Welcome to our new Division Directors!

As you all know, Dr Thomas Maniatis was appointed the MUHC Division Director as of 1 July 2016. On 15 September, Dr Vicky Tagalakis was appointed the McGill Division Director.

We would like to thank Dr Louise Pilote whose leadership and vision as McGill and MUHC Division Director heralded unprecedented growth and success for our Division. During her 10-year tenure, 18 new faculty joined the Division, clinical niches such as medical obstetrics and perioperative medicine were created and continue to develop, and quality improvement was established, GIM’s role in northern care was solidified, global health initiatives such as the Haiti project were launched, and our research capacity and production multiplied exponentially!

Ongoing Excellence – Congratulations!

Dr Ernesto Schiffrin was awarded The Margolese National Heart Disorders Prize 2016 for advancing the understanding of high blood pressure’s effects on vasculature. He was one of 3 of Canada’s leading researchers in brain health, heart health and cancer to have been singled out by the University of British Columbia Faculty of Medicine for their accomplishments, and for their potential to make further contributions in their fields.

CSIM 2016 in Montreal 24 – 30 October
Dr Thomas Maniatis was the Scientific Director of the most widely attended CSIM Annual Meeting in the history of the CSIM, held in Montreal. Thanks to everyone who participated and helped make this a success!

Dr Susan Kahn received the CSIM 2016 David Sacket Award and Dr Jeff Wiseman received the CSIM Osler Award 2016.

McGill RUIS
Dr Romina Pace is the first GIM faculty with a position in the Cree Territories. While completing her FRQS-funded research training, she is practicing in Eeyou Istchee, and at the MUHC doing telehealth clinics.

Drs Patrick Willemot and Romina Pace are working to build a regular GIM consultation service including echocardiography, EST, telehealth and e-mail support to Eeyou Istchee.

GIM Fellows Corner
The GIM training Program is developing a number of Structured Assessments of Clinical Evaluation Reports (STACERs, a Royal College term) to scaffold direct observation, assessment, and feedback on a number of clinical and non-clinical activities. Get ready to start frequent direct observations, as this will ramp up as we move towards the Competency by Design framework!

Good-bye Gina!
Gina Constantinitis retired from the Division at the RVH! Since 1983, Gina has supported the Internal Medicine Unit and the GIM Clinics. We’d like to thank Gina for all of her support during so many changes over the years. Best wishes in all your new adventures! Welcome to Ines Jaafar!
Global Health

Congratulations to Drs Han Yao and Elise Veuille-Lessard who are recipients of the first-time travel awards from Postgraduate Medical Education and the McGill Global Health Program.

Haiti Bound!
There will be two rotations in Haiti during Periods 6 and 10. Each Period will consist of 3 IM residents (R2 and R3), one GIM resident, and two faculty. Drs Belinda Go and Isabelle Malhamé will be the GIM fellow representatives. Drs Pilote and Naessens are the staff for Period 6. We still need staff for Period 10!

Please contact Dr Michelle Elizov if you are interested!
Get ready to pack your bags!

Outpatient Care

The Complex Care focus of the Division is growing!

MUHC
We now have two nurse clinicians at the MUHC!

Denise Xenos started in the General Internal Medicine and Complex Care Clinic at the RVH in November 2015. She has helped to support the expansion of the transition clinic which has taken on patients with complex disorders transitioning from the Children’s hospital, including patients with cystinosis and hereditary hemorrhagic telangiectasia.

Natacha Umuhosa started at the MGH June 2016, and will help to support the development of a GIM-led Medical Day Hospital and Rapid Assessment Unit.

JGH

Dr Jed Lipes is the Director of the Diagnostic and Therapeutic Clinic (DTC). The DTC was unveiled in mid-July 2016 and functions as a rapid access internal medicine clinic with dedicated nursing, procedural capabilities on site, therapy rooms (transfusions, IV medication) and dedicated access to radiology. Referrals were initially open to ER only and, due to the initial success, has now expanded to all physicians in hospital and, more importantly, to the primary care physicians in the community. The 7 internists who staff the DTC see a wide range of acute medical illnesses including malignancy investigation, fever of unknown origin, anemia, acute renal failure, etc., avoiding unnecessary ER visits and hospital admissions. The DTC is equipped with a procedure room and point-of-care ultrasound and the clinician can perform thoracentesis/paracentesis and point-of-care echocardiography. The clinic has been running for 2 half-days a week and has seen roughly 150 patients. Due to popular demand, a 3rd half-day is set to open in January.

Medical Education

The Flipped Classroom: turning residency academic half day on its head

Led by Dr Ning-Zi Sun, the core Internal Medicine academic half day will soon be undergoing major changes. The flipped classroom – an instructional method where by didactic content is delivered outside the “classroom” to allow in-person “classroom” time to be devoted to interactive learning centred on knowledge application and synthesis – will be implemented in July 2017. Currently, the academic half-day format is one of teleconferenced didactic lectures. With flipped classroom, residents will view pre-recorded lectures online at their own pace and then actively participate in applying what is learned to solving cases / clinical problems during the in-person academic half-day. The latter will be led by faculty members with content expertise and facilitated by audience response technology. The decision to convert to the flipped classroom format was based on literature on the benefits of active learning formats and recent resident needs assessment showing poor engagement and learning with the current format. This is an innovative project, and McGill Internal Medicine is the first postgraduate program to apply on a large scale the flipped classroom format to its formal curriculum. Dr. Sun is planning a number of studies to assess the new format’s impact on resident learning parameters and outcomes. Many division members have been contacted to participate. Thank you to those who have already recorded their lectures, and we strongly encourage the remaining members to sign up and record!
Dr Suzanne Morin was awarded a grant from the Dairy Farmers of Canada: A Randomized Clinical Trial on the effect of dietary calcium intake as compared to calcium supplement on vascular health in postmenopausal women. $65,530 in year 1 and $70,011 in year 2.

Dr John Hoffer presented at a small, international invitation-only scientific workshop at the Banbury Center, Cold Spring Harbor Laboratory, NY, on making oxidative chemotherapy less toxic.

He has contributed two chapters, Alterations in macronutrient metabolism in starvation and disease, and Determining protein requirements in the acutely ill patient, to a new publication being launched by Scientific American. John will be the first author of a chapter on nutritional therapy in the next (20th) edition of Harrison’s Principles of Internal Medicine. If the authorship remains the same as in the 19th edition, he will be one of only 4 Canadian authors contributing to this textbook and the only one from McGill University.

Dr Stella Daskalopoulou received the MUHC Department of Medicine Early Career Staff Research Award and was awarded a CIHR Project Scheme grant entitled, Unraveling the Mechanism of Action of the Adiponectin Receptor Pathways in a Humanized in vitro Model of Carotid Plaque Instability. Total amount for 4 years: $1,150,572.


The focus on quality in the Division continues to grow: Drs Todd Lee and Emily McDonald (Co-PIs) received a $1.67 m CIHR grant in June 2016: Reducing post-discharge adverse drug events amongst the elderly: a multi-centre electronic deprescribing intervention.

About the Project
This important study will enrol 8500 hospitalized patients from 9 hospitals (including MGH and RVH sites) across Canada. It will evaluate the impact of MedStopper, a previously developed electronic deprescribing tool, on reduction of potentially inappropriate medications (PIMs) as compared to usual care. At the time of hospitalization, the patient’s medications and comorbidities, along with a measure of frailty, will be entered into MedStopper, which will generate an individualized, prioritized, deprescription plan targeting PIMs. The attending physician will then implement the deprescribing plan after discussion with the patient/caregiver. The study is powered to demonstrate at least a 4% absolute risk reduction in adverse drug events following hospital discharge.

Clinical Impact
Findings could be the first step to incorporating deprescribing as a part of standard care upon discharge from hospital. These findings should inform best practices in elderly patients with polypharmacy and ultimately decrease the burden and cost of PIMs and their associated complications. If successful, this could lead to a reduction of several thousand hospitalizations annually, across Canada.