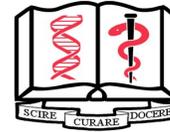


VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

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ACCREDITATION OF THE MD PROGRAM AT MCGILL UNIVERSITY; WHAT DOES IT HAVE TO DO WITH US?



*Dr. James Martin
Chair, Department of Medicine*

On June 15th of this year the Committee on Accreditation of Canadian Medical Schools (CACMS) and the Liaison Committee on Medical Education (LCME) communicated its decision to place the program on probation. The press had a field-day and critics of McGill no doubt rejoiced. We, the faculty members generally felt that we were still graduating medical students of quality. Many criticisms were based on insufficient data on the efficacy of recently introduced components of the curriculum but were not issues that were considered to be evidence of non-compliance. However there were significant issues that qualified as non-compliance. Failure to map educational program objectives to clerkship rotations was a cited example of non-compliance. Further examples were that the expected level of student responsibility in certain patient encounters was undefined. The provision of

comparable clinical experience across different sites was questioned and the level of student satisfaction with rotations was variable. Teaching on common societal problems such as domestic violence has not been provided. Residents teach without being prepared for their roles in teaching and assessment. Ability of students to reach residents or staff was an issue.

So what can we do? The Dean and the Faculty have put in place mechanisms to address the various deficiencies. However those areas of non-compliance that involve us as teachers require our adjustment to the requirements. The workload policy is often not respected, a criticism that certainly applies in medicine. Respect for the workload policy means that review of cases with students cannot be put off to late in the day, leading to students failing to leave the hospital in reasonable time. Ensuring that we know what we should be teaching and making sure we teach it also seems rather obvious. The learning environment does not always provide the appropriate models for the "development of explicit and appropriate professional attributes in the medical students". Providing respectful and attentive care to patients will fulfil our mandate to transmit professional values. Constructive criticism by external agencies such as accrediting bodies is always a valuable stimulus to reflect and improve. Taking us off probation is not just the responsibility of the Faculty administration, it concerns us all.

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MOBILITY: A KEY COMPONENT OF CARE OF OLDER ADULTS

*Dr. Olivier Beauchet
Professor, Division of Geriatrics
Kaufmann Chair in Geriatric Medicine*

Over the years, I have aimed to integrate my background in neurology, neuropsychology and epidemiology with my practice of geriatrics, and in parallel have focused on capacity-building and the managing of team projects. I have striven to perform well-planned research for application at the individual, community and health system levels. My research, which will be principally based at the Jewish General Hospital, has been based on the hypothesis of an involvement of cognitive resources in gait control, validated through changes in gait while dual tasking and mental imagery of gait. This approach has allowed the development of risk assessment tools for falls. I have shown the need for a more objective gait analysis and initiated in Europe the spatio-temporal gait analysis underscoring that gait variability was the best marker of higher levels of gait control disorders. This work and that of others led to the writing of guidelines for gait assessment in the elderly in 2006. Using the characteristics of stride irregularity we have developed gait rehabilitation programs based on rhythm. More recently I have focused on vitamin D and brain structure correlates of gait control, and on the interplay between gait, cognition and emotion. Age-related gait disorders are an example of aging of a complex system that requires further understanding of the basis for the disorganization. There is a pressing need to develop novel approaches of data analysis such as employed in the exploration of artificial intelligence. To this end I created in 2013 a worldwide consortium with the aim to allow clinicians and researchers to work together and think efficiently and more broadly in the field of gait disorders. I am looking forward to the next stages of my career in the McGill University Department of Medicine, Division of Geriatrics and as [Director of the Centre of Excellence on Aging and Chronic Diseases](#) of McGill Integrated University Health Network.



THE CANADIAN CO-INFECTION COHORT: A TRANSLATIONAL RESEARCH PROGRAM

*Dr. Marina Klein
Professor, Division of Infectious Diseases
Research Director, Chronic Viral Illness Service
National Co-director, CIHR Canadian HIV Trials Network*

What really drives me to be involved in both HIV and Hepatitis C (HCV) research is the intersection between science and human behaviour, and understanding how they impact one another. My work in HIV and Hepatitis C co-infection has focused on reducing liver disease in this population and has led to changes in clinical guidelines. Liver disease is the leading cause of death among co-infected people and we've struggled, despite having increasingly good treatments, to get them to those who need them. New, highly effective therapies that directly target HCV (DAAs – Direct Acting Antivirals) will completely alter the landscape for HCV infected patients. But we are faced with a fundamental paradox. DAAs are the most expensive antivirals ever to be developed and HCV disproportionately affects the poorest and most disenfranchised populations in Canada and globally.

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Since 2003, I have led a CIHR and FRQ-S funded prospective cohort study on HIV and HCV co-infected patients living across Canada, the Canadian Co-infection Cohort study (www.cocostudy.ca). The cohort has followed over 1400 patients recruited from 18 different sites in university based centres, and urban and rural community clinics. It is now one of the largest cohorts in the world and is focused on evaluating the impacts of HIV and HCV treatments, drug use and comorbidities on health outcomes in co-infected persons. The introduction of DAAs into this well characterized cohort provides a unique opportunity to evaluate their full impact on co-infected Canadians and inform the wider response to the HCV epidemic by demonstrating how to increase access to and optimally use these new therapies.

Supported by CIHR since 2006, my research program is truly translational and collaborative. I have assembled a strong and unique multidisciplinary research team that brings together expertise in HIV, infectious diseases, hepatology, immunology, public health, epidemiology and biostatistics and Indigenous research. My program provides for cross-disciplinary training of an array of health researchers. My goals are to train highly qualified clinical epidemiologists capable of applying modern biostatistical approaches, support the early career development of clinician scientists and expand capacity for observational and clinical research focused on vulnerable populations across Canada. In recognition of the strength of my research program, I was just awarded a newly created Foundation Grant from CIHR (\$4.9 million) which will permit me to continue to build the research program over the next 7 years. My goal is to generate and translate evidence that will lead to improved health outcomes for HIV and HCV infected patients nationally and globally.



A SABBATICAL IN VICTORIA

*Dr. Christina Haston
Associate Professor based at
the Meakins-Christie
Laboratories*

Beginning in September of last year I embarked on a sabbatical leave in beautiful Victoria, British Columbia (BC). Over the past year I have had the pleasure and opportunity to engage in cancer immunotherapy research at the Deeley Research Centre of the Royal Jubilee Hospital and the BC Cancer Agency. Both the setting and the research theme have been phenomenal.

The Deeley Research Centre houses 25 scientists and students dedicated to harnessing the capabilities of the immune system to combat cancer. One important research avenue, to this end, is adoptive cell therapy wherein a patient's T cell response is expanded in culture and reintroduced as a part of therapy. A second theme is to determine how check point inhibitors, which function to maintain immune cell activation, can best be combined with more established cancer therapies to achieve better cure rates. My particular interest in this field is to combine immunotherapy with radiation treatment, with the intent of enhancing the efficacy of each in the treatment of cancer. At the Deeley I was exposed to the breadth of cancer immunotherapy through biweekly research meetings and through interactions with visiting seminar speakers. I found the research group to be dynamic and invigorated, and a key to their research success may be due in part to their focussed approach.

The easy walk to work, the year round mild temperatures and the ocean access of Vancouver Island contributed to the pleasurable work experience in Victoria. People in BC thrive on outdoor activities and my husband and I certainly enjoyed sailing, skiing and golf.

THE GLEN SITE: A PERSONAL VIEW OF AN IMPERSONAL PROBLEM



*Dr. Joyce Pickering
Executive Associate Physician-in-Chief, MUHC
Vice-Chair, Education, Department of Medicine, McGill University*

There have been many different challenges for our collective academic and service activities as a result of the move to the Glen. These have varied from the amusingly annoying (such as being locked in the stairwell) to the dangerous (such as lost lab specimens or lack of effective notification system for test results). The laboratory difficulties have affected services based at the MGH site as well as at the Glen site. Balancing off these problems have been the inpatient rooms at the Glen site – they are a huge improvement, appreciated by patients, families, and staff.

However, a challenge for the Glen site that some of us did not anticipate was the general sense of impersonalization. Part of it is architectural - large, clean, open spaces with no green plants, part of it is that it is not completed – lack of any place yet to even buy a coffee other than the large, crowded cafeteria, and some of it is in the name of efficiency – large polyclinics. The restrictions on personalizing office space are puzzling- although it is reasonable to have some limits, the idea that people cannot hang pictures or bulletin boards in their workspace makes no sense.

More importantly, patients have noted to me the difficulty in getting through and speaking to a person – a clerical worker, nurse or doctor. The Appointment and Referral Centre (ARC) is doing yeoman's service in picking up the phone (patients calling the ARC in June waited an average of only 19 seconds to speak to a person) but the ARC is just that – a centre that books appointments. It cannot substitute for a doctor or nurse's office where the patient calls with a question, concern or a request to be seen urgently. Assigning specific clerical staff to specific patient populations ("back of house staff") is one way that we have tried to personalize care in the outpatient setting.

Many of the people working at the Glen are the same as those who were working at the old RVH/MCI sites or MGH previously, and they care about providing a personal connection. So what's the difference? The difference is that the physical and organizational structure makes it more difficult to provide this. In all our dealings with patients, but particularly when we are involved with decisions about organization of services, we need to bring to the table the issue of personal connection and advocate for structures that promote this.

A challenge for new doctors: Focus on the patient, not just the symptoms

*This is a version of a convocation speech [André Picard](#), a public health reporter at *The Globe and Mail* and one of Canada's top public policy writers, delivered on May 14, 2015, to the graduating class of medical doctors at the University of Manitoba. The text has been reproduced with the author's permission.*

Mr. Chancellor, Mr. President, distinguished guests, soon-to-be MDs and their deeply indebted family members. I'm touched and humbled to receive an honorary degree from the University of Manitoba. Thank you for letting me share this special moment with you.

I'm not a doctor. I never will be. I'm a lowly journalist. I tell stories.

For almost 30 years I've tried to help Canadians understand their health system and their medical care.

In that time, I've seen tremendous advances in medicine and I've met, quite literally, thousands of health professionals, from students to Nobel Prize-winners – and patients, from those with rare genetic mutations to those with everyday ailments, from those cured miraculously to those who died needlessly.

Today, I'd like to take a few minutes to share some of what I've learned from telling their stories.

One of the greatest privileges in our society is to have the letters MD after your name. Those two letters confer great power. And with that power comes great responsibility, to quote Voltaire – or Spider-Man, depending on your literary predilections.

Shortly, you will be taking the Hippocratic oath. You've probably all heard that it says: "First do no harm." It doesn't actually – that's just bad media reporting.

But it does say a lot of important things. I think the line that matters most in the oath is this: "Whatsoever house I may enter, my visit shall be for the convenience and advantage of the patient."

Sadly, too many physicians fail to honour that part of the pledge.

We have built a sickness care system rather than a health system. We have designed that system for the convenience of practitioners, not patients.

Modern medicine has become so specialized that many physicians treat specific syndromes and body parts, and the patient herself gets lost in the process. We have filled our temples of medicine with such bedazzling high-tech tools that we've forgotten that we should treat people where they live.

In our desire to cure, we over-treat.

We fail too often to say the three most important words in medicine: I don't know. We see death as a failure, instead of aspiring to make patients comfortable and at peace at end of life.

In our unrelenting quest for efficiency and measurement, we too often lose sight of what really matters. The patient.

What does your patient want? What are his or her goals? Those are the questions that must guide your

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(Continued from page 5 / A challenge for new doctors)
practice.

For some of your patients, the goal is to repair their acute woes, to help them live long. But most of your patients will be older, and have a number of chronic conditions and be nearing the end of life. Their goals are different.

They're not going to be cured. You have to focus on their quality of life.

They want to be at home. They don't want to fall. They don't want to be in pain. They don't want to be a burden. They don't want to be alone. They don't expect miracles – but they would like respect.

They don't fear dying. They fear losing their autonomy and their dignity. They don't care about your metrics, or your age-adjusted mortality rates, or your fancy new genomic test. They want to be listened to, and heard.

We hear a lot these days about personalized medicine, about drugs and treatments that can be tailored to specific genomic and epigenetic markers. But you know what people really long for: personal medicine, not personalized medicine.

They crave a human connection. Not just care, but caring.

The very best medicine you can offer your patients is a listening ear. The very best treatment you can offer them is a compassionate heart.

Now you may be sitting there thinking, this is all feel-good nonsense. It's not. The more sophisticated and complex medicine becomes, the more the basics matter.

What did you learn in medical school? Anatomy, biochemistry, genomics, countless mnemonics to help you remember bits of knowledge; you know how to deliver babies and treat cancer and diabetes and depression and asthma, take out people's appendix and do MRIs and PCIs and countless other things.

What you're going to learn now, in the real world, is that physical woes are the least of patients' worries. Their health problems aren't strictly caused by mutating cells, opportunistic pathogens and poor genes, but by poverty, lack of education, poor housing, stress and social isolation.

You're going to, sooner or later, learn humility. And the earlier you do, the better the doctor you're going to be.

In this, the Internet age, we are drowning in information, but starving for wisdom. I urge you, as you forge long, successful and prosperous careers, to not just be smart, but be wise.

In every interaction you have, embrace the ancient wisdom of Hippocrates: "Whatsoever house I may enter, my visit shall be for the convenience and advantage of the patient."

FULL PROFESSOR PROMOTIONS

Congratulations to our Faculty members for their achievements !

Dr. Michael Libman : Former Director of the Division of Infectious Diseases, Dr. Libman is an outstanding clinician-teacher and administrative leader whose research work is on tropical and travel related illness, in particular, the epidemiology of imported infections.

Dr. Donald Sheppard : Jointly appointed in the Departments of Medicine and Microbiology & Immunology and Director of the Division of Infectious Diseases, Dr. Sheppard's research is focused on fungi that infect humans, in particular, the common mold *Aspergillus fumigatus* and he is an international expert in his field.

CIHR FOUNDATION GRANTS

Congratulations to our members who were recently awarded grants by the Canadian Institutes of Health Research (CIHR) under the new category "Foundation". These grants provide larger amounts of long-term support for innovative, high-impact programs of research. To read more on this story: [McGill Newsroom](#).

- ◆ **Dr. Howard Chertkow**
- ◆ **Dr. Maziar Divangahi**
- ◆ **Dr. Susan Kahn**
- ◆ **Dr. Marina Klein**
- ◆ **Dr. Richard Menzies**
- ◆ **Dr. Morag Park**
- ◆ **Dr. Ernesto Schiffrin**
- ◆ **Dr. Erwin Schurr**

APPOINTMENT



Dr. Richard (Dick) Menzies, Professor in the Departments of Medicine and Epidemiology & Biostatistics has taken over as **Director of the Respiratory**

Epidemiology and Clinical Research Unit (RECRU), currently temporarily housed at the RVH (H7), effective August 1, 2015. He will focus on the upcoming move of the RECRU to the new CORE (Clinical Outcomes Research Evaluations) facility at 5252 de Maisonneuve. Dr. Menzies succeeds **Dr. Jean Bourbeau** and we take this opportunity to thank Dr. Bourbeau for his excellent leadership of the RECRU, and the positive energy, creativity and spirit of collaboration and support he has brought to this role.

DEPARTMENT OF MEDICINE ADMINISTRATIVE EXCELLENCE CENTER

You may or may not be aware that two years ago the Dean's office launched an initiative to realign the financial and human resources provided to departments into **Administrative Excellence Centers (AECs)**. The key mission of the AECs is to "*raise the bar of excellence in how our clients (academic and administrative) are supported in the field of human resources, finance and general management*". Small departments were vulnerable when there was absenteeism and often were challenged by the rapidly changing rules and regulations imposed by external agencies upon the University. Our department is large and for this reason was granted a reprieve until after the move to the Glen to restructure our unit into an AEC. The rollout of the Department of Medicine AEC is expected sometime this autumn and we will communicate with the department members as the plans concretize.

RECRUITMENT

We welcome the following members to our Department.



Dr. Olivier Beauchet, Full Professor to the Division of Geriatrics, Attending Staff at the Sir Mortimer B. Davis Jewish General Hospital (JGH) and holder of the Kaufmann Chair in Geriatric Medicine. Dr. Beauchet is a highly trained MD with certification in Neurology and in Internal Medicine and Geriatrics. He has two independent master's degrees in Pharmacology and Neuropsychology and a PhD in Neuroscience on gait, dual talking and falls in older adults. Prior to coming to McGill, Dr. Beauchet was Chair of Internal Medicine, Geriatrics and Biology of Aging, at Angers University (France), Chief of the Division of Geriatric Medicine and Director of the Memory Clinic at the Center for Research on Autonomy and Longevity at Angers University Hospital. Dr. Beauchet will bring to his position at McGill and the JGH a depth of understanding pertaining to the future of geriatrics and the evolution of treatment practices designed to maintain mobility and counter the effects of hospitalization on the physical condition of patients. As an internationally recognized expert in his field and as member of the advisory board for the Canadian Consensus in Mobility and Cognition, Dr. Beauchet's contributions will be instrumental for the future of research within the McGill Division of Geriatrics and the Centre of Excellence in Aging and Chronic Disease (CEViMaC) of the RUIS McGill based at the JGH, thus ensuring the education of practitioners along with the development of new knowledge.



Dr. Amal Bessissow, Assistant Professor to the Division of General Internal Medicine (GIM) and Attending Staff at the MUHC. Dr. Bessissow earned her M.D. at the University of Montreal, and she subsequently completed post-graduate training in the GIM Training Program at McGill University. She completed a Fellowship in Perioperative Medicine and is completing a MSc in Health Research Methodology at McMaster's University. During her fellowship, she has conducted several research projects in this field of perioperative medicine. Dr. Bessissow will have clinical duties at the MUHC, where she will be involved in teaching students and supervising medical residents. She will continue to advance her research in the field of perioperative medicine.



Dr. Mathew Hannouche, Assistant Professor to the Division of General Internal Medicine (GIM) and Attending Staff at the MUHC with a cross-appointment to Intensive Care. Dr. Hannouche earned his M.D. at Laval University and completed the residency training program at McGill, where he subsequently completed post-graduate training in the GIM Residency Training Program and the Critical Care Training Program. He will be acquiring further training in Health Economics. Dr. Hannouche will have clinical duties at the MNH and the MUHC, where he will be involved in teaching students and supervising medical residents.



Dr. Emily Gibson McDonald, Assistant Professor to the Division of General Internal Medicine and Attending Staff at the MUHC. Dr. McDonald earned her M.D. at McGill University, where she subsequently completed core residency training and post-graduate training in GIM. Dr. McDonald completed her Masters of Science in Epidemiology at McGill and a research fellowship in Quality Improvement at the University of Toronto, where she also completed additional clinical training in medical obstetrics. Dr. McDonald will have clinical duties at the MUHC, where she will be involved in teaching students and supervising medical residents. She will continue to advance her research in the field of Quality Improvement as a member of the McGill Centre for Quality Improvement and in the domain of medical obstetrics.



Dr. Mathieu Powell, part-time Assistant Professor to the Division of Adult Dermatology. Dr. Powell earned his M.D. at McGill University where he subsequently completed post-graduate training in Dermatology, and completed additional fellowship training in advanced medical and procedural therapeutics including biologics and immunosuppressive therapies, and phototherapy for the management of complex skin diseases. Dr. Powell will have clinical duties at the MUHC, where he will be involved in teaching students and supervising medical residents, and also will be working at a specialty clinic outside of the hospital.

HONOURS

Congratulations to our members for their achievements !



Dr. Todd McConnell, Associate Professor and former Physician-in-Chief of the Department of Medicine at St. Mary's has now an award named after him: The **Todd A. McConnell Award for Excellence in Patient Care** in recognition of his excellence. The inaugural award was presented to **Dr. Bruce Campbell**, Assistant Professor in the Division of General Internal Medicine at St Mary's, at the Hingston Dinner in May.

Dr. Bruce Campbell, Assistant Professor in the Division of General Internal Medicine at St Mary's, at the Hingston Dinner in May.

Dr. Beth-Ann Cummings, Assistant Professor in the Division of General Internal Medicine at the JGH and Clerkship Component Director for Undergraduate Medical Education at McGill, has been awarded the 2015-2016 **W. Dale Dauphinee Fellowship** from the **Medical Council of Canada (MCC)**. This fellowship is intended to advance the vision of the MCC by supporting medical educators to enhance their knowledge and skills in physician assessment. Dr. Cummings will investigate how, why and when benefits of longitudinal integrated curricula are threatened by misalignment between assessment practices and desired curricular outcomes.



Dr. William Foulkes, James McGill Professor of Medicine, Human Genetics and Oncology, is the recipient of the **2015 JGH Award of Excellence for Basic Research**, presented to a researcher whose insights and initiatives in basic research have resulted in a unique and significant contribution to patient treatment and care. Dr. Foulkes has made seminal contributions to cancer genetics in Canada.



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Dr. Vassilios Papadopoulos, Associate Director General, Research at the MUHC, Scientific Director of the Research Institute and Professor in the Department of Medicine, has been elected **President of the American Society of Andrology** for 2015-2016.

Dr. Papadopoulos' research focus is in the pathophysiology and treatment of diseases related to altered steroid hormone synthesis, including endocrine pathologies, male reproductive disorders, neuropathologies and cancer.

Dr. Denis Sasseville, Professor and former Director of the Dermatology Division, is the recipient of the **2015 Practitioner of the Year** by the **Canadian Dermatology Foundation (CDF)**. Dr. Sasseville is world-renowned for his expertise in contact dermatitis and he has greatly enriched the field of dermatology through patient care, teaching, research, and leadership throughout his distinguished career. [CDF announcement](#).



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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.