

# VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

Volume 2 . Number 3

September 2007

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## WORD FROM THE VICE-CHAIR, RESEARCH

Ernesto L. Schiffrin, MD, PhD



### DIFFICULT FUNDING TIMES: What should we be doing to survive and continue to thrive?

Today, more than ever, there is enormous emphasis on the need for translational research, where patients can benefit from discoveries made at the bench. However, these are difficult funding times for clinician-scientists and basic investigators alike. Granting agencies, such as the CIHR, are unable to provide the funding necessary to support studies that have been highly ranked by peer review panels. Budget proposals are slashed not on the basis of scientific value, but in an effort to manage insufficient funds allocated to the agencies by government. How can we continue to make the discoveries needed for healthcare without sufficient funding?

Both the scientific and the clinical communities have to be much more proactive in lobbying the government to provide Canadian biomedical investigators the resources needed to realize their potential. In addition, in these tough times, novel revenue sources must come to the rescue of the Canadian healthcare researchers. It is time we learned from our neighbors to the south and developed an aggressive stance defending the value of research before administrators and the public, who may not realize that research excellence

is a *sine qua non* for excellence in healthcare delivery and is essential to the training of the next generation of physicians. We must convince private sources to support translational research with much greater vigor.

Hospital foundations have a major role to play. To adequately fund cutting-edge research, which is inadequately funded by public agencies, foundations should redouble their efforts to raise money for research and even consider de-capitalizing if necessary at such difficult times. Without such efforts we risk losing a generation of clinician-scientists that may be irreplaceable. This is not an easy concept to sell. We need to demonstrate that “hoarding” money for the future has little value unless we can ensure continuity of the research activity in our academic healthcare institutions. Research today means better healthcare today *and* tomorrow. A critical mass of investigators may disappear overnight due to lack of funding; it would then take a generation to rebuild such a corps of highly qualified personnel and reestablish its culture of excellence.

Academic healthcare institutions need to support their researchers by offering the right conditions for success, nurturing and protecting the scientists who contribute so much, often under very stressful and trying conditions. The hospital Research Institutes need to subsidize research-related costs to help individual investigators stretch their scarce CIHR dollars as much as possible. They must also publicize the work done by our scientists, demonstrating the breakthroughs achieved despite the many constraints we deal with. The work must be presented in a transparent and strategic manner, presenting true success stories, with a vision of the realistic potential perspectives offered by such discoveries or inventions.

Scientific success that justifies funding for continued research activity is measured by the quality of the

publications, their impact and the repercussion that the activity of investigators has internationally. Hype is not an option. Hard facts and evidence are the only sources of knowledge that provides a reason for being supported both by national agencies, by hospital foundations and by the public, and for having the opportunity to do what we love.

Our work is clearly cut out for us. We need a serious effort to lobby for better financing of CIHR. We have to use available research funds very carefully, maximizing the scientific return of every dollar by answering clinically relevant questions at a fundamental, clinical research, epidemiological or population level. At the same time we must encourage our hospital foundations to support our research vigorously and insist on subsidies for fees currently charged to investigators by our institutions, since these end up not being adequately supported by granting agencies.

I am encouraged by the resilience of our investigators within the Department who remain productive and serve as scientific leaders in their disciplines. Their creativity, commitment, dedication and ability will make sure that despite these hopefully temporary obstacles, the research enterprise for which the McGill Department of Medicine is internationally renowned will continue to grow so that we can achieve the breakthroughs that will rapidly bring the results of our research to the bedside, so that we can benefit patients and reduce suffering in our community.

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## WORD FROM THE CHAIR

*David Eidelman, M.D.  
Chair, Department of Medicine*



### **MUHC REDEVELOPMENT PLAN: PROGRESS?**

A central concern in our Department is the fate of the MUHC redevelopment project. Most of our members work at the MUHC and many of us have been experiencing the perpetual planning

process throughout our careers. Now, for the first time we may be seeing some signs of real progress.

Following an exhaustive review of the functional and technical plan for the redeveloped MUHC, the Quebec government has publicly committed to building the Glen Yards project as a public private partnership (PPP). The selection process to choose the consortium that will build the Glen campus is already underway and an announcement of the successful bid is expected at the end of October 2007. Once the winning consortium is chosen, the final design phase and construction will proceed very quickly.

As part of the redevelopment project, the MUHC Research Institute submitted a \$250 million dollar application to the Large Scale Institutional Endeavours (CFI-LSIE) fund to finance the construction of research facilities at the Glen. Numerous Department members contributed to this proposal. The application was structured around two major initiatives. The Centre for Innovative Medicine (CIM) will provide dedicated space for research on patients, including adult and pediatric “pods”, a specialized isolated infectious disease and vaccine research unit, as well as clinical research support services (imaging, cardio-pulmonary testing, etc.). The CIM also houses a highly innovative informatics program aimed at developing novel approaches to the use of computerized clinical data for clinical research and patient care. The other major initiative is the Centre for Translational Biology (CTB), which will house bench researchers in themes of Infection and Immunity, Respiratory Health, Drug Discovery and Development and Cancer. The CTB is planned as an interdisciplinary basic science facility, crossing traditional departmental boundaries and linking to clinical research in the CIM. There will also be a small animal facility, which will be in part shared with the CHUM.

Not only did the CFI-LSIE application require a \$100 million dollar commitment from the province, it was accompanied by a letter from the Quebec government committing to begin construction within 18 months after the awarding of the grant: construction of the research facilities must start by 2009. Thus, if we are successful in the CFI-LSIE competition, a hard deadline for starting the project will have finally been established.

After more than a decade, scepticism is inevitable when discussing the MUHC redevelopment project. Nevertheless, in the last 12 months we have witnessed explicit financial commitments by government and the planning process has moved to the bidding phase. It is perhaps time to express a minimal amount of optimism about this project.

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## SABBATICAL – THE “S” WORDS

*Linda Snell, M.D.*

Over the past 6 months, I was on sabbatical as a Visiting Professor at the International Research Center for Medical Education at the University of Tokyo. My mandate was to advise about curriculum planning, participate in faculty development and, as “medical educator in residence”, give weekly presentations about many topics in education.

Medical education in Japan follows a century-old German model. A medical trainee in Japan completes six years of medical school, entering after high school. The first years are general university education, followed by two years of

basic science then two of clinical training. Although some schools have innovative curricula with PBL (Problem Based Learning) or early clinical exposure, most are more traditional. Much clinical medicine is learned in the later years by observation: clerkships do not offer much “supervised autonomy” or “hands-on” experience. Following a mandatory 2-year “internship” (similar to our old mixed internships), trainees either enter practice or do postgraduate training. Some residency programs are similar to ours; other training might consist of solely bench research. Not all specialties have an exit exam. Despite these marked differences in training, the practicing doctors seem to be competent and the practice of medicine is as “modern” as ours, and in many cases more “high tech”.



I was fortunate in being able to participate in clinical teaching in a number of different universities; herewith are some observations based on these clinical “visits”:

“Teaching” often consists of a fair bit of “reporting”: during case discussions, questions seem to be for facts, not reasoning, and students are very keen on rote regurgitation of data. I rarely observed a debate or higher level questioning aimed at teaching clinical problem solving.

On “teaching rounds”, the attending staff role models excellent patient communication and bedside manner... but in many cases residents and students were not in the room to observe!

The hospital / patient charting systems do not encourage cross-specialty interaction or learning: each service has its own section for both in- and out-patient medical records and there is no integration for notes of the same kind (e.g. progress notes, prescriptions). This means that a rheumatologist does not necessarily read the note of the ophthalmologist, and trainees may not learn from those outside their discipline.



One good thing for education is a long (18-24 days) length of stay on medical services. The patient mix includes people with single diagnoses who are not ill, who have common problems and will be “around” for the learners. Some patients are in hospital for many weeks pre-op, for investigation that we would do as an outpatient, for education (e.g. diabetes) or for control of disease (as would be done in our clinic). This is good for learners, as few get outpatient exposure.

I had the opportunity to demonstrate some McGill-style bedside teaching. The interchange, role modeling and “friendly challenging” were quite new to students and teachers alike.

Although Dr. Eidelman would have you believe that I spent my Japanese sabbatical concentrating on the “s-words” – sushi, sumo and sake, the s-words are educational support, schooling in clinical medicine and speaking engagements. I returned home with ideas to improve our own learning environment as well as ideas about where we are doing well.

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## CONSTRUCTION BEGINS AT THE MEAKINS

*Dr. James Martin, MD, DSc.*



The Meakins-Christie Laboratories started their life in the Lyman Duff Building on University Street in 1972. In 1989 the opportunity to move to a building adjacent to the Montreal Chest Institute

arose and the new Meakins-Christie Labs moved into the Montreal Foundling and Baby Hospital at 3626 St-Urbain. However, growth led to discussions 2 ½ years ago with the former Dean, Dr. Abe Fuks, and the owner of the existing building to explore the possibility of expansion. A plan was proposed by the owner to provide a new building (14,000 sq ft) on the same site. With the support of the Research Institute and the Department of Medicine, the construction of the new five-storey structure is now well underway and it should be available for occupation in March 2008. The investigators at the Meakins are looking forward to the 3 new large open-plan laboratories and the new lecture theatre.

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## WE MADE NEWS THIS SUMMER!

### MUHC Mechanical Heart Program on the Today Show/NBC

On August 1<sup>st</sup>, 2007, the NBC's Today Show featured the MUHC Mechanical Heart Program at the RVH and interviewed members of the cardiology team. The segment featured a patient, 48 years old Mr. Yvan Provencher, in whom was implanted the latest form of mechanical heart, the HeartMate II, as an alternative to heart transplantation. The crew visited the patient at his home and actually played a round of golf with him. You will be able to view this segment in the near future at the following website: [www.muhcheartfailure.com](http://www.muhcheartfailure.com).

### Jean-Pierre Routy in *Le Devoir*



**Dr. Jean-Pierre Routy**, Associate Professor in the Division of Hematology, has made front page news in *Le Devoir* of July 23, 2007, following his presentation at the 4th International Aids Society Conference in Sydney, Australia. For more details about this interview, please visit the following website (french only): <http://www.ledevoir.com/2007/07/23/151159.html#>

## APPOINTMENTS

It is with great pleasure that we announce the following appointments. Congratulations to the members and we wish them well in the coming years.



**Dr. Chris Tsoukas** has been appointed Director of the Division of Allergy and Clinical Immunology. Dr. Tsoukas is also taking on the responsibility as the first Chief of the combined MUHC Division of Allergy and Clinical Immunology bringing together the former RVH and MGH Divisions. Dr. Tsoukas is an internationally recognized scholar who has led the Immunodeficiency program at the MGH since its inception. A leader in translational medicine before the term was even coined; Chris is a recipient of numerous awards including the Order of Canada.



**Dr. Gordon Crelinsten** has been appointed Site Director, RVH for the MUHC Department of Medicine, effective July 16, 2007. Dr. Crelinsten has had a long and very distinguished career at the RVH and is greatly respected for his work as a dedicated clinician and teacher. Dr. Crelinsten will be responsible for assisting Dr. Eidelman and Dr. Snell in ensuring continued high quality of care for patients at the RVH.

## RECRUITMENTS

New faculty members have joined the department. Please join us in welcoming them.

**Dr. Susan Bartlett** joins us from the Johns Hopkins School of Medicine as an Associate Professor in the Division of Respiratory Medicine and the School of Physical and Occupational Therapy. Dr. Bartlett received her PhD in Clinical Psychology from Syracuse University in 1995. She then continued her post-doctoral training at Johns Hopkins School of Medicine before joining the faculty. Dr. Bartlett will be collaborating with members of the Respiratory Epidemiology and Clinical Research Unit (RECRU) at the Montreal Chest Institute.

**Dr. John Storing** has joined the Division of Hematology. Dr. Storing has been appointed as an Assistant Professor and to the Attending Staff of the MUHC Department of Medicine. Dr. Storing completed his hematology training at McGill University followed by fellowship training in acute leukemia management and clinical trials at the University of Toronto. Dr. Storing will focus on acute leukemia management and research at McGill.

**Dr. Patricia Pelletier** has joined the Division of Hematology. Dr. Pelletier is a McGill trainee who has been appointed as an Assistant Professor and to the Attending Staff of the MUHC Department of Medicine. After two years of research in cellular therapy at the Lady Davis Institute, she completed a two-year fellowship program at the New York Blood Centre, where she specialized in transfusion medicine and immunohematology. She will be based at the RVH, however in her role as part of the MUHC Transfusion Centre team, she will participate in transfusion activities at all MUHC sites and affiliated centers.

**Dr. Martine Culty** joins us from Georgetown University as Associate Professor and Medical Scientist in the Division of



Endocrinology and Metabolism. Dr. Culty will work within a group led by Research Institute director, Dr. Vassilios Papadopoulos, at the MGH and in labs at the Biotechnology Research Institute. Dr. Culty received her PhD in Molecular Chemistry from the *Université Scientifique et Médicale de Grenoble* and completed postdoctoral fellowships at McMaster University and Georgetown University. Her research is in the biology of testicular germ cells.

**Dr. Laurent Lecanu** joins us from Georgetown University as Associate Professor and Medical Scientist in the Division of Endocrinology and Metabolism. Dr. Lecanu received his PhD in Neuropharmacology from the *Université de Paris* and completed post-doctoral training at Georgetown University. His main research interests are in the areas of pathogenesis of and drug development for neurodegenerative disorders with particular interest in the potential use of compounds that modulate the transport and metabolism of cholesterol.

**Dr. Elizabeth Hazel** has joined the Division of Rheumatology. She has been appointed as an Assistant Professor and to the Attending Staff of the MUHC Department of Medicine. Dr. Hazel has opened a Young Adult Rheumatic Disease (YARD) clinic at the MGH and will also see general rheumatology patients at the RVH.

**Dr. Sara Ahmed** has joined us as an Associate Member and Medical Scientist affiliated with the Division of Clinical Epidemiology. She is a physiotherapist with a PhD in Epidemiology and Biostatistics. Dr. Ahmed's research program includes the development of methodological and statistical approaches for improving the evaluation of health outcomes, and identifying effective interventions for individuals with chronic diseases including the use of health informatics for monitoring patients.

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## AWARDS

Congratulations to **Dr. Jean-Pierre Routy**, who has obtained an FRSQ Chercheur Boursier Clinicien Senior salary award.

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## HONOURS



**Dr. Morag Park** has been elected to the Royal Society of Canada. Professor in the Departments of Biochemistry, Oncology and Medicine, Dr. Park is a James McGill Professor, Director of McGill's Molecular Oncology Group and Co-Director of the MUHC's Cancer Axes. She is considered an international

leader in understanding the mechanisms underlying activation of human cancer. Her work now focuses on the tumour microenvironment relevant to human breast cancer and the molecular events that occur during cancer progression and invasion.

**Dr. Ernesto L. Schiffrin** has been awarded the Pfizer Cardiovascular Research Award. The ceremony for the Award-Winning Canadian Cardiovascular Research will take place on October 20, 2007 in Quebec City. Dr. Schiffrin is Professor and Vice-Chair, Research in our department and Physician-in-Chief at the JGH

Congratulations to **Dr. Howard Bergman** on being elected as a Fellow of the Canadian Academy of Health Sciences. Dr. Bergman is the Joseph Kaufmann Professor, Director of the Geriatric Division at McGill University and at the JGH, Co-director of Solidage ([www.solidage.ca](http://www.solidage.ca)) and Director of the *Réseau québécois de recherche sur le vieillissement* (FRSQ).

**Dr. Gustavo Duque** has received the Award for the best presentation at the meeting of the Canadian Association for Medical Education in Victoria, BC after presenting a new interactive video game on how to perform a geriatric home visit. More information about the video game can be found at this website: [www.riskdom.com](http://www.riskdom.com).

**Dr. Mark J. Eisenberg** is the recipient of the Heart and Stroke Foundation of Québec Pfizer Award and the Heart and Stroke Foundation of Québec Sharron Axler Feifer Award. These awards are granted in recognition of Dr. Eisenberg's research project, "Pharmacogenetic and pharmacokinetic variation in CYP2B6 and the efficacy of Zyban as a smoking cessation aid: A Zesca Trial sub-study."

**Dr. Leora Birnbaum** is the winner of the 2006-2007 Ezra Lozinski Prize. Established in 1990 in memory of Dr. Ezra Lozinski, this prize is awarded annually to a medical resident who demonstrates outstanding qualities of compassion, understanding, and acceptance of responsibility for ongoing care. Dr. Birnbaum is currently doing her residency in nephrology at McGill.

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