

# VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

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## DEPARTMENT OF MEDICINE: OUR PERFORMANCE REVIEW

*Joint Editorial by:*

*Dr. James Martin, Interim Chair & Executive Vice-Chair, Faculty Affairs, Department of Medicine*

*Dr. Joyce Pickering, Vice-Chair, Education, Department of Medicine & Interim Physician-in-Chief, MUHC*

*Dr. Ernesto Schiffrin, Vice-Chair, Research, Department of Medicine & Physician-in-Chief, JGH*

*Dr. Michael Bonnycastle, Physician-in-Chief, St. Mary's Hospital*

Most of the month of February has been "Annual Performance Review" month for our Department. With over 450 full time members of our Department, ensuring that all have a meaningful performance review is a major activity. Division directors, site Division directors and various other leaders have done the bulk of the meetings – we in the Department office have met with Division heads and other senior Department members. Our first thought was some dismay at the number of meetings as well as the number of forms that have to be entered – after the individual



*Dr. James Martin*



*Dr. Joyce Pickering*

meetings, all the tenure track evaluations done by Dr. Martin, Dr. Schiffrin and Dr. McInnes were then submitted to the faculty by Dr. Martin (about 175), and all the Contract Academic Staff evaluations (about 275) by Dr. Pickering, Dr. Schiffrin and Dr. Bonnycastle.

The exercise has not turned out to be the burden that we thought it might be. We have been

privileged not only to meet with many of the Division directors and to understand their goals and pre-occupations but also to read through the self evaluation forms of all the Department members. We have thus been reminded of the huge pool of talent that is our Department. So many of our members are accomplished teachers, researchers, and contribute locally, nationally and internationally. In fact, this annual performance review exercise has, for us, become a wonderful opportunity to appreciate the full extent of our colleagues' contributions. For those evaluated we also hope that this was a constructive exercise, providing us all an opportunity for reflection and perhaps some re-adjustment in the coming year to strengthen areas of our professional and academic activities.



*Dr. Ernesto Schiffrin*



*Dr. Michael Bonnycastle*

That being said, we see improvements that should be made to the process. First we would like a

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better linkage between promotion criteria and our evaluation forms. Second, we need better anchoring of our scales – what does a “6” in “good clinical care and decision making” really mean? What is a “3” in quantity of teaching? Third, we need to think about metrics for better evaluating clinical contribution - the section of the form we found most difficult to complete. Fourth, we need to systematically evaluate our part time members as well, many of whom contribute as much as those deemed full time. And finally, different profiles of activity must be accommodated and the "one size fits all" form needs further consideration. All these will be things that we will work on and will bring our suggestions to the Faculty of Medicine over the next year. We would also like to invite you to submit any suggestions you may have for improving the process to [Teresa.Alper@mcgill.ca](mailto:Teresa.Alper@mcgill.ca).

But overall we are very proud – proud that we were able to complete this process on time this year, but mostly proud to be leading a University Department with such accomplished members.



## THE MCGILL CLERKSHIP: MOVING TOWARDS INCREASED INTEGRATION

*Dr. Beth-Ann Cummings  
Clerkship Chair, Faculty of Medicine  
Assistant Professor, Division of General Internal  
Medicine*

Since the time of Sir William Osler, Clerkship has been viewed as an essential part of medical education. During Clerkship, medical students engage in clinical apprenticeships, participating actively in patient care as integral members of the healthcare team, and learning for and from their patients. The current Clerkship at McGill includes 6 Core Clerkship rotations (Family Medicine, Internal Medicine, General Surgery, Obstetrics & Gynecology, Pediatrics, and Psychiatry), 3 Senior Clerkship rotations (Emergency Medicine, Geriatrics, and Surgery Subspecialties) and electives. In 2010-2011, the Gatineau Integrated Clerkship was born, in partnership with the Campus Santé Outaouais and the CSSS-Gatineau. 9 McGill medical students completed all 9 Core and Senior Clerkship rotations during Year 3 of the MDCM program in Gatineau, Quebec.

The Undergraduate Medical Education (UGME) curriculum is currently being renewed as part of the Faculty of Medicine's "Think Dangerously" strategic planning process, and based on the recommendations of the Education Design Group led by Drs. Eidelman, Orlowski, and Pickering.

The implementation of the new curriculum is being led by Drs. Orlowski, Pickering, and Primavesi, along with an Executive Committee that brings together the leaders of the components of the curriculum (Dr. Colin Chalk - Fundamentals of Medicine and Dentistry; Dr. Laurie Plotnick - Principles of Clinical Practice, and myself - Clerkship) as well as the leaders of the various key curricular themes (including Dr. Mélanie Mondou - Interprofessional Education).

The new Clerkship program is due to begin in 2015. Drawing on the success of the Gatineau Integrated Clerkship in the Outaouais, the new Clerkship curriculum will favour integration, where students learn - and are examined on - multiple disciplines side-by-side rather than sequentially. To better prepare students for the provision of primary and secondary care, the Clerkship will also include increased longitudinal exposures to outpatient medical practice across disciplines, and clinical experiences both inside and outside of the walls of University Hospital Centres. The new Clerkship curriculum will also emphasize Public Health, interprofessional education, and evidence-based medicine and critical appraisal.

Planning for the new Clerkship is still ongoing. Possible changes to the Internal Medicine Clerkship may include the requirement for each student to complete an evidence-based review of a clinical question and to participate in mandatory Public Health-related activities such as an STD clinic or cardiovascular prevention clinic. The new UGME curriculum, including the new Clerkship, promises to be innovative and inspiring to our future MDCM graduates, and the role of the Department of Medicine will continue to be central to the learning of the Clerkship students.

## THE MAUDE UNIT



*Dr. Ariane Marelli  
Associate Professor, Division of  
Cardiology  
Director, MAUDE Unit*

The number of adults with congenital heart disease (CHD) is growing in Québec as elsewhere in Canada and other industrialized countries. The **McGill Adult Unit for Congenital Heart Disease Excellence**, known as the [MAUDE Unit](#), was named for Maude Abbott a Québec pioneer in the field. The MAUDE Unit opened its doors in 2005 at the Montreal General Hospital and moved to the Royal Victoria Hospital in 2007. The MAUDE Unit represents a McGill wide effort to provide state of the art care to adults with CHD. Clinics are held weekly at the MUHC and the JGH. The MAUDE Unit was planned as a clinical, research and training unit that would incorporate a triad of perspectives: pediatrics, medicine and surgery. It was built on expertise that existed across McGill. Modeled after a handful of centers worldwide, phased acquisition of infrastructure and implementation of expert resources has occurred to meet its objectives.

The MAUDE Unit's mission is to provide excellence in care and service delivery to adult patients with congenital heart disease and structural heart disease. Tertiary and quaternary services including state of the art diagnostic and interventional procedures are provided to a rapidly growing population. The total number of patients increased from 518 to 2,023 by 2011 largely exceeding the target of 1,000 by 2010. Patients are referred from a variety of sources across Quebec and a small volume from other provinces and countries.

The MAUDE Unit staff is comprised of physicians, dedicated nursing, clerical and technical staff and research personnel. Dr. Judith Therrien, Dr. Jo Martucci, Dr. Natalie Bottega, Dr. Renée Schiff and myself all have specialized and complementary training in adult congenital heart disease. Collaboration in clinical care and research takes place within the Division of Cardiology with the heart failure and electrophysiology services, the cardiac catheterization and ultrasound laboratories and the pulmonary hypertension group. Across McGill,

interdisciplinary care is provided in conjunction with pediatric cardiologists and cardiac surgeons. Postgraduate fellows and postdoctoral students come from New Zealand, Switzerland, Saudi Arabia, Ireland, Japan, Singapore and The Netherlands.

A high-level research program has been established in collaboration with the Jewish General Hospital, Divisions of Clinical Epidemiology and General Internal Medicine at the MUHC and the Department of Engineering at McGill University. The unique Québec Congenital Heart Disease Database provides longitudinal follow-up for over 70,000 patients of all ages since 1983. Innovation in health information technology has occurred with the invention of CONGENERATE, an electronic health record with data sharing capabilities created in collaboration with the Montreal Heart Institute and Sherbrooke University, now being implemented across Québec and in major US sites. The growing need for valvular interventions is fostering the innovative development of circulatory devices. Research is informing policy in Canada and the US for a growing number of patients with life-long conditions.

The MAUDE Unit's funding has come from public and hospital sources, from peer-reviewed submissions and private donations since 2005. In addition to support from the MUHC and the JGH, the MAUDE unit raised money for space development and dedicated ultrasound equipment. Contributions from the RVH Foundation have been used to support the cardiac catheterization laboratory. An endowment at the JGH secures funding for fellowship training. Peer-reviewed funding is obtained from the CIHR, the NIH in addition to the FRSQ and the Heart and Stroke Foundation.

The MAUDE Unit is a vibrant and growing program that brings together the best that McGill has to offer. The Glen Yards constitutes a singular opportunity to develop patient care models across the life-span optimizing health information technology, and expertise available at McGill and in Québec to continue to innovate and produce research that targets policy.

## APPOINTMENTS AND NEW CHALLENGES



We are delighted to announce the appointment of **Dr. Nadia Giannetti** as the MUHC Director of the Division of Cardiology. After completing her medical degree and residency at McGill, Dr. Giannetti completed fellowships in cardiac rehabilitation at the Montreal Heart Institute, and in Heart Failure and Cardiac Transplantation at Stanford University, California. She has been on staff at the MUHC since 1999, and is well known to many of us for her leadership as the founder and director of the Heart Failure and Heart Transplant Centre for the MUHC. She has been active at the provincial and national level in heart failure and transplant societies. She has received many grants and awards, and has published widely in her field. She is also known for her excellent teaching skills and compassionate care of patients. Dr. Giannetti has been the interim Director of the MUHC Division of Cardiology since 2010, and during this time has brought innovative changes to the Division. We are delighted that she has accepted this position, and look forward to working with her as she leads the division to remain on the cutting edge of cardiology care.

**Dr. Simon Wing** stepped down as McGill Director of Endocrinology as of January 1, 2012. Continuing in the great tradition of this Division, Dr. Wing served over the last 8 years with great distinction, promoting excellence in teaching, research and education. He will now devote his attention on his burgeoning program in translational research, which is focused on the role of the ubiquitin proteasome system in reproductive biology and in muscle wasting disorders such as cancer cachexia. We thank Dr. Wing for his many contributions and wish him great success in the coming years.

In the interim, **Dr. Mark Sherman** has agreed to assume the role of interim McGill Director of Endocrinology, which includes administrative responsibilities at both the hospital and university levels. He will be assisted by **Dr. Stephane Laporte**, as Associate Director for Research in the MUHC Division of Endocrinology.

Please note that teaching opportunities for both the Undergraduate Program and the Postgraduate – Core Internal Medicine Residency Training Program are published on our website at the following link: <http://www.medicine.mcgill.ca/deptmedicine/>

## RECRUITMENTS

We are pleased to welcome the following new members to our Department.



**Dr. Martin Bernier**, Assistant Professor to the Cardiology Division and Attending at the MUHC. Dr. Bernier earned his medical degree at McGill University, where he subsequently completed post-graduate training in Cardiology. He completed additional specialty training in cardiac electrophysiology at the Beth Israel Deaconess Medical Center, Harvard University. Dr. Bernier will have clinical duties at the Royal Victoria Hospital and at the Montreal General Hospital, MUHC. His clinical and research responsibilities will focus primarily on complex cardiac arrhythmias and novel methods for treatment of these.

**Dr. Todd Lee**, Assistant Professor to the Division of General Internal Medicine and Attending at the MUHC. Dr. Lee earned his medical degree at the University of Toronto, where he subsequently completed post-graduate training in Core Internal Medicine. He was Chief Medical Resident at the University Health Network/Mount Sinai Hospital (U of T) and completed additional specialty training in Infectious Diseases at that institution. Dr. Lee is pursuing a Masters of Public Health through the Harvard School of Public Health with focus on quality



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improvement research. He will have clinical duties at the Royal Victoria Hospital and at the Montreal General Hospital, MUHC.



**Dr. Nicolo Piazza**, Assistant Professor to the Cardiology Division and Attending at the MUHC. Dr. Piazza earned his medical degree at McGill University, where he subsequently completed post-graduate training in Cardiology. He completed a one year interventional cardiology clinical fellowship at the Montreal Heart Institute and two subsequent fellowships – a two year PhD research fellowship in transcatheter valve therapies at the Erasmus Medical Center in Rotterdam, and a two year clinical fellowship in the same domain at the German Heart Center, Munich. Dr. Piazza will have clinical duties at the Royal Victoria Hospital and at the Montreal General Hospital, MUHC. His clinical and research responsibilities will focus primarily on valvular heart disease with particular interest in transcatheter aortic and mitral valve therapies.

**Dr. Marty Teltscher**, Assistant Professor to the Division of Infectious Diseases. Dr. Teltscher received his medical degree from McGill University in 2004. He subsequently completed his training in Internal Medicine (2007) and Medical Microbiology and Infectious Diseases (2010). Dr. Teltscher has a primary appointment at the Lachine Campus of the MUHC and will be cross-appointed to the RVH and MGH sites of the MUHC, where he will be active in providing clinical service and teaching undergraduate medical students and residents.



## HONOURS

Congratulations to the following four members of our Department, who have been inducted as **Fellows of the Canadian Academy of Health Sciences (CAHS)** in 2011, one of the highest honours for individuals in the Canadian health sciences community.



**Dr. Gerald Batist**, Professor, Director of McGill's Centre for Translational Research in Cancer and Director of the Segal Cancer Centre, Jewish General Hospital.

**Dr. Jacques Genest**, Professor, former Director of the Division of Cardiology and Director of the Centre for Innovative Medicine at the MUHC-RI.



**Dr. Richard I. Levin**, Former Vice-Principal Health Affairs and Dean of the Faculty of Medicine.

**Dr. Vassilios Papadopoulos**, Associate Executive Director of Research at the MUHC, Executive Director and Chief Scientific Officer of the MUHC-RI and Professor in the Departments of Medicine and Pharmacology.



Congratulations to the two members of our Department who have been selected for the **2012 Canadian Association of Medical Education (CAME) Certificate of Merit**.

**Dr. Beth-Ann Cummings**, Assistant Professor in the Division of General Internal Medicine and Clerkship Chair, Faculty of Medicine.



**Dr. David Dawson**, Associate Professor in the Division of General Internal Medicine.



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**Dr. Susan Kahn** is the recipient of the **2011 Clinical Outcomes Research Award** for exceptional contribution to Venous Disease Research given by the **Venous Disease Coalition (VDC)**. Dr. Kahn is Professor in the Division of General Internal Medicine and Founder and Director of the JGH Thrombosis Program. To [view the original press release issued by the VDC](#).

**Dr. Nancy Mayo**, Professor in the Department of Medicine and at the School of Physical & Occupational Therapy, has been awarded the **2012 Enid Graham Memorial Lecture Award from the Canadian Physiotherapy Association (CPA)**. This is the most prestigious award bestowed by the CPA and it is presented to a current member of the Association who has influenced the growth of the profession in clinical practice, education, research or management. Dr. Mayo's research focus is on disability from a rehabilitation, health services and epidemiological perspective.



Two of our members are among **Québec Science magazine's top ten discoveries of 2011**. **Dr. Vassilios Papadoupoulos**, Associate Executive Director of Research at the MUHC, Executive Director and Chief Scientific Officer of the MUHC-RI and Professor in the Departments of Medicine and Pharmacology, and his team which includes **Dr. Laurent Lecanu**, Associate Professor in the Division of Endocrinology, have developed a blood test that could soon be used to diagnose Alzheimer's disease, helping detect and treat the devastating disease earlier.



**Dr. Peter T. Macklem** (1931-2011), one of Canada's greatest pulmonary clinician-scientists, has been posthumously inducted into the **Canadian Medical Hall of Fame** on March 21, 2012. A former Chair of the Department of Medicine and Physician-in-Chief at the Royal Victoria Hospital, Dr. Macklem was one of the most dynamic and influential leaders in the history of McGill's Faculty of Medicine. Among his numerous scientific achievements, Dr. Macklem pioneered the study of small airway function and

thereby identified the early pulmonary damage effected by smoking. He also drew attention to the effects of lung disease on respiratory muscle function. His work constitutes the scientific basis for the ongoing campaign against smoking and for new strategies of pulmonary rehabilitation.

**Dr. Maya Saleh**, Associate Professor in the Critical Care Division whose lab is in the Complex Traits Group, is the recipient of the **Prix André Dupont from the CRCQ (Club de Recherches Cliniques du Québec)**. The Prix André Dupont is awarded annually to a young researcher for excellence in the field of biomedical research. Dr. Saleh's research group studies the self/non-self-discrimination process carried out by the receptors of the innate immune system.



**Dr. Mark Wainberg**, Professor in the Division of Allergy and Immunology and Director of the McGill AIDS Center at the LDI-JGH, has been elected a **Fellow of AAAS (American Association for the Advancement of Science)**.

Dr. Wainberg is being honoured for his distinguished contributions to HIV drug development and studies of drug resistance and for striving to make HIV drug access a reality for all.

In February 2012, **Grand Challenges Canada** announced **Canada's New Rising Stars in Global Health**. **Dr. Cedric Yansouni**, a new recruit in our

Division of Infectious Diseases who is currently completing training in Belgium, is among the awardees. Dr. Yansouni is working on a diagnostic that is cost effective and non-invasive to determine whether a patient has visceral leishmaniasis (VL), a deadly disease. Better tests are urgently needed to diagnose VL in endemic areas, which causes more deaths annually than any parasitic disease except malaria. VL cannot be clinically distinguished from some malignancies or other infections that are common in low-resource countries, such as some forms of malaria and schistosomiasis, and it is essential to make a diagnosis because available treatments are expensive and toxic.



## IN MEMORIAM

By: Dr. Leonard Moroz



2011 saw the passing, on November 22nd, at the age of 93, of **Dr. Wilfred Leith**, one of the longest serving and most beloved members of our Department. A proud product of Cape Breton, "Vevvy" (as he was known to many) was a graduate of Mount

Allison (B.A., 1938), and received his M.D.C.M. degree at Dalhousie in 1942. After service as a Flight Lieutenant in the R.C.A.F. (1943-1946) he moved to Montreal to begin a 55 year association with McGill and the Royal Victoria Hospital, as house officer, research trainee (earning his M.Sc. in the process) and staff member as Assistant Professor of Medicine and Physician at the RVH. In the heyday of the McGill University Clinic at the RVH, he participated with Bram Rose in early studies of the effects of corticosteroids on the immediate allergic skin test response and anaphylaxis, and with John Beck and J.C. Meakins on the role of steroids in treatment of Addison's disease and tuberculosis. He then settled into an extensive practice encompassing internal medicine, allergy and endocrinology, and a parallel commitment to clinical teaching.

Those who knew him well were constantly reminded of his love for his wonderful wife, Fae, and his affection for and pride in his children, grandchildren and great-grandchildren and their accomplishments. He was a delightful conversationalist, with wide interests beyond medicine, a font of information in many fields, especially for all things Maritime, and for Cape Breton in particular. He had an amazing ability to keep up correspondence with people who had crossed paths with him years ago. A voracious reader, he defied the current concept that you require a formal bureaucracy to provide an adequate template for CME: for him, all you needed were books, journals, attendance at every available round or conference, and contact with patients and colleagues. We suspect his higher motivation was developing CLE (Continuing Life Education). He will be missed by all who knew him.

### McGill Department of Medicine Royal Victoria Hospital

687 Pine Avenue West, Room A3.09  
Montreal, P.Q., Canada H3A 1A1

Tel.: (514) 843-1578

Fax: (514) 843- 8182

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

#### Dr. James Martin

Interim Chair, Department of Medicine, McGill University

Executive Vice-Chair, Faculty Affairs, Department of Medicine, McGill University

#### Dr. Joyce Pickering

Interim Physician-in-Chief, MUHC Department of Medicine

Vice-Chair, Education, Department of Medicine, McGill University

**Teresa Alper**, Manager, Administration

**Debbie Carr**, Budget Officer

**Domenica Cami**, Executive Assistant to the Chair

**Marie Harkin Talbot**, Administrative Coordinator

**Josée Cloutier**, Senior Administrative Coordinator

**Emily Di Lauro**, Receptionist / Secretary

#### Jewish General Hospital

3755 Cote St. Catherine Road

Montreal, P.Q., Canada H3T 1E2

Tel.: (514) 340-7538

Fax: (514) 340-7539

#### Dr. Ernesto Schiffrin

Vice-Chair, Research, Department of Medicine, McGill University

JGH Physician-in-Chief

#### Ranjan Sudra

Administrative Assistant

#### St.Mary's Hospital Centre

3830 Lacombe Avenue

Montreal, P.Q., Canada H3T 1M5

Tel.: (514) 734-2660

Fax: (514) 734-2641

#### Dr. Michael Bonnycastle

St. Mary's Physician-in-Chief

#### Caroline Mackereth

Administrative Assistant

Please address questions or comments regarding the newsletter to [josee.p.cloutier@muhc.mcgill.ca](mailto:josee.p.cloutier@muhc.mcgill.ca).

The Department of Medicine's number of successes is prolific. Although every attempt is made to acknowledge them all at the time we go "to press", some announcements may be delayed. Do not hesitate to contact us to let us know of your successes.