leaving the majority of the population, rural dwellers, without easy access to eye care. Only two or three of the country's practitioners had formal training. The first to receive it was Quevedo's father. "It was fairly primitive," says Quevedo. "You'd go someplace for two or three months and come back an ophthalmologist."

“If I went back to Guatemala, I thought I could have an impact. I wanted to see if I could change ophthalmology in Guatemala.”
 – Arturo R. Quevedo

Courtesy of Dr. Arturo R. Quevedo



➤ Quevedo, at the time of his graduation (top) and today

Quevedo knew this had to change. In 1968, after completing a bachelor’s degree in biochemistry at Harvard and a medical degree at McGill, followed by an ophthalmology residency and a post-graduate residency in retina at the Harvard Medical School-affiliated Massachusetts Eye and Ear Infirmary, he returned home.

He worked alongside his father for two years. After his father died of a heart attack in 1970, he forged ahead alone, as Guatemalans waged a lengthy civil war.

“We’d open a clinic, and sometimes we’d have to close it because of the fighting,” says Quevedo. “It wasn’t until more recently, after the peace accord was signed, that we could operate rural clinics in a more systematic way.”

Quevedo’s resolve to help those in need of eye treatment did not waver. In 1969, he established what would become the National Eye Unit of Guatemala. The organization began as a small eye clinic and in 1974 became the Department of Ophthalmology at Roosevelt Hospital.

To attract funding, he created the Guatemalan Eye Foundation, which became the financial arm of the new Eye Department. In 1999, by presidential decree, it became the Unidad Nacional de Oftalmología de Guatemala, receiving a modest subsidy from the government’s health ministry.

Quevedo’s work has made a difference. Where there was once a dire shortage of ophthalmologists in the region, there are now hundreds practicing across Central America, in countries including Guatemala, El Salvador, Honduras and Nicaragua. Many of these doctors trained at the Eye Unit; Quevedo estimates that he’s taught more than 200 himself.

Among them is Guatemalan ophthalmologist Dr. Carlos Portocarrero, who studied under Quevedo in the 1970s. Portocarrero describes his teacher as “very important.”

“When he came to Guatemala, he made a revolution in ophthalmology,” says Portocarrero. “He came, and he brought with him the North American system.”

In the years he has practised, the problems Quevedo encounters have changed. While incidents of perforated corneas due to malnutrition and Vitamin A deficiency were once common, he must now face the reality of Mexico’s drug wars. “Some of the violence has come down here,” he says. “So our residents get very well trained in trauma.”

Teaching at the National Eye Unit still occupies much of Quevedo’s time. Now 75, he continues to practise, despite having battled health problems of his own. “I had to become less obsessive-compulsive about my work,” he says. “But I don’t feel 75. I feel great. That’s one of the reasons I haven’t retired: I don’t feel my age, and I love doing what I do.” **{SARAH BUCK}**

A GIFT THAT TRANSCENDS GENERATIONS

At its 50th reunion, the Faculty of Medicine’s Class of 1962 heard Jacques Balayla, MDCM’12, give an inspirational talk about his research interests, as well as the cost challenges he faced when presenting his findings at an international conference in Rome. It was only with support from the Medical Students’ Society and Dean David Eidelman that he was able to attend the conference. Balayla’s words became a call to action for the class to give back to the next generation.



Paul Fournier

➤ The Medicine Class of '62



Nicolas Morin

➤ Dr. Jacques Balayla

“For relatively small individual contributions, we’ll see a big return in the next generation of doctors.”
– Al Persson

Alumni of McGill’s Faculty of Medicine feel strong ties to their alma mater and the classmates they studied alongside. Milestone reunions not only give graduates a chance to share their memories, they also offer alumni the opportunity to help future generations of McGill medical students by giving a gift through the Reunion Class Gift Program.

The program has long inspired significant contributions to the University, and the Medicine Class of '62 is typical of the groups who have come together to work toward a common philanthropic goal. They established an endowed Conference Fund of \$100,000 to generate income each year that can be used to support undergraduate medical students wishing to attend conferences related to their fields of interest.

Two members of the class who contributed to the fundraising efforts by way of personal gifts and bequests were Dr. Jim Sullivan and Dr. Al Persson. Sullivan, the committee chair for the class’ 50-year reunion, helped orchestrate a successful, well-attended celebration and drum up strong support for this worthy cause. The class responded enthusiastically, making donations, multi-year pledges and bequests.

Sullivan’s affinity for education is palpable. He has demonstrated his surgical dexterity to countless aspiring physicians from McGill over 40 years as an orthopedic surgeon at St. Mary’s Hospital Center in Montreal. He also conducted weekly hands-on sessions for fourth-year students at McGill’s Arnold and Blema Steinberg Medical Simulation Centre.

“I love teaching, and got close to the students,” says the 75-year-old Sullivan, who was honoured with the McGill Department of Surgery’s Harvey H. Sigman Undergraduate Teaching Excellence Award in 2010.

Persson was equally delighted to support the Medical Class of 1962 Conference Fund. “For relatively small individual contributions, we’ll see a big return in the next generation of doctors,” he says.

Although Jacques Balayla, MDCM’12, may not have benefited directly from the gift he inspired, he is thrilled that his remarks struck a chord with the Class of '62. “I felt a strong sense of family speaking to this group,” he says. “I saw myself in them, and they saw themselves in me. They believe, as I do, that research is the key to the practice of medicine.”

Sullivan says the Class of '62 was enormously impressed with the quality of Balayla’s research, which focuses on the ethical feasibility of uterine transplantation. While they were already keen to support a travel fund, Balayla’s speech helped seal the deal. “We thought Jacques’s project was amazing,” says Sullivan. “His presentation was marvelous and stimulated so much support for the Fund.

“This is a tangible and meaningful way to help McGill medical students go after their dreams and launch a career in their field of interest. The gift will be our class legacy, and will help those who follow in our footsteps.” **{MARK WITTEN}**

For more information regarding bequests, please contact Development and Alumni Relations at 514-398-2919 or alumni.medicine@mcgill.ca.

LIFETIME ACHIEVEMENT AWARD
DAVID BOYD



Courtesy of Dr. David Boyd

“McGill was an intellectually and academically rich place. I realized then, and even more later on, that I had been given the best, luckiest chance.”
– David Boyd

“All those who sat in the front row had a disease or syndrome or a piece of equipment named after them. I remember saying to my buddy, ‘This is the big leagues,’” says David Boyd, MDCM’63, waxing nostalgic about his days as a McGill student at Medicine Grand Rounds.

For someone who has come to be regarded as the father of trauma and emergency medical services over a career spanning the last 50 years, Boyd has earned a place in the “big leagues,” standing as a role model for countless students and practicing physicians in trauma care. Last year, he received the McGill Medicine Alumni Global (MAG) Lifetime Achievement Award, an honour recognizing his impressive record of accomplishments.

Boyd is best known for his work in emergency medical services (EMS) systems. “I considered this a neglected area in clinical practice and in academia,” he says, explaining his motivation for joining the trauma unit, fresh out of medical school, of what was then known as the Cook County Hospital in Chicago. Following a two-year stint in the U.S. Army and a fellowship in shock trauma research at the

University of Maryland, Boyd set out to develop an organized systems approach to trauma care delivery across the United States.

“I witnessed the essential clinical requirements of the critically injured: the coordination of surgical and nursing personnel, and the operative equipment and laboratory resources that are needed 24/7 in a trauma centre,” he says. “Regionalizing this type of emergency care had been talked about in theoretical terms in academic and government think tanks, but no one had yet done it.”

Boyd’s vision to create an organized system of pre-hospital response and care, both in trauma facilities and for disasters, sparked a frenzy of interest across the United States in the early ‘70s. Drawing from the Oslerian bedside teaching methodology he learned at McGill, he instituted advanced training for nurses, technicians, paramedics and emergency and trauma physicians. His determination led to the establishment of Illinois’ original statewide Trauma and EMS System, designating some 40 trauma centres and America’s first computerized trauma registry.

Hundreds of health care professionals flocked to Illinois to learn

from this revolutionary program. Word spread to the White House, and Boyd was thrust into the limelight, invited to speak before U.S. Congress and help write a federal law emphasizing organized clinical care. In 1974, U.S. President Gerald R. Ford approved the creation of a nationwide EMS systems program comprised of 304 contiguous regionalized networks, and appointed Boyd as its National Director, a title he held for over a decade.

“Dave simply recognized a glaring deficiency in existing health care systems, sidestepped a promising surgical career and dedicated himself to solving this problem,” says Boyd’s classmate Ron Paul, MDCM’63.

Boyd soon became a sought-after consultant to governments the world over, including in Canada and in Quebec, where his concept is referred to as “Le modèle du Boyd.” For 12 years, he was the general surgeon at the Blackfeet Indian Reservation in Montana, where, until he retired, he worked to improve trauma care as the National Trauma Systems Coordinator for the Indian Health Service.

Known fondly among classmates as the “Czar,” Boyd has served as a class representative for over three decades, helping to build a generous endowment in support of medical students in financial need.

“McGill was an intellectually and academically rich place. I realized then, and even more later on, that I had been given the best, luckiest chance,” Boyd says. It was a chance not only to pursue medicine, but to find love, which he did in classmate Joyce Moore, MDCM’63, to whom he is married with four children and eight grandchildren.

This year’s Homecoming will mark Boyd’s 50th anniversary since graduation and the formal acknowledgement of his MAG Lifetime Achievement Award. “To honour me, with my unorthodox career, concepts and hybrid methodologies from the empirical, scientific, professional, industrial and political sectors is, I think, as telling of my alma mater as it is of my accomplishments.”

{ANNETTE MAHON}

COMMUNITY SERVICE AWARD

LAUREL BALDWIN-RAGAVEN

“Whether I’m seeing patients, making policy decisions, or teaching, it’s really driven by the goal of equity.”
– Laurel Baldwin-Ragaven

“I don’t see what I do as community service, but more like community engagement, which has this concept of advocacy at its core.” As a professor and head of the Division of Family Medicine at the University of Witwatersrand in South Africa, Laurel Baldwin-Ragaven, MDCM’83, practises medicine within a public health care system in crisis, with scarce tools and personnel. But she is in her element in this imperfect environment, driven by the needs of the communities she serves. In recognition of her admirable career, Baldwin-Ragaven received the 2012 McGill Medicine Alumni Global Community Service Award.

“She has always been a stalwart advocate for the downtrodden and neglected, actively and consistently pushing for change to make people’s lives better,” says Dr. Perle Feldman, a former colleague who is now an associate professor at the University of Toronto. “She is a role model for all who see the practice of medicine as a method to increase righteousness and goodness in the world.”

Baldwin-Ragaven grew up in Kentucky during the 1960s and ‘70s. Her desire to give voice to marginalized populations was influenced, in part, by the political movements of the day, which championed civil rights and public participation. “Whatever career you chose,” she says, “there were far-reaching global implications, both in terms of the profession on its context and of the context on the profession.”

After studying in England, she arrived at McGill with a continued commitment to vulnerable groups. As her application to medical school stated, “I cannot ignore the needs of underserved areas, and my desire to actively participate in health maintenance has strengthened in this process.” She became a family physician because she felt that they have this bigger picture of what medicine is about.

As an undergraduate educational coordinator and an assistant professor of Family Medicine at McGill from 1988 to '96, she helped bring medical education and health services to street level through a community partnership with the Centre local de services communautaires (CLSC) de Côte-des-Neiges. For a decade, she also provided clinical service to at-risk youth with the outreach organization Head & Hands.

Baldwin-Ragaven uses the opportunity society affords doctors to work as a catalyst with patients and communities, and aspires to instill a sense of moral and ethical responsibility in future practitioners. During her term as the Henry R. Luce Professor in Health and Human Rights at Trinity College in Connecticut, she established the first undergraduate program in health and human rights in the world. Beyond the classroom, she has used her clout to fight for legalized paid sick leave in Connecticut, which, in 2012, became the first state in America to adopt such a policy. This work was a natural extension of her role as the director of a free mobile clinic for patients without health insurance.

In her current role at the University of Witwatersrand, she is intimately involved in the education and reforms needed to provide medical services to the 10 to 15 million people in the country's smallest but most populous province, Gauteng. "This job is so big and so challenging that it will be a long time before I outgrow it."

In South Africa, very few enjoy the privilege of a first-rate health care system, and the majority contend with limited access to basic necessities. Over the next five years, Baldwin-Ragaven is mandated with the colossal task of assisting the country in creating one universal health system for all.

"Whether I'm seeing patients, making policy decisions or teaching, it's really driven by the goal of equity," she says.

From working with the South African Truth and Reconciliation Commission to setting up health and human rights programs at the University of Cape Town, she tirelessly campaigns to improve medical practice and address the determinants of health.

"I am humbled to receive the Community Service Award," she says. "McGill positioned me well to tackle many of the challenges I face in patient care, population-based health and clinical governance within health systems, as well as the teaching and research that are part of my professional life. I try to extrapolate the best of what I've learned and, within the local context, make it relevant." **{ANNETTE MAHON}**



Paul Fournier

BUILDING ON THE SHOULDERS OF GIANTS: MEDICINE ALUMNI GLOBAL AWARD WINNERS

Lifetime Achievement Award

- 2009 Charles R. Scriver, BA'51, MDCM'55, DSc'07
- 2010 Victor Dzau, BSc'68, MDCM'72, DSc'08
- 2011 Phil Gold, BSc'57, MDCM'61, MSc'61, PhD'65
- 2012 David R. Boyd, MDCM'63

Community Service Award

- 2009 Frederick H. Lowy, BA'55, MDCM'59, LLD'01
- 2010 Joanne Liu, MDCM'91
- 2011 Richard Deckelbaum, BSc'63, MDCM'67
- 2012 Laurel Baldwin-Ragaven, MDCM'83

Young Alumni Award

- 2009 Steven P. Miller, MDCM'95
- 2010 Paul Khairy, MDCM'95, MSc'02
- 2011 Sam J. Daniel, MDCM'96, MSc'02

Leadership Award

- 2010 Joseph Hanaway, BA'56, MDCM'60

Scholarship and Donor Support



Keith Hutchison Memorial Scholarship
Dr. Catherine Deshaies and
Taylor Hutchison

“With the help of the Hutchison family, I’ve been able to put aside financial pressures to focus on what truly matters: patient care. Now, having completed my degree and started my training in cardiac surgery, I appreciate more than ever that the help I received enabled me to achieve my full potential.”

–Catherine Deshaies, MDCM’13



Dr. Mark J. Cohen holds a photo of himself receiving a bursary from former Principal David Johnston.



This year’s scholarship recipients and donors

Every year, the Faculty of Medicine awards scholarships and bursaries to deserving students from each of its schools. Made possible by the generosity of donors, this recognition allows exceptionally bright and talented young adults to pursue their studies and realize their professional goals.

In March 2013, some 80 students, donors and senior faculty members gathered at the Faculty of Medicine to celebrate this philanthropy and the achievements it enables. Layla Shbat, the recipient of the Mark J. Cohen Bursary in Medicine, delivered a moving speech about her own remarkable path to medical school, which led her from modest beginnings in the Middle East. “I am the scholarship kid who is not afraid to dream,” she told the audience, which included Mark J. Cohen, MDCM’92, co-founder of LASIK MD and one of the Faculty’s youngest benefactors.

Dean David Eidelman highlighted the impact of philanthropy on the Faculty of Medicine’s ambitious agenda. “Great talent oftentimes needs tangible support,” he said. “These investments go beyond simply funding a cause we understand to be important.

“It’s about knowing the health care needs of the society we live in and recognizing the role we can play to make things better.”



Richard and Edith Strauss Fellowships (Physical and Occupational Therapy)

(Left to right) Gayatri Aravind, Tony Porraccio, Robert Cowling, Owis Eilayyan, Sabrina Figueiredo and Annette Majnemer

“The Richard and Edith Strauss Award will facilitate my academic life and give me the chance to become a researcher capable of applying the results of my work in a clinical setting. Ultimately, it will help me to prevent disabilities, improve functional ability and maximize people’s quality of life.”

–Owis Eilayyan, PhD candidate, Physical and Occupational Therapy

Photos: Nicolas Morin



Mark J. Cohen Bursary in Medicine

Dr. Mark J. Cohen and Layla Shbat

“Having been a bursary recipient while studying medicine at McGill, it’s a privilege to be able to assist students like Ms. Shbat pursue their medical degree, knowing that their future endeavours will have a positive impact on the community. McGill’s scholarship and award winners are many of the future leaders of our society.”

–Mark J. Cohen, MDCM’92



Class of Medicine 1985 Entrance Scholarship

Dr. Robert Primavesi, Sophia Bachilova, Ahmad Mirza and Dr. Helen Smeja

“As a first-generation Canadian, coming from a background as a biochemistry researcher and military paramedic, the path to medical school has been an arduous journey. The Class of Medicine 1985 Entrance Scholarship has been a wonderful confidence booster and has provided greatly appreciated financial assistance, which together have gone a long way toward making my transition back to school a success.”

–Ahmad Mirza, MDCM student



Louis-Philippe Dufour (Mark Nickerson Prize winner), Samantha Liauw (Jonathan Ballon Scholarship winner), Emma Preston (Livingstone-Friedman Scholarship in Medicine winner) and Dean David Eidelman

“Being associated with such distinguished McGill alumni as Dr. Sydney Friedman and his late wife, Dr. Constance Livingstone, has provided me with inspiration to be the kind of physician, researcher, advocate and teacher I aspire to be.”

–Emma Preston, MDCM student



Dr. John H. Burgess Distinguished Scholarship

Elaine Kilabuk and Dr. John H. Burgess

“I established this scholarship to allow students from indigenous Inuit communities to study medicine at McGill and serve as role models practicing in the Arctic. Elaine Kilabuk, who I was delighted to meet, will do exactly this, encouraging future Inuit students to pursue a medical career.”

–John H. Burgess, BSc’54, MDCM’58



1947



1957



1952

HOMECOMING 2013

Homecoming 2013 is just around the corner, and we have a host of great events in store for you. Join your fellow graduates to renew old friendships, forge new ones and learn about everything that's happened in the Faculty of Medicine since you last visited your alma mater. Reunion plans are already underway for the classes of 1948, 1953, 1958, 1963, 1968, 1973, 1978, 1983, 1988, 1993, 1998, 2003 and 2008. No matter when you graduated, we look forward to welcoming you home to McGill from October 17-20.

Consult our full list of events online at <http://www.mcgill.ca/medicine/alumni/homecoming>.

We hope to see you soon.

FOR MORE INFORMATION, please contact the Development and Alumni Relations office at 514-398-2919 or alumni.medicine@mcgill.ca.



1958



1973



1968



1982



1961



1992



1997

Photos: Paul Fournier and Nicolas Morin

KUDOS

➤ ROXANNE PELLETIER

2012 ALICE WILSON AWARD
ROYAL SOCIETY OF CANADA

➤ MARION DOVE

2012 AWARD OF EXCELLENCE FOR
CONTRIBUTION TO TEACHING IN
FAMILY MEDICINE, QUEBEC COLLEGE
OF FAMILY PHYSICIANS

➤ EDUARDO FRANCO

➤ REBECCA FUHRER

➤ JODY HEYMANN

➤ CONSTANTIN POLYCHRONAKOS

➤ CHRISTOS TSOUKAS

➤ BRIAN J. WARD

2012 CANADIAN ACADEMY OF HEALTH
SCIENCES FELLOWS

➤ RICHARD CRUESS

2012 MEDAL OF SERVICE
CANADIAN MEDICAL ASSOCIATION

➤ BRENDA MILNER

2012 CANADIAN SCIENCE AND
ENGINEERING HALL OF FAME INDUCTEE

➤ MADHUKAR PAI

➤ NITIKA PANT PAI

2012 CHANHLANI GLOBAL HEALTH
RESEARCH AWARD

➤ MARK A. WAINBERG

2012 CIHR-CMAJ TOP CANADIAN
ACHIEVEMENT IN HEALTH RESEARCH

➤ YOLAINE YIM

2012 MEDICAL STUDENT
LEADERSHIP AWARD
THE COLLEGE OF FAMILY PHYSICIANS

➤ KENT SAYLOR

2012 DR. PETER HENDERSON BRYCE
AWARD FOR EXCELLENCE IN PUBLIC
HEALTH ADVOCACY FOR FIRST NATIONS,
MÉTIS AND INUIT CHILDREN AND YOUTH

➤ JESSICA LEE

2012 FAMILY MEDICINE RESIDENT
AWARD FOR SCHOLARSHIP, THE COLLEGE
OF FAMILY PHYSICIANS OF CANADA

➤ JENNIFER MITTON

2012 FAMILY MEDICINE RESIDENT
LEADERSHIP AWARD, THE COLLEGE OF
FAMILY PHYSICIANS OF CANADA

➤ NAHUM SONENBERG

2012 FELLOW OF THE AMERICAN
ASSOCIATION FOR THE ADVANCEMENT
OF SCIENCE

➤ CHARLES SCRIVER

➤ ARNOLD STEINBERG

2012 HEALTH RESEARCH FOUNDATION
GOLD MEDAL OF HONOUR

➤ MARGARET LOCK

2012 MCGILL MEDAL FOR EXCEPTIONAL
ACADEMIC ACHIEVEMENT

➤ PAUL CLARKE

2012 MCGILL PRINCIPAL'S PRIZE FOR
EXCELLENCE IN TEACHING

➤ ANNE E. CLARKE

2012 MENTOR OF THE YEAR
THE ROYAL COLLEGE

➤ MICHEL TREMBLAY

2012 MICHAEL SARRAZIN AWARD, CLUB
DE RECHERCHES CLINIQUES DU QUÉBEC

➤ MARIE-RENÉE B-LAJOIE

2012 NADINE ST. PIERRE AWARD
THE COLLEGE OF FAMILY PHYSICIANS
OF CANADA

➤ MICHAEL POLLAK

2012 O. HAROLD WARWICK PRIZE
CANADIAN CANCER SOCIETY

➤ BARTHA MARIA KNOPPERS

2012 ORDRE NATIONAL DU
QUÉBEC - OFFICIERE

➤ PAUL CLARKE

2012 PRINCIPAL'S PRIZE FOR
EXCELLENCE IN TEACHING

➤ LUCIE LESSARD

2012 PRIX D'EXCELLENCE
THE ROYAL COLLEGE

➤ GUY ROULEAU

2012 PRIX DU QUÉBEC -
WILDER-PENFIELD

➤ MICHEL TREMBLAY

2012 ROBERT L. NOBLE AWARD
CANADIAN CANCER SOCIETY

➤ MICHAEL PETRIDES

2012 ROYAL SOCIETY OF LONDON FELLOW

➤ TERRY HÉBERT

➤ LEONORA LALLA

➤ KEVIN WASCHKE

2013 CERTIFICATE OF MERIT AWARD
THE CANADIAN ASSOCIATION FOR
MEDICAL EDUCATION

➤ JAMES HOGG

2013 CANADA GAIRDNER WIGHTMAN
AWARD

➤ EDUARDO FRANCO

2013 CORRESPONDING MEMBER
BRAZILIAN ACADEMY OF SCIENCES

➤ ERNESTO SCHIFFRIN

2013 DISTINGUISHED SCIENTIST AWARD
AMERICAN SOCIETY OF HYPERTENSION

➤ JASWANT GUZDER

2013 MCGILL FACULTY OF MEDICINE
HAILE T. DEBAS PRIZE

➤ NITIKA PANT PAI

2013 MCGILL FACULTY OF MEDICINE
MAUDE ABBOTT AWARD

➤ APARNA NADIG

2013 MCGILL FACULTY OF MEDICINE
PRIZE FOR RESEARCH IN A SCHOOL FOR
HEALTH PROFESSIONS

➤ FREDERICK ANDERMANN

2013 ORDER OF CANADA - OFFICER

➤ RAQUEL DEL CARPIO

➤ DOMINIQUE SHUM-TIM

2013 TEACHING-CLINICIAN AWARD,
QUEBEC MEDICAL ASSOCIATION

We would also like to congratulate all those from the Faculty of Medicine who received the Queen Elizabeth II Diamond Jubilee Medal. For more information about the medal, visit: <http://www.gg.ca/document.aspx?id=14019>.

McGILL 5TH ANNUAL MEDICINE ALUMNI GLOBAL AWARDS

**NOMINATE SOMEONE FOR A McGILL MEDICINE
ALUMNI GLOBAL AWARD TODAY!**

AWARD CATEGORIES

LIFETIME AND CAREER ACHIEVEMENT AWARD

Presented to alumni of the MDCM program who have enhanced the reputation of McGill University through a lifetime contribution of exceptional leadership.

ALUMNI AWARD FOR COMMUNITY SERVICE

Presented to alumni of the MDCM program who have made outstanding contributions to the betterment of local and/or global communities.

YOUNG ALUMNI AWARD

Presented to alumni of the MDCM program who, within 15 years of graduation, have made important contributions to society and to McGill University.

INGRAM SCHOOL OF NURSING ALUMNI AWARD OF MERIT

Presented to alumni who have enhanced the reputation of McGill University and their profession/research discipline through exceptional leadership, community service and/or scholarly excellence.

SCHOOL OF PHYSICAL AND OCCUPATIONAL THERAPY ALUMNI AWARD OF MERIT

Presented to alumni who have enhanced the reputation of McGill University and their profession/research discipline through exceptional leadership, community service and/or scholarly excellence.

SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS ALUMNI AWARD OF MERIT

Presented to alumni who have enhanced the reputation of McGill University and their profession/research discipline through exceptional leadership, community service and/or scholarly excellence.

NOMINATION DEADLINE:

August 25, 2013

ANNOUNCEMENT OF WINNERS:

Friday, October 18, 2013, during McGill's Homecoming celebrations.
To submit a nomination, visit: <http://www.mcgill.ca/medicine/alumni/awards>.

*For more information, please contact Mercedes M. Delacroix,
Development Associate, at 514-398-5924 or mag.medicine@mcgill.ca.*

KEY DATES

HOMEcomings 2013

Thursday, October 17 to
Sunday, October 20, 2013
Information: 514-398-1299
Website:
<http://aoc.mcgill.ca/network/homecoming>

ANDREW F. HOLMES DEAN OF MEDICINE DISTINCTION LECTURES

Friday, October 18, 2013
Location TBC
Dr. Janet Rossant, Senior Scientist and
Chief of Research of the University of
Toronto's Departments of Molecular
Genetics and Obstetrics and Gynecology,
will discuss the significance of the stem
cell on its 60th anniversary.
Information: recept3605.med@mcgill.ca

2013 GAIRDNER NATIONAL PROGRAM LECTURE

Tuesday, October 22, 2013
Montreal Neurological Institute,
Jeanne Timmins Amphitheatre,
3801 University Street
2013 Canada Gairdner International
Laureate Dr. Stephen Elledge and 2008
Canada Gairdner International Laureate
Dr. Gary Ruvkun will speak about their
research.
Information: deborah.rashcovsky@mcgill.ca

INTERNATIONAL CONFERENCE ON MULTILINGUALISM: LINGUISTIC CHALLENGES AND NEUROCOGNITIVE MECHANISMS

Thursday, October 24 to
Friday, October 25, 2013
McGill University,
Faculty Club,
3540 McTavish Street
An international conference on
multilingualism and its neural basis,
featuring a public lecture by
Professor Manuel Carreiras of University
College London on the mysteries of
the bilingual brain.
Information:
multilingualism2013@gmail.com

NURSING EXPLORATIONS CONFERENCE

Thursday, November 14
Palais des congrès,
201 Viger Avenue West
Strengths-based nursing: practice,
education and leadership
Website: <http://www.medicine.mcgill.ca/nursing-explorations2013/>



→ THE GIFT OF A LIFETIME

IN THE HEALTH SCIENCES, EVERY GENERATION PLAYS A VITAL ROLE

Be part of the search for a cure for cancer, make education more accessible, and help build world-class facilities for new generations of doctors, nurses, speech pathologists, physical and occupational therapists and scientific investigators. Consider leaving a legacy by making a gift in your will to the Faculty of Medicine.

For more information, please contact the Development and Alumni Relations office of the Faculty of Medicine at 514-398-2919 or alumni.medicine@mcgill.ca.



McGill