Your generosity in action.
Thank you for your generosity.
“It was that single summer research bursary that set me on the path to become a physician-scientist,” Victor Dzau, BSc, MDCM’72, DSc, President, National Academy of Medicine, told our students recently.

When I meet with our alumni, they often convey the same message: gratitude for the scholarship or award that launched their careers.

As Jeanette MacDonald, BN’66, put it at Homecoming, “You never forget.”

Many of our most beloved traditions, such as the White Coat Ceremony and the Edith-Aston McCrimmon lecture, are donor-funded. Even the practice of giving every member of the Medicine graduating class a copy of A Way of Life by Sir William Osler, MDCM 1872, has its roots in an endowment first made in the 1930s. In that same decade, during the Great Depression, it was donors – primarily alumnae – who kept what is now the Ingram School of Nursing going.

Without donors, we would not have the Osler Library of the History of Medicine. If we were to try to recreate the bequest from Osler’s personal library that led to its founding, we would not be able to afford it, its value having increased beyond reach.

Many of the enriched educational opportunities that we provide are made possible by donors like you. This includes training at the newly expanded Steinberg Centre for Simulation and Interactive Learning, research opportunities in the laboratories of world-renowned scientists at the Rosalind and Morris Goodman Cancer Research Centre, and Global Health travel awards for students and faculty.

So much of what makes the Faculty of Medicine special and, in some cases unique in Canada, is because of generosity like yours. Thank you!

I hope that you enjoy this snapshot of how donors like you have made a difference, and we look forward to reporting back to you again next year.

Warmly,

David Eidelman, MDCM’79
Vice-Principal (Health Affairs)
Dean, Faculty of Medicine
McGill University
Learning on the Ground, Across the Globe
For Annie Lalande, MDCM’17, a typical day during her exchange program in Rwanda began at a quarter to six under a sky turned “red with the sunrise.” Each morning review of emergency operations performed overnight was another demonstration of the resourcefulness and dedication of the surgical residents at Centre Hospitalier Universitaire Kigali.

Her experience, and that of Ryan Adessky, MDCM’17, and Esther Vaughn, MDCM’18, was part of a bilateral exchange with the University of Rwanda occurring over a six-week period. The Centre for Global Surgery at the McGill University Hospital Centre (MUHC) has been collaborating with the Centre Hospitalier Universitaire Kigali (CHUK) on projects aiming to train Rwandan surgeons and, more recently, a group of McGill medical students paired with the Rwandan students to create a global surgery exchange project for students interested in surgical careers.

Every year, thanks to generous travel awards made possible by donors like you, Faculty of Medicine students like Adessky, Lalande and Vaughn are able to develop their skills and cultivate insights that will profoundly impact their careers.

Professor Madhukar Pai is the Canada Research Chair in Translational Epidemiology and Director, McGill Global Health Programs. Dr. Pai has seen how significant working abroad can be for students in the context of these programs.

“Global health practice and research is something that has to be learned in the field. It is critical McGill students have support to travel and assist in work happening around the globe and see, first-hand, the health challenges faced by people in low-income settings. Such experiences can be life changing and can inspire students to make a lifelong commitment to addressing health inequities.”

During their time at the CHUK, the med students scrubbed in on operations ranging from a thyroidectomy to a large skin graft on a child involved in a car crash. And they witnessed medicine being practised under some trying conditions.

Adessky and Lalande remember an instance when a patient, already delayed because the transport ventilator equipment wasn’t working, arrived at a hospital that had no running water, empty tanks without even enough water for a scrub-in, and not enough anesthesia staff to cover the operating room.

“It’s times like these,” they wrote in a co-authored travel journal, “when we appreciate that in order to have a meaningful impact on the provision of healthcare, the training of a qualified workforce must be matched by development of infrastructure.”

Vaughn is herself a Rwandan who immigrated to Quebec as a child. Her trip was made possible by a travel award created by M. Anthony Ashworth, BSc, MDCM’61. Inspired by his own memories of working in the underserviced Canadian North, Ashworth created the award to encourage surgeons to learn the kind of ingenuity that is often best mastered in low-resource settings.

THANK YOU!
Inspiring Indigenous Youth to Pursue Health Science

Jessica Barudin, MSc(PT)'15, brings personal insight to her role as manager of the Faculty’s Indigenous Health Professions Program, a 10-year plan to recruit more students from First Nations, Inuit and Métis communities.

At her convocation two years ago, Barudin was joined by four generations of her family, including her first child, born near the end of her master’s in physical therapy.

“My daughter was a huge blessing, but motherhood was a challenge,” she says, adding that the challenge is not uncommon for Indigenous students. As a demographic, they are more likely to have children. They are also more likely to be mature students, according to the Indigenous Physicians Association of Canada.

Many Indigenous students, especially those from the north, face an extra financial burden as well: the high cost of transportation home. This was the case for Barudin, who is Kwakwaka’wakw from the ’Namgis First Nation in Alert Bay, British Columbia.

Fortunately, Barudin received the philanthropic support that she needed, but there are, she explains, still “a lot of barriers and gaps,” leaving too many Indigenous students underfunded and relying on student loans.

Things are changing, though. Most recently, the Angle-Lacroix family pledged $25,000 to the Faculty’s Indigenous health initiatives, including discretionary support to Indigenous students.

“Over the last two years quite a bit of work has been done towards creating an Indigenous health curriculum, and establishing more Indigenous health content throughout the first four years of the undergraduate medical program,” adds Barudin. With the help of alumni and friends like the Angle-Lacroix family, and Indigenous communities within the Réseau Universitaire Intégré de Santé, which serves regional Quebec populations, she is expanding these efforts. The work now involves the School of Physical & Occupational Therapy, the School of Communication Sciences & Disorders, and the Ingram School of Nursing. Other McGill partners in this endeavour include the School of Social Work, the School of Dietetics and Human Nutrition and the Faculty of Dentistry.

“What I’m looking forward to is the next generation of students interested in pursuing careers in health having the support and the backing from the University to be able to succeed and thrive in all aspects of their lives,” Barudin says.

Dr. Kent Saylor is the Director of the Indigenous Health Curriculum and Director and Co-founder, Indigenous Health Professions Program. He says programs like this cannot come soon enough. “Given the great discrepancies between Indigenous health outcomes in Canada and those in other communities, we believe Indigenous health care providers are desperately needed to provide long-term solutions. At the current rate of training of Indigenous students in health care fields, it will take decades to train enough Indigenous health care providers to provide for even basic services.”

Dr. Saylor sees hope in the new programs. “The Indigenous Health Professions Program has begun this process for change. We hope to continue this work to explore all avenues to recruit, train and support more Indigenous health care professionals.”

He sees potential benefits for McGill students as well as for Indigenous community partners. “All McGill students will benefit from a variety of learning experiences, including lectures, workshops and more clinical experiences with Indigenous peoples.”

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SUPPORT FOR STUDENTS

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FACULTY OF MEDICINE | 7
PHILANTHROPY CHANGES LIVES
Ybbs, an Austrian city on the Danube, where Dr. Jutta Steinberger went to high school, and Vienna, where she did her doctoral work on the molecular structure of foot and mouth disease, are a long way from McGill’s Rosalind and Morris Goodman Cancer Research Centre (GCRC). But Steinberger, the latest recipient of the Karassik Family Foundation Oncology Postdoctoral Fellowship, feels right at home in the Jerry Pelletier lab at the GCRC doing research on protein synthesis.

Dr. Steinberger is impressed by the passion her fellow researchers bring to their work. “All the principal investigators here are very forward-thinking,” she says. “The attitude is: ‘Okay, if we want to do this experiment and we don’t have the equipment, let’s raise some money or find some collaborators. Let’s get it done.’”

Every year, young scientists like her bring their ideas, experience and insight to McGill, and stimulate exchanges in the international medical community of which McGill is such an integral part. Their presence is often made possible by the generosity of alumni and friends.

“I see it as a privilege that I am able to do science,” says Dr. Steinberger. “As a scientist, you need funding from private sources. We depend on it.”

This sentiment is echoed by Bruce (Hao) Huang, an MSc Biochemistry student and recipient of a CURE Foundation Fellowship Award, who works in the lab of Dr. Morag Park, a world-recognized authority on breast cancer and the Director of the GCRC. Her lab studies how changes in a tumour’s microenvironment can impact the progression of breast cancer, so that targeted therapies can be developed to fight the disease at its source.

“In Canada, one in nine women will eventually develop breast cancer,” says Dr. Huang. “Although outcomes for many breast cancers have improved in recent years, there’s a sub-type called triple-negative breast cancer for which there are no targeted therapies. This is the type we are focused on.”

Without this Fellowship, pursuing this important line of research might not have been an option for Dr. Huang. “Conducting medical research is very expensive, and fellowship awards help us attract the best and brightest young scientists, who are the lifeblood of our research venture,” says Dr. Park.

For many young researchers in the Faculty of Medicine, the moral support is as meaningful as the financial. “It shows me that this work is important,” says Daniel Almeida, a neuroepigeneticist and PhD candidate, about the Robert C. Paterson Graduate Research Award he received. Working in the lab of Dr. Gustavo Turecki, a leading investigator in suicide prevention and treatment, Almeida and his research colleagues are developing biomarkers to be used as a predictive tool in suicidal behaviour.

“Conducting medical research is very expensive, and fellowship awards help us attract the young scientists who are the lifeblood of our research.”

— Dr. Morag Park, Director
Goodman Cancer Research Centre
**FACULTY OF MEDICINE FACTS**

### ADMISSIONS

#### 2016 Incoming MDCM Class

- 1,794 applicants
- 386 interviews
- 183 students admitted to Med-1*
  * Including 2 to MD-PhD

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**INGRAM SCHOOL OF NURSING**
- 868 students in total
- 239 graduates in 2016
- 64 students received scholarships, fellowships or bursaries in 2016

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**SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS**
- 82 MSc and PhD students in total
- 28 graduates in 2016
- 19 students received scholarships, fellowships or bursaries in 2016

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**SCHOOL OF PHYSICAL & OCCUPATIONAL THERAPY**
- 690 students, plus 6 at the postdoctoral level
- 205 graduates in 2016
- 25 awards, prizes and fellowships granted each year

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**BSc (BIOMEDICAL), GRADUATE AND POSTDOCTORAL STUDIES**
- 1,673 BSc students (Anatomy and Cell Biology, Biochemistry, Microbiology and Immunology, Pharmacology, Physiology)
- 1,090 MSc students (all departments and Schools)
- 887 PhD students (across the Faculty)
- 316 postdoctoral fellows (across the Faculty)
More than 376 scholarships, fellowships and bursaries were granted across the Faculty in 2016. Thank you!

THE MEDICINE FAMILY

32,000+
Faculty of Medicine “McGillians”

4,600
clinicians, scientists & staff

5,600
undergraduate, graduate & postgraduate students

22,000+
alumni carrying the Faculty of Medicine banner around the world

SOME NOTABLE GRADUATES

Sir William Osler, MDCM 1872
The father of modern medicine

R. Tait McKenzie, MDCM 1892
Rehabilitation pioneer, physical education advocate and sculptor

Alexander MacKenzie Forbes, MDCM 1898
Founder of the Montreal Children’s Hospital

Charles Drew, MDCM’33
Blood bank originator and blood preservation pioneer

Moyra Allen, BN’48
Nursing innovator

David Hubel, BSc, MDCM’51, DSc, and Andrew Victor Schally, BSc, PhD’57, DSc
Nobel Prize winners

Phil Gold, BSc, MDCM’61, MSc’61, PhD’65
Co-discoverer of most frequently used blood test for cancer diagnosis

Thomas Chang, BSc, MDCM’61, PhD’65
Inventor of the artificial blood cell

Daniel Ling, MSc, PhD’68
Creator of sound check test for hearing aids

Robert Thirsk, MDCM’82, and Dave Williams, BSc, MDCM’83, MSc’83, DSc
Astronauts

Joanne Liu, MDCM’91, M MGMT’14, DSc
International President of Médecins Sans Frontières

Marjorie Dixon, BSc, MDCM’97
IVF trailblazer

Catherine Limperopoulos, BSc(OT)’92, MSc’97, PhD’02
Pioneer in research on the developing brain
Accurate Diagnosis Key to Successful Treatment of Speech Disorder
It’s long been known that children with speech disorders who don’t receive treatment are at a much elevated risk for reading disabilities, school failure, and behavioural and anxiety issues. The consequences of not receiving early attention can be “devastating, especially if the child starts school with ongoing communication delays,” says Susan Rvachew, Director of the Child Phonology Lab at McGill’s School of Communication Sciences and Disorders. What is less well known is that every year a significant subset of children who do receive treatment get the wrong kind.

Rvachew describes the case of a young boy whose mother worked with him tirelessly to help him speak clearly, to no avail. His speech-language pathologist was convinced he was making progress in her office. However, it later became apparent that although he could easily mimic her, as soon as he went home, he would forget everything he learned. That’s because his difficulty was linked to a memory processing disorder. It is too late to help this child, who did not make progress over a three-year period, but Rvachew and her students have been developing an intervention that works for children like him.

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The challenge, says Rvachew, is to diagnose these children accurately before they start treatment. Children treated in her research clinic first receive an extensive assessment. Then they are treated with different approaches to therapy, using a unique single subject research design that reveals which treatment each child responds to. Children who have difficulties with memory respond best to a treatment that provides a lot of visual cues, for example. Children who have difficulties planning motor movements respond best to an auditory-motor integration treatment.

Overall, the research program shows that children who receive the treatment that matches their diagnosis not only learn new speech skills, they retain this learning, with very rare exceptions. It should now be possible to make sure that all children with speech delays, even in very complex cases, make progress in speech therapy. Rvachew has had some support from an unexpected source. In 2012, an American speech-language pathologist, Gabrielle Miller, began a correspondence with Rvachew after reading her newly released book. After confirming a common commitment to clinical research in speech-language pathology, Miller decided to donate to support the project through her family foundation, the Ruth Ratner Miller Foundation. The funds have allowed Rvachew to document the success of this personalized and developmental approach to speech therapy.

More than 40 children have been helped so far in her clinic, but Rvachew believes the eventual reach of her work will be far greater, as she has trained or supervised more than 20 graduate students or interns, and presented her research to more than 1,000 speech pathologists.
Seniors Paint Their Way to Better Health and Longer Lives
Medical frailty is a vicious circle in which more than a million elderly Canadians are currently trapped. With our aging population, this number is expected to double in the next 20 years, says Dr. Olivier Beauchet, holder of the Dr. Joseph Kaufmann Professor of Geriatric Medicine and Director of the RUIS (Réseau Universitaire Intégré de Santé) McGill Centre of Excellence on Aging and Chronic Disease at the Jewish General Hospital. Functional decline leads to loneliness and social isolation, which contributes to loss of confidence, making patients more susceptible to the acute and chronic diseases that inevitably cause more frailty.

Dr. Beauchet is the former director of the Memory Clinic at the Center for Research on Autonomy and Longevity at Angers University Hospital in France. There he was the principal investigator on several pilot studies that made use of art therapy, specifically Geriatric Inclusive Art Therapy, to overcome the frailty trap. Facilitated group workshops use painting as a way to “re-activate both the communication processes and social interaction.” Discovering and nurturing a new competence, especially late in life, impacts not only the patient’s well-being, but the optimism of family and caretakers. As well, seeing a patient’s artwork can often influence health care professionals to change their vision of frail older adults “from passive patients to active individuals,” Dr. Beauchet says. According to his initial studies, these shifts in perception are resulting in reduced hospital time and longer lives.

The workshops Dr. Beauchet and his team are currently tracking have been made possible by the generosity of the St-Germain Kavanagh Foundation, and will be enriched this year through a partnership with the Musée des Beaux-Arts de Montréal.

In addition to the measured impacts on hospital time and mortality rates, Dr. Beauchet points to the joy of awakening a new talent at an advanced age. “Being able to give them this pleasure,” says Dr. Beauchet, “it’s incredible.”
“This is the place to make mistakes,” says Philippe Legault, Manager of Operations at the Steinberg Centre for Simulation and Interactive Learning, on a tour of its newly expanded space in the Galeries du Parc shopping centre a short walk from campus.

He is standing in the doorway of the brand-new simulated operating room, where a high-fidelity (i.e., realistic) mannequin lies on the table. “These can be intubated,” he says. “You can draw blood. They have vital signs and everything.”

Thanks to renovations, which began in April 2016, the Centre has almost doubled in size to 30,000 square feet. Legault leads the way to a new wing, which features office space for research fellows who do research in simulation. “This is pretty novel,” he says, explaining that until now there has been no centralized unit at the University for bringing together simulation researchers, who have traditionally worked independently within their own departments and schools.

Down the end of the hallway is a simulated patient ward, with a nursing station and four patient rooms, including one that is designed for trainees to practice caring for obese patients. “We will be building a hoist so that they can practice how to move obese patients.”

The next stop on the tour is a clinical evaluation suite with 14 stations where it is possible to monitor all activities throughout the Centre.
“We are going to start training in distance medicine,” says Legault. “Residents could train here with patients that are elsewhere.”

Beyond that lies a 1,000-square-foot, fully functional simulated apartment, with a bedroom, living room, dining room and kitchen.

Why does the Centre need a simulated home? Because hospital stays are getting shorter. “More and more patients are being brought home earlier, but they still need care. We are going to be able to train our professionals to give home care and also patients to care for themselves,” says Legault.

The last stop on the tour of the new wing is the virtual reality trainer room, where it will soon be possible to practice surgical skills, including such procedures as laparoscopy and hysterectomy.

As Legault explains, the Centre’s main goal when purchasing new equipment is to make sure that it can be valuable for the vast majority of users, who hail from the Ingram School of Nursing, the School of Physical & Occupational Therapy and the School of Communication Sciences & Disorders, as well as from Medicine.

The tour concludes in the old wing by the scrub sinks, which are used for training. “A big part of working in the OR is knowing how to wash your hands,” Legault explains before the group disbands.

This expansion of the Steinberg Centre for Simulation and Interactive Learning was made possible thanks to a $7.5 million gift from Arnold and Blema Steinberg. The Centre is also tremendously grateful to all who have given in memory of Arnold Steinberg.
Research shows that medical residency can be one of the most vulnerable times when it comes to mental health, says Stella Miller, Postgraduate Medical Education (PGME) Wellness Consultant, the WELL Office.

Thanks to a generous gift from a popular local business, Le Glacier Bilboquet, Inc., and its President, Pierre S. Morin, McGill residents have a new self-care tool in their belt: Ice Cream Rounds. Modelled after grand rounds, Ice Cream Rounds brings together residents in the same program for candid discussions about the highs and lows of residency over artisanal ice cream.

“The atmosphere is open and friendly, and these attributes – coupled with our commitment to confidentiality – ensure that residents feel comfortable sharing their experiences and problems, and in exploring solutions,” says Miller.

Twelve residency programs currently participate in the Rounds. Groups meet three to four times a year, usually during academic half-days.

One year in, the response has been positive, with many expressing appreciation for this safe space in which to air concerns and resolve difficulties. Although the success of the program is a point of pride for the WELL Office, Miller is quick to highlight the important contribution of its sponsor. “We are extremely lucky to have this partnership. They provide us with delicious ice cream and sorbet.”

Behind this unique and thoughtful gift is a strong family connection to the University: Pierre Morin’s father, father-in-law and grandfather all have degrees from McGill, as does his wife.

“My grandfather graduated from McGill Law in 1903, my father from Architecture in 1933, my father-in-law from Accounting in 1943, my wife from Finance in ’76 and I could go on,” Morin says. “Our mission is to provide joy and smiles,” he adds. “From what we heard, we were able to achieve that with the McGill Medicine residents, making our jobs more fun!”

“Smiles” is an apt summary of the program’s mission as well. The Ice Cream Rounds engage residents in problem-solving but, most importantly, they “assist in the development of a supportive, open culture within residency programs,” says Miller.
THANK YOU!
Since 1821, McGill has been offering outstanding educational opportunities to students from across the globe, pioneering new areas of research and discovery, and changing how we understand the world. As we approach our University’s 200th anniversary, McGill’s professors, researchers and students continue to tackle the biggest questions in science, culture and human endeavour.

Looking towards McGill’s third century, we hope you will join with us in celebrating and supporting this important work as we embark on The Road To 200 and beyond, and as, together, we create an even better world and a brighter future.

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