

VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

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COMPETENCE BY DESIGN

Dr. James Martin
Chair, Department of Medicine



I should start this editorial with a disclaimer that my knowledge of education comes from rubbing shoulders with educators. I have been perplexed by some of the terminology that is used and thought it might be useful to provide an amateur's interpretation of the area of Competency Based Medical Education. Did the Royal College invent the idea and re-structure our approach to training in consequence? Of course not, it is part of a global move influenced by management thinking. The concern is that our educational endeavours have been focussed on the gaining of knowledge and have neglected performance. So, from now on, the focus will be on what we can do and not on what we know. Of course these two elements are not independent of each other, perhaps accounting for why some of us have tended to shake our heads from our inability to make the distinction. Rather more easily applied in the surgical disciplines it is rather less cut and dried (no pun intended) in the area of medicine. Competence simply means that we, the medical profession, have the ability to do our job properly. As defined competence is a broad capacity of the individual not to be confused with competency which is narrower and refers to the ability to perform a more specific act. Presumably

being a physician does leave room for being a medical scientist or medical expert while at the same time having a range of competencies related to our clinical practice. It would seem that the exercise of our competencies does require competence. Tapping a pleural effusion, a competency, presumably means that we know how it was formed in the first place and why we are tapping it (competence). The challenge in store for us as teachers will be to figure out what to evaluate and put in place the ways and means of making the evaluation. Practically speaking the future approach to training of our residents will require frequent evaluation. This process will no doubt serve to reinforce memories and move the memories higher in the hierarchy of things that should be remembered. Milestones corresponding to the CanMEDS roles will be established and will be somewhat unlinked from time-based training. The good news is that it is hard to do and therefore slowing down the process of implementation. If you wish to know more about this topic, please ask someone who knows more about it than I.

The above reminds me to thank you all for engaging in the annual evaluation process. This essential exercise is a great opportunity to set goals for the coming year and for us all to do that bit better.

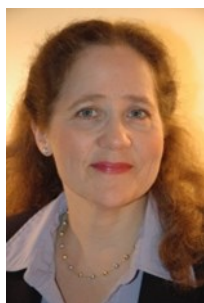
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THE FACTS ABOUT FACDEV

Do you enjoy exchanging with colleagues about your teaching experiences?
How would you assess your teaching skills? Where would you like to improve?
Do you like networking with teachers from a variety of professions and disciplines?
Could you benefit from a refresher on a particular issue?



Dr. Miriam Boillat, Associate Dean - Faculty Development, McGill University leads an interdisciplinary group of faculty developers who are passionate about medical education. The mandate of the Faculty Development Office is to assist faculty members in their various roles as educators, teachers, researchers and administrators.

Two initiatives of the Faculty Development Office are geared specifically towards *new* faculty members: the *Orientation Workshop for New Faculty*, which is held every two years and is coming in the fall of 2016; and a two-day *Starting Your Teaching Journey at McGill*, which also takes place biannually. The latter event occurred in May 2015, and will be coming again in the spring of 2017.

Another exciting and novel faculty development activity is the annual workshop for facilitators of the IPE (interprofessional education) curriculum that takes place at the Steinberg Centre for Simulation and Interactive Learning.

Other workshop themes include the Learner in Difficulty, Optimizing the Learning Environment, Effective Teamwork, Teaching and Role Modeling Patient Safety, Engaging Learners, Graduate Supervision, Mentorship, Conflict Management and many more!

If you would prefer to customize a workshop or seminar for your division, outreach activities are offered on a topic and venue of your choice.

The Faculty Development Office also coordinates the prestigious *Faculty Honour List for Educational Excellence Award*. Over twenty individuals from the Department of Medicine have received this award since its inauguration in 1998!

Whether you are new to McGill and interested in learning about issues such as Feedback, Assessment and Teaching When There's No Time to Teach, or if you are a teacher who is looking for an 'educational refresher' or wants to explore a newer topic such as *Teaching and Learning in the Millennial Environment* or *Teaching with Technology in Health Professions Education*, the Faculty Development Office has something for you!

For more information on the programs offered by the Faculty Development Office, visit their website at <http://www.mcgill.ca/medicenefacdev/>.

ABOUT VITAL SIGNS

Vital Signs is its in 11th year and we are very proud of it! With recent administrative changes, we no longer have the resources to continue to translate our newsletter in French. We will now publish only one (bilingual) edition every quarter and we will be pleased to entertain and receive your articles in *la langue de Molière*.

Quebec-Trained Only: **The New Status Quo for Fellowship Positions in Quebec**



*Drs. Arif Awan and Daniel Blum
Chief Medical Residents, Jewish General Hospital.*

During this latest CaRMS season, the Quebec Ministry of Health mandated that all subspecialty fellowship positions be awarded exclusively to residents who trained in Quebec for core internal medicine. Fellowship candidates who trained as residents outside the province have now been forced into a separate applicant stream that has very few available positions, and frequently no positions at all. To be exact, those not trained in Quebec competed for 14 of 167 available fellowship positions in the province, and only 4 of these positions were available at McGill (one each in general internal medicine, geriatrics, hematology, and rheumatology).

Not many physicians even know that this policy exists. However, we are concerned that in time this kind of protectionism may prompt other provinces to employ reciprocal tactics thus limiting future options for internal medicine residents presently training in Quebec.

Was this strategy adopted to ensure that fellows would not leave Quebec after training? If so, hiring exclusively Quebec-trained physicians will surely limit diversity within our faculties as well as restrict the knowledge pool in our medical institutions.

This policy's enforcement is a symptom of a larger problem: the fact that those who train in Quebec often leave after completing their training. And in our opinion, the rigidity and bureaucracy of the PREM system is to blame. Each year there are more graduating fellows in Quebec than vacant PREMs available for them to start serving the population in the region of their choice. Of course fellows will leave, and this has nothing to do with the location of the core training of the resident.

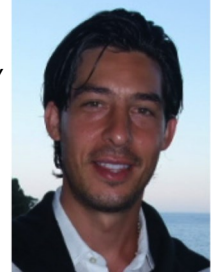
We believe that an inclusive rather than a restrictive fellowship admission policy is vital to ensure that our institution continues to recruit and train the highest quality physicians who want to come to Quebec to study, serve the population and teach near-peers in training.

Unfortunately our concerns have not been deemed a priority, and post-graduate program directors and resident associations have been unsuccessful in reversing this policy. *Quebec-trained only* has become the new status quo.

THE MCGILL TRANSCATHETER AORTIC VALVE IMPLANTATION PROGRAM



*Dr. Giuseppe Martucci, Assistant Professor, Division of Cardiology
Dr. Nicolo Piazza, Assistant Professor, Division of Cardiology*



TAVI, Transcatheter Aortic Valve Implantation (also called TAVR; Transcatheter Aortic Valve Replacement) is a minimally invasive procedure whereby an artificial valve is delivered via a catheter and implanted in the aortic position.

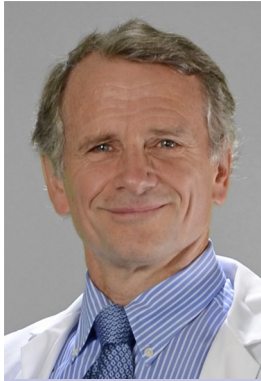
The procedure is used to treat patients with symptomatic aortic valve disease; either aortic stenosis or aortic regurgitation. Access to the aortic valve can be achieved by one of multiple approaches that include the femoral artery (transfemoral approach), the subclavian artery (transsubclavian approach), the ascending aorta (direct aortic approach), the carotid (transcarotid approach), the left ventricular apex (transapical approach), or the descending aorta via the inferior vena cava (transcaval approach).

Currently the procedure is performed in patients who are deemed inoperable or high surgical risk; however, there is more and more data demonstrating that TAVI is equivalent if not superior to surgical aortic valve replacement (SAVR) for both safety and efficacy in lower risk groups. When compared to SAVR, TAVI is associated with less morbidity, equal or improved survival, and better valve hemodynamics.

The McGill TAVI program began in 2007 as a joint program between cardiac surgery and cardiology. Its members are drawn from both the McGill University Health Center (MUHC) and the Jewish General Hospital (JGH). The TAVI team is composed of a multidisciplinary team which includes interventional cardiologists, echo cardiologists, cardiac surgeons, cardiac anesthesiologists, radiologists, nurses, administrative staff, and fellows. The work up for each patient is extensive and includes a clinical visit, a frailty assessment, an echo cardiogram, a CT scan, and a coronary angiogram. Each patient is formally presented at weekly "TAVI" rounds and cases are discussed so that appropriate patients are selected for the procedure. We currently perform 70-90 procedures per year; however, this number continues to grow as the indications for TAVI continue to expand.

Recently the [2014-2015 TAVI outcomes from across the province have been made public by the Institut national d'excellence en santé et en services sociaux \(INESSS\)](#). The McGill TAVI program has fared very well and it is among the top programs in Quebec and Canada. It is a program of which McGill can be proud.

MY SABBATICAL with WHO



Dr. Dick Menzies

Professor, Department of Medicine, Division of Respiratory Diseases and Department of Epidemiology, Biostatistics and Occupational Health.

After more than 25 years of work in the Respiratory Division and the Respiratory Epidemiology and Clinical Research Unit, including 9 years as Division Director planning for the Glen move, I felt it was time for a change of scene. For at least 10 years, I had been involved in various projects with the World Health Organization (WHO). These included reviews of national TB programs in Peru, Ecuador, and other countries, plus preparing evidence reviews to inform various TB treatment and diagnostic guidelines of WHO. After all this it seemed like a good idea to work in Geneva with the TB group at WHO.

WHO has just developed a new “End TB” strategy. This strategy has very ambitious targets – by 2035 to lower TB rates from the current very high levels in low and middle income countries to levels currently seen in Canada, US, and Western Europe. This strategy has 3 broad themes (pillars in WHO-speak): pillar 1 was all about enhancing clinical care through new treatments and diagnostics, and Pillar 2 aims to enhance social support to improve the determinants driving the TB epidemic. Pillar 3 is research - to develop the tools and strategies to help achieve the ambitious targets. I chose to help develop the plan for Pillar 3.

Approximately 80 people work in the TB group at WHO headquarters in Geneva. Of these, 75 are involved in developing Pillar 1, while 4 are working on Pillar 2, and a grand total of 1 person was responsible for developing the global plan in research. And that 1 lonely person could only work part-time on research as he had other responsibilities for Pillar 1! Hence, my arrival to work on developing the global research strategy more than doubled the number working on the Global Plan for TB Research.

If you open a medical journal from the 1920s or 1930s (if you have time on your hands), you will be struck by the enormous amount of research in TB in those years. The first ever randomized controlled trial of any treatment was a trial of Streptomycin for TB. In the 1950s and 1960s more than 15 new TB drugs were developed, introduced, and tested in randomized trials. But since the 1970s all these activities have slowly diminished – in parallel with the reduction of TB in high income countries. However, the TB epidemic is still as bad as ever in many low-middle income countries; the need for research in these countries is as much as it was in Canada or the US in the 1920s and 1930s.

Hence, the focus of the new global TB research strategy is to stimulate TB research, and strengthen capacity for health research in low and middle income countries. A particular emphasis are the middle income countries where growing economies have resulted in improvement of health care and public health, but research is still considered a luxury – that only countries like the US and Canada can afford. My work included work with a few middle income countries where TB research could expand considerably, with some re-organization and lobbying by WHO to increase government investment in TB research. The major product of the year was the development of a global action framework for TB research which lays out the rationale, and step by step plans for TB research strengthening in low and middle income countries.

Work at WHO, particularly in the year of Ebola, provided a unique experience and perspective. WHO is a very different organization from a University. The emphasis at the WHO is not on generating new knowledge nor on training, but rather to use evidence to shape global policy. The challenge for WHO, which I observed on a daily basis, is to maneuver in a highly politicized, complex and chronically under-funded public health world to bring those policies to action. Definitely educational.

Plus, the skiing was good!



Does Media Coverage of the MUHC Glen Site Do More Harm Than Good?

*Dr. Patricia Lynn Dobkin
Associate Professor, Department of Medicine
Programs in Whole Person Care, McGill University*

The spotlight on the McGill University Health Centre Glen site has brought to the public's attention serious problems: financing scandals, sewage backup, excessive parking costs, and more recently parents being shuttled with their children to a near-by clinic where fees are imposed upon them. Investigative reporting that uncovers such issues is crucial in a society where citizens have the right to be informed about controversial issues.

Regrettably this spotlight has failed to illuminate what is going right or reveal the dedication of the people who show up 24/7 to relieve their fellow human beings' suffering. We are hardwired to notice first what is threatening, harmful, or may incur loss. This inborn tendency has contributed to our survival as a species. But if we only focus on what is negative we may overlook what is positive. We have the capacity to do both by broadening our purview to include the good.

In my opinion we need to consider the potential for harm these reports have on our doctors, nurses, and allied health care professionals who show up each morning or stay up all night despite feeling exhausted or overwhelmed. The adage "Do no harm" needs to include them. They serve others in a high stakes, demanding work environment. Often they do not have control over important decisions that impact how they carry out their jobs or where patients receive treatment. The combination of high demands and low control is a well-known contributor to work-related stress.

I recall how upsetting revelations about Dr. Porter's deeds were. No one felt proud to be part of a hospital system where unethical behaviours went undetected and unpunished for too long. Now that the Glen site hospital is open, those who work there are, once again, exposed to negative media coverage. A pediatrician from the Glen says there is "mistrust from the public and families that is counterproductive to the necessary trust for optimal healing." Can we afford to demoralize staff again? What impact may this have on patient care?

Distress and burnout rates are alarming among medical professionals. Some retire early or move on when we need them to carry on. How can we support their sincere efforts to provide competent, comprehensive, compassionate care? For the past 15 years, McGill Programs in Whole Person Care has been finding practical ways to promote healing in both patients and medical professionals. What we have found is that this is one goal and not two. Whatever helps create a healing interaction for patients has the same effect on the professionals involved. What fosters a healing experience is encompassed by two words: mindfulness and congruence. Mindfulness is a *way of being* in which an individual maintains attitudes such as, openness, curiosity, patience, and acceptance while focusing attention on a situation as it unfolds. Congruence involves being fully present to self, the other person, and to the context. They are simple notions that can change the nature of the medical encounter.

For 10 years we have offered a course on Mindful Medical Practice to physicians and allied health care professionals so that they remain resilient and engaged in their work. Mindfulness teaching has recently been integrated into the curriculum for all students at McGill Medical School so that when they begin clerkship they can maintain their altruistic ideals.

So while the challenges of a health care system that is subject to top-down management, drastic budget cuts, and a growing elderly population are tackled, let us remember that our main resource is the people who work within it – from the bottom to the top. When I speak with my colleagues, most say that they love their work and find their relationships with patients the most rewarding aspect of it. Let's keep it that way.

Mindfulness-Medical Practice is designed to foster well-being. Clinicians learn to use their innate resources to respond more effectively to stress. The program includes training in mindfulness meditation and its integration into the challenges of daily life and medical practice. Examples of physicians working mindfully can be found in: *Mindful Medical Practice: Clinical Narratives and Therapeutic Insights* (Dobkin, 2015, Springer). The next 8-week course begins on April 29th, 2016 (Registration at: <http://www.mcgill.ca/wholepersoncare/>).

McGill University Faculty of Medicine - Administrative Excellence Centre (AEC) Update

By: Ms. Teresa Alper, Associate Director AEC 8 - Department of Medicine

In the September 2015 Newsletter, we notified you of the launch of the Administrative Excellence Centers (AEC) project by the Faculty of Medicine.

General AEC Operations

Prior to the implementation of the AEC model, all departments in the Faculty of Medicine submitted files and documents to the Dean's office for review, before they were sent to central University offices, for final approval.

As an AEC, we now operate independently of the Dean's office and submit most files and documents directly to the University central offices, for final approval.

Expense Reports

All expense reports drawn on McGill funds will be routed via the Chair's office for approval before being delivered directly to Central Finance for immediate payment. This should expedite payment.

AEC 8 Team

Caroline Alcaraz, General Administrator: clinical appointments and reappointments; Lucian Award; research symposium; annual evaluation exercise; etc.

Teresa Alper, Associate Director: planning; strategic support; academic renewal; etc.

Debbie Carr, Human Resources and Finance Officer: academic affairs for ranked academics (appointments; reappointments; salary policy; promotions; tenure; etc.); budget-related operations for the MUHC Association of Physicians); etc.

Josée Cloutier, Human Resources Administrator: immigration dossiers; academic affairs for unranked academics (adjunct professors; associate members; affiliates); newsletter; departmental website; human resources administration; etc.

Diane Lewis, Financial Administrator: expense reports; compliance; budget preparation & forecasting; research fund monitoring; training of clerical staff; etc.

Lori Manon-og, Human Resources Advisor: recruitment of administrative staff (managerial, clerical, technical, etc.); leaves; labour relations; etc.

PROMOTIONS

Congratulations to our members for their achievements !

FULL PROFESSOR

Dr. Keith Murai: Based at the Center for Research in Neuroscience, Dr. Murai has carved an internationally renowned niche in the role that astrocytes play in maintaining the nervous system function.

ASSOCIATE PROFESSORS

Dr. Ahsan Alam : Director for the McGill Internal Medicine Core Residency Training Program, Dr. Alam is a nephrologist who's research interests are in novel biomarkers of the progression of chronic kidney disease and outcomes in transplant recipients.

Dr. Beth-Ann Cummings: A member of the Division of General Internal Medicine and based at the JGH, Dr. Cummings' interest is in the field of education characterized by a very broad involvement in the teaching of medical students.

Dr. Todd Lee: A full-time clinician in the Division of General Internal Medicine at the MUHC, Dr. Lee is an outstanding teacher who has developed a significant research program in the area of patient safety and health care quality improvement.

Dr. Momar Ndao: A member of the Division of Infectious Diseases, Dr. Ndao brings cutting edge science to bear on the diagnosis of infectious diseases in studying host-parasite infections, in screening drugs to be used as therapies and in developing vaccines.

Dr. Mohan Radhakrishna: An excellent clinical teacher in Physical Medicine and Rehabilitation, Dr. Radhakrishna's expertise is on spinal cord injury.

Dr. April Shamy: A member of the Division of Hematology and based at the JGH, Dr. Shamy has a clinical and research focus on myelodysplastic syndromes.

Dr. George Thanassoulis: A member of the Cardiology Division, Dr. Thanassoulis' major clinical and well-funded research interest is in cardiovascular prevention and genomics.

CANADA RESEARCH CHAIR

Congratulations to **Dr. Madhukar Pai**, Associate Member in our Department (Respiratory and Infectious Disease Divisions), Professor in the Department of Epidemiology, Biostatistics and Occupational Health, and Associate Director of McGill's International TB Centre, for his **Tier 1 CRC in Translational Epidemiology and Global Health**.

RETIREMENT

Dr. Jeremy Sturgeon retired on December 31, 2015. Dr. Sturgeon was recruited to McGill and the MUHC from Princess Margaret Hospital in Toronto in 2005 as Associate Professor and Director of the MUHC Division of Medical Oncology. He was an outstanding clinician and clinical researcher well known in the Canadian oncology community. Dr. Sturgeon's wise counsel, quiet demeanour and steadfast leadership have contributed to the betterment of the Division and we are deeply grateful for his services to the Department and to the Division of Medical Oncology.

RECRUITMENT

We welcome the following members to our Department.

Dr. John Angelopoulos, Assistant Professor to the Division of General Internal Medicine and Attending Staff of the MUHC at the Lachine Hospital, Divisions of General Internal Medicine and Intensive Care. Dr. Angelopoulos earned his M.D. at the University of Montreal, and subsequently completed specialty training in the McGill University General Internal Medicine Training Program in 2014. In 2015, he completed a Fellowship in Adult Critical Care Medicine at McGill University. Dr. Angelopoulos will have clinical duties in General Internal Medicine and in Intensive Care at the MUHC, where he will be involved in teaching students and supervising medical residents.



Dr. Deborah Assayag, Assistant Professor to the Division of Pulmonary Medicine at the Jewish General Hospital (JGH). Dr. Assayag graduated from McGill University in 2007, and went on to do post graduate training in Internal Medicine and Respiriology at the JGH and McGill. She completed her training with a clinical and research fellowship in Interstitial Lung Disease (ILD) at the University of California San Francisco. While there she completed a Masters in Advanced Science, Training in Clinical Research, Biostatistics and Epidemiology. Dr. Assayag has set up a multi-disciplinary ILD clinic at the JGH and will establish a cohort of patients that may be potentially suitable for novel therapies. She will work closely with colleagues in Respiriology, Rheumatology, Radiology, Thoracic Surgery and Pathology to provide comprehensive, multi-disciplinary care to these patients. The clinic will also collaborate closely with colleagues across Canada and internationally running clinical research programs. See our December 2015 newsletter for more info on ILD.



Dr. Stéphane Rinfret, Assistant Professor to the Division of Cardiology and new MUHC Chief of Interventional Cardiology. Dr. Rinfret obtained his M.D. from University of Montreal where he completed a cardiology fellowship in 1997, and pursued clinical training in interventional cardiology at the Montreal Heart Institute and the *Centre hospitalier de l'Université de Montréal (CHUM)* in 1998 and 1999. He completed a postgraduate fellowship in Interventional Cardiology, Health Services and Economic Research in 2001, at the Beth Israel Deaconess Medical Center and Harvard Clinical Research Institute (Harvard University). He also obtained a science master (S.M.) degree in clinical epidemiology at the Harvard School of Public Health in 2001. Dr. Rinfret spent the first 7 years of his career at the CHUM and moved in 2008 to the *Institut universitaire de cardiologie et de pneumologie de Québec (IUCPQ)* where he pursued a very active

clinical and research career. Dr. Rinfret's plan is to lead the MUHC Interventional Cardiology unit to achieve the highest academic standards, and the new McGill Chronic total occlusion (CTO) & percutaneous coronary intervention (PCI) program and to develop innovative approaches to treat patients with complex coronary artery disease, in collaboration with cardiac surgery.



Dr. Ratna Samanta, Assistant Professor to the Division of Nephrology and Attending Staff at the MUHC. Dr. Samanta received her M.D. from McGill University. She completed a residency in general internal medicine and subspecialty training in nephrology at the University of Alberta. She then completed a Master of Science degree in Chronic Disease Epidemiology at the Yale School of Public Health, New Haven, CT, as well as clinical fellowship training in glomerulonephritis at the University of Toronto. Dr. Samanta's training has focused on the diagnosis and therapies in patients with glomerulonephritis. At the MUHC, she will focus on enhancing the care of patients with glomerular diseases, and provide a link of the basic laboratory research into glomerular diseases with clinical diagnostics and therapeutic approaches. She will be involved in further developing renal care of patients in northern Quebec, where the Nephrology Division supervises three satellite hemodialysis units. Dr. Samanta will be also be taking care of nephrology patients at the MGH site, and will be involved in research and teaching activities.



Dr. Shaifali Sandal, Assistant Professor to the Division of Nephrology and the Multi-Organ Transplant Program. Dr. Sandal completed her undergraduate studies at the University of Toronto, and received her M.D. from St. George's University, Grenada. She completed a residency in internal medicine at SUNY Upstate Medical University, Syracuse, NY and subspecialty training in nephrology at the University of Rochester Medical Center, Rochester, NY, followed by additional clinical and research training in transplantation at McGill and Johns Hopkins University in Baltimore. Dr. Sandal's fellowship training centered on the establishment of programs for living kidney donation, and desensitization of organ recipients for ABO and HLA incompatibilities. She will focus on enhancing the living donor kidney transplant program at the MUHC. The ultimate goal is to increase the possibilities for kidney transplantation, and to improve patient outcomes. Dr. Sandal will be taking care of renal transplant patients at the Glen site, and will be involved in research and teaching activities.

APPOINTMENTS

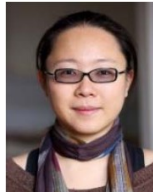


Dr. Beth-Ann Cummings has been appointed to the position of **Associate Dean, Undergraduate Medical Education (UGME), Faculty of Medicine**. She succeeds Dr. Donald Boudreau,

who has served as acting Associate Dean for the last three months and who will continue to serve as collaborator and resource person to Dr. Cummings. Assistant Professor in our Division of General Internal Medicine and former Director of UGME, Department of Medicine, at the Jewish General Hospital, Dr. Cummings will lead all operations related to the Office of UGME. She will be responsible for the successful management and delivery of the MDCM program and the policies supporting it. She will oversee the ongoing implementation of the UGME accreditation action plan and pursue quality improvements and educational excellence continuously throughout her tenure. We wish Dr. Cummings every success in her new role. [More on this story](#)

Dr. Linda Moreau has been reappointed for a second 5-year term as the **Director of the Division of Adult Dermatology in the McGill University and MUHC Department of Medicine**, effective April 1, 2016. During her first term, Dr. Moreau was successful in recruiting faculty members that will broaden the scope of the activities in the Division. She has placed increasing emphasis on academic dermatology

and has developed a strong vision for her Division for the coming year. Dr. Moreau will also remain the Program Director for the Adult Dermatology Residency Training Program for the coming year. We wish Dr. Moreau continued success in her roles.



Dr. Ning-Zi Sun has been appointed to the position of **Assistant Program Director of the Core Internal Medicine Training Program**. This is a new position which has been created to support our Program Director, Dr.

Ahsan Alam as we move towards a competency based curriculum for this training program. Dr. Sun trained at McGill for her MDCM, her core internal medicine and General Internal Medicine subspecialty, and obtained a Master's of Health Professionals Education from Maastricht University in the Netherlands. She was until recently the site program director for the core internal medicine training program at the Royal Victoria Hospital. She has been much appreciated for her thoughtful, meticulous and evidence based approach to medical training. Drs. Alam and Sun will continue to be supported by our site program directors, Dr. Ruxandra Bunea at the JGH (interim Dr. Rubin Becker), Dr. Patrizia Zanelli at the MGH, and Dr. Josée Verdon at the RVH. We wish Dr. Sun every success in her new role.

HONOURS

Congratulations to our members for their achievements !



Pr. Thomas M.S. Chang, Emeritus in the Departments of Physiology, Medicine and Biomedical Engineering and Director of the Artificial Cells and Organs Research Centre at McGill, is one

of six recipients of the **2015 Chinese-Canadian Legend Award** by the Asian Business Network Association. Known as the “father of artificial

cells”, Pr. Chang created the first artificial cell in the world in 1956, which brought forth many ground-breaking approaches in human health and other applications. [More on this story.](#)

(Continued on page 11)

(Continued from page 10 / Honours)



Dr. Madhukar Pai, Associate Member in our Department (Respiratory and Infectious Disease Divisions), Professor in the Department of Epidemiology, Biostatistics and Occupational Health, and Associate Director of

McGill's International TB Centre, is the winner of the **Haile T. Debas prize**. This prize was established in 2010 to promote equitable diversity at all levels in the Faculty of Medicine by recognizing a Faculty member who helps promote diversity. [More on this story](#).

Dr. Ernesto L. Schiffrin,

Physician-in-Chief of the Department of Medicine at the Jewish General Hospital and Professor and Vice-Chair of Research in the Department of Medicine at McGill University, has become **Editor-in-Chief of the American Journal of Hypertension** as of January 1, 2016.



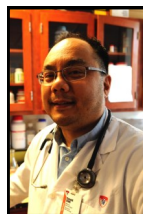
Dr. Linda Snell, Professor in the Division of General Internal Medicine and Core Faculty at the Centre for Medical Education, is the recipient of the **2016 Ian Hart Award for Distinguished Contribution to Medical Education** awarded by the

Canadian Association for Medical Education (CAME). Established in 1992 in honour of Dr. Ian Hart, founder of CAME, this award recognizes senior faculty who have made an exceptional contribution to medical education throughout their academic career. Dr. Snell is active in teaching, education leadership and education research at all levels of medical training. [More on this story](#).

Dr. Theresa Gyorkos, Associate Member in the Department of Medicine, MUHC Division of Clinical Epidemiology and Professor in the Department of Epidemiology, Biostatistic and Occupational Health, has been



named **Director of the Pan American Health Organization/World Health Organization (PAHO/WHO) Collaborating Centre for Research and Training in Parasite Epidemiology and Control** for a four-year term.



Dr. Don Vinh, Assistant Professor in the Division of Infectious Diseases, is the recipient of the **2015 Association of Medical Microbiology and Infectious Diseases (AMMI) Canada Young Investigator Award**, in recognition of his contributions to research in the

fields of Infectious Diseases and Medical Microbiology.

Dr. Mark Wainberg, Professor of Medicine and Microbiology and Immunology at McGill University and Director of the McGill University

AIDS Centre, is the recipient of the **2016 Association of Medical Microbiology and Infectious Disease Canada (AMMI) Lifetime Achievement Award** in recognition of his outstanding and distinguished career. [More on this story](#).

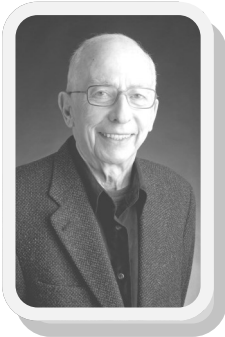


Dr. Christina Wolfson, Professor in the Department of Medicine and the Department of Epidemiology and Biostatistics and Occupational Health, has been appointed as **McGill's new Deputy Research Integrity**

Officer, commencing on Jan. 1, 2016. Effective June 1, 2016, Dr. Wolfson will become McGill's Research Integrity Officer for a three-year term. [More on this story](#)

IN MEMORIAM

By: Dr. Lawrence Rudski & Mr.
Henry Mietkiewicz



Dr. Harold Zvy Pomerantz
passed away on
August 26,
2015 in
Montreal at age
92.

Dr. Pomerantz
earned his
medical degree
at McGill

University in 1947, was certified by
the Royal College in Internal
Medicine in 1952, joined the
Division of Cardiology at the Jewish
General Hospital in 1953 and
remained active until 2010. He
regularly visited the hospital to
attend rounds, conferences, confer
with colleagues and pursue studies
even beyond his retirement.

Dr. Pomerantz was a pioneer in
clinical and academic cardiology. In
his early career in the 1950s, he
published some of the original
manuscripts dealing with the
relationship between coronary artery
disease and cholesterol, sex
steroids and other physical
characteristics, as well as clotting
mechanisms. Several of these
concepts are still used in
contemporary cardiology practice.
Despite his soft-spoken demeanor,
he is remembered as a giant in our
Division whose characteristic
practice style influenced generations
of future colleagues. As his family
stated, his lifelong pursuit was to
discover the meaning of meaning.

Dr. Pomerantz is greatly missed by
his family and colleagues and
thousands of patients.

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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.