



**DIVISION OF GERIATRIC MEDICINE
DIVISION DE GÉRIATRIE**

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EXECUTIVE COMMITTEE/COMITÉ EXÉCUTIF

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RUBY FRIEDMAN, M.D.
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SUSAN GOLD, M.D.
GARY INGLIS, M.D.
NADINE LARENTE, M.D.
JOSÉE VERDON, M.D.**

ANNUAL REPORT

2011

DIVISION OF GERIATRIC MEDICINE

www.med.mcgill.ca/geriatrics

DEPARTMENT OF MEDICINE

McGILL UNIVERSITY

José A. Morais, MD

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**McGill University Annual Report
January 1, 2011 - December 31, 2011**

Division

Geriatric Medicine

I. Highlights

Summarize significant achievements and challenges, special events and important developments that occurred within your division this past year.

The McGill University Division of Geriatric Medicine of the Department of Medicine is comprised of faculty from the Divisions of Geriatric Medicine of the Jewish General Hospital (JGH), the McGill University Health Centre (MUHC), and St. Mary's Hospital. Faculty from the Department of Family Medicine play a key role in the Division. There are links with the Division of Geriatric Psychiatry of the Department of Psychiatry and with the Department of Clinical Epidemiology. Faculty from epidemiology, molecular and cell biology and neurology with an active and significant interest in aging research and who have been involved in research with division members are integrated in the division. Investigators from other departments continue to show interest and have requested joining the Division. There is ongoing and close collaboration for clinical work, teaching and research with nursing, physiotherapy, occupational therapy and social work. There is significant collaboration with our colleagues from the Université de Montréal as well as other Quebec and Canadian Universities in areas of research and program development. International collaboration has also considerably developed.

During the year, the Executive of the Division gathered on several occasions under the directorship of Dr. José A. Morais to plan the orientations of the Division and to review its objectives and achievements. The Division Executive includes also Drs. Robert Bailey, Director, Division of Geriatric Medicine, St. Mary's Hospital; Ruby Friedman, Site Director, Division of Geriatric Medicine, Jewish General Hospital; Shek Fung, Program Director, Geriatric Medicine Training Program; Susan Gold, Education coordinator, McGill Division of Geriatric Medicine; Gary Inglis, Director of Ambulatory Care, McGill Division of Geriatric Medicine, Nadine Larente, Site Director, Division of Geriatric Medicine, MUHC Montreal General Hospital; Josée Verdon, Site Director, Division of Geriatric Medicine, MUHC Royal Victoria Hospital. The Executive has met regularly in the past year and various committees (Education Committee; Residency Program Training Committee; Undergraduate Teaching Committee; McGill Geriatric RUIS Committee; MIGS Committee; CME Committee; Geriatric Medicine Grand Rounds Committee) function in a regular and active manner.

II. Past Year's Activities

1) Teaching Activities

Examples of possible elements to cover could include particular initiatives, achievements and innovations as related to teaching programs; cooperation with other teaching units at McGill or other institutions; impact of recent accreditation exercises; initiatives with respect to graduate supervision; activities which support improvement of teaching skills for your faculty; activities of committee(s) mandated to deal with teaching and learning; integration of technology; extraordinary student success stories; and any other participation in the University's teaching mission.

1.1 Joint Education/Training Committee

This Committee brings together all aspects of undergraduate, resident and fellows training.

Undergraduate medical students:

This is the 9th year of the Geriatric Medicine Clerkship for all medical students (third and fourth year). Geriatric Medicine faculty is also involved in teaching two modules in I.T.P. as well as the integrated course in the first year.

Dr. Susan Gold, chairs this committee, which includes Drs. José A. Morais, Catherine Ferrier, Paul Heilpern, Shek Fung and Christine Bourbonnière from Gatineau. The committee leads the clerkship curriculum with innovative web-based methods for teaching and evaluation. Hanna Noga is the coordinator. Since August 2007, all fourth year medical students do their clerkship over seven periods resulting in 24 students per period across our four sites. The Geriatric rotations at the Lakeshore Hospital are now on hold with increased students load at the other sites.

The student evaluations have been very good to excellent and an increasing number of students have expressed interest in geriatric medicine as a career. The Clerkship at Gatineau has also received a good appraisal. These positive evaluations are a testimony to the hard work and dedication of all the teachers in our Division. The online student evaluation has been revised.

As well as the clerkship, our division is also responsible for an introductory lecture on aging in first year as well as two lectures followed by a web-based interactive case construct and hospital forms for all students prior to beginning the clerkship period.

Medical residents:

The McGill Division of Geriatric Medicine supervises residents from PGY-one in Internal Medicine (including Neurology and other subspecialties with a mandatory year in Internal Medicine), Family Medicine for a one-month "selective" ("mandatory elective") rotation; and residents from Psychiatry for a one-month elective rotation in Geriatric Medicine. Learning objectives and a detailed "reading package" on CD-ROM containing up-to-date readings on "geriatric syndromes" and care of the older adult in specific care settings (hospital care, peri-operative care, ER, ICU, primary care, homecare, nursing home, and Psychiatric practice) are given to each resident as a reference during the rotation and for future rotations / practice. Clinical exposures include consult service (including in ER), clinics (including Geriatrics subspecialty clinics), acute care ward, and/or home visits. Mandatory academic requirements

include presentation at each site's monthly Geriatrics journal club to hone critical appraisal skills, attendance at any on-site Geriatrics rounds or teaching sessions, and attendance at monthly McGill Division of Geriatric Medicine Grand Rounds, including "meet the professor" small group trainee tutorial sessions with the visiting expert before each grand rounds; in addition to mandatory attendance at all resident teaching in the resident's base training program. Resident's evaluations are now done through the One-45 web based program and their perceptions of the Geriatric rotation are very positive. Dr. Doreen Wan-Chow-Wah now coordinates this program.

Family Medicine Residents

The Division of Geriatric Medicine teaches all McGill Family Medicine residents at St. Mary's Hospital and the SMBD Jewish General Hospital. All McGill FM residents do a mandatory one month rotation which includes exposure to acute inpatient geriatric units and a variety of consultation activities including home assessments. They work and learn in an interdisciplinary setting throughout the four weeks. Dr. Myriam Abdelnour is now responsible for this program.

Geriatric Medicine Specialty Training Program

Dr. Shek Fung is the Program Director at McGill University. This is a two-year program, leading to eligibility to undergo the Royal College Examination in Geriatric Medicine for certification. Under supervision with increasing individual professional responsibility, the resident learns the skills of the practice of geriatrics through different rotations, including inpatient care and consultation service, ambulatory care, long-term care, rehabilitation and geriatric psychiatry. The trainee also receives organized teaching in the basic and clinical sciences relevant to geriatric medicine and has a minimum of two months dedicated to a research project. With funding from the Quebec Research Network on Aging (FRSQ), we will also be able to offer a bursary for a trainee to fulfill requirements for the Royal College Clinical Investigator Program and complete a Masters while completing the Specialty Geriatric Medicine Training Program in three years. The Geriatrics Specialty Training Program is part of a provincial network, grouping the four Faculties of Medicine in Quebec, in which Dr. Fung is *de facto* a member of the executive committee.

Since 2009, Dr. Doreen Wan-Chow-Wah is responsible for a one-year Geriatric-Oncology Fellowship with the support of the McGill University's Post Graduate Medical Education office. There is at the present time a Visiting Professor from Mexico, Dr. Ana Patricia Navarrete Reys, participating in this Fellowship program.

Dr. Elise Levinoff has joined the Geriatric Medicine Specialty Program Training Program in May 2011 and is expected to join the Division at the Jewish General Hospital following completion of the Fellowship.

Health care for the Elderly Training Program:

Dr. Lindsay Goldsmith started this 12-month program targeted to Family Medicine Residents in July 2011, following which she will obtain a PEM in Montreal. Although she will be based at the Institut universitaire de gériatrie de Montréal, it is envisioned that she obtains a cross-appointment in the Division of Geriatrics at the Jewish General Hospital. Dr. Myriam Abdelnour is the Director of this program.

1.2 Post-Graduate Courses

Dr. José Morais taught courses in nutrition and aging to second year medical students. He also gives a 3-hour lecture on protein and amino acid requirements to graduate students at the School of Dietetics and Human Nutrition. Dr. Christina Wolfson gives a course on epidemiology of aging in the Department of Epidemiology and Biostatistics, while Dr. Nancy Mayo gives a course in methodology to graduate physiotherapy and occupational therapy students. Division members have given lectures in courses in other faculties and universities.

1.3 McGill Division of Geriatric Medicine Research Day

The 14th Annual McGill Division of Geriatric Medicine Research Day held on April 8, 2011 was a successful event. Dr. Howard Bergman, Past Director of the Division of Geriatric Medicine at McGill was the guest speaker. There were 60 attendees, mainly graduate students from McGill but also from Université de Montreal and UQAM. There were 11 oral presentations and 9 poster presentations with a great diversity of topics pertaining to aging, ranging from biological sciences and clinical services to population studies and evaluative research. Prizes for best oral and poster presentations were given to students for both basic and clinical sciences. This event serves many purposes, including sharing of ideas, intellectual stimulation for graduate students, preparation for presentation at international meetings and a sense of belonging to the Division.

1.4 Rounds and Other Activities

a) McGill University Geriatric Medicine Grand Rounds

In October 1994 the Division inaugurated the McGill University Geriatric Medicine Grand Rounds. We have now completed our 17th year. Seven speakers including four local speakers and three visiting professors were part of this year's program. The visiting professors spent two days at McGill giving the Geriatric Medicine Grand Rounds, Medical Grand Rounds at MUHC and JGH, as well as meetings with McGill scientists, graduate students and post-doc and residents interested in a particular field. All the trainees, fellows, residents and medical students interacted with the Grand Round speaker around a case presentation. The rounds are web cast and are placed on the McGill Geriatric Medicine web site. With the help and encouragement of Dr. Ivan Rohan of McGill Continuing Medical Education, Geriatric Medicine now has a section on the Continuing Medical Education website (<http://ww2.medicine.mcgill.ca/cme/php/conf.php?search=category&catid=7>) where lectures in particular from the Geriatric Medicine Grand Rounds series, as well as other lectures given by members of our Division or others on geriatric topics can be viewed directly as web casting.

b) The Annual Lindsay Foundation Conference

The Division held for the 3th time on October 27, 2011, the Annual Lindsay Foundation Conference. This is an activity of our Division with support from the Lindsay Foundation. This conference is meant for health care professional and the general public alike, and is devoted to deal with community health services for the elderly. The speaker for this year was Dr. Louise Mallet, Clinical Professor of Pharmacy at Université de Montréal and Pharmacist at the MUHC. The title of her talk was "*What seniors need to know about their medications when visiting their doctors*". Unfortunately it did not attract a great audience and an approach to publicize it more is needed.

c) McGill University Interdisciplinary Rounds (MIGS)

The McGill University Interdisciplinary Seminars (MIGS) has now completed its 10th year of operation in its revised format. The theme in October 28, 2011 was *Quality of life for older adults: Everything you were afraid to ask!* The event attracted over 120 participants from many disciplines and care settings. The present committee is comprised of representatives from various facilities in the McGill teaching network, including hospitals, rehab centers, CLSCs, and long-term care institutions. I want to express my appreciation to the Co-Chairs of the Committee: Dr. Anita Brown-Johnson, Director of the Transition care Service of MUHC who has terminated her role in the committee in that position and Alyson Turner, Director of the Geriatric Day Hospital, Royal Victoria Hospital, as well as members of their organizing committee.

d) Third International Quebec-Japan Symposium

This International Symposium entitled “*Healthcare Challenges and Solutions in an Aging Society: From research to clinical practice*” was organized by the Division and was held in Montreal, from September 22-23, 2011. An array of different topics pertaining to aging and geriatrics were presented by researchers of Quebec and from the National Centre for Geriatrics and Gerontology of Japan. It served to exchange knowledge and initiate discussions between researchers. As a result, it was planned to continue a more formal collaboration by calling for projects common to both countries. This collaboration would be attained in a near future after ways of obtaining funds would be secured.

e) Hospital Division Rounds

The hospitals’ Division organizes rounds as well. At both JGH and MUHC, the Divisions are responsible for two Grand Rounds of the Department of Medicine. Both Divisions hold regular presentations and Journal Clubs by students and residents. St. Mary’s holds rounds and journal clubs as well. The Jewish General Hospital/McGill Memory Clinic holds Research Rounds and the Memory Clinic of the MUHC has implemented a clinical-radiological rounds.

1.4 Contribution to McGill RUIS and Ministry of Health Table sectorielle nationale vieillissement

Under the directive of the MSSS, McGill RUIS was called to create a McGill RUIS Subcommittee of aging. Dr. Morais has been instrumental in this endeavor and after drafting the Terms of Reference, the Subcommittee was approved by the Executive of the RUIS McGill in May 2011 followed by that of the MSSS. The first meeting of this subcommittee is planned for early 2012 and will gather representatives from the different partners of the McGill RUIS. This subcommittee will serve to advise the McGill RUIS on any topic pertaining to aging as requested by the MSSS and also to advance the clinical services for the aging population in the large territory of the McGill RUIS.

The MSSS has also created a Subcommittee of aging, called Table sectorielle nationale vieillissement. Every RUIS has representatives in this subcommittee to discuss orientations and improvements in the provincial health care system for dealing with the needs of the growing

geriatric population. Drs. Morais and Larente participate at the level of planning of services for the elderly.

Dr. Morais has also made the dossier of the McGill Centre d'excellence on aging and chronic diseases to progress. After the agreement reached at the Executive of the McGill RUIS to have it situated at the JGH, we are expecting the final approval from the MSSS. This Centre with its partners of McGill will have for its mission to study and propose ways of managing chronic diseases, especially for elderly persons afflicted with multiple co-morbidities and suffering from cognitive impairment.

2) Research

Please note that you do not need to list research grants and salary awards received by members of your division. Examples of possible elements to cover include collaborative projects within and outside McGill; international activities; the construction of major facilities or major equipment grants (e.g. CFI's) and their impact; seminal publications; and new research initiatives.

Please state what you consider to be the one or two most noteworthy publication(s) of the past year in your division.

2.1 Research activity

Research in neurobiology and dementia, informatics, health services, frailty, pharmacoepidemiology, nutrition, rehabilitation, emergency medicine, long term care, pain and education continue to represent the existing strengths of the Division with programs that cross hospital, department and university lines and in some cases integrate bench-to-bedside-to population. Oncology and older persons, as well as end of life care, are emerging interests. There is increasing collaboration these major research teams with colleagues from Quebec, Canada and internationally. Members of the Division lead major research programs with funding from the Canadian Institutes on Health Research (CIHR), the Fonds de la recherche en santé du Québec (FRSQ).

Solidage is a research group with multiple activities that include several Université de Montréal and McGill investigators. François Béland and Johanne Monette lead Solidage, the joint McGill/Université de Montréal Research Group on Frailty and Aging.

Howard Bergman with François Béland lead a major international initiative to further our understanding of frailty as a research and clinical concept of vulnerability. François Béland is a co-principal investigator of a CIHR research team, which received a five-year grant of 3.7 million dollars from 2007-2012, along with colleagues from McGill, Université Laval, Université de Sherbrooke and the École Nationale d'administration publique (ENAP) of Université du Québec.

The multiple research activities include:

- A population longitudinal study on frailty called **FRELE** (in fact, the first longitudinal study on frailty, which is not a secondary analysis) and the **Study of Health and Functional Characteristics and Utilization and Costs**, both led by François Béland;
- The **International Database Inquiry on Frailty (FrData)**, led by Howard Bergman,

bringing together investigators of 15 longitudinal studies from Canada, United States, Latin America, Europe and Israel, examining how frailty components cluster together, in particular to adverse outcomes;

- The **McGill Geriatric Oncology Interest Group**: Drs. Johanne Monette and Dr. Doreen Wan-Chow-Wah, with Dr. Gerry Batist from Oncology, are running the McGill Geriatric Oncology Interest Group with three components, including research, training and a clinical program. Dr. Doreen Wan-Chow-Wah is leading the clinical program, while Dr. Johanne Monette is responsible for the research program. The teaching program has evolved into a formal Geriatric Oncology Fellowship granted by the Associate Dean of Postgraduate Studies. The program is expected to involve medical and family medicine residents, medical students and fellows, including international fellows. Our Oncology and Aging Program was recognized as a level 3 Supraregional Program by the Provincial Programme de la lutte contre le cancer.
- The **Collaborative Research Network in Long-Term Care** led by Dr. Johanne Monette, Scientific Director, and supported by Maimonides Geriatric Centre. (www.solidage.ca/e/CRNLTC.htm).
- **Knowledge Transfer and Exchange**: This group also organizes knowledge translation activities from a research point of view under the leadership of Liette Lapointe from the Faculty of Management. Under the umbrella of Solidage, there is also the Canadian Initiative on Frailty and Aging. All these activities have received major research funding not only from CIHR, but also from the Réseau Québécois de recherche sur le vieillissement (FRSQ).

Dr. Christina Wolfson leads the Canadian Longitudinal Study on Aging (CLSA: www.clsa.elcv.ca) with two other PIs from Dalhousie University and McMaster University, which has received 23.5 million dollars (2008-2013) from a Consortium of Health Canada, Statistics Canada, CIHR and private funds to follow 50,000 Canadian men and women aged 40 and older for 20 years. The objective of this study is to obtain information on the changing biological, medical, psychological, social and economical aspects of their lives, to define factors contributing to healthy aging, understand disease and disability.

The main focus of Dr. Allen Huang's research endeavours is in the field of clinical informatics. He has been working with Dr. Robyn Tamblyn (Scientific Director for the Canadian Institute for Health Services and Policy Research) for over 20 years investigating how health information systems can improve healthcare delivery and quality. The first and ongoing major initiative is the MOXXI (Medical Office of the XXIst century) projects. This series of award-winning projects involves the use of an integrated electronic prescribing solution that has been deployed in over 100 primary-care physician offices in the Montreal and Quebec City regions. Current studies are targeting chronic disease management, specifically asthma and COPD care, reduction of falls through decision support alerts for high-risk medication prescribing and optimizing cost for drugs using in the management of hypertension. The latest add-on to the MOXXI infrastructure is a CIHR-funded investigation into the use of novel electronic tools to support medication reconciliation at discharge from hospital to avoid adverse drug and health events during the 30-day post-discharge period. Dr. Huang is also an active member of a team of investigators who were awarded one of the largest awards by the Canada Foundation for Innovation (CFI). The \$250M Large Scale Institutional Endeavour award to the MUHC Research Institute included a \$10.2M component to design and develop an Informatics Innovation Laboratory. This

infrastructure project builds upon the previous work done by a \$33.2M CFI and Valorisation Recherche Québec investment, which deployed an integrated health research infrastructure for Quebec including clinical information datawarehouses at the Centre Hospitalier de Université de Sherbrooke and the MUHC. Early work in the new Informatics Innovation lab involves integrating the medication reconciliation project into the MUHC research and operations portfolios, along with exploring patient health portals for the co-management of chronic respiratory diseases and developing a computer-assisted tool for the detection of hospital-acquired infections. The ultimate goal of Dr. Huang's research efforts are to close the loop in the acquisition of data, generation of new scientific knowledge and the rapid application of that knowledge in clinical care.

Dr. José Morais is a clinician scientist at the McGill Nutrition Centre, MUHC, RVH site. He is the Associate Director of the Réseau Québécois de Recherche sur le Vieillessement (FRSQ Quebec Research Network in Aging). Dr. Stephanie Chevalier, a previous postdoctoral student of Dr. Morais, is an FRSQ chercheur boursier Junior 1 based at the McGill Nutrition Centre and was successful in obtaining a CIHR grant to study protein metabolism in older cancer patients. Both Drs. Morais and Chevalier share the same areas of interest in research studies of protein turnover, glucose and energy metabolism with normal and frail aging using stable isotopes, as well as assessing the alteration of protein metabolism in older Type II diabetic patients. He is also testing protein sensitivity to insulin action using a double clamp method he developed. To complement the above, he is also examining the cellular signaling pathways regulating protein synthesis and degradation. Dr. Morais is also co-investigator in numerous other studies supported by national and provincial agencies. Dr. Morais is also co-director of the McGill Nutrition and Performance Laboratory (MNUPAL), a specialized clinical research facility with sophisticated, state-of-the-art equipment devoted to the evaluation of cancer patients and frail elderly persons with a rehabilitative component (www.mnupal.mcgill.ca).

The Anna and Louis Goldfarb Jewish General Hospital/McGill Memory Clinic is the tertiary care cognitive clinic of our Division and brings together geriatricians and neurologists as well as clinicians and investigators from both the Jewish General Hospital and the MUHC, as well as from Hôpital Maisonneuve-Rosemont, le Centre hospitalier de l'Université de Montréal (CHUM), l'Institut universitaire gériatrie de Montréal and Concordia University. Dr. Howard Chertkow leads the research programs of the Memory Clinic, which include programs on early diagnosis of dementia and studies on patients with Mild Cognitive Impairment, the basic mechanisms of memory and language impairment in Alzheimer's disease and the program on therapy: cognitive changes and experimental approaches. A multi-disciplinary team is looking at the natural history of the MCI individuals along with approaches to predict which MCI individuals will progress. Other methodologies include neuroimaging with MRI's, spectroscopy, PET scanning and electrophysiological measures. Trainees from various disciplines including Neurology, Geriatric Medicine and Psychology continue to come through the Memory Clinic.

At the MUHC Geriatric Cognitive Disorder Clinic, Dr. Lisa Koski, a neuro-cognitive psychologist who is an FRSQ chercheur boursier Junior II, is leading studies on caregiver stress of Alzheimer's patients and performing cognitive rehabilitation on the latter, for which she received a CIHR grant. She holds another NSERC operating grant to assess the effects of transcranial magnetic brain stimulation on recovery from stroke and depression. Drs Allen Huang and Yves Bacher are involved in studies of anti-amyloid vaccination to treat Alzheimer's disease in conjunction with the Psychogeriatric Division of the Douglas Hospital.

Care of seniors in the emergency department is the main research interest of Dr. Josée Verdon. As part of a group of researchers, they have developed and tested a tool to detect seniors at risk of functional decline, ISAR. Over the last year, the emphasis has been put on the description of SEISAR, a standardized evaluation and intervention for seniors at risk developed in a previous randomized study. The use of both tools, ISAR and SEISAR in the ED setting has been described. On a different level, surveys of different practice of geriatric care in the ED, including safety of discharge planning are examined through a Quebec survey. Different models of care are examined, including a model of interdisciplinary geriatric team in the ED. Other research interests include a cohort study of functional outcomes of octogenarians up to five years post cardiac surgery and a model of care for dementia in smaller community.

2.2 Research Trainees

In addition, our Division continues to be active in contributing towards the research training of a very significant number of McGill medical students, residents (particularly in Medicine) and fellows not only in Geriatric Medicine but also in other specialties. The Division continues to train students from other countries: Dr. Isabelle Vedel, a physician from France specialized in Community Medicine and Ph.D., is completing a second year of postdoctoral studies on models of health care delivery and knowledge translation activities as part of the Frailty and Aging Study of Dr. François Béland and colleagues. Joane Matta, MSc, is a PhD candidate from the School of Dietetics and Human Nutrition, and is in her third year of studies dedicated to sarcopenia under Dr. Morais' supervision at the McGill Nutrition Centre. Dr. Koski supervises also graduate students in neuro-psychology.

3) Clinical activities

Summarize the clinical activities of the division by highlighting achievements, challenges and important developments.

The organization of clinical activities is under the responsibility of each of the hospital Divisions of Geriatric Medicine site directors, at the MGH (Dr. Nadine Larente), RVH (Dr. Josée Verdon), Jewish General Hospital (Dr. Ruby Friedman), and St. Mary's (Dr. Robert Bailey). There has been some sharing of resources in the past and this will likely continue to grow. As well, there have been agreements on the development of tertiary care activities. Finally, recruitment is done as a joint activity of the University and each of the hospital Divisions. Available positions for geriatricians for McGill University Hospitals are being filled.

3.1 Approche adapté initiatives

As the number of elderly patients continues to grow in all hospital wards, our Division is actively working with the hospital administrations to make the hospital a friendlier environment to our frail patients. At the JGH and MUHC, we are championing the Approche adapté. This is a directive from the MSSS for every acute care hospital to have programs that meet the needs of vulnerable elderly patients to decrease the rate of functional deterioration during hospitalization. An Office dedicated to Approche adapté was created at the MUHC with support from the Ministry of Seniors. Dr. Larente is the Medical Director of this initiative at the MUHC. At the JGH, an Approche adapté committee has been created and projects to be implemented are under analyses.

3.2 Functioning of the Geriatric Medicine Units and Consultation Services

At the present time, there are 88 beds under Geriatric Medicine in the McGill hospitals (MUHC, JGH, St. Mary's). The number of acute geriatric beds has been reduced at MUHC with a 16-bed unit at each MGH and RVH sites. This reduction has its positive and negative aspects. On the positive side, it liberates manpower to be available for consultations throughout the hospital, thus increasing our presence to improve the care of frail elderly person. On the negative side, it decreases the capacity to admit to the acute geriatric unit with increase stay in ED or in buffer zones, such as Short Stay Units. All the Divisions run active consultation services in the Emergency Room as well as on the medical, surgical and psychiatric wards. In the last year there were approximately 3500 consultations (not counting follow-up visits) done in the emergency rooms and on the wards. There are outpatient general geriatric clinics in each of the sites, as well as a Geriatric Day Hospital at the MUHC-RVH site. Ultra-specialized clinics include: the JGH/McGill Memory Clinic and the Geriatric Cognitive Disorders clinic at the MUHC-RVH-MGH, an Incontinence Clinic, a Competency Clinic and a Geriatric Pain Clinic, all at the MUHC/MGH. The latter is an interdisciplinary program with specialized expertise in pain for older patients, which includes a nurse clinician, a physical therapist and a psychologist. This service works in close collaboration with the McGill Pain Center. At the JGH, the Senior Oncology Consultation Service with its clinic is an innovative and growing clinical, teaching and research program.

Each of the sites is actively involved in other community outreach programs with the CLSC home care services and community intermediate care resources. We have been successful in implementing a community based memory clinic in the territory of the CSSS Cavendish. Geriatricians and other members of the multidisciplinary team participate actively in program planning and management for services of the elderly in each of the hospitals as well as with the CSSSs, the Agence and the Ministry.

4) Academic Staff

Elements to cover include new hires over the past year, their areas of expertise and their achievements; a brief overview of departures and their impact on the division.

Catherine Brodeur is the new secretary-treasurer of the Association des médecins gériatres du Québec.

Howard Bergman: Dr Bergman has stepped down as Vice President and Scientific Director of the Fonds de la recherche en santé du Québec (FRSQ) with the recent restructuring of their FRSQ. He was the founder and co-director of the Jewish General Hospital/McGill University Memory Clinic. Dr. Bergman has been an influential force and presence at the Jewish General Hospital and McGill. Dr. Bergman, chaired from 2007-2009 a task force with the mandate to propose the Quebec Alzheimer Plan, an action plan from prevention to end of life care, including the research agenda. Dr. Bergman is a Past President of the Consortium of Canadian Centers for Clinical Cognitive Research (C5R). He was a member of the Steering Committee of the second (1999) and third (2006) Canadian Consensus Conference on the Diagnosis and Treatment of Dementia. He is past Scientific Director of the FRSQ Quebec Network for Research on Aging (RQRV). He is past President of the Canadian Geriatrics Society; past Chair of the Advisory

Board of the CIHR Institute on Aging, and past Chair of the Board of Directors of the National Initiative for Care of the Elderly (NICE) funded by the National Centres of Excellence (NCE).

Howard Chertkow is past President of the Consortium of Canadian Centres for Clinical Cognitive Research (C5R). Drs. Howard Chertkow and **Paul Lysy** from our Division also participated as members of the committee.

Nadine Larente was Chair of the Royal College of Physicians and Surgeons of Canada Geriatrics Examining Committee. She is the Medical Director of the Approche adapté at MUHC.

José A. Morais is Associate Director of the FRSQ - Réseau Québécois en Recherche sur le Vieillessement (RQRV) after being the coordinator of the Nutrition Axis of the FRSQ- RQRV. He is Vice-President of the Canadian Geriatrics Society. He was Chair of the Organizing Committee for the 28th Annual Meeting of the Canadian Geriatrics Society held in Montreal in 2008 and a member of the Organizing Committee of the 39th Annual Education and Scientific Meeting of the Canadian Association of Gerontology held from December 2-4, 2010. He was chair of the 3th International Quebec-Japan Symposium Organizing Committee. He served on the Consulting Committee of the Réseau Ouébécois de Cardiologie Tertiaire as an expert for application of new technology to elderly patients. He is the President of the McGill RUIS Subcommittee of Aging.

The work on the international scene continues to develop. Members of the Division continue to be invited as speakers, often in major plenary sessions, in many and varied international scientific meetings and forums. This has led to international collaboration in research endeavors in Japan, Europe, United States, Latin America, Asia, and Israel. Members of the Division have been named to boards of international peer-reviewed journals. Members of the Division are actively involved in various American Geriatrics Society International Special Interest Groups.

We continue to attract international research and clinical fellows; Switzerland, Holland, Brazil, Peru, Mexico, Costa Rica and Panama.

5) Consulting Activities¹

In order to provide a summary of the consulting activities of members of your division, use the table below.

Name of Faculty Member	Private Sector Consulting (# of days)	Public Sector Consulting (# days)	Other (# of days) - please explain	Total
Howard Bergman	1hr/month	3 days/month		
Howard Chertkow	1 hr/month	3		

¹ McGill University requires that a consulting report of staff members be included in the annual report each year.

6) Honours, Awards and Prizes

Record all prestigious honours, awards and prizes awarded to the division's staff members (not grants and salary awards).

Howard Bergman

Co-honorary President, Société francophone d'oncogériatrie

III. Objectives and Priorities

In this section please indicate the important objectives (recruitment, programs, space modifications, equipment needed, etc.) that the division wishes to accomplish. Note the priority of these objectives and suggest means for accomplishing them as well as the likely difficulties which need to be overcome in achieving them. State clearly the most important problem you are facing and the most important goal which you need to achieve this coming year.

There is no doubt that the McGill Division of Geriatric Medicine has developed considerably in the area of education as well as research and publications. With the scope of our clinical responsibilities, the depth and variety of the education activities, in particular now with the Clerkship, the importance of the research programs in terms of the amount of peer-reviewed and industry funding, as well as publications, our Division is perhaps the most complete in the country and makes important contributions to the field of Geriatric Medicine and Aging. It is a testimony to the work of the members of our faculty. It is also a testimony to the work of the multidisciplinary members of our team from other professions, including nursing, physiotherapy, occupational therapy, social work and pharmacy, which make major contributions in our clinical teaching and research programs.

Serious challenges in the upcoming year

Our Division of Geriatric Medicine at McGill is facing important and serious challenges shared by many other University Divisions of Geriatric Medicine across Canada. These challenges are a result of on the one hand, the tremendous number of acute geriatric beds in the main teaching hospitals. There is no Division across Canada, United States or in Europe that has that many acute beds. Although there has been a reduction in geriatrics beds at the MUHC, we are under increasing pressure to increase the number of consultations in the ER and on the Wards, as well as to develop our activities within the community and throughout the RUIS. At the same time, our teaching load is very heavy, in particular with the Geriatric Clerkship, over seven periods. This means during those seven periods we have 25 fourth year medical students to teach throughout our four teaching hospitals and this number will continue to grow owing to the increased entrance into the medicine class.

We also continue to maintain at McGill a high academic profile with internationally recognized research programs.

At the same time, our ability to recruit is extremely compromised. This is not a problem unique to McGill but is a problem across Canada. Unfortunately, not enough residents from Internal Medicine are choosing Geriatric Medicine as a subspecialty.

This situation is critical and may reach crisis proportions. We have been carrying out discussions within our McGill Division and in each of our hospital divisions and there is no doubt that we

need to realign and reconfigure our clinical activities within the hospital and within the community in order to best achieve our clinical goals and support the objectives of our respective hospitals and communities. In the face of limited PREMS, we may need to seriously rethink our “primary care” in-hospital bed commitment if we are to respond to the growing consultative hospital and community needs without compromising our teaching and research program.

We have an important challenge in meeting our growing community and RUIS Commitments. The development of the RUIS represents an extremely important challenge for us. Up until now, our hospital divisions have worked independently but with the RUIS we will now have to rethink the configuration of our services and our relationship with our clinical partners. These partners include closer CSSS (Cavendish and Métro/Côte des Neiges/Park Extension). We have a responsibility as a secondary and tertiary care centre for those two CSSS. As well, we have responsibilities to other CSSS on the island, particularly the West Island CSSS, which includes the Lakeshore General Hospital. We have already been solicited to work with the Lakeshore General in order to consult and advise on the development of their program for older persons. We have already been solicited to assist with the implementation of the Geriatric Service at the Lachine Hospital. Finally, we have the responsibilities toward the outlined regions, including l’Outaouais and Abitibi; for example, the l’Outaouais some students are now doing their Geriatric rotation in that region.

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Respectfully submitted,



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