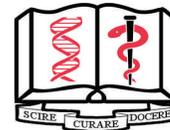


# VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

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## DANGEROUS THINKING HIDDEN IN PLAIN VIEW

*Dr. David Eidelman  
Chair, Department of  
Medicine*



Despite a fair amount of electronic publicity and the Dean's presentation at the spring Town Hall meeting (see <https://home.mcgill.ca/medtownhallmeeting/>), my informal, unscientific survey suggests that most of you are unaware that the Faculty of Medicine has undertaken a major strategic planning exercise. As the results of this exercise may resonate for years to come, I thought it would be useful to highlight this process. I hope that everyone will try to participate in some way.

Termed the "Year of Thinking Dangerously", (1982, Peter Weir, director, with Mel Gibson and Sigourney Weaver), the Faculty is proposing to reinvent itself on the occasion of the 100<sup>th</sup> anniversary of the Flexner report. Three major topics are being addressed by specific task forces: curriculum, research and the academic life cycle. Many leading members of our department and of the Faculty are involved in this process, which is meant to produce a definitive report by

spring 2010, which will serve as the basis for the strategic plan itself. Each task force is meant to be soliciting input from the community at large.

I have the privilege (along with Joyce Pickering and John Orlowski) of co-chairing the task force on curriculum. Although we are only beginning to come to grips with the issues surrounding undergraduate medical education, a number of issues have dominated our deliberations. First of these has been how to balance the needs of society for more family physicians and primary care givers, with the traditional role of McGill as a research-intensive medical school. McGill has been particularly weak in producing family physicians likely reflecting the not so hidden curriculum that "real medicine" is highly specialized, technical and built around cutting edge research programs. A related issue is the lack of emphasis on public health, a subject on which we consistently do poorly on the LMCC exams. The amount and quality of basic science education is another hotspot in our discussions, as it has been in medical schools around North America. It's not yet clear where these discussions will lead, but I hope that any changes we make will help better prepare our students for the world of medicine that awaits them.

The Research task force, lead by Marianna Newkirk, David Thomas and Rémi Quirion are looking to the Faculty for input on the future of science in our Faculty by calling for White Papers as well as holding a Town Hall in the early fall. The Life Cycle task force, lead by Mara Ludwig, Neil Colman and Michel Tremblay is beginning to take on the important task of determining how we can better promote the careers of all of our faculty members, particularly those based in the hospitals.

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Looking around the McGill community, we see that the Faculty is not alone in trying to chart a new course. Similar efforts are taking place in all of the teaching hospitals and in the Research Institute of the MUHC. It will be crucial that we bring these proposals together to develop a comprehensive vision for academic and clinical excellence at McGill. We are in a period of uncertainty but also one of great opportunity. I hope that everyone in the McGill community will take advantage of this process to provide the input we need.



## SABBATICAL IN ISRAEL - LIVING OUTSIDE OUR COMFORT ZONE

*Dr. Louise Pilote, MD MPH PhD and Dr. Mark J. Eisenberg, MD MPH*

*Dr. Pilote and Dr. Eisenberg have just returned from 1-year sabbatical in Israel at the Hebrew University in Jerusalem based at Hadassah Hospital. As they seemed to successfully survive the logistic challenge of bringing a family with 5 children between the ages of 5 and 12 with them, we asked them for a run down on their experiences.*

**Dr. Pilote** – My professional goal was to learn a new field: genetic epidemiology. I joined the team of Dr. Yechiel Friedlander who, with Dr. David Siscovick from Seattle, is running an NIH-funded study involving 2500 mother - offspring pairs enrolled in the Jerusalem Perinatal Study (96,000 births). My focus was on the putative genetically-mediated association between low birth weight and subsequent adult-onset dyslipidemia. In addition to publications and future collaborations, this work has now enabled me to read most journal articles involving genetic epidemiology with a clear understanding of the subject matter. I hope to apply this knowledge to a pan-Canadian project called PRAXY, which collects DNA in patients with premature ACS. After a year of being involved in this area, I have learned that despite the advances in the understanding of biology that have come from genetic epidemiology, we still have a long way to go

before we can apply this information to the care of individuals. This work also allowed me to be involved with the International Masters Degree Program in Epidemiology at the Hebrew University Braun School of Public Health. As a result, an Israeli student I worked with will join my team here as a post-doctoral student in 2010 to work on women's health and chronic diseases.

Another highlight of my sabbatical was the opportunity to round on the medical floors at Hadassah, which is located in the beautiful Judean Hills. This meant a picturesque but somewhat nerve-wracking commute to work every day peppered by blasting Middle Eastern music! In this region war is an ever present reality. A security guard inspected every car for weapons, and I had to go through a metal detector before entering the hospital, which has 300 beds underground. We experienced several air raid sirens and a nation-wide casualty drill. Every building, house, and school has a bomb shelter. Nevertheless, life goes on. Hadassah wards are very crowded and very cosmopolitan with many different ethnic groups and languages. Large Jewish and Arab families are evident throughout the hospital; they are very involved when their relatives are hospitalized. One day, an 18-year-old soldier was admitted because of fever NYD and, during rounds, two other soldiers sat with him to give him support. The pathologies we saw were similar to what we encounter here in Montreal such as an increased incidence of admission for COPD in November-January when it is only +10-20C outside! I was surprised to see a C. difficile patient in a 4-bedded room with no isolation precautions. In contrast, patients were isolated for the soil pathogen Acinetobacter, a menace to ventilated patients that leads to pneumonia followed by bacteremia. Perhaps not surprising in a region subject to sand storms! A paperless chart had just been launched at the hospital when I started rounding. While frequent use of the cut and paste functions led to incomplete HPIs and P/Es, the paperless chart also made for more efficient ward rounds with blood tests and x-rays available at the bedside.

**Dr. Eisenberg** – I was involved in several different academic activities during our sabbatical. I worked on a paper exploring legislative approaches to tackling the obesity epidemic; I wrote a book and I did a Masters Degree in Management.

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While obesity is a global problem, it is not as advanced in Israel as it is in North America. I was fortunate to be able to collaborate with Dr. Elliot Berry at Hadassah who is the Director of the Department of Human Nutrition & Metabolism. We worked on a paper exploring the pros and cons of legislative approaches to fighting the obesity epidemic. As physicians, we are used to managing medical problems with tests, drugs, and procedures. However, the obesity epidemic is not readily amenable to treatment with our typical pantheon of management strategies. In our paper, we explore options like taxing junk food, improving nutrition labelling, modifying the environment to increase exercise, outlawing advertisements for unhealthy foods and the like. Controlling the obesity epidemic will require interventions similar to those used to reduce the use of tobacco. However, many of the potential interventions are very contentious and will require decades to implement.

I also wrote a book entitled "The Physician-Scientist's Career Guide.", which distils all the secrets I've learned over the past decade and a half at McGill with respect to grant writing, paper writing, navigating the promotions process, and how to balance a career involving research and clinical medicine. The book will be published by Springer/Humana in 2010. I finished a very solid draft and am looking for reviewers; so if you're interested, please let me know!

In talking with Israeli academic physicians, I came to appreciate how lucky we are in Canada. Despite the fact that there is no mechanism to fund the salaries of Israeli physician-scientists and despite very limited funding for research, they still manage to produce a large amount of cutting edge research for a country of 6-7 million people. In addition, they also have to contend with the threats of boycotts of Israeli intellectual activities.

During my sabbatical, I also finished most of the requirements for McGill's International Masters in Health Leadership program, which involved 5 intensive two-week modules in the classroom (four in Montreal and one in London, England!). In between modules, I had to do lots of reading

and paper writing. I did a managerial exchange with one of my classmates, visited and consulted with different health care organizations and wrote a thesis-like final paper. This experience was quite intense, and it gave me the opportunity to closely interact with many people who are involved in different aspects of the health care systems in their countries. Physicians are frequently placed in managerial and administrative roles without any formal training. This course gave me a much better idea of how to understand the institutions in which we work, how to be mindful of our work environment and how to be a better collaborator and team-player.

**Family** – The year was an eventful one for our family. We were living in an exotic setting at the confluence of many cultures. Everyday activities were a challenge. The kids became fluent in Hebrew, developed some independence and awareness of the world outside of North America and learned many new skills. We traveled extensively, went camel riding, scuba diving, hiking in the Negev desert, swam



in the Dead Sea, the Red Sea and the Mediterranean, explored the old city of Jerusalem, saw Crusader ruins, went to the Golan Heights, the Sea of Galilee and much much more. Israel is a modern society with cutting edge technology existing side by side with ancient ruins.

We experienced the war in Gaza through Israeli eyes. Many of the fathers of our children's classmates were called up for reserve duty. We were impressed by the ability of the Israelis to persevere under adversity. We experienced a small bomb explosion a few doors down from us (likely Jewish settlers sending a message to a left wing intellectual). This was followed by two Peace Now! demonstrations in front of our apartment.

**Back to McGill** – To cap the year off, we travelled through Europe as a family for a month on the way back to Montreal. We found that living outside our comfort zone for a year was uplifting, challenging, thought provoking and exhausting! We feel very privileged to have been able to take a year's sabbatical, and we've come back to McGill all ready for new challenges.



## INFORMATICS AND CLINICAL LIFE AT THE MUHC

*Dr. Jeffrey Barkun*

Over the past decade, the field of health informatics has made great strides as both software and hardware have evolved from “pie in the sky” into usable clinical tools to help reduce medical errors. In spite of many successful experiences, most attempts at implementing an electronic health record in a hospital setting remain fraught with difficulties and failure.

To achieve an appropriate link between Information Services and our clinicians, the MUHC recently created the position of “Chief Clinical Officer for the Informatics Transition”. This is a clinician who works with the Chief Informatics Officer of the hospital (Mr. Jean Huot), but reports directly to the CEO, Dr Arthur Porter. The goal is to ensure a constant clinical voice amidst the skyrocketing development of information services applications within the hospital.

I was pleased to have been chosen for this position. I am head of the Division of General Surgery and Professor of Surgery with a Masters degree in Epidemiology. With this background, I have many reasons to be interested in informatics but my primary motivation stems from concerns about patient safety, which I acquired during my previous role as MUHC Medical Director for Quality.

Six years ago, a process was

launched throughout the MUHC for the choice of an electronic health record. It culminated in the acquisition and recent deployment of OACIS (by Telus Health). This project has proceeded in conjunction with the CHUM and has proven to be one of the most successful informatics implementations in the province of Quebec both from the level of user satisfaction, as well as the total number of actual users (over 10,000 people at both institutions). So far, the OACIS system provides extensive reporting of results to clinicians in a deployment that has been so successful that the system has been purchased by all hospitals in the Montreal region. However, the most complex implementation of the OACIS system is yet to come, involving further integration of electronic clinical documentation, electronic order entry and electronic prescribing. The first of these steps, which will involve the electronic documentation of allergies across most MUHC sites is scheduled for late fall. When in place, this will provide the adult sites with the first comprehensive tool to apply a best practice policy to document allergies electronically right from the point of first clinical encounter.

Many challenges are related to the informatics component of the system, but even more accompany the change of clinical practices, which they will

inevitably bring about. The creation of a group of “clinical champions” as well as the participation of multiple clinicians at inter-disciplinary workgroups has helped to address these issues.

Although the OACIS project itself is a multi million-dollar investment, it is only one piece of the overall informatics transition plan. We must upgrade our existing legacy systems (chemistry, pathology, radiology reports, radiology images...) and introduce new software functionality to improve patient care and the clinical working environment. In this complex environment, OACIS is the magnet around which all other systems will attach themselves. As an example, consider the “scanning project”, which aims to electronically scan many of the clinical notes created daily. This system will be implemented as a module of the OACIS system. As other programs are developed, they will also be integrated into the hospital workflow as OACIS modules.

It is with a bit of apprehension but great enthusiasm that we all brace for an unparalleled era of electronically supported patient safety and multi-disciplinary communication at our McGill hospitals to continue to ensure the best care for life.



## TRACKING THE ADULT LIFE COURSE

*Recruitment is under way for the largest long-term study of adult development and aging ever conducted in Canada*

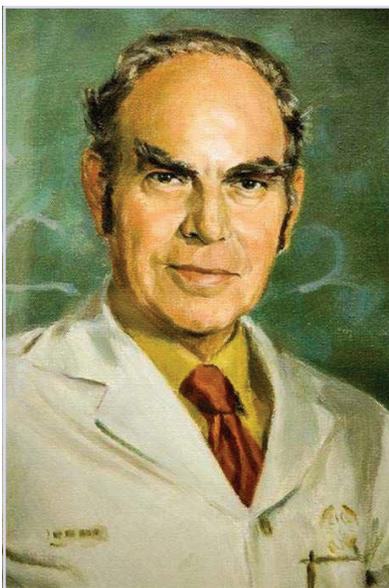
*Dr. Christina Wolfson*

In the late fall of 2001, I was invited to a meeting in Aylmer, Quebec to discuss the possibility of a national study of aging in Canada as part of a CIHR strategic initiative. At that meeting I expressed an interest. Little did I know that it would take more than 7 years of work, numerous grant applications and international peer review panels, lots of travel and an increasing number of grey hairs before the vision became a reality. On May 21, 2009, the government of Canada announced funding of \$23.5M, through the CIHR, for the Canadian Longitudinal Study of Aging (CLSA). The CLSA is a Canada wide, 20-year follow-up study of 50,000 people between the ages of 45 and 85 years at baseline.

As part of the development work, we established a unique partnership with Statistics Canada and are now using the [Canadian Community Health Survey on Healthy Aging](#) to recruit the first 20,000 participants who will participate through computer assisted telephone interviews. The remaining 30,000 will undergo in-depth data collection at one of 11 CLSA data collection sites across Canada. These participants will be asked to provide detailed data on health and health care utilization, lifestyle, social, and psychological aspects of their lives, to undergo clinical and neuropsychological assessments and to provide blood and urine samples. The RI MUHC will house one of these data collection sites where 3,000 of the participants will be seen every three years for 20 years. The CLSA Statistical Analysis Site will also be housed at the RI MUHC. These two facilities are planned to open in 2010.

I am one of three CLSA principal investigators. The lead PI is Dr. Parminder Raina (McMaster University) and the second co-PI is Dr. Susan Kirkland (Dalhousie University). More than 150 investigators from across Canada are also part of the research team. We are also fortunate to have superb research staff that has been pivotal in our successes so far. An award from the Canada Foundation for Innovation - New Initiatives Fund will fund the infrastructure needed to support the research activities.

For more information contact Christina Wolfson at [Christina.wolfson@mcgill.ca](mailto:Christina.wolfson@mcgill.ca) or visit the CLSA website at <http://www.clsa-elcv.ca/en/welcome>.



## DR. ROY FORSEY RETIRES

Five years before the current Chair of Medicine was born, Dr. Roy Forsey was already serving as the Chief of Dermatology at the Montreal General Hospital, a position he occupied with distinction until 1981. Dr. Forsey continued in active clinical practice until this summer, when 68 years after receiving his MD from the University of Toronto, he finally retired. It is hard to overestimate the impact of an individual who played such a seminal role in the development of dermatology in Quebec and Canada. Among his numerous distinctions were his presidency of the Canadian Dermatological Association (CDA) of which he was a founding member, his role in convincing the American Board of Dermatology to accept Canadian training as equivalent to that in the US and his long service as Historian and Archivist of the CDA. Dr. Forsey also famously claimed that he knew no one with eyebrows larger than his own. The MGH and the McGill Community at large have been privileged to have Dr. Forsey as a colleague for many decades and we find ourselves in his debt for years of hard work, dedication and good humor. We wish him a long and healthy retirement.

## FULL PROFESSOR PROMOTIONS

Congratulations to our Faculty members for their achievements:

**Dr. Marcelo Cantarovich** is a leading clinical researcher in the field of transplantation.

**Dr. William Foulkes** is recognized for his pioneering work in breast cancer genetics.

**Dr. Susan Kahn** is a leading clinician-scientist in the field of thromboembolic disorders.

**Dr. Brian Ward** is internationally known for his work with vaccines and novel strategies for the treatment of microbial pathogens.

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## CONGRATULATIONS !

We are delighted to recognize the following milestones:

**Dr. Tommy Nilsson - CRC Tier 1 and CFI**

**Dr. Brian Chen - CRC Tier 2**

**Dr. William Muller - CRC Tier 1 (renewal)**

**Dr. William Foulkes - James McGill Award**

**Dr. Marcel Behr - William Dawson Scholar (renewal)**

**Dr. Jean-Jacques Lebrun - William Dawson Scholar (renewal)**

**Dr. Vincent Giguère with Dr. Simon Wing - CFI**

**Dr. Simon Wing (co-investigator) with UofM - CFI**

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## RECRUITMENTS



We are pleased to announce the appointment of **Dr. Ahsan Alam** to the Division of Nephrology. Dr. Alam has been appointed to the Attending Staff of the MUHC and as an Assistant Professor in our Department. Dr. Alam completed his medical degree at McGill University and an Internal Medicine Internship and Residency at the Royal Victoria Hospital. Following a clinical Nephrology Fellowship at McGill, he pursued clinical research training in Nephrology at the Tufts-New England Medical Centre in Boston. He has completed a Masters in Clinical Epidemiology from the Sackler School of Graduate Biomedical Studies. An excellent clinician-scientist and teacher, Dr. Alam has developed a protocol to identify biomarkers of renal progression and cardiovascular complications in patients with chronic kidney disease, and led seminars and educational programs at Tufts in General Nephrology and Renal Pathophysiology. Dr. Alam plans to continue pursuing these research interests at McGill. He will also be seeing patients at the RVH site and will be involved in teaching activities as well.



It is with pleasure that we announce the arrival of **Dr. Waqqas Afif** to the Division of Gastroenterology. Dr. Afif has been appointed as an Assistant Professor in our Department and to the Attending Staff of the MUHC. Dr. Afif completed medical school at McGill University and Internal Medicine and Gastroenterology Fellowships at the McGill University Health Center. He was the Assistant Chief Resident during his last year of Internal Medicine at the MGH and was the Chief Resident during the final year of his Gastroenterology Fellowship. Dr. Afif returned recently from the Mayo Clinic, where he completed an Advanced Fellowship in Inflammatory Bowel Disease (IBD) and is in the process of finalizing a Masters in Epidemiology. Dr. Afif will be based at the MUHC and will be involved in teaching activities as well as clinical research, focusing on the treatment of IBD with immunosuppressive and biologic therapy.

## HONOURS



**Dr. Marcelo Cantarovich**, Professor of Medicine, Associate Director of the MUHC

Multi-organ Transplant Program and Medical Director of the MUHC Kidney and Pancreas Transplant Program, has been elected on the Council of [The Transplantation Society](#), an international forum for the worldwide advancement of organ transplantation, for the period of 2008-2012. Dr. Cantarovich is also the President-elect of the [Canadian Society of Transplantation](#) for 2009 and will be the President in 2010.

**Dr. Vassilios Papadopoulos**, Professor of Medicine, Director of the MUHC RI and Associate Executive Director of Research for MUHC, has been selected by the Government of Quebec to be a member of an Advisory Group for its Quebec Strategy for Research and Innovation. He is one of twenty members representing the public and private sectors.

At its first World Congress, the newly formed [International Academy of Nanomedicine](#) elected **Professor TMS Chang** to be their first President. Dr. Chang gave the opening plenary keynote lecture and received the Academy's first Outstanding Research Award. This is in recognition of McGill's invention of artificial cells (Chang, Science, 1964) that is the forerunner of modern nanomedicine and also for his continuing research on nanomedicine related areas.

**Dr. James Martin**, Professor and Executive Vice-Chair of Faculty Affairs in our Department and former Scientific Director of the Meakins-Christie Laboratories, has been invited as a "Distinguished Speaker" at the next [Canadian Thoracic Society](#) CHEST meeting to be held in San Diego in November 2009.

**Dr. Robert Kiss**, Assistant Professor in the Division of Cardiology, is the winner of the Jonathan Ballon Award, presented to a researcher who achieves the highest rating for a first scientific research project submitted to the Heart and Stroke Foundation of Quebec.

**Dr. Nancy Mayo**, Professor in the Departments of Medicine and Physical & Occupational Therapy, and **Dr. Kenneth Doyle**, Assistant Professor and former Director of the Emergency Medicine Training Program, were each presented with the Faculty Honour for Educational Excellence Award in June 2009.

**Dr. Joseph Shuster**, Professor in the Departments of Medicine and Biochemistry, was recognized with the MGH 2009 Award of Merit. An outstanding researcher, administrator, teacher and mentor, Dr. Shuster headed the Division of Clinical Immunology and Allergy at the MGH for over 25 years.

**Dr. Madhukar Pai**, MUHC Medical Scientist and Associate Member in the Respiratory and Infectious Diseases Divisions our Department and Assistant Professor in the Epidemiology Department, received the 2009

Core Teaching Award from the McGill Epidemiology, Biostatistics and Occupational Health Student Society (EBOSS).

**Dr. Stella Daskalopoulou**, Assistant Professor in Internal Medicine, has been selected as the recipient of the 2009 Canadian Society of Internal Medicine New Investigator Award, which will be presented to her during the CSIM Annual Meeting in Ottawa this coming October.

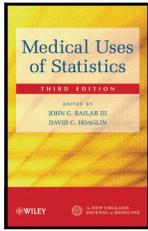
On August 19, the Canadian Medical Association (CMA) has presented the 2009 Medal of Honour to **Dr. Mark Wainberg**, Professor in our Division of Allergy and Immunology and Director of the McGill AIDS Center at the LDI-JGH. A tireless HIV/AIDS researcher and activist, Dr. Wainberg has dedicated his career to meeting with scientists, world leaders, industrialist and celebrities in a quest to raise awareness and shape policies geared toward slowing the spread of HIV/AIDS and eradicating the condition.

In our [September 2008 Newsletter](#), we proudly reported the publication of **Dr. John Burgess'** book, **Doctor to the North**. We are delighted to mention that his book made it to the Montreal Gazette bestseller list this past June.

We are pleased to inform you that the 3rd edition of the book "Medical uses of statistics", edited by John C. Bailar III and David C. Hoaglin, has just been published by Wiley. **Dr. Nancy Mayo** and **Dr. Mark Goldberg**

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contributed four chapters to this book. As you may be aware, the book has a very long history. It has served as one of the most influential

works on the subject for physicians, physicians-in-training and a myriad of healthcare experts who need a clear idea of the proper application of statistical techniques in clinical studies as well as the implications of their interpretation for clinical practice. This 3rd edition maintains the focus on the critical ideas, rather than the mechanics, to give practitioners and students the resources they need to understand the statistical methods they encounter in modern medical literature. For more information, please visit [Wiley](http://www.wiley.com).



Do not miss the Palliative Care CME Day on Friday, November 20, 2009 at the McGill Faculty Club.

[Please click here to register.](#)

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