

VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

Volume 13. Number 2

July 2018

SUCCESS BEGETS SUCCESS



*Dr. James Martin
Chair, Department
of Medicine*

The past months have been busy as always with many noteworthy accomplishments by members of the Department. Once again we passed through the annual evaluation exercise. I am grateful to the division directors that have taken this exercise to heart. We had 100% success in the submission of the evaluations to the University, although not without the usual necessity to remind some of our members that acknowledgement is required for the completion of the process. As always it was a pleasure to see how much academic activity is being carried out by our members.

We are particularly grateful for the excellent response to the McGill24 appeal which we have dedicated for the past two campaigns to Haiti. Our funds raised were slightly in excess of \$27,000, beyond our target figure of \$25,000. Last year we leveraged approximately \$130,000 in hospital equipment through the \$17,000 we raised. This year we will embark on a different course of action to help the hospital in St-Marc where our residents and staff spend time each year. Much needed equipment will be on our list for donation.

The Annual Department of Medicine Research Symposium was again a great success and is described elsewhere in the Newsletter. Registration reached a record high of 130 participants. Abstract submissions by trainees were increased and of excellent quality. The keynote speakers were outstanding and the members of the Department that presented covered a wide array of topics and domains of research that kept us interested throughout the day. My thanks to the presenters and to the faculty members who took the time to be there.

The Lucian Award winner Dr. John McMurray spent 8 days with us at McGill. This prestigious prize which McGill is privileged to administer draws applications from world renowned cardiovascular researchers, ensuring a visit of a truly stellar candidate to McGill and the McGill hospitals each year. Lectures and workshops were held and augur well for future collaboration with Dr. McMurray.

The Department underwent a cyclical review, mandated by the Provost of McGill and required of all departments every 7 years. This review required much documentation and provided a valuable opportunity for reflection. We just received the final report by the review panel. Of course collectively we perform well but there is much room for improvement in the harmonization of academic activity across sites. We are developing an action plan to respond to recommendations and this will be transmitted to the Division Directors.

Je vous souhaite un bel été !

IN THIS ISSUE:

- * [Competency-based Medical Education, Dr. Sun](#)
- * [Research Symposium](#)
- * [Profile - Dr. François Mercier](#)
- * [PROMIS - Dr. Bartlett](#)
- * [Promotion & Tenure](#)

- * [FRQS Salary Awards](#)
- * [Department of Medicine Awards](#)
- * [Thank you to Tutors](#)
- * [Appointments](#)
- * [Recruitment](#)
- * [Honours](#)

CBME for Clinicians

Providing Feedback to Trainees and Documentation



Dr. Ning-Zi Sun, Assistant Professor, Division of General Internal Medicine and Assistant Director, McGill Internal Medicine Residency Training Program

In the last part of our series on competency-based medical education (CBME) for clinical faculty, we discussed the importance of observation in the workplace and addressed some common questions clinician-teachers have. Here we review some best-practice principles about providing feedback and documenting assessment as well as key changes in the assessment philosophy that have practical implications.

The goal of CBME is to enable residents' maturation into competent clinicians. To achieve this, frequent observation and assessment in the form of entrustable professional activities (EPAs) must be matched with timely and high-quality feedback. Let's take a look at how this can be done.

What are the characteristics of high-quality feedback and how should I do it?

For feedback to guide and drive learning, it must be **specific**, focused on what is **actionable**, and delivered in a **timely** fashion. Within the context of CBME, tying feedback to EPAs is the best way to go. Practically, we suggest that you describe what resident did within the context of the EPA you observed (**specific**) and give a few take-home points on what needs more work / can be done better (**actionable**) right after having observed the EPA (**timely**).

As a starting point for giving feedback, you may want to describe one aspect that is done well, follow it with one aspect that could be improved, and give suggestions as to how the trainee can do better next time. As part of making the feedback you give specific and actionable, make sure that it is focused on describing the trainee's behaviours and not their attitudes. As an example, feedback such as 'John is lazy.' is much less helpful than 'John was often late or missed rounds. He did not read up on assigned topics and often failed to follow up on abnormal test results.' In addition, a brief discussion of outcomes (e.g. 'These resulted in delays in patient care and suboptimal learning for John with very few topics mastered by the end of his rotation.') can help add perspective for the trainee receiving the feedback.

How should I document my assessment?

Once you have given in-person feedback, the next step is to document it. With the eventual rollout of CBME, you will document your observation and feedback using electronic EPA Assessment Forms. These forms are EPA-specific and will generally contain a description of the EPA, an area where basic contextual information can be filled in (e.g. complexity of the case), a list of milestones specific to the EPA, an overall entrustability scale, a narrative comment section, and an area to document professionalism and patient safety concerns (if any). If you have already given high-quality in-person feedback, it is simply a matter of writing it down on the narrative comment section of the form. The overall entrustability scale uses 5 performance anchors that are highly intuitive to clinicians. These are: 1 - I had to do, 2 - I had to talk them through, 3 - I had to direct them from time to time, 4 - I had to be there just in case, and 5 - I (theoretically) did not need to be there. Simply put, a trainee who receives a rating of 4 or 5 can be entrusted to perform the EPA competently without supervision. In addition to using this scale to describe a trainee's overall performance on the EPA, you will also be asked to look at each of the milestones under that EPA and decide (when applicable) if it has been achieved by the trainee or is still in progress. This information will help the trainee better understand which areas need improvement and tailor their learning accordingly.

(Continued on page 3)

(Continued from page 2 / CBME)

Finally, it is helpful to briefly document how the trainee reacted to your feedback. This provides the training program with additional information on the trainee (e.g. whether the trainee has insight into their weaknesses, how likely the trainee can come up with a targeted learning plan without direct coaching, etc.) that may help us tailor our approach to the trainee's needs.

Why are good feedback and documentation important?

Good feedback and documentation are essential to fulfill the two main functions of assessment. Firstly, in its formative function, good-quality feedback can help trainees adjust their learning plan, purposefully and reflectively monitor their performance, and seek ongoing targeted feedback on their progress. Secondly, good documentation of performance is required for the summative function of justifying decisions made at the training program level about promotion and remediation as well as how training experience should be adapted for trainees in difficulty.

Major shifts in assessment philosophy and common misconceptions to be avoided

In preparation for the CBME rollout, our program piloted an EPA form in our clinic rotation. We have noted a few major misconceptions, which are all results of fundamental differences between the traditional end-of-rotation assessment and the new EPA-based assessment.

There is a perception that one is 'failing' a resident by checking the 'in progress' box (instead of the 'achieved' box) for milestones on the EPA form. Similarly, some clinical supervisors expressed concerns that not giving trainees a rating of 4 ('I had to be there just in case') or 5 ('I did not need to be there') on the final entrustability scale was equivalent to 'failing' them. Actually, no resident will 'fail' on the basis of a single EPA assessment. As an analogy, you should think of each EPA as a piece of a jigsaw puzzle. The drawing on each piece provides valuable information but it is the final picture that tells the story. A dedicated committee called the program competency committee (PCC) will be responsible at the program level for examining each trainee's performance across different instances of EPA assessments and making a final judgement as to whether a trainee is progressing as expected or is falling behind and will need a more tailored learning experience. We would ask clinical supervisors to focus only on assessing the instance of performance that was observed and documenting it as factually as possible. For example, if you needed to take over from a trainee the EPA of disclosing medical error because of a particularly challenging clinical situation, you should choose the rating of 'I had to do' and describe the exceptional circumstances in the narrative comment section. You should not choose a higher rating because you think the trainee *would* be otherwise entrustable to disclose medical error independently in a less challenging clinical context. When the PCC reviews the trainee's file and sees that they were rated as entrustable 8 out of 10 times across a variety of clinical settings and case complexity, and the clinical context was unusually challenging in the other 2 instances, they would likely judge the trainee to be 'progressing as expected'.

We have also seen clinical supervisors specifically 'tailor' their rating to the trainee's PGY level, being more lenient when a trainee is relatively more junior and stricter when a trainee is nearing the end of their training. This should not be done in the new EPA-based assessment framework. A key distinction between the traditional end-of-rotation assessment you are familiar with and EPA-based assessment is that the former is 'norm-referenced' (i.e. how is this trainee performing compared to other trainees of the same level?) while the latter is 'criterion-referenced' (i.e. can I trust this trainee to perform this task independently?). As an analogy, if you are to watch babies walk and make an assessment as to whether they can be 'entrusted' to perform the EPA of 'walking 10m without falling', you probably would have no hesitation to rate a baby who is falling left and right and crawling half of the way as 'not entrustable'. Would you 'entrust' the baby more if I tell you that the baby is only 8-month-old? Probably not. You may expect that the baby will probably be 'entrustable' by 12 months of age but this would not impact your current assessment. Similarly, when you have a trainee, we ask that you ignore whether that trainee is a 1st or 3rd year resident and focus only on deciding if they can be entrusted to independently perform the

(Continued on page 4)

(Continued from page 3 / CBME)

EPA you observed. If the answer is no, it should be documented as such regardless of the trainee's level of training. It is then up to the PCC to decide if a trainee's overall entrustability for a given EPA (for which there may be a number of assessments from different assessors) is at the level expected for their stage of training and in light their prior clinical exposure and learning opportunities.

In summary...

Good-quality feedback and documentation of assessment are an integral part of CBME. Not only do they provide support for program-level decision making, they are also essential in supporting trainees' self-directed learning. As CBME rolls out, you should be ready to shift your assessment approach 1) from judging overall rotation performance to assessing EPA-specific performance, 2) from a low-frequency (once per rotation) high-stake (pass-fail) framework to that of a frequent (multiple EPAs in one rotation) low-stake sampling approach (akin to collecting pieces of a large jigsaw puzzle), and 3) from judging trainees in reference to their peers to assessing them based on whether they can be entrusted to perform specific tasks independently.

2018 McGill Department of Medicine Research Symposium

By: Dr. James Martin

This year's symposium was held at the McGill New Residence Hall on May 10th. It was a stimulating day with a series of excellent presentations that showcased the work being done by our members. A nice balance of basic science and clinical epidemiology was struck. The first keynote speaker, Dr. John McMurray, winner of the prestigious Lucian Award, and the second keynote speaker Dr. Kirk Johnson, Director of the Smithsonian Institute of Natural History, added excitement and entertainment to the event. The following is a brief summary of the highlights that are hopefully accurate summaries of key points.

Randomized trials of latent TB therapy: Dr. Dick Menzies detailed the efficacy of standard treatment of latent TB with isoniazid and the side effects of this drug leading to the testing of rifampicin given for 4 months. Three phases of study were presented that covered efficacy and effectiveness in both pediatric and adult populations. Rifampin should now replace INH for latent TB treatment.

New insights into the role of prolactin in breast cancer: Dr. Suhad Ali discussed the heterogeneity of forms of breast cancer and taught us about prolactin signaling in promoting tumorigenesis. However antibodies against the prolactin receptor have been ineffective in inhibiting cancer. Dr. Ali has in contrast focused on the anti-tumorigenic effects of prolactin showing its inhibition of epithelial to mesenchymal transition. Using immune deficient mice and transplant of human breast cancer, she demonstrated the role of the prolactin receptor in cancer growth rates.

The Lucian Lecture: Professor John McMurray gave the prestigious lecture on diabetes in heart failure. He reminded us of the close link between Glasgow University and McGill since James McGill graduated from Glasgow in 1756, apparently having entered university at the age of 12. He gave an outstanding lecture on the forms of heart failure and recounted the results of all the major trials addressing heart failure. He emphasized the presence of underlying diabetes in patients with heart failure with preserved ejection fraction. He also taught us that proteinuria in diabetics was strongly associated with the development of heart failure. The high mortality rate from heart failure complicated by diabetes was convincingly presented. The adverse effects of some of the novel glucose-lowering drugs were discussed as well as those that have proven beneficial.

Smoking cessation after acute coronary syndrome: Dr. Mark Eisenberg described the treatment of acute coronary syndrome and the importance of convincing coronary patients to stop smoking as a



Pr. John McMurray, Dr. Kirk Johnson and Dr. James Martin

(Continued on page 5)

(Continued from page 4 / Research Symposium)

preventive measure. Most of the drugs or nicotine replacement lead to a doubling of the quit rate but leave 80% of smokers still smoking at 1yr post event. He showed the results of the prescription of bupropion which did not improve quit rates. Despite being motivated on recruitment, 2/3rds were still smoking at 1 yr. However the use of varenicline was effective in significantly increasing quit rates. Finally he provided insights into the use of the e-cigarette.

The androgen receptor and metabolic syndrome: **Dr. Mark Trifiro** described the clinical phenotypes associated with loss of function and gain of function of the androgen receptor. Mutations of the receptor that occur in humans but not in mice were introduced into the mouse. The mutation led to obesity in the mice that was prevented by castration. Mice also develop glucose intolerance, hypertension and abnormal fat. The mice affected by the metabolic syndrome display less movement but consume more oxygen. The androgen receptor appears to be linked to clock genes.

CRISPR and HIV Cure: **Dr. Chen Liang** who has worked closely with the late Dr. Mark Wainberg described his work on the interaction of HIV and the host. Despite the effectiveness of antiviral drugs, cessation of therapy leads to recrudescence of infection as virus emerges from its niches. He described the use of CRISPR Cas9 to eliminate the virus. Although initially effective, HIV is mutated and can escape attack, caused by the treatment. He proposed solutions.

Harmonization of care in IBD and its impact on disease outcomes: **Dr. Peter Lakatos** described his studies on the quality of care in IBD. Outcomes of importance were presented and detailed the differences in views in the US and in Europe. He explained the current guidelines related to appropriate follow up. Review of the practices in the recent past revealed excellent quality of care. A prospective study is also up and running. The outcome of the analysis of the rapid access clinic revealed the benefits for modification of therapy and reduced ER visits.

Ectopic reactivation of germ cells and cutaneous lymphomas: **Dr. Ivan Litvinov** presented the epidemiology of cutaneous lymphomas and showed us the rising prevalence. He described the potential mechanisms and issues of genomic instability. He has identified a variety of genes that are mutated in cutaneous lymphoma

that trigger the process of meiosis, an undesired event in cancer cells. He explained mechanisms of retro-transpositions and their pertinence for CTCL cell lines.

Improving outcomes for patients with osteoporosis: **Dr. Suzanne Morin** discussed the importance of osteoporosis and the consequences of fractures related to fragility for loss of functionality. She showed the incidence of fractures as a function of age. Although fractures occur less often in men, the loss of functionality is greater in men than women. Having a fracture marks a person as being at risk for further fractures. Intervening with preventive measures early after fracture is required, in particular for men. She also described atypical femur fractures caused by prolonged treatment with bisphosphonates and her studies of persons so affected through a registry that she has established.

Does ambient air pollution cause breast cancer in women?: **Dr. Mark Goldberg** described the problems of environmental pollution when temperature inversions occur. Air pollution and diesel exhaust are recognized carcinogens. Levels of pollution are unacceptable in areas where 95% of the world's population resides. He described his studies of traffic related pollution in Montreal and related it to incidence of breast cancer. He showed predictions of reduction of cancer cases in the event that pollution is causally related to breast cancer.

Climate Change and Global Warming: A Geological Perspective: **Dr. Kirk Johnson**, a paleo-botanist, described how Canada looked during the Ice Age 18,000 years ago. The depth of the ice was 10,000 ft over Montreal in the past. He explained how the analysis of ice cores provided information about temperature and the carbon dioxide levels on earth. Ice cores in the Antarctic allows an assessment of conditions about one million years ago. He described the fossils found in the Arctic on Ellesmere Island and provided proof of the time when the Poles were subtropical environments. The dramatic change in atmospheric carbon dioxide levels predicts elevations in temperature which will change the nature of the habitable world although the scale of the change is as yet uncertain.

An exciting event! Our thanks to the presenters and to Ms. Caroline Alcaraz for the work done in organizing the event.

Using the CRISPR toolbox to dissect leukemic behavior in vivo

By: Dr. Hans Knecht

Dr. François Mercier joined the Division of Hematology, Department of Medicine, in July 2017 and set up his laboratory at the Lady Davis Institute of the Jewish General Hospital, where he spends 25% of his time doing clinical work and 75% in research.



François remembers the day when he chose to make hematology his career. He was a medical student at McGill University, working for the summer between Med-P and his first year of medical school in the laboratory of his research mentor, Dr. Jacques Galipeau. “I was lucky to be assigned to a great research project, where I had to study the role of interferon signaling in experimental models of melanoma. By the end of the summer, we had demonstrated that overexpressing an interferon regulatory protein could delay disease progression in mice. Knowing the role that immunotherapy now plays in cancer, this project was really ahead of the curve.” Being able to follow Dr. Galipeau during clinic and ward consultations, and observing the interplay between clinical and laboratory hematology, confirmed in his mind this career choice.

Following completion of his residency in adult hematology at McGill University, Dr. Mercier decided to pursue an additional specialization in basic research. “Taking care of patients on the ward with acute myeloid leukemias (AML), some being the same age as myself at the time and afflicted with a very severe disease, made me realize the pressing need for better treatments. Since I had an interest in basic research, I thought that going into laboratory research with a clinical perspective could be my way of contributing.” Dr. Mercier moved to Massachusetts General Hospital, where he learned in the Scadden laboratory the basics of studying hematopoietic and leukemic stem cell biology in experimental models. “Mouse genetics are a really powerful tool to dissect complex biological processes, such as interactions between hematopoietic cells and their microenvironment. It is a reproducible and well characterized system”, he states. There is sufficient genetic homology between mice and humans that the same leukemic oncogenes can be introduced and recapitulate the disease. “We know that AML is relatively simple in terms of burden of mutations, compared to other cancers. However, the downstream mechanisms and therapeutically actionable vulnerabilities, such as metabolism, are still being characterized.”

“Our main approach is to couple CRISPR genetic perturbation in mouse models of AML with analysis of gene expression in human patients. This way we can identify which genes are key players in the development and maintenance of the disease.” Dr. Mercier’s main take home point about basic research? “It is like long-distance running. Building a good research program takes time. I did not realize it initially. But it is important to enjoy the process as much as the results. I am very happy to be back. At McGill, I have found a truly collaborative environment and I am happy to set my foot in research here.”

PROMIS™ Measures Soon Available to Canadian Researchers and Clinicians

*“He who studies medicine without books sails an uncharted sea,
but he who studies medicine without patients does not go to sea at all.”*

Sir William Osler

By: Dr. Susan Bartlett, Professor, Division of Clinical Epidemiology

With growing acceptance that the ultimate stakeholders in health care are patients, there is growing acknowledgement that the ultimate goal of health care is to improve how individuals feel and function. To provide care that is truly patient-centered, we need a better understanding of the day-to-day experience of living with chronic health conditions and the effects of treatment on outcomes that matter most to patients. Patient-reported outcome measures (known as PROs) capture information directly from patients *without interpretation by others*. PRO data are increasingly valued by clinicians, researchers, patients and decision makers (e.g., policy makers, payers, regulatory agencies, etc.). PRO data are also used for quality assurance, safety and comparative effectiveness reporting, pay-for-performance initiatives, and program evaluation.

In 2004, as part of their **Roadmap for Medical Research**, the National Institutes of Health (NIH) in the U.S. sought to standardize and optimize PROs across key domains of physical, emotional, and social health. The goal of the **Patient Reported Outcomes Measurement Information System (PROMIS™)** Initiative was to create a standardized set of PRO instruments to measure common outcomes in chronic disease such as pain, fatigue, emotional distress, and physical function. A hallmark of PROMIS applies sophisticated psychometric methods to optimize existing PROs (and develop new ones). To date, NIH has invested > \$400 million in PROMIS, resulting in 200+ measures for adults and children in English and Spanish. Given their efficiency and precision (i.e., 4-8 items per domain), PROMIS measures have been identified as the optimal PROs in many health conditions.

In 2012, investigators from Europe, China and Canada met to develop a strategic plan to accelerate international uptake of PROMIS tools and methods and contribute to the translation and cultural adaptation/validation of PROMIS for use worldwide. Countries such as the Netherlands, Germany, Sweden, China, and others quickly invested in translating PROMIS tools to facilitate their use by research and clinical communities. As a result, PROMIS has quickly become the gold standard PROs used in national registries, population monitoring, and clinical trials in much of Europe, Asia, Australia, and the US. Although official translations are available in 20+ languages, relatively few PROMIS measures are available in French.

To address this gap, in 2012 Dr. Sara Ahmed and I created the PROMIS-Canada Initiative (mcgill.ca/can-pro-network/PROMIS-Canada). After several years of discussions, last fall we secured funding from **CIHR's Quebec SPOR Unit** to translate and culturally validate many PROMIS item banks. This work is underway, and we anticipate PROMIS measures in English and French will be available through REDCAP and other platforms for use by Canadian researchers by the end of 2018.

PROMOTIONS & AWARDING OF TENURE

Congratulations to our Faculty members for their achievements !

FULL PROFESSOR PROMOTIONS

Dr. Susan Bartlett: A member of the MUHC Division of Clinical Epidemiology, Dr. Bartlett is a clinical psychologist and behavioral epidemiologist well known for her expertise in patient-centered outcome research (PCOR), and for developing research methods that involve patients as active partners in the research process.

Dr. Peter Lakatos: A clinician scientist in the Gastroenterology Division and Director of the IBD (inflammatory bowel disease) Center at the Montreal General Hospital, Dr. Lakatos uses epidemiologic approaches to examine clinical characteristics and biomarkers in the prediction of IBD progression and response to medical therapy.

Dr. Brent Richards: A clinician scientist in the Division of Endocrinology based at the Jewish General Hospital, Dr. Richards has been a major leader in most of the large scale genetic studies for osteoporosis, and he has broadened the scope of his research in identifying vitamin D deficiency as a risk for multiple sclerosis.

Dr. Maya Saleh: Based in the Complex Traits Group at the Bellini Life Sciences Building, Dr. Saleh is an internationally known researcher for her work in the area of innate immunity, in particular how it relates to infectious and inflammatory diseases and cancer.

ASSOCIATE PROFESSOR PROMOTIONS WITH TENURE

Dr. Jonathan Afilalo: A member of the Cardiology Division based at the Jewish General Hospital, Dr. Afilalo studies frailty as it applies to cardiovascular diseases. He has developed validated tools for the assessment of frailty which have been introduced into clinical practice.

Dr. Meredith Young: Based at the Center for Medical Education, Dr. Young is an expert in educational psychology and has established a research program focused on the assessment of health profession education.

AWARDING OF TENURE

Dr. Momar Ndao: Associate Professor in the Division of Infectious Diseases, Dr. Ndao is a leading expert in the area of parasitic disease with a particular interest in novel diagnostic tools, innovative therapies and establishment of biomarkers. His laboratory is a national reference laboratory.

FRQS SALARY AWARDS

Congratulations to our members !

Chercheur Boursier Senior

◆ **Dr. Nitika Pai**

Chercheur Boursier Clinicien Senior

◆ **Dr. Vidal Essebag**

◆ **Dr. Ines Colmegna**

◆ **Dr. Dao Nguyen**

Chercheur Boursier Junior 2

◆ **Dr. Andrea Benedetti**

◆ **Dr. Jesper Sjostrom**

Chercheur Boursier Junior 1

◆ **Dr. Meredith Young**

Chercheur Boursier Clinicien Junior 2

◆ **Dr. Sarit Assouline**

◆ **Dr. Donald Vinh**

Chercheur Boursier Clinicien Junior 1

◆ **Dr. Natalie Dayan**

◆ **Dr. Emily McDonald**

◆ **Dr. Ruth Sapir-Pichhadze**

◆ **Dr. Oriana Yu**

DISTINGUISHED JAMES MCGILL PROFESSORSHIPS

◆ **Dr. Charles Bourque**

◆ **Dr. Erwin Schurr**

WILLIAM DAWSON SCHOLAR

◆ **Dr. Kristian Filion**

DEPARTMENT OF MEDICINE AWARDS

Congratulations to this year's recipients !

JEWISH GENERAL HOSPITAL Department of Medicine Staff and Residents Year-End Party held June 6, 2018

Dave Feder Award

Resident who practices medicine with most compassion and sensitivity

- ◆ **Dr. Natasha Nathoo**

Sheldon Zelman Memorial Award

For academic excellence and outstanding contribution to patient care

- ◆ **Dr. Julie D'Aoust**
- ◆ **Dr. Ismail Raed Raslan**

Dr. Allen Spanier Internal Medicine Award

Resident who exhibits an enduring passion for the practice of medicine.

- ◆ **Dr. Suhaib Radi**

Teacher of the Year voted by the residents

- ◆ **Dr. Ruxandra Bunea**

Fellow of the Year Award

- ◆ **Dr. Michael Chetrit**

MUHC Departmental Annual Dinner held May 31, 2018
Please click here for our [photo gallery](#)

Physician-in-Chief Award

For highly distinguished service to the MUHC Department of Medicine

- ◆ **Dr. Richard (Rick) Fraser**

Department of Medicine Physicianship Award

Exemplary Physician

- ◆ **Dr. Neil Colman**
- ◆ **Dr. Dana Baran**

Outreach Award

Attending Staff, Teams or Residents who enhance links between the MUHC and the community

- ◆ **Dr. Donald Vinh**

Department of Medicine Award

For Innovation in Clinical Care or Quality

- ◆ **Dr. Elizabeth Hazel**

Department of Medicine Award

For Research by a Subspecialty Resident

- ◆ **Dr. Arielle Mendel**

Department of Medicine Staff Research Award

- ◆ **Dr. Jean Bourbeau**

Department of Medicine Early Career Staff Research Award

- ◆ **Dr. Donald Vinh**

The Louis G. Johnson Award

For excellence in Teaching by a Medical Resident - selected by RVH Residents

- ◆ **Dr. Sarah MacIsaac**

The Lorne E. Cassidy Teaching Award

For Excellence in Teaching by a Medical Resident - selected by MGH Residents

- ◆ **Dr. Abdulrhman Abulaban**

The Douglas G. Kinnear Award

Outstanding Clinician-Teacher at the MUHC - selected by MGH Residents

- ◆ **Dr. NingZi Sun**

The W.H. Philip Hill Award

Outstanding Clinician-Teacher at the MUHC - selected by RVH Residents

- ◆ **Dr. Patrick Willemot**

ST. MARY'S Family Medicine Annual
Physicians' dinner held Friday, June 8, 2018.

Physician-in-Chief Award

Family Medicine Resident (R2) who demonstrates excellence in Internal Medicine

- ◆ **Dr. Sean Pallay**

Mervyn James Robson Memorial Award

For Excellence in Internal Medicine during first year of residency

- ◆ **Dr. Talia Abecassis**

**MCGILL RESIDENCY TRAINING
PROGRAM AWARDS**

Residency Research Evening Award

For Research by a Core Internal Medicine Resident

- ◆ **Dr. Arielle Elkrief**
- ◆ **Dr. Shen Li (2)**
- ◆ **Dr. Sana Swaleh (3)**

The Harold Frank Prize

For Excellence in a Clinical Case Presentation (Clinical Vignettes)

- ◆ **Dr. Ariane Barbacki**

THANK YOU TO OUR TUTORS!
Department of Medicine
Tutors 2017 – 2018

Teaching clinical skills to the next generation of physicians is one of the key functions of an academic medical department such as ours. We have a particularly large contribution in teaching clinical skills in the second year of medicine, a very time intensive endeavour. We would like to acknowledge the following members of our Department who acted as Tutors this past academic year.

Review, Assess, Consolidate Course

Jewish General Hospital

Staff

Dr. Roxandra Bunea
Dr. Hoi Yun Oriana Yu
Dr. Polymnia Galiatsatos
Dr. Jonathan Wyse
Dr. April Shamy
Dr. Genevieve Gyger
Dr. Agnieska Majdan

Residents & Fellows

Dr. Sophie Wojcik
Dr. Natasha Nathoo
Dr. Han Yao
Dr. Alina Beliaevsky
Dr. Parvaneh Fallah
Dr. Teresa Cafaro

Royal Victoria Hospital

Staff

Dr. Stephane Beaudoin
Dr. Julie Okapuu
Dr. Veronique Naessens
Dr. Jeffrey Wiseman

Residents & Fellows

Dr. Barry Burstein
Dr. Catherine Groleau
Dr. Guillaume Butler-Laporte
Dr. Rachel Spevack
Dr. Valerie Heron
Dr. Aly Kanji
Dr. Ketaki Rawal
Dr. Michael Fein

Montreal General Hospital

Staff

Dr. James David Shannon
Dr. Laurence Green

Residents & Fellows

Dr. Miriam Harris
Dr. Daphnée Perron-Couture
Dr. Douglas Slobod
Dr. Bahy Vethanayagam
Dr. Jacinthe Boulet
Dr. Ruiyao Huang
Dr. Sunny Shah
Dr. Alex khoury
Dr. Tricia Peters
Dr. Moez Tajdin

St. Mary's

Staff

Dr. Domenic Ferrarotto
Dr. Margaret Hughes
Dr. Shek Fung
Dr. Benjamin Schiff
Dr. Bruce Campbell
Dr. Eric Tremblay
Dr. Michael Bonnycastle
Dr. Robert Diez d'Aux
Dr. Zoe Mamalingas
Dr. Angelo Fuoco

(Continued on page 11)

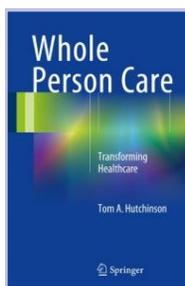
(Continued from page 10 / Tutors)

Transition to Clinical Practice Course

Jewish General Hospital	Royal Victoria Hospital	Montreal General Hospital	St. Mary's
<i>Staff</i>	<i>Staff</i>	<i>Staff</i>	<i>Staff</i>
Dr. Roxandra Bunea	Dr. Ken Flegel	Dr. James David Shannon	Dr. Gail Goldman
Dr. Hoi Yun Oriana Yu	Dr. David Dawson	Dr. Laurence Green	Dr. Jeffrey Segal
Dr. Lama Sakr	Dr. Jay Biem	Dr. Constantine A. Soulellis	Dr. Suzanne Morin
Dr. Jason Scott Agulnik	Dr. Ning-Zi Sun	Dr. Catherine Weber	Dr. Julia Chabot
Dr. Gershon Frisch	Dr. Shaifali Sandal	Dr. Ratna Samanta	Dr. Bruce Campbell
Dr. Carmela Pepe	Dr. Tianyan Chen	Dr. Emilie Trinh	Dr. Harold Zackon
Dr. Elise Jodi Levinoff	Dr. Sameena Iqbal		Dr. Nathalie Ng Cheong
Dr. Luc Trudeau	Dr. Jeffrey Wiseman	<i>Residents and Fellows</i>	Dr. Benjamin Schiff
	Dr. Nessrine Sabri	Dr. Emily Nguyen	Dr. Farzaneh Shamekh
<i>Residents & Fellows</i>	Dr. Emily McDonald	Dr. Douglas Slobod	Dr. Michael Stein
Dr. Sophie Wojcik	Dr. Peter Lakatos	Dr. Daphnée Perron-Couture	Dr. Todd McConnell
Dr. Arif A Awan		Dr. Sunny Shah	
Dr. Michael Wodkowski	<i>Residents & Fellows</i>	Dr. Bahy Vethanayagam	
	Dr. Erica Rubin	Dr. Alex Khoury	
	Dr. Aly Kanji		

Whole Person Care: Transforming Healthcare

Book by Dr. Tom Hutchinson



Many of you have been exposed to the teaching of the principles of whole person care by **Dr. Tom Hutchinson**. Some of you have taken the CARE workshop. You know that Tom is an unconditional ally of the patient as a person and not a collection of organs. His latest book, a sole authored work, is a masterful reflection on the tensions between modern approaches to health care and an attentive and healing relationship with the patient. He brings out the benefits for the physician of this relationship and its place in the prevention of burnout. Links to reviews are provided below. - *Dr. James Martin*

<https://www.mcgill.ca/wholepersoncare/article/reviews-whole-person-care-transforming-healthcare>

APPOINTMENTS

Wishing our members great success !



Dr. Marcel Behr has been appointed as **McGill University and MUHC Interim Director of the Division of Infectious Diseases** as of July 1, 2018. Dr. Behr

replaces Dr. Donald Sheppard while he is on a sabbatical leave from the University. The Department is very grateful to Dr. Behr for taking this leadership role.



Dr. Elizabeth Fixman has been appointed to the position of **Associate Graduate Program Director for the Division of Experimental**

Medicine as of June 1st, 2018. Dr. Fixman is an Associate Professor in the McGill University Department of Medicine and Researcher at the Meakins-Christie Laboratories, RI-MUHC. She earned her PhD degree at Johns Hopkins University in Pharmacology and Molecular Sciences and completed her post-doctoral training at McGill University. Dr. Fixman has served as an academic advisor for several years in the Division of Experimental Medicine.

RECRUITMENT

Welcome to our new Faculty members !



Dr. Rachel Bond, Assistant Professor to the Division of Endocrinology and Metabolism and Attending Staff of the MUHC. Dr. Bond earned her medical degree at McGill University, where she subsequently completed a 3 year residency in internal

medicine followed by a residency in adult endocrinology at McGill University. She then pursued additional training in reproductive endocrinology at Université de Montréal. Dr. Bond will have clinical duties at the MUHC, specializing in reproductive and transgender endocrinology, where she will be involved in teaching students and supervising medical residents.

Dr. George Fantus, new **MUHC Division Director of Endocrinology and Metabolism**

as of July 1st, 2018. Dr. Fantus has been appointed to the Attending Staff of the MUHC Department of Medicine, Division of Endocrinology and Metabolism, as a Senior Scientist at the MUHC-RI and as a Professor



in the McGill University Department of Medicine. Dr. Fantus earned his medical degree at McGill University, where he initiated his career as a clinician-scientist. He occupied the position of Director of the RVH Metabolic Day Centre from 1987 to 1991 and Associate Director of the Protein and Polypeptide Laboratory. He then moved to Toronto where he has been Professor in the Departments of Medicine and Physiology, endocrinologist at Mount Sinai Hospital/UHN, senior scientist at the Toronto General Research Institute and director of the Core Laboratory of the Banting and Best Diabetes Centre. He served as Director of the Division of Endocrinology and Metabolism (2001-2008) and Associate Dean for Research of the Faculty of Medicine (2007-2015). Dr. Fantus' research career has been dedicated to understanding the molecular mechanisms of insulin resistance and the toxic effects of hyperglycemia, with more than 125 publications, and numerous awards including the CDA Young Scientist Award, Ten-year Length of Service Award and the Gerald S. Wong Service Award. He will pursue his research activities at the MUHC-Glen with the Metabolic Disorders and Complications Program of the MUHC-RI and will have clinical duties at the MUHC, where he will be involved in teaching students and supervising medical residents.

We are grateful to **Dr. Jean-François Yale**, who served

(Continued on page 13)

(Continued from page 12 / Recruitment)

with distinction as interim Director of the MUHC Division of Endocrinology and Metabolism for the past 18 months.



Dr. Nadine Kronfli, Assistant Professor to the Division of Infectious Diseases and a Clinician-Investigator of the MUHC Department of Medicine. Dr. Kronfli earned her medical degree at the University of Ottawa, followed by residency training

at McMaster University in internal medicine and infectious diseases. Dr. Kronfli also has a Master's degree from the Yale School of Public Health and a Diploma in Tropical Medicine from the Gorgas Memorial Institute of Tropical and Preventative Medicine. Prior to her appointment, she completed a two-year CIHR Canadian HIV Trials Network post-doctoral research fellowship at the MUHC. Dr. Kronfli will have clinical duties at the MUHC, where she will be involved in teaching students and supervising medical residents. Dr. Kronfli's research interests lie in the development, implementation and evaluation of innovative, evidence-based strategies to improve health outcomes in the HIV and hepatitis C virus care cascades among socioeconomically marginalized populations such as people in prison and Indigenous persons.

Dr. Samuel Mamane, Assistant Professor to the Division of General Internal Medicine and Attending Staff of the Jewish General Hospital (JGH). Dr. Mamane earned his medical degree at McGill University, where he subsequently completed post-graduate



training in internal medicine and general internal medicine, and during which he also earned his Master of Science in experimental medicine for his work on the evaluation of frailty and sarcopenia in the peri-operative setting. Dr. Mamane went on to obtain a Master of Public Health in clinical effectiveness from Harvard University where he also pursued additional training in integration of health information technology to improve healthcare quality and patient safety. Dr. Mamane will have clinical duties at the JGH, where he will be involved in teaching students and supervising medical residents. He will continue to advance his career with research targeting quality

improvement and patient safety, with a specific interest in improving healthcare delivery to the elderly.

Dr. Benjamin Shieh, Assistant Professor to the Respiratory Division and Attending Staff of the MUHC. He is also an Associate Member in the Department of Oncology. Dr. Shieh earned his medical degree at Memorial University. He completed his core residency in internal medicine



at Queen's University, followed by subspecialty training in respirology at McGill University. He then pursued advanced fellowship training in interventional respirology, and then in pulmonary oncology, both at the University of Calgary. Dr. Shieh will have clinical duties at the MUHC Glen and MGH sites. At the Glen site, he will have major involvement in the interventional respirology program based at the MCI, and he will provide chemotherapy and follow-up for lung cancer patients at the Cedars Cancer Centre. He will also attend on the inpatient and ED consult services at both the Glen and MGH sites, and will see outpatients at the MCI and MGH respiratory clinics. He will teach medical students and supervise medical residents, including fellowship trainees in interventional respirology. He will participate in research and quality improvement projects related to his major areas of clinical focus.

***NOTE: The Department of Medicine is in the process of recruiting several new members who are starting this summer and early fall. Although every attempt is made to acknowledge them all at the time we go "to press", some announcements may be delayed and will appear in the Fall newsletter.*

Honours

Congratulations to our members for their achievements !



Dr. John Bergeron, Emeritus Professor, has been inducted as **Chevalier de l'Ordre national du Québec**, the highest distinction awarded by the province.

Dr. Marcelo Cantarovich, Professor in the Division of Nephrology, has been elected **President-elect** (2018-2020) of the **Transplantation Society**.



Dr. W. Dale Dauphinee, Adjunct Professor in the Division of Clinical Epidemiology, former Chair of Medicine and former Physician-in-Chief for the Royal Victoria Hospital, was appointed as a member of the **Order of Canada** for

his contributions to medical education and the development of standards for evaluating physicians in Canada and around the world.

Dr. Abraham Fuks, Professor in the Division of Allergy and Immunology and former Dean of Medicine, was appointed as a member of the **Order of Canada** for his contributions to the advancement of Canadian medical research, notably for his exploration of the immunological features of Type 1 diabetes and of immune-based cancer therapies.



Dr. Susan Kahn, Professor in the Division of General Internal Medicine, was named "**Grands noms de la médecine au Québec**" by the Fédération des médecins spécialistes du Québec. [Read more on Med-e-](#)

[News.](#)

Dr. Madhukar Pai, Professor of Epidemiology and Biostatistics, Associate Member in our Department and Director of McGill Global Health Programs, was honoured as an influential alumnus by the University of California, Berkeley's (UCB) School of Public Health (SPH). [Read more on Med-e-News.](#)



Dr. David Rosenblatt, Professor in the Departments of Human Genetics, Medicine, Pediatrics, and Biology at McGill University, has been selected as the **2018 recipient of the Canadian College of Medical Geneticists (CCMG) Founders' Award for Career Achievement**. [Read more on Med-e-News.](#)

Dr. Ernest Seidman, Professor in the Division of Gastroenterology (jointly appointed in the Department of Pediatrics), was honoured at an international symposium on gastroenterology. [Read more on Med-e-News.](#)



Dr. Don Sheppard, Professor and Director of the Division of Infectious Diseases, was the only Canadian among 78 physician-scientists inducted into the **American Society for Clinical Investigation (ASCI)** in 2018. [Med-e-News.](#)

Dr. Mark Smilovitch, Associate Professor in the Division of Cardiology, has been nominated to the **Faculty Honour List for Educational Excellence**.



Dr. Linda Snell, Professor in the Division of General Internal Medicine and Core Faculty at the McGill Centre for Medical Education, is a newly elected **Fellow of the Royal College of Physicians of London** (RCP London). [Read more.](#)



Dr. Jeff Wiseman, Assistant Professor in the Division of General Internal Medicine, and



(Continued on page 15)

(Continued from page 14 / Honours)
the **LEADS Partnership** were awarded the **2017 Outstanding International Research Collaboration Award** sponsored by the American Education Research Association Technology, Cognition and Learning Special Interest Group.

McGill University Department of Medicine
McGill University Health Center
1001 Decarie Boulevard
Mail Drop Number: D05-2214, Suite D05-2212
Montreal (Quebec) H4A 3J1
Tel.: (514) 843-1578
Fax: (514) 843- 8182
<http://www.mcgill.ca/deptmedicine/>

Dr. James Martin
Chair, Department of Medicine, McGill University
Physician-in-Chief, MUHC

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

Teresa Alper, Associate Director (Administration)
Debbie Carr, Human Resources and Finance Officer, Academic Affairs
Caroline Alcaraz, Academic Affairs and Administrative Officer
Josée Cloutier, Academic Affairs Administrator
Lori Manon-og, Human Resources Advisor
Rosa Giobbi, Human Resources Administrator
Diane Lewis, Student Affairs Officer
Colin D'Souza, Financial Officer
Anna Pietromonaco, Financial Administrator
Lisa Knyszynska, Senior Accounts Administrator
Naoual El Mrabet, Executive Assistant to the Chair and Physician-in-Chief
Christine Di Iorio, Administrative Assistant, MUHC

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
Associate 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.

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.