# Medicine Focus 2017/2018

## Free Action Game

**“Define the Bias” Flash Cards**

<table>
<thead>
<tr>
<th>Anchoring bias</th>
<th>Blind-spot bias</th>
<th>Framing effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halo effect</td>
<td>Reverse-halo or devil effect</td>
<td>Unpacking principle</td>
</tr>
</tbody>
</table>

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**How to Play**

Instructions inside

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**The Latest Tips for Clinical and Classroom Teachers**, p. 20

+ Staying Connected to My Culture, One Student’s Story
INSTRUCTIONS
1. Cut along dotted lines.
2. Place all cards image up.
3. Define one bias at a time, flipping the card to check your answer.

When making decisions, giving too much weight to the first piece of information gathered.

The failure to notice one’s own cognitive biases.

Occurs when the words used to describe a choice influence the ensuing decision.

Allowing one characteristic, e.g., conscientiousness, to positively colour an entire evaluation of a learner’s performance.

Allowing one characteristic, e.g., tardiness, to negatively colour an entire evaluation of a learner’s performance.

The failure to elicit all relevant information before making a decision.

All done? Turn to page 20 for strategies to improve your teaching skills. For clinical and classroom settings!
At the age of five, Physiology student Alex Gray announced he would become a brain surgeon. Brain surgery turned into Medicine so he could help treat his stepfather’s herniated discs, his mother’s bad hip and his grandmother’s diabetes. Gray, who is President, American Indian Science and Engineering Society—McGill Chapter, grew up on a Mi’gmaq reserve in Listuguj, on Quebec’s Gaspé Peninsula, where his mother taught Pre-colonial Culture and his grandmother ran the local medical clinic. His high school did not have much to offer in terms of field trips or science equipment, but that did not stop him from integrating science into the everyday. From clinic pamphlets to forest artefacts, science was all around him. An avid basketball player, at 14 he and his teammates heard about an opportunity in Montreal: McGill’s Eagle Spirit Camp, now administered by the Faculty of Medicine under the Indigenous Health Professions (IHP) Program, is an annual three-day health and science camp, which encourages Indigenous teenagers to consider post-secondary studies at McGill. While Gray’s first camp visit took place a decade ago, that weekend remains vivid: Simulated medical procedures on manikins at the Steinberg Centre for Simulation and Interactive Learning; standardized patients yelling out symptoms; basketball scrimmages with Cree, Inuit and Algonquin kids; and stories from Indigenous McGill students, who talked of the loneliness they felt away from their communities. From 16, he returned each year as a counsellor. In spring 2017, Gray, 24, was hired, by the IHP Program in partnership with First Peoples’ House, to serve as Coordinator of the camp. As for the future, he plans to pursue medicine or health research. “Alex is a true success story of the Eagle Spirit Camp model. We are so proud of his accomplishments and grateful to have his leadership to inspire more Indigenous youth,” says Jessica Barudin, MSc(PT)’15, IHP Program Manager. (Philip Fine)
The rock

“When past Olympian Waneek Horn-Miller was running McGill’s Eagle Spirit Camp, she had this activity where you had to think of a quote, write it on a rock and keep it with you, like Buddhist monks writing on stone. I’ve kept my rock ever since. It is a reminder of how long my journey has been to bring me here,” says Gray, who early in his studies took a year off to get a handle on an anxiety diagnosis. “Taking care of my disorder has been difficult, but I feel now that I am able to focus on the things that matter.”

Hand drum

“At the middle school in Listuguj, my mother would teach kids how to make traditional Mi’gmaq crafts and apply the language whenever she could. She would teach the songs as well. I didn’t realize until I left how important these things are to me. I look at them not just as stress relief, but as prayers, and they bring me back home. They bring me back to feeling connected with my community.”

Dreamcatcher

“This was originally a gift to my brother from somebody we were both able to grow up with. Katherine Sorby is what I call a language warrior. She was a residential school survivor, and basically a childhood hero of mine. This dreamcatcher was made by her. My brother gave it to me because he knew how important she is to me. She was the grandmother in the movie Rhymes for Young Ghouls. The director, Jeff Barnaby, is Mi’gmaq from Listuguj.”

A survival knife

“This was a gift from a good friend, Ben Geboe, from the Sioux Nation who came here from South Dakota, to do a master’s in Social Work. He’s the organizer of the McGill pow wow drum group. In the Sioux culture, they put subtle flaws into their work because nothing should be perfect. If you notice, there are some beads that are more in some colours than others, and there is overlapping in some of the threads, and that is on purpose.”

Smudge bowl

“This isn’t my smudge bowl or my feather, they are from First Peoples’ House. Smudging is something I grew up with in my community. My mother would start out her classes with smudging, whether sweetgrass or sage or cedar in a bowl. She always explained the purpose of smudging: purifying, clarity of mind. In university, with the stress of academia, being able to smudge is something that I appreciate. It takes me home, it’s the symbolism of it, and it’s nice to be able to practice my culture on campus.”

Five kroner coin

“Two summers ago, Ben asked me if I wanted to go on a tour of Iceland and Norway to give some lectures on Indigenous culture. We went to the Sami centre in Oslo, we went to Bergen, and we went to this Sami community, Masi. I was blown away at how this Indigenous community halfway around the world had so many similarities with home. I sang a couple of songs for them. Ben and I showed them how to make some crafts. With them, we made a dreamcatcher that was 30 metres tall. I carry this coin with me as a reminder of that trip.”

Running shoes

“I wanted to do seven objects because seven is an important number in Mi’gmaq belief. We have a story called the Seven Levels of Creation. The territory is divided up into seven. These are just a pair of runners. Nothing too special. Something that I continue to relearn, though, is that being physically active is very important to me, especially now that I identify as having anxiety. It’s something that I try to keep up with. With smudging, it provides another level of stress relief and keeping in touch with myself. I used to play sports in high school—I played varsity basketball—and it’s something dear to my heart, keeping physically active.”

As told to Anne Chudobiak. With thanks to Kakwiranó:ron Cook, Indigenous Outreach Administrator, McGill University, for lending us his office at First Peoples’ House for this photo shoot. All photos by Owen Egan/Joni Dufour.
FEATURES

20 7 ways to up your game in the health sciences “classroom”
COVER STORY Teaching, whether in an academic or clinical setting, has its challenges. Refresh your strategy—and that of your institution—with these evidence-based tips courtesy of our in-house education specialists. By Michelle Pucci

28 Doin’ good
What have our McGillians done for you (and the rest of the world) lately? From making progress towards a Zika vaccine... to raising the alarm about the next epidemic... to keeping the media honest during a time of crisis.
By Philip Fine

IN EVERY ISSUE
5 From the Dean
6 You tell us
7 The finer things
   New! For the epicurious. Must be willing to travel.
8 Breakthroughs and discoveries
12 The lookout
26 A McGill moment
34 A way of life

The steelhead roe at Chicago’s Alinea, a McGill doctor recommended restaurant. See page 7. https://www.flickr.com/photos/edsel_/7302624372/in/photostream/ “Alinea 2012-Steelhead Roe” (CC BY-SA 2.0) by Edsel L
How can we become more student-centred? How do we ensure interprofessional and interdisciplinary become our default for teaching and research? Where will we find the space needed for our students and scientists to continue to excel? And maybe, just maybe, we should start thinking about a new Faculty name.

As the University begins preparing for its bicentennial in 2021, its first faculty, the McGill Faculty of Medicine, has launched a new strategic planning cycle, Project Renaissance, to answer these and other questions, and to set our course for the next several years.

The timing is right, as the new MDCM curriculum, Patient at heart, Science in hand, completes its four-year rollout. I would like to thank the Medicine Class of 2017, the curriculum’s first cohort, for their insight and valuable feedback along the way. Our MDCM program is that much stronger for it. I would also like to express my deep appreciation to our MDCM alumni and friends for their generous and ongoing support throughout the curriculum’s implementation, evaluation and fine-tuning.

Another strategic milestone we recently crossed is the creation of the McGill School of Population and Global Health. After two years of consultation under the stewardship of Dr. Gilles Paradis, MSc’87, Chair, Department of Epidemiology, Biostatistics and Occupational Health, plans for the new School have been signed and sealed. We look forward to sharing more news this fall.

Earlier in the academic year, we were equally thrilled to learn that McGill was to receive landmark funding for its Healthy Brains for Healthy Lives initiative, from the Canada First Research Excellence Fund. Around the same time, the Montreal Neurological Institute and Hospital launched a trailblazing “open science” initiative to help break down walls to data-sharing and to accelerate discoveries.

In a few months, our Ingram School of Nursing will be making its own momentous and well-deserved move, literally, to new custom-designed, state-of-the-art facilities. It will be from this new home on Sherbrooke St. West, that the School will begin preparing celebrations to mark its 100th anniversary, in 2020.

And finally, we have received some good news about our undergraduate medical education accreditation exercise. Earlier this year, we welcomed a team from the program’s accrediting body on-site to assess our progress. Feedback from this visit was positive and encouraging. We remain cautiously optimistic. At press time, we anticipate a final decision from the accreditors in early summer.

These are only some of the Faculty’s highlights, many more of which you will read about in the pages that follow. Suffice it to say, we are extremely fortunate to be home to such a critical mass of outstanding students and internationally recognized academics. With the support of the Faculty’s Advisory Board, co-chaired by Mitch Garber, BA, and Ben Burko, BSc, MDCM’88, and of the tens of thousands of alumni and friends who make up our extended family, we have much to look forward to, as we prepare to celebrate our bicentennial together.

With warm regards,

David Eidelman, MDCM’79
Vice-Principal (Health Affairs)
Dean, Faculty of Medicine
McGill University
Advice to young alumni
(“9 ways to thrive at medical school: McGill residents share top tips,” Medicine Focus e-letter, Dec. 1, 2016)

Actually, this was send-off advice from my Loyola department chairman. It saw me through some stressful times during my first year of medical school.

But first, some background. I graduated from Loyola College in 1967 with a BA, majoring in Biology-Chemistry. I had studied none of the required six courses taught in Med-1: Anatomy, Histology, Pathology, Biochem, Physiology or Epidemiology. Over half of the class had already taken Anatomy, Biochem and Physiology. Additionally, we had four Rhodes Scholars in the class. I certainly felt that I was at a disadvantage academically.

The advice:
Professor Stanley Drummond, S.J. told me, “No matter how tough things seem, remember that someone else has already made it.”

Interesting advice that served me well throughout my medical studies.
Neil Capper, MDCM’71

Physical mental health breaks—for all?
(“Wellness at the wheel,” Medicine Focus e-letter, Dec. 1, 2016)

Great idea! I would definitely use [the McGill Faculty of Medicine Spin Bike Gardens stationary bike station] if I saw it. Third-floor McIntyre, however, is not accessible to residents during a shift at the hospital. How can we benefit from the resources for our Wellness when they’re not where we are?
Jessica Tremblay, BScN’12, MDCM’16

Editor’s response: Spin Bike Gardens is a first step in a longer term plan to one day integrate something similar on-site at training hospitals. The idea for it came out of thinking of what exercise solutions might work for medical residents. In its current iteration, though, it serves students “as a tool to de-stress.”

Homecoming record
(“Homecoming recap and save the date,” Medicine Focus e-letter, Dec. 1, 2016)

You didn’t mention that the 1956 medical class had a reunion. There were eight of us, all with spouses or girl-friends. We all enjoyed the occasion, and are even planning a future reunion! Is this a record?
Edward Childe, MDCM’56

Check those “firsts”
(“A man of many firsts,” Medicine Focus online edition)

If she finished in 1959, Enid Melville-Wright [BA, MDCM] was not the first black female McGill medical graduate. My class of 1956 had one black woman, Eloise Jones [Alberga, BSc, MDCM]. Perhaps there were others still earlier.
Arthur Dawson, BSc, MDCM’56, MSc

ERRATA
In the 2016–2017 issue of Medicine Focus, this photo by current Experimental Surgery MSc student Susan Ge, MDCM’16, should have contained a caption naming the artwork, “Take a little piece of my heart,” and the artist’s name, Shannon Snyder, BN’14, MSc(A)’16. “Take a little piece of my heart’ is where my passion for painting and love of anatomy are joined together as an outlet for self-expression,” says Registered Nurse Shannon Snyder about her piece, which was featured in Journeys Through Health, an exhibit held by the McGill Humanities and Arts in Medicine (McHAM) student group at the Glen site of the McGill University Health Centre. Thank you to Katrina Gibb, Natalie Stake-Doucet, BN’14, MSc(A)’16, and Karine Allard, as well as the artist, for contacting us.

In the same issue, on page 5, School of Physical & Occupational Therapy Assistant Professor Blain-Moraes’ first name should have read Stefanie. With apologies!

And thank you to Rita Kopin, BSc, who got in touch to let us know that Irwin Kopin, BSc, MDCM’55, appears in the foreground of the bottom photo on page 39.
Sculptor, doctor, entrepreneur... and foodie

/ by Philip Fine /

He runs plastic surgery clinics in five U.S. cities. His patented procedure has been performed 10,000-plus times. Medical entrepreneur Aaron Rollins, MDCM’01, initially wanted to pursue sculpture, but a desire to improve lives led him instead to McGill Medicine, where, during a plastic surgery rotation, he was struck by the gratitude of a man whose face he was able to help rebuild. But medical residency, when he got there, wore him down. A 180-degree turn took him to Wall Street for three years. When that lost its shine, he looked back on his life for a time when he had been truly inspired, and remembered plastic surgery. Returning to medicine with a newfound business acumen, he recognized an opportunity. Standard liposuction was painful and its tools, the equivalent of sculpting with chisel and chainsaw. In 2012, he developed Airsculpt, which removes fat without needles or stitches. It’s won numerous endorsements and has managed to combine Aaron’s artistic talents with his medical training.

A self-confessed foodie, Rollins has developed a roster of favourite restaurants in all the cities where he operates clinics. We asked him to share some of his top picks with us.

Chicago—Popular Michelin three-star restaurant Alinea offers a modernist cuisine. Rollins loves the fact that they’ll serve up to 20 small courses. He compares the food to Montreal’s Toqué!

Los Angeles—Rollins says there is nothing L.A. about Chic SPACCA, a restaurant that experiments with Italian charcuterie—it’s just a great place for wood-grilled meat. He recommends the Tomahawk pork chop with fennel pollen.

New York City—Created by Ralph Lauren, The Polo Bar is inspired by the designer’s lifestyle brand. You’ll find burnished leather on the seats, equestrian art on the walls, and traditional American cuisine on your plate. A good place to celebrity spot.

Houston—A fourth-generation family-run establishment that dates back to 1897, Pappadeaux Seafood Kitchen is part of a chain that keeps that fun mom-and-pop feeling. Rollins says it’s the best Cajun food around. He loves their soft-shell crab with dirty rice.

San Francisco—Proudly serving sustainable shellfish, Hog Island Oyster Co. is one of Rollins’ favourites for the fact that diners sit at communal picnic tables and look onto Tomales Bay where the oysters are harvested.
Delaying school start times could help Canadian teenagers sleep better—giving them a better chance for success.

In a study published in the Journal of Sleep Research, McGill researchers found that students from schools that started earlier slept less, were less likely to meet the national sleep recommendations for their age, and were more often tired in the morning. The findings help explain why, according to recent data, one in three Canadian teenagers don’t get enough sleep.

“It is time that we have a conversation about school start times in Canada,” says lead author Geneviève Gariépy, MSc’09, PhD’15, an epidemiologist and post-doctoral fellow with the Social Inequalities in Child Health research group at the McGill Institute for Health and Social Policy.

**Fighting biology**

“The problem is that early school start times conflict with the natural circadian clock of teenagers,” Gariépy says. “As teenagers go through puberty, their circadian clock gets delayed by two to three hours. By the time they reach junior high, falling asleep before 11 p.m. becomes biologically difficult, and waking up before 8 a.m. is a struggle. Adolescents are fighting biology to get to school on time.”

Previous research internationally has shown that teenagers who are sleep-deprived do worse at school, have more health problems, and are more vulnerable to depression, anxiety and behavioural problems.

The researchers used Canadian data covering 30,000 students from 362 schools across Canada, from a cross-national survey conducted every four years in more than 40 countries in collaboration with the World Health Organization.

**Later start times, better sleep**

Start times in the Canadian schools ranged from around 8:00 to 9:30. “We found a strong association between later school start times and better sleep for teens,” says study co-author, Frank Elgar, Canada Research Chair in Social Inequality in Child Health and Associate Professor, Institute for Health and Social Policy and the Department of Psychiatry.

“Changing school start times involves consultations among various stakeholders, and logistical issues such as bus schedules,” Gariépy notes. “But these challenges can be overcome. A later school start-time policy has the potential to benefit a lot of students.” (McGill Newsroom)
A team of researchers at the Research Institute of the McGill University Health Centre (RI-MUHC) has found an epigenetic modification that might be the cause of 15% of adult cancers of the throat linked to alcohol and tobacco use. This is a first in the field of epigenetics and the researchers are hopeful that the discovery can blaze a path in the development of new, targeted, more effective treatments that could arise over the next few years.

“This discovery was absolutely unexpected since it seemed highly improbable that the kind of alterations of the epigenome that we had previously found in other types of tumours in children and young adults could also target an epithelial tumour like throat cancer that occurs only in adults,” explains Dr. Nada Jabado, Associate Professor of Pediatrics and Associate Member, Rosalind and Morris Goodman Cancer Research Centre and the departments of Human Genetics, Oncology and Medicine, Division of Experimental Medicine. Jabado, a pediatric hemato-oncologist, is one of the principal authors of the study published in Nature Genetics. (MUHC Newsroom)

Have you ever met someone who just wasn’t into music? They may have a condition called specific musical anhedonia, which affects 3 to 5% of the population. Researchers at the University of Barcelona and the Montreal Neurological Institute and Hospital—The Neuro have discovered that people with this condition showed reduced functional connectivity between the regions of the brain responsible for processing sound and the regions related to reward. “These findings not only help us to understand individual variability in the way the reward system functions, but also can be applied to the development of therapies for treatment of reward-related disorders, including apathy, depression and addiction,” says Dr. Robert Zatorre, a neuroscientist at The Neuro and one of the paper’s co-authors. (The Neuro)

A large-scale, population-based study led by Dr. Laurent Azoulay, BSc’01, Senior Investigator with the Lady Davis Institute at the Jewish General Hospital and Associate Professor, Department of Epidemiology, Biostatistics and Occupational Health and the Gerald Bronfman Department of Oncology, has concluded that the use of androgen deprivation therapy (ADT) to treat advanced prostate cancer is not associated with an increased risk of Alzheimer’s disease. This result, published in the Journal of Clinical Oncology, is important because it soothes fears raised by an earlier study, which asserted a significant and troubling connection. “Our analysis should be welcome news for men whose prostate cancer is being controlled with ADT,” says first author, Farzin Khosrow-Khavar, an Epidemiology doctoral candidate. (Lady Davis Institute)
The discovery of a new genetic mutation linked to osteonecrosis of the hip could allow doctors to identify and treat the disease before symptoms arise and potentially avoid hip replacements.

Osteonecrosis or “bone death” of the femoral head is a serious disease that is caused by interruption of blood flow in the hip bone. Patients experience pain as the disease progresses and the bone and surrounding joint collapse. Ultimately, in end-stage osteoarthritis, the patient becomes unable to walk and the hip joint must be replaced. “It is a severely debilitating disease that is usually linked to identifiable risk factors such as glucocorticoid treatments, blood cancers and in some rare cases, to a genetic cause,” explains Dr. Chantal Séguin, BScN’89, hematologist-oncologist at the Bone Engineering and Vascular Biology Research Lab of the RI-MUHC, Associate Professor in the Department of Medicine, Division of Experimental Medicine, and senior author on the scientific paper published recently in the Journal of Medical Genetics. (MUHC Newsroom)
Standards for authorizing first-time trials of drugs in humans are lax, and should be strengthened in several ways, McGill University researchers argue in a paper published recently in Nature.

While regulators in North America and Europe evaluate safety before human trials can proceed, they do not currently demand meaningful evidence for potential efficacy, write Dr. Jonathan Kimmelman, Associate Professor, Biomedical Ethics Unit/Social Studies of Medicine, and Experimental Medicine PhD student Carole Federico, MSc’13, in a commentary article. “We believe that many (first-in-human) studies are launched on the basis of flimsy, under-scrutinized evidence.”

Trials of ineffective therapies place burdens on society even if research participants aren’t harmed directly, the researchers argue. Drug development soaks up financial and research resources; patients and healthy volunteers involved in testing a dud treatment miss out on more promising ones; and expenses wasted on ineffective therapies are often passed on to health care systems in the form of higher drug prices.

The McGill researchers propose several measures to reinforce standards, including:

- Require drug sponsors to include negative results from animal studies in documents submitted to investigators and ethics committees;
- Allow trials to proceed only after careful vetting of the pre-clinical evidence by independent experts;
- Encourage reviewers to consider a broad base of evidence in assessing the probability that a drug will prove clinically useful: for example, how have other drugs in the same class performed in trials? (McGill Newsroom)
CHALLENGES

SPUR CREATIVITY

Research is vital to Canada’s early-career investigators, and yet as many as 80% see their applications to crucial federal grants turned down, says Dr. Argerie Tsimicalis, Assistant Professor, Ingram School of Nursing. For every 100 applications, only 15 are awarded.

As a young researcher herself, Tsimicalis knows firsthand how overheated competition for Canadian Institutes of Health Research (CIHR) grants can disproportionately hurt fledgling academics, especially those in their first five years on the job.

According to the Association of Canadian Early Career Health Researchers (ACECHR), this group has experienced a 38% CIHR funding decline over the past six years. And the situation is not likely to improve. Some predict that the 15% award rate will drop to 10% this year.

These disheartening numbers have left survey participants telling ACECHR that almost half of them are considering leaving research, academia or Canada. “Canada could be a leader in research and development,” says Tsimicalis, 40, who sees in this a loss of scientific potential. An investigator into rare childhood diseases, she has tried to circumvent some of the grant challenges by seeking other sources of funding, namely approaching stakeholders directly—efforts that have, happily, borne fruit. (Philip Fine)

DEPARTMENTAL LORE

“His baseball bat belonged to Rose Mamalak Johnstone, BSc’50, PhD’53, who was Chair of Biochemistry during the 1980s. The tale is that this bat proved very helpful when presiding over the Department. All those who remember Dr. Johnstone know that is just a tall story. Nonetheless, this bat has since been passed from Chair to Chair, just in case,” says Dr. Albert Berghuis, Professor and Chair, Department of Biochemistry.
FAB FRIENDS

Mitch Garber, BA, and Benjamin Burko, BSc, MDCM’88, have been friends since high school. The two were recently named co-chairs of the Faculty Advisory Board (FAB), and will use the familiarity of that long-held friendship to steer the FAB towards its goals of promoting community engagement, fundraising and entrepreneurship.

Garber, who also holds an LLL from the University of Ottawa, is CEO of Caesars Acquisition Company, which runs the World Series of Poker and Planet Hollywood, and is Chairman of Cirque du Soleil. Burko is Assistant Professor at the McGill University Health Centre in the departments of Pediatrics and Family Medicine and was, until recently, owner of Tiny Tots Medical Centre, where he is also Medical Director.

Both have years of experience volunteering their time and expertise. Garber has established the Garber Family Post Doctorate Fellowship in Hereditary Cancer at the Faculty and has taken on numerous community leadership roles, including co-chairing Centraide’s 2016 campaign. Burko has been a longtime volunteer fundraiser, beginning at 13 when he worked the phones for Federation CJA. He recently organized the 25th reunion for his Medicine class.

Now in its third year and formerly chaired by McGill Medicine parent Gail Adelson-Marcovitz, BCom, BCL, the FAB seeks to raise philanthropic dollars to ensure the Faculty continues to set a new standard for health sciences education in Canada.

Garber and Burko both agree that the Faculty’s brand is strong, but that it could better capitalize on that good name to attract more donations. “We possess one of the world’s most respected academic brands,” says Garber, who adds that the FAB is trying to find business ideas that support the high standing of the brand and generate revenue for the Faculty.

As Burko explains, the FAB members are looking for ideas that are “clonable, scalable, marketable and monetizable in ways that we haven’t thought about.”

The first meeting with the new co-chairs will take place in June 2017. (Philip Fine)

HUMAN TRAFFICKING: TELLTALE SIGNS

Research suggests that victims of human trafficking sometimes come into contact with health care professionals. And yet, in one 2011 survey of University of Toronto medical students, 94% of respondents reported that “they were either not knowledgeable or only somewhat knowledgeable about human trafficking.” “This is a huge missed opportunity,” says Guido Guberman, BA & Sc’15, MD-PhD student, Co-founder, Canadian Alliance of Medical Students Against Human Trafficking (CAMSAHT). “We’re dealing with a criminal practice that is very lucrative,” he says, adding that it is more prevalent in Canada than most realize. Doctors who aren’t looking for a problem are unlikely to intervene. Launched in summer 2016, CAMSAHT already has members across the country. Guberman explains that the main goal of the group is to see this topic integrated into medical school curricula, with training on how to recognize signs of trafficking in patients, as well as on how to intervene. Follow @CAMSAHT on Twitter and Facebook to find out more. (Juliet Waters)
For Jean-Michel Cohalan, BA, MA, his dream of becoming a doctor began with a family friend who sported a cool pager and would be called away from events.

The Montrealer always wanted to treat patients. But when he first applied to medical school, he was turned down.

An anthropology degree followed, with field studies in Panama and a job offer of student life advisor at Marianopolis. He loved working with students and pursued teaching. His master’s was in geography and research took him to Peru. Then, a permanent teaching position back at Marianopolis: “I thought I had landed my dream job.”

His medical aspirations, firmly tucked away, would re-emerge.

At 37, married with two young children, he is now midway through the MDCM program, juggling a neurology rotation with picking up children and studying with classmates he had once taught. He loved his seven years of teaching but he longed to make a difference in an area that concerns people everywhere he travelled: health care.

He gives full credit to his wife and their parents, who are committing increasingly more time to the family, as his medical career is launched, albeit a bit later than previously imagined. (Philip Fine)

Jean-Michel Cohalan, BA, MA, now finds himself, in the Medicine Class of 2019, studying alongside a number of his former students, including Jessica Lu and Sabrina Nolan.

The Department of Epidemiology, Biostatistics and Occupational Health (EBOH) will hold an Alumni Reunion Cocktail on October 13, 2017 in the Purvis Hall solarium. For more information, keep an eye on the alumni section of the EBOH website or contact kim.nightingale@mcgill.ca.
PARLONS-EN

Thanks to a grant from McGill’s Rossy Cancer Network, Andrea Laizner, BScN’75, MSc(A)’81, Assistant Professor, Ingram School of Nursing, is overseeing the development of a French-language version of Start the Talk (www.capo.ca/start-the-talk/), an e-guide for educators and health care professionals to help increase emotional and psychological support for children of people living with cancer. Like its English counterpart, Parlons-en targets professionals living outside of urban centres. The series is a result of a partnership between the Canadian Association of Psychosocial Oncology (CAPO) and the de Souza Institute. As CAPO member Laizner explains, it equips professionals with the latest available evidence so that they can feel better prepared to talk to—and empower—families. (Philip Fine)

HEARING ENGINEER

The impact on the congenital deaf who don’t receive a diagnosis until early childhood is serious. They lose out on years of therapy. The movement towards universal infant screening is well established and gaining in strength each year, says Robert Funnell, BEng, MEng, PhD, Associate Professor, Biomedical Engineering and Otolaryngology—Head and Neck Surgery; Associate Member, Obstetrics & Gynecology and Electrical Engineering; and, Director, Audilab, an auditory mechanics laboratory. This progress is something to celebrate, but there are still important stumbling blocks. Current screening methods are not as accurate as they could be. There are “enormous numbers of false positives,” with only one in four children who test positive having a real problem. Follow-up is costly to the medical system “and very stressful to new parents,” says Funnell. Many of the false positives are caused by what is essentially “junk” accumulated from fetal fluid, which has settled into the middle ear. Funnell’s lab is working on a tympanometry test that could assess the presence of blockage. It would add mere seconds to the standard test, or might even be done concurrently with one diagnostic device. Tympanometry tests on infants are still “difficult experiments,” but the reward, making early diagnosis far more accurate, would certainly be reason to rejoice. (Juliet Waters)

MCGILL24
THANK YOU

How did the Faculty of Medicine do in the second annual McGill24, a University-wide day of giving? Thanks to the generosity of alumni and friends—and the support of students, faculty and staff—we outperformed all other faculties in revenue raised AND doubled the amount brought in from last year. All this despite the event taking place on March 15, 2017, the day that snowstorm Stella crippled the island of Montreal and curtailed operations at the University. (Classes were cancelled for the first time since the 1998 Ice Storm!) In total, more than 600 donors made $281,000 in gifts to causes of their choice at the Faculty. With special thanks to our 75 student ambassadors and 15 participating units. (Philip Fine)
MOVING ON UP:
THE INGRAM SCHOOL OF NURSING TO CELEBRATE 100TH ANNIVERSARY IN NEW OFFICES

A century’s worth of leadership, progress and advancements in nursing education is a major achievement by most standards. Such is the case for the Ingram School of Nursing, which continues to flourish since its inception in 1920, offering students the chance to discover the many exciting and rewarding opportunities the profession has to offer. The School’s expansion continues, literally, with a major move into 680 Sherbrooke St. West, planned for August 2017, in anticipation of its 100th anniversary.

The building, located on the corner of University St., is co-owned by McGill and iA Financial Group, and also houses the School of Continuing Studies and Le James, the McGill bookstore. Three floors of corporate office space have been freed up for the School’s new location. With a view of Mount Royal, floors 18, 19 and 20 almost double the amount of footage devoted to nursing education at McGill, to 26,000 square feet.

The Ingram School of Nursing’s current home, Wilson Hall, may be a historical gem, but the advanced needs of several modern nurse training programs are no match for the limited quarters of the gabled, four-storey brick structure.

Located on University St. by the Milton Gates, Wilson Hall was built as a theological college in 1913–14. McGill acquired it in 1945 for much-needed residence space and, in 1962, turned the building over to the schools of Nursing and Social Work.

The new space at 680 Sherbrooke St. West reflects the School’s commitment to providing students with state-of-the-art settings to better prepare them for their future careers. Numerous programs at undergraduate, graduate and doctoral levels, as well as specialties including home care and critical care, require larger and more extensively equipped facilities. With that in mind, the Ingram School of Nursing received the go-ahead to create a home more compatible with 21st-century nursing education.

Whereas the old location counts 10 beds in its one lab, the new space will have 23 beds in three separate labs, one of which will be dedicated to intensive care nursing. “We will also have a one-bedroom apartment where nurses will be able to learn how to do home visits,” says Anita Gagnon, PhD’95, Associate Dean, Faculty of Medicine, and Director, Ingram School of Nursing. The new location will also have such amenities as a student lounge and study rooms, a research lab, one-way mirrors for professors to watch students interviewing patients, and telephone cabins for researchers collecting data over the phone.

“We’ll have a lot of things we never had, and we’re looking forward to seeing the positive impacts of the move for our students, staff and faculty.” (Philip Fine)

Could these Nursing students be smiling about the upcoming move? Pictured, clockwise from back left: PhD student Raisa Passos dos Santos; Laura Heather, BN’17; Elizabet Kalantarov, BScN’17; Franciska Shaw, BScN’17; Mélissa Alfaro, BN’17; Lianna Curiale, BScN student; Alex Magdzinski, MSc(A)’17.

For almost three decades, I Medici di McGill has been celebrating the relationship between music and medicine. “The happiest moments of my childhood were playing music,” says founder Dr. Ante L. Padjen, Associate Professor, Department of Pharmacology & Therapeutics, who was inspired by a multigenerational orchestra that has existed since the 19th century in his native Croatia. “Music is pre-wired in the brain, this is no longer a hypothesis.” These non-professional musicians are selected mostly, though not exclusively, from McGill Faculty of Medicine faculty and students. In recent years, the orchestra has entertained hospital patients, funded lecture series and provided musical education to underserved communities such as Pointe-Saint-Charles. It has also filled Notre-Dame Basilica with an audience of 2700 people, and raised $40,000 for Syrian refugees at a concert attended by Montreal Mayor Denis Coderre. In April 2016, I Medici held a benefit, under the directorship of Maestro Gilles Auger, for the Quebec Parkinson Network, and, at press time, plans are underway for another in support of the Cedars Cancer Foundation. (Juliet Waters)
It was a high school history teacher who first suggested to Kent Saylor that he pursue a career in medicine. What prompted the comment? “He saw that I was not that great in history!” Saylor says with a laugh. “But he probably did see that I had an analytical brain and was more science oriented, and he knew I did well in school.

Reflecting back, Saylor, 50, who grew up in the Mohawk territory of Kahnawake, says that conversation helped him to believe in himself. It prompted him to volunteer at his local hospital, where he confirmed his interest in medicine. He found further inspiration in the career of fellow Mohawk, the late Louis Montour, MDCM’79, one of a handful of Indigenous doctors to graduate from the Faculty.

After earning his MD from Stanford Medicine, Saylor returned to Montreal in 1999.

Saylor is now Assistant Professor, Department of Pediatrics, as well as Director, Indigenous Health Curriculum, and Director and Co-founder, with Richard Menzies, MDCM’78, MSc’89, of the Indigenous Health Professions (IHP) Program, a 10-year plan to recruit more students from First Nations, Inuit and Métis communities. One goal? To boost Indigenous enrolment numbers to two per cent of the student population—on par with the proportion of Indigenous people in Quebec.

Troubled by the dearth of Indigenous health care workers in the Inuit communities where he had long treated patients with tuberculosis, Menzies, Professor, Department of Medicine, Division of Respiratory Medicine, and Assistant Director, IHP Program, partnered with Saylor to consult education and health boards in Inuit, Cree, Algonquin and Mohawk communities. They were told of health disciplines across the board needing Indigenous specialists. They were also advised that universities wanting to increase Indigenous enrolment should target youth who show early promise in high school, as well as mature students.

Saylor says too often students know no health care workers in their community or family. That means that “in their minds, it becomes something unreachable.”

“Given the great discrepancies between Indigenous health outcomes in Canada and those in other communities, we believe Indigenous health care providers are desperately needed to provide long-term solutions. At the current rate of training of Indigenous students in health care fields, it will take decades to train enough Indigenous health care providers to provide for even basic services,” says Saylor.

In addition to his many roles, Saylor could also list “mentor” on his job description.

Every year, he meets with Indigenous high school and CEGEP students at Eagle Spirit Camp, a three-day health and science camp at McGill University. Introduced in 2007 by First Peoples’ House and now run by the Faculty of Medicine under the IHP Program, Eagle Spirit does for Indigenous youth what Saylor’s history teacher did for him: it encourages them to consider a career in health and science. In the 2016–17 academic year, he also mentored two of the five Indigenous students enrolled in the Undergraduate Medical Education (UGME) program.

Saylor’s outreach work and his own example will surely help launch future medical careers of Indigenous youth, even for those who also happen to excel at high school history. (Philip Fine, with files from Daniel Chonchol)
It’s a struggle to find the right adjectives to describe the challenges of innovation in health care, says Dr. Rajesh Aggarwal, Director, Steinberg Centre for Simulation and Interactive Learning (pictured). He finally settles on “slow, inefficient and difficult.” To be fair, it’s an industry that has a mission like no other, to provide the safest, highest quality health care solutions at the lowest cost. Much of the problem, says Aggarwal, is due to medicine’s silo-based culture, which the University and its students are striving to change. “McGill is leading the world in interdisciplinary culture,” he says.

Many of these leaders are emerging from the small but growing number of students and graduates who each year combine their medical and health science expertise with degrees and certificates in business.

Shawn Errunza, BEng, is one such example. An early adopter of virtual reality (VR) technology, he co-founded Jintronix, a biomedical device start-up, which combines VR and gaming software to help rehabilitate victims of strokes and other injuries. Errunza soon realized, however, that cool gadgetry would only take him so far. “I didn’t even know what a stroke was,” he remembers. At McGill, he enrolled in a joint program that allowed him to combine an MBA with a medical degree. The lessons he is learning as an MD-MBA student (and candidate of the Medicine Class of 2019) are helping him to ensure that Jintronix has a genuine impact on motivating stroke victims, who often face excruciatingly slow, incremental and expensive therapy. “If your technology doesn’t solve the problem, you’re not doing care.”

The road to success in the business sector of medicine is not a quick and easy one, concurs Marie Mutabaruka, PhD’16, who is adding a professional development certificate in project management to her doctorate in osteoimmunology. She wanted a career that would use both her expertise in immunology and her people skills—“I have two passions in life, business and science”—but it was six months of discouragement before she was approached by Vancouver-based STEMCELL Technologies Inc., which provides services that support academic and industrial scientists. After seven interviews, they offered her the job she now loves. “It’s really exciting to be involved with people at the beginning of their projects.” Her advice to other Faculty graduates making the move from academia to business is to stay positive. “It’s a lot of work. But that’s nothing new to them!”

Cherif Habib, CEO, EMcision International Inc., and Co-founder, Dialogue Technologies, is a member of the Faculty of Medicine’s Advisory Board, as well as Chair of its nascent Innovation Committee. “Sometimes people get the impression that life in start-up culture is sexier and easier than it really is. Like any other endeavour there’s high risk and high reward.” Med students make good entrepreneurs, he says, because they’re used to tough conditions, “but a medical career is a very lucrative one. To leave that and risk it all takes guts and a strong personality.” (Juliet Waters)
McGillians of all stripes conduct research, counsel government agencies and explain health threats facing the public, including Ebola, Zika, obesity, workplace hazards, climate change and mental illness. Now, a new Faculty of Medicine school will be home to that expertise.

Announced in spring 2017, the School of Population and Global Health (SPGH) will become a training ground, a research facility and a centre for knowledge transfer, grouping together more than 50 faculty members.

“It will create a hub or critical mass of experts in a variety of areas related to public health that can interact with government and the formal public health sectors, such as the Public Health Agency of Canada and the World Health Organization,” says Dr. Gilles Paradis, MSc’87, Chair, Department of Epidemiology, Biostatistics and Occupational Health.

Five Faculty of Medicine units will come together to create the new School: the Department of Epidemiology, Biostatistics and Occupational Health, the Institute for Health and Social Policy, the McGill AIDS Centre, McGill Global Health Programs and the Biomedical Ethics Unit.

Enhanced collaborations with professors and researchers in other faculties and centres across the University will be critical to the success of the new School.

The SPGH proposes a number of research priorities, among them the reduction of health disparities within Canada and globally, and the creation of efficient health systems.

Paradis says the School will interact with the formal public health sectors in a similar way the Faculty of Medicine partners with hospitals and primary care practitioners. He also sees an opportunity for students who graduate from the School to be hired by those health authorities.

The SPGH is part of the McGill proposal for a revitalized Royal Victoria site but will remain at first where most of its units are located on Pine Ave. near Peel. (Philip Fine)

In male-to-female transitioning, some biological changes occur naturally as a result of medical intervention, but voice changes are not among them. Lilli, a Montreal teenager learned this the hard way, when the high achiever, who participates in model UN debates, found herself struggling to develop a more feminine voice. Her attempts to work with one popular transgender voice training app bore little fruit. With her voice veering from overly high pitched to a barely audible whisper, Lilli became frustrated and anxious. Her parents, Jennifer DeLeskie, BA, BCL, LLB, and Jonathan Simons, BSc, MDCM’00, contacted hospital and professional associations, seeking recommendations of specialists, but none had a list at the ready. “It wasn’t a direct path, by a long shot,” says DeLeskie of the search that eventually led to Mary-Ann Lacey, MSc(A)’15 (pictured, with Lilli). “I’m very interested in this population,” says Lacey, who also brings a background in jazz singing—and even some teaching tango—to her practice. “I’ve taught people who are transgender in that context, teaching them how to move.” In helping patients to develop higher pitch, “we’re like a physiotherapist of the neck and head area,” says Lacey, but there’s also “a sociolinguistic component” to the therapy. For example, men and women often use different words and phrases. The challenge is to find a voice that feels right for the person and their life situation, helping them feel more at ease in both their body and their personality. Lilli has found the exercises challenging, but ultimately rewarding, says DeLeskie. “She’s found a much more natural speaking tone. It’s been a very good experience for her and assisted with her more global feminization.” (Juliet Waters)
7 WAYS TO UP YOUR GAME IN THE HEALTH SCIENCES

"CLASSROOM"

THE LATEST BEHIND THE DECISIONS WE MAKE AS TEACHERS

/ by MICHELLE PUCCI /
Medical education is undergoing a revolution, says Carlos Gomez-Garibello, PhD (Ed). He and colleagues Dr. Valérie Dory and Beth-Ann Cummings, MDCM’03, have some practical advice for alumni entrusted with training the next generation of clinicians and researchers—to help you stay ahead of the curve.

1. Test your test questions

“When I left medical school, I had a whole lot of facts in my head,” says Dory, Assistant Professor, Department of Medicine, who trained as a family doctor in Belgium. “But I found it very difficult to apply them because I hadn’t learned them in a very practical way. I hadn’t learned to make the links.” After her residency, she discovered a passion for medical education. At the McGill Faculty of Medicine since 2014, Dory is a member of both the Centre for Medical Education and the new Assessment and Evaluation (A&E) Unit.

At the A&E Unit, Dory’s innovations include creating a bank of exam questions for the Undergraduate Medical Education (UGME) program. This bank is used to assess and improve on the exams administered to medical students. It seems simple, but can make a big difference.

There is, it turns out, a right way and a wrong way to word multiple choice questions. This is important: A student who aces a poorly written exam has not displayed a grasp of the material.

With the advent of the A&E Unit, guidelines for writing multiple choice questions have greatly improved, explains Cummings, Associate Dean, Undergraduate Medical Education. It has also allowed teachers to make the most of their tests. “We’re focusing on having items on exams where students can practice clinical reasoning.” With an item bank, teachers can assign specific objectives to each question and then track performance—a welcome addition to the teaching toolkit.

2. Test your program

Dory’s main focus is the new MDCM curriculum, which has completed its four-year rollout begun in 2013. “We are still evaluating what’s worked and what needs to be improved,” she says.

The Medicine Class of 2017, the first cohort to graduate under this new curriculum, is also the first to have completed a new progress test, another practice brought to McGill by Dory. The written test is administered six times over the four-year program and covers material the students are expected to master before receiving their degrees. It helps define a baseline for the program, while providing individual students with information on their performance. As more undergraduate medical programs follow suit and implement progress tests of their own, there may be opportunities to create shared progress tests, giving new insight into curricular strengths and weaknesses—a trend to watch.

"Educators shouldn’t come up with a single diagnosis for the student.”
3. Name that cognitive bias/roadblock

There are many reasons why a learner may come to the wrong conclusion regarding a diagnosis, says Dory: “Is it a knowledge problem? Are they susceptible to premature closure?” A wrong diagnosis may stem from a limited understanding of the patient’s history, or the learner may be settling on one idea before considering all the facts.

Teachers need to identify what difficulties the student is facing and target those areas specifically. It is a common mistake for learners to conclude their patient evaluation with a single diagnosis. The same tendency to narrow one’s focus occurs in teacher assessments of medical learners, Dory says. “Educators shouldn’t come up with a single diagnosis for the student.”

4. Allow for emotion

According to Gomez-Garibello, Assistant Professor, Centre for Medical Education, Faculty of Medicine, the link between emotions and professional growth is crucial. “The question that I get quite often is: ’You are saying that emotions are an important part of learning, therefore, clinical supervisors have to be happy so learners learn better?’”

That’s not the idea, he says. “Emotions are part of interactions between residents, students and patients, but what is more important is developing mechanisms in order to identify and cope with those emotions.” Coping mechanisms may be personal, for example, a learner with anxiety that is aggravated by a particular procedure may find exercises such as meditation can help them label and regulate their emotions.

It is of course possible to become more comfortable with specific procedures through practice, Gomez-Garibello says. This is one of the principles behind the use of actors, AKA standardized patients, such as at McGill’s Steinberg Centre for Simulation and Interactive Learning, where students have the opportunity to practice engaging in potentially difficult conversations in a safe environment.
Assess when to trust

Clinicians in a supervisory role have to make decisions about how much trust to place in a learner, whether or not to allow them to conduct a patient physical examination, make a patient assessment or figure out a post-operative care plan. “As supervisors and care providers we shouldn’t assume that someone can do something based on their level of training, we should be assuming that they can do it based on evidence that they can,” says Cummings.

“This is a whole movement in medical education,” Gomez-Garibello says. Entrustable Professional Activities (EPAs) give supervisors, who aren’t education experts, but are experts in clinical reasoning, a way to measure whether learners are competent in practical situations. Learners may reach milestones at different times, based on their experience and trajectory. Within this framework, instead of comparing learners to one another, teachers acknowledge individual strengths and weaknesses, and collaborate to target clinical problem areas.

This assessment strategy was established in Europe and is now being applied in North America, where it is championed, notably, by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. Taking a patient history, for example, requires communication skills and awareness of potential biases. “When competencies are grouped into the EPAs, that makes it easier for the supervisors to conduct the assessment,” Gomez-Garibello says.

EPAs are based on trust, patience and attention to detail. “If I review a case with someone who is a second-year resident and the patient history makes no sense to me, I could get very worried,” says Cummings. That second-year resident may not at first appear to be able to carry out the same procedures as other residents at the same stage of training. But as more information emerges, it could become clear that they are really good at taking histories with straightforward problems, but get overwhelmed when there are three or four issues, and that’s what they need to work on, Cummings says. “Clinical supervision becomes an opportunity to get to the next step.”

As of July 2017, McGill’s Postgraduate Medical Education (PGME) program is introducing competency-based training, including setting up EPAs, in the departments of Anesthesiology and Otolaryngology—Head & Neck Surgery. Competency-based education, as opposed to standardized modules of learning based on time, places emphasis on having learners demonstrate what they can do or how they apply knowledge instead of simply recalling how much knowledge they know—just one of many ways educators around the world are reimagining this stage of training first introduced by Sir William Osler, MDCM 1872.
Uncover the hidden curriculum

The hidden curriculum refers to rules and practices passed on as an unintended or unspoken side effect of one’s formal education. Learners can pick up on cues regarding how to develop professional conduct and ethics, how to pursue life-long learning, how to maintain work-life balance, and more. “As educators we have a responsibility to make what we teach as explicit as possible so that students are not having to guess what we mean,” says Norma Ponzoni, Faculty Lecturer, Ingram School of Nursing.

Maintaining a positive work-life balance is also important to successful learning, says Cynthia Perlman, BSc(OT)/’85, MEd, Assistant Professor, School of Physical & Occupational Therapy, and core member, Office of Interprofessional Education. Professors within the Occupational Therapy program coordinate with each other to stagger assignment deadlines. “One of our philosophies is to look at balance—that’s what we do as occupational therapists,” Perlman says. In the Nursing program, students use journaling to acknowledge emotions and develop a reflective practice, according to Ponzoni.

One very current antidote to a hidden curriculum is interprofessional training. As Ponzoni explains, having nursing students study with medical students, for example, goes a long way to improving eventual relations in the workplace and eliminating perceived hierarchy. Otherwise, nurses “can feel uncomfortable approaching a resident or physician, because they are picking up on an unspoken hierarchy in the clinical environment.” Perlman points out that simulation activities in particular “put teamwork, collegiality and patient-centred care into action.”

“I would say it’s an extreme caricature of the way the system actually functions,” says Cummings of how learners may positively or negatively perceive themselves in relation to students in other programs. Interprofessional education helps students develop as practitioners who will respect each other’s expertise, she adds.

Study the students

At McGill, future efforts to evaluate the new undergraduate medical education curriculum may involve following students in a longitudinal study on their experiences. “We’d like to follow students as they graduate through residency,” Dory says, explaining that this is only a dream at present—a possible new frontier in evaluation.

Michelle Pucci is a reporter and editor and has worked for the Montreal Gazette and The Walrus.

TAKE A BOW, PLEASE

Our Faculty experts in medical education are able to make sure that our programs continue to innovate in part thanks to the generosity of alumni and friends like you. Your annual gifts to the McGill Fund, in support of such funds as “Medicine’s Greatest Needs” and the “New MDCM Curriculum,” give us the means to aim for a new standard. Thank you for helping to set the bar higher! We couldn’t do it without you.
Growing up in France, Eloise Passarella began dancing at the age of six. After a move to Montreal, she became fascinated, first at Collège de Montréal and then at Dawson College, by dissections, and decided to pursue a career in forensic medicine. In her first year as a candidate of the Medicine Class of 2020, Passarella, in addition to dancing four times per week, led the production of a calendar featuring herself and fellow Med-1s in some favourite campus locations such as the Strathcona Anatomy Building and the Osler Library of the History of Medicine. Classmate Karmin Yu served as the photographer and, “has done a fabulous job with the design,” says Passarella. Through the sale of the calendar, Passarella and her team were able to raise $2180 for the National Centre for Dance Therapy of Les Grands Ballets Canadiens. (Med e-News)
DOIN’ GOOD

A McGill Tradition

/ by Philip Fine /

With files from Med e-News and
PLOS Pathogens
Joanne Liu, MDCM’91, M MGMT, DSc, received a call on a Friday night. Could she address the United Nations General Assembly on the Monday morning? It was September 2014 and the Ebola crisis in West Africa, which would eventually claim more than 11,000 lives, was reaching its peak. Liu, International President, Médecins Sans Frontières (MSF), had been to Monrovia, Liberia, earlier that summer, where her logistician had told her the morgues were full.

For the 48 hours after the phone call, MSF agonized over the speech, Liu shared at her Medicine class’ 25th anniversary CME seminar last Homecoming. They would need to choose their words carefully. For help, Liu called her people in the field. She said, “What do you want me to tell the world?” and her team told her, “Tell them that we’re overwhelmed. Tell them that we’re at the breaking point and if they don’t show up we’re going to leave. Tell them that we’ve been losing the battle for the last six months, but if they show up we might win it over the next three months.”

Liu did speak at the UN that Monday. And the world did respond, although not before the disease had made its appearance outside Africa, with two cases, one each, in the United States and Western Europe. Many factors had delayed the process: leaders loath to admit the extent of the devastation, lest their countries lose vital economic ties; militaries that refused to cooperate; and an unfortunate message issued early in the crisis.

“The message MSF had back then was: There is a deadly disease that you have a 50% chance of dying from, and we have no treatment. Come to our centre and die with people wearing space suits,” said Liu. “Nobody wants to die away from their loved ones.”

Liu is one of many clinicians, researchers and educators in the wider Faculty community who embrace an additional role, that of changemaker. Here are just some examples of the forms that calling can take.
Zika detectives*

Drs. Martin Richer, BSc’96, and Selena Sagan, BSc’04, (pictured) both assistant professors in the Department of Microbiology and Immunology, are making their mark in another way, as part of the worldwide effort to end the Zika virus.

They have developed a new mouse model with a working immune system that could be used in laboratory research to improve our understanding of Zika and aid in the development of new treatments.

The ongoing Zika pandemic has caused infection in millions of people in the Americas and spurred new research using laboratory animals to study the virus. However, most of this research has been performed on mice with defective immune systems, resulting in limited understanding of the immune response to the virus and slowing efforts to develop potential vaccines and antiviral treatments.

In their study, published in PLOS Pathogens, Richer and Sagan’s team provoked a Zika infection in adult mice with healthy immune systems and studied the immune response to infection. The new mouse model could be used in further research to investigate the immune response to Zika virus. In particular, the newly identified Zika virus epitope could point the way to specific molecular strategies for studying T-cell responses to infection and could lead to the development of a vaccine.

Green crusader

As President of the Canadian Association of Physicians for the Environment, Jean Zigby, BSc, MDCM’97, advocates on a number of issues including a neonicotinoid ban, the end of coal-fired plants, and a full environmental accounting for oil and gas projects. His organization, which brings together hundreds of doctors across the country “to protect human health by protecting the planet,” also shares information on how the health sector itself can reduce its climate footprint.

The palliative care physician, who works at the Jewish General Hospital and the CLSC de Côte-des-Neiges—CSSS de la Montagne, says it’s important for doctors to keep in mind that cleaner air and water, safer streets and more green spaces make for a healthier Canadian populace. He says that as professionals who care for the health of their patients, it behooves doctors to speak up when the environment is threatened.

According to Zigby, doctors are in a unique and privileged position to effect change: “Their reach extends to individuals’ core experiences at an intimate level.” With the respect doctors experience in society, they also “have the ear of the politicians.” It can take very few doctors to make a difference, he says.

Disease predictor

A sense of accessibility is at the heart of a project led by Marina Klein, MDCM’91, MSc’01, implementing a mobile treatment and diagnosis unit to try to eliminate Hepatitis C from a Saskatchewan Indigenous community with particularly high rates of the disease, as well as HIV. The Professor of Medicine at the McGill University Health Centre (MUHC), and Research Director, Division of Infectious Diseases, says the Prairie province has seen an upward trajectory since 2002 in new HIV infections in Indigenous people, most of whom have also contracted Hepatitis C. Klein, who is also National Co-director, CIHR Canadian HIV Trials Network, says the infection rates are equal to those in Sub-Saharan Africa.

A principal investigator at the Canadian Co-Infection Cohort, which studies clinical outcomes of a large number of the dual infections, she helped set up the 18-month project in the Big River First Nation in Northern Saskatchewan.

The worldwide rates of these co-infections among the marginalized is trending up, which puts a damper on the accomplishments achieved in HIV/AIDS.

Klein remembers working at the Royal Victoria Hospital of the MUHC in 1994. “Virtually every room on 6 Medicine and 10 Medicine were filled with young men dying from AIDS. Men came from all walks of life. They were artists and dancers and were exceptional people, who were often dying alone in those rooms because their families had ostracized them, their partners, their lovers, had died before them and the staff were afraid to enter those rooms,” she recounted at the same Faculty of Medicine Homecoming event as classmate Liu.

But just two years later something revolutionary happened. Highly potent antiretroviral therapy, which suppressed HIV below detectability, would bring the number of deaths into sharp decline. In 1995, nearly 1500 Canadians died from AIDS. By 2002, the number of AIDS deaths totalled 89, a 94% reduction.

Now, though, the dual infection rates are causing what she calls an epidemic of end-stage liver disease because those who are spreading the infection at higher rates, namely through shared needles and unprotected sex, are too often the ones not receiving care.

Klein sees a reluctance by politicians and public health authorities to support proper medical interventions to injection drug users and other marginalized people. She says that unless care is stepped up and the enormous mark-ups pharmaceutical companies earn on some medications are lowered, high rates of cures seen with new treatments won’t do anything to bring down the number of liver disease cases and the ensuing burden on the health care system.
Truthteller

Another area where McGill-trained or -based clinicians and researchers play a frontline role: countering misinformation in the media.

Laurence Kirmayer, BSc, MDCM’78, James McGill Professor and Director, Division of Social and Transcultural Psychiatry, sees it as a responsibility to challenge certain ideas put forward by journalists. He does this if he notices new research being presented in a way that’s reductionist. When the goal is to be concise, “there’s a risk of oversimplification,” he says, giving the example of a reporter who contacted him for comment on a theory linking lead poisoning from addictive gas sniffing a generation ago with today’s Indigenous youth suicide crisis. “We’re always struggling to find some simple explanation for complex, multifactorial things,” he said in the article and, tells Medicine Focus now: “Part of my task is to push back against overly simple accounts.”

Plain speaker

While Kirmayer fights oversimplification, Abbey Mahon, MSc(A)’15, a nurse in pediatric care at the Montreal Children’s Hospital of the MUHC, steers clear of the overtly complex when talking to her patients and their parents. This means no medical jargon.

“As a nurse, part of my mandate is to ensure they understand what’s going on.”

Communicating in accessible language was a lesson Mahon learned at Research to Policy Dragon’s Den, an annual three-day workshop organized by the McGill Institute for Health and Social Policy. Tasked with developing proposals that would make children more active, Mahon pitched the idea of spurring new playground construction through subsidies—an experience that underscored the importance of using language that is accessible to people outside one’s own profession, especially when acting in an advocacy role.

I’m a first year PhD in Family Medicine,” says Ran van der Wal, a recipient of a Lloyd Carr-Harris Fellowship. “I have a medical humanitarian background. I worked with Médecins Sans Frontières, so I am basically a field person who is exploring academia. As knowledge users, we had to translate existing evidence into practice, but I experienced that evidence was not always practical! Sometimes it was just not appropriate for the context in which we were working. My aim is to translate practice to research. My PhD project is part of a larger trial in Botswana that addresses HIV prevention through structural interventions. It is called INSTRUCT and is led by professors Neil Andersson and Anne Cockcroft.

I look at how available government programs that offer education or support for livelihood initiatives could be aligned with the needs of the most vulnerable girls and women aged 16 to 29, who are most at risk of HIV infection. These are young women who may have been survivors of childhood sexual abuse, may have had little schooling because they had children at a very young age, or may be forced to survive through transactional sex because of pure poverty. We call this group the choice-disabled. HIV prevention strategies assume that individuals are in a position where they can negotiate abstinence, faithfulness or condom use, but the choice-disabled do not have the luxury to apply these prevention measures.

Currently, the most vulnerable young women are not successfully accessing government support programs, as these programs are not designed for them. The idea is to have them participate in the co-designing of solutions together with service providers and policy makers. Once support programs are aligned with their needs, these young women might return to school, or find employment and earn income. If they are put into a situation where they are empowered, then that might improve their capacity to apply HIV prevention choices.”—As told to Anne Chudobiak.
HIV/AIDS RESEARCHER SAVED MILLIONS

It is with great sadness that we share the news of the sudden death, on April 11, 2017, of a true medical giant, Dr. Mark Arnold Wainberg, BSc. Wainberg was Professor in the departments of Medicine, Microbiology and Immunology, and Pediatrics at McGill University, as well as Director of the McGill AIDS Centre and head of HIV/AIDS research at the Lady Davis Institute of the Jewish General Hospital.

In the early 1980s, Wainberg was the first scientist in Canada to work directly on HIV and the first to establish a bio-containment facility equipped to handle this specialized research. This led to the discovery of the anti-viral drug 3TC, or Lamivudine, an essential component of the drug combination used to treat those affected with HIV. 3TC has helped save millions of lives across the globe.

Wainberg was also a social activist of world renown and a passionate advocate for those affected and endangered by HIV/AIDS. He served as a voice for the voiceless, pushing hard for equitable treatment of all regardless of social status, sexual orientation or ethnic origin. He was unafraid to stand up for his beliefs, even if this meant calling out government leaders abroad and at home. As President of the International AIDS Society from 1998 to 2000, he organized the 13th International Congress on AIDS in Durban, South Africa, at a time when that country’s leadership refused to accept the viral origin of AIDS, using that as a basis for refusing to offer treatment to its population. The congress drew unprecedented international attention to the issue of drug access.

A fellow of the Royal Society of Canada, an Officer of the Order of Canada, an Officer of the Ordre National du Québec, an honorary fellow of the Royal College of Physicians and Surgeons of Canada, and a Chevalier in the Légion d’Honneur of France, in 2015 Wainberg was inducted into the Canadian Medical Hall of Fame.

In an email to a classmate in the fall of 2016, Wainberg said, “I am very proud to have been a member of the McGill class of ’66 and perhaps even more proud to have been a member of the McGill faculty for more than 40 years.” We at McGill and in the Faculty of Medicine consider ourselves tremendously proud and deeply privileged to have counted Dr. Mark Wainberg among our own.
Global Health Scholar

Just as it is hard to celebrate advances in HIV/AIDS treatment with liver disease on the rise in the co-infected, antimalarial programs in place in more than 80 countries around the world may have unintended side effects.

Venda Health Examination of Mothers, Babies and their Environment (VHEMBE) is a birth cohort study designed to examine the effects in South Africa on birth outcomes of indoor residual spraying (IRS)—a practice that has been effective in protecting populations from infectious mosquitoes.

Clare Fogarty, BSc’17, an undergraduate student in the Department of Microbiology and Immunology, received a Cavazzoni Family Undergraduate Global Health Award enabling her to intern with the VHEMBE study.

Results from the study suggest that pregnant women who lived in homes where spraying had occurred had elevated blood levels of DDT, which would make it to their children’s bloodstream.

Developing children are particularly vulnerable to chemical exposure.

“This underscores the importance of studying the potential health impact of exposure to insecticides used for IRS,” Fogarty said at her poster presentation for Global Health Night 2016–2017, held at McGill’s New Residence Ballroom.

Observant fellow

Like Fogarty, Dr. Maxime Cormier shares an interest in global health. He studies the social determinants of risk factors for tuberculosis (TB) in Indigenous populations worldwide.

A fellow in Pulmonary Medicine, Cormier recently carried out a large review of interventions for the various social factors that play a role in TB, such as smoking, diabetes, drug use, crowding and housing conditions. He looked for risk factors that stood out among the 400 studies on which he did a systematic review. He ended up making an interesting observation concerning diabetes.

A 40% rate of diabetes was seen in the general Indigenous populations in the Southern U.S., while he saw less than a 1% rate among the general Indigenous populations of Brazil, Russia and Malaysia. “One thing I can conclude is that the Indigenous populations from high-income countries have a disproportionate burden of diabetes compared to low-income countries. And the opposite is true: Indigenous populations in low-income countries are less at risk of diabetes than the general population,” he said at Global Health Night 2016–2017.

Compelled to speak their mind

Students and alumni who discover social inequities or impending harm to a group or the public at large often take the next step and speak out, just as Liu did on behalf of MSF on that fateful Monday morning in front of the UN. For Zigby, it’s about “taking a stand for what you think is right, based on evidence.” Kirmayer echoes this point, saying that it’s impossible for an academic who knows that a policy is hurting the public to stay neutral.

“If it’s clear that certain circumstances are harming people, it would be irresponsible as an academic, irresponsible as a clinician and irresponsible as a citizen not to say something.”

Philip Fine is a longtime Montreal writer. He is the former Canadian correspondent for Times Higher Education and University World News and was a frequent contributor to the Globe and Mail. Now working mostly in digital marketing, he currently writes for technology company Robotiq and Luxury Retreats Magazine.

*Adapted with permission from a release issued by PLOS Pathogens. With thanks to Jose Mendez.
A WAY OF LIFE

William Osler
A 90-year MDCM tradition can be traced back to a 19th-century student’s admiration for a good lecture.

Sir William Osler, MDCM 1872, who taught at McGill from 1874 to 1884, is considered by many to have been one of the greatest physicians of all time, thanks, in part, to the contributions he made to modern medical education, notably, creating the first residency program and taking medical students out of the lecture halls and into the hospitals for bedside clinical training.

In 1913, Osler gave a lecture to Yale students called A Way of Life. It’s been handed out in book form to every Med-2 since 1927.

In A Way of Life, delivered six years before his death, Osler emphasizes a seize-the-day philosophy: “The load of tomorrow added to that of yesterday, carried today, makes the strongest falter. Shut off the future as tightly as the past.”

With words that sound surprisingly contemporary, it also advocates slow, mindful living: “One of the saddest of life's tragedies is the wreckage of the career of the young collegian by hurry, hustle, bustle and tension.”

William Grant Stewart, MDCM 1888, who practiced medicine in Montreal for 40 years, called it “a beautiful lay sermon.” In his will, he left a bequest, establishing this tradition, which continues still.
This person helmed a very young McGill School for Graduate Nurses through the Great Depression and saw to its post-war expansion. She introduced a program of health education for student nurses at the Royal Victoria Hospital and helped bring about a national nursing curriculum in 1936.

Born in Saskatchewan in 1887, she earned her teaching certificate at 17 and, for the next 12 years, taught in both rural and urban Saskatchewan schools.

When nurses began to take a prominent role in the First World War, she traveled from the Prairies to New York to enrol in nursing school. She would graduate from St. Luke's Hospital of Nursing and work in New York for three years. She returned to Saskatchewan, where she was involved at the leadership level in provincial nursing education.

In 1929, McGill came calling. She joined the nine-year-old McGill School for Graduate Nurses as Assistant Director and became Acting Director in 1934 and eventually Director until 1950.

In Barbara Logan Tunis’ In Caps and Gowns, one student from the early ’30s sings her praises: “During these years of great financial crisis, [this person’s] pioneer spirit carried the day in the classroom.”

She reportedly was an indefatigable teacher, preparing lectures into the early hours of the morning and even bringing in baked goods for her students. In 1946, she and colleague Mary Mathewson negotiated a $60,000 grant from the Kellogg Foundation. The School was able to hire new faculty and develop a new curriculum.

President of the Canadian Nurses Association, she represented the country on a number of international nursing councils and was widely published. She won numerous distinctions for her pioneering work on a national nursing curriculum.

Teaching into her early 60s, her failing health forced her to retire in 1950. She died on March 19, 1955 in Victoria.

Today, her name graces a scholarship offered at McGill’s Ingram School of Nursing.
Max Childress, MDCM’40 (d. 2004), was born in San Francisco and practiced medicine all over the world, but gave back to the city where he was trained with a gift to his alma mater.

In fall 2016, the Max E. and Jane K. Childress Fellowship in Physiology was established, thanks to a $1.3 million bequest in Childress’ name.

Childress maintained a private practice in San Francisco in thoracic and general surgery for 20 years and also taught at the University of California, before volunteering in 1973 as a physician in South Vietnam. When Saigon fell, he and his wife were evacuated by helicopter.

His time in Vietnam inspired him to pursue more humanitarian work. “Once he was in a Vietnam orphanage and saw the little kids, he wanted to help out,” says daughter Dinah. Childress would go on to work in Indonesia and the Northern Mariana Islands.

In 2016, when Mrs. Childress passed away, Dinah and her brother Kirby endowed the graduate fellowship. A matching fund also went to the University of the Pacific, where their parents first met.
HOW TO HIT A
HOMECOMING HOME RUN

/ by ANNETTE MAHON /
The key is getting people together, facilitating their creativity and funnelling their collective energies.” According to Irving Fox, BSc, MDCM’67, these are the essential elements behind the Medicine Class of 1967’s enviable Homecoming reunion legacy.

Over the decades, what has this class learned about planning a stellar Homecoming?

To find out, Medicine Focus spoke with Fox, who ten years ago, armed with management knowledge stemming from a career in the biotech and pharmaceutical sectors, succeeded Eli Einbinder, BSc, MDCM’67, as Homecoming maestro.

You’re only as strong as your team.

An impressive 15 members of the class belong to the organizing committee. From coast to coast across North America, this close-knit group has regular late-night chitchats, with over 35 conference calls held to date. These conversations are brimming with creative ideas, says Fox.

Give people something to talk about.

Launched in fall 2014, a quarterly alumni newsletter published under the guidance of Pamela Chart, BSc, MDCM’67, and Alex Crowe, BSc(Agr), MDCM’67, has opened a window on the lives of class members since graduation—providing news on family, career, travel and hobbies, as well as general reflections about life. Each issue features updates on 10 class members and other personal contributions. This initiative has done more than any other to strengthen the bond between these alumni, some of whom hadn’t seen one another in decades. It is hoped that these efforts have also helped maximize reunion attendance, adds Fox.

Keep it fresh.

The Medicine Class of 1967 knows how to keep people coming back for more, and this year’s 50th is no exception, with a jam-packed, fun-filled agenda including a dessert party at the home of Lily Hechtman, BSc, MDCM’67, Dip Psych’72, an Art of Medicine workshop organized by Sydney Price Sparling, MDCM’67, and a brunch in the Laurentians hosted by Anitra Mamen, BSc, MDCM’67, as well as the usual 50th cocktail reception and dinner. The Class of ’67 is going all out to make this reunion the most memorable yet.

Set a meaningful fundraising goal.

In 2012, after meeting their goal of raising $80,000 for the Medicine Class of ’67 Bursary Endowment Fund, class members decided to embark on a more ambitious five-year campaign in honour of their 50th reunion. The aim: To increase their lifetime giving from $430,000 to $1 million by 2017, with the bulk of the donations going towards the Med’67 New Faculty Fund. New faculty are important for teaching students, says Fox. Thanks to the newsletter and to the determination of a separate fundraising subcommittee, the class has brought this total to over $900,000 and counting. Hats off to the class for this remarkable achievement!

Make your efforts award-winning.

The McGill Alumni Association has chosen to honour the Class of ’67 with the 2016-2017 Charles H. Peters Alumni Group of the Year Award, a fitting tribute to a class that excels in maintaining close ties to McGill through its many reunions and newsletters. Receiving this award deservedly positions this group among the most engaged graduates in McGill’s history.

Mirroring the thoughts of many of his peers, Richard Deckelbaum, BSc, MDCM’67, aptly reminisced in the latest newsletter: “I think we had a great class, lifelong friendships, that many of us have kept going with our classmates.” Fifty years in the making, this year’s Homecoming reunion will be a golden occasion to celebrate these enduring bonds and raise a toast to the Class of ’67’s legacy at McGill.

With special thanks to the Medicine Class of 1967 50th Reunion Organizing Committee:
Arnie Aberman
Peter Brueckner
Pamela Chart
Rene Cormier
Alex Crowe
Ross de Belle
Irving Fox
Lily Hechtman
Daniel Klass
Anitra Mamen
Dave Miller
Sydney Price Sparling
Ken Taguchi
Harvey Weinstein
Don Williams
“WE NEED TO FIGHT THE TABOO OF NOT TALKING ABOUT WELLNESS.”

“WHEN I GRADUATED, OUR CLASS CHOSE TO SUPPORT RESIDENT WELLNESS AS WELL.”
Paola Fata, MDCM’95, points out a coincidence.

“When I graduated, our class chose to support resident wellness as well,” she says.

It is a Friday morning in February and, at the McIntyre Medical Building, the 6th floor is abustle with students. The Medicine Class of 2017 has gathered to mark the launch of their Senior Class Gift campaign, a tradition since 1989. There is extra excitement in the air: a large contingent from the class is about to head out on a ski trip.

Class President Sophie Vincent, MDCM’17 (pictured with Fata), has only a short time to get her message across.

“Residents deserve wellness,” she says, taking the podium at the Charles F. Martin Amphitheatre. “This is our legacy.”

Their class, Vincent notes, has a special relationship with wellness. “We thought it would be meaningful to support, since we were the first class to experience it fully integrated into the curriculum,” she says, adding that wellness is not as well developed at the postgraduate level.

“This is a statement,” says Vincent. “We need to fight the taboo of not talking about wellness.”

Among the very first to donate, Annick Gauthier, MDCM’17, predicts that the class' efforts will create a more sustained wellness focus at McGill.

“We’re giving back to ourselves, ultimately,” says Vanessa Knight, BSc, MDCM’17.

According to the campaign’s crowdfunding site on McGill’s Seeds of Change platform, the money raised will go towards both Faculty- and resident-led initiatives such as formal training in self-care, stress management and mindfulness; accessible exercise classes; cooking workshops and peer-to-peer mentoring.

Brent Hopkins, BSc’10, MDCM’17, adds that, for him, wellness also extends to competency-based training “with residents directing their own future.”

As Fata, recently appointed Assistant Dean, Resident Professional Affairs, and one of two faculty members at the helm of the Faculty of Medicine WELL (Wellness Enhanced Lifelong Learning) Office, explains, it is an exciting time for resident wellness at McGill. She cites strides made by Stella Miller, Postgraduate Medical Education Wellness Consultant, in particular, Ice Cream Rounds.

Modelled after grand rounds, Ice Cream Rounds bring together residents in the same program for candid discussions about the highs and lows of residency over artisanal ice cream provided courtesy of Le Glacier Bilboquet, Inc. In its first iteration, twelve residency programs took part, meeting three to four times per year, usually during academic half-days, with many of the participants expressing appreciation for this safe space in which to air concerns and resolve difficulties.

“Residents can fall under a huge amount of stress, they have a huge service responsibility, and it’s important to recognize them as an entity,” says Fata.

To help the class meet their goal, VP-Dean David Eidelman, MDCM’79, has agreed to match their gifts with a donation of up to $2,000.

Watching the class bring the celebratory brunch to a close as the skiers make their way out the door, Fata marvels at the McGill Medicine spirit. “You just don’t see this sense of allegiance and camaraderie everywhere,” she says.
THE THANK-YOU LIST

Every year at the Faculty of Medicine we are witnessing wonderful displays of generosity towards the next generation of health sciences students. Here are just some of the recent ways alumni and friends like you have found to give back.

- **Adelson Marcovitz Family Study Room**, established by Gail Adelson-Marcovitz, BCom, BCL, and Alan Marcovitz, BCom, BCL, LLB.
- **Alex W. Strasberg MD CM 1921 and Harvey M. Weinstein MD CM 1967 Global Health Award**, established by Rhona Weinstein (née Strasberg), BA, MA, and Harvey Weinstein, BSc, MDCM’67.
- **Angle Lacroix Fund for Indigenous Health Initiatives**, established by James Angle, BSc, MDCM’84, and family.
- **Davis, Brun & De Rito Undergraduate Award for Global Health**, established by Francine Davis, B PHYS THER’69, BSc(PT)’85.
- **Dr. Beiyun Chen & Dr. Zhi Li Biomedical Research Bursary**, established by Beiyun Chen, PhD’94, and Zhi Li, PhD.
- **Dr. Clarence Rosenhek Memorial Bursary**, established by Steven and Mark Rosenhek.
- **Dr. John A. Lundie Research Fellowship**, established by the Estate of Dr. John A. Lundie.
- **Dr. Lorne Runge & Dr. Ellen Fitzpatrick Runge Research Bursary**, established by Lorne, BSc, MDCM’65, and Ellen Runge, MDCM’65.
- **Dr. Rachel Borson Research Bursary**, established by Rachel Borson, BSc, MDCM’83.
- **Edythe and David Carlin Bursary**, established by Michael Carlin, MDCM’88.
- **Hugh G. Hallward Chair in Pediatric Surgical Research**, established by the Montreal Children’s Hospital Foundation.
- **Luger-Mikelberg Travel Award for Global Health**, established by Sherry Luger, MDCM’83, and Michael Mikelberg.
- **Martine Turcotte Breast Cancer Research Support Fund**, established by Martine Turcotte, BCL, LLB.
- **Max E. and Jane K. Childress Fellowship in Physiology**, established by the Estate of Max Eldwin Childress, MDCM’40.
- **Meakins-Christie Chair in Respiratory Research**, established by the Royal Victoria Hospital Foundation.
- **Raymond Hakim Family Innovation Award in Healthcare**, established by Raymond Hakim, MDCM’76.
- **Steven C. Bernstein Summer Research Bursary**, established by Steven Bernstein, BSc, MDCM’90.
- **The Dr. Milan K. Sen Travel Award in Global Health Surgery**, established by Milan Sen, BSc, MDCM’98.
- **Victor Dzau and Ruth Cooper-Dzau Distinguished Lectures in Global and Population Health**, established by Victor Dzau, BSc, MDCM’72, DSc, and Ruth Cooper-Dzau, B PHYS THER’72.
Many of the enriched educational opportunities that the Faculty provides are made possible by alumni and friends.

CLASS GIFTS

- **Class of Medicine 1960 Research Bursary**, established by the class in honour of the 55th anniversary of their graduation.
- **Class of Medicine 1966 Student Research Bursary**, established by the class in honour of the 50th anniversary of their graduation.
- **Class of Medicine 1970 Educational Award for Teaching Excellence and Innovation**, established by the class in honour of the 45th anniversary of their graduation.
- **Class of Medicine 1975 Lectureship in Simulation and Patient Safety**, established by the class in honour of the 40th anniversary of their graduation.
- **Class of Medicine 1979 Research Bursary**, established by the class in honour of the 35th anniversary of their graduation.
- **Class of Medicine 1980 Research Bursary**, established by the class in honour of the 35th anniversary of their graduation.
- **Class of Medicine 1985 Wellness and Resilience Fund**, established by the class in honour of the 30th anniversary of their graduation.
- **Deschesnes-Yee Class of Medicine 1990 Entrance Scholarship**, established by the class in honour of the 25th anniversary of their graduation.
- **Class of Medicine 1995 Wellness and Resilience Fund**, established by the class in honour of the 20th anniversary of their graduation.
- **Class of Medicine 2000 Resident Wellness Fund**, established by the class in honour of the 15th anniversary of their graduation.

To reach the Faculty of Medicine University Advancement office, please contact Arnav Manchanda, Advancement Manager, at arnav.manchanda@mcgill.ca or 514-398-2529.
From his dramatic beginnings, born in Spain following the capture and rerouting of the ship on which his family was sailing from the British Isles to the Canadas, Dr. Andrew Fernando Holmes would go on to co-found McGill’s Faculty of Medicine and become its first Dean.

Holmes was a man of parts even by 19th century standards: a physician and medical innovator, a botanist and geologist, as well as a devout Christian and civic-minded Montrealer. In 1823, the Edinburgh-educated Holmes, along with his Montreal General Hospital colleagues Dr. William Robertson, Dr. John Stephenson and Dr. William Caldwell, founded the Montreal Medical Institution (MMI), which would later merge with McGill College to become its Faculty of Medicine. Holmes succeeded Dr. Robertson as head of the Faculty in 1843; in 1854 his title was changed to Dean, making Holmes the Faculty’s first Dean, a post he held until his death.

Holmes, who had a lifelong interest in disorders of the heart, lends his name to a famous specimen (and disease), the Holmes heart. In 1824, he presented an account of a rare defect discovered during the autopsy of a young man who was found to have a single ventricle, the first such documented case. In a strange twist, Maude Abbott, BA, MDCM (honoris causa) 1910, came across the unclassified oddity three quarters of a century later, in her role as curator of the McGill Medical Museum. She asked Sir William Osler, MDCM 1872, to help her identify it. He remembered it as the one “old Dr. Holmes” had described. Abbott reexamined the heart and republished the findings. The Holmes heart is said to have been a catalyst for her distinguished career in cardiology.

Then, as now, scientific and medical knowledge was virtually exploding, and Holmes urged the newly minted doctors “to keep up with the constantly changing, and generally (if not always) improving aspect of the science.”

Some of Holmes’ most lasting contributions to Montreal and McGill are outside the realm of medicine. His large plant specimen collection, amassed early in his career mostly on Mount Royal as well as other parts of the island of Montreal, was donated to McGill in 1856. It became the basis for the University’s Herbarium, now located at the Macdonald campus. He also dabbled in geology, and his mineral collection was purchased by the University and is a significant component of the Redpath Museum.

In the Faculty, Holmes’ legacy continues with the Holmes Gold Medal awarded to the medical graduate with the highest standing and the Holmes Lectures, a series of talks delivered by international experts in health care fields.
WHAT DO THESE HAVE IN COMMON?

All three owe their existence to the foresight of a donor.

Bequests and other planned gifts are critical to the well-being of the Faculty of Medicine and its students.

Continue your philanthropy beyond your lifetime: make a planned gift to health sciences at McGill.

For more information:
ManLi Que
Advancement Manager
manli.que@mcgill.ca
514-398-5304
University Advancement
Faculty of Medicine
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1010 Sherbrooke St. West,
Suite 1210
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theaznbrian We earned our retirement. 3 years with this one and 4th place at today's competition! Leaving McGill Med Cheer on a great note. #Top4InTheCountry #cheer
#medgames #mcgill

justjayarr These trainees keep tying me up in casts... help #casting #familymedicine #mcgillmed