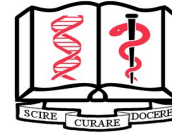


VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

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Wishing you all a very Happy Holiday Season!



CHOOSING WISELY

Dr. James Martin
Chair, Department of Medicine



[Choosing Wisely](#)[®] had its roots in the US from concerns about the feasibility of health care reform and accelerating costs of care. The American Board of Internal Medicine Foundation (ABIM) involved a number of specialty organizations to identify tests which were over-used. The uncritical application of emerging high-end technology, not surprisingly, was at the root of much of the concern. Calling the initiative “choosing wisely” was a brilliant strategy as it is hard to argue against choosing wisely. Suggesting that we choose the alternative is unflattering. We should be cognizant of the fact that it was all about saving money at the outset and the recent enthusiasm for this concept at the Ministry of Health and Social Affairs in Quebec is also about saving money. However a constructive refocussing of the discussion has occurred to consider the provision of high value care. An apt quote to consider published in the New England

Journal of Medicine reads as follows: “If physicians seized the moral high ground, we just might astonish enough other people to change the entire reform debate for the better” (H. Brody, NEJM 2010). There is no question but that unnecessary and inappropriate testing often leads to next steps that are harmful if not costly. There is much we can do to identify within our institutions areas of waste. The choosing wisely recommendations are a good start and are based on evidence. Of course knowing what to do in our practices requires a thorough and up-to-date knowledge of evidence. We need to focus more of our continuing medical education on high value care. All going well, the Department of Medicine will run a symposium on this topic in the Fall of 2016.

For more information, please visit the following websites:

[Choosing Wisely Canada](#)
[Choisir avec soin](#) (ABIM)

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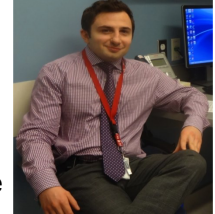
IN THE ERA OF ELECTRONIC MEDICAL RECORDS: ARE WE REPLACING EYE-CONTACT WITH SCREEN-CONTACT?

Aws S. Almufleh MD MPH & Alex Lawandi MD MSc
Chief Medical Residents 2015-2016

"Think? Why think! We have computers to do that for us!" The great French biologist Jean Rostand exclaimed this in 1970, describing how computers had infiltrated many aspects of our lives. Little had he known, nowadays, they infiltrate even the valuable time that we spend with our patients.



In September 2014, the general internal medicine clinics implemented the use of O-Word for documenting patients' visits and forwarding those typed notes to family doctors, colleagues and medical records. This serves many purposes; for one, you can finally actually *read* what your colleague wrote during their last patient encounter. Furthermore, as the medical records are now digitalized, it is easier to go through all the patients' previous visits and understand their condition. Documentation has also become more efficient, with the ability to use the previous visit's notes as templates for the current one.



But since that implementation, one may ask; are we including a third party in our usual doctor-patient encounter? Have we ever considered the message that we send our patients when looking at a computer screen more than half of the time that we spend with them?

In a systematic review published in 2013 looking at the use of electronic medical records in examination rooms during patient visits, Kazmi et al concluded that typing and screen gaze were inversely correlated with psychosocial questioning and patient satisfaction. The authors also noted that doctors were more likely to use close-ended rather than conversational questions which overall weakened the rapport between physicians and their patients.

The foundation of doctor-patient relationship is built on trust and the understanding that the doctor will dedicate their time and effort to the purpose of serving the patients' health needs. The doctor-patient encounter can be therapeutic on its own. While many patients will not have all of their physical complaints immediately resolved after a clinic visit, they will still leave the encounter with the knowledge that their physician is dedicated and invested in their care. This on its own can ease a patient's suffering and help them further on the road to recovery.

If we believe that there is a healing effect to seeing a physician, it is safe to assume that empathy, good listening and consistent eye-contact are powerful tools to maintain that. Thus, it is concerning to see that this pivotal part of doctor-patient relationship may be underemphasized during the implementation of electronic medical records. Furthermore, studies have shown that physicians perceive themselves as providing more help and explanations to their patients than they do. Therefore, physicians are at risk for underestimating even further the time they spend directly interacting with patients in the clinic when an electronic medical record is implemented in the clinic.

It is hoped that as physicians become accustomed to using electronic medical records, *they can start using them to their advantage* while avoiding the negative impact on doctor-patient relationship. As electronic health records are clearly instrumental to increasing our efficiency, we should therefore dedicate more time to listening to our patients. Let's use those records to review our patients' information before and after our contact with them, but try to keep the encounter with patients technology-free. This is the core of the healthcare that we provide. If we succeed in ensuring that every one of our patients feels heard and given enough attention, the electronic health records will have served their ultimate purpose.

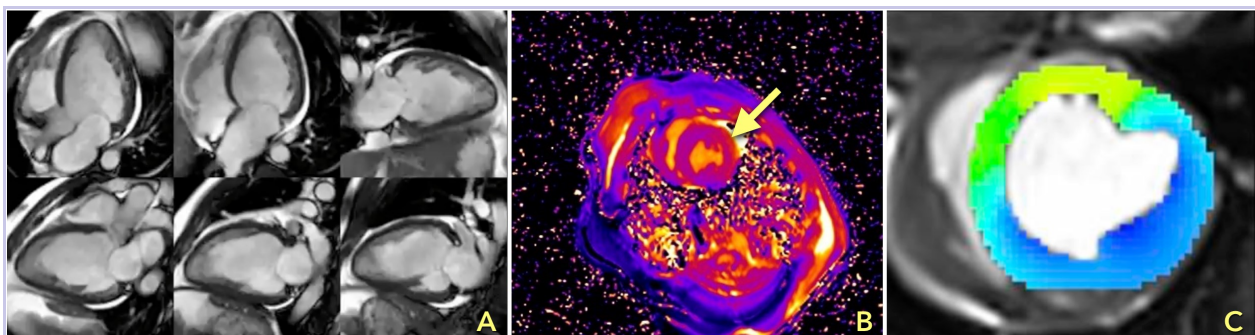
CUTTING EDGE MR IMAGING OF THE HEART - THE NEW CARDIAC MRI PROGRAM AT THE GLEN



*Dr. Matthias Friedrich
Professor, Departments of Medicine and Diagnostic Radiology
Chief, Cardiovascular Imaging, MUHC*

Magnetic Resonance Imaging (MRI) of the heart, known as Cardiovascular Magnetic Resonance (CMR), is a state-of-the-art advanced imaging modality for visualizing the heart and its diseases. Building on the fact that molecules behave specifically in magnetic fields, the technique uses low-energy high frequency pulses to generate images of the heart that allow for assessing morphology, function, mass, volumes, flow patterns and velocities, blood vessels, metabolic changes and multiple tissue pathologies such as edema and fibrosis. Over the recent 20 years, CMR has emerged as the most powerful imaging technique for diagnosing heart disease. It is used by most large tertiary care centres in the developed world for clinical decision-making and for research. The most important clinical indications are cardiomyopathies and coronary artery disease, but it is also very helpful for congenital heart disease and vascular problems. While some metallic implants are not compatible with the strong magnetic field, CMR is considered extremely safe. Importantly, CMR does not involve any radiation or radioactivity, which has raised increasing concerns about the associated risk for cancer.

At the new Royal Victoria Hospital (RVH) at the Glen, CMR is now available for clinical routine as well as for cutting edge research through collaboration between the Departments of Cardiology and Radiology. Dr. Karl Sayegh (CMR reader, Radiology, Glen), Dr. Negareh Mousavi (CMR researcher, Cardiology, Glen), Dr. Jonathan Afilalo (CMR researcher, Cardiology, Jewish General Hospital), Dr. Giulia Vinco (observer researcher at the MUHC Research Institute) and Kady Fischer (PhD candidate) are the other members of the team, while Julie Lebel coordinates the research group activities. Since September, we have started a CMR research program, including clinical studies on a novel CMR technique to identify problems of oxygenation of the heart muscle, an approach which has promise as a novel assessment that may change cardiology practice.



CMR of the heart's function (A), increased water content/swelling (B) and asynchrony of contraction (C)



THE J.D. MACLEAN CENTRE FOR TROPICAL DISEASES - A WORLD-RENNED CENTRE OF EXPERTISE, RESEARCH AND TRAINING

*Dr. Michael Libman
Professor, Division of Infectious Diseases
Director, J.D. MacLean Centre*

The McGill Centre for Tropical Diseases (now called the J.D. MacLean Centre for Tropical Diseases) was founded in 1980 by Dr. Dick MacLean. Based at the Montreal General Hospital (MGH), it consisted of a clinic manned by two doctors and two parasitology technologists. Today, the Centre has four principal components. The Tropical Medicine clinic, staffed by 9 doctors and seeing approximately 2000 new patients per year, the Pre-travel clinic, which provides medical assessments and vaccinations for some 5000 new patients per year, the Clinical Parasitology section of the Department of Microbiology & Immunology, and the National Reference Centre for Parasitology (NRCP) which is based at the MUHC-RI but is funded by the National Microbiology Laboratory in Winnipeg. The Centre also maintains links with the McGill Institute of Parasitology at the MacDonald campus and the McGill Department of Epidemiology, Biostatistics, and Occupational Health.

The Tropical Medicine Clinic, the core unit of the Centre, functions using a model whereby physicians from multiple Montreal hospital come to the MUHC to provide patient care, allowing us to provide specialized services to patients from across the region, but also facilitating follow-up care at outside centres. The physicians include internists, infectious disease specialists, a pediatrician, and a dermatologist. In addition to those from the MUHC hospitals, they also represent the Jewish General, St. Mary's, the Lakeshore, Maisonneuve-Rosemont, and the CHUM. Our mission is to provide care and reference services for patients with any type of imported disease, as well as parasitic infections generally. The clinic sees recreational travellers, immigrants, refugees, missionaries, volunteer and aid workers, business travelers, and other types of expatriates. We also have a special interest in the Canadian North, where poverty and crowding result in illnesses surprisingly similar to those found in the tropics. We are one of only two specialized tropical medicine centres in Canada and the largest such clinic in North America by patient volume. We also provide telemedicine services for physicians across the country.



Dr. Libman and microbiology technologists preparing for a research project in Ethiopia in October 2015

The recent move from the MGH to the Glen site has been difficult. The Centre is now dispersed in the hospital, with the pre-travel clinic, the post-travel clinic, the parasitology lab, and our administrative support all in different locations. On the other hand, we are learning to make use of the advantages of the new setup. Our proximity to other medical specialists in the polyclinic setting makes informal consultations easier. The Wi-Fi network (usually) allows our staff to "skype" with each other and even with patients when they are being seen in another clinic cluster. It may take some time, but we are working to find innovative ways to maintain and build on our reputation as a rapidly responsive quaternary reference service for both doctors and patients. We are always available to help with questions related to imported and parasitic disease!



MY SABBATICAL AT THE CR- CHUM

*Dr. Martin Olivier
Professor, Departments of Medicine and
Microbiology & Immunology*

Last September I started my sabbatical leave near the Jacques-Cartier Bridge at the University of Montreal Hospital Research Center (CR-CHUM). Why not going away? Well, many reasons. But of utmost importance, I found a unique opportunity to work on the mucosal immunology of HIV infection. Having a strong interest in the study of exovesicles in the context of infectious diseases, I found very appealing to have the opportunity to work with HIV-infected patients from an African cohort in the laboratory of Dr. Michel Roger. My investigations consisted of isolating and proteomically characterizing exovesicles present in the vaginal environment of sex-workers being infected by HIV. We discovered that exovesicle protein profiles of sex-workers protected against HIV were very different to those from persons that were HIV-infected. Interestingly, several anti-viral molecules known and others unknown to be involved in the control of HIV replication were enriched in exovesicles of HIV-protected patients. Although the study is not over yet, we anticipate writing a very stimulating paper in a few months. In the last portion of my sabbatical, I went to Ethiopia where I have been involved in the identification of new exovesicle biomarkers in patients infected with visceral leishmaniasis. We are presently, together with my collaborators of the Imperial College (London, UK), applying to the Wellcome Trust for a grant that will permit us to further this highly interesting and important project that should lead to the development of new diagnostic tools and a vaccine. Overall, my stay at the CR-CHUM has been very fruitful personally and scientifically, as well as helping me to prepare myself for my move to our own new facility at the Glen.

INTERSTITIAL LUNG DISEASE AT THE JEWISH GENERAL HOSPITAL

*Dr. Andrew Hirsh
Associate Professor
Chief, JGH Pulmonary Diseases Division*

Dr. Deborah Assayag, a

McGill medicine graduate in the process of being recruited at McGill University, has set up a multi-disciplinary Interstitial Lung Disease clinic at the Jewish General Hospital.



Interstitial Lung Disease is a complex group of disorders that can occur secondary to a wide variety of causes including environmental, occupational, autoimmune or unknown factors. Patients present with progressive, generally unrelenting shortness of breath. Properly diagnosing these disorders has been complex, and treatment results have traditionally been disappointing. However, there are now important advances being made both clinically and experimentally with respect to these diseases. In order to coordinate the approach to these patients, Dr. Assayag will establish a cohort of patients that may be potentially suitable for novel therapies and will work closely with colleagues in Respiratory, Rheumatology, Radiology, Thoracic Surgery and Pathology to provide comprehensive, multi-disciplinary care to these complex patients. The clinic will also collaborate closely with colleagues across Canada and internationally running clinical research programs.

NATIONAL RESEARCH NETWORK SET ON VENOUS THROMBOEMBOLISM



In recognition of the seriousness and prevalence of venous thromboembolism (VTE), the CIHR, FRQS, and a consortium of public and private funders, including the Lady

Davis Institute (LDI) at the Jewish General Hospital and McGill University, and The Ottawa Hospital and University of Ottawa have invested \$5.2 million over 5 years to establish the Canadian VTE Clinical Trials and Outcomes Research Network (to be known as CanVECTOR). **Dr. Susan Kahn**, Professor in the Division of General Internal Medicine at the LDI and Canada Research Chair is the Nominated Principal Investigator of the project, which is co-led by Dr. Marc Rodger of the University of Ottawa. CanVECTOR's objectives include reducing VTE occurrence, improving VTE diagnosis and therapeutic management, improving the safety of anticoagulant delivery, and enhancing the quality of life of those impacted by VTE in Canada and globally. The Network includes 61 investigators based at universities in nine provinces. Among the participants are clinician-scientists, basic researchers, nurses, health economists, methodologists, as well as patient partners. It is crucial to include patients when designing research questions, as they have unique insight into the aspects of disease that are of most concern to their particular circumstance.

ROBERT REFORD PROFESSOR EMERITUS IN ANATOMY



Dr. John Bergeron retired on June 30, 2015 after an illustrious 40-year career at McGill University. Dr. Bergeron graduated from McGill University with a BSc (Honours) in Biochemistry in 1966 and was a Rhodes

Scholar from 1966 to 1969, earning a DPhil in Biochemistry from Oxford in 1969. He was recruited to McGill University as Assistant Professor in the Department of Anatomy and Cell Biology in 1974, was promoted to Associate Professor in 1978 and then to Full Professor in 1982. He was Chair of the Department of Anatomy and Cell Biology from 1996 to 2009 and then pursued his impressive career in the Department of Medicine. Dr. Bergeron's publication record boasts over 230 papers and he is the author of over 230 abstracts. He has enjoyed robust funding for his research throughout his career and has taught extensively in medical histology since 1974. He has numerous U.S. patents to his name and 7 reports of invention. He is the recipient of numerous awards and was named as a Fellow of the Royal Society of Canada in 1995. Dr. Bergeron has been an outspoken champion of basic scientific research and of its crucial role for the advancement of knowledge.

APPOINTMENTS

Congratulations to our members !



Dr. Donald Boudreau has been appointed to the position of **Acting Associate Dean, Medical Education and Student Affairs**, effective October 12, 2015, succeeding Dr.

Robert Primavesi. Dr. Boudreau is an

Associate Professor in the Division of Respiratory Diseases, as well as a Professor of the Arnold P. Gold Foundation, dedicated to promoting humanism in medicine. He is a key member of the Undergraduate Medical Education Accreditation Implementation Committee and has been involved in medical education at the undergraduate and residency levels for more than 25 years. As Acting Associate Dean, Dr. Boudreau will oversee all administrative operations related to the Office of Medical Education and Student Affairs. [More on this story.](#)



Dr. Todd Lee, Assistant Professor in the Division of General Internal Medicine, has been selected as the first **Director of the MUHC Department of Medicine Clinical Practice Assessment Unit (CPAU)**, effective October 1st, 2015. As Director

of CPAU, Dr. Lee is tasked with establishing the unit and pursuing its objectives. The CPAU is a new unit that was created recently by the Department of Medicine at the MUHC for the purpose of assisting physicians to pursue clinical studies that will enable us to provide evidenced based, best-practice care for our patients. Dr. Lee has an excellent record of pursuing studies of pertinence to his mandate and is well placed to lead our Department in this endeavour.



Dr. Basil Petrof, Professor in the Division of Respiratory Diseases, has been appointed as **Acting Director of the Meakins-Christie Laboratories (MCL)** for one year, effective October 1, 2015, for the

duration of Dr. Qutayba Hamid's leave of absence. As Acting Director of the MCL, Dr. Petrof is responsible for the scientific leadership and all administrative matters within the MCL. Dr. Petrof will chair the Advisory Committee of the MCL and be the official MCL representative on other committees within the University, McGill University Health Centre (MUHC) and the Research Institute of the MUHC.

HONOURS

Congratulations to our members !



In a gala hosted by **Rx&D's Health Research Foundation (HRF)** in partnership with **Prix Galien Canada and Research Canada** on

November 17, Emeritus

Professor **John Bergeron** was

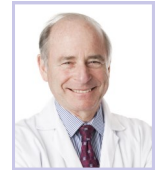
awarded the **Research Canada Leadership Award** for sharing his knowledge and passion for health research with others through writing and speaking, and for his lead role in growing community, provincial and national awareness related to health research. [More info.](#)

The **Canadian Society for Clinical Investigation (CSCI)** has selected **Dr. Ernesto**

Schiffrin, Physician-in-Chief at JGH and Professor and Vice-Chair of Research in the

Department of Medicine at McGill University, as the winner of the **2015 Distinguished Scientist Lecture and Award**, one of the

most prestigious honors bestowed by the Society, for his significant contributions to new knowledge, his expertise, innovation and research endeavors in hypertension. Dr. Schiffrin presented on aspects of his research at the 2015 Annual CSCI congress in Toronto in November.



This year marks the 50th anniversary of the pioneering research of **Dr. Phil Gold** who, along with his colleague Dr. Samuel Freedman, discovered and defined the

Carcinoembryonic Antigen

(CEA)-the most frequently used blood test used as a biomarker in the diagnosis and management of patients with cancer. To celebrate this seminal breakthrough, Dr. Gold was honoured at the 25th Annual International CEA Symposium held in Washington and will be likewise at the

(Continued on page 8)

(Continued from page 7 / Honours)

International Society for Oncology and Biomarkers in Poland. [More on this story.](#)



Dr. Morag Park received the award for **Exceptional Leadership in Cancer Research by the Canadian Cancer Research Alliance (CCRA)** for her significant

contribution to the Canadian cancer research community by focusing on developing young scientists and coralling support for emerging areas of cancer research. Dr. Park is jointly appointed in Medicine, Oncology and Biochemistry and is currently Director of the Rosalind and Morris Goodman Cancer Research Centre at McGill University.

The editors of *Circulation* recently selected a McGill research team led by **Dr. Louise Pilote**, James McGill Professor, Divisions of General Internal Medicine and Clinical Epidemiology and Director of the Division of General Internal Medicine, as the winner of this year's **Best Paper Award in the category of Clinical Science** for the paper, *"Warfarin Use and the Risk for Stroke and Bleeding in Patients With Atrial Fibrillation Undergoing Dialysis"*. Dr. Pilote's research focus is on women's vascular health through the lifespan and health services and outcomes research related to the safety and effectiveness of cardiac drugs and procedures. [More on this story.](#)



Dr. Robyn Tamblyn, Professor in the Departments of Medicine and Epidemiology, Biostatistics & Occupational Health, James McGill Chair holder and Scientific Director of the Clinical and Health

Informatics Research Group at McGill University, was awarded the **Outstanding Achievement Award in the Evaluation of Clinical Competence** from the **Medical Council of Canada**. Dr. Tamblyn's ground-

breaking research on educational outcomes has elucidated important relationships between health professional training, licensure and practice that have subsequently guided credentialing policies. [More on this story.](#)



Dr. Mark Wainberg, Professor of Medicine and Microbiology & Immunology and Director of the McGill University AIDS Centre

at the JGH, is amongst those who have been selected for induction in the **Canadian Medical Hall of Fame**. Dr. Wainberg is a ground-breaking AIDS researcher and social activist whose work has helped save millions of lives worldwide. [More on this story.](#)

At the 2015 **Canadian Society of Internal Medicine (CSIM)** Annual Meeting in Charlottetown this past October, **Dr. Todd Lee**, Assistant Professor in the Division of General Internal Medicine, received the **CSIM New Investigator Award** while **Dr. Vincent Larouche**, Internal Medicine resident (R3) based at the Royal Victoria Hospital was awarded 2nd place for the **Ted Giles Clinical Vignettes**, and **Dr. Andrea Blotsky**, who is currently pursuing a 6th year (R6) in the Clinical Investigators Program (CIP) at the JGH, received the honours for **Quality Improvement Orals**. To download the available presentation slides, please visit <http://csim.ca/annual-meetings/csim-annual-meeting-2015/>

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Please address questions or comments regarding the newsletter to 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.