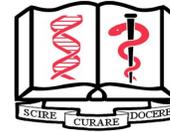


# VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

Volume 7. Number 4

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*Wishing you all a very Happy Holiday Season!*



## DIVISION DIRECTORS FROM THE MCGILL UNIVERSITY NETWORK OF ACADEMIC HOSPITALS MEET

*Dr. James Martin, Interim Chair and Executive vice-Chair, Faculty Affairs, Department of Medicine*



The first meeting of the Division Directors of the McGill Department of Medicine was held on Friday, November 23rd at Holmes Hall in the Deanery. The attendees numbered 26 and comprised hospital physicians-in-chief and division directors, or their delegates, from the three hospital sites (MUHC, JGH and St. Mary's) that are attended by the members of the University Department of Medicine.

The objectives of the meeting were to initiate inter-hospital meetings of division directors so as to deal more effectively with our dual missions to deliver excellent quality health care in the context of the academic hospital. The latter carries the responsibility to foster teaching and research as well as to establish cutting edge clinical programs. Better integration promises greater yields. In this age of super-specialization not all sites can do all things. We must remember that our competition comes from outside and not from within.

Dr. Joyce Pickering presented the position descriptions for division directors and the position description for the overall McGill University division director. Dr. Ernesto Schiffrin moderated

a session on perspectives on a well-integrated University division. Presentations were made by Drs. Murray Baron, José Morais and Michael Bonnycastle. The importance of equal opportunities for highly qualified department members at each site to occupy the position of University division director was stressed. The challenges to a director having a meaningful presence at all hospital sites were detailed. The changes that the move to the Glen site of activities at the MUHC would bring about and their potential consequences were raised. Dr. Schiffrin reiterated the value of collegiality across hospital sites in facilitating our progress towards greater integration.

A break-out session allowed the detailed discussion of effective integration and its advantages to the individual hospital divisions. There was overwhelming support for the value of integration from below and not above. Such concrete steps such as enhancement of cross-appointments would inevitably lead to greater cooperation and would enrich each institution through the provision of novel techniques or clinical expertise.

Overall the event was a very positive and constructive one. There was enthusiasm for regular meetings of this sort (permit me to speculate!) and departmental activities such as research day or clinical days will provide other opportunities for further interactions. Thank you to all who attended and participated in the discussions. Stay tuned.

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## ACCREDITATION, TAKE TWO! THEY'RE ALMOST HERE...

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

**A**ccreditation: an event that generally comes around every six years for residency programs in Canada. It's a huge amount of work for residency training programs to get ready. It's an anxiety-provoking week for Program Directors when the surveyors are on site. No doubt, it'll be a relief once it's behind us. However, it's also a really great opportunity to take a critical look at our residency training programs and see how

we're doing: comparing ourselves to each other, to other residency training programs in Canada, and to national standards in training. We often get caught up in the day-to-day of problem-solving and trouble-shooting, and so the accreditation process is unique insofar as it encourages both "micro" and "macro" perspectives on our residency training programs.

McGill's last survey visit from the Royal College and the *Collège des médecins* was in 2006, with an anticipated next visit in the spring of 2012. Fast-forward to mid-2011 when Quebec medical residents were in the process of re-negotiating their contract (with pressure tactics involving limiting teaching and a planned strike) and administrative support across the university was only starting to normalize after a long work action. Wisely, McGill thought that this wasn't the best time for a site visit, and the University asked that the planned spring 2012 site visit be delayed. Exceptionally, the Royal College granted this extension and so here we are... gearing up for their coming site visit the week of March 17-22, 2013.

As of November 1<sup>st</sup>, all pre-survey documents have already been submitted. So now, it's a question of waiting until the site visit in March. While all residency programs are being reviewed, not all will have a site (in-person) visit. This is a new pilot project of the Royal College. All entry-level programs (offering PGY1 positions) will be reviewed on site, and a selection of other programs will be chosen for site reviews. Many of you have undoubtedly been asked to be present at various meetings this coming March during the site visits. During these meetings, the surveyors will be looking to gain insight into the Department members' understanding of local residency training programs including the strengths and challenges facing our programs. Of course, given the collegial interactions between faculty and residents in the Department, this is great opportunity to "show off" as well and demonstrate some of our great achievements here at McGill.

Speaking now as the Program Director for the Internal Medicine Residency Training Program, I think we have a lot to be proud about. The training program has made huge changes since 2006, including the shift to a protected academic half-day with a dedicated academic curriculum, a wide variety of simulation-based teaching involving all of the intrinsic CanMEDS roles, the implementation of procedural ultrasound on our medical clinical teaching units, an annual OSCE exam for all residents, and a well-structured PGY4-5 program in General Internal Medicine (which has become one of our most popular subspecialty programs). Of course, challenges remain: adapting to the new resident work hour regulations (although we are already recognized leaders in this domain) and infrastructure-type issues with regards to availability of space and computers in some of our aging hospitals/units, among others. However, I am confident that everyone will work together to show the Royal College just how dedicated and creative we have been in adapting to the many changes facing the Department since the Royal College last came to visit us in 2006.

# INTRODUCING THE ELDER FRIENDLY HOSPITAL PROJECT:

## An interdisciplinary strategy to improve quality and safety of care to the older patients



Dr. Nadine Larente, Assistant Professor, Geriatrics Division and Medical Advisor EFH project & Ms. Rita Crisante, Management Advisor, Geriatrics



At the MUHC at least 45% of patients (excluding obstetrics, gynecology, newborns, and chronic) are over 65 years of age. 33% of hospitalized patients over 70 years of age will experience functional decline and 20 to 50 % will experience delirium caused solely by current hospital practices. Geriatricians treat only a small portion of this population, hence the need to develop a model of care which will reach all older patients regardless of where they are in the hospital.

The primary risks associated to hospitalization of the frail older adult are illustrated in Figure 1. Without Elder Friendly (EF) care processes in place, poor outcomes can result, such as; increased length of stay, re-admission to hospital, decreased capacity for independent living, and reduced quality of life.

EF care processes require multi-dimensional solutions and inter-professional collaboration involving physicians, pharmacists, nursing staff, physiotherapists, nutritionists, occupational therapists and social workers. The EF framework promoted at the MUHC has the following four dimensions:

- ◆ Processes of Care – Founded on evidence and best practices
- ◆ Physical Environment – Structures, spaces and equipment designed to promote autonomy
- ◆ Social and Behavioral Environment – Reduce ageism and promote respect and choices of patient/caregiver needs
- ◆ Policies and Procedures – Increase accessibility and continuity of services

Research has indicated that while the evidence does not point towards a particular intervention as being consistently effective in achieving improved outcomes for patient care, there are promising models of organized approaches to hospital care for older adults.

Building upon this evidence, the Quebec Minister of Health and Social Services has developed a multi-modal toolkit to reduce delirium and functional decline. The tools include ten best practice clinical guidelines and 20 hours of e-training accredited for a number of professionals including doctors and pharmacists. This toolkit provides a collection of resources organized under the domains of the “*Approche adaptée à la personne âgée*”.

The geriatrics services and the administration of the MUHC have designed a 2 year plan to test implementation of the EF concept. Three pioneer units have been named: Ross 5, 6 Med and 10 Med. The staff will establish the patient’s baseline with regards to 6 key areas: mobility; cognition and delirium; high risk medication; constipation and urinary incontinence; nutrition and hydration; and sleep deprivation. These geriatric vital signs will be assessed on a daily basis and prevention or treatment strategies will be incorporated in the patient’s care plan. Examples of strategies that will be implemented include early mobilization protocols, proper positioning during mealtimes and assistance with eating, detecting and treating dehydration and malnutrition, providing clocks and calendars in patients’ rooms, minimization of psychoactive medications such as benzodiazepines, narcotic analgesics such as morphine, and drugs

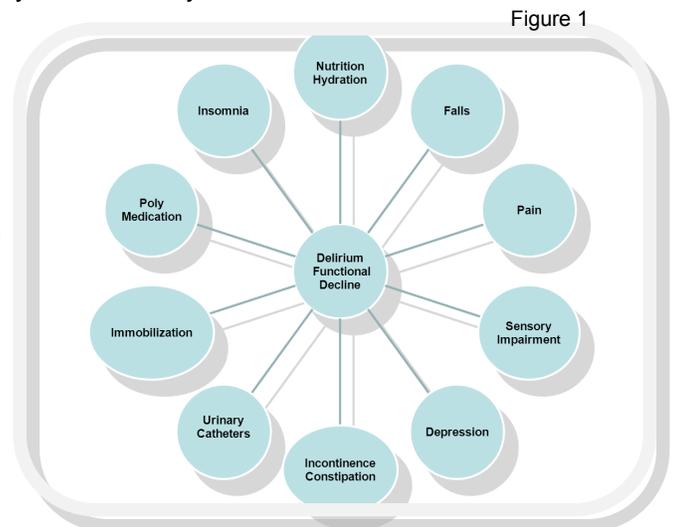


Figure 1

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*(Continued from page 3 / Elder Friendly Hospital)*  
with anticholinergic effects, appropriate use of hearing aids and eyeglasses, removing urinary catheters as soon as possible and strategies to reduce noise at night.

Furthermore, the project will also work in collaboration with the three MUHC emergency departments (Lachine, RVH and MGH) to improve patient ambulation and delirium prevention.

## UPDATE ON THE SEARCH COMMITTEE FOR THE NEXT CHAIR AND THE MUHC PHYSICIAN-IN-CHIEF OF THE DEPARTMENT

The Search Committee for the next Chair and the MUHC Physician-in-Chief of the Department of Medicine has been constituted and is meeting under the stewardship of Dr. Gerald Fried as Chair. On November 26th and 27th an external review of the Department was carried out by Drs. Graydon Meneilly (Chair, Department of Medicine at UBC), Phil Wells (Chair, Department of Medicine at University of Ottawa) and David Goltzman. Meetings were held on all hospital sites and many of the members of the Department were provided the opportunity to meet with the reviewers and to inform them of the challenges facing us over the coming years. The informal feedback was that the review went very well and the generous participation by Department members was appreciated. The anticipated report will serve to guide the Search Committee in its recommendation of a new leader to the Dean.

## ANDRÉ AISENSTADT MEMORIAL CLINICAL DAY AT THE JGH

*Excerpt from the November 2012 LDI Research Newsletter, by Tod Hoffman*

The 2012 André Aisenstadt Memorial Clinical Day at the Jewish General Hospital was held in honour of two of the LDI's most renowned cancer researchers, Drs. Gerald Batist and Michael Pollak. They are among the list of distinguished past honourees, including former LDI Director Dr. Samuel Freedman, hemovascular scientist Dr. Prem Ponka, and Physician-in-Chief at the JGH Department of Medicine Dr. Ernesto Schiffrin.

Dr. Hartley Stern, CEO of the JGH, said that honouring two cancer researchers who also perform clinical duties “exemplifies the principle of moving information from the bench to the bedside and highlights the critical role that research plays in enabling the hospital to fulfill its mission.”

The theme was “Recent Advances in Cancer Research and Therapy.” Among the presenters, were Dr. Nahum Sonenberg of McGill's Goodman Cancer Research Centre on translational control of cancer; Dr. William S. Dalton, Director of the H. Lee Moffitt Cancer Center and Research Institute in Tampa, on bridging research and care in an evidenced-based fashion; and Dr. Morag Park, Scientific Director of Cancer Research at the Canadian Institutes of Health Research, on new paradigms for cancer control.

The honourees gave talks on their current research interests. Dr. Pollak addressed the issue of hormones, nutrition, and cancer, while Dr. Batist spoke on the evolving prospects for personalized medicine in cancer.



*Dr. Gerald Batist speaking at the Clinical Day. Photo credit: Ruslan Shalai.*

## APPOINTMENTS



It is a great pleasure to announce the appointment of **Dr. Christian Pineau** to the position of McGill and MUHC Director of the Division of Rheumatology in the

Department of Medicine, effective Nov 1st, 2012. Dr. Pineau is currently the Director of the McGill Rheumatology Residency Training Program and a clinician at the MGH. His research work is focused on morbidity associated with systemic lupus erythematosus. He is highly regarded for his clinical care, research rigour, administrative skills and advocacy for his division, and his appointment bodes well for the future of the Division. We would like to take this opportunity to thank **Dr. Henri A. Ménard**, who held the position of McGill and MUHC Director of the Division of Rheumatology in the Department of Medicine for the past 12 years. During the period of his tenure, Dr. Ménard was responsible for the ongoing development of a strong clinical academic division. He was instrumental in the recruitment of some bright new stars to the Division and we thank him most sincerely for his contributions to the Department.



We are very pleased to announce that **Dr. Colin Chalk**, Associate Professor in our Department, has agreed to renew a four-year term as MUHC Director of the Division of Neurology at the Montreal

General Hospital. Dr. Chalk's leadership was resoundingly endorsed by members of the Division, who were consulted as part of the renewal process, and we are confident that the Division will continue to flourish under his guidance.

## FULL PROFESSOR PROMOTIONS

Congratulations to our Faculty members for their achievements.

**Dr. Murray Baron** is a member of the Rheumatology Division at the JGH and is internationally known for his work on scleroderma and his success in team-building to address research questions related to this uncommon disease.

**Dr. Mark Miller** is a member of the Infectious Diseases Division at the JGH and is well known for his work in the area of hospital acquired infections, in particular *Clostridium difficile* infections.

**Dr. Yong Rao**, based at the McGill Center for Research in Neuroscience, is a world renowned scientist in the area of the biology of neural connections, an area of importance for regeneration of neural tissues.

## CANADA RESEARCH CHAIR RENEWALS

Congratulations to our Faculty members for their achievements.

**Dr. Ernesto Schiffrin**, Professor and Vice-Chair (Research) in the Department of Medicine and Physician-in-Chief of the JGH Department of Medicine, for Hypertension and Vascular Research.

**Dr. Ernest Seidman**, Professor in the Division of Gastroenterology and jointly appointed in the Department of Pediatrics, for Immune Mediated Gastrointestinal Disorders.

## HONOURS

Congratulations to the following two members of our Department, who have been inducted as **Fellows of the Canadian Academy of Health Sciences (CAHS)**, one of the highest honours for individuals in the Canadian health sciences community.

**Dr. Christos Tsoukas**, Professor and Director of the Allergy and Clinical Immunology Division.



**Dr. Brian Ward**, Professor in the Division of Infectious Diseases of our Department and jointly appointed in the Department of Microbiology and Immunology.

Congratulations to the following members who were presented with the [Queen Elizabeth II Diamond Jubilee Medal](#) on October 21, 2012 at the Residence of the Governor General at the Citadelle of Québec.

**Dr. Richard Cruess**, former Dean of McGill's Faculty of Medicine from 1981 to 1995 and based at McGill's Centre for Medicine Education since 1995, in recognition of his innovations in the field of ethics in medicine.



**Dr. Sylvia Cruess**, endocrinologist, Professor in our Department and Core Faculty Member at the McGill Centre for Medical Education, for the key role she played in drafting an international code of conduct for physicians.

**Dr. Mark Wainberg**, Professor in the Division of Allergy and Immunology and Director of the McGill AIDS Center at the LDI-JGH, for his major contributions to the study and treatment of HIV/AIDS.



**Dr. Stella Daskalopoulou**, Assistant Professor in the Division of General Internal Medicine, is the recipient of the **Birks Family Foundation Research Award by the Heart and Stroke Foundation**.



Each year, the Foundation recognizes excellence in research in Québec and this research award is attributed to a young researcher whose proposal received a rating of excellence in the grant competition.



**Dr. Ariane Marelli**, Associate Professor in the Division of Cardiology and Director of the MAUDE Unit, is the recipient of the **Prix d'excellence** from the **4th International Conference of**

**Preventive Cardiology** by the **Heart and Stroke Foundation**. This prize of excellence is awarded to the researcher who receives the highest ranking on their grant application in the field of preventive cardiology.

**Dr. Dick Menzies**, Professor in our Department and in the Department of Epidemiology, Biostatistics and Occupational Health and Director of the Respiratory Division, has been awarded the **Union 2012 Scientific Prize** by the [International Union Against Tuberculosis and Lung Disease](#).



This prize acknowledges researchers at any stage of their career for work on tuberculosis or lung health published in the past five years.

**Dr. Suzanne Morin**, Associate Professor in the Division of General Internal Medicine, and her team including **Drs.**



**Nadine Larente, Nancy Mayo** and **David Lussier**, won the **2012 MUHC Challenge Q+** with their **PAIN FREE** initiative project titled "Improving **PAIN** control following **FR**actures; towards an **Elder-friendly Emergency Department**". The aim of their project is to improve acute pain management for older adults

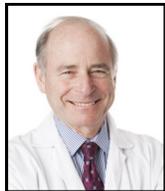
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including those with cognitive impairment, who present to the Emergency Department with a low-trauma skeletal fracture. The Challenge Q+ was created in an effort to spur on innovation and creativity in the name of quality at the MUHC. [For more information.](#)



**Dr. Louise Pilote**, James McGill Professor in the Divisions of General Internal Medicine and Clinical Epidemiology (MUHC) and Director of the Division of General Internal Medicine at McGill and at the MUHC, has received the [2012 MUHC Director General's \(DG\) Award](#) in the category of Research Institute. She was honoured at the DG's Gala on September 17<sup>th</sup> for her exceptional contribution in the development of the clinical research culture and infrastructure in the Division of General Internal Medicine.



**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, took over in October as President of the prestigious [International Society of Hypertension](#) (ISH), at a special ceremony in Sydney, Australia. The ISH serves a number of functions around the world, promoting and encouraging the advancement of knowledge in the prevention and management of heart disease and stroke in hypertension. [More on this story.](#)

## IN MEMORIAM

Excerpt from the [MNI – News and Media](#) website



**Dr. Donald W. Baxter** died in the Montreal General Hospital on July 24, 2012 after a protracted illness. Dr. Baxter was a long-time member and leader in the Departments of Medicine and Neurology and Neurosurgery.

A native of Brockville, Ontario, Dr. Baxter graduated in Medicine from Queen's University in 1951. Following post-graduate training in Internal Medicine at the Kingston General Hospital, Neuroanatomy at the MNI, and Neurology at the Boston City Hospital, he joined the Department of Neurology and Neurosurgery at the University of Saskatchewan. In 1962, Dr. Baxter moved to Temple University in Philadelphia but in 1963, Dr. Douglas Cameron recruited him to lead the newly-created Division of Neurology at the MGH. As Director of the Division of Neurology from 1963 to 1979, he developed and expanded the Division by recruiting young physician-scientists, physician-teachers and Ph.D. neuroscientists. With the strong support of Dr. Cameron and the Department of Medicine, Dr. Baxter promoted and encouraged the development of the careers of the physician-scientists by pioneering a practice plan that was well ahead of its time. He was also Chairman of the Management Committee when the Department of Medicine created its own practice plan. In 1979, Dr. Baxter became Chairman of the McGill Department of Neurology and Neurosurgery and Neurologist-in-Chief at the Montreal Neurological Hospital. From 1984-1992, he was appointed Director of the MNI, and served as Interim Director from 2000-2002.

Dr. Baxter was a role model, mentoring colleague and loyal friend to junior faculty, an inspiring teacher to neurology trainees and students, a highly regarded consultant to colleagues in the Department of Medicine, and a respected, caring physician to his patients.

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newsletter to [josee.p.cloutier@muhc.mcgill.ca](mailto:josee.p.cloutier@muhc.mcgill.ca).

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.