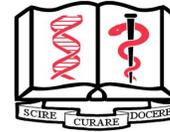


# VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

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## HIRING PRACTICES IN THE ERA OF EQUITY, DIVERSITY AND INCLUSIVENESS



*Dr. James Martin  
Chair, Department of Medicine*

### Equity, Diversity and

Inclusiveness, terms you are all familiar with and themes that are now a major pre-occupation of the University. The University has developed policies and procedures to meet the need for fair hiring practices. Tenure-track positions, when available, require a search process. Likewise, Canada Research Chairs, James McGill professors and William Dawson scholars are nominated based on selection processes that, more recently, also require members of committees to have taken training in Equity, Diversity and Inclusiveness.

In the spirit of respecting the above principles at the last meeting of Division Directors at Holmes Hall on November 26, 2018, we discussed the issue of fair hiring practices and the desirability of advertising new opportunities for hire in our Department. Arguments were voiced both in favour and against maintaining our current hiring practice, which is predominantly opportunistic and favors our own trainees. Some Divisions do advertise available positions and run selection committees, but often we have tended to favor the

selection of internal candidates. We have identified trainees that are in our pipeline, and encouraged them to obtain extra training with a view to joining the Department, following their formation complémentaire (FC). The RAMQ-funded FC does indeed require the promise of a position to a trainee, but we need not always follow this path because many potential recruits have strong academic aspirations and seek longer training than the FC with the benefits that this bestows.

Of course, we have excellent residents and we certainly wish to support them in the next steps in their careers. Extra clinical and research training in top institutions will certainly provide them with the necessary skills and track-record to merit their joining the Faculty. However, we should not exclude the possibility that talented graduates from our sister universities may seek an opportunity to compete for coveted positions. Viewed through an objective lens, we do not always meet the criteria for an open and transparent process by advertising widely, a practice that many other departments of medicine across Canada engage in. At McGill, the Faculty of Medicine has stringent requirements for hiring new faculty members into the tenure stream but is supporting the development of fair and open hiring practices for clinical faculty as well.

The Department proposes to adhere, as best possible, to proper searches. Let's get on board with the efforts to ensure best practice.

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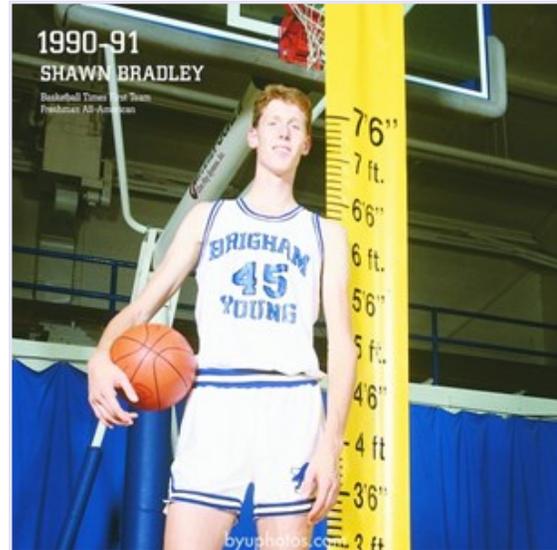
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# Polygenic Risk Scores



*Dr. Brent Richards  
Professor, Division of Endocrinology and Metabolism  
Jewish General Hospital*

Shawn Bradley is a tall guy. At 7 ft 6 in, he's one of the tallest players in the history of the NBA. Watching him play for the Philadelphia 76ers, most clinicians would suppose that he has acromegaly, or a rare genetic base pair mutation leading him to be tall. But he has neither. In fact, when his genome was sequenced, he was found to simply have an extreme accumulation of the genetic alleles that are commonly found in the population to be associated with being tall. In the world of modern genetics, we'd say that Shawn Bradley has a "high polygenic risk" for being tall. Over the past 12 months, it's become apparent that we can start to identify people in the population who have a high polygenic risk for many diseases. And this information may be clinically useful.



Polygenic risk scores are simple. At their core, they are just a sum of the alleles that predispose to a disease.

These can be summed for each person in a population and then that population can be stratified for those at high and low risk of disease. At present, most such scores rely upon common genetic determinants of disease, which we call SNPs (single nucleotide polymorphisms). Since natural selection has allowed these SNPs to become common in the population, individually, they have a small risk of disease. But by adding up tens of thousands, or perhaps millions of these variants, we can start to identify people at reasonably high risk of disease.

What is clinically attractive about these risk scores is that they seem to be generally uncorrelated with most known risk factors. So, for example, when we predict people with low bone density from a polygenic risk score, we are adding information that is independent of known risk factors. This enables better risk stratification. Further, the number of people at high risk can be large. For example, using a polygenic risk score, colleagues at Harvard have identified 8% of the European-ancestry population that has a ~3-fold increased risk of coronary heart disease. To put this in perspective, type 2 diabetes imparts a 2-fold risk of coronary heart disease and affects 8% of the population.

Many questions need to be resolved prior to clinical application and these include costs of genotyping, storage of information, ancestry-specific effects, changing physician and patient's behaviour and regulatory concerns for new diagnostic tests. We and others are working on these questions now.

But in the mean-time, given the rapidly decreasing costs of genotyping and the fact that one investment could enable risk stratification for many outcomes, it would appear that polygenic risk scores could complement existing care. In the case of height, it's pretty easy to detect the Shawn Bradleys of the world, but it appears that polygenic risk scores will help us to identify people who were not previously known to be at high risk of common disease.

# From Patient to Pipette: Unlocking the Insights of Rare Diseases

Dr. Don Vinh

Associate Professor, Divisions of Infectious Diseases and Allergy & Immunology

*"When you hear hoofbeats, think of horses, not zebras." - Dr. Theodore Woodward*

We have all heard this aphorism. It reminds us that, when evaluating a patient's condition, we should focus on common causes, rather than on esoteric ones. For most patients, this heuristic approach is pragmatic. But, what of those patients with an unfamiliar condition who are failed by this approach? Hoofbeats are contextual; causes in Old Montreal differ from those in the Serengeti. When a guiding aphorism becomes idolized dogma, it risks discouraging the pursuit of diseases that are unusual, novel, or downright bizarre. Consequently, patients with rare diseases are greatly disserved.

What is a "Rare Disease"?

A disease is considered "rare" when it affects <1/2000 people (Europe), <1/2500 (Japan), or <200,000 (U.S.). Canada does not have a formal rare disease framework. Rare diseases occur in every specialty. Collectively, >7000 Rare Diseases exist; most are thought to be genetic, others are acquired. In some countries (e.g. U.S., Australia), Rare Diseases collectively are more common than diabetes. Globally, it is estimated that more people are affected by Rare Diseases (350 million) than HIV (36.9 million)! At the MUHC, a convenience survey identified >5000 patients with Rare Diseases are followed here. Thus, "Rare" is not "Insignificant".

Why study "Rare diseases"?

Osler wrote, "As clinical observers, we study the experiments which Nature makes upon our fellow creatures." Thus, we must study patients and their diseases, even if infrequent. Samuel Darling studied one patient in 1905 with a new disease; it's now called "histoplasmosis". Harvey Cushing described a novel, multi-organ syndrome due to "pituitary basophilism". Dorothy Andersen studied a child with gluten hypersensitivity, abnormal pancreas, and pulmonary mucous secretions, which she called "cystic fibrosis". There are no irrelevant diseases. Time will determine their popularity.

Rare Diseases, especially those with a genetic basis, provide a human model to define the biological mechanisms of human diseases. Not that there is no value in animal models - unarguably, there is. But, humans are distinct from nematodes and mice for a reason, and the insights into human biology from Rare Diseases have been profound. Some may believe that Rare Diseases are not relevant to "common" diseases. There are numerous examples to the contrary. In my field (inborn errors of immunity), broader applicability is clear: Autoinflammatory syndromes have translated to novel therapies for gout. Immunoglobulin replacement in genetically-mediated B cell deficiency is the basis for this treatment in patients with secondary hypogammaglobulinemia (from B cell depletion). There is obvious value in studying Rare Diseases.

The MUHC Consortium for Rare Disease Research ("CRDR", pronounced "corridor"):

With this value in mind, we have begun establishing the MUHC CRDR, uniting all clinicians and scientists focused on Rare Diseases. Clinically, our goal is to optimize medical care and health care delivery (at pediatric and adult levels), including a corridor of service to facilitate referrals and transition care across the ages. Scientifically, we will integrate our expertise for transformative, cross-disciplinary research; expand biobanks; implement state-of-the-art genomics for diagnosis; and partner with industry for pre-clinical and clinical trials. Ultimately, the MUHC CRDR will be a home for those with these diseases.



*Organizing Committee for the MUHC CRDR (from L to R): John Mitchell (Pediatric Endocrinologist); Nancy Braverman (Medical Geneticist); Donald Vinh (Infectious Diseases/Medical Microbiology); Arnold Kristoff (Respirologist/Intensivist); Inga Murawski (Program Manager, Translational Research in Respiratory Diseases), at the inaugural strategic symposium (October 2018).*

## Fertile Ground: Women's Immunology at the MUHC

*Dr. Christos Tsoukas*

*Professor and Director, Division of Allergy and Immunology, McGill and MUHC*

**N**ovember 1st 2017, **Dr. Geneviève Genest** was appointed to the Attending Staff of the MUHC Department of Medicine, Division of Allergy and Clinical Immunology, and as an Assistant Professor in the McGill University Department of Medicine.



Dr. Genest earned her medical degree at Université de Montréal, and did post-graduate training in Allergy and Clinical Immunology at the McGill University Health Centre. She completed a fellowship in reproductive immunology at the University of Toronto and is currently pursuing graduate training with a PhD in Experimental Medicine. Her main research focus is identifying endometrial immune anomalies in patients with unexplained reproductive failure and on investigating a novel approach to the treatment of infertility.

Her interest in reproductive immunology began very early in her training in allergy and immunology. She encountered a patient with 10 consecutive recurrent miscarriages. Her attending and mentor, Dr. Phil Gold, was treating the patient with intravenous immunoglobulin (IVIg) in an attempt to 'trick' her body into accepting a pregnancy. From that day on, Dr. Genest decided to specialize in reproductive immunology and is now passionately involved in conducting research on this important problem.

As a mother herself, Dr. Genest was able to appreciate the extent to which couples went to have children. During her fellowship, she witnessed firsthand the disappointment and hopelessness felt by patients when told of their inability to conceive or bear children. Furthermore, the disappointment was compounded by the inability of medical science to explain why. Realizing that an aberrant uterine immune response may be implicated in infertility but that no diagnostic test existed to confirm it, she decided to pursue additional training in basic sciences. Dr. Genest's PhD project aims to find markers of endometrial immune dysfunction in women with pathological pregnancies or infertility, and ultimately to define specific phenotypes of immune-mediated reproductive failure. Furthermore, she plans to apply a personalized medicine approach to identify appropriate immunomodulatory treatments.

In November 2017, Dr. Genest created Quebec's first designated Reproductive Immunology Clinic at the Montreal General Hospital. This clinic specializes in women's immunology with a platform for evaluating idiopathic reproductive failure. The clinic also assesses fertility drug associated allergy, seminal fluid allergy, pregnancy and conception in women with immune dysregulation, known fetal allo-immunity, as well as pregnancy in those with immunodeficiency.

"I thank my excellent colleagues in basic and clinical research in multiple disciplines - obstetrics and gynecology, immunology, reproductive endocrinology and infertility throughout Quebec. With their help, I am creating a multidisciplinary and translational collaborative to conduct research using this knowledge to treat and prevent pathologic immune dysfunction during pregnancy".



## Sabbatical Thoughts A note from Bordeaux

*Dr. Maya Saleh  
Professor, Divisions of Critical Care and Gastroenterology  
McGill Research Centre on Complex Traits*

Hello from Bordeaux! I'm writing this while nearing the end of my sabbatical stay at Bordeaux University, where I have had the privilege to hold the position of an Initiative d'excellence (IdeX) Visiting Scholar through two consecutive IdeX awards in 2017 (July-Dec) and 2018/2019 (Sept-March). My host was the [ImmunoConcEpT](#) Laboratory, a superb team of fundamental and clinical immunologists who collaborate flawlessly to solve clinical problems or understand clinical observations through basic science discoveries. One key ingredient for this well-oiled machine is the number of MD-PhD students in the system. Roughly more than 70% of the student body I interacted with at ImmunoConcept were MDs in training for a PhD, with thesis subjects ranging from regulation of gamma-delta T cells by HCMV in transplant patients, immunopathogenesis mechanisms in Systemic Lupus Erythematosus (SLE) patients, or the role of the inflammasome in human colorectal cancer progression and metastasis.

My tenure at Bordeaux University resulted in multiple collaborations with researchers at ImmunoConcept including Dr. Julie Dechanet-Merville (non-conventional T cells) and Dr. Benjamin Faustin (inflammasome, immunometabolism) as well as with clinician-scientists at the CHU de Bordeaux, including Dr. Patrick Blanco (Chief of Immunology) and Dr. Thierry Schaefferbeke (Chief of Rheumatology), founding members of the Fédération Hospitalo-Universitaire (FHU) ACRONIM (Aquitaine's Care and Research Organization on Inflammatory and Immune-Mediated Diseases). These collaborations have been formalized in the form of grants, manuscripts and co-supervision of students.

The objective of one international grant is to rally the forces at McGill and Bordeaux Universities invested in the study and/or treatment of chronic inflammatory diseases, with an initial focus on the microbial and metabolic determinants of specific forms of IBD, ankylosing spondylitis and SLE. This work is a collaboration with Drs. Talat Bessissow and Alexander Tsoukas at the MUHC and Dr. Paul Fortin at Laval University and will involve 4 MD-PhD students who will conduct their thesis under the cotutelle program partly in my laboratory at McGill over the next 4 years.

In a second grant, the focus is on pharmacomicrobiomics with the objective to dissect the role of the microbiome in intestinal, dermatological and rheumatic immune-related adverse events (irAEs) associated with cancer immunotherapies, particularly with immune checkpoint inhibitors (ICI). Another aim is to determine whether co-medications that impact ICI efficacy and irAEs do so through the microbiome.

Beyond these specific projects, this sabbatical year has permitted the establishment of long-term collaborations between our labs and hopefully broader interactions among Aquitaine and Quebec scientists at large.

Finalement, qui dit Bordeaux dit vin - DIVIN ;) . Indeed, Bordeaux is the city of wine with more than seven thousand vineyards and châteaux to visit, more than 10,000 wines to taste (I need more time for that!!) and to pair with incredible gastronomy. I've had a wonderful time here with my family visiting and sharing great experiences from surfing the waves of the Atlantic, hiking the Pyrenees and exploring Lascaux caves in beautiful Dordogne!

I want to thank McGill University and the Department of Medicine for supporting my sabbatical and a special thanks to my lab members at McGill for keeping up the momentum!

# 3rd Annual Clinical Research Symposium on High Value Care

*Dr. James Martin*

The Symposium was held on November 23, 2018 at the RI-MUHC and attracted 120 registrants, an increase from last year. **Dr. Pierre Gfeller**, President and Executive Director, MUHC, opened the symposium with an address which reinforced the focus on high value care for health care in Quebec and in the McGill network of hospitals.

The first keynote speaker was **Dr. Kaveh G. Shojania**, Vice Chair, Quality & Innovation & Director, Centre for Quality Improvement and Patient Safety, University of Toronto, who provided invaluable advice as to the design and execution of a project in high value care. He detailed the obstacles to publication based on projects that were not innovative or that had an original bias. He recounted anecdotes related to data gathering that were illustrative of important features of design. He stressed the need to understand the basis for failure to achieve success with an intervention. The intervention needs to be supported by plausible theories and may need refinement as a project proceeds. He left us with a richer view of the approach to quality improvement.

**Dr. John Kildea**, McGill Department of Oncology, presented on the development of a patient portal. He described the objectives of the project to reduce the pain associated with treatment in oncology. He highlighted the pain of waiting. A mobile phone app that was developed to deal with wait times prompted the development of a much broader tool to provide details of treatment and relevant educational material. The asset for the institution was clear.

**Dr. Samuel Mamane**, McGill Department of Medicine and Division of General Internal Medicine at the JGH, presented on the use of digital technology in medical practice. He reviewed the problems in reducing adverse events. He was involved in the building of a safety dashboard and described the health record into which it is placed. He provided multiple examples of its utility in care.

**Dr. Nicole Ezer**, McGill Department of Medicine and Division of Respiratory Diseases, presented on her interest in early cancer screening. In the early screening trials, the benefits of low dose CT scan in reducing mortality from lung cancer were equivocal. The adverse consequences of false positive findings have slowed implementation of widespread screening. She showed the proposed screening program and the various tools for appropriate screening, reporting and action.

**Ms. Melody Ng**, a medical student, presented on her experience with health system issues. She stressed the importance of the culture of an institution in promoting high value care. She stressed the importance of teaching stewardship to students and our role as components of the "system". She suggested that the enthusiasm of staff is important in inspiring trainees. She questioned the role of algorithms in our practice and reinforced the importance of teaching students the process of thinking critically.

The abstract slam was dynamic! Presentations were made by **Drs. Tanya Girard, Xavier Fournier, David Felipe Forero, Stéphane Beaudoin and Sarah McIsaac**. There was an excellent question and answer period around the abstracts presented.

**Dr. Marnie Goodwin-Wilson**, an R4 in General Internal Medicine currently in training at University of British Columbia, presented her work on polypharmacy. She reviewed the criteria that qualify persons for primary prevention and integrated the concept of concomitant high risk of death from other causes. She showed convincing data that the institution of primary prevention treatments should be assessed in a context in which competing causes of death are present.

**Dr. Chris Tsoukas**, Professor of Medicine and Division Director for Allergy and Immunology, presented on recent initiatives related to drug allergies. He discussed the erroneous labelling of patients as antibiotic allergic and the approach to assessment of true penicillin allergy. He provided

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(Continued from page 6 / High Value Care)

the results of the experience at the MUHC. The vast majority of supposed allergic patients were, in fact, not allergic. Significant cost savings were effected by the program of testing, and improved patient outcomes were registered.

**Dr. Jonathan Afilalo**, Department of Medicine and staff in the Division of Cardiology at the JGH, presented his work in the area of frailty. He illustrated the uncertainty in predicting the outcome of interventions in patients by expert clinicians and the need for tools to provide better assessments. He showed the parsimonious frailty tool he developed and which out-performed existing tools.

**Dr. Alan Forster**, VP Innovation and Quality, The Ottawa Hospital, talked about the lessons learned in generating data and working on innovation. He defined innovation when new ideas or inventions are put into practice and make positive change. He showed the timelines for the establishment of their data warehouse and

the development of policies related to health care delivery. Now service lines have been introduced and a new Health Medical Record (Epic) is coming. He described the pressures to provide data to many potential users, the establishment of frameworks to manage demand and access and the sharing of data on performance. He stressed the importance of the establishing of a just culture. Errors will happen and need to be distinguished from reckless behaviour. Over 300 indicators are available in dashboards. Finally he linked data to innovation.

**Dr. Ernesto Schiffrin**, Vice-Chair for Research, McGill Department of Medicine, closed the symposium with remarks.

Overall an excellent symposium was held highlighting the emphasis the Department of Medicine is placing on High Value Care. Thank you to Dr. Todd Lee and the organizing committee, and to Ms. Caroline Alcaraz and Ms. Christine Di Iorio for organizing the event. We look forward to the next one.



## 2019 MCGILL DEPARTMENT OF MEDICINE RESEARCH SYMPOSIUM

**Wednesday, April 24, 2019**  
**10h25-17h00**

We are very excited to be hosting, on Wednesday April 24, 2019 at the McGill New Residence Hall, 3625 Parc Avenue, the McGill University Department of Medicine Research Symposium. This session will feature two outstanding keynote speakers: **Dr. Joelle Pineau**, Associate Professor in the Department of Computer Science at McGill University and Head of Facebook's AI Research Lab who will present on *The Transformative Power of Artificial Intelligence*; and one of the 2019 Louis and Artur Lucian Award recipients, **Dr. Dan Roden**, Professor in the Department of Medicine (Clinical Pharmacology and Cardiovascular Medicine) and Pharmacology at Vanderbilt University School of Medicine who will educate and entertain us on *Enabling New Discovery and Implementation Science Using Large Biobanks*. We will also feature excellent local speakers and poster presentations. We look forward to a great turnout. For information and registration, please visit: <https://www.mcgill.ca/deptmedicine/news-events/annual-research-symposium>

## ASSOCIATE PROFESSOR PROMOTIONS

Congratulations to our Faculty members for their achievements !

**Dr. Marc Béïque:** A member of the newly created Department of Emergency Medicine, Dr. Béïque is an excellent teacher who has been a leader in the development and recognition of emergency medicine as a distinct discipline in Quebec.

**Dr. Talat Bessissow:** A member of the Division of Gastroenterology at the MUHC, Dr. Bessissow is an excellent teacher with interests focused on healing of the tissues in inflammatory bowel disease and the early endoscopic identification of bowel cancer in ulcerative colitis.

**Dr. Marta Kaminska:** A clinician-scientist in the Division of Respiratory Diseases at the MUHC, Dr. Kaminska's research contributions pertain to breathing disorders in patients with neurological conditions. She has played a prominent role at McGill and in Quebec in home ventilator assistance programs.

**Dr. Donald Laporta:** A clinician based at the JGH in Critical Care Medicine, Dr. Laporta teaches at different levels of the curriculum and across different specialties including respiratory and critical care medicine. He was one of the first at McGill to incorporate the teaching of bedside ultrasound in the intensive care unit.

**Dr. Constantine Soulellis:** A member of the Division of Gastroenterology at the MUHC and Training Program Director for Gastroenterology since 2013, Dr. Soulellis is a remarkable teacher. He is closely involved in development of the Competence by Design curriculum and framework for gastroenterology.

**Dr. Evelyne Vinet:** A clinician-scientist in the Divisions of Rheumatology and Clinical Epidemiology at the MUHC, Dr. Vinet's research program focuses on reproductive issues in women with rheumatic diseases, with the goal of improving reproductive outcomes in women with rheumatic disease and their offspring.

## CONGRATULATIONS

Wishing our members great success !

### DIVISION DIRECTOR APPOINTMENTS & RENEWALS



**Dr. George Fantus** has been appointed as the **McGill Division Director of Endocrinology and Metabolism** as of January 2019. Dr. Fantus joined McGill in July 2018 as a Full Professor and the MUHC Division Director of Endocrinology and Metabolism. Dr. Fantus earned his M.D. at McGill University, where he initiated his career as a clinician-scientist and occupied the position of Director of the RVH Metabolic Day Centre and Associate Director of the Protein and Polypeptide Laboratory. He then moved to Toronto where he was Professor of Medicine and Physiology, endocrinologist at Mount Sinai Hospital/UHN, senior scientist at the Toronto General Research Institute, director of the Core Laboratory of the Banting and Best Diabetes Centre, and 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 150 publications, and numerous awards. He pursues research activities at the Glen with the Metabolic Disorders and Complications Program of the RI-MUHC.



**Dr. Tarek Hijal** has been appointed as the **Director of the MUHC Division of Radiation Oncology, Department of Medicine** as of January 1, 2019. Dr. Hijal holds an academic appointment as an Associate Professor in the McGill Department of Oncology. Dr. Hijal is a graduate of McGill Medical School (2003) and the McGill Training Program in Radiation Oncology. He holds a Masters in Health Economics from the London School of Economics, UK. He has been the Interim

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*(Continued from page 8/ Congratulations Division Directors)*

Director of the Division of Radiation Oncology at the MUHC since September 2015. In this role, he has introduced a number of efficiencies and innovations for the care and flow of patients in radiation oncology and has advocated for cutting edge technologies in his division. He has published and presented widely in his field. He is known as an excellent teacher, and a valued colleague, and we feel fortunate that he has accepted this leadership role.



**Dr. Bettina Mucha-Le Ny** has been appointed as **Interim Director of the Division of Medical Genetics** in the **MUHC Department of Medicine** as of December 1, 2018. Dr. Mucha-Le Ny holds an academic appointment as an Assistant Professor in the Department of Human Genetics. Dr. Mucha-Le Ny completed her M.D. at Albert-Ludwigs-University Freiburg Medical School in Germany. She was a research fellow in the Department of Pediatrics at the University of Michigan, Ann Arbor, and completed a pediatric residency in Albany, NY. She then moved to the Children's Hospital of Philadelphia where she completed a medical genetics residency, and carried out research training studying skeletal dysplasias in zebrafish models. After moving to Montreal, she enrolled as a medical genetics resident in the Department of Medical Genetics of the CHU Ste-Justine. She joined the Medical Genetics group at the MUHC in 2018.



**Dr. Kevin Schwartzman** has been renewed as **McGill and MUHC Director of the Division of Respiratory Medicine** as of January 1, 2019. Dr. Schwartzman has directed the Division through the difficult challenges of the move to the Glen and has been highly effective in strengthening the academic and clinical missions of the Division. He has given generously of his time to the administration of the Medical Mission.

## RESIDENCY TRAINING PROGRAM DIRECTORS

**Dr. Thi Nhu Khuê Ly**, Assistant Professor in the Division of General Internal Medicine, has been appointed as **Interim MGH Site Director for the Core Internal Medicine Residency Training Program**.

**Dr. Ning-Zi Sun**, Assistant Professor in the Division of General Internal Medicine, has been reappointed as **Assistant Program Director for the Core Internal Medicine Residency Training Program**.

## FACULTY OF MEDICINE REAPPOINTMENT

**Dr. Beth-Ann Cummings**, Associate Professor in the Division of General Internal Medicine, was reappointed to the position of **Associate Dean, Undergraduate Medical Education, McGill Faculty of Medicine**. In this role, she will continue to lead all operations related to the Office of Undergraduate Medical Education. Dr. Cummings is responsible for the successful management and delivery of the MDCM program and the policies supporting it. [More on Med e-News](#).

## CANADA RESEARCH CHAIR RENEWALS

**Dr. Irah King**, Associate Professor in the Department of Microbiology and Immunology and Associate Member in the Meakins-Christie Laboratories of the Department of Medicine - Canada Research Chair in Immunology of Barrier Surfaces – Tier 2 Renewal.

**Dr. Silvia Vidal**, Professor jointly appointed in the Departments of Medicine and of Human Genetics - Canada Research Chair in Pathogenesis of Infection and Inflammation – Tier 1 Renewal.

# RETIREMENT

By: Dr. George I. Fantus



**Barry Posner** grew up in Winnipeg and experienced the challenging environment of cold weather and a tough neighborhood. Strong, determined and incredibly intelligent he thrived despite the challenges. He completed medical school at the University of Manitoba followed by residency training and a Metabolism fellowship at the New England Medical Center in Boston, and pursued a research postdoctoral fellowship at the NIH in Biochemistry. He came to McGill in 1970 and has had a most distinguished career, replete with notable accomplishments. His contribution to research, education and administration has been recognized in Quebec, Canada and internationally. Some

of the most noteworthy honors are election to the American Society of Clinical Investigation, the American Association of Physicians, the Royal Society of Canada, an officer of the Order of Canada and a member of the Canadian Academy of Health Sciences. He was awarded the Distinguished Scientist Award from the Canadian Society for Clinical Investigation. He has been invited to present named lectureships around the world. His commitment to academic medicine is reflected in the many positions on grant committees, editorial boards of journals and leadership positions at McGill and on national and international organizations.

Dr. Posner has published over 300 papers and made seminal contributions to our fundamental understanding of cell receptor signaling and endocytosis, important mechanisms in diabetes, cancer and many other diseases.

Barry served as Director of the Division of Endocrinology and Metabolism at McGill and the Royal Victoria Hospital (RVH) from 1980 to 1996.

On a personal note, I first met Barry in 1980-81 when I came to interview for my first faculty position. Fortunately for me, I had also trained at the NIH and in the field of receptor signaling so we had much to talk about and I landed the job. At that time, I was still anxious about embarking on a research career and it was Barry, more than anyone else, who took the time and gave me encouragement and mentorship to give it a go.

Barry was unique. He was tough but caring, meticulous in his writing, always demanding the best from himself and those around him. This of course did not always sit well with others. I worked alongside Barry for 10 years in the Polypeptide lab in the old Strathcona Anatomy building and looking back, they were wonderful and exciting years of research and discovery. The collaboration and collegiality here at the RVH and MUHC mirrors the culture that was fostered by Barry.

I recall many great Saturday afternoon discussions where we not only addressed scientific questions but also solved the problems of the world.

I, along with many others, in fact most if not all of our division, owe a great deal of gratitude to Barry for his dedication, vision and tireless effort to keep our division at the forefront of clinical care, education and research.

So, at this time it is with mixed emotions that we wish Barry some well-deserved rest and relaxation, to enjoy his retirement with his wife Bebe, his children, Aaron, Rebecca and Daniel, their spouses and his 6 grandchildren. We must also thank Bebe and the kids for sharing Barry with us for so many wonderful years.

We know that Barry will keep in touch and continue to provide wise counsel even in retirement.

## RETIREMENTS

By: Dr. John H. Burgess



**Maurice Godin** did an elective in Cardiology at the Montreal General Hospital (MGH) while an undergraduate medical student at Laval University Medical School. After graduation, he trained in both internal medicine and cardiology (1973-75) at the MGH. He then joined the staff of Cardiology at the MGH and as Assistant Professor of Medicine at McGill University.

The top priority then was to increase research in the division, but it was recognized that outstanding clinicians were also necessary to attract both cardiac and cardiac surgical patients. Maurice Godin fulfilled the latter need admirably. He soon developed the largest cardiac practice at the MGH and became the major source of cardiac surgical referrals. He also helped develop the division's outreach program (a forerunner to the RUIS development) by monthly visits to Lachute and Hudson.

Maurice was recognized as an excellent teacher during the early stages of his career. He was a particularly loyal attendee at our weekly cardiac conferences and journal clubs always contributing to the discussions. His advice was always sought by the Chair of these sessions particularly in taking difficult clinical decisions.

Maurice Godin became Associate Director of the Division of Cardiology at the MGH and was promoted to Associate Professor at McGill in recognition of his academic accomplishments.

By: Dr. Ian Malcolm et al



**Deric Rahal** was a presence both as resident and staff in the Division of Cardiology for over 40 years. During that time he made every attempt "to fly under the radar". Despite his low-key self-effacing demeanour, he acquired a solid reputation as a clinician and as a teacher. He was a popular (indeed award-winning) attending amongst residents and patients alike. He was well-known for trying to avoid social situations especially if he was likely to be in the spotlight; his escapes from dinners and presentations have become part of the cardiology lore.

While running a large clinical practice, he was the Director of the Division of Cardiology at St. Mary's for many years and contributed to the changes there which allowed that division to become the active, modern and effective unit it is today.

Dr. Rahal was the first cardiologist at the RVH to perform echocardiograms and he remained active in the lab at the RVH until his retirement. He spoke rather lovingly of the first echo room, a changing area in radiology that was converted for the cardiologists to use, as "the closet"; this was well-known amongst the cardiology fellows of the day as a haven from the fast paced training program.

Dr. Rahal was known for his knowledge of physiology. However his was not the language of an ivory tower snob. During rounds, his somewhat unusual characterisation of physiological processes (often employing atypical word forms, similes and metaphorical phrases that would somehow lead to peanut butter) were a source of entertainment as well as education. He was never imposing nor intimidating; he was always present, approachable and understanding. He loved being surrounded by the energy of residents and students who thrived on his enthusiasm.

Most importantly, Deric was a friend to all around him. All medical personnel - from nurses to secretaries to porters to coordinators - who knew him, knew they could ask him for his advice and support.

He leaves the RVH as one of our most popular and respected clinicians and teachers. He will be missed.

## RETIREMENT

By: Dr. John H. Burgess

**Jim Stewart** became a cardiac resident at the Montreal General Hospital (MGH) in 1973. After two years of clinical training, he spent a year at Duke University Medical School – the mecca of echocardiography at that time. When he returned to the MGH in 1976, echocardiography was performed only in the Department of Radiology – a monopoly strongly defended by its chairman. After the Division of Cardiology obtained its own echo machine with private funds, Jim became the first, and for a few years, the only cardiologist to perform echos. As such he was McGill's pioneer cardiologist in echo. Initially he was on his own with no technical or support staff, but technical help arrived first supported by research funds and later other cardiologists trained in echo arrived. They took over cardiac echocardiography. Today all cardiac fellows receive significant echo training.

Jim Stewart was recognized as an excellent teacher at the undergraduate and postgraduate levels, both in the laboratory and on the wards. For most of his MGH career, he rounded on both the medical and cardiac services and outpatient clinics. He was awarded the annual Department of Medicine prize for clinical teaching – a well-deserved recognition by his peers.

Jim Stewart will be remembered by staff and students as an accessible and frequently sought after repository of basic science and clinical advice. His door was always open when this was needed.

## RECRUITMENT

*Welcome to our new Faculty members !*



**Dr. Andrea Blotsky**, Assistant Professor to the Division of General Internal Medicine and Attending of the CIUSSS de l'Ouest-de-l'Île-de-Montréal Department of Specialized Medicine, St. Mary's Hospital Center. Dr. Blotsky earned her M.D. at McGill University where she subsequently completed post-graduate training in internal medicine. She obtained her Master's degree in Epidemiology while completing the general internal medicine and adult critical care medicine residency training programs at McGill. She then went on to complete a fellowship in ambulatory complex care medicine at the University of Toronto. Dr. Blotsky will have clinical duties at St. Mary's where she will be involved in teaching students and supervising medical residents. She is invested in the provision of high-quality, effective patient-centered care for individuals living with complex medical conditions. She hopes to continue to advance her work in the areas of risk prediction in complex patient populations in the ICU (including the chronic critically ill), in the evaluation of the cardiometabolic health of patients during and post critical illness, and in the optimization of care transitions for patients with multiple medical comorbidities.



**Dr. Donald Doell**, Assistant Professor to the Division of Geriatrics and Attending of the MUHC. Dr. Doell earned his M.D. at McGill University, where he subsequently completed post-graduate training in internal medicine before undertaking a fellowship in geriatric medicine at University of Dalhousie. He began his academic career as an Assistant Professor in the Department of Family Medicine at Queen's University where he contributed to the implementation of several cognitive clinics in the primary care setting in the region while also holding important teaching roles. Dr. Doell will have clinical duties at both adult sites of the MUHC involving outpatient and inpatient consultation responsibilities, where he will be involved in teaching students and supervising medical residents. His skills will be greatly appreciated to enhance performance of the outpatient geriatric clinics and to perform quality improvement research in service delivery.

*(Continued on page 13)*

(Continued from page 12 / Recruitment)



**Dr. Tricia Peters**, Assistant Professor to the Division of Endocrinology & Metabolism and Attending of the Jewish General Hospital. Dr. Peters earned her M.D. at SUNY Stony Brook University, Stony Brook, New York and obtained her PhD from the

University of Cambridge, Boston. She completed her post-graduate training in internal medicine and adult endocrinology and metabolism at McGill University. Dr. Peters will have clinical duties at the JGH, where she will be involved in teaching students and supervising medical residents. She will continue to advance her research in the field of diabetes.



**Dr. Ewa Rajda**, Assistant Professor to the Division of Infectious Diseases and Attending of the MUHC Department of Medicine (with a cross-appointment to the OptiLab Microbiology Service). Dr. Rajda earned her M.D. at Dalhousie University in Halifax in 2011. She

subsequently completed her post-graduate training in internal medicine at the University of Ottawa and infectious diseases and medical microbiology at McGill University. Her interests include infection prevention and control and she has pursued additional training in this field at the University of Ottawa. Dr. Rajda will have clinical duties at the MUHC, RVH and MGH sites, where she will be involved in teaching students and supervising medical residents. As well, she will be taking on the role of Infection Control Officer at the MGH and MNI sites where she hopes to champion hand washing and grow an academic Infection Prevention and Control Program.

**\*\*NOTE:** The Department of Medicine is in the process of recruiting several new members. 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 next newsletter.

## HONOURS

*Congratulations to our members for their achievements !*



**Dr. Alan Barkun**, Professor in the Division of Gastroenterology and holder of the Douglas G. Kinnear Chair, received the 2019-2020 **Visiting Clinical Professorship Award from the Canadian Association of Gastroenterology**

(CAG). This award is offered annually to a member of CAG who is a proven educator and an outstanding clinician with interest in clinical research. [More information](#). Dr. Barkun has also been named the **Gene and Lyn Overholt Lecturer** by the **American Society for Gastrointestinal Endoscopy**.

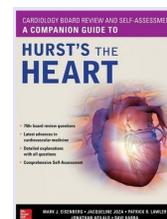
**Dr. Marcel Behr**, Professor and Interim McGill and MUHC Director of the Division of Infectious Diseases, has been elected to **Fellowship in the American Academy of Microbiology** in recognition of excellence, originality, and leadership in the microbiological sciences. [More on Med e-News](#).



**Dr. Sasha Bernatsky**, Professor in the Division of Rheumatology, is the recipient of **The Arthritis Alliance of Canada's (AAC) 2018 Knowledge Translation (KT) Practice Award**. The AAC was formed in 2002 with the goal of uniting the arthritis community and work on common goals to improve the lives of Canadians living with arthritis. [More on Med e-News](#).



Congratulations to **Dr. Mark Eisenberg**, Professor in the Division of Cardiology and Director of the MD/PhD program at McGill University's Faculty of Medicine, along with **Drs. Jacqueline Joza** and **Jonathan Afilalo**, Assistant and Associate Professors respectively, Division of Cardiology, for



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the recent **publication of their new cardiology textbook**. [More on Med e-News](#).



**Dr. Christina Greenaway**, Associate Professor in the Division of Infectious Diseases based at the JGH, **Dr. Theresa Gyorkos**, Associate Member in the MUHC Division of Clinical

Epidemiology and Professor of Epidemiology and Biostatistics, and **Dr.**



**Nitika Pai**, Associate Professor in the MUHC Divisions of Clinical Epidemiology and Infectious Diseases, are amongst the named in the first-ever **List of Canadian Women Leaders in Global Health**.

[Consult the list at Canadian Society for International Health](#).

**Dr. Thomas Maniatis**, Associate Professor and Director of the MUHC Division of General Internal Medicine, was nominated as Chair of the **Royal College Specialty Committee in Internal Medicine** effective July 2018.



This committee is the national body that oversees post-graduate specialty training in Internal Medicine in Canada. It provides a national forum for discussion, consultation, and decision-making around the standards and expectations for Internal Medicine training in Canada.



The Women's Y Foundation honoured **Dr. Emily G. McDonald**, Assistant Professor in the Division of General Internal Medicine, when she was recognized as the **2018**

**winner of the Prix Jeune femme en sport, santé et mieux-être** during the Foundation's annual inspirationnELLE gala. [More on Med e-News](#).



**Dr. Morag Park**, Professor in the Departments of Oncology, Biochemistry and Medicine and Director of McGill's Goodman Cancer Research Centre, and **Dr. Lorenzo Ferri**, Professor of

Surgery and Associate Member in the Division of Experimental Medicine, are amongst recipients of a \$34 million **'Grand Challenge' Grant from Cancer Research UK** to combat cancer. [More on Med e-News](#).

Congratulations to **Julie Quenneville**, MUHC Foundation President, who has been named a **Women's Executive Network (WXN) 2018 Canada's Most Powerful Women: Top 100 Award Winner**. The Top 100 Awards pay tribute



to outstanding women across Canada who have advocated for diversity in the workforce, and who serve as an inspiration for the next generation of leaders. [More at MUHC Foundation](#).



**Dr. George Thanassoulis**, Associate Professor in the Division of Cardiology, received the **Heart & Stroke John J. Day M.D. award of excellence**, presented as a bequest.

This award of excellence in research is granted annually to the researcher from McGill University who received the highest evaluation in the grant-in-aid competition in cardiovascular research. [More on Med e-News](#).

## UPDATE: ADMINISTRATIVE EXCELLENCE CENTRE (AEC) 8

AEC 8 now houses two academic departments: The Department of Medicine and the newly created Department of Emergency Medicine, chaired by Dr. Mark Afilalo.

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**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

**Administrative Excellence Centre (AEC) 8 Staff**

**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  
**Evan (EJ) Brooks**, Academic Affairs Administrator (Emergency Medicine)  
**Kimberly Gardner**, Administrative Assistant (Emergency Medicine)  
**Lori Manon-og**, Human Resources Advisor  
**Rosa Giobbi**, Human Resources Administrator  
**Diane Lewis**, Student Affairs Officer  
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**Anna Pietromonaco**, Financial Administrator  
**Lisa Knyszynska**, Senior Accounts Administrator

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

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