

# VITAL SIGNS



THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

Volume 8. Number 3

September 2013

## PREPARATION FOR FRQS CHERCHEUR BOURSIER APPLICATIONS



*Dr. James Martin, Interim Chair & Executive Vice-Chair, Faculty Affairs, Department of Medicine*

The time has quickly rolled around again for the annual applications for salary awards from the Fonds de recherche du Québec - Santé (FRQS). On August 13th we held an information session to review the requirements and optimize the strategies for successful applications to the program. The attendance was excellent and the session was highly informative, with a strong emphasis on the practical approach to the application for a Junior I award. Drs. Jay Brophy and Stéphane Laporte, both of whom have had a great deal of experience with FRQS personal support awards, detailed the strategy for maximizing one's chances of a favourable outcome. Dr. Marina Klein, unable to attend, provided written material for the attendees.

From an FRQS administrative perspective, a new recruit generally has a 6 year time window following one's highest degree or residency training to initiate an application for a Junior I FRQS award. The FRQS clock begins once a candidate makes their initial application. Furthermore, the classification of each new researcher is determined independently of the full scientific review process. It is consequently imperative that candidates review their classification as soon as they are notified by FRQS, as the assignment of a researcher's classification is done only once and can only be

appealed immediately following receipt. Given that an incorrect classification may amputate later years of funding, it is essential to review the initial classification carefully, to make sure that they are considered eligible for the maximum number of years of available funding.

Candidates at the Junior 1 level are allowed a maximum of 3 attempts which typically may be spread over a 4 year period. A successful Junior 1 application assures salary support funding for 4 years, regardless if it is obtained on the first, second or third attempt. The timing of the submission of a first application is therefore critical and becomes a trade-off between enhancing one's research experience (and hopefully success rate) with a desire to secure external salary support as soon as possible. Applying prematurely may have long lasting repercussions so it is important to have established a solid basis for the application. Given that successful clinician scientists now receive 50% of the average salary of their specialty, these decisions have substantial career and financial implications. This decision is likely best taken jointly by the new candidate, the research mentor, their Divisional Director and Department Chair.

The importance of having secured, or at the very least, applied for operating funds and of independent work, was reviewed. The presentation of the proposed research plan was also discussed extensively. The session was a lively one and greatly beneficial for those preparing applications or envisaging such applications in the coming years. PDFs and PowerPoint slides of the presentations are available by contacting the Department. We are grateful to Drs. Brophy, Laporte and Klein who generously gave of their time.

### IN THIS ISSUE:

- ◆ [Mentorship, Dr. Michelle Elizov](#)
- ◆ [Colorectal Cancer Screening, Dr. Alan Barkun](#)
- ◆ [Appointments & New Challenges](#)

- ◆ [Recruitment](#)
- ◆ [Honours](#)
- ◆ [In Memoriam: Drs. Harold Frank & Peter McCracken](#)

# MENTORSHIP - Experiential Learning “Once-Removed”

*Dr. Michelle Elizov, Associate Professor, General Internal Medicine Division, JGH & Member, Center for Medical Education, Faculty of Medicine*

We all know the value of learning from experience. Our residency training programs are built on experiential learning - our trainees learn the art and science of excellent patient-centered care through hands-on involvement. But we also know that learning doesn't stop when training is completed. We remain engaged, fulfilled and passionate about our profession by learning through our own experiences as we care for patients. Many of us have also recognised the immense value of learning from the clinical experience of others; doctors engage in this form of learning more often than we might realise. Whether it is the informal hallway discussions about a patient with an interesting clinical presentation, a more formal process of consultation, or the case discussions that occur at morbidity and mortality rounds, we are constantly drawing on the experience of those around us to guide our clinical decision-making.

So where does mentorship fit into all this? Colleagues and I at the Centre for Medical Education did a study looking at mentorship in the clinical context and we determined that in their development as *clinicians*, many people found mentorship to be invaluable. Participants highlighted learning from the experience of their mentors as a valuable and key aspect of mentorship. Learning the clinical pearls and tips found not in textbooks, but rather in the heads of their mentors, amassed through the years of experience, was the most immediately practical benefit identified. But almost more important to the development of a clinician was guidance in making the right career choice. This was followed closely by finding the right personal-professional balance, understanding that without it, both realms of the clinician's life may be adversely affected. Given the increasing competition for positions, trainees are often expected to do extra years of training to fill a clinical niche, including further education and/or training away from significant others at a time when they are also trying to establish their personal lives. Imagine if after all that, the new faculty member finds that they are not really happy with their career choice, or that personal or professional goals were unmet because they had not fully appreciated the impact of the decisions they had previously made. Mentors play a key role in helping clinicians align early decisions with life and career goals.

Within an effective mentoring relationship, a mentor may share their experience, reflecting on the rationale for the decisions they made, the lessons they learned along the way, and what, if anything, they would have done differently. This allows the mentee to benefit from that experience, *without* having to have lived it themselves, allowing them to make more informed decisions, particularly for the more 'high stakes' decisions impacting both their professional and personal lives. In our study, this kind of experiential learning “once removed” was felt to be one of the most valued aspects of the mentoring relationship in the clinical context. Its contribution to the development of a clinician who is fulfilled in both their personal and professional lives was felt to be not only of benefit to the clinician themselves, but also to the mentor and the Department as a whole.

Mentorship, then, should be recognised as part of the spectrum of experiential learning so invaluable in medicine. With this in mind, I am available to discuss mentoring initiatives and ideas that members of the Department may have. On a more immediately practical note, we will be setting up a group mentoring experience this fall as a forum for new faculty in the Department to share their challenges and solutions, allowing them to benefit from both near-peer mentoring, as well as the more traditional mentorship with experienced faculty members. Adding this more structured approach to the ad hoc mentoring that already occurs should continue to benefit us all.

# THE QUEBEC COLORECTAL CANCER SCREENING PROGRAM



*Dr. Alan Barkun*

*Professor, Divisions of Gastroenterology and Clinical Epidemiology  
Chairholder, Douglas G. Kinnear Chair in Gastroenterology*

Colorectal cancer is the 3<sup>rd</sup> most common cancer in Canada and Quebec, and ranks 2<sup>nd</sup> (after lung cancer) in attributable deaths amongst all cancers. The cumulative lifetime risk of developing a colorectal cancer is 6%. The most common risk factor is age, with the incidence climbing quite steeply after age 50 in Caucasians. Colorectal cancer presents an excellent paradigm for screening as 95% of patients will survive if diagnosed early, and as over 80% of all colorectal cancers arise from polyps. The progression from polyps to cancer generally extends over 8-12 years. Colorectal cancer is thus among the most cost-effective cancer screening initiatives; all provinces and most territories in Canada have initiated some form of population-based screening, as is the case in Quebec with the *Programme québécois de dépistage du cancer colorectal* (PQDCCR). Although many screening modalities exist, the only ones supported by randomized trial evidence in a population based setting are fecal occult blood testing (FOBT) and sigmoidoscopy. FOBT has been adopted in all population-based programs, including across Canada.

The Quebec Health Ministry aims to implement a colorectal cancer screening program that will guarantee equitable access to good quality colonoscopies according to the priorities and indications established. Patients without a history of colorectal cancer, between ages 50-74, and who have no other personal risk factors for developing this cancer, will be invited according to a phased mail-out schedule, by postal code region. The screening test chosen is the Fecal Immunochemical test (FIT). Following a mailed invitation to participate, patients pick up the FIT kit and return it to predetermined collection points. If negative, patients are tested every 2 years with repeat FITs; if positive, they are referred for colonoscopy.

The PQDCCR has undergone a phased development aimed at ensuring high-quality performance in all programmatic aspects. Eight

pilot sites across Quebec covering a population base of 572,000 persons were selected, including the MGH site of the MUHC. Phase 1 optimizes triaging and quality of colonoscopy resources, while phase 2 (Fall/Winter of 2013) will target mail outs, FIT pick-up and return, and navigation of individuals across the health care system resulting in a timely access to colonoscopy. The Ministry has been working hand-in-hand with the Agences, the Professional Societies, and the Collège des médecins to produce updated clinical standards, and quality tools that will facilitate the implementation and optimization of all operational aspects of the PQDCCR.

Critical to optimal functioning of the PQDCCR are an appropriate and equitable triaging scheme of colonoscopy referrals and the performance of high-quality colonoscopy. A province-wide single colonoscopy referral sheet has been developed at the MUHC, and clinical and quality standards have been spearheaded by the MUHC in the form of a state-of-the art electronic endoscopic reporting system and a province-wide competence assessment and up skilling quality initiative (web-based e-learning and testing, and direct skills observation in specialized colonoscopy evaluation centres, such as that at the MGH site). MUHC personnel have been critical to the success of the PQDCCR to date through their quality work and dedication, including Ms. Maria Dias, Ms. Nour Sharara, and Ms. Andréanne Saucier.

The MUHC Department of Medicine can be proud of the contributions of its Division of Gastroenterology, along with that of the Department of Surgery's Divisions of General and Colorectal Surgery, the School of Nursing, and the support of the MUHC administration. The PQDCCR has also facilitated investigator initiated research with both clinicians and scientists in the Department. This is an exciting initiative that will improve the health of Quebecers and allow evaluative research with resulting benefits to Canadians, while informing other established or planned programs worldwide.

## APPOINTMENTS & NEW CHALLENGES



It is a pleasure to announce that **Dr. Ahsan Alam** has taken on the position of **McGill University Director of the Core Internal Medicine Training Program**, effective July 16, 2013. Dr. Alam is an Assistant Professor in the Division of Nephrology, and has

been the Director of Promotions for the Internal Medicine Training Program in the past year. He is highly regarded for his teaching and organizational skills, and we look forward to his leadership. We wish Dr. Alam every success in his new role.



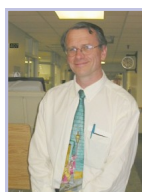
Dr. Alam replaces **Dr. Thomas Maniatis** who has held the position of University Program Director for 10 years, and together with the Site Directors, Drs. Ruxandra Bunea, Patrizia Zanelli and Josée Verdon, has developed this key departmental training program into one of the

flagship internal medicine programs at McGill and in Canada. Of particular note, he has developed not only the very popular community internal medicine experience and ultrasound curriculum, but many Simulation Center based training sessions, which have been models for many other programs. Dr. Maniatis has graciously agreed to support the transition by staying on as a consultant to the Training Program for one year. We extend our heartfelt thanks and congratulations Dr. Maniatis as he has been appointed to the newly created position of Director of the Medical Day Hospital, MUHC RVH/ Glen site. In this role, he will work with nursing and medical leaders to ensure that the Day Hospital will continue to provide care to current users and will expand its services to provide appropriate care for an increasingly complex MUHC patient population.



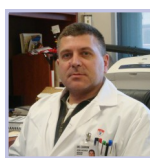
It is our pleasure to announce the appointment of **Dr. Kevin Schwartzman** as **Director** of the **McGill University and MUHC Division of Respiratory Diseases**, effective January 1, 2014. Dr. Schwartzman is a graduate of Harvard (AB) and McGill (MDCM),

and he did his training in Internal Medicine and then Respiratory Medicine at McGill. He holds a Masters in Public Health from Harvard, and is known for his clinical research in the area of tuberculosis. He has extensive experience in education and teaching, having chaired an accreditation subcommittee for the Faculty MDCM Program in 2005/2006 and taught both clinically and in the Department of Epidemiology. Dr. Schwartzman won a number of teaching awards and has been the Program Director for Respiratory Medicine from 2008 to 2013.



We take this opportunity to thank **Dr. Richard (Dick) Menzies** who will be stepping down after 9 years as McGill University and MUHC Division Director. Dr. Menzies has been an excellent leader of his division, effectively planning transitions while

maintaining an outstanding record of research and clinical contributions. We wish Dr. Schwartzman every success in his new role and extend our heartfelt thanks to Dr. Menzies.



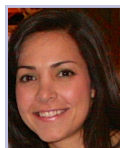
As of September 1<sup>st</sup> 2013, **Dr. Jean-Jacques Lebrun**, Associate Professor in our Department, has assumed the position of **Associate Dean, Graduate and Postdoctoral Studies**, for the CIHR disciplines.

Dr. Lebrun served as the Director of the former Hormones and Cancer Research Unit at the RVH for a number of years and his current research program aims at understanding the molecular mechanisms underlying tumor formation and tumor metastasis with the goal of developing novel drugs with anti-metastatic properties to combat human cancer.



## RECRUITMENT

We welcome the following members to our Department.



**Dr. Shadi Akhtari**, Assistant Professor to the Cardiology Division and Attending Staff at the MUHC for the period of July 2013 to March 2014. Dr. Akhtari received her medical degree from Queen's University in 2006 and completed Internal Medicine and Cardiology specialty training at McGill University in 2009 and 2012, respectively. Dr Akhtari has recently completed a fellowship in adult cardiac echocardiography at the Jewish General Hospital. Dr. Akhtari will have clinical duties primarily at the Royal Victoria Hospital, MUHC, where she will be replacing Dr. Viviane Nguyen and where she will be teaching students and supervising medical residents. Dr. Akhtari will be leaving for further training in 2014.

**Dr. Yuka Asai**, Assistant Professor to the Division of Dermatology and Attending Staff at the MUHC. Dr. Asai received her medical degree from the University of Saskatchewan in 2005 and completed her residency training in Dermatology at McGill University. She recently completed an epidemiology fellowship and has ongoing research projects within the field of dermatology. Dr. Asai will be active in the teaching of medical students and the supervision of residents and fellows, primarily at the Royal Victoria Hospital site of the MUHC.



**Dr. Mamatha Bhat**, Assistant Professor to the Division of Gastroenterology and Attending Staff at the MUHC. Dr. Bhat obtained her medical degree from McGill University in 2005, where she also completed residency training in Internal Medicine (2008) and in Gastroenterology (2010). Following completion of an FRQS-funded research fellowship at the Goodman Cancer Centre, she pursued a one-year fellowship in transplant hepatology at the Mayo Clinic. Dr. Bhat will provide clinical service primarily at the Royal Victoria Hospital, where she will be involved in teaching students and supervising medical residents. She will continue to advance her basic science research into the regulation of translation initiation in Hepatocellular carcinoma under a CIHR Fellowship.

**Dr. Kelly Davison**, Assistant Professor to the Division of Hematology and Attending Staff at the MUHC. Dr. Davison completed a PhD in the Division of Experimental Medicine, Molecular Oncology Group, at McGill in 2002. She went on to earn her medical degree from McGill University in 2006, following which she completed Internal Medicine and Hematology specialty training. Dr. Davison recently completed a post-doctoral clinical fellowship at the Princess Margaret Hospital, University of Toronto in the area of lymphoma and autologous stem cell transplantation. She will be active in the training of medical students and supervision of residents and fellows at the Montreal General Hospital and the Royal Victoria Hospital of the MUHC.



**Dr. Yves Longtin**, Associate Professor to the Division of Infectious Diseases at the Jewish General Hospital. Dr. Longtin obtained his MD from Sherbrooke University in 2005, completed his training in Infectious Diseases and Microbiology at Laval University and subsequently pursued a fellowship in Infection Control at the Geneva University Hospitals (HUG), Switzerland. Dr. Longtin practiced Infectious Diseases / Microbiology with a special interest in Infection Control at *Centre hospitalier universitaire de Québec* (CHUL) and the *Institut universitaire de cardiologie et de pneumologie de Québec* (IUCPQ) from 2009 to 2013. He comes to McGill with an FRQS Chercheur Boursier Clinicien Junior 1 award. He is a highly respected and acknowledged expert in Infection Control. Dr. Longtin's research interests include hand hygiene, contamination of the hospital environment, and *Clostridium difficile* infections.

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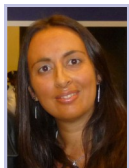
*(Continued from page 5 / Recruitment)*



**Dr. Sushmita Pamidi**, Assistant Professor to the Division of Respiratory Diseases and Attending Staff at the MUHC. Dr. Pamidi received her medical degree from the University of Toronto in 2004 and she pursued specialty training in Internal Medicine. She completed two fellowships – the first in Pulmonary Medicine from 2007-2009 at the University of Western Ontario, and subsequently in Sleep Medicine from 2009-2010 at the University of Chicago. Dr. Pamidi will have clinical duties at the Royal Victoria Hospital, Montreal General Hospital and Montreal Chest Institute, where she will also be involved in teaching students and supervising medical residents.

**Dr. Nathalie Saad**, Assistant Professor to the Division of Respiratory Diseases, with a shared position between the Jewish General Hospital and Mount Sinai Hospital. Dr. Saad pursued her residency in Respiratory Diseases at McGill, and subsequently did a post-graduate fellowship in Pulmonary Rehabilitation and Chronic Respiratory Diseases. She is interested in the integrated care model approach in the management of patients with COPD and on how to improve post pulmonary rehabilitation exercise compliance. Following her clinical fellowship, she completed an executive MBA at the HEC-McGill. She has been involved in medical education in Canada and contributed to many provincial and national committees on the future of medical education. She plans on continuing this involvement. With her expertise in chronic lung disease, pulmonary rehabilitation, administration and medical education, Dr. Saad will add to the continued cooperation between MSH and the JGH, and provide patients with chronic lung diseases, additional tools to manage their illness.

**Dr. Blair Schwartz**, Assistant Professor to the Divisions of General Internal Medicine and Critical Care at the Jewish General Hospital. After completing Internal Medicine residency at the JGH, Dr Schwartz pursued dual fellowship training in General Internal Medicine and Critical Care at McGill University. He then went on to complete a Master's of Health Science in Clinical Investigation at the Johns Hopkins Bloomberg School of Public Health, where he focused on patient safety and associated research methodology. In addition to clinical practice in Internal Medicine and the Intensive Care Unit, his general research interests include the development, implementation and research based evaluation of interventions designed to improve the safety and quality of health care for hospitalized patients. His particular areas of interest include resuscitation of in-hospital cardiac arrest, device related infections, medication errors and effective sign-overs.



**Dr. Giada Sebastiani**, Assistant Professor to the Division of Gastroenterology and Attending Staff at the MUHC. Dr. Sebastiani received her medical degree from the University of Padova in 1999. In 2001 she was a Hepatology fellow at the London Royal Free Hospital. She completed training in Internal Medicine and Emergency Medicine at the University of Padova in 2004. From 2004, Dr. Sebastiani was clinically active in the University of Padova and the Department of Digestive Diseases, Hepatology and Clinical Nutrition of Dell'Angelo Hospital, Venice, Italy. On the academic front, Dr. Sebastiani has been active in teaching postgraduate courses overseas and has a very impressive publication record. She is internationally recognized as a leader in liver fibrosis and has been an invited guest speaker both in Europe and North America. Dr. Sebastiani will provide clinical service in hepatology at the Montreal Chest Institute and the Royal Victoria Hospital. She will also be involved in teaching students and supervising medical residents, and will continue to advance her research in the field of chronic liver disease.

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**Dr. Jeffrey Segal**, Assistant Professor to the Division of General Internal Medicine and Attending Staff at the MUHC. Dr. Segal received his medical degree from McGill University in 2007, where he completed Internal Medicine training with specialization in General Internal Medicine. He has subsequently acquired valuable expertise in peri-operative medicine. Dr. Segal has primary clinical duties at St. Mary's Hospital Centre and will be cross-appointed to the MUHC. He will be involved in teaching students and supervising medical residents at both sites.



**Dr. Monica Stanciu**, Assistant Professor to the Division of Dermatology and Attending Staff at the MUHC. Dr. Stanciu obtained her medical degree from McGill University in 2005 and following Family Medicine residency training at St. Mary's Hospital, she specialized in dermatology at Université Laval in Québec City and, more recently, completed a clinical fellowship in contact dermatitis, patch testing with a focus on drug allergy testing procedures. Dr. Stanciu will have clinical duties at the Montreal General Hospital as well as the Royal Victoria Hospital, where she also will be active teaching students and supervising residents.

**Dr. Lucy Vieira** is joining us full-time as Assistant Professor to the Division of Neurology and Attending Staff at the MUHC. Prior to this appointment, Dr. Vieira held a part-time position in our Department. She holds a joint academic appointment with the Department of Neurology and Neurosurgery. Dr. Vieira will add her expertise in stroke to the MSSS-mandated MUHC Stroke Service and she will also see patients with complicated headache disorders. She will be active in the training of medical students and supervision of residents and fellows at the Montreal General Hospital of the MUHC.

**Dr. Evelynne Vinet**, Assistant Professor to the Division of Rheumatology and Attending Staff at the MUHC. Dr. Vinet received her medical degree from Université de Montréal in 2001, followed by residency training in internal medicine and a fellowship in rheumatology at the CHUM. She completed a sub-specialty training/postdoctoral fellowship in Systemic Lupus Erythematosus (SLE) at the MUHC Lupus & Vasculitis Clinic, between 2006 and 2008. Since 2008, she has been funded via CIHR and FRQS for a research fellowship, which enabled her to pursue a PhD in Epidemiology at McGill University and she has been involved in clinical activities on a part-time basis at the MUHC. Dr. Vinet will provide clinical services at the Montreal General Hospital and Royal Victoria Hospital of the MUHC, as well as the MUHC Lupus & Vasculitis Clinic, where she will be involved in teaching students and supervising medical residents. She will continue to advance her research on reproductive issues in women with rheumatic diseases.



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## HONOURS

Congratulations to our following members for their achievements.



**Dr. Qutayba Hamid**, Professor in the Departments of Medicine and Pathology and Director of the Meakins-Christie Laboratories, has been elected as **Fellow of the Royal Society of Canada**. Dr.

Hamid is internationally known for his pioneering work on the immunopathology of asthma and he has described the expression of a number of T cell-derived cytokines that have now been brought to the point of targeting with biological agents.



**Dr. Marianna Newkirk**, Associate Professor in the Rheumatology Division and Associate Dean, Research, Faculty of Medicine, is the recipient of the [2013 Women of Distinction Award](#) in the category Science and Technology given out by the Women's Y Foundation. This

prestigious recognition underscores her exceptional achievements in medicine as a result of her innovating work in rheumatology. Dr. Newkirk will be honoured at the 20th edition of the Women of Distinction Awards Benefit Evening on September 30th at *Palais des congrès de Montréal*.

## IN MEMORIAM

*Excerpt from the JGH website*



**Dr. Harold Frank**, Emeritus Professor of Medicine at McGill University and former respirologist at the Jewish General Hospital, passed away peacefully on August 1, 2013.

Dr. Frank attended medical school in Montreal and joined the JGH medical staff in 1963. In addition to his many years as a dedicated clinician, he served in key leadership positions including as Physician-in-Chief from 1978 to 1990 and as Director of Professional Services from 1993 to 1998. A true scholar and a gentleman, he was revered for his clinical acumen and beloved for the warmth and personal touch that characterized his relationships with his patients, students, and colleagues alike. He was an exceptional teacher and mentor who, during his long tenure, shaped the careers of a generation of physicians. As a hospital leader he was extremely hands on and could always be found in the emergency room and on the medical floors where his guidance and support were legendary. He personally directed weekly hospital rounds and taught so many the art of medicine. In recognition of his clinical wisdom and dedication to teaching, as well as a myriad of other contributions to the Hospital and University, the McGill Department of Medicine created the annual Harold Frank Prize for the best Clinical Vignettes presented by a resident. Dr. Frank will be sorely missed by all who came in contact with him.

Donations in his memory may be made to the Cummings Jewish Centre for Seniors, Alzheimer Groupe Inc. (A.G.I.) or to the Alzheimer Society of Montreal.

*Excerpt from the Montreal Gazette*



**Dr. Peter Neil McCracken** passed away on June 24, 2013.

Born in Montreal, Dr. McCracken attended Loyola High School and College and graduated from McGill University Medical School. Trained in Internal Medicine, he served as Physician-in-Chief at St. Mary's Hospital from 1981 to 1988. When he became Division Director of Geriatric Medicine at McGill University it was still an emerging field, one which he developed and promoted over the course of his career. In 1988, he became Professor and Director of Geriatric Medicine at the University of Alberta, and Clinical Head of Geriatrics at the Edmonton General Hospital, later at the Glenrose Rehabilitation Hospital. Teaching was his greatest passion; his enthusiasm for learning and his thoughtful guidance inspired many to pursue specialization in geriatrics. People saw him as a role-model and mentor. He had a profound sense of justice and equality, commitment and tolerance, of unrelenting personal courage and great generosity and loving kindness, and saw no contradiction between seriousness and good humour. Dr. McCracken was extraordinarily committed to the well-being of his patients. His dedication and high standards left a lasting impression on not only patients, but also their families, as well as on staff and colleagues. His qualities were recognized by the Hingston Award for Distinguished Physician at St. Mary's in 1988, the Distinguished Service Award from the Canadian Society for Geriatric Medicine in 1999, and the Queen Elizabeth II Diamond Jubilee Medal in 2012.

Donations can be made to the Dr. Peter N. McCracken Legacy Fund (care of Glenrose Rehabilitation Hospital, 10230 111th Avenue, Edmonton).



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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.