VITAL SIGNS





THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

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Wishing you all a very Happy Holiday Season!





AU REVOIR

Dr. David Eidelman Chair, Department of Medicine

For my last editorial as Chair, I would like to take this opportunity to thank everyone in the Department for their contributions to what is an extraordinary organization. It has been my great privilege and honour to serve as your leader, allowing me the chance to meet and work with so many great people. I am constantly amazed at what we are able to achieve, often under very challenging circumstances. This was never truer than in the past year, which was marked by budgetary pressures, the resident and MUNACA strikes and grant funding that was harder to get than ever. Nevertheless, the Department came through intact and continues to thrive. I have no doubt that the coming years will see ever greater success.

Given the size of our Department and the space available, it is impossible for me to acknowledge everyone who deserves to be thanked but I want to extend, on behalf of the entire Department, my sincere thanks to my colleagues on the Executive Committee who have helped us to cement the links across disciplines and across sites. I would also like to extend my deepest appreciation to the support staff of the Department who make it possible for us to achieve our goals.

Please allow me, on behalf of the Department's leadership, to wish everyone Happy Holidays and continuing success in the New Year.

TOWARDS A NEW MDCM CURRICULUM

Dr. Joyce Pickering Vice-Chair, Education McGill University Department of Medicine



The McGill Faculty of Medicine is aiming to roll out a new MDCM curriculum in the fall of 2013. This arose from the strategic planning process of the Faculty of Medicine, dubbed "Thinking Dangerously", which mandated design groups to undertake critical appraisals of three major activities within the Faculty - research, faculty lifecycle, and education - and to propose solutions to any identified deficiencies. The Education Design Group (EDG) tackled the MDCM curriculum. The members of the EDG included clinical and basic scientists, students, residents, and representatives from nursing, administrative staff, and the Quebec Ministry of Health. We identified a number of areas in need of improvement. These were:

- 1. Insufficient number of our graduates choosing family medicine and other generalist careers.
- 2. Inadequate formal teaching and evaluation

(Continued on page 2)

IN THIS ISSUE:

- * Revised Research Ethics Standards, Dr. Carolyn Ells
- * Promotions and tenure
- <u>Awards</u>
- * Appointments
- * Honours
- In Memoriam: Dr. Georges Ghattas
- In Memoriam: Dr. Bob Kwee

(Continued from page 1 / New Curriculum)

of self-directed learning skills, including critical appraisal.

- 3. A lack of interprofessional and team training.
- 4. Limited public health and health systems teaching.

At the same time, a number of strengths of the current curriculum were identified. The EDG specifically recommended that these be maintained in any changes. These were:

- 1. The Physicianship program.
- 2. An Introduction to Clinical Medicine (ICM) type phase of the curriculum.
- 3. Clerkships with high levels of clinical involvement.
- 4. Systems based teaching in the first 18 months of the curriculum.

The full report of the EDG is titled "Towards a New Curriculum" and can be found at http://www.mcgill.ca/ allmedthinkdangerously/design groups/education/

Dr. Colin Chalk (Medicine, Neurology and Neurosurgery) has a lead role in redesigning the first 18 months of the curriculum, which will now include significant clinical family medicine exposure during this period. The New Curriculum Implementation Executive includes Dr. David Eidelman (Medicine), Dr. John Orlowski (Physiology), Dr. Joyce Pickering (Medicine) and Dr. Robert Primavesi (Family Medicine). Dr. Melanie Mondou (Medicine) will be leading the development of interprofessional aspects of the curriculum, and Dr. Anne Andermann (Family Medicine) will lead the public health and critical appraisal theme. The Medical Council of Canada clinical presentations list will be used not only to ensure that all are addressed before graduation, but also to guide the teaching of basic sciences.

Some of the changes that we expect to see, in addition to the clinical experiences starting in year one, are more structured interprofessional experiences, critical appraisal projects in clerkship and a required independent research/scholarly project by all students. Rigorous evaluation, both of the program and of individual students, will be built into the process. A cadre of teachers who are specifically trained and appropriately recognized and rewarded will be key leaders in ensuring the successful functioning of this curriculum.

Ultimately, the goal is for McGill to be recognized as Canada's foremost medical undergraduate program, preparing future generations of graduates to take their place as leading medical practitioners, educators and researchers.

PROMOTIONS & AWARDING OF TENURE

Congratulations to our Faculty members for their achievements

ASSOCIATE PROFESSORS WITH TENURE

Dr. Kaberi Dasgupta: Dr. Dasgupta is a clinician scientist in the Division of Internal Medicine with associate membership in the Department of Epidemiology, Biostatistics and Occupational Health. Her research is aimed at providing evidence to guide the optimization of vascular health through health behaviour change in the real world setting.

Dr. Madhukar Pai: Dr. Pai is a member of the Respiratory Epidemiology and Clinical Research Unit at the Montreal Chest Institute. His research expertise is in the evaluation of new diagnostic tools for active and latent tuberculosis. He also has particular expertise in the formal synthesis of primary research evidence, through systematic reviews and meta-analysis, to develop actionable recommendations and guidelines for public health practice.

By Dr. Ernesto Schiffrin

Ethics Review committees are an integral part of the research enterprise. They not only ensure the respect of ethics and excellence in research and clinical care, they also protect participants and help researchers by monitoring for quality assurance, protection and education. They are usually open for dialogue, feedback and advice before, during, and after the study is completed.

Earlier this year, Dr. Carolyn Ells, Chair of the Research Ethics Committee at the Jewish General Hospital, gave Medical Grand Rounds at the hospital on the Tri-Council Revised Research Ethics Standards from CIHR, NSERC and SSHRC. Dr. Ells is an Associate Professor in the Department of Medicine, and an investigator on Ethics in her own right.

We thought that it would be important to share the interesting and insightful analysis that Carolyn made on that opportunity with the whole McGill Department of Medicine and we have asked her to provide this for our Newsletter. I hope you all enjoy reading this important information. which will benefit not only researchers but also educators and clinicians. Bonne lecture.

REVISED RESEARCH ETHICS STANDARDS FROM CIHR, NSERC and SSHRC



Dr. Carolyn Ells Associate Professor of Medicine Chair, Research Ethics Committee Jewish General Hospital

Since 1998, the *Tri-Council Policy Statement:* Ethical Conduct for Research Involving Humans (TCPS) has set minimum ethical standards for the conduct and review of research in Canada. These standards apply to all research in any institution that receives funding from the 3 councils, effectively

including all Canadian universities and major health centres. Other local standards (e.g., university, health centre, provincial law) also apply, and some standards (e.g., Health Canada, Genome Canada) apply for only some categories of research. After more than a decade of experience, feedback from the research community, and advances in research, the TCPS is now in its second edition. The minimum standards have been revised!

The basics of research ethics standards remain the same. These include the underlying value of human dignity, role of ethical principles and the law, consent, confidentiality, conflict of interest, respect and responsibilities for academic freedom, scope of research ethics review, and governance by a local Research Ethics Board (REB). There are two key terminology changes: "participant" replaces "subject" to refer to those we recruit/involve in our studies. The term "delegated review" replaces "expedited review" for the less extensive review process available to research that meets certain criteria (most notably that it is of minimal risk to participants).

Some new options are available to promote more discussion between researchers and REBs. When an REB is tending towards a negative decision in its review of a protocol, it can *defer* its decision until after it discusses the matter with the researcher (instead of either *declining* the study outright or *conditionally approving* a study that raises serious concerns). Further, before initiating a formal appeal process, a researcher can ask to discuss the matter with the REB and have the REB *reconsider* its decision.

Updated Standards for Clinical Trials

The TCPS2 takes a broad view of what counts as a clinical trial: "Any investigation involving participants that evaluates the effects of one or more health-related interventions on health outcomes." Going far beyond drugs and devices, a clinical trial can involve surgical procedures, radiology procedures, preventive care, process-of-care changes, manual therapies, psychotherapies and more. If a placebo control is used, it must be scientifically and methodologically sound, justified over other possible controls (e.g. active control, wait-list

(Continued on page 4)

(Continued from page 3 / Revised ethics standards)

control, dose-response, combination therapies), and not compromise the safety and welfare of participants. Researchers must provide assurances that their study design meets these criteria.

In an effort to help prevent publication bias and suppression of data, the TCPS2 takes the controversial stand that all clinical trials must be registered. This must be done prior to recruiting the first participant and the registration number must be reported to the REB.

Both in their protocols and consent forms, researchers must distinguish foreseeable risks that participants are exposed to because of normal care from those exposed to because of the research (likewise for potential benefits). Doing so helps to assess risks of research participation, safety, overall balance of benefits and harms, recruitment of participants in situations of vulnerability, and helps to counter therapeutic misconception for participants.

TCPS2 has a detailed table of contents and many in-text cross-references that make it an easy resource for researchers to use. In this note, I've mentioned just a few of the revisions. To find out more about the new minimum standards for ethical research in Canada visit and bookmark: http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/Default/

En français: http://www.ger.ethique.gc.ca/fra/policy-politique/initiatives/tcps2-eptc2/Default/

AWARDS

FRSQ Chercheur Boursier Clinicien - Junior 1

- Dr. Anne Gonzalez

Charles O. Monat Award

- Dr. Jennifer Landry

John. R. & Clara Fraser Memorial Award

- Dr. Robert Kiss

Support for research in technology assessment and evidenced-based medicine in CHU's (FRSQ/MSSS/MUHC)

- Dr. James Brophy

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.

Please note that successes and recruitments of the Fall 2011 will be published in our March 2012 edition.

APPOINTMENTS



We are very pleased to announce the appointment of **Dr. Joyce Pickering** as **Executive Associate Physician-in-Chief and Director of Operations of the MUHC Department of Medicine** as of July 1, 2011 for a term of 4 years. Dr. Pickering will also take on the responsibility of serving as **interim Physician-in-Chief** following Dr. Eidelman's departure in January 2012. She has also accepted the position of **Vice-Chair, Education for the McGill University Department of Medicine** as of September 1, 2011 for a term of 5 years. Dr. Pickering, a leading member of the Division of General Internal Medicine with a background in epidemiology and an interest in global health, recently completed a highly successful term as Associate Dean for Undergraduate Medical Education and she

brings a remarkable record of accomplishment in all aspects of medical education. Dr. Pickering's appointment as Vice-Chair, Education marks the end of **Dr. Linda Snell**'s term as Vice-Chair, Education. Dr. Snell, who has been of invaluable service to the Department as a whole, will continue in her innovative work with the Royal College as well as at the Centre for Medical Education. Please join us in thanking Dr. Snell for a job extremely well done as well as congratulating Dr. Pickering and wishing her every success in her new roles.

We are pleased to announce that **Dr. James Martin** has accepted the role of **interim Chair of the McGill University Department of Medicine** following Dr. Eidelman's departure in January 2012. With a prolific scientific career, an outstanding 15-years as head of the Meakins-Christie Laboratories and demonstrated dedication to the promotion of interdisciplinary research, Dr Martin has been providing invaluable assistance to the Department in his role as Executive Vice-Chair, Faculty Affairs since April 2009. We thank him for his service to the Department and wish him success in his new responsibilities.





It is with great pleasure that we announce the reappointment of **Dr. Louise Pilote** as the **McGill and MUHC Director of General Internal Medicine**, effective June 1, 2011. The external review that was conducted celebrated the outstanding work of the division in all domains, noting particular strengths in medical education and clinical research. During her first mandate, Dr. Pilote's vision and exemplary leadership enabled an already strong division to flourish and achieve multiple successes. The reviewers particularly highlighted her efforts to advance the academic profile of the

division and her vision for developing novel clinical platforms. We are delighted that Dr. Pilote has agreed to continue in this important leadership role and wish her every success in her second term.

Dr. Vassilios Papadopoulos has accepted a new four-year term as **Associate Executive Director of Research at the MUHC and Executive Director and Chief Scientific Officer of the Research Institute of the MUHC**, effective July 1, 2011. Dr. Papadopoulos is a dedicated leader who not only understands the value of research but also the infrastructure and funding mechanisms needed to run an ambitious research enterprise successfully. His efforts on behalf of the RI, the MUHC, McGill and the international research community have earned him respect among peers and officials alike. In the past four years, his savoir-faire led us to secure the historic CFI grant for the MUHC redevelopment project. Dr. Papadopoulos is a



Professor in Departments of Medicine and Pharmacology. He is also the first to be honoured with the Phil Gold Chair in Medicine and is a Canada Research Chair in Biochemical Pharmacology. On June 15, Quebec's Conseil des ministres announced his appointment to the Board of Directors of the FRSQ.

HONOURS



Dr. Ernesto Schiffrin, Professor and Vice-Chair (Research) in the Department of Medicine, Physician-in-Chief of the JGH Department of Medicine and Canada Research Chair holder in Hypertension and Vascular Research at the Lady Davis Institute,

has been selected as a recipient of the 2011 **Excellence Award for Hypertension Research.** This is the most prestigious award of the High **Blood Pressure Council of the American Heart** Association and recognizes researchers who have had a major impact in the field of hypertension and whose research has contributed to improved treatment and greater understanding of high blood pressure. Dr. Schiffrin has also been elected the new President Elect of the International Society of Hypertension (ISH) and will assume the Presidency at the Sydney meeting of the ISH in 2012 . In addition, Dr. Schiffrin was the honoree for the 48th André Aisenstadt Memorial Clinical Day in October 2011. This annual event is named for Dr. André Aisenstadt, Honourary President of the JGH and a key figure in creating the hospital's Foundation. Dr. Aisenstadt, who died in 2001, was particularly interested in supporting teaching and learning among undergraduate students at McGill University, especially in the field of internal medicine.

Dr. Bert Govig, Assistant Professor in the General Internal Medicine Division and based at the *CSSS les Eskers de l'Abitibi*, has been elected **Fellow of the American College of Physicians** at the April 2011 Convocation in San Diego, CA.





Dr. Theresa Gyorkos, Professor in the Department of Epidemiology & Biostatistics and Medical Scientist in our MUHC Division of Clinical Epidemiology, received the Canadian Public Health Association (CPHA) 2011

International Award for her contributions to global public health at the CPHA annual conference held in Montreal this past June. As part of an international research and policy team, Dr. Gyorkos is contributing to the soon-to-be-released WHO

Strategic Plan to control intestinal worm infections in more than 100 countries.



Dr. Thomas Maniatis, Assistant Professor in the General Internal Medicine Division and Director of the McGill Internal Medicine Residency Training Program, is the recipient of the **2011 Program Director of the**

Year Award given by the Royal College of Physicians and Surgeons of Canada. This award recognizes a program director who has demonstrated a commitment to enhancing residency education as evidenced by innovation and impact beyond his program. He has also been elected Fellow of the American College of Physicians at the April 2011 Convocation in San Diego, CA.



Grand Challenges
Canada presented Dr.
Nitika Pant Pai and Dr.
Madhukar Pai with the
2011 Canadian Rising

Stars in Global Health Award. The Pais, who are husband and wife and moved to Canada from India after completing training in the United States, still conduct much of their research in their native home. An Assistant Professor in our Clinical Epidemiology and Infectious Diseases Divisions, Dr. Nitika Pant Pai's unconventional research involves using the Internet and mobile phones. along with a rapid point-of-care test, to create a public-health strategy for HIV testing in South Africa and India. An Associate Member in our Respiratory and Infectious Diseases Divisions as well as Associate Professor in the Department of Epidemiology and Biostatistics, Dr. Madhukar Pai's ambitious project is to develop the world's first strip test for TB that would allow health-care professionals to diagnose the disease within minutes, for less than \$2.

Dr. Jeffrey Wiseman, Assistant Professor in the General Internal Medicine Division and Clerkship Director of Internal Medicine for Undergraduate Education, has been elected **Fellow of the American College of Physicians** at the April 2011 Convocation in San Diego, CA.

IN MEMORIAM

By Dr. Alain Bitton



Dr. Georges Ghattas passed away in June 2011 at the age of 51 years. Georges was an exceptional physician, appreciated and respected by all. After graduating from medical school (Université de Montréal, 1984) he

completed his internal medicine in 1988 (New York) and gastroenterology residency training in New Mexico (1988-1990). This was followed by a therapeutic endoscopy fellowship in Belgium (1991-1992). After being on faculty at Notre Dame Hospital, Georges joined our MUHC GI division in 2005, becoming at once a valued colleague, a committed friend, and a cherished member of our MUHC family.

Humble and generous, Georges never sought credit for his numerous accomplishments and contributions in his short time at the MUHC. His career was defined by his talents as a teacher, his professionalism, and his unparalleled devotion to his patients.

His vast medical knowledge, his capacity to transmit this knowledge, and his continuous words of encouragement garnered sincere admiration by his students. In 2006 he was honored with the GI Teacher of the Year award. Always trying to surpass himself, he was at the cutting edge of new endoscopic techniques in gastroenterology. He established a cancer screening program at McGill using high resolution anoscopy and inaugurated balloon enteroscopy. He also spearheaded efforts to enhance quality of endoscopic procedures. The Canadian Association of Gastroenterology formally recognized his contribution to this field.

Georges' initiative enhanced the profile of the MUHC Gastroenterology Division. He was named RVH GI site director in 2007 and interim divisional director in 2008, well-deserved expressions of confidence by his colleagues. His vision was to unify GI practice and academics across the MUHC sites. He remained optimistic and confident that with determination things could change.

Georges profoundly touched the lives of many. Throughout his career he remained a devoted husband and father of 3 children . He was indeed an exceptional man. It was a privilege to know him, to work with him, and to call him a friend. His passing leaves a great void, softened only by his everlasting memory.

By Dr. John H. Burgess



Dr. Bob S.L. Kwee my colleague and friend died prematurely of pancreatic cancer on July 7, 2011 at age 65.

Bob completed his undergraduate and medical school training at McGill University followed by Internal Medicine and Cardiology training at The Montreal General Hospital. He excelled during all of his training programs and was immediately taken on staff at the MGH.

Bob was an excellent clinician and teacher and particularly proved to be a superb addition to the cardiac catheterization staff. He was among the first to perform coronary angioplasties. Many of his colleagues stated their desire to have Bob perform their angioplasties should they ever need one. He was very skilled at invasive procedures and always remained cool during emergencies – no four letter words were ever uttered when things went wrong, nor blame assessed. This admirable temperament was particularly demonstrated when he was performing coronary angiography on a famous professional hockey player. The introducer became dislodged in the right femoral artery. Bob calmly entered the left femoral artery and extracted the misplaced device thereby saving potentially embarrassing headlines in the next days' papers.

Bob Kwee was highly regarded by his patients and colleagues. He never said an unkind word about anyone. He could always be relied upon to fill in for others when necessary. Most of his colleagues and many of his patients attended his funeral. He will be sorely missed by all of us. We extend our deepest sympathy to his wife, Nguet Le Minh, and the rest of his family.

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