

VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

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VIVE LA RÉVOLUTION!

*Dr. David Eidelman
Chair, Department of Medicine*

We, in McGill's Faculty of Medicine, find ourselves in the midst of a true quiet revolution.

For the first time in our history, we are being asked to take seriously all of the regulatory aspects of how our medical school functions. Although we always provided our students with a first class education, our approach has been extremely traditional. While most of our traditions are excellent, some of our ways of doing things should not be a source of pride. In this issue, Assistant Dean Dr. Armand Aalamian discusses the importance of an appropriate learning environment. He also discusses the new Code of Conduct recently put in place by the Faculty of Medicine. This Code requires all of us, teachers and students, to ensure a professional milieu of the sort expected at a great institution like McGill.

This initiative is taking place at the same time as this inauguration by the Faculty of Medicine of a new annual evaluation process for all professors, including "GFT-H" clinicians who are henceforth counted as full time faculty members. For the first time, the Faculty in its entirety is submitting itself to a formal and obligatory review. This new requirement by the Faculty has provided the opportunity to establish a system of continuous improvement of performance. Following the lead taken by the Department of Paediatrics, we have decided to make use of this annual evaluation as a tool to improve our teaching, our research programs and the quality of care we offer patients.

A LEARNING ENVIRONMENT FOR THE 21ST CENTURY

Zero Tolerance for Mistreatment

*Dr. Armand Aalamian
Assistant Dean, Resident Affairs,
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McGill's Faculty of Medicine has been a leader in the health sciences for close to two hundred years. Its name is tantamount to excellence, and the professors, doctors, allied health professionals and researchers who define the Faculty's reputation are among the best in the world. It's for these reasons we receive some 1,500 applications to our medical school alone each year, why we attracted over 600 new professor-MDs from here and abroad in the last decade, and why so many of us choose to stay in Quebec for the best part of our careers, as members of the McGill community.

So consider the paradox in knowing that, while we receive glowing marks on an international scale, we also find ourselves in the position of having an unacceptable rate of reports for mistreatment in the learning environment – this according to exit interviews completed by our students. Clearly, we have an opportunity here to make an exceptional medical school even better. We have a responsibility.

What is mistreatment? Most often, within our learning environment, mistreatment is expressed in verbal comments that humiliate or belittle. But it can also extend to sexual, racial and gender mistreatment, as well as physical abuse. None of the above has a place in the 21st century classroom, teaching hospital and laboratory, where we are entrusted to train the next generation of McGill health care leaders.

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In 2007, Vice-Principal Health Affairs and Dean of Medicine Richard Levin struck a Task Force to study the situation. Upon the members' recommendations, in spring 2010, the first McGill Faculty of Medicine Code of Conduct was launched with the goal of providing "all of its members with a welcoming environment conducive to optimal education, clinical care and research, and the maintenance of the highest levels of ethical and professional standards within a collegial environment... to promoting and maintaining the highest standards of behaviour of all of its members in order to provide a healthy and safe learning environment and to better serve society."

With the introduction of the Code, VP-Dean Levin, together with the Associate and Assistant Deans, Chairs and Directors, committed to **zero tolerance** for mistreatment in our learning environment. The document has since been circulated widely, to you, to students, to residents and to the Faculty at large, while several presentations, requested by department leaders, have been given to help clarify its meaning.

But this is only a beginning.

The McGill Faculty of Medicine Code of Conduct is the outcome of extensive consultations conducted jointly by the Faculty's Student Affairs Office, led by Dr. Nampta Gupta, and its Resident Affairs Office, led by me, and supported by a cross-institutional Learning Environment Committee. It provides a framework for defining mistreatment, as

well as guidelines for those within the learning environment, whether it be a classroom or a work-related setting, such as clinics, practica, operating theatres, rotations, field work and research laboratories. It also details the process for anyone wishing to submit a confidential complaint of mistreatment.

Everyone – from professors, doctors, allied health professionals and staff, to residents and students – shares in the responsibility of eliminating mistreatment from our learning environment, *of changing the culture*. We've set the process in motion with the launch of the Code, but the rest is up to each one of us. If we are to continue to be recognized for educating the best and the brightest, for inventing the future, in an environment that supports individual growth and leads to exceptional outcomes, then we must lead by example.

As Assistant Dean of Resident Affairs, I, together with my colleagues and the Office of Student Affairs, are here as advocates on behalf of learners in the McGill Faculty of Medicine. If you are a faculty member, our offices can also help you better understand how the Code applies to you by answering your questions.

You can reach us at Student Affairs, (514) 398-5557, or Resident Affairs, (514) 398-1781. You can also visit our website at www.mcgill.ca/medsra.

As a first step, if you haven't already read the Code, we invite you to do so today. www.mcgill.ca/files/medsra/Code_of_Conduct.pdf.

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SABBATICAL THOUGHTS

*Dr. Basil Petrof, Professor,
Division of Respiratory
Medicine*

I have recently returned from a sabbatical in France at the University of Montpellier 1, the site of one of Europe's first medical schools. My lab is interested in the respiratory muscles, and I worked with a team of investigators who study cardiac and skeletal muscle diseases. Although exercise is « good for you », there are clinical scenarios in which this commonly accepted wisdom may not be practical or true. During my sabbatical, we explored the concept of using a drug to mimic some of the beneficial effects of exercise on skeletal muscle without the need for actual training (a dream for couch potatoes!). In muscular dystrophy mice, we tested whether a drug that activates AMP-activated protein kinase, boosting metabolic function and improving endurance in healthy muscles, could also be beneficial in dystrophic muscles. We demonstrated that this approach improves muscle strength in the diaphragms of mice which have the same genetic defect as Duchenne patients.

Another situation in which exercise could be bad is in the setting of respiratory muscle fatigue. There is a longstanding (but unproven) idea that, in patients with presumed respiratory muscle fatigue, it might be a good idea to « rest the diaphragm » through the use of mechanical ventilation. Our work suggests that this is probably not a good idea. Using phrenic nerve stimulation to test diaphragmatic function of ICU patients in France, we found a rapid loss of diaphragmatic strength once patients were placed on mechanical ventilation. We also developed a mouse model of long-term mechanical ventilation and were able to demonstrate this same harmful effect of mechanical ventilation upon the diaphragm. We now intend to exploit this model to study the cellular and molecular mechanisms underlying ventilator-induced diaphragmatic

dysfunction. An ICU fellow recruited from Montpellier will continue this project in my lab in the coming year.

Medical research in France has an excellent international reputation, but it appears to be going through a difficult period. In the past, research funding was primarily awarded to research units or teams rather than individual investigators. The system was more hierarchical than ours, and there was generally less pressure to be productive. However, a major advantage was the relatively stable funding, which facilitated the retention of highly trained technical personnel and also allowed labs to take on longer term or riskier projects. Now, for both budgetary and ideological reasons, France is attempting to move towards a more North American type of system. Individual investigators must obtain more of their funding from industry and private foundations. The

problem is that the infrastructure and culture for making the switch between the two systems is not yet in place, and French researchers worry that they will end up with the worst of both worlds.

It is also very difficult for young researchers to obtain an academic position, which are generally decided through a nationally centralized « contest » system. Labs

have trouble attracting foreign post-docs for both funding and language reasons, and the general lack of proficiency in English is recognized as being a problem. Coming from Quebec, I was somewhat surprised to see that trainees from the French labs I visited were strongly encouraged to present their work in English, even at local conferences. The situation in France is particularly challenging for physician-scientists, who often carry a heavy clinical load with little protected time for research. Nevertheless, translational research appears to be alive and well, with both practicing physicians and basic scientists working together within the same research teams. In Montpellier, I was able to experience first hand how these interactions are greatly facilitated and made more dynamic by an immediate proximity of the research building to the clinical units of the hospital. Let's hope we will be able to do the same as we move forward with our own academic hospital project.





DR. PHIL GOLD CHAIR IN MEDICINE

Dr. Vassilios Papadopoulos, has been appointed to the newly created **Dr. Phil Gold Chair in Medicine**. This Chair honours the work of Dr. Phil Gold, McGill Professor of Medicine, Physiology and Oncology and Executive Director of the Clinical Research Centre at the MUHC, who served as the Physician-in-Chief at the MGH and Chair of our Department at McGill from 1985 to 1990. As Phil Gold Chair, Dr. Papadopoulos will cultivate the major role the MUHC and the McGill Faculty of Medicine play as leaders in major medical disciplines. He will facilitate the recruitment of the most talented physicians, while helping to continue building the team of the best and brightest clinicians and researchers. [More on this story.](#)



HONOURS

Dr. Ernesto Schiffrin has been appointed **Member of the Order of Canada** for his contributions to the study of hypertension, notably through his research on the mechanisms underlying high blood pressure, as well as for his leadership roles in scientific committees and societies. [More on Dr. Schiffrin.](#)

Dr. Nancy Mayo, Professor in the Department of Medicine and at the School of Physical & Occupational Therapy, will be inducted as **Fellow of the Canadian Academy of Health Science (CAHS)** at a ceremony to take place in Ottawa later this fall. Dr. Mayo is internationally recognized for her work in health services and outcomes research as applied to the study of populations with chronic disease.



AWARDS

CIHR Clinician Scientist - Phase 2
- Dr. Vidal Essebag

FRSQ Chercheur Boursier - Junior 2 (2e vague)
- Dr. Maia Kokoeva
- Dr. Christian Rocheleau

John R. & Clara M. Fraser Memorial Award
- Dr. Andrew Mouland
- Dr. Deborah Da Costa

JEWISH GENERAL HOSPITAL DEPARTMENT OF MEDICINE AWARDS

The JGH Department of Medicine Staff and Residents Year-End Party took place on June 10, 2010. Congratulations to this year's recipients!

Dave Feder Award

To the resident who practices medicine with most compassion and sensitivity, displays kindness, respect and camaraderie towards colleagues and educators and carries a positive outlook enabling him/her to enjoy a meaningful balanced life beyond his/her profession.

- ◆ **Dr. Andrea Kermack**

Sheldon Zemelman Memorial Award

For academic excellence and outstanding contribution to patient care.

- ◆ **Dr. Deborah Assayag**

Dr. Allen Spanier Internal Medicine Award

To the resident who exhibits an enduring passion for the practice of medicine through the enjoyment of solving the challenges of patient care and sharing the solutions with others, while maintaining a high level of professionalism, which best embodies the unique legacy of Dr. Allen Spanier.

- ◆ **Dr. Anwar Murad**

Teacher of the Year voted by the residents

- ◆ **Dr. April Shamy**

Medical Resident Research Award

To the medical resident who has achieved excellence with regard to intellectual curiosity, initiative, originality and accomplishment in medical research performed during residency.

- ◆ **Dr. Cindy Varga**

Harold Frank Prize for Excellence for her Clinical Vignette Case Presentation in May 2010.

- ◆ **Dr. Anita Au**

R1 WELCOME PARTY



McGill Internal Medicine residents organized a R1 Welcome Party to get to know the new internal medicine residents and to welcome them in our big family. All McGill Internal Medicine residents from the MUHC and the JGH were invited. This party took place at the RVH pool on Sunday July 25th. This successful event was a great opportunity to meet the new and the current internal medicine residents from all sites!

Organizers (from left to right): Dr. Amal Bessissow R3 (CMR RVH); Dr. Alaa Dekis R2 (JGH); Dr. Louay Mardini R3 (CMR MGH); Dr. Rayan Kaedbey R3 (CMR MGH); Dr. Daniel Liberman R3 (CMR JGH); Dr. Micheal Palumbo R3 (CMR JGH);. Absent from the picture: Dr. Ning-Zi Sun R4 (CMR RVH).

EMERITUS PROFESSORS

Congratulations to our Faculty members for their achievements!



Dr. Albert Aguayo, Departments of Medicine and Neurology & Neurosurgery, joined McGill in 1967 and was Director of the Centre for Research in Neuroscience from 1985 to 2000. He has made significant contributions in the areas of neural

regeneration and repair and his work has had important influences in treating injuries to the nervous system once considered untreatable.



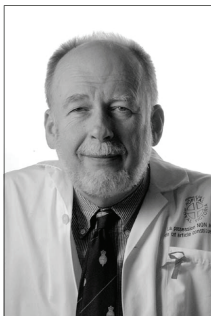
Dr. Rhoda Blostein, a distinguished member of the Departments of Medicine and of Biochemistry since 1964, is internationally recognized for her pioneering and innovative work on the molecular and cellular aspects of transmembrane proteins,

particularly the structure, function and regulation of the Sodium-potassium Pump.

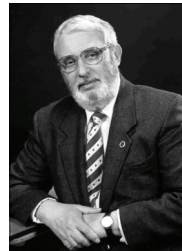


Dr. Manuel Cosio, the former Director of the Division of Respiratory Diseases, joined the Department of Medicine on a full time basis in 1980. Dr. Cosio, recognized for his excellence as a teacher, is known world-wide for his work

in emphysema, where he has made a series of seminal observations regarding the pathogenesis of this important disease.



Dr. Norbert Gilmore of the Allergy and Clinical Immunology Division joined the Department in 1974. He is widely recognized for his research in the field of AIDS and his leadership role in the McGill AIDS Centre.



Dr. Mortimer Levy is a former Director of the Division of Nephrology who has been a member of the Departments of Medicine and Physiology since 1969. In addition to his renown as an outstanding teacher, Dr. Levy has made numerous important contributions to the

understanding of the pathophysiology of edema formation.

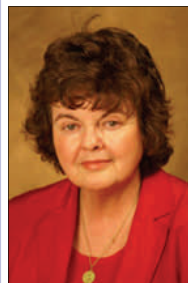


Dr. Orval Mamer, Medical Biochemistry Division, joined the Department of Medicine in 1969. In his role as head of the Mass Spectroscopy Unit, Dr. Mamer made numerous important contributions to metabolic research at McGill and around the world.



Dr. Leonard Moroz, Divisions of Allergy and Clinical Immunology and of Rheumatology, joined the McGill Department of Medicine in 1967. A respected teacher and clinician, Dr. Moroz is recognized for his pioneering work on mechanisms of fibrinolysis, as well as for studies of food allergies and the

role of proteinase 3 in ANCA positive.



Dr. Sharon Wood-Dauphinee is the former Director of the School of Physical and Occupational Therapy who has also served with distinction in the Department of Medicine in her work on health outcomes research in geriatrics, neurology and rehabilitation.

RECRUITMENTS

We are pleased to welcome the following new members to our Department:

Dr. Alexis Baass, Assistant Professor to the Division of Medical Biochemistry and Attending at the MUHC. Dr. Baass received his medical degree from Université de Montréal in 2005, followed by residency training in medical biochemistry at the Université de Sherbrooke and Montréal as well as a Masters in Experimental Medicine at the IRCM.



Dr. Luc Bilodeau, Associate Professor to the Cardiology Division and Attending at the MUHC. Dr. Bilodeau received his M.D. from Université Laval in 1984 where he completed his residency, followed by postdoctoral work in the field of invasive cardiology at

Université de Montréal and University of Alabama. Prior to joining us full-time, Dr. Bilodeau, an interventional cardiologist, had an Adjunct Professor appointment at McGill, with a primary hospital affiliation at the Montreal Heart Institute.

Dr. Sonny Dandona, Assistant Professor to the Cardiology Division and Attending at the MUHC. Dr. Dandona received his M.D. from McGill University in 2000 and completed internal medicine and cardiology training at the MUHC, followed by a fellowship in interventional cardiology at the MUHC and a second one in cardiovascular genetics at the Ottawa Heart Institute.

Dr. Sabrina Fallavollita, Assistant Professor to the Division of Rheumatology, based at the Jewish General Hospital. Dr. Fallavollita received her M.D. from McGill in 2003 and completed her internal medicine residency training at Queen's University. She thereafter returned to McGill for rheumatology training, including a fellowship in early inflammatory arthritis and a Masters in clinical epidemiology. Dr. Fallavollita will be developing skills in the use of ultrasound for the diagnosis and assessment of the rheumatic diseases.

Dr. Xiao Wen Hu, Assistant Professor and Attending at the MUHC, Division of Endocrinology and Metabolism. Dr. Hu is a McGill trainee who obtained her M.D. in 2003 and completed



residency training in 2009. She is completing a research fellowship / MSc degree in Experimental Medicine in Brain regulation of Energy Balance at the Montreal Neurological Institute.

Dr. Nathalie Johnson, Assistant Professor to the Division of Hematology, based at the Jewish General Hospital. Dr. Johnson completed her medical studies at the University of Ottawa and internal medicine and hematology-oncology training at McGill. She subsequently completed a PhD in pathology and laboratory medicine and a clinical fellowship in molecular pathology in British Columbia. Dr. Johnson's research is focused on lymphoma, with a particular interest in the application of molecular techniques to the clinical management of this group of diseases.



Dr. Mélanie Mondou, Assistant Professor to the Geriatrics Division and Attending at the MUHC. Dr. Mondou received her M.D. from McGill in 2004, completing her training in internal medicine and geriatrics subspecialty training at the MUHC. She subsequently undertook a Masters in Medical Education from Maastricht University which is about to be completed. Dr. Mondou will combine her professional and teaching skills to the benefit of our patients, house staff and medical students.

Dr. Nadia Sabbah, Assistant Professor to the Division of Endocrinology and Attending at the MUHC. Dr. Sabbah obtained her medical degree from the Université Montpellier in 2003. She then completed residency training in medicine and endocrinology as well as a PhD degree in Metabolic Biochemistry and Cellular Dynamics at the Université de Reims, followed by a fellowship in Endocrine Oncology at the Gustave Roussy Institute. She also trained in thyroid ultrasound at the Université de Paris. Most recently, Dr. Sabbah worked as an endocrinologist and specialist in thyroid cancer at the Centre hospitalier Trinité in Martinique.



IN MEMORIAM

By: Dr. David Rosenblatt



After a long and courageous battle with colon cancer, **Ms. Yasmin Karim** passed away in Toronto on June 12, 2010 with her family at her side. She was 61. Yasmin was

the first administrative coordinator in the Division of Medical Genetics in the Department of Medicine at McGill from its inception in 1986-1987 until her medical leave 5 years ago. She was a kind and compassionate person who cared deeply about everyone whom she came in contact with, and we are all better people from having the pleasure of knowing her. Although she died far too young, we are grateful that she was able to fight her cancer for five brave years and that she was able to get to see and enjoy her two grandchildren. She will be sorely missed.

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.

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