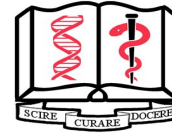


VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

Volume 14. Number 3

December 2019

TEACHING IS A GIFT; BUT SO ARE TRAINEES



*Dr. James Martin
Chair, Department of
Medicine*

We are reaching the end of another busy year. Many successes were recorded. Some salutary events during accreditation have triggered reflection. I refer in this regard to the attention drawn to the learning environment in several areas of our teaching hospitals. We are placing some focus on the learning environment in the current newsletter in addition to the usual interesting articles which our members provide.

Overall the accreditation process was a great success. The vast majority of our programs came through accreditation with flying colours with no further requirements until 2027. Others have minor issues to attend to. However this is no time to relax our attention on the quality of our teaching. We all need to be vigilant in ensuring that the learning environment continues to be a healthy one for staff and trainees alike. Yes, clinical work is stressful and this may not bring out the best in us. We agree it is not appropriate to raise one's

voice, to blame, to criticize publicly in the presence of peers, to diminish, to chide. Such behavior is not justified by the supposed intention of setting high standards. Our residents work hard and have a basic need for teaching that is delivered respectfully. They are our junior colleagues and are looking to us for support and mentorship.

The learning environment refers to not only the physical locations in which learning occurs but also the contexts and cultures. It is complex and poses challenges for both the learners and the teachers. We have rarely been taught to be capable teachers, notwithstanding the outstanding offerings by Faculty Development Office. We have taken on the role of teacher as part of our professional responsibilities and often have simply put into practice what we have experienced as learners ourselves. Times have changed and what may have been accepted (not acceptable) in the past is no longer so. We can all remember, with great clarity, humiliation or harsh criticism and particularly when we received comments that we considered unjust or unwarranted.

We are approaching the period when annual evaluations will again start. This is the perfect time to review our personal mission statements. What have we done well and what could we do better? I encourage you to take the exercise seriously. Take advantage of the intellectually rich environment we practice in and add something to it.

I wish you all the very best for the holiday season and a productive New Year.

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Our Learning Environment

*Dr. Regina Husa
Assistant Professor, Division of Cardiology, JGH
Assistant Dean, Accreditation, Postgraduate Medical Education,
Faculty of Medicine*

Although we are immersed in it on a daily basis, we may not be explicitly familiar with the concept of a “learning environment”. Defined as “social interactions, organizational structures and physical and virtual spaces that surround and shape participants’ experiences, perceptions and learning”¹, it is multifaceted, complex, highly dynamic, and sometimes unpredictable. Often, it is taken for granted until something goes wrong². Likely, this stems from its amorphous nature. However, despite not being clearly visible, it is often relatively palpable, and affects its inhabitants in myriad ways. It has been linked to trainees’ academic performance³, medical errors, adverse patient outcomes and physician burnout⁴. In Canadian postgraduate medical education, a residency training program’s learning environment is evaluated during the national accreditation process. A program whose learning environment is deemed suboptimal may thus receive an unfavorable overall accreditation outcome.

Learning environment challenges are not uncommon, particularly as medical units often function under increasing pressures, with decreasing resources, shifting attitudes and diverse expectations on all sides. Over the past several years, our team has worked closely with McGill training programs that have had significant learning environment issues: all had accreditation weaknesses. Eventually, all programs were able to address their specific and complex challenges successfully, with substantial and sustained effort on the part of all participants – trainees, faculty members, university leadership, and others.

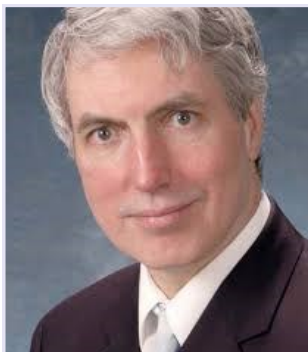
Because many factors impact the health of the learning environment, therapeutic approaches have to be varied, flexible and comprehensive. And, as in clinical medicine, a team-based intervention is required. For us it means that we all must take ownership of our contribution to the learning environment. Its health is critical to our own well-being as individuals, programs and departments.

The learning environment is nebulous. It is complicated. But importantly, it is ours, in sickness and in health, to have, and to hold.

I would like to thank **Drs. Linda Snell** and **Armand Aalamian** for their contributions to this brief article.

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More on the Learning Environment - The transition from resident to attending

*Dr. Todd McConnell
Associate Professor, Division of General Internal Medicine
St. Mary's and MUHC*

The transition from resident to attending staff is a curious one. After about ten years of increasing scrutiny both academically and professionally, one suddenly arrives at a state of unprecedented grace. No more exams, no more pimping, no one on one feedback, no need to apologize for being 10 minutes late. Overnight you acquire a sort of diplomatic immunity. Yes, there are some One 45 evaluations filled in by house staff who don't want to jeopardize their careers and there is MOCOMP (Maintenance of Certification of Competences), but it hardly compares to the Royal College Examinations. At last you have earned your iron rice bowl and your vulnerabilities as a student melt away along with the anonymity of apprenticeship. Now the tables are turned. The doctor-student relationship does a 180.

Most of us remember our teachers from grade one to postgraduate medical training. It is notable that we often don't remember what we were taught, but rather how the particular teacher treated us. While content is important in medical education, the delivery of content creates the learning environment, the emotional context in which learning occurs - and emotional input makes for effective learning. You're right! You're wrong! Isn't that amazing! A good mentor creates a supportive milieu where people talk and can be wrong with impunity - including the boss. We can afford to communicate our uncertainties, mistakes and ignorance to the house staff. Many years ago, a resident wrote on my evaluation that my most charming quality was that I often said I didn't know.

New attending physicians have a current perspective on the stresses of medical school and residency. In recent conversations with several new, unfettered attending physicians I confirmed that the experience was enormously stressful for a wide variety of reasons. The Canadian Medical Association confirmed this reflection in a mental wellness survey published in 2018 which indicated that burnout, anxiety disorders and depression were increasingly prevalent among residents and even among new staff physicians. I find this shocking and disturbing. My generation coped with the stresses and abuse of medical education by feeling important, by finding the work rewarding and believing in our future. It is not clear to me that house staff feel the same way today, but it is very clear that we can do a better job of one on one interactions that emphasize their accomplishments. To quote one resident: "Staff physicians are automatically granted a lot of power and those that wield that power with responsibility, compassion and fairness are commensurately respected."

The late cardiologist David Stubington was fond of describing his medical practice in one sentence: "The patients should feel better after they leave your office than when they came in." I can't help but think that the same goal applies to our other great treasure: students and residents.



The Learning Environment - Residents' Perspective

*Dr. Isabella Albanese and Dr. Koray Demir
Residents (PGY2), Internal Medicine*

The learning environment has many aspects to it and concerns staff and residents alike. To better understand the residents' view of an optimal environment, a survey was sent to all Internal Medicine residents (approximately 120) asking them to expand on what, in their opinion, makes a positive learning environment. A total of 28 responses were generated, roughly evenly distributed amongst PGY1, PGY2 and PGY3s. Based on the information gathered, the following elements were determined to be the most important contributing factors to a positive learning environment:

Setting Expectations

A short orientation at the beginning of a rotation is highly valued. This serves to frame the roles and responsibilities of each person at their level of training as well as to provide an occasion to discuss any rotation specific objectives. This includes outlining when and how feedback will be given as well as also providing an opportunity for trainees to give their feedback about a rotation.

Teaching

Residents overwhelmingly respond positively to staff who make time for teaching. Most have expressed that in one form or another, daily teaching should be the goal. When time is made for regular teaching on a rotation, residents feel as though their contributions are valued and that they are gaining more from the experience.

Support

On many rotations, non-medical workload can often be overwhelming. When staff are physically present, available on service and help contribute to this workload, residents feel supported and part of a team.

Feedback

For many reasons, including for personal and professional growth as well as for the subspecialty match application, residents value personalized and constructive feedback. Weekly, actionable feedback is appreciated. Many residents expressed the importance of verbal feedback reflecting written feedback. Delays in written feedback often lead to more generic evaluations. While giving critical or constructive feedback is undoubtedly difficult, the wording of this feedback is important. The emphasis should be placed on the constructive nature of the feedback. Residents appreciate when they feel the person providing the feedback has a genuine interest in their progress. The feedback will then be more likely to have the desired outcome.

Sense of Community

Working in an inherently stressful workplace with daily exposure to death and suffering, it is highly valued by trainees to feel truly and honestly cared about by our staff mentors. Importantly, caring about the resident does not preclude critical or constructive feedback.

We recognize that improving the learning environment is a shared responsibility between trainees and staff. We firmly believe that starting this dialogue is the first step towards positive change.



A somewhat atypical sabbatical

*Dr. Don Sheppard
Director, McGill Interdisciplinary Initiative in Infection and Immunity ; Chair, Department of Microbiology & Immunology; Professor, Departments of Medicine, Microbiology & Immunology*

You would think that as a mycologist, I would take full advantage of my choice of career to spend a sabbatical year studying the importance of fungi in French wine production in Provence, or Belgian beer brewing in Ghent...

Instead, my sabbatical year was devoted to the launch of the McGill Interdisciplinary Initiative in Infection and Immunity (MI4). Working to bring over 200 researchers together into a single research community has been one of the most enjoyable and challenging experiences in my career. I met people at McGill that I had no idea existed, and learned about the incredible work that these individuals were doing. I gained an appreciation of the challenges in building interdisciplinary and inter-institutional research teams, discovering the ins and outs of how McGill works (and occasionally doesn't!).

I was exposed to a completely new world of fundraising, business plans, branding and communication strategies. My first attempt at presenting to a lay-audience was a lesson in humility. I missed the mark by a mile, and had to completely re-learn how to give a non-scientific presentation. However, by the end of the year I felt like I was starting to grasp the basics and even began to enjoy giving pitches.

Overall, I think it was a successful effort. MI4 is now up and running. Thanks to the hard work of the MUHC Foundation and McGill University Advancement, we were fortunate enough to receive a very generous gift from the Doggone Foundation. With this support, we launched a number of research programs and platforms – with more to come.

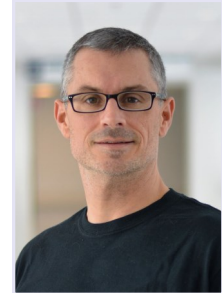
Along the way, I snuck in a bit of science. I attended a glycobiology course and went to Imperial College in London to learn how to grow Chytrids – aquatic fungi responsible for the mass frog extinction event happening around the world.

Do I regret my choice of an unconventional sabbatical year? Not for a second.

Though I'm definitely reserving my villa in the south of France for six years from now, when I'm due for my next sabbatical!

Celebrating the 20th anniversary of the G protein-coupled receptor (GPCR)-Retreat Many more years of innovative research in the field of GPCR are ahead of us

*Dr. Stéphane Laporte
Professor, Division of Endocrinology and Metabolism*



This year we celebrated the 20th anniversary of the GPCR-Retreat in Bromont, Quebec (September 26-28). Since its inception in 1999, the GPCR-Retreat has remained one of the world-leading forums, similar to Gordon and FASEB meetings. Through the years, the meeting has transited from USA, Ontario, and Quebec and welcomed career scientists at all stages, including Nobel laureates; all interested in understanding how this largest family of membrane receptors regulates diverse physiological functions. For this historic edition we made no exception, and welcomed in the scenic Eastern Townships area, Dr. Robert Lefkowitz of Duke University and Dr. Brian Kobilka from Stanford University (co-winner of the 2012 Nobel laureate in Chemistry) and unquestionably pioneers of the GPCR field. For Dr. Lefkowitz's first lecture, over and above the exceptional registration of more than 245 participants, we opened our doors to 150 undergraduate students in pharmacology and physiology from the University of Sherbrooke (my alma mater). It was an inspiring experience at many levels both for our trainees and for all of us! The continued support of our many sponsors over these years, including McGill University and the RI-MUHC, has certainly helped to build the reputation of the GPCR-Retreat. After all these years, I am still amazed to witness how vibrant the GPCR field has remained, and I expect to see many more great discoveries in the years to come.

Le Programme des maladies non transmissibles en santé mondiale de McGill

Dre Julia von Oettingen

Professeure adjointe, département de pédiatrie, membre adjointe, département de médecine

Dre Louise Pilote

Professeure James McGill, département de médecine

Les maladies non transmissibles (MNT) sont la principale cause de mortalité et de morbidité dans le monde, représentant près de 70 % des décès. Accélérées par une combinaison de facteurs génétiques, physiologiques, sociaux, environnementaux et comportementaux, les MNT font de plus en plus de victimes chez les enfants et les adultes dans le monde entier et les pays à revenu faible et intermédiaire sont touchés de manière disproportionnée. Le Programme des maladies non transmissibles en santé mondiale de McGill (GNCDP) a été lancé en 2019 et est dirigé conjointement par la Dre Julia von Oettingen, professeure adjointe au département de pédiatrie, et la Dre Louise Pilote, professeure au département de médecine. Le GNCDP vise à réduire les disparités en santé chez les personnes marginalisées touchées par les MNT, tant localement qu'à l'étranger, ainsi qu'à rassembler des acteurs multidisciplinaires afin de promouvoir l'unification du programme de santé mondiale entourant les MNT dans les domaines de la pratique, de la recherche et du monde universitaire, tout en instaurant des collaborations internationales mutuellement bénéfiques et durables. Au cours de l'année 2019, plusieurs activités ont eu lieu, telles que des conférences scientifiques, des clubs de lecture, des visites de recherche pour scientifiques et cliniciens provenant d'Haïti, d'Inde et d'Afrique du Sud ainsi que le lancement de notre site Web (<https://www.mcgill.ca/globalncd/fr>). Le GNCDP fait maintenant partie du département de médecine et compte actuellement 14 membres provenant de diverses disciplines. Nous invitons les personnes intéressées à nous contacter à l'adresse de courriel globalncd@mcgill.ca.



Dr Jonathan Houle, fellow, médecine interne générale; Dr Malik Elharram - résident en médecine; Dre Louise Pilote, codirectrice, Programme MNT; Dr Tim Evans, directeur, École de santé des populations et de santé mondiale; Dre Julia von Oettingen, codirectrice, Programme MNT; Dre Isabelle Malhamé, professeure adjointe, médecine interne générale; Mme Jodi Tuck, infirmière, chargée de cours.

The 4th Annual Department of Medicine Clinical Research Symposium on High Value Care

Dr. James Martin

The symposium was held on November 15th in the Richard and Sylvia Cruess Auditorium of the Research Institute of the MUHC. The symposium was attended by approximately 120 registrants. **Dr. Ewa Sidorowicz** opened the symposium with remarks that referred to the need for physicians to be vigilant with respect to the use of resources in times of financial constraint. She stressed the importance of the concepts surrounding high

value care for all of our university hospitals.

The first keynote speaker was **Dr. Niteesh Choudhry** who gave an outstanding talk on implementation science. Illustrating the problem of turning current knowledge into practice through a case presentation, he provided a map of the many steps required to get the right drug to the

(Continued on page 7)

(Continued from page 6 / Symposium)

patient and to ensure adherence to therapy. He presented data to show how poorly efficacious treatment is actually delivered. He detailed the place of behavioural science and core methods of implementation research.

Dr. Maxime Cormier presented a study performed at the MUHC involving the use of oxygen and the striking frequency of potentially inappropriate use. He stressed the importance of recognizing that oxygen therapy is not always benign and should be treated as a drug administered with a thoughtful prescription.

Dr. Nathalie Saad presented on respiratory rehabilitation. Despite its usefulness only 2% of Canadians have access to a program. These programs are generally in academic centers. She described her success with a “telehealth” program in bringing an 8-week program of rehabilitation to the patient.

Dr. Emily McDonald described the origins of the “Choosing Wisely” movement that is diving into overuse in hospitals. The criteria for becoming a Choosing Wisely hospital were presented and the MUHC has achieved level I status and is working towards level II and III status in the coming months. She told us of several projects that will help reach the goal of achieving level II and III status.

Dr. Koray Demir gave an interesting talk on the elements of the learning environment which have an impact on the quality of care delivered. He listed expectations, teaching, support, feedback and sense of community as key ingredients.

Dr. Olivier Beauchet addressed the special needs of the geriatric patient in the Emergency Department (ED). He proposed a pragmatic algorithm and a simple clinical assessment tool to help manage such cases and demonstrated that, although the time in the ED was prolonged by three hours, the duration of hospitalization was reduced by 3 days.

The second keynote speaker was **Dr. James Downar** who spoke on resource utilization at the end of life. He reviewed the source of costs for care at the end of life. These costs represent 10% of the health care budget and are caused by hospitalization which paradoxically is not

accompanied by intensive treatment. He discussed the concept of futile care and the importance of the application of the principles of palliative care in such settings. The bottom line was that Canada has far too few long term care facilities to cope with end of life care outside the acute care hospital.

The audience was next treated to an abstract slam. Three excellent presentations were made by **Celline Almeida-Brasil**, **Sydney Ross** and **Lydia Zhang**. **Lydia** won the competition in reviewing the experience of the immunodeficiency clinic at the Montreal General Hospital switching from intravenous to subcutaneous immunoglobulin administration. Congratulations to all three and in particular **Lydia**!

Dr. Ramy Saleh, one of our former trainees, presented on his work with quality insurance in oncology at the Princess Margaret Hospital in Toronto. He stressed the importance of the field given the rapid expansion of systemic therapies including immunotherapy for malignancies. The importance of level of care discussions and the creation of a site to track available clinical trials were among the subjects discussed.

The final event was a debate between **Drs. Stéphane Rinfret** and **Jay Brophy** on the pros and cons of opening chronic total occlusions of the coronary arteries. The audience was presented with information that supported the intervention by Dr. Rinfret, but enthusiasm was tempered by the carefully argued case by Dr. Brophy that proper controlled clinical trials are needed to be sure of the value of any intervention. Dr. Rinfret had an ace up his sleeve; a patient kindly agreed to give his story. Dr. Rinfret won by a slender margin.

During lunch, an excellent series of posters was available for viewing and for discussion with the presenters. One is always impressed by the quality of the work done by our trainees and staff.

The Department wishes to thank **Dr. Emily McDonald** and her scientific committee for an excellent program, the MUHC and MGH Foundations for their generous support and the administrative team of the McGill Department of Medicine.

DIVISION DIRECTOR RENEWALS

Congratulations to our members !



Dr. José Morais has been reappointed as **Director** of the **Division of Geriatrics, MUHC and McGill University**, for a third term effective September 1, 2019. Dr. Morais has provided outstanding leadership for

his Division. He has strengthened the clinical and academic programs of the Division and has recruited new talented faculty members. We look forward to the continuing success of the Division in the coming years under his direction.



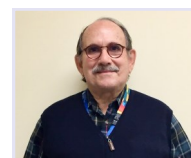
Dr. Alain Bitton has been reappointed as **Director** of the **Division of Gastroenterology and Hepatology, MUHC and McGill University**, for a third term effective October 1, 2019. Dr. Bitton has provided

outstanding leadership for his Division. In particular he has fostered growth in the domain of inflammatory bowel disease, creating a highly effective centre for the many patients with these conditions. He has also enhanced the capacity for complex endoscopic procedures, consistent with our tertiary and quaternary mission. We look forward to the continuing success of the Division in the coming years under his direction.

RETIREMENTS

By: Dr. Alain Bitton

During his 50-year career, **Dr. Peter Szego's** contributions to medicine have been exceptional. Dr. Szego was a pioneer in the field of gastroenterology, championing the introduction of ERCP (endoscopic retrograde cholangiopancreatography) to McGill in the 1970s while establishing a strong collaboration with Radiology. A respected leader, he served as both Physician-in-Chief at the Queen Elizabeth Hospital and later as the Director of the Division of Gastroenterology at the Royal Victoria Hospital . Throughout his career, he was a valued mentor and beloved teacher to generations of young gastroenterologists, many of whom are now leaders in their specialty around the globe. Dr. Szego is also a dear colleague who enhanced our professional lives with his warm demeanor and cherished wisdom. His dedication to his patients is exemplary, characterized by devoted care and a warm bedside manner. We wish Dr. Szego all the best in retirement.



By: Dr. David Blank

Dr. Hassan Aleyassine was an active member of the MUHC for nearly 45 years. He was a member of the Division of Medical Biochemistry based at the Montreal General Hospital. He supervised many different sections within the clinical laboratory and was highly respected by the laboratory staff. Dr. Aleyassine was also cross-appointed to the Division of Endocrinology and Metabolism and ran an active Diabetes outpatient clinic. His pleasant personality and helpfulness was always appreciated. We wish him all the best in the future.

CONGRATULATIONS

Dr. Ernest Seidman, Professor of Medicine and Pediatrics, has been reappointed as the **Bruce Kaufman Chair in Inflammatory Bowel Disease** for a five-year term commencing October 16, 2019.

IN THE NEWS

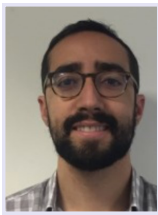
Kudos to **Dr. David Hornstein**, Division of General Internal Medicine, who was interviewed by **CBC Radio** (David Gutnick) about his innovative **Bridge program**, which supports families of patients in various McGill intensive care units. The creativity, thought and caring he has put into this program are a wonderful example of the kinds of contributions that Department members make to excellent patient care. [Read the interview and listen to the documentary on CBC.](#)

2019 Louis and Artur Lucian Award

The recipient of the **2019 Louis and Artur Lucian Award** is **Dr. Joseph Hill** from the University of Texas Southwestern Medical Center. The award, established through a bequest to McGill University by the late Olga Leibovici to honour her two brothers, was designed to honour outstanding research in the field of circulatory diseases by a scientific investigator or group of investigators whose contribution to knowledge in this field is deemed worthy of special recognition. Dr. Hill received the award this year for his seminal work on the molecular mechanisms responsible for pathological changes in the heart that occur during the development of cardiovascular disease and heart failure. Dr. Hill is expected to visit McGill **May 19-22, 2020**. [More on Med-e-News](#)

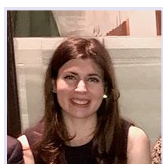
RECRUITMENT

Welcome to our new members!



Dr. Amine Benmassaoud, Assistant Professor to the **Division of Gastroenterology and Hepatology** and Attending Staff of the MUHC. Dr. Benmassaoud earned his medical degree at McGill University, where he subsequently completed post-graduate training in internal medicine and gastroenterology. He then completed a fellowship in hepatology and liver transplantation at the Royal Free Hospital in London, UK. Dr. Benmassaoud brings research and clinical expertise in the management and prevention of portal hypertension. He will have clinical duties at the MUHC, where he will be involved in teaching students and supervising medical residents.

Dr. Gregory Fonseca, Assistant Professor and member of the **Meakins-Christie Laboratories** as well as of the Translational Research in Respiratory Diseases Program of the Research Institute at the MUHC. Dr. Fonseca earned his PhD degree at The University of Western Ontario in the areas of viral pathogenicity and host immunity. He subsequently completed post-doctoral training in macrophage transcriptomics and machine learning in the Department of Cellular and Molecular Medicine at the University of California, San Diego. Dr. Fonseca will apply his expertise to the study of respiratory diseases such as pulmonary fibrosis, COPD, and pulmonary infections. In addition to establishing a successful research program, he will be involved in teaching students and supervising research trainees.



Dr. Chiara Saroli Palumbo, Assistant Professor to the **Division of Gastroenterology and Hepatology** and Attending Staff of the Jewish General Hospital (JGH). Dr. Saroli Palumbo earned her medical degree from McGill University where she completed her post-graduate training in internal medicine and fellowship in gastroenterology. Subsequently, she pursued a fellowship on transplant hepatology at Yale University. Dr. Saroli Palumbo will have clinical duties at the JGH, where she will be involved in teaching students as well as supervising medical residents and fellows. She will continue to advance her research in hepatology.

***NOTE: The Department of Medicine is in the process of recruiting several new members. Although every attempt is made to acknowledge them all at the time we go "to press", some announcements may be delayed and will appear in the next newsletter.*

HONOURS

Congratulations to our members for their achievements !

Department of Medicine members among the 2019 Canadian Academy of Health Sciences New Fellows

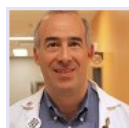
[More on this story in Med-e-News](#)



Dr. Charles Bourque, Professor jointly appointed in Medicine and in Neurology & Neurosurgery, has identified the mechanisms underlying osmoreception, revealed how the brain's central clock contributes to body fluid homeostasis, and showed how dietary salt can increase blood pressure by affecting the brain's osmoregulatory networks.



Dr. Errol Marliss, Professor, Divisions of Endocrinology & Metabolism and Gastroenterology, is an exemplary, widely-collaborative clinician-scientist in the areas of obesity and diabetes. His group is internationally recognized for showing that abnormal protein metabolism in these diseases accompanies that of glucose, and how to correct it.



Dr. Kevin Schwartzman, Professor and Director of the Respiratory Division at McGill and the MUHC, is a clinician-investigator and award-winning educator. His research assesses the impact and cost effectiveness of public health programs combating and preventing tuberculosis in Canada and abroad.

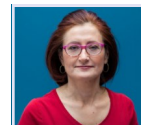


Dr. Linda Snell is Professor in the Division of General Internal Medicine, Core Faculty of the McGill Centre for Medical Education, and Senior Clinician Educator at the Royal College of Physicians and Surgeons of Canada. She is active in teaching, education leadership and education research, and has served in education and clinical leadership roles at McGill, nationally and internationally. In addition, Dr. Snell received the **Laureate Award, Quebec Chapter from the American College of Physicians**.

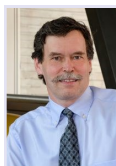
More Kudos



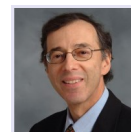
Dr. Gerald Batist, Professor of Medicine and Oncology, Director of the Segal Cancer Centre and of the McGill Centre for Translational Research in Cancer, received the **2019 Award for Exceptional Leadership in Cancer Research** from the **Canadian Cancer Research Alliance**. [More in Med-e-News](#)



Dr. Sasha Bernatsky, James McGill Professor of Medicine, was selected by the **American College of Rheumatology (ACR)** to give an oral presentation at the international ACR Annual Scientific Meeting. Drawing close to 20,000 researchers, clinicians and other stakeholders, this event is the largest rheumatology meeting in the world. [More in Med-e-News](#)



Dr. Jean Bourbeau, Professor in the Division of Respiratory Diseases, was honoured as a **2019 Distinguished CHEST Educator by the American College of Chest Physicians**. The CHEST designation recognizes the achievements of members who have made significant and long-term contributions to the leadership, development, and delivery of CHEST education. [More in Med-e-News](#)



Dr. I. George Fantus, Professor and Director of the Division of Endocrinology and Metabolism at McGill and the MUHC, was honoured as the **2019 recipient of Diabetes Canada's Lifetime Achievement Award**. Diabetes Canada established the Lifetime Achievement Award in 2007 in order to recognize Canadian achievement for a lifetime commitment to research excellence. [More in Med-e-News](#)

(Continued on page 11)

(Continued from page 10 / Honours)



Dr. Jacques Genest, Professor of Medicine, received the **2019 Canadian Cardiovascular Society Achievement Award** for his outstanding contributions to the cardiovascular community which encompass administration, education, research and clinical care. [More on this story](#)

Dr. Susan Kahn, Professor in the Division of General Internal Medicine, was selected as the **Clinical Research Scientist of the Year by the Lady Davis Institute** of the Jewish General Hospital. She was also appointed **Member of the Advisory Board for the CIHR's Institute of Circulatory and Respiratory Health**.



Dr. Stephane Laporte, Professor, Division of Endocrinology and Metabolism, was part of a team which was awarded a **Recognition Award** at the **Association pour le développement de la recherche et de l'innovation du Québec** (ADRIQ) Innovation Prize Gala, recognizing the significant impact of a collaborative research project on the Quebec economy.

Dr. Richard Menzies, Professor in the Departments of Medicine and Epidemiology & Biostatistics, Director of the Respiratory Epidemiology Unit at McGill and McGill's World Health Organization Collaborating Centre in TB Research, is the recipient of one of two **prix de recherche FMSQ 2019** for his article entitled « Four Months of Rifampin or Nine Months of Isoniazid for Latent Tuberculosis in Adults ». This award recognizes important contributions by a specialist in raising the profile of medical research in Quebec.



Dr. Giada Sebastiani, Associate Professor, Division of Gastroenterology, was recently appointed a panel member of the prestigious **European AIDS Clinical Society (EACS) Guidelines 2019**. Dr. Sebastiani is an expert on non-alcoholic fatty liver disease in people living with human immunodeficiency virus (HIV). [More in Med-e-News](#).

ERRATA

In the July 2019 pdf issue of our newsletter, Dr. Alain Bitton was cited as the recipient of the **Department of Medicine Award for Clinical Innovation**. The recipient is the **MUHC IBD Center**. The award was accepted by Dr. Bitton.

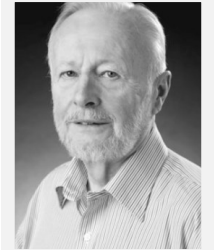
In addition, we omitted to announce the new **Department of Medicine Clinical Impact Award**. **Dr. Mary-Ann Fitzcharles** and **Dr. Sara Meltzer** are co-recipients of this award.

The online version of our newsletter has been corrected: https://www.mcgill.ca/deptmedicine/files/deptmedicine/newsletter_july2019v2.pdf

In Memoriam

By: *Dr. Roderick McInnes*
Director, Lady Davis Institute

Dr. Premysl Ponka, a distinguished scientist, beloved mentor and colleague, respected teacher, and valued friend, passed away while attending a scientific conference in Paris on November 3, 2019. He was an



internationally renowned expert in the field of iron metabolism and had made many unique contributions to understanding the many roles of iron in human health.

Dr. Ponka received his medical degree and PhD from Charles University in his native Prague, Czech Republic, where he was appointed Assistant Professor in the Department of Pathophysiology. In 1979, he came to McGill where he joined the Department of Physiology in the Faculty of Medicine, becoming a full Professor in 1987. Since 1984, he had conducted his research at the Lady Davis Institute of the Jewish General Hospital (JGH).

In 1996, Dr. Ponka succeeded in establishing the Scientific Committee on Iron and Heme of the American Society of Hematology, which he chaired for four years. He served as Chair of the First Congress of the International Biolron Society (Biolron 2005) in Prague and was co-organizer of the Fifth Conference of the Canadian Oxidative Stress Consortium in Montréal in 2007. Dr. Ponka was also a member of the Hematology Study Section of the US National Institutes of Health, and of the CIHR Pharmaceutical Sciences Operating Grants Panel. He was also an ad hoc reviewer for research granting agencies in Australia, the Czech Republic, France, Hong Kong, Israel, Italy, and the United Kingdom. He received the Award for Excellence in Medical Research from the JGH in 2007 and, in 2010, the 47th Annual André Aisenstadt Memorial Clinical Day of the

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hospital was held in honour of Prem, for "bringing international recognition to our Hospital for his research accomplishments in the field of iron metabolism." In February 2014, Dr. Ponka was elected a Fellow of the Czech Medical Academy.

His research output and achievements never diminished. In 2017, the LDI bestowed upon him its Award for Excellence in Basic Research and in May 2019 the International Society for the Study of Iron in Biology and Medicine celebrated his career with the Presidential Prize for Life Achievements in recognition of his more than fifty years of contributions to the understanding of iron-sulfur protein biogenesis.

Dr. Ponka was a truly wonderful and endearing person, a first-class scientist who commanded great international respect, and an elegant old world gentleman. We were all very fond of him and will miss him in so many ways, from his quiet sense of humour to his insightful comments and questions at seminars. He brought great credit to the LDI, the JGH and McGill.

Dr. Ponka will be fondly remembered by his colleagues, trainees, and many friends at the Lady Davis, Jewish General Hospital, and McGill University.

To leave messages of condolences for the family, visit <https://montrealgazette.remembering.ca/obituary/premysl-ponka-1077722933>

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