



# MEDICINE

*special edition*



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# Campaign McGill



Autumn 2007

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Cover photo by Owen Egan  
*Drs. Philippe Gros (second row,  
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from left) with a group of students  
outside the soon-to-be-opened  
McGill Life Sciences Complex.  
Please see the articles on page  
10 and 11.*

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Owen Egan



# *A Bright Future for the Health Sciences*

Editorial by Dr. Richard I. Levin, VP (Health Affairs),  
Dean, Faculty of Medicine

## **A New “Golden Age” for Medicine**

Many of you remember your time at the Faculty as the “golden age.” Other alumni of similar experience are certain that the “golden age” was a mythical time long before your arrival. The complex realities of both the town and the gown of today’s medicine continue to limit a physician’s ability to heal, a scientist’s ability to discover, and a teacher’s ability to harness the new technologies to better educate our next generation. But this moment in the 2,500-year history of biomedicine since Hippocrates may prove to be one of our finest. And McGill will figure prominently in this next chapter, just as it has for nearly two centuries.

Sir William Osler, our famous alumnus and professor, was a man of great vision who, among many contributions, articulated a philosophy that found the life of a physician an inseparable combination of education, research and practice. At the end of the 19th century, when he left McGill for the University of Pennsylvania and went on to become one of the founders of The Johns Hopkins University School of Medicine, the practice of medicine was taught in the classroom without exposing students to patients. He and other great physicians of his time, like Welch, Halstead and Kelly then did a great thing. Drawing from German and Scottish practices, the idea that physicians would be residents in the hospital, taking care of patients in an intimate, continuous way, was introduced to North American medicine, and the modern teaching hospital was born. The practice of western medicine changed forever.

Shortly thereafter, in 1910, well-known education specialist Abraham Flexner reported the results of his survey of medical education, supported by the Carnegie Foundation, which resulted in a dramatic change in academic medicine. At the time, there were hundreds of medical schools in

North America, many just proprietary mills of little value. His bold recommendations included much stricter admissions standards, increases in the duration and content of medical training with four years being a requisite for practice, and an absolute requirement for university affiliation. Universal adoption of these standards resulted in the closure of most of the unaffiliated schools and a new era of education and practice based on the scientific method.

And now a century later, well into the information age, just into what Venter and others have christened the “Century of Biology,” we arrive at a new “golden age,” where the possibility of incredibly rapid change, of actually moving beyond Lewis Thomas’s half-way technologies are approaching realities.

Is this “age” arriving in the nick of time to salvage growing crises in the delivery of health care? We soon will see. New, more accurate, less invasive diagnostics coupled with novel information technologies, new agents and an accent on prevention have enabled physicians and other health professionals to make quicker diagnoses, to treat rapidly and effectively, and dramatically lower the death rates from common ailments. At the same time, instead of having weeks in hospital to understand the nature of a disease and get to know a patient, our students and residents may have only hours. No longer is the profession blessed with the time for contemplation and communication that characterized earlier training paradigms.

Time spent in the human classroom of the hospital, where students gain first-hand experience, is dwindling. Through the introduction of simulation-based learning and other educational modalities, we have an opportunity to revamp how we teach. And even though health-care delivery is now faster, more efficient and less painful for patients than ever before, new therapeutic

tics with rapid translation of fundamental discoveries that will dramatically improve patient care are just around the corner. Now is the time for the Faculty to build new platforms for medical education, research and care. This is what Campaign McGill will provide: the support required for us to write the next chapter in the history of academic medicine.

## Making History

On October 18, as a grand overture to our 86th Homecoming weekend, McGill made an unprecedented announcement that has the potential to transform public education at this historic university. Principal Heather Munroe-Blum officially launched a \$750-million fundraising campaign – the most ambitious launch goal in Canadian university fundraising history. With \$325-million of this goal already in hand, the University is well on its way to making this dream a reality.

What will this campaign enable McGill to accomplish? Committed to its mission to advance learning and aptly subtitled “History in the Making,” this campaign will enable McGill to attract and retain bright minds through support for undergraduate and graduate students, as well as professors, scholars and scientists. In addition, McGill

will be able to fund groundbreaking research, scholarship and community service initiatives, both at home and abroad. It will be a comprehensive campaign, focusing as much on people and programs as bricks and mortar.

## Planning the Future

What is the Faculty of Medicine’s vision for this comprehensive campaign? As the largest Faculty on campus, we have set our sights on raising a minimum of \$130-million towards the University’s lofty goal, the highest target amount of any of McGill’s faculties. Our priorities were developed through a broad, interactive process with the directors of the Schools of Nursing, Physical and Occupational Therapy, and Communication Sciences and Disorders, departmental chairs, centre and institute directors, key administrators, faculty members, alumni volunteers and friends. Focusing on our past and current strengths to identify our future aspirations was no easy task. Quite simply, we asked ourselves where we want McGill Medicine to be in the next quarter century. This was a challenging undertaking, but from our discussions emerged some 30 areas of opportunity distilled into four thematic approaches that have become our vision for the future:

- Uncovering the biological basis of disease;
- Translating research into better health and patient care;
- Training tomorrow’s leaders in the health sciences; and
- Creating modern infrastructure to support these goals.

This issue of *In Focus* reveals but a few of the many faces and places at McGill that are helping us make history through their work in each of the above thematic approaches. The future of Medicine starts at the institutions that will train the health-care leaders of tomorrow. With close to two centuries of achievements that have helped to shape modern academic medicine, McGill is poised to revolutionize the health sciences and define a new “golden age.”

*Dean Richard I. Levin (first row, seated third from left) pictured with the Faculty of Medicine’s associate deans, directors of affiliated schools, departmental chairs and directors of administrative offices, at one of Dean Levin’s weekly luncheons.*



# Uncovering the Biological Basis of Disease

## Digging into Diabetes



Owen Egan

Dr. Rob Sladek in his lab at the Montreal Genomics and Proteomics Centre on McGill's downtown campus.

Using an innovative experimental approach, McGill researchers and a team of international collaborators have discovered four genes that increase the chance of developing type 2 diabetes. “There is a high genetic risk associated with the disease, and we wanted to know what caused it,” says Dr. Rob Sladek, an endocrinologist based at the Montreal Genomics and Proteomics Centre on McGill’s downtown campus. Led by Sladek and Dr. Constantin Polychronakos of the MUHC, in collaboration with Professor Philippe Froguel of the Pasteur Institute, the group published its findings last February in *Nature*.

Researchers used technologies that allowed them to perform a unique and comprehensive method of analysis on approximately 1,500 samples. Froguel’s group had amassed DNA from patients with type 2 diabetes, as well as control subjects who had enjoyed normal blood sugar for a 10-year period. “For each genetic sample, we were able to look at nearly 400,000 different places to search for a difference between diabetic patients and control subjects,” he says. This approach, known as a whole-genome association study, produced around 600 million data points in the primary study, which then had to be revisited and reanalyzed as the team tested hypotheses and ran simulations: a process that demands massive computer-power. “Fortunately, having a facility like the Genomics and Proteomics Centre backing you takes away a lot of the mental stress,” says Sladek, who earned a degree in

electrical engineering before redirecting his career into medical research. As a result, he is quite comfortable with the high-tech machinery. “Some of the technology we used hadn’t even been released publicly - we were using the beta versions,” he says. The new approach can be readily adapted to help uncover the genetic basis of diseases other than diabetes.

Between six and 10 per cent of the Canadian population has type 2 diabetes. This common disease may be associated with a host of other complications, including kidney failure, blindness and heart disease. The risk alleles associated with diabetes have been part of our genetic makeup since the dawn of our existence. One hypothesis suggests that, because of scarcity of food, tremendous evolutionary pressure created humans who burned and stored food as efficiently as possible - an evolutionary strategy that can backfire in an environment of plenty. “The alleles still do their job, and if you eat a lot, you might become obese, your blood sugar might get elevated, and, if you’re genetically unlucky, eventually you may develop diabetes,” says Sladek. Today, with kids leading less active lives and eating junk food, type 2 diabetes - the “adult onset” variety - is proving all too common in teenagers and even pre-teens. “A sedentary lifestyle and too many calories seem to tip us over into diabetes,” he says. “But the genes are probably tied closely to our ability to survive as a species.”

Sladek’s breakthrough has answered some key questions about diabetes, but many more remain. “Between you and me, there are millions of sequence variations of the type our group looks at,” he says. “We have only looked at 300,000, so we still don’t know exactly the variation that causes diabetes. We’ve found the roadmap, but we need to go into these neighbourhoods to discover where the DNA is mutated. We need to learn where the problem lies, either in the production of insulin or in the response to it.” With that goal in mind, the next project involves finding out how genes relate to one another. “If a genome is like a telephone book, we want to know who is talking to whom. We want to know what the connections are,” says Sladek. “Then the next question is, ‘How do I make it better?’”

### The Joy of Biostatistics

Post-doctoral fellow Ghislain Rocheleau, a biostatistician who joined Sladek’s lab in 2005, provided much of the statistical know-how for the project. “We were pushing the limits because we had to deal with about 1,500 samples and around 400,000 variables, which is a lot,” says Rocheleau. “We needed a sophisticated treatment of everything related to informatics, so it was a matter of developing the appropriate tools to be able to analyze all these variables in a relatively short time. It was as if we were searching for a gold nugget in a very large field.”

For the next stage of research, the team will zone in on specific areas of the genome. “We’ll be able to apply more sophisticated methods to refine the search, and it will be less a matter of brute strength than the previous study,” he says. “We will have two or three times the number of individuals in the sample, but fewer variables to analyze - about 25,000 markers compared to 400,000.” Rocheleau, whose post-doc ends in spring 2008, is looking forward to applying his biostatistical knowledge and the techniques developed at McGill in new arenas. “They’re applicable to many different kinds of diseases,” he says. “Asthma, autism, cancer, cardiac disease - a lot of good research can benefit from this kind of approach.”

## Isolating Cancer Enzymes

*Guided by renowned McGill epigeneticist Dr. Moshe Szyf, doctoral student Flora Chik is focusing her efforts on DNA methylation in cancer.*



Owen Egan

Flora Chik loved what she found when she first came to McGill as an exchange student in her final year of biochemistry at the University of Hong Kong, so she decided to stay. Now in the second year of her doctorate in pharmacology, Chik is studying DNA methylation, a regulation system important to the expression of genes, as part of Dr. Moshe Szyf's epigenetics research team. Abnormal methylation patterns have been observed in the development of cancer, and the Szyf lab has identified an enzyme that may be implicated. Chik's task: investigate this enzyme in different contexts - it is a catalyst in methyl transfer as well as in protein interactions - in order to determine how exactly it contributes to the development of cancer. "We want to develop a targeted inhibitor for this enzyme without affecting the cell's methylation patterns, but to do that we need to identify the specific context in which the enzyme seems to help cause cancer," says Chik. In other words, she is trying to identify the enzyme's danger zone, so that it can be attacked there without affecting its critical methylation responsibilities.

Over the course of her undergraduate studies, Chik became intrigued by both the mechanisms of cancer and the understanding of human differences at the genetic and epigenetic levels, and says, "I'm lucky to find a lab where I can combine these interests." But she wouldn't be working in Szyf's lab if not for the generosity of a scholarship funded by donors. "The reality for me was that if I didn't get funded I couldn't stay," she explains.

When she first applied as a graduate student, Chik received two \$5,000 recruitment fellowships, and her second year was funded by the Faculty of Medicine. This fall she was awarded the \$10,000 Alexander McFee Memorial Fellowship. Doctoral research will probably take Chik another five years, during which time she'll advance knowledge of the epigenetic function of enzymes in cancer development. "Each year I'll apply for new funding to keep me going," she says. "These scholarships are one of the reasons I chose to remain at McGill."

Owen Egan

## Relieving Neuropathic Pain

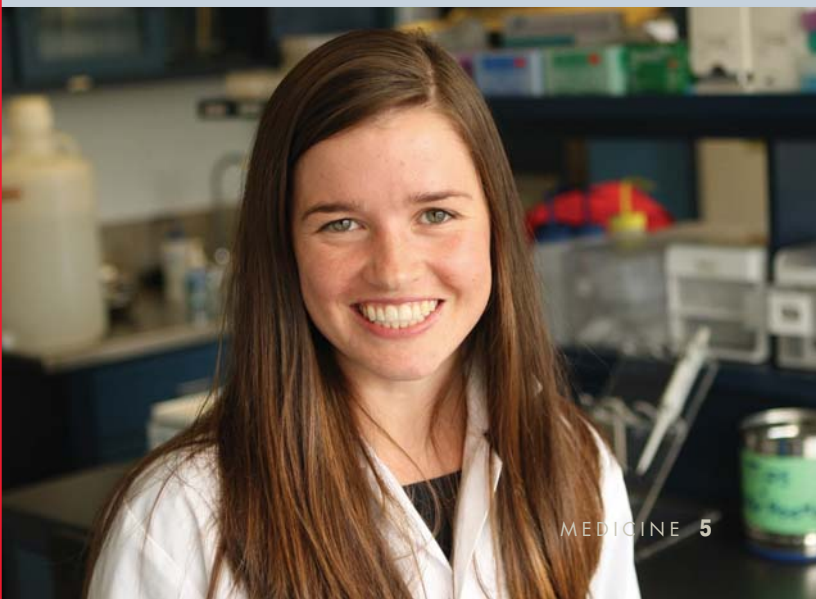
Between one and two per cent of Canadians live with neuropathic pain, which persists long after the initial injury has healed. Constant, relentless and without an apparent cause, it creates plenty of problems, including depression and a reduced quality of life. One hypothesis is that when nerve fibres repair themselves after an injury, they grow into places where they should not be, thus causing them to send "pain" signals; another is that molecular-level alterations in the pain receptors trigger their constant firing.

Second-year pharmacology doctoral student Anna Taylor, working in the lab of Dr. Alfredo Ribeiro-da-Silva, is using rat models to investigate changes that occur both in nerves near the skin surface and in the surrounding tissue, in order to learn why these nerves are misfiring. "Our hope is that, if we can somehow alter how the fibres regenerate after a nerve injury, we can better treat neuropathic pain," explains Taylor.

Taylor came to McGill from Queen's University in September 2006, after a fourth-year research project on morphine tolerance stoked her interest in studying pain. Her professor at Queen's directed her to McGill's renowned Centre for Research on Pain, and Ribeiro-da-Silva's lab, which includes six graduate students, one post-doctoral fellow and one technician.

"I've got famous pain researchers working just down the hall from me. It's a great environment to be in," says Taylor, whose studies are currently supported by funds from her professor's Canadian Institutes of Health Research grant, although she intends to continue seeking other sources. "I enjoy the independence of graduate research," she says. "I'm working on a project I'm passionate about and I hope the results will have a positive impact for the general population. That's very rewarding in itself." As for the future, she says, "I'm open to all the options, but I really enjoy academic research. I'd like to continue in this sort of environment."

*Doctoral student Anna Taylor, pictured in one of McGill's pharmacology labs, dedicates herself to uncovering the root causes of neuropathic pain.*



# Translating Research into Better Health and Care

## MAUDE *Treating the Soulful Heart*



Dr. Ariane Marelli chats with post-doctoral fellow, Dr. Judith Bouchardy, a cardiologist from Switzerland.

Owen Egan

Excellence, also known as MAUDE, in tribute to congenital heart disease pioneer and McGill professor Maude Abbott.

Her research, in collaboration with Associate Professor of Medicine Louise Pilote, MDCM'85, and Dr. Andrew Mackie from the Montreal Children's Hospital (MCH), tracked 70,000 patients, two decades worth of Quebec records, to quantify the phenomenon. Marelli and the unit's other lead members - Christo Tchervenkov, BSc'74, MDCM'78, Judith Therrien, MDCM'91, and Giuseppe Martucci, BSc'93, MDCM'97 - are developing state-of-the-art clinical treatments while researching the new issues facing this growing population. In addition, the unit trains those wishing to become specialists in this new area, such as current postdoctoral fellow Dr. Judith Bouchardy, a cardiologist from Switzerland.

The problems posed by congenital heart disease are rare in adult cardiology, and consequently demand trained specialists. "We have a wide reach with a small group of people," says Marelli. "The work being done here is remarkable." Tchervenkov is working with MCH colleague Marie Béland, BA'75, MDCM'80, to develop an international nomenclature to facilitate collaboration; Martucci and Tchervenkov are developing new interventions; and Therrien tackles questions related to heart-muscle function to determine the best timing of intervention. The team also investigates problems associated with pulmonary hypertension.

"In congenital heart disease, most pathology involves the right atrium and ventricle, whereas non-congenital cardiology deals mainly with left-side pathology," says Therrien, an international authority on the analysis and treatment of right-ventricle abnormalities. "We know little about how the right ventricle adapts to pressure or volume load on lesions, which is critical for determining when to intervene. If we operate too early, we condemn young people to multiple surgeries over their lifetime; but if we intervene too late, it could leave the patient vulnerable to sudden death. So timing is critical."

Adult patients with congenital heart disease need specific resources, but researchers are only beginning to understand what these might be. "We've been investigating the utilization of health-care delivery so we can better plan for the future of these patients," says Marelli.

One thing patients will certainly need is more facilities like the MAUDE Unit, which first opened in 2005 and moved into its new Royal Victoria Hospital space this spring. With 100-150 new patients arriving from the MCH each year, it has more than doubled in size in 18 months, following 1,200 patients across the McGill teaching hospitals and treating about 700 who regularly come through MAUDE directly. "One of McGill's biggest advantages is that we can offer treatment across the entire lifespan, from birth into adulthood," says Marelli. The unit employs advanced - and expensive - technologies for both analysis and treatment. While it has received funds from the McGill University Health Centre, the Heart and Stroke Foundation and the Fonds de la recherche en santé du Québec, private donations play a crucial role, equipping the unit with the necessary technology and providing support for training international fellows like Bouchardy.

For researchers, the appeal of this field is twofold. One is the huge variety of congenital heart lesions, with no two patients exhibiting identical conditions and the other is the patients themselves. "They are young people with soulful hearts," says Marelli. "They have lived all their lives with a certain existential awareness. Eighteen-year-olds come to us asking, 'How do I plan my life from here? Can I have babies? How long will I live?' We can't answer their questions yet. But we're working on it."

**For more on MAUDE, visit <http://maude.mcgill.ca>**



Dr. Judith Therrien in her office at the Sir Mortimer B. Davis Jewish General Hospital.

Owen Egan

From 1985 to 2000, the number of adults in Canada with congenital heart disease increased by 85 per cent. While at first glance this may seem like bad news, it's actually a success story. Beginning in the 1960s, physicians have employed increasingly effective approaches and technologies to treat congenital heart disorders, resulting in dramatic increases in survival rates.

This welcome success also brings new challenges for the health professionals treating the 180,000 Canadian adults with the condition. "It's a new adult disease: this is really the first large generation of survivors," says Dr. Ariane Marelli, BSc'80, the director of the McGill Adult Unit for Congenital Heart Disease

### Maude Abbott, Medical Pioneer

When Maude Abbott (1869-1940) received her BA from McGill in 1890, women were barred from studying Medicine at McGill, so she took her degree from Bishop's Medical College. (McGill gave her an MDCM, *honoris causa*, in 1910 and an LLD in 1936.) After working at McGill for 25 years, she was named assistant professor of medical research in 1923. Abbott became the world's leading authority on congenital heart disease, writing two books and numerous articles, while also breaking down the barriers that kept women out of medicine.

At the Royal Victoria Hospital, Dr. Ariane Marelli poses with a photo of dedication to Maude Abbott.



Owen Egan

## Promoting the Health of Children with Disabilities

Thanks to major medical advances, children now can survive conditions that were formerly always fatal. But a growing segment of these survivors experiences considerable attendant, and often lifelong, morbidity. It's one reason that developmental disabilities affect almost eight out of every 100 children in Canada.

At McGill, researchers and clinicians are dedicated to investigating childhood disabilities and improving the quality of life of affected children and families. Annette Majnemer, BSc'80, MSc'85, PhD'90, an occupational therapist based at the Montreal Children's Hospital, is helping to lead the charge. She's part of a team, made up of faculty from McGill's School of Physical and Occupational Therapy and neighbouring universities as well as interested families, who are working to create a Childhood Disability Research Centre. This Centre will foster an interdisciplinary research environment for frontline clinicians and trainees from health professional disciplines relevant to childhood disability.

"We look at quality of life as independent of everyday activities, but as part of a much larger whole that encompasses potentially modifiable environmental and personal factors," she says. "This can range from a child's behaviour and how the family copes to the availability of support services in the community."

Physical and occupational therapy play a vital role in rehabilitating children who are either born with developmental disabilities such as cerebral palsy, global developmental delay, autism and attention deficit hyperactivity disorder, or who develop activity limitations as a result of chronic medical conditions. In the last decade, research on the quality of life in children and adolescents with disabilities has increased dramatically.

Majnemer has led some groundbreaking studies examining the long-term health-related quality of life determinants in this population, and describing the stress and coping mechanisms of parents. Her findings suggest that life quality is only modestly related to physical functioning, at best; rather it encompasses a broad spectrum of contextual factors related to personal traits, such as motivation to complete certain tasks, the child's environment, levels of social integration, support, family functioning and access to rehabilitation services. Depending on a particular child's needs, a wide range of health professionals, including social workers, occupational therapists, neurologists, psychiatrists, psychologists and speech-language pathologists, may be needed to deliver the necessary care.

Enter the proposed Centre. Its focus will be to enhance the quality of health care across service environments by supporting cutting-edge research and the dissemination and exchange of new scientific knowledge to frontline clinicians, to families and to the community at large.

McGill is well on its way to making this Centre a reality. Within the next six months, the newly created Childhood Disability Research Group will launch a comprehensive, bilingual website called the Childhood Disability LINK (stands for Linking Information and New Knowledge), for service providers and families.

"Even though we've only scratched the surface on the causes, consequences and care of childhood disability, we've taken a step in the right direction," comments Majnemer, who chose to study occupational therapy because of her love for the collaborative nature of the profession. "Understanding how we can provide disabled children and their families the necessary tools to optimize their participation in everyday activities of their choosing requires the ongoing support of an interdisciplinary team of professionals. It's a simple, but important role and one that I know has a positive impact on the patients we serve. And really, what's more important than the happiness of a child?"



Owen Egan

*Occupational therapist Dr. Annette Majnemer is working to improve the lives of children with developmental disabilities.*



Emily Lecker



*The Centre is an important recruitment site for McGill researchers like Dr. Majnemer who work with children with disabilities. Margot Vignal (left) and Jason Debiasi (right) participate in a therapeutic horseback riding program organized by the MAB-MacKay Rehabilitation Centre.*

# Training Tomorrow's Leaders



Owen Egan

*Dr. Sarkis Meterissian is a powerful advocate for medical education research.*

“Advancing educational research is my number one interest,” says Sarkis Meterissian, MDCM’85, MSc’90. He’s in the right job. As the Faculty’s new Associate Dean (Postgraduate Medical Education and Professional Affairs), Meterissian is in charge of programs for the Faculty’s 948 medical residents. A core member of the Centre for Medical

## The Pedagogue’s Progress

Education since 2002, he has also served as program director of general surgery and, before that, program director of general surgical oncology.

“We test technical skills in surgery constantly, but we have trouble understanding how to measure critical, decision-making skills,” he says. “However, most mistakes in surgery stem from decisions made before entering the operating room.” With collaborators at the Université de Montréal, Meterissian and his research team (including graduate student Marylise Boutros, BSc’98, MDCM’04, profiled in the last issue of *In Focus*) developed an exam that was given to residents in 2005, and results were impressive enough to grab the attention of medical educators nationwide. “Now we’re working with other surgery departments across Canada to see if the exam’s validity holds up,” he explains. Meterissian has also been finding better ways to provide feedback to surgical residents in the operating room, letting them know which skills they need to improve and which ones are solid.

In his new position, Meterissian is committed to helping program directors meet the requirements of the CanMeds 2000 model, adopted by the Royal College of Physicians and Surgeons of Canada, which identifies seven roles critical to the physician: the cen-

tral role of medical expert, along with those of communicator, collaborator, health advocate, manager, scholar, and professional. “We have always taught these roles by example, but we didn’t actually instruct someone on how to communicate with a patient,” he says. “Now we need to make it explicit.” Facilities like the Medical Simulation Centre offer extensive pedagogical opportunities for teaching such skills, so Meterissian will promote the increased use of this resource for post-graduate education.

Medical education is a concern for universities around the world, and Meterissian is a founding member of the International Medical Educators Exchange (IMEX), a collaboration between five medical education programs at top institutions in England, Holland, Sweden and Canada. Educators participate in exchanges to acquire knowledge on the medical education practices of other schools by visiting with professors and students and engaging in as many activities as possible at participating institutions. This past May, McGill played host to IMEX scholars and, in the coming months, Meterissian will pay a visit to other programs in the IMEX to enrich his knowledge and bring back new practices in medical education for McGill’s students.

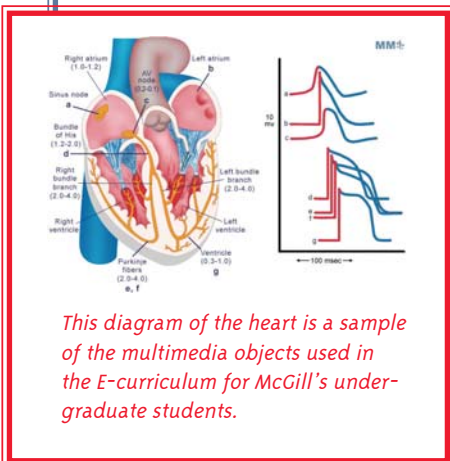


## Gateway to Knowledge

Established in 1997 to develop electronic curricular material at the Faculty of Medicine, McGill’s Molson Medical Informatics (MMMI) project has been a triumph on campus. The MMMI Project enhances teaching and learning by creating multimedia learning objects and electronic virtual cases to help synthesize knowledge. Now, McGill is ready to share these learning and teaching tools with other institutions. A new partnership with the American Association of Medical Colleges (AAMC) will allow MMMI to share its 8,000 multimedia teaching materials with the AAMC’s online medical education resource, MedEdPORTAL. This repository includes tutorials, case studies and virtual patients, and will soon be distributing the peer-reviewed MMMI images internationally.

Within Canada, MMMI is working with other medical schools on the development of several initiatives, including a Canadian Healthcare Education Commons, through the Association of Faculties of Medicine of Canada; a Health Canada inter-professional initiative using electronic patient cases; and the effective integration of images within patient education materials for the public.

To find out more, check out the MMMI site sampler at <http://www.mmi.mcgill.ca/mmi-mediasampler2005/default.htm> or contact Nancy Posel, at [nancy.posel@mcgill.ca](mailto:nancy.posel@mcgill.ca) for guest access to the Faculty of Medicine’s undergraduate E-curriculum.



*This diagram of the heart is a sample of the multimedia objects used in the E-curriculum for McGill’s undergraduate students.*



## Building a Better Educator

“There is a wonderful sense of vibrancy here at the Centre for Medical Education,” says Associate Dean (Faculty Development) Yvonne Steinert, who is also the Centre’s director. “We have played a big role in the physicianship program and in curriculum planning, and are seen increasingly as a resource to other medical faculties, as well as to McGill.” In 2006, the Centre’s faculty members published more than 50 articles on medical education, part of an important body of research that will inform how medicine can best be taught. The Centre (whose 50 members include Joyce Pickering, MDCM’80, MSc’88, and Sarkis Meterissian, MDCM’85, MSc’90, the associate deans responsible for undergraduate and postgraduate medical education, respectively) has also combined forces with McGill’s Faculty of Education to develop a master’s degree in Educational Psychology for health-care professionals and collaborated with the Université de Montréal on such events as an annual Medical Education Day, where participants share ideas and present projects. The first Medical Education Day was held last year at the Université de Montréal; McGill hosted the 2007 version on November 22.



Owen Egan

McGill leaders in medical education (from left to right): Drs. Donald Boudreau, Joyce Pickering and Yvonne Steinert pictured in historic Lady Meredith House, which houses McGill’s Centre for Medical Education.



### MiniMed Maximum

Once again, the Faculty’s MiniMed series of popular lectures has sold out almost immediately. This year, top teachers and researchers, including Dean of Medicine Richard Levin and Professors Mark Ware, Jacques Galipeau and Jody Heymann, are speaking on such topics as cardiology, pain management, stem cell research and public health, respectively. McGill’s series, the first of its kind in Canada, has proven a trendsetter, with several others now offered nationwide. And at McGill, the faculties of Management, Law, Music and Science are now all going the Mini-route.

## Physicianship Program Continues to Shine

Ensuring that future physicians develop into both professionals and healers is at the core of McGill’s Physicianship program, which has now entered its third year. The inaugural group of students, who began to learn the skills of communication, patience and empathy in a classroom setting two years ago, is now entering the practical phase of their medical education, and the Physicianship program continues to evolve to meet their needs. To ease the transition to the clinical environment, small apprenticeship groups of students meet with faculty members to discuss the kinds of situations they may encounter. “Students are on call

for the first time in third year, and they will have some stressful experiences,” says Associate Dean (Undergraduate Medical Education and Student Affairs) Joyce Pickering. “These apprenticeship sessions provide a structure in which they can discuss and review their responses.”

The Physicianship curriculum continues to grow on other levels as well. Drawing from a successful student initiative, last year the Faculty established the Community Health Action Partnership (CHAP), which allows first-year students to work with a community organization as part of their training.

Among other important curricular changes, all third-year students now experience at least four weeks of rural family medicine, and eight weeks of family medicine in total, while, as of this year, all fourth-year students will follow a four-week emergency room rotation. These important enhancements to the medical curriculum will, without a doubt, give students a better taste of the human side of their profession, and a more complete training for the realities of the work that lies ahead.

# Creating Modern Infrastructure

## McGill's Life Sciences Complex is Taking Shape



Owen Egan

*Looking out one of the newly constructed windows in McGill's Life Sciences Complex, Dr. Carmen Lampron takes Dr. Michel L. Tremblay on a tour.*

As anyone who has ventured along the upper reaches of Peel Street is aware, McGill's Life Sciences Complex is rapidly taking shape. The new construction joins two older buildings - the McIntyre Medical Building and the Stewart Biology Building - with the new Bellini Life Sciences Pavilion and McGill Cancer Pavilion, both on schedule to open in May 2008.

"Things are coming together very quickly," notes Dr. Carmen Lampron, director of the Life Sciences Complex project. Lampron holds a PhD in molecular biology from the Institut du Cancer de Montréal at the Université de Montréal. "My science background has been helpful because one of my

responsibilities is to represent the researchers in discussions with architects, engineers and builders. I've been looking forward to seeing the laboratory benches in place, and then I'll feel the project is coming to completion."

Those benches have now been installed, creating lab space for researchers from five related research areas - Cell Information Systems, Developmental Biology, Genetics of Complex Traits, Chemical Biology and Cancer. Each of the first four themes is allotted one floor of the Bellini building, giving eight to 10 principal investigators (PI) space in each lab. The Cancer Pavilion will house part of the newly expanded McGill Cancer Centre and includes laboratories for 20 PIs and their research teams, along with space for one of the largest university animal facilities in Canada. Researchers from all five themes will share not only ideas, but state-of-the-art facilities for imaging, transgenics, mass spectroscopy, histology, flow cytometry, and high throughput screening. Overall, the two new buildings will provide space for up to 60 PIs, and up to 600 researchers in total.

Research Theme	Leader	Location
Cell Information Systems	Dr. Alvin Shrier	Bellini ground floor
Developmental Biology	Dr. Paul Lasko	Bellini 2nd floor
Genetics of Complex Traits	Dr. Philippe Gros	Bellini 3rd floor
Chemical Biology	Dr. David Thomas	Bellini 4th floor
Cancer	Dr. Michel Tremblay	Cancer Pavilion 4th, 5th and 6th floors

The animal facility, led by Dr. Jim Gourdon, will be situated on the first three floors of the Cancer Pavilion.



Owen Egan

*A view of McGill's Life Sciences Complex in September 2007.*

# Demystifying the Genetics of Complex Traits



Owen Egan

*Dr. Philippe Gros will soon trade his Biochemistry lab for a new space in McGill's Life Sciences Complex.*

**S**pina bifida, a birth defect in which the bones of the spine do not form properly around the spinal cord, occurs in two out of every 10,000 births in Canada. In its mildest form, there may be no symptoms, but severe cases can involve nerve damage and paralysis. The disease has long challenged researchers, but this spring biochemistry professor Philippe Gros, PhD'83, and his research team solved a large chunk of the spina bifida puzzle. They singled out a mutant gene from a mouse model, then used comprehensive human DNA databases to identify mutations in the same gene in humans. "This is the first gene in which causative mutations have been found in neural tube defects in humans," Gros explains. "Risk factors have been identified before, but this gene is causative: if you have these mutations, you will get a neural tube defect."

The spina bifida research is only one part of Gros's research portfolio: he is especially interested in learning why some people are more susceptible to infectious diseases than others. To this end, his team uses transgenic mouse models to identify genes and proteins that are important in human disease, concentrating on those genes whose normal function is essential for defense against such pathogens as malaria, tuberculosis and legionnaire's disease. "McGill has a long

tradition of success in using genetics to study infectious diseases. We need to build on McGill's history, using the mouse to identify genes and proteins, and then showing that in humans, these genes and proteins are also active and relevant to that particular disease," he explains.

In addition, Gros coordinates McGill's Genetics of Complex Traits research group - soon to be based in the Life Sciences Complex (LSC). The Group focuses primarily on exploring infectious diseases. The new complex will also include the largest animal facility of any Canadian university, allowing researchers to crank up the number of genetic analyses, and one of the country's largest biosafety level-3 (commonly referred to as BSL-3) contaminant facilities, needed to safely research infections, such as tuberculosis, that are transmitted by the respiratory route. The new building will be a great improvement upon the current situation, as McGill scientists will be able to control aspects of research projects in-house that previously had to be completed piecemeal with partners abroad.

The LSC will be home to top-level scientists across five related research themes, all sharing the same facilities, and this intimacy will foster a healthy collaborative environment. Gros anticipates increased contact with researchers in the Cancer Pavilion, including Dr. Nicole Beauchemin - "She investigates the role of certain proteins in colon cancer, while we have a screen for mouse genes or mutations involved in the development of colon cancer," he explains - as well as Cancer Centre director Dr. Michel Tremblay, thanks to a shared interest in the metabolic pathways of the immune system. "We have models where we can test the particular pathways important to susceptibility or resistance to infections," he says. "Anyone interested in the immune system is welcome to come see us."

Though Gros is exploring many research endeavours, his work on spina bifida will continue. With already 15 years of experience studying this disease, he has no intention of stopping anytime soon. In his lab of 14 students, three are working solely on research related to spina bifida and, as is evidenced by the media attention Gros's team recently received about their findings, they are enjoying some well-earned praise for their tireless efforts.

*Second year Medical Students' Society class president, Tarek Malas, leads his fellow classmates through their class oath at this year's White Coat Ceremony held on October 5.*



Nicolas Morin

## Super Sim Centre

The McGill Medical Simulation Centre, the largest and most comprehensive facility of its kind in the country, provides realistic training for everything from developing technical skills to communicating with patients. "I'm very impressed with it," says second-year student Tarek Malas, BEng'06. His class's first Simulation Centre experience involved taking blood samples from lifelike mannequins before trying this new skill on one another. "It will add a lot to our education, giving us an earlier clinical experience that will be truly beneficial in the long run, considering the fast pace of medical education that physicians are faced with."

# Simulation Centre Celebrates its First Year



Owen Egan

Simulation Centre manager Linda Crelinsten and Dean Levin in the Simulation Centre's high-fidelity simulation room.

Since its inauguration just over one year ago, McGill's Medical Simulation Centre has greeted thousands of students, personnel and specialists from the McGill University Health Centre and across the wider medical community. Courses and workshops have been held in many disciplines for a variety of students in the health sciences, including those from Medicine, Nursing, and Physical and Occupational Therapy, along with medical residents and Continuing Education participants.

The Simulation Centre caters to the training needs of many different groups, incorporating learning through simulation-based practice in a variety of health-care settings.

"By rehearsing basic procedures and emergency-type scenarios, attendees become familiar with the equipment and learn to anticipate the next critical steps in treatment. This cuts down on procedure time, an important consideration during surgery," says Linda Crelinsten, Manager of the Simulation Centre. Training focuses not only on the technical skills necessary for real-life patient treatment, but also on developing proper communication skills to help students learn to convey clear messages to patients with a combination of empathy and professionalism.

Innovative, specialized workshops held this past year have included topics like cochlear implantation, spinal cord surgeries, knee surgeries and anesthesia and airway management. Nursing students and neurology residents are applauding the training module designed to prepare them for their licensing exams. The innovative module reinforces their knowledge of the material and instills self-confidence, qualities that translate into technical competency and improved responsiveness for patients.

The Centre has not only provided services for McGill and its affiliated hospitals, but it has also hosted special events and outreach programs for groups such as the Canadian Society of Otolaryngology. In May 2007, the Centre collaborated with McGill's First Peoples House to organize a high performance camp for Aboriginal communities, focused on health careers and the need for more Aboriginal healthcare professionals.

Due to increasing demands for training, the Simulation Centre is almost at full capacity. To accommodate everyone's needs, the goal is to double the existing full-time staff and acquire additional equipment in order to keep up with advancements and new techniques in the health sciences field. Offering students the best in health sciences education is a top priority for McGill, and the success of the Centre is another example of its commitment to putting students first.



Owen Egan

Dr. Robyn Tamblyn at the McGill Clinical and Health Informatics offices, posing with the JAMA issue that features her latest research finding.

Any patient can attest to the importance of a physician's ability to convey health-care information with empathy and concern. Substandard care, inappropriate treatment and poor attitude can leave a "bad taste" in patients' mouths and reduce confidence in the profession. While the medical skills of residents have been rigorously tested by the Medical Council of Canada (MCC) for almost a century, a physician's

## Physicians' Communication Abilities Put to the Test

ability to communicate began to be formally evaluated only 14 short years ago. With few regulatory mechanisms in place, however, is it possible to predict which physicians are more likely to receive complaints and malpractice claims from their patients? Dr. Robyn Tamblyn, PhD'89, a McGill professor in Epidemiology and Biostatistics, put her expertise to the test to uncover the answer to this complex question.

In a landmark study published in the September issue of the *Journal of the American Medical Association*, Tamblyn and her colleagues found that doctors who scored poorly in communication skills in mandatory pre-licensing exams administered by the MCC were far more likely to have patient complaints filed against them as practicing physicians. Tamblyn's finding supports the validity of the pre-licensing exam, which when first introduced, faced considerable resistance from doctors. The MCC was one of the first accreditation bodies to introduce patient-doctor communication skills testing as part of the medical credentialing process, and now other countries have followed suit. In 2005, the United States instituted an examination

patterned on the Canadian licensing requirement.

Tamblyn is a veteran researcher in the area of professional medical training as it relates to quality of outcomes and care. A trained nurse, Tamblyn completed her PhD at McGill in 1989, where she examined the use of the standardized patient in the evaluation of clinical competence. Tamblyn decided to stay at McGill because of the high quality of the University's epidemiology program and its strong reputation across Canada for research.

Tamblyn is also collaborating with her University colleagues to examine computerized prescription drug management, particularly for the elderly, who on average take more medication than younger adults. Tamblyn has proven that computerized drug management, which makes a patient's medical and prescription histories readily available to physicians, improves the safety and success of medical care in the general population.

In fact, in 2003 Tamblyn and colleague, Allen Huang, BSc'80, MDCM'84, launched a technological model of this drug management system as part of their

research program. This breakthrough garnered many honours, including the 2006 Prix J.-Armand-Bombardier for technological innovation from the Association francophone pour le savoir (Acfas) and continues to be used as a tool for optimizing drug safety in the health-care system. Tamblyn's research has been so well received that, starting in March 2008, select pharmacies in Quebec will begin testing computerized health results for patients. Their goal is to have this free service available to all Quebec residents by March 2010.

The potential benefit of Tamblyn's work to patients is staggering, but it all fits together quite simply for her: "We have the technological capacity today to evaluate and thus to significantly reduce medical error - whether it is caused by a distracted and rushed doctor who doesn't take an adequate history, or an interaction between two drugs that isn't caught in time. With a little conscientiousness and some easy changes, we can drastically enhance medical care and improve confidence in the system."

## *Caring for Children*

in adults.” In Quebec, approximately 3,000 children (from birth to 19 years) are living with a complex, chronic illness.

Liben practised pediatric intensive care for 10 years before making the transition to palliative care. “I found myself drawn to situations where I could have a greater connection with patients and to be able to spend more time with their families,” he says.

The Pediatric Palliative Care Consultative Service at the MCH is composed of a team of health-care professionals, including physicians, nurses, therapists, child psychologists and psychiatrists, a social worker and a chaplain. This team’s primary goal is to provide a network of support for children with life-limiting illnesses, as well as for their families and doctors.

To maximize the quality of life of children with a life-limiting illness, Liben and the palliative care team work to find what is most important for each situation. “It is not just a question of pain and symptom management - some of the work lies in discovering, and responding to, the specific needs of each child and family.” Is being discharged earlier from the hospital important to a child, for example? “Quite often, it is the normal routine of daily life that kids miss most, like going back to school,” says Liben. Palliative care services, in these cases, may involve a combination of home-visits and in-hospital consultations.

Liben emphasizes that much research remains to be done in the field of pediatric palliative care, such as examining the most effective forms of support for children and their bereaved families, assessing pain in non-verbal children and determining the needs of siblings and parents.

In addition to his roles as director of the Palliative Care Program at the MCH and as an associate professor of Pediatrics at McGill, Dr. Liben is also an Osler teaching fellow who helps to mentor the next cohort of medical students as they embark on their careers. “I provide them with practical advice based on my own experiences as a medical student. While it is rewarding to be given the opportunity to offer some of what I’ve learned to a younger generation, it is also humbling to see how much I learn from them.”

Although Liben is pleased with the progress made in pediatric palliative care in the last decade, there are still many unanswered questions. “Having a caring team in place to positively address the needs of a patient and family is only the start,” says Liben. “Two main challenges remain: The first is to delve deeper to gain better understanding of what children and families need, while the second is to make sure that what we already know is used by those providing direct patient care.”



Owen Egan

*Dr. Stephen Liben, at the Montreal Children’s Hospital, where he leads its Pediatric Palliative Care Consultative Service.*

“Our goal is never to have to say, ‘there is nothing more we can do,’” says Stephen Liben, BSc’83, MDCM’87, a pediatric palliative care physician at the Montreal Children’s Hospital (MCH). “When children are faced with a life-threatening condition, our work has just begun. Even when there is no more that can be done to cure, there is always more to be done to care for people. Instead we say, ‘Let’s work together to see what we can do to make things better.’”

The Palliative Care program at the MCH was one of the first programs of its kind in Canada when it was established in 1992. Since 1995, when he became its director, Liben has been working hard to change the perceptions of pediatric palliative care as a service only for the dying. Pediatric palliative care includes support for children with life-threatening illnesses (where a cure is possible) and life-limiting illnesses (where there is no realistic hope of a cure). In fact, most of Liben’s work is focused not on dying children, but on children living with chronic diseases and the families who care for them.

“Within the medical profession and in the community, pediatric palliative care is often associated with end of life care,” he notes. “However, many children with life-threatening illnesses in the program go on to live many more years and no longer require our services. This is a key difference between palliative care in children and

## Kudos:

Pharmacology and Therapeutics **Professor Derek Bowie**, has been renewed for a second term as Canada Research Chair in Receptor Pharmacology.

**Drs. Richard** and **Sylvia Cruess** have been honoured with the 2007 Outstanding Achievement Award from the Medical Council of Canada.

**Elaine C. Davis**, PhD'92, has been renewed for a second term as Canada Research Chair in Anatomy and Cell Biology.

Biochemistry **Professor Desiree Ho-Chi Fong**, PhD'06, received the Health Sciences Award of Excellence from the Academy of Great Montrealers of the Board of Trade of Metropolitan Montreal.

**Dr. Bruno Giros** has been named the Canada Research Chair in Neurobiology of Mental Disorders. He has also been appointed as the second holder of the Graham Boeckh Chair in Schizophrenia.

Acfas awarded the prix Adrien-Pouliot to **Dr. Édith Hamel**, professor and researcher at the Montreal Neurological Institute and Hospital of McGill. The prix Adrien-Pouliot recognises research excellence in collaboration with scientists in France.

**Ms. Marie-Renée B-Lajoie** and the Sexperts McGill team were finalists of the 2007 Forces Avenir competition.

**Dr. Stéphane Laporte** has been renewed for a second term as Canada Research Chair in Molecular Endocrinology.

**Dr. Stéphanie Lehoux** has been named the Canada Research Chair in Cardiovascular Physiology.

**Dr. Margaret Lock**, the Marjorie Bronfman Emerita Professor in Social Studies in Medicine, has been awarded the 2007 Social Sciences and Humanities Research Council of Canada Gold Medal for Achievement in Research - the Council's top award, representing \$100,000 in research funding.

**Dr. Gergely Lukacs** has been named the Canada Research Chair in Molecular and Cellular Biology of Cystic Fibrosis and Other Conformational Diseases.

**Dr. Michael J. Meaney**, Department of Psychiatry, was elected a Fellow of the Royal Society of Canada.



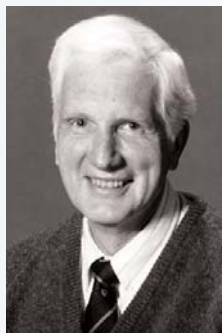
**Dr. Madhukar Pai**, Department of Epidemiology, Biostatistics and Occupational Health, received the 2007 Union Scientific Prize from the International Union Against Tuberculosis and Lung Disease.

**Dr. Vassilios Papadopoulos** has been named the Canada Research Chair in Biochemical Pharmacology.

**Dr. Gilles Paradis**, MSc'87, has been named to one of the 10 Canadian Institutes of Health Research Chairs in Applied Public Health.

**Dr. Morag Park**, Departments of Medicine, Oncology and Biochemistry, was elected a Fellow of the Royal Society of Canada.

**Dr. Amir Raz** has been named the Canada Research Chair in Cognitive Neuroscience of Attention.



**Charles Scriver**, BA'51, MDCM'55, a pioneer in the field of human genetics and eminent pediatrician, received an honorary Doctor of Science degree at McGill's fall convocation ceremonies.

**Dr. Amir Shmuel** has been named the Canada Research Chair in Neuroscience and Brain Imaging.

**Ada Stefanescu** and **Alice Yang Zhang**, Editors-in-Chief of the McGill Journal of Medicine, received the 2007 Forces Avenir Health Award.



Canadian astronaut and McGill alumnus **David Williams**, BSc'76, MDCM'83, MSc'83, received an honorary Doctor of Science degree at McGill's fall convocation ceremonies.

## Faculty Development Workshops

- Opportunities and Challenges in Teaching Culturally Diverse Learners  
February 21, 2008
- Using Technology in Teaching and Learning  
March 6 and 19, 2008
- Effective Team Building  
May 22, 2008

## Medical Education Rounds

- Dr. Karl Moore - The Business of Health Education  
January 24, 2008
- Dr. Shmuel Reis - Dilemmas in the Assessment of Moral Development  
April 17, 2008
- Symposium on Education in the Health Sciences  
June 12, 2008

For further information about faculty development programs and activities, or to RSVP for any of these events, please contact the Faculty Development Office, 514-398-2698, or visit our website at [www.mcgill.ca/medicinefacdev](http://www.mcgill.ca/medicinefacdev).

## Office of Development and Alumni Relations



*Pictured at the McGill Alumni Association event in Atlanta on November 11 (from left to right): Brian Oak, Canadian Consulate General in Atlanta, Wendy Yip, BSc'86, Dean Richard Levin, Michele Joannis and Dr. Santa J. Ono.*

One of the most fulfilling aspects of our work in Development, Alumni and University Relations is the opportunity to connect with graduates and friends of McGill from every corner of the globe. Dean Levin's travel calendar has been full over recent months, as he visited with Medicine alumni across North America.

In early April, the dean hosted several dozen donors and friends at a luncheon in San Francisco. He offered a progress report on the construction of the Life Sciences Complex (scheduled to open in May 2008), an update on the state-of-the-art Medical Simulation Centre and news of the Faculty's new hires and Homecoming 2006.

On June 6, Dr. and Mrs. Levin hosted a special dinner on campus at Holmes Hall. Under the portrait of Dr. A.F. Holmes, one of the four doctors who founded the Faculty, the dean addressed the group of 15 alumni and friends on topics such as the biological breakthroughs transforming medicine, the support shown by alumni to their Faculty and the impact of this support on the education and research opportunities for current students and faculty members. This dinner is expected to become a regular event.

In mid-June, Medicine alumni and donors from Toronto were invited to the home of Neville Poy, BSc'58, MDCM'60, MSc'63, and his wife, the Honourable Vivienne Poy, BA'62, a Canadian Senator, where they had the opportunity to meet Dr. and Mrs. Levin. Guests were treated to a wonderful presentation from Dr. Michael Meaney, James McGill Professor of Medicine, who discussed his pioneering research on epigenetics and its transforming influence on current knowledge of neural development in early life.

Following a very busy month of October, during which McGill launched its international fundraising campaign, held an inaugural Parents' Weekend and welcomed back thousands of graduates for Homecoming, Dean and Mrs. Levin travelled to Atlanta to meet and greet donors and alumni from the region. McGill Medicine graduate Santa Ono, PhD'91, graciously hosted the well-attended event made up of alumni from various faculties who were treated to a presentation from the dean on Translating Research into Better Health and Patient Care, one of Medicine's new campaign themes.

The Faculty of Medicine's Development Office has also welcomed hundreds of donations from alumni and friends over recent months. We are deeply grateful for the loyalty and generosity that you, our graduates, continue to show in helping us to put students first. Your

gifts play a tremendous role in enhancing medical education, assisting students in financial need, advancing research and acknowledging the hard work and dedication of our students. Some of the special gifts that we have recently received include the following:

- Bruce Katz, BSc'73, MDCM'77, a successful dermatologist who founded Juva Skin and Laser Center in New York, made a \$50,000 donation in support of a travel fund for undergraduate and graduate students in the Division of Dermatology. This fund will enable students to participate in conferences and benefit from elective training to improve their skills in dermatology.



*McGill alumni and donor, Dr. Bruce Katz (centre) with Principal Heather Munroe-Blum (left) and guest, Dvora Ancona, at a McGill Alumni Association Event at the Penn Club in New York on November 1.*

- Sydney Friedman, BA'38, MDCM'40, MSc'41, and Constance Friedman, BSc'41, MSc'42, PhD'48 set up the Friedman Livingstone Scholarship in support of entrance funding for undergraduate students, to encourage their fuller enjoyment of the cultural environment of the city.
- Merrill Stalker, BSc'47, MDCM'51, recently donated \$50,000 in support of research bursaries in Family Medicine for undergraduate students. This bursary is in memory of Stalker's late father, Murray Stalker, MDCM'24, who had a lifelong interest in family practice and was the first president of the College of General Practice of Canada when it was founded in 1954.
- The Richard and Edith Strauss Foundation is supporting fellowships in the School of Physical and Occupational Therapy. These fellowships will fill a vital need for the School to support students as they pursue cutting-edge studies in disease and disability prevention, ameliorating symptom impact and physical and social rehabilitation.

On behalf of the Faculty of Medicine, thank you for your continuing interest in our work. To our out-of-town grads: we look forward to letting you know the next time we are in your city. To all you Montrealers, please come and visit us! We love hearing about your experiences since graduation.

All the best,

Michèle Joannis  
Executive Director, Development



Dean Levin welcomes alumni to the annual Faculty of Medicine Dean's Reception.

Always an enjoyable and busy time, this year's Homecoming celebration from October 18 to 21 did not disappoint. With another stellar turnout of McGill graduates from classes dating all the way back to 1940, festivities were in full swing throughout the weekend, with events organized by the McGill Alumni Association, the Faculty of Medicine and a remarkable group of volunteers, comprised of 11 distinct reunion committees.

The start of Homecoming was also the occasion for the official launch of Campaign McGill: History in the Making. The ambitious initiative aims to raise \$750-million to support students, faculty and research breakthroughs, the largest starting goal of any university fundraising campaign in Canadian history.

The annual Medical Seminar hosted by the Medicine Class of 1982 in celebration of its 25th Anniversary reunion followed the launch. Classmates gathered in the Palmer Auditorium in the early hours of Friday, October 19, to hear presentations by their fellow colleagues on a wide range of subjects, including cochlear implants, forensic pathology and medical service in politically destabilized regions. The audience was also treated to a special presentation by Canadian Astronaut Robert Thirsk, MDCM '82, who spoke of his experiences training and working with the Canadian Space Agency. Thank you to the Class of 1982 for presenting such an enlightening CME-accredited seminar!

Alumni from the Medicine Classes of 1957 and 1967 also organized their very own seminars in an effort to bring their fellow alumni up-to-date on their career paths and personal accom-

plishments. It goes without saying that the Class of 1967 put on quite a show, with featured presentations on topics ranging from medicine, pharmaceuticals and science, to poetry, dance and, above all, a splash of comedic relief drawing frequent outbursts of laughter from an enthused audience. The Class of '67 definitely knows how to work a crowd!

The Medicine Class of 1972 indulged in a bit of nostalgia during their "randonnée" around Montreal, complete with a trek up the side of Mont Royal to their former residence, Douglas Hall. This active group of alumni also attended an early Saturday morning lecture on the new Physicianship program, graciously delivered by McGill's own Dr. Donald Boudreau, Director of the Office of Curriculum Development and Physicianship.

The hot spot for alumni this Homecoming season was the McGill Medical Simulation Centre. A total of seven Medicine and Nursing classes enthusiastically toured the facility, getting hands-on with the latest in simulation technology. Before heading off to their class dinners on Saturday evening, a large gathering of Medicine alumni turned up at Moysse Hall to take in one of the Classes Without Quizzes, entitled "The Future of Medicine," moderated by Dean Levin.

A traditional Homecoming highlight was the Dean's Reception, held on Friday, October 19. Dean Richard Levin welcomed not only Medicine alumni and friends, but also, for the first time, Nursing alumni. The Reception was held in the elegantly decorated sixth floor atrium of Medicine's McIntyre Building, where the dean spoke to approximately 200 guests about his first year in office and the launch of Campaign McGill.

Heartfelt thanks go out to Medicine Class Representatives for organizing their respective reunion dinners, class events and successful reunion class gift campaigns. To date, we are extremely proud to announce that over \$200,000 has been raised in Reunion Class Giving to support the McGill Medical Simulation Centre, McGill AIDS Centre, and scholarships and bursaries for students. Kudos to the Medicine Classes of 1962 and 1967 for reaching their class campaign goals in gifts and pledges before the end of Homecoming weekend!

Thank you to all who participated in the 2007 Homecoming events. We look forward to welcoming you back to campus and to the Faculty of Medicine very soon!

*Faculty of Medicine alumni from the Class of '67 experimenting with new technology at the McGill Medical Simulation Centre.*







*Class of '82 recognized for their outstanding Medical Seminar, presented on the occasion of their 25th Anniversary. Front row (left to right): Sandra Donnelly, BSc'78, MDCM'82; Ora Paltiel-Clarfield, MDCM'82, MSc'89; Danielle Perreault, BA'76, MDCM'82; Christopher Linstrom, MDCM'82; Stephen DiTommaso, BSc'78, MDCM'82; Robert Thirsk, MDCM'82. Back row (left to right): John Fernandes, MDCM'82; George Honos, MDCM'82.*

## List of Class Representatives

Homecoming could never be such a success without the hard work of reunion class representatives, who planned a full slate of activities for their classmates. Thank you to the following reunion committees for your time and support of the Faculty of Medicine.

<b>1942</b>	Rita Shane	<b>1967</b>	Irving H. Fox René E. Cormier Alex C.H. Crowe Ross Debelle Richard J. Deckelbaum Edmond B. de Koos Eli Einbinder Lily Hechtman Anitra Mamen Sydney Price-Sparling Howard A. Rottenberg Eliot Scull Myer Shimelman Ken Taguchi Nelson C. Ubani Lawrence F. Wasser Harvey M. Weinstein	<b>1982</b>	Sandra Donnelly Mary Anne Huggins Stephen DiTommaso Debbie Josephson David Latter Jennifer Ramsay Leslie Cockhill Richard Mimeault W. Keith Engel Jewel Gold Alice Lytwyn
<b>1947</b>	Sean Murphy James Baxter Robert Brodrick			<b>1987</b>	Jennifer Fife Philip Dawson Charles Rohlicek Stacey Schwartz Louise McNaughton-Filion
<b>1952</b>	Mimi M. Belmonte Carroll A. Laurin Gordon F. Irwin Doug Kinnear George Fortier Arthur Markus Marvin Clamen Edwin Coffey I. W. Weintrub Cynthia G. Hyndman			<b>1997</b>	Sean Gilman Jason Agulnik
<b>1957</b>	Deane Hillsman A. Peter McLean John Lough Harvey Sigman	<b>1972</b>	Graham Sommer Bruce Case		
<b>1962</b>	James D. Sullivan Michael P. Laplante Harry Glick	<b>1977</b>	John Bernard Gordon John Kingman Carsley Stuart J. Connolly Michele Turek		



*Alumni who attended the Medical Seminar Breakfast. Left to right: Loretta Heimbecker, BA'76, MSc'82; Wendy LeMarquand, BSc'77, MDCM'82; and Beverley Kyle, BSc'77, MDCM'82.*

## Homecoming 2008

If you graduated in a year that ends in 3 or 8, mark your calendars now because Homecoming 2008 has been tentatively scheduled for the weekend of October 16-19, 2008. We look forward to helping you formalize your respective class reunion plans. Gear up Medicine Class of 1983, because next year is your year to shine - we can't wait to see what you have lined up for your upcoming 25th Anniversary Medical Seminar.

Don't forget to contact us if you have relocated or plan to do so in the near future so that we may bring you news about our upcoming Homecoming season. Also, if you have not already done so, please be sure to fill out your Alumni Profile on our website and connect with your classmates, who are eager to learn about your whereabouts and achievements. Last but not least, keep an eye on your mailbox as you can expect to receive further Homecoming details from your class representatives in the months ahead.

To get involved in planning your class reunion in 2008, please contact your Faculty Representative, Melanie Lane at 514-398-1299 or by email at [melanie.lane@mcgill.ca](mailto:melanie.lane@mcgill.ca). In the meantime, feel free to visit the Faculty of Medicine's new and improved Medicine Alumni Corner website at [www.medicine.mcgill.ca/alumnicorner](http://www.medicine.mcgill.ca/alumnicorner)



*Old friends enjoying a laugh together on Homecoming weekend. Harvey Weinstein, BSc'63, MDCM'67; and Sydney Price Sparling, MDCM'67.*

# Alumni Moments



*Donald and Barbara Van Nimwegen with two children who are waiting to have their teeth varnished at Healing the Children's Project Guatemala in Guatemala City, June 2007.*

Anesthesiologist Donald Van Nimwegen, MDCM'66, and his wife Barbara, BSc'63, a registered nurse who graduated from Royal Victoria Hospital School of Nursing, have worked in no fewer than 10 countries for the last 13 years of their careers, providing vital health care for those who need it most. "Medicine opens up a world of opportunities that are only limited by your curiosity and courage to work in areas that interest you," says Dr. Van Nimwegen.

The Van Nimwegens are part of a non-profit, volunteer organization called Healing the Children, which provides surgical, medical, dental and hearing care to children in the United States and overseas, and brings children to the U.S. for major surgery. Dr. Van Nimwegen is the Medical Teams' Director of the organization's Northwest Chapter, helping to coordinate medical team trips while also offering his expertise as a doctor on the ground. He also operates a small warehouse at Group Health Cooperative in Seattle that sorts and ships medical supplies and equipment to countries in need.

## *Healing Our World, One Child at a Time*

The couple volunteer in developing countries like Guatemala, Uzbekistan, Pakistan, Vietnam, Honduras, etc. three to four times each year. One trip that Dr. Van Nimwegen fondly remembers was with Project HOPE in early 2005. As a civilian onboard the Hospital USNS Mercy, he provided care for victims of the tsunami in Southeast Asia and following earthquakes on Nias Island, Indonesia. With assistance from various partnering organizations, he was able to bring two children back to the U.S. for life-saving cardiac and brain surgery, personally returning them home three months later. Reminiscing about the trip, Dr. Van Nimwegen comments, "This experience was the high point of our volunteer activities and became almost a spiritual quest."

In 2007 they visited Zambia with a group from Seattle's Union Church and helped care for children orphaned by HIV/AIDS. "Working with local people adds an amazing dimension to travel," he says.

Dr. Van Nimwegen grew up in Niagara Falls, New York and decided to pursue his medical studies at McGill because of its excellent international reputation. He believed that McGill provided a solid foun-

ation of basic medical knowledge and that the clinical experience - especially the mentoring by practicing physicians and the complete access to patients - provided a wonderful introduction to the world of medicine. He has spent his entire career as an anesthesiologist in Seattle, Washington.

On one of the Van Nimwegens' trips to Guatemala in 2006, they took along two audiologists to fit children with donated hearing aids. One of the children in need was a six year-old girl who was born completely deaf. After being fitted with her new hearing aid, her family wept tears of joy, for it was the first time that the girl had ever heard or uttered a sound. The family and the little girl left that day babbling and talking non-stop. "This girl has a whole new world to explore and a new life to live, all because of one small effort on our part that meant so much to her," says Van Nimwegen. "Helping one patient at a time - this is so rewarding and the reason why I chose to be a physician."

## Class Secretaries Needed

Can you give the gift of time to help keep your classmates connected with the Faculty of Medicine? The Alumni Relations Office is looking for dedicated graduates interested in acting as the link between McGill and their class.

Specific responsibilities include:

- Collecting information about your classmates and submitting it for inclusion on McGill Medicine's website and alumni newsletter.
- Disseminating interesting McGill news to your Class.
- Serving on your class reunion committee and helping the Alumni Relations Office identify other classmates willing to assist with reunions.
- Committing yourself to this voluntary position for five years.

For more information or to nominate yourself as Class Secretary, please send an email to [alumni.medicine@mcgill.ca](mailto:alumni.medicine@mcgill.ca) or phone 514-398-3206.



Ken Tong

General Director of Médecins Sans Frontières Canada, Marilyn McHarg's McGill education has taken her across many borders.

## MARILYN MCHARG

### *A Nurse on a Mission*

McHarg chose to study nursing at McGill because of the applied graduate program that attracted students with undergraduate degrees in other disciplines. "The program was interesting and challenging and held lots of career possibilities in health care," says McHarg. "It helped me develop my ability to think strategically and deal with ambiguity in any health care situation, and that has proven very useful for me in my chosen career."

After completing her graduate studies at McGill, McHarg applied her knowledge and skills to clinical care in rehabilitation and intensive care at two Toronto hospitals. Yet, her true calling presented itself when she helped to establish the Canadian branch of MSF, the world's leading independent international medical relief organization, in 1991. Soon after, she went on her first mission in Uganda - and has never looked back.

McHarg's MSF field experience also took her to North and South Sudan and Liberia, and was followed by senior management positions at MSF Holland and MSF Switzerland. However, despite finding fulfillment and adventure in some of the most fascinating countries in the world, Marilyn longed to return to Canada to be near her

family and friends. At the MSF Canada Headquarters in Toronto, she coordinates Canadian volunteers on missions around the world, secures funding for vital emergency relief projects and communicates to the public the realities of healthcare in crisis zones, all with the goal of minimizing human suffering everywhere. Of her current job, McHarg says, "It's been great to be home and working for MSF at the same time. In MSF Canada, we had a challenging year, shifting our efforts toward taking on the direct supervision of MSF missions in Colombia, Haiti, Republic of Congo, Ivory Coast and Nigeria. At the same time we continue to send Canadians all over the world to different MSF projects. Overall, it has been very rewarding."

McHarg's experience is an example of the sometimes unconventional, but always meaningful work being done by McGill graduates around the world. In the true spirit of nursing, she has used her academic background not only to provide care to needy individuals and families, but also to educate and to inform health care policy for the benefit of communities everywhere long into the future - and she couldn't be happier.



Roger Williams

## *Medicine Alumni in Greece*

Enjoying the warm Greek sunshine on McGill's June 2007 Alumni trip to the Greek Isles are (from left to right): Alan Guberman, MDCM '70; Peter Auld, MDCM '52; Robert (Bob) Pincott, BSc '56, MDCM '60; and Eugene (Gene) Anderson, MDCM '60.

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planned gifts for  
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