

FOCUS

MEDICINE

FALL
2014



**EXCELLENCE ABOVE ALL: INTRODUCING OUR
NEW STRATEGIC RESEARCH PLAN**



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★ ABOUT OUR COVER

The cover of this issue of *Medicine Focus*, created by Jean-Bernard Ng Man Sun of Communications and External Relations, was inspired by the Faculties of Medicine and Dentistry's new Strategic Research Plan, which launched this spring. As you will read beginning on page 12, the plan builds on current areas of

excellence and resources and considers the expected health needs in the coming years to help guide future efforts. The outcome of a complex process, extensive consultation with the faculties and the university, and validation from leading international experts, the plan reflects the range of current perspectives within McGill's health science community. However, a plan like this is never final. The world of health science research is constantly evolving, which requires that annual reviews be conducted to incorporate new input that is submitted and to stay abreast of research opportunities as they emerge. Learn more about McGill's new Strategic Research Plan for medicine and dentistry at: <http://www.mcgill.ca/medicine/about/vision-mission/strategic-planning/new-strategic-research-plan>.

GOING BEYOND



Owen Egan

After countless meetings, 31 flights to cities on four continents and many inspiring conversations with colleagues, alumni and potential partners, I'm happy to be home, at the Faculty, looking forward to another academic year. Like the travel, the last 12 months were challenging, and exhilarating.

During this time, I met many alumni and friends who shared with me their passion for McGill and the Faculty of Medicine. I heard wonderful stories about their time here, as well as their suggestions for how we might best move forward. These visits also allowed me to speak about the progress we are making in the Faculty and to let them know about our great people and the wonderful innovation going on around me. We are doing things that are very cool!

This spring we launched a new Strategic Research Plan, focusing on major areas like Alzheimer's disease and aging, cancer, infectious diseases, neuroscience and mental illness. It's featured in this magazine and online, and I encourage you to read it to appreciate the breadth and depth of the research being conducted.

This plan comes on the heels of our revamped undergraduate medical curriculum, which we launched in the fall of 2013. The outcomes are excellent. New students were involved in some 18,000 real-life patient interactions in their very first year, surpassing a program goal that builds on Osler's wise ways and words about teaching and learning medicine. The students like it and are working with the team to calibrate those areas that still need fine-tuning.

Over the last academic year, McGill's Global Health Programs also took wing, bringing to the fore the many outstanding initiatives in which we are engaged, in medicine, nursing, physical and occupational therapy and other disciplines. In the School of

Communication Sciences & Disorders, we celebrated 50 years of excellence with a hugely successful symposium that brought together leading experts from here and abroad. These are just some of the initiatives undertaken, and there are many more like them in the pipeline.

In these and other projects, it has also become evident to me that we often do things differently. We pursue excellence through innovation and hard work, like our peers. We take our social responsibility to Quebec very seriously. But, we are equally dedicated to our international mission and playing a lead role outside the province as well. The people who make up the Faculty of Medicine are a reflection of this, as so are you, the alumni, who represent the McGill name around the world. To meet our commitments on both the home and international fronts, we push boundaries, sometimes because we have to, but more importantly because we want to. It's your support, on many levels, including through your giving, that inspires and enables us to do those things that distinguish us.

It's going to be another great year with many projects on the horizon, not to mention a historic hospital move and several other innovations planned across our academic health network. I'm sure it will be another challenging one, too, but that's not new, and I look forward to meeting those challenges with you, to continue going beyond.

DAVID EIDELMAN, MDCM'79

Vice-Principal (Health Affairs)

Dean, Faculty of Medicine

McGill University

TAKING THE NEXT STEP TOWARD EXCELLENCE

Natalie Stake-Doucet, BN'14, wasn't new to the profession when she enrolled in McGill's Ingram School of Nursing. The Montreal native had studied nursing in CEGEP and had worked in two hospitals. However, her post-CEGEP studies in the baccalaureate program at McGill University opened her eyes to an entirely different—and extremely valuable—side of her profession.



↳ Kayla Sliskovic, left, and Natalie Stake-Doucet have learned first-hand the value of an undergraduate nursing degree.

“It’s discovering what nursing is all about,” she says. “When you come out of a nursing program in CEGEP, you’re really good at all kinds of techniques. But, that alone is not the essence of what we do.

“It made me want to get involved and change how our profession sees itself.”

Dr. H  l  ne Ezer, BScN'68, MSc(A)'77, the School's Associate Dean and Director, notes that those sorts of revelations—and the type of practice they encourage—are precisely why the Faculty of Medicine at McGill University and the Order of Nurses of Quebec believe that all nurses in Quebec should be required to have a university degree as an entry to practice in the nursing profession.

“Given the higher acuity nature of health care now, treatment has become so complex that we need all practicing nurses to be prepared at the bachelor's level,” she says.

Today, students from outside of Quebec can enter university nursing programs directly from high school. Quebec graduates may do so after completing a two-year diploma program in health sciences at the CEGEP level. In both cases, graduates begin their careers with a bachelor's degree in hand.

What concerns Ezer is the number of nurses who do not have a university education. Those nurses have entered the profession with a diploma from a three-year training program at the CEGEP level. While they leave their studies with an understanding of the practical side of nursing, they may not have the critical competencies needed to make decisions based on evidence-informed knowledge, as well as the health and physical assessment skills to evaluate subtle changes in the health status of their patients as they develop.

“You'll be doing your best to care for a patient, but if you're not trained to meet today's complex health science environment, you may not realize that something unexpected is happening, so you won't know to intervene,” she says.

These skills and knowledge are enormously important for the single-largest group of health care professionals today. Some 75,000 nurses in Canada now work in facilities that provide all levels of care. As a result, graduates of all university programs, McGill's included, are in high demand.

“There's space for them, there's room for them and there's a need for them,” Ezer says.

Kayla Sliskovic, BScN'13, would know. After completing her Bachelor's degree at McGill University in 2013, the Ontario native began working in the Pediatric Intensive Care Unit at the Montreal Children's Hospital of the MUHC. Her educational preparation at the Ingram School of Nursing prepared her well for this challenging position as a novice nurse.

“Thinking and doing are simultaneous for me,” Sliskovic says. “When I'm doing something, I'm always thinking of why it's important and what I could do next and what I could do better.”

That, Ezer says, is exactly the sort of thought process that should play out in every nurse's practice. The School is now looking to hire more clinical instructors to guide students in that direction.

“They need to be taught to ask themselves the critical questions when they're caring for patients on their own.”

The School has also begun to focus on e-health and tele-health. The idea, Ezer says, is to train nurses to care for patients remotely. “If you can, for example, monitor someone's blood sugar from a distance because they're older and not very mobile, that's a big help.”

Ezer is also looking forward to the School's move to a new building. Thus far, the provincial government has earmarked more than \$30 million to make the facility—a space that can meet the growing educational needs for students and researchers alike—a reality.

Though these efforts span a wide gamut, to Ezer, the goal of each is ultimately the same.

“It's all about giving people excellent health care.”

Through her practice, Stake-Doucet has committed herself to exactly that objective.

“Nurses are an essential part of the bigger picture,” she says. “Nobody has the kind of relationship that we have with patients, their families, physicians and other members of the health care team. No one has that kind of access, and it's a gigantic responsibility.”

To find out how you can support these and similar initiatives, contact the Faculty of Medicine's University Advancement Office at: 514-398-2919 {LUCAS WISENTHAL}

TRAINING IN REHABILITATION TO MEET A DIRE NEED

The numbers alone are disquieting.

Haiti, a country of 10.7 million, is home to a mere 30 physiotherapists. Its occupational therapists, meanwhile, total two.

Those facts are hardly lost on Matthew Hunt, BSc'97, MSc'06, PhD'09, Assistant Professor in the School of Physical and Occupational Therapy (SPOT) at McGill's Faculty of Medicine. But, as he points out, the first figure has actually increased almost threefold in less than four years.

If he and his colleagues are successful, more Haitians will be trained as rehabilitation technicians, increasing access to a service of which the country—devastated by an earthquake in 2010—remains in dire need.

In 2012, Hunt and his colleagues from the School partnered with Handicap International, a French non-governmental organization that runs several initiatives in Haiti, including a project to produce rehabilitation technicians—practitioners with skills touching on both physical and occupational therapy who are trained to work under the supervision of a health professional.

That December, with financial assistance from the McBurney Advanced Training Program and the McGill Institute for Health and Social Policy, Hunt and Nancy Descôteaux, a clinician from the Shriners Hospital, travelled to Haiti for the first time. The University's goal on that trip—and in subsequent visits, which saw faculty from SPOT and experts from McGill-affiliated hospitals visit the country—was to teach citizens to deliver the sort of care that was so difficult to access.

Since then, things have progressed.

"We've been sending small teams to the country two or three times a year, each time to teach select, specific topics that the teachers in Haiti don't necessarily have expertise in," Hunt says.

Annette Majnemer, BSc(OT)'80, MSc'85, PhD'90, Associate Dean and Director of the School, is proud of all the initiative has done to address inequalities in access to rehabilitation services. Last fall, the first cohort of 22 students completed their training, and right now 24 more are taking part in the program.

"We're not just going in and trying to fix it ourselves, but through a project that will have sustainability," Majnemer says. "We're training people who will stay there and continue to provide those services."

The program also includes a research component. As part of a project spanning the school year, a group of students has begun to examine the work being done. This summer, one of its members, Valérie Chagnon,



Courtesy of Axelle Senelonge

The School of Physical and Occupational Therapy's Marika Demers teaching a cohort of rehabilitation technicians in Haiti

a second-year student in the Professional Master's program in Physical Therapy, will travel to Haiti to evaluate the initiative through qualitative and quantitative frameworks. Chagnon's research will address questions concerning the new cohort of rehabilitation technicians, including their work prospects and level of professional autonomy.

"We've been doing a survey of graduates, and she's going to be interviewing some of them to find out more about their work profile—whether their training prepared them for the work they actually do," Hunt says.

At the same time, the students plan to compile a summative handbook that will serve as a reference for the rehabilitation technicians in their clinical practice.

In addition to training those technicians, the McGill group visiting Haiti this summer will lead seminars focused on pediatric disabilities.

"They'll be doing teaching oriented towards PTs and OTs, but also physicians, community health workers and other professionals involved in the care of disabled children."

The idea is to respond to needs identified locally and to build strong partnerships with groups like the Haitian Physical Therapy Association, established last year. The program's success, Hunt says, hinges largely on those connections.

"We're teaching beyond McGill's walls. We're investing in people's careers so they can make a contribution in their own country."

To find out how you can support these and similar initiatives, contact the Faculty of Medicine's University Advancement Office at: 514-398-2919

{LUCAS WISENTHAL}

UNIQUE RESEARCH WITH CLINICAL IMPLICATION

In its 50 years of existence, the Faculty of Medicine’s School of Communication Sciences and Disorders (SCSD) has become synonymous with excellence in professional training in speech-language pathology. At the same time, it is known as an international leader in research into how language and communication skills are acquired and used, and how diseases can affect them.



Dr. Gabriel Ruiz-Bernal

Nicole Li is bringing her innovative research to McGill’s School of Communication Sciences and Disorders.

With the addition of a new faculty member, Dr. Nicole Li, its reputation is set to grow even stronger.

Li’s work focuses on computer simulation and biological therapy in laryngeal vocal fold (vocal cord) tissue repair and regeneration, along with the roles of biomechanical stress in cellular adaptation. Its real-world applications are clear: Li is developing a computational model that will create patient-specific treatments for vocal fold afflictions like vocal polyps and even recalcitrant surgical scars, which can end the careers of people who rely on their voice for work each day.

“My lab is the only one in North America doing this kind of research,” says Li, who previously served as Assistant Professor in the Department of Hearing and Speech Sciences at the University of Maryland.

It was during her doctoral studies that Li recognized such a model might be able to predict people’s responses to interventions for damaged vocal folds. Since then, she has endeavoured to refine the concept.

“My research is biologically and computationally based, so I also conduct experiments to see which approach, at the biological, cellular and protein levels, will speed up the healing process for those who have suffered these injuries,” she says.

In examining mechanical stress to the vocal folds and larynx, Li often looks at benign lesions, which voice therapy is frequently able to combat. But, as she has learned, her work can also have implications on other head and neck diseases, as well as the rational design of drugs and biomaterials for optimal tissue repair.

Li is now focused on perfecting her computational model in order for it to deliver patient predictions with nearly 100 per cent

accuracy. For that to happen, she’ll need more genetic and biological data. Ultimately, she hopes that clinicians will be able to use her software with their patients.

Li has also already partnered with Luc Mongeau, Professor in McGill’s Department of Mechanical Engineering. The two recently received a National Institutes of Health grant in support of their work to create implants for vocal fold alteration and reconstruction. The implants—the efficiency of which Li is helping to test—will facilitate cell attachment and proliferation, ultimately accelerating tissue regeneration.

As Dr. Shari Baum, Acting Director of the SCSD and Associate Dean, Research, of the Faculty of Medicine, explains, Li’s research fits directly into the School’s push to generate research with clinical applications.

That goal is one of three outlined in the School’s strategic plan. The other two include bolstering its research into the neuroscience of language and multilingualism. The SCSD has been successful in both objectives.

“Elin Thordardottir, Associate Professor at McGill, has established herself as one of Canada’s foremost researchers on multilingualism in regard to developmental language disorders and language impairments in young children,” Baum says.

At the same time, Baum points out that Dr. Karsten Steinhauer, Associate Professor and former Canada Research Chair in Neurocognition of Language, studies multilingualism from a neurocognitive standpoint. Rather than addressing the linguistic processes behind multilingualism, this line of investigation examines the neural realities—including the changes to the brain—that underpin it.

“While we’ve always had a strong research focus, the number of faculty members actively engaged in leading research has increased dramatically in recent years,” Baum says.

That research translates into a higher level of education for students at the School, which today counts 11 faculty members and some 80 PhD and Master’s candidates among its ranks. As a result of those numbers and the pedigree behind them, Baum expects the knowledge the SCSD generates—and the impact it has on society—to grow in the years to come.

“McGill is at the forefront of research in communication sciences and disorders,” Baum says.

To find out how you can support these and similar initiatives, contact the Faculty of Medicine’s University Advancement Office at: 514-398-2919 {LUCAS WISENTHAL}

CLASS OF '88 MAKES HISTORIC GIFT TO HELP STUDENTS REACH OUT TO COMMUNITIES

When 90 or so members of the Faculty of Medicine's Class of 1988 took their seats in a Sofitel ballroom in October 2013, they had no idea they were about to make history. The banquet was in honour of their 25th Homecoming reunion, and as the festivities got underway, two classmates, Benjamin Burko, BSc'84, MDCM'88, and Kevin Lachapelle, MDCM '88, took the stage to address the crowd.

“We are going to raise \$50,000 for the Faculty of Medicine here tonight,” announced Dr. Burko. “\$60,000!” shouted Dr. Lachapelle. And thus the goal was set. Pledge cards were handed out, and by the night's end over \$54,000 was raised. More donations arrived in the days following Homecoming, and in total the class raised \$100,000 for their 25th reunion year without sending out a single solicitation letter.

“It did make sense (to me at least!) that a group of talented physicians who got their start together at McGill's medical school under the paradigm of very inexpensive tuition fees would be pleased to make a tax deductible gift to their alma mater in the order of \$1,000 each,” according to Dr. Burko. “When broken down to \$40 per year for every year since we have graduated, it did not seem unrealistic.”

The class has determined that the funds will benefit, among other things, the Community Health Alliance Program (CHAP), a student-initiated volunteer outreach program started in 2009 that places medical students in community health programs around Montreal. CHAP exposes students to the social, environmental, economic and historical determinants of the health of populations in Montreal, starting at the earliest stages in their medical careers. The program's mission dovetails with the Faculty's new undergraduate curriculum, called Patient at heart, Science in hand, which emphasizes relevance and practice of material learned in the classroom.

“We think that it's important for students to see firsthand what the health care needs are in the community,” said Robert Primavesi, BSc'81, MDCM'85, Associate Dean for Undergraduate Medical Education.

“A lot of the members of our class are involved in health organization frameworks, whether at the community or WHO levels, or in terms of insurance medicare/medicaid type activities. So all of us recognize the importance of doing that kind of work, because there are disparities in access to healthcare,” said Dr. Lachapelle.

According to Dr. Primavesi, the Class of '88 wants to split their fund to create an endowment that recognizes excellence in CHAP, starting in the spring of 2015, with a portion used to directly fund the program.

“The class is excited and enthusiastic to continue supporting this project,” said Dr. Lachapelle. “We look forward to seeing the impact



Paul Fournier

➤ Class of '88 at their 25th anniversary dinner during Homecoming 2013

of our gift on the student experience. This fundraising initiative was a bonding experience and will continue to be a great way to keep people in touch.”

So how was history made? The Class of '88 raised the single largest class gift at a reunion event in the Faculty's history, and is looking forward to maintaining the momentum in the years to come.

“I would hope that it is the new standard. There is no reason to believe it could not be replicated,” said Dr. Burko.

{KATHRYN JEZER-MORTON}

GLOBAL IS ALSO LOCAL

“Global health concerns us all,” said Suzanne Fortier, BSc’72, PhD’76, McGill’s Principal and Vice-Chancellor, opening the first Global is Local conference, held at the McGill University Faculty Club in May 2014. “It is not someone else’s problem. It is a problem of the whole world. SARS took the airplane to come to Canada; viruses cross borders now.”

“We can increase the health access in our country and the world... by working together.”

– Principal Fortier



Owen Egan

➤ McGill Principal and Vice-Chancellor Suzanne Fortier at the first Global is Local conference

Far from hollow words, global health is a topic of importance to McGill University, one of the key areas identified in its Strategic Research Plan. Under the banner of Global Health Programs, housed in the Faculty of Medicine, activities are prevalent across the Faculty—in the Ingram School of Nursing, in the School of Physical and Occupational Therapy, in the Department of Family Medicine and in the Department of Surgery, among others.

A truly successful program requires contribution and collaboration within the Faculty of Medicine, but also across disciplines with groups from across the University’s diverse faculties. This move towards the engagement of a multidisciplinary team working on global health has been a key driver for the activities of Global Health Programs at McGill under the leadership of Interim Director Dr. Dan Deckelbaum, BMUS’96, MDCM’01, during the last year, and an impetus for the development of this conference.

“People talking together is what will allow global health at McGill to be a success,” said Deckelbaum. “Health care alone cannot reduce health disparities,” he continued, quoting Haile T. Debas, MDCM ’63, world renowned global health leader and surgeon. “This needs to include a multidisciplinary team, created through partnerships. There is an African proverb, which says, “If you want to go fast, go alone. If you want to go far, go together.”

The May conference provided an opportunity to assemble key players in global health from across the University, including faculty and student representatives from medicine, management, law, engineering and agriculture, among others.

As its title suggests, a focal point of the day’s discussions centered on how global health issues start at home. “Global really is local,” said Deckelbaum. “We need to address health disparities within our own communities. It is a social responsibility for us as a university to address these disparities.”



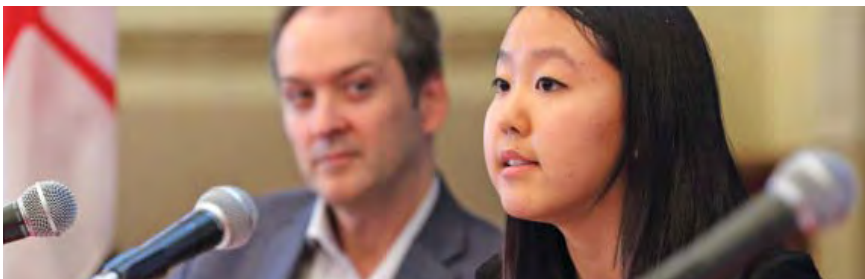
Elizabeth Dickie

➤ Nursing student Vanessa Lavergne, BScN’13, taking routine blood pressure measurement in a rural health post in Chitepani village of Kalika district, Nepal



Vanessa Lavergne

➤ Husband, wife and their oxen working the fields in rural Thullosahar village of Kalika district during field work completed by McGill nursing students in Nepal



➤ McGill surgeon Tarek Razek , BSc'89, MDCM'93, and Medical student Susan Mengxiao Ge (foreground) during the panel session on Establishing Structured Paradigms for Student Development and Education in global health



Owen Egan

➤ McGill's Madhukar Pai, Associate Director of the McGill International TB Centre and incoming Director of McGill Global Health Programs, addresses the audience during a panel session on partnership building at the Global is Local conference.

"We see disparity in our own country," noted Principal Fortier. "Some of us have the best access, while in other parts of the country and the world, children are dying of malnutrition, dying from lack of clean water, dying from AIDS, dying from tuberculosis. There is no equality around the planet or even our own country."

One essential way to make an impact in global health is to engage the student body—the creative, innovative minds that are at the core of any outstanding academic institution. Surveying what students are doing on their own provides a reflection of where their interests lie. There are currently about twenty student clubs and organizations involved in global health, and Deckelbaum says McGill Global Health is in the process of creating more robust programs to provide students with structured opportunities to participate. "As we engage in global health, we are improving ourselves as global citizens," says Deckelbaum.

"We can increase the health access in our country and the world," noted Principal Fortier. "It is not a zero sum game. We can do this by working together."

*A plethora of initiatives and resources are available to students and faculty across the University under the banner of McGill's Global Health Programs, from courses and electives to grants and photo contests. To find out more about Global Health Programs at McGill, visit: <http://www.mcgill.ca/globalhealth/> **{JASON CLEMENT}***

ROSSY CANCER NETWORK PROJECTS UNDERWAY TO IMPROVE PATIENT EXPERIENCE AND OUTCOMES

The Rossy Cancer Network (RCN) has been busy since its official launch in May 2013. A partnership of the McGill Faculty of Medicine, St. Mary's Hospital Center, the Jewish General Hospital and the McGill University Health Centre, the RCN has launched numerous projects designed to enhance the health care experience for cancer patients and enable health care professionals to develop knowledge in the field of cancer care quality improvement.

Some of the RCN's most important undertakings include launching and acting on patient experience surveys; establishing and distributing educational and research grants; and initiating the Improving Patient Experience and Health Outcomes Collaborative.

PATIENTS AT THE HEART OF EVERYTHING

To get a better understanding of how cancer patients perceive their health care experience, the RCN deployed NRC Picker Canada's Ambulatory Outpatient Satisfaction Survey (AOPSS). The quarterly survey asks patients about eight dimensions of their care, from coordination to emotional support.

"AOPSS has helped us identify areas where the RCN can improve the functionality and comfort level in waiting rooms and the way information is shared between a patient's health team," says Manon Allard, Cancer Care Program Manager at St. Mary's Hospital Center. "As projects are implemented, new projects will be undertaken. We will continuously work to improve the patient experience and how we deliver care."

Based on the survey results, the RCN launched seven projects:

- Reducing the wait time for chemotherapy patients;
- Improving communications with primary care providers;
- Improving communications with patients;
- Piloting an electronic distress screening system;
- Enhancing patients' waiting room experience;
- Piloting a patient self check-in system;
- Providing patients with information about radiotherapy.

RCN EDUCATIONAL AND RESEARCH GRANTS

The RCN Cancer Quality and Innovation program (CQI) established two arms of annual funding: the Rossy Cancer Network Investing in the Future Educational Fund and the Rossy Cancer Network Research Fund.

The Future Educational Fund, designed for those who want to develop their knowledge in the field of cancer care quality improvement, recently awarded three grants: one to radiation-oncologist Dr. Tarek Hijal, BSc'99, MDCM'03, to complete a Master's degree in Health Economics, Policy and Management; one to clinical nutritionist Jonathon di Tomasso, BSc(NutrSc)'08, to research nutrition therapy for cancer patients; and one to head oncology nurse Karine LePage to follow a Harvard management seminar.



Courtesy of the Jewish General Hospital

➤ Georgina Cama, an RCN patient who worked on the committee for the Chemotherapy Wait Time Project.

"We want the RCN to be a world-class comprehensive cancer care centre," says Dr. Ari Meguerditchian, Program Lead of the CQI. "To achieve this, we are investing in our employees and in developing innovative ways of improving cancer care."

The RCN Research Fund is open to all health care professionals interested in generating new knowledge that can improve the quality of cancer care. A scientific committee is reviewing recently submitted proposals. More than \$300,000 in funding will be granted in summer 2014.

GENEROUS FUNDING TO IMPLEMENT PATIENT EXPERIENCE MEASUREMENT SYSTEM

In spring 2014, the RCN and Cancer Care Ontario received just over \$1 million in funding from the Canadian Partnership Against Cancer for their Improving Patient Experience and Health Outcomes Collaborative (iPEHOC). This three-year project will facilitate the uptake of a standardized core set of patient-reported outcome and experience measures and their meaningful use in clinical practice. The goal is to reduce the burden of symptoms and improve the patient experience, as well as to develop a common and sustainable patient experience measurement system that can be used across Canada.

"This is an exciting, but massive project," says Dr. Zeev Rosberger, BSc'70, iPEHOC co-lead and Director of the Louise Granofsky-Psychosocial Oncology Program at the Jewish General Hospital. "This multi-hospital, multi-province project will help create greater collaboration amongst the oncology teams at the RCN and Cancer Care Ontario, providing opportunities to share expertise, resources and knowledge. Ultimately, it will also serve to improve and standardize the psychosocial screening and care patients can expect to receive across Canada."

GAINING MOMENTUM

In year one, the RCN's work focused on getting projects underway. Currently in the second phase of its development, the partners are now focused on creating a virtual network through the implementation of a shared infrastructure, together with clinical initiatives and associated metrics. As the RCN continues to evolve, it will initiate more evidence-based quality improvement initiatives, working increasingly together to establish best practices, and a performance management approach that is the hallmark of world-class cancer centres.

To learn more about the Rossy Cancer Network, visit: <http://www.mcgill.ca/rcr-rcn/> **LISA DUTTON**



➤ Jonathon di Tomasso, right, one of three education grant recipients



➤ Responding to survey results, the RCN launched seven projects, including providing patients with information about radiotherapy, reducing the wait time for chemotherapy patients and improving communications with patients.

In May 2013, the Rossy Cancer Network (RCN) was publicly launched as part of Quebec's cancer network to build on the strengths of the partners based on a shared vision and mission.

The RCN represents an investment of \$58 million over 10 years, which includes \$30 million from the Larry and Cookie Rossy Family Foundation and \$28 million through the fundraising efforts of McGill University and the respective foundations, including the Jewish General Hospital Foundation,

St. Mary's Hospital Foundation and, in support of the MUHC campaign, the Cedars Cancer Institute .

Donations raised through McGill University are used, for example, to improve the overall care experienced by cancer patients, to enrich the training for residents and fellows who pursue oncology as a specialty, and to stimulate innovation and scholarship that measurably increase the quality of care patients receive.

ENABLING, CONNECTING, INNOVATING: A NEW STRATEGIC RESEARCH PLAN *to* MEET SOCIETY'S NEEDS

This spring marked the official launch of a new Strategic Research Plan for the Faculties of Medicine and Dentistry, one that will build on current strengths, while targeting major health concerns such as cancer, aging, infectious diseases and others.

Today, the research activity in Medicine and Dentistry represents more than 60 per cent of McGill University's total research and embodies a rich history of accomplishments. It is a broad, dynamic and successful research enterprise that extends from fundamental molecular and cellular biology, to computational biology, to public and population health, to clinical research at the bedside and in the community. So why a new research plan?

"Our goal has been to develop a framework to support excellence in strategic areas, train the next generation of health scientists and facilitate the translation of new knowledge into better health outcomes for patients," said David Eidelman, MDCM'79, Vice-Principal of Health Affairs and Dean of Medicine. "We are focusing on strengths, while remaining agile and responsive to take advantage of new opportunities as they emerge."

The culmination of an 18-month process, the new Strategic Research Plan (SRP) addresses the changing health needs and expectations of society. It encompasses the Faculties' individual schools, basic science and clinical departments, centres and other units. It also incorporates input from McGill's affiliated teaching network, as well as from international experts. "We are confident that the McGill community will see itself reflected in this document," said Philippe Gros, PhD'83, Vice-Dean of Life Sciences at the Faculty of Medicine and Chair of the SRP Planning Committee.

Paul Allison, PhD'98, Dean of McGill's Faculty of Dentistry agrees. "Our Faculty is small, but has a very strong research record. Being small, we concentrate all our research and research training efforts on a few areas, and we collaborate a lot with members of the Faculty of Medicine in particular, but other Faculties as well. This SRP fits very well with the Faculty of Dentistry's vision of our research and how we can optimize our resources and excellent partnerships to create new avenues, while sticking to our strengths."

DISEASE AREAS, PRIORITIES AND IMPLEMENTATION

The SRP establishes three perspectives to help inform future research directions and decisions. These include: Disease Areas, Prioritized Themes and Implementation Strategies.

FIRST, it identifies four major **DISEASE AREAS** of health and societal importance:

- Cancer
- Infections and inflammation
- Neurosciences and mental health
- Aging, disability and chronic diseases

These disease areas are in addition to the Faculties' core mission of promoting and improving health over the life course, and are not exclusive of other key areas being explored within the research community.

SECOND, the SRP sets out four timely cross-cutting **Priorities**:

- Improving the patient experience, population health and health services;
- Identifying and characterizing the genetic and environmental determinants of health and disease;
- Developing and implementing system and network approaches to health research;
- Prioritizing personalized medicine and customized approaches to patient care.

These priorities aim to advance knowledge and improve clinical practice in the disease areas mentioned above. They reflect the Faculties' current strengths, and they take advantage of recent investments made in both infrastructure and people.



From left, Valérie Chénard, Sylvia Andrzejewski, Julie St-Pierre and Anna Paula Brandt, McIntyre Medical Science Building, McGill Life Sciences Complex

THIRD, it identifies four Implementation Strategies to help maximize research output, and translate results into better clinical care:

- Encourage inter-disciplinary research in strategic areas by supporting new research groupings;
- Develop human capital and train the next generation of health researchers to support strategic priorities;
- Foster enabling technology platforms, for example, for genomics, bioinformatics and imaging;
- Develop mechanisms to support research in key areas, such as a strategic research fund to provide financial support.

The implementation strategies will build on existing mechanisms, for example, in recruitment, training and knowledge translation. New strategies for financial support will also be explored, such as commercialization and targeted fundraising.

There are also new emphases, whose effects will emerge over time. For example, in teaching there will be a renewed focus on training clinician scientists, those who have a medical degree and often a specialty and research training. “These individuals are particularly well equipped to do fundamental or clinical research and translate the results into better and improved clinical care, to improve the transfer of knowledge into outcomes in the real world,” said Gros.

TWO NEW INSTITUTES

Another important area addressed in the plan is computational medicine. With large data sets coming—from patients, from work on the human genome, from imaging data in clinical records—the power of this information as a discovery tool and a clinical tool needs to be developed. The interface between medicine and computational biology needs to be populated. McGill is making a commitment to recruit at that interface, and to reflect this in its teaching mission as well. There are also vital ethical, legal and operational issues to be addressed. A new Institute for Computational Biology and Medicine will focus McGill’s efforts in this region.

The SRP also addresses the fact that most diseases with broad societal impact have many factors. They reflect complex interactions

between genes and the social and physical world we live in. McGill will take advantage of its strengths in epidemiology, public health, sociology, nursing and other fields to be Canada’s leading centre for research on social and environmental determinants of health. This will be a mission of the Institute of Public Health and Population Research.

THE SRP IN PRACTICE

By guiding decisions on research, recruitment, space allocation, and financial support for research activities, the SRP will enable a smoother decision-making process to help the Faculties attract people and resources, partners and donors. Also, according to Gros: “It means that if you are a researcher and have good ideas, or a novel or unique strategic initiative, there is a vehicle to deal with it efficiently... a structural framework to determine if resources, perhaps from the strategic research fund, could go to this activity.”



Charles Rajadurai (foreground), Kossay Zaoui (to right) and Mathieu Gigoux (background), Goodman Cancer Research Centre, McGill Life Sciences Complex

An SRP is also a *sine qua non* for garnering funding. “Some granting agencies now expect to look at an SRP,” adds Dr. David Thomas, Professor in the Department of Biochemistry and Canada Research Chair in Molecular Genetics. “This is not just something we have to do, but something we have to do well.”

Annette Majnemer, BSc(OT)’80, MSc’85, PhD’90, Associate Dean of the School of Physical and Occupational Therapy, believes the SRP will lead to greater collaboration. “The scope of [the School’s] research intersects in many ways with the new plan. The disease areas reflect some of our natural strengths, such as the neurosciences and aging, as well as some of our emerging areas, like mental health and chronic pain.

“It’s a framework that is dynamic, a starting point, which people will take into different directions. I’m hoping some of the strategies will bring people from different methodologies together to interact more, enrich each other’s work and produce more innovative research that will be used in practice to benefit our patients.”

Some researchers see the SRP as a natural extension of the vision that produced the McGill Life Sciences Complex itself, which was designed expressly to stimulate innovation and interdisciplinary collaboration. “There is emphasis on the realization that science cannot work in silos,” said Dr. Silvia Vidal, Professor in the Departments of Human Genetics and Medicine and Associate Member of Microbiology and Immunology. “There are efforts to open the silos in different disciplines so students can have a more open and also more rich view of the big picture, which in turn makes it easier to recruit.”

Vidal’s lab, which focuses on infectious diseases and mechanisms related to them, as well as the overlap with diseases of inflammation, is a microcosm of this intent. “This floor is the best example... we have members from the departments of

human genetics, microbiology, immunology, biochemistry, physiology... people from different perspectives, disciplines, countries, expertise, in an open environment.”

Ultimately, while the SRP brings clarity and aims to streamline many aspects of how research is managed in the Faculties, the future remains in the hands of the scientific community. “Even under the umbrella of new institutes and structures, success ultimately depends on the passion, effort and intelligence of our individual researchers. They are the people who are going to get things done,” said Thomas.

{MALCOLM MCLEAN}



Owen Egan

↳ David Langlais and Sabrina Torre, BSC’09, Bellini Pavilion, McGill Life Sciences Complex



Owen Egan

↳ Joy Sun, Bellini Pavilion, McGill Life Sciences Complex

A MIRROR OF THE COMMUNITY

More than a year in the making, the new Strategic Research Plan embodies perspectives from across the Faculties of Medicine and Dentistry. While primary responsibility was given to a Planning Committee, chaired by Vice-Dean of Life Sciences Dr. Philippe Gros, it reflects 29 proposals in which more than 90 priorities were identified.

A Steering Committee—with representation from the Faculties, including the Ingram School of Nursing and the Schools of Physical and Occupational Therapy and Communication Sciences and Disorders, as well as McGill’s major teaching hospitals and institutes—further developed and refined the document.

Members of the International Advisory Team who also provided input included: Philip E. Sharp (Massachusetts Institute of Technology), John Bell (Regius Professor, University of Oxford), Tom Hudson (Director, Ontario Institute for Cancer Research), Nancy Andrews (Dean of Medicine, Vice-Chancellor, Duke University), Lawrence Tabak (Principal Deputy Director, NIH) and Alan Bernstein (President, Canadian Institute for Advanced Research).

But a plan like this is never final, according to those involved. It is a living document, not fixed in stone. “We want to hear from people about this document, now that it is being widely released,” said Gros.

“In the time since we began the process to develop this new plan, there have already been new events and developments. We cannot claim prescience about where research is going, what new scientific discovery will emerge next week, what new equipment will be developed to change what is possible, or what new thing will happen that we can’t even imagine. We have established milestones, objectives, metrics and an annual review. The implementation committee will be permanent, and will come together regularly to look at new input submitted by our research community.”

To read more about the new Strategic Research Plan, visit: www.mcgill.ca/medicine/about/vision-mission/strategic-planning/new-strategic-research-plan

To add your voice to the conversation: www.mcgill.ca/medicine/about/vision-mission/strategic-planning/new-strategic-research-plan/share-your-thoughts

ALZHEIMER'S DISEASE – *the* THIEF OF MEMORY

Remaining hidden for years and typically making its presence known after age 65, Alzheimer's disease (AD) is a brain disorder that gradually robs people of their past, memory by memory. Currently, the disease has no cure, which is why Dr. John Breitner is intent on slowing the development of the condition decades before symptoms appear.

Breitner is Professor of Psychiatry in the McGill Faculty of Medicine, a scientist at the McGill-affiliated Douglas Mental Health University Institute and a Canada Research Chair in Prevention of Dementia. Additionally, he is lead investigator and Director of the Centre for Studies on Prevention of Alzheimer's Disease (StoP-AD). Supported by McGill and the pharmaceutical company Pfizer, the first-of-its-kind initiative aims to find ways to prevent the progressive brain disease.

The most common form of dementia, AD, is a fatal condition that kills a person's brain cells. According to the Alzheimer Society of Canada, approximately 750,000 Canadians are living with AD and as the population ages, that number will increase to 1.4 million by 2031. The condition currently has no known cause.

"By the time someone shows symptoms, the brain already has advanced disease," says Breitner. "We need to find ways to slow its progress much earlier, before symptoms. We are looking for telltale signs of the disease in the decades before people develop dementia. We need to find treatments that can slow the process at that point. There likely isn't one change that we know for sure can reveal the progress of the disease. Lots of things are likely to be happening in the brain at one time."

In fact, a series of changes can begin in the brain up to 25 years before a person shows any signs of AD dementia. To learn which methods might be most effective at preventing the condition, Breitner and researcher Judes Poirier, Associate Director of the StoP-AD Centre, are recruiting 250 healthy adults aged 60 or over, who have (or had) a parent, brother or sister with the condition.

Building on the Alzheimer's expertise at McGill and the Douglas Institute, StoP-AD researchers will analyze these subjects' biomarkers—natural red flags of illness—to determine which preventive agents can reverse or slow the development of the disease. The interventions, all of which have shown promising results in previous studies, may include anti-inflammatory medications and a drug that stimulates the production of a protein produced from a gene that can powerfully increase or decrease a person's risk of getting AD.

"The goal is to develop a method of testing those treatments to learn whether they work or not in people who don't show any symptoms," says Breitner.

In addition to examining different disease prevention strategies, the StoP-AD Centre will explore how and why certain treatments are effective, as well as the biological mechanisms that may cause or accelerate AD in its earliest stages.

Knowledge transfer is also part of the StoP-AD mandate, specifically, training and educating clinicians, researchers and students in clinical and basic sciences to apply these efforts toward prevention.

The need for a future-focused approach isn't lost on Howard Bergman, BSc'67, MDCM'69, who is keenly aware of the physical and emotional burdens of AD. A clinician who works with Alzheimer's patients, Bergman is Chair of McGill's Department of Family Medicine, Professor of Family Medicine, Medicine and Oncology, and the University's first Dr. Joseph Kaufmann Professor of Geriatric Medicine.

"Alzheimer's disease isn't easy for patients or families," says Bergman. "And with one in five baby boomers expected to develop a form of dementia during their lifetimes, the disease will also have an impact on the health care system. Patients will require home care and nursing support, and beds in nursing homes."

To that end, Bergman chaired a task force for the provincial government in 2009 that produced the Quebec Alzheimer Plan



recommending how to deal with the disorder from a health system and population perspective. Today, Bergman is advising the government on how to implement the Quebec Alzheimer Plan, which enables and empowers Family Medicine Groups, with the support of dementia specialists, to detect, diagnose, treat and follow patients.

“Primary-care doctors already have first and ongoing contact with patients,” says Bergman. “Family physicians are also used to managing patients with multiple chronic illnesses, as is often the case with those who have Alzheimer’s disease.”



Bergman cautions, though, that family doctors can’t handle the challenges of Alzheimer care on their own. Instead, physicians must work in interdisciplinary teams that include “nurse navigators,” as well as social workers and occupational therapists.

“Alzheimer’s disease is very complex,” he says. “Everyone needs to work together proactively.”

Dr. Isabelle Vedel, in the McGill Department of Family Medicine, leads a team of Quebec researchers charged with evaluating the implementation of the Quebec Alzheimer Plan. As well, Bergman and Vedel lead the Canadian team for health services/policy improvement in dementia care, which brings together researchers, decisions makers, clinicians and caregivers. This team is a key component of the Canadian Consortium on Neurodegenerative Diseases of Aging (CCNA), led by Dr. Howard Chertkow of the Lady Davis Institute, Jewish General Hospital, and the McGill Department of Neurology and Neurosurgery. **§DANA YATES§**

“By the time someone shows symptoms, the brain already has advanced disease.”

– John Breitner



StoP-AD is one of several initiatives within McGill and its teaching hospital network that aims to develop new strategies to fight the scourge of Alzheimer’s Disease.

Playing key leadership roles at the StoP-AD Centre are Judes Poirier, PhD, Pierre Etienne, MD, Natasha Rajah, PhD, and Pedro Rosa-Neto, MD, PhD. For more information about StoP-AD, visit: <http://www.douglas.qc.ca/page/prevent-alzheimer-the-centre>.

To contribute to Alzheimer’s disease research within McGill’s Faculty of Medicine, contact the University Advancement Office at 514-398-2919.

PERSONALIZED MEDICINE – THE RIGHT TREATMENT AND APPROACH *at the* RIGHT TIME



Hélène Liénard

↳ Nada Jabado in her lab, Montreal Children's Hospital, Research Institute of the MUHC

Dr. Nada Jabado speaks plainly about her efforts to improve the survival rate for pediatric brain cancer. “[My research] helps to keep me going,” she says, “because what’s currently being done to diagnose and treat this disease isn’t working.”

Jabado is an Associate Professor in McGill’s Department of Pediatrics and a hematologist and oncologist at the Montreal Children’s Hospital of the MUHC. As a researcher, with funding from Genome Canada and the Canadian Institutes of Health Research, she studies rare brain tumours, in particular, ones that affect children before their fourth birthday and are almost always fatal, even with aggressive treatment.

It is often heartbreaking, Jabado says, to work with young, terminally ill patients. Doing so, however, has strengthened her resolve to find novel, customized treatments for kids facing dire diagnoses.

Jabado’s work is part of an emerging model known as personalized medicine, where genetic profiles serve as guideposts

for understanding a disease and helping to direct doctors toward specific therapies, regimens and doses that will offer the greatest benefit to each patient.

Jabado’s research team, for example, has identified two genetic mutations involved in up to 40 per cent of fatal pediatric brain tumours. The mutations not only partly explain why the cancer doesn’t respond to treatment, but may also point to new, more productive treatment options.

“We have an amazing means to classify cancer, to assign certain treatments and to follow patients in real time using biomarkers to see if their cancer is responding to treatment,” says Jabado, whose discoveries are now being investigated in clinical trials in Europe and the United States.

“Personalized medicine is bringing a new dimension of care,” says Philippe Gros, PhD’83, Vice-Dean of Life Sciences in McGill’s Faculty of Medicine. “It also means different things to different people. That’s why the Faculty of Medicine takes a comprehensive view of personalized medicine and embraces all its meanings.”

In fact, he continues, the Faculty's new Strategic Research Plan is clear on this point: during the 21st century, the personalized needs of individuals will increasingly become the focus of innovation in health research and the delivery of health care. As proof, Gros points out, personalized medicine has already expanded to include a variety of activities, from sequencing genomes to creating customized assistive devices to enhancing patients' experiences within the health care system.

The broad scope and relevance of personalized medicine come as no surprise to psychosocial oncology researcher, Dr. Carmen Loiselle, Director of McGill's Psychosocial Oncology and Oncology Nursing programs, holder of the Christine and Herschel Victor/Hope & Cope Research Chair and Co-Director of the Segal Cancer Centre at the Jewish General Hospital.



↘ Carmen Loiselle

“Personalized medicine is bringing a new dimension of care.”

– Philippe Gros

Patient engagement in health care is at the core of person-centred care (PCC), which focuses on treating the whole person and not just the disease, and offers many advantages, according to Loiselle. When patients sense that health care interventions are tailored to their specific context and preferences, they are more likely to be proactive in self-managing their condition and are more satisfied with their treatment and care. Patients also report better psychological and social adjustment to their condition.

“PCC puts the person back into care. Reminding us of the importance of treating the person in its particular context and, of course, his or her health condition,” Loiselle says. In addition, new personalized genetic testing can determine who might benefit (or not) from a given treatment, and provide important information to patients and family members as they make health care decisions. These decisions, critically important to affected individuals, are also important to the health care system. Personalized medicine can help with cost containment by determining the most appropriate treatments, and when treatment may either be futile or unnecessarily aggressive.

In her own research, Loiselle has documented key preferences of patients in terms of cancer-related information. Interestingly, patients vary from wanting to actively seek incredibly detailed information, to wanting only “the big picture” or very restricted cancer information. Addressing patients' preferences for health information carries important benefits for prevention, screening and self-monitoring of health conditions, including early detection, symptom management and health outcomes, as well as long term adjustment to illness.

A renewed focus on person-centred care, says Loiselle, matches nicely the current personalized medicine trend, and with both approaches converging we expect enhanced patient care and outcomes.

“Personalized medicine is about finding the right treatment for the right person at the right time, and PCC is about taking the right approach with the right person at the right time,” she says. “Ultimately, we're all working toward supporting and enhancing the human condition.” **{DANA YATES}**

TRAINING *the* NEXT GENERATION OF PHYSICIANS – *the* FIRST YEAR OF MCGILL'S NEW MDCM CURRICULUM

One year in, McGill's new undergraduate medical curriculum is rolling out as planned. The Faculty's first major curricular update since the 1990s was introduced in fall 2013. Designed to meet the evolving needs of society, it interweaves clinicianship and science, while fostering lifelong learning and inter-professional teamwork. Robert Primavesi, BSc'81, MDCM'85, Associate Dean of Medical Education and Student Affairs, says he is pleased with the results.

With the launch of the new MDCM, morning lectures are now complemented by either small group or longitudinal family medicine sessions in the afternoon. Clinical cases are introduced in the very first block, which serve as the basis for what is taught, ensuring clinical experience and science material complement each other.

"The block leaders have been very involved and very hands on," says Primavesi. "They have been present for the morning lectures and have contributed to the teaching, making for better cohesiveness and more oversight."

Students are also pleased, particularly with how the curriculum blends some of the classic components that have made McGill leaders in medical education, such as full body dissection for the anatomy program and strength in basic science instruction, with novel and innovative methods to teach medicine.

"In terms of what's new, we now have exposure to ultrasound right from Med-1, which is totally new and very exciting," says Nebras Warsi, Executive President of the McGill Medical Students' Society (MSS). "At the same time we are learning normal anatomy, seeing the real body, and learning pathology, we are also learning what that anatomy looks like in health and disease through ultrasonography."

Sophie Vincent, Executive Vice-President & Corporate Relations of the MSS agrees. "Ultrasound is now so widely used in the hospital setting. That we were, as first-year medical students, taught how to use it on real people is to me a great advantage for our future practice. It also demonstrates that the new curriculum is truly oriented toward the 21st century practice of medicine."

MAKING A SOCIETAL IMPACT

Primavesi is now looking forward to placing students with community outreach programs in the second year of the new curriculum, thanks in part to the success of the longitudinal family medicine experience (LFME).

In its first year, the LFME program recruited 170 family physician preceptors, many of whom were not previously a part of the McGill community. Each preceptor welcomed at least one student into their practice for 16-20 sessions over the course of the year. The close to 18,000 resulting patient interactions provided students with the



Owen Egan

↘ First-year medical students at Orientation 2013.

opportunity to make the correlation between what they learned in class and its applicability to real patients, notes Primavesi.

Patients presented with a wide range of issues from musculo-skeletal to psychological to family planning to cardiovascular, allowing students to be part of more than 12,000 physical exam components, from checking blood pressure to auscultating the lungs and heart.

"My LFME allowed me to integrate book learning and the patient experience," says MDCM student Annick Gauthier. "For example, the day that I learned about atrial fibrillation in a cardiology lecture, I saw a patient with a newly diagnosed atrial fibrillation with my LFME preceptor. Not only did I get to feel their pulse and see their ECG, but I also got to understand how this diagnosis was affecting them."

For Matthew Slimovitch, 2017 Class President, the experience was an eye opener. "As the year progressed, I was able to acquire more understanding of medicine, Physicianship and helping patients," he says. "I was able to acquire a greater appreciation of the true nature of family medicine."

The importance of this exposure is not lost on the Faculty. "From the perspective of the Department of Family Medicine and the LFME committee, the course has been a tremendous success in allowing students to better understand family medicine and the patients' perspective from early on in their studies," says LFME course director Leonora Lalla, MDCM'96. "It is gratifying to witness how the experience has been so meaningful, not only to the students but to the preceptors as well."

"The LFME allowed me to see the healing side of family medicine. This became truer as my involvement in the clinic increased," notes Slimovitch. "Before this experience I would not have considered a career in family medicine. Not only has it opened my eyes to family medicine, it has shown me the true value of Physicianship and its importance in all aspects of medicine."

THE WAY FORWARD

Primavesi is pleased with how the students have taken to the new curriculum. “The exam results have been good and follow a bell curve for the most part,” he says. “There’s a nice range and good distribution, with students scoring well into the 90s.”

But, as with most innovative undertakings, there are areas that need fine-tuning and improvement. “We look at the psychometrics of the exams,” says Primavesi. “We want to be fair to the students, and the exam results are as much a measure of what the students have learned as they are a tool to evaluate the teaching.”

Adjustments are needed on the sequencing of units to ensure that the lecture topics coincide with the clinical experience. “Some of the balance of time between the different units we covered can be



Owen Egan

↳ Dean David Eidelman addressing first-year medicine and dentistry students during Orientation 2013

reworked, with more time needed for the gastrointestinal unit, for example,” says Warsi.

Dr. Terry Hébert, Professor of Pharmacology and Therapeutics in the Faculty and Chair of the Basic Sciences sub-committee agrees. “Now that we have run the curriculum for one year, we see where the gaps are and have added core science content while removing duplication. Once we go through a full four-year cycle, we will be able to better address the gaps each year.”

Hébert says the sub-committee is also exploring ways to help ensure all students are best prepared for their first week of medical school. To that end, the Med-P qualifying year is being modified to add required courses in basic sciences, and a qualifying year for other students who need foundational knowledge will also be introduced, likely beginning in September 2015. A summer preparatory website has also been created to help incoming students ready themselves for the start of medical school.

“This is a made-at-McGill solution to a problem that a lot of medical schools face,” says Hébert.

“I think that the mix of innovation and resources that McGill provides has made this first year in Med-1 an exceptional experience for all of us,” says Warsi. “And I’m excited to see that next year’s curriculum is already improving upon the great teaching that my class had.” **{JASON CLEMENT}**

To find out more about McGill’s new MDCM curriculum, visit: <http://www.mcgill.ca/new-mdcm>

EXCELLENCE THROUGH INTER-PROFESSIONALISM

A core theme within the new MDCM curriculum, inter-professional education has become imperative in the last ten years, as it becomes increasingly obvious that good care can only be delivered through teamwork.

To that end the Faculty of Medicine offers students an Interprofessional Educational Experience (IPE) that introduces students from across the Faculty’s schools to workshops beginning their first year. At the moment, two workshops spanning two years are offered; however, there are plans to expand to at least four major activities, according to Dr. Hélène Ezer, BScN’68, MSc(A)’77, who is part of the Joint Curriculum Committee for the IPE.

The workshops follow national guidelines on the competencies professionals need to be part of a team and to meet accreditation requirements. In 2013-2014, some 350 first-year students participated from the Faculty’s schools, each of whom were tasked with proposing a health promotion initiative.

More than 70 projects were proposed and, once the IPE committee did an initial triage, students voted for their top two: a project that focuses on childhood and adolescent obesity and a second one related to community gardens and orchards in long-term care facilities and small-scale rehab settings.

“I would bet that this experience has changed the way the students will operate,” says Ezer. “It’s not so much which project they were working on but the consensus-building that happened along the way and how they talked and worked with each other. It’s important for them early on to see that they can work with each other and that working together actually makes a project richer and better.”

IN A CLASS OF THEIR OWN

The payoff of a fundraising effort is usually experienced primarily by those on the receiving end of the gift. Members of the McGill Faculty of Medicine's Class of 1963 might disagree.



Nicolas Morrin

▸ Class of '63, with three student recipients of their Class Scholarship Fund, during their 50th anniversary dinner at Homecoming 2013

In addition to benefiting students, the Class of '63 Scholarship Endowment Fund, founded in 1998, has kept the bonds of friendship strong among the diverse, and far-flung cohort. "We could not have imagined... our [fund] would become the catalyst that has brought us close together," wrote David Chui, MDCM'63, one of the fund's organizers.

The fund was created in the lead-up to the class's 35th reunion. Dr. Chui and his wife (and classmate) Lily Cheung, BSc'59, MDCM'63, contacted their "class czar," David R. Boyd, MDCM'63, about coordinating a class gift. Around the same time, Dr. Chui started an electronic mailing list, or list-serv, for the class, which would prove to be an essential element in maintaining the group's closeness.

Over the years, the list-serv has been the medium through which the fund has maintained its momentum annually, but that's hardly its main purpose. "We celebrate the achievements of every classmate, and mourn the loss of an unfortunate few. Humour is also very much a part of this culture. The importance of this medium to help keep us stay connected cannot be overstated. We now know each other better than when we were at McGill," commented Dr. Chui.

At graduation in 1963, the Class had 95 classmates. To date, there are 77 remaining. The Class of '63 raised \$52,900 that first year. After discussions through the list-serv, the class determined that the fund should benefit medical students who demonstrate financial need. "Financial need should always be the 'litmus' test to qualify. The Student Aid Office should be the only arbiter for the final selection of the candidate," wrote classmate Andy Davis, MDCM'63. The first two awards were given the following year, in 1999, totaling \$3,800.

"The scholarship fund appeals to many of us who had little money at the time we went to medical school and who benefited from McGill's low tuition and the availability of loans," wrote Fuller Torrey, MDCM'63.

Anthony Morrison, MDCM'63, echoed this sentiment. "We remembered that McGill had provided some members of our class with career-saving financial aid. (On more than one occasion this was provided without the request for such.) And we felt that we could do no less for our younger colleagues," he wrote.

Indeed, in 1959, Haile Debas, MDCM'63, DSc'05, a class member from Eritrea, then a part of Ethiopia, was summoned to the office of Dr. Lloyd G. Stevenson, the Dean of Medicine at the time, and informed that following a palace coup in his home country, his monthly stipend would not be coming through. Through the Faculty, financial aid was granted, allowing him to remain at McGill through the tumult back home. Dr. Debas recalled that experience in his convocation address to the Class of 2005 upon being awarded an Honorary Degree.

Shiva Javeshghani, from the Class of 2015, was one of the recipients of the Scholarship for 2013-2014. "This scholarship will finally permit me to pursue my studies without the heavy burden of debt," she wrote. "It has helped me achieve a peace of mind that I believe is necessary to succeed in medical school and residency."

Maintaining momentum while raising money over many years is a challenge for even the most seasoned fundraisers, and by most accounts it's the personal connections maintained by the list-serv, not to mention plenty of gentle prodding by Drs. Chui and Boyd, that have kept the fund growing.

Last year the Class of 1963 had a momentous celebration on its 50th reunion. To date, the Class has raised \$768,000 for the Endowment. Over 80 medical students have been beneficiary of the Class's generosity, sharing among them \$184,000 in scholarships. The list-serv, needless to say, is still going strong.

{KATHRYN JEZER-MORTON}

“This scholarship will finally permit me to pursue my studies without the heavy burden of debt.”

– Shiva Javeshghani



A GIFT THAT KEEPS ON GIVING

The act of giving is an expression of our innate desire to affect positive change that will impact society. It is motivated by a core belief in the promise of a better future with the power to have a transformative effect on the Faculty of Medicine. But why is philanthropy so important and how does it affect the student experience?

As part of the illustrious group of McGill Faculty of Medicine alumni, you have the opportunity to positively impact the lives of those that follow in your footsteps and, by extension, society as a whole. From providing students with novel opportunities to volunteer in the community through the Community Health Alliance Project, to funding travel awards that allow students to attend conferences and learn from peers and leaders in the field, to establishing a summer research bursary to launch a lifelong interest in medical research, the decision you make to give back to the Faculty of Medicine keeps our tradition of philanthropy strong.

Since your time as a McGill student, many of you have become leaders in your respective fields. Each time an alumnus makes a critical research breakthrough or develops new treatment approaches, such an achievement enhances the distinction that is McGill. Supporting your alma mater means investing in the future. It means ensuring the next generation of physicians, researchers, and health care professionals can benefit from the same quality education that you received, while offering you the satisfaction of knowing that your gift is a gift that truly keeps on giving.

Our heartfelt thanks for your ongoing support.

JOANNE LEEBOSH, BEd'78

Managing Director
University Advancement Office
Faculty of Medicine
McGill University

A SURGEON WITH HEART

As far back as she can remember, Jemi Olak, BSc'77, MDCM'82, has been fascinated by the intricate art of surgery. "The idea that you could actually go into a person's body and fix whatever was wrong with them was captivating to me, even as a child," she says.

Over her 26-year career as a cardiothoracic surgeon, Dr. Olak has put that fascination to extraordinary use, performing complex and often life-altering medical procedures to treat conditions of the lungs, esophagus, mediastinum and chest wall.

And what a career it has been. After graduating from McGill, Dr. Olak earned a Master's degree in public health from McMaster University, completed her general surgery residency at Montreal's Royal Victoria Hospital of the MUHC and her general thoracic surgery residency at the University of Toronto. She has since held positions at the Medical College of Virginia and the University of Chicago, and worked as a general thoracic surgeon at the Lutheran General Hospital in Chicago, Illinois, and the Kern Medical Center in Bakersfield, California.



▷ Jemi Olak

The most satisfying part of her profession? That's easy, Dr. Olak explains.

"The patients," she says. "People come in on the first day full of apprehension, so taking the proper time to educate them about their disease and then guide them through the surgical care and recovery process is very rewarding."

Dr. Olak retired as a surgical practitioner last year, but she continues to act as a health educator, ensuring that chest cancer patients fully understand their disease and treatment options. It is worthwhile work, and she urges her fellow McGill medicine graduates to support the students who are following in their footsteps. Though she has had an important impact on the lives of the sick and injured, she has always wished that she could do more to support future generations of surgeons.

That urge has compelled Dr. Olak to remember the McGill Faculty of Medicine in her estate plans. Her significant bequest will support scholarships and teaching initiatives for students in the McGill Department of Surgery.

"I owe my whole career to McGill," she says. "That's how I'm paying it back. I just think it's the right thing to do."

"Your McGill education is worth a lot more than it actually cost you," she says. "We need to look after today's students just as past graduates looked after us when we were students."

{GARY FRANCOEUR}

To learn more about the power of planned giving, please call the Bequests and Planned Gifts office at 514-398-3560

"I owe my whole career to McGill. That's how I'm paying it back. I just think it's the right thing to do."

– Jemi Olak

THE LEGACY OF PLANNED GIVING

A bequest or planned gift is truly the gift of a lifetime.

For Alexander Fulton—son of the late Albert William, BA'58, and the late Emily Tatiana Fulton—helping his mother through the process of arranging her bequest that would ultimately be carried out through her estate brought him and his family peace of mind.

“Helping to give students the gift of knowledge is an extremely positive experience,” Fulton says. “It really helped me get through the difficult times everyone goes through when they lose loved ones, and it filled me with pride to know that my family was able to do this.”

His father, the industrious Albert William Fulton, was born in Nova Scotia and attended McGill University on a full scholarship. He spoke glowingly of the experience to his family.

“It was always part of the plan for my parents. My father wanted some of his money to go towards a scholarship at McGill,” Fulton says. His father passed away in 2008, and his mother in 2013.

In early 2012, Fulton started finalizing the details of his mother’s bequest with McGill. A lot of thought was given about which Faculty should receive the scholarship. Albert William Fulton was a man of many passions—not only did he teach secondary school mathematics, he also extensively chronicled the history of two Toronto communities: Wychwood Park and Toronto Island.

Fulton and his mother eventually decided the scholarship should be awarded by the Faculty of Medicine to a full-time undergraduate student in the new MDCM program on the basis of academic merit, with preference given to Canadian students. It was the perfect fit.

“My father had seriously considered going into medicine,” explains Fulton. “It just made sense to establish the scholarship with the Faculty of Medicine.”

Fulton recalls having extensive conversations with the Bequests and Planned Gifts office, housed within University Advancement at McGill. Through the generosity of his mother’s estate, they were able to set up the scholarship as an endowment—an annual gift that will allow the memory of Alex Fulton’s parents to live on.

“It is such a beautiful notion,” says Fulton.

Adds Susan Reid, Director, Bequests and Planned Gifts at McGill: “Every bequest or planned gift is cherished, but by contacting our staff, the opportunity exists to ensure the gift is positioned to best fulfill the wish of the donor. The more planning that takes place during your lifetime, the more smooth a transition it will be. As planned giving officers, we can guide donors toward a plan that will allow their dreams to come true; we may help with a preferred designation, establishing a scholarship in someone’s name, or help them with suggested wording that they can take to their notary or lawyer.”

Although a bequest or planned gift may be an uncomfortable subject for some, it can feel like a weight has lifted to have a plan in place.

“A planned gift is really something that comes from the heart,” says Reid. “It’s a gift of passion.”

Adds Fulton: “Setting everything up went wonderfully. It was something I could believe in and feel good about.” **{ERIK LEIJON}**

To learn more about the power of planned giving, please call the Bequests and Planned Gifts office at 514-398-3560



▶ The late Emily Tatiana and Albert William Fulton

“A planned gift is really something that comes from the heart.”

– Susan Reid

Celebrating Donor Impact on Scholarship

Each year, the Faculty of Medicine awards scholarships and bursaries to deserving students from each of its schools. Made possible by the generosity of donors, this recognition allows exceptionally bright and talented young adults to pursue their studies and to realize their professional goals.

In April 2014, some 90 students, donors and faculty members gathered in the Faculty of Medicine's Holmes Hall to celebrate philanthropy and the achievements it enables. Tatiana Ogourtsova, BSc(OT)'06, MSc'10 (Rehabilitation Science) and PhD candidate, spoke passionately about how her experience with stroke victims, while working as a clinician at the Montreal Neurological Institute, inspired her to pursue graduate research. "I became fascinated with visual-perceptual deficits post-stroke and how deeply they can affect the functioning of a person," said Ogourtsova, who is also a recipient of the Richard and Edith Strauss Fellowship in Physical and Occupational Therapy. "I focused my Master's thesis on researching the underlying mechanisms of this disorder."

Speaking to the audience, which included Bob Cowling, BA'57, BCL'60, the Vice-President of the Richard and Edith Strauss Foundation, Ogourtsova also highlighted the important impact that scholarships and fellowships have on students. "This fellowship is more than just a source of financial support," she said, "but also an indication that the selection committee believed in my skills and abilities, and particularly in the aims of my project and its potential future contributions. This gives me, and I am sure all the other awardees, an immense source of encouragement and motivation to excel at what we do. And that feeling is priceless."

Dean David Eidelman, MDCM'79, highlighted the impact of philanthropy on the Faculty of Medicine's ambitious agenda. "Great talent oftentimes needs tangible support," he said. "These investments go beyond simply funding a cause we understand to be important."

"It's about knowing the health care needs of the society we live in and recognizing the role we can play to make things better." **{JASON CLEMENT}**

To learn more about how you can make an impact on scholarship at McGill's Faculty of Medicine, please contact the University Advancement Office at (514) 398-2919.



(l to r): Tal Oron, recipient of the Richard and Edith Strauss Fellowship; Tatiana Ogourtsova recipient of the Richard and Edith Strauss Fellowship; Joanne Chouinard, Richard and Edith Strauss Canada Foundation; Robert Cowling, Richard and Edith Strauss Canada Foundation; Gayatri Aravind recipient of the Richard and Edith Strauss Fellowship; Annette Majnemer, Associate Dean, School of Physical and Occupational Therapy; Kedar Mate, recipient of the Richard and Edith Strauss Fellowship; Owis Eilayyan, recipient of the Richard and Edith Strauss Fellowship.



(l to r): Harvey Guyda; Etienne St-Louis, recipient of the Montreal Children's Hospital of the MUHC Student Prize for Pediatric Excellence



(l to r): W. Ralph Cooke, MDCM'57; Guillaume Vandal, recipient of the Merle Peden Bursary



(l to r): Barbara Arseneau; Stephanie Avery, recipient of the Montreal General Hospital Nursing Alumni Association Award; Joan Clark



(l to r): Meaghan Van Alstyne, recipient of the Rose Mamelak Johnstone Research Award; Michael Johnstone, MDCM'82



(l to r): John H. Burgess, MDCM'58; Marsha Vanessa Wysote, recipient of the Dr. John H. Burgess Distinguished Scholarship



(l to r): Ross C. de Belle, MDCM'67, Claudia Flores Echaiz, recipient of the Class of Medicine 1967 Bursary; Lily Hechtmen, MDCM'67



(l to r): Peter Gillett, MDCM'63; Mrs. Paula Gillet; David Boyd, MDCM'63; Jennifer Palmer, recipient of the Class of '63 bursary; Joyce Boyd, MDCM'63; Stephen Fichman, MDCM'63



(l to r): Dean David Eidelman, MDCM'79; Associate Dean, Medical Education and Student Affairs, Robert Primavesi, MDCM'85; Collins Oghor, recipient of the Class of '85 Entrance Scholarship



(l to r): Sonia Do Carmo, recipient of the Charles E. Frosst Merck Canada Fellowship in Pharmacology; Marta Cybulsky, recipient of the Jack Auerbach Memorial Bursary; Alan Frosst, BSc'60; Alen Antoun, recipient of the James Moses and Stella Frosst Alexander Scholarship; Nebras Warsi, recipient of the James Moses and Stella Frosst Alexander Scholarship; Kelly Lau, recipient of the James Moses and Stella Frosst Alexander Scholarship; Alexandre Horobjowsky, David G. Guthrie Major Bursaries in Medicine



(l to r): Alice Chan-Yip, MDCM'62; Janelle Cyr, recipient of the Dr. Alice Chan-Yip Multiculturalism Award; Liana Chase, recipient of the Dr. Alice Chan-Yip Award for Graduate Research in Psychosomatic and Integrative Medicine

THE HEALING ARTS

What do doctors and art historians have in common? “We both examine things closely,” says Gwendolyn Owens, Director of McGill University’s Visual Arts Collection. At McGill, busy medical faculty and students don’t have to go to a museum to take a break from examining something scientific to looking at something artistic. Works of art are all over both campuses—inside and outside buildings—in what has been described as a museum without walls. Students, faculty and staff in any discipline encounter works of art by chance (or intention) just by taking a walk.

The Faculty of Medicine has long enjoyed a particularly special relationship to the visual arts. The Strathcona Anatomy and Dentistry Building has a number of unique artworks actually imbedded in its walls. The exquisite memorial stained-glass window in the main corridor designed by noted architect Percy Nobbs commemorates the teaching staff in the Faculty who fought in the First World War, and was a gift of the teaching staff in 1922. A marble step marking the original entrance to the Osler Library, which was carefully selected and cut so that it resembles the cross section of a spinal cord, was paid for by the Faculty as part of the Library, also designed by Nobbs.

In 1942 another important collaboration between the arts and sciences began in the Faculty with the creation of *Endocrinology*, a 12x16 foot mural by Marian Dale Scott depicting the contemporary topic of research in the Department of Histology. Professor Hans Selye, DSc ’42 (deceased) worked closely with Scott to ensure that the mural projected the aims of both artist and scientist; the result is striking in visual style and scientifically enlightening, with emphasis on a shared commitment to design. In the first issue of *Canadian Art* magazine, Selye, who personally funded *Endocrinology*, described Scott’s interpretation of his work as expressing “the essence of medical research in general.” Today the mural is a source of pride for McGill, representing a critical juncture both in the work of an important Canadian artist and in Selye’s research into biological stress.

The tradition of donating works of art to the University continues to thrive as a particularly valuable form of support that is enjoyed by the entire McGill community. Two recent donations to the Faculty of Medicine highlight how art is enriching the spaces and supporting the teaching mission of the University. Marcel and Francine Charron, friends of the Faculty, have given a number of paintings by contemporary artists, including John Marok and the Québécois artist Marcel Barbeau. Having noticed his sculpture *Fenêtre sur l’avenir* on the downtown campus, the Charrons were inspired by the visibility of his work at McGill. They donated a series of colorful paintings by the artist, thereby deepening the University’s holdings of his work. The gift will brighten spaces and also provide opportunities for students in art history to research the works.

McGill is also grateful to Joanne H. Jepson, MDCM ’59, and a member of the 1821 Society, who donated her art collection in 2013. The fascinating collection includes artwork from all corners of the globe, with a particular strength in Japanese prints. Dr. Jepson’s eye for selecting objects worthy of study, not simply of beauty, is apparent in her choices. One particular item reveals the donor’s medical background: a 19th-century mahogany apothecary cabinet made in England, complete with silver reflex hammer and medicine spoon. Such an object illustrates how the lines between art and science can be blurred over time. When new, the medicine box would simply have been a tool to fill a purpose, but today its antique status draws the interest of art historians, antiquarians and scientists alike.

“We look forward to working with other collectors who choose to support the Faculty of Medicine in the coming years,” notes Owens. “We know that they have an eye for detail.” **{DAISY CHARLES}**



■ Memorial Stained Glass Window by Percy Nobbs (1922), Strathmed



■ Spinal Cord Cross-Section, Marble Step, Strathmed



■ Endocrinology by Marian Dale Scott (1942-1943), Mural, Strathmed



■ Country House Sanctuary by John F. Marok (www.johnfmarok.com.), Oil on Canvas, Faculty of Medicine



■ Fenêtre sur l'avenir by Marcel Barbeau (1992),
Painted Steel, James Sculpture Garden



■ Untitled by Marcel Barbeau (2000), Acrylic on Paper,
gift of Marcel and Francine Charron



■ 19th-century Mahogany Apothecary Cabinet with
Reflex Hammer and Medicine Spoon

➤ **Do you have artwork to donate to the Visual Arts Collection?**

Adding to the collection is a great way to create your own legacy at McGill. Every year, a select number of works of art are accepted. Thanks to the generosity of donors past and present, works of art by professional artists enhance our teaching spaces and provide opportunities for all students to see, study and learn to appreciate works of art. For art history students who work directly with the collection, they get hands-on experience to prepare them for careers in the museum field; the artworks get the attention and care they need. To start the process or for more information, please contact Gwendolyn Owens. gwendolyn.owens@mcgill.ca, 514-398-7166 or visit www.mcgill.ca/vacollection.



IN MEMORIAM

Rosalind Goodman, 1940 - 2014

As this issue was going to print, the McGill community received, with heavy heart, the news that Rosalind Goodman, BA'63, LLD'11, a devoted alumna, passionate philanthropist and tireless volunteer, who

committed herself to energizing basic cancer research within the University, had lost her own battle with the disease.

In 2008, Rosalind and her husband Morris made a transformative multi-million dollar gift to support the McGill Cancer Centre, which was renamed the Rosalind and Morris Goodman Cancer Research Centre (GCRC) in their honour. Not only did their support enable McGill to bring together more than 300 leading cancer researchers, students and staff in new state-of-the-art facilities to pursue their ground-breaking investigations, it also reinforced the University's status as a leading hub for innovative cancer research. Rosalind's commitment to also educate and unite others in the fight against the disease was truly inspirational.

McGill has lost one of its most dedicated champions of basic cancer research. The impact and legacy she leaves will be lasting. We are forever grateful for her extraordinary support and selfless devotion, which we will continue to honour through our work.



1954



HOMECOMING 2014

Homecoming 2014 is just around the corner and we have a host of great events in store for you. Join your fellow graduates to renew old friendships, forge new ones and learn about everything that's happened in the Faculty of Medicine since you last visited your alma mater. Reunion plans are already underway for the classes of 1954, 1959, 1964, 1969, 1974, 1979, 1984, 1989, 1994, 1999, 2004 and 2009. No matter when you graduated, we look forward to welcoming you home to McGill from October 16-19.

Consult our full list of events online at <http://www.mcgill.ca/medicine/alumni/homecoming>.

We hope to see you soon.

FOR MORE INFORMATION, please contact the University Advancement Office at 514-398-2919 or alumni.medicine@mcgill.ca.



1959



1964



1969



1974



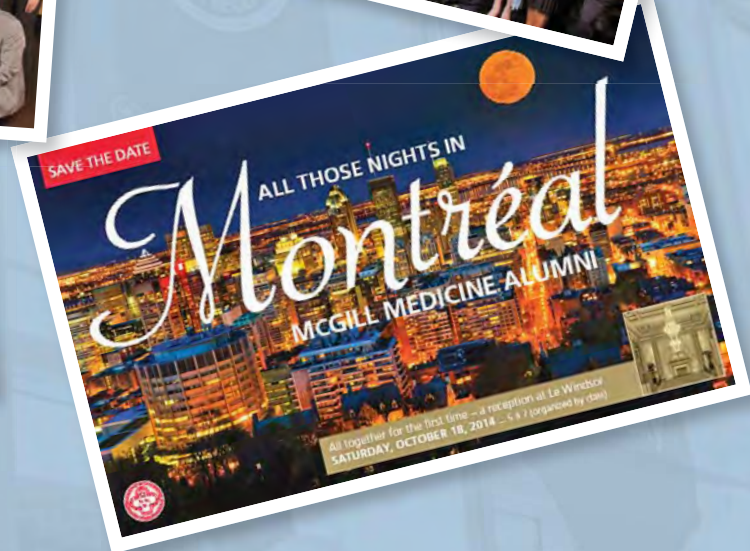
1984



1989



1999



➤ DR. NAHUM SONENBERG

ROYAL SOCIETY OF CANADA (RSC)
MCLAUGHLIN MEDAL
WOLF PRIZE

➤ DR. ERNESTO SCHIFFRIN, PHD'80

2013 CANADIAN CARDIOVASCULAR
SOCIETY (CCS) RESEARCH ACHIEVEMENT
AWARD

➤ DR. QUTAYBA HAMID

➤ DR. BERNARD ROBAIRE, PHD'74

➤ DR. MOSHE SZYF

2013 FELLOWS OF THE ROYAL SOCIETY OF
CANADA

➤ DR. GREG GEUKJIAN, BSC'70, MDCM'74

QUEBEC CHAPTER OF THE COLLEGE OF
FAMILY PHYSICIANS OF CANADA (CFPC)
AWARD OF EXCELLENCE FOR PATIENT
CARE IN A NON-URBAN REGION

➤ DR. NICOLA CASACALENDA

2013 ASSOCIATION OF CHAIRS OF
PSYCHIATRY OF CANADA (ACPC) AWARD
FOR EXCELLENCE IN EDUCATION

➤ DR. MICHEL TREMBLAY

PRIX DU QUÉBEC - ARMAND-FRAPPIER

➤ DR. PHIL GOLD, BSC'57, MDCM'61,
MSC'61, PHD'65

PRIX DU QUÉBEC - WILDER PENFIELD

➤ DR. MARK J. EISENBERG, M MGMT'10

➤ DR. LAURENCE J. KIRMAYER, BSC'74,
MDCM'78

➤ DR. GREGORY J. MATLASHEWSKI

➤ DR. MICHAEL N. POLLAK, MDCM'77

➤ DR. SAMY SUISSA, BSC'76, MSC'77

2013 CANADIAN ACADEMY OF HEALTH
SCIENCES NEW FELLOWS

➤ DR. MIMI ISRAËL, BSC'78, MDCM'83,
DIP PSYCH'87

PRIX RECONNAISSANCE DE CARRIÈRE
PERSILLIER-LACHAPPELLE 2013

➤ MR. WALTER KUCHARSKI

PRINCIPAL'S AWARD FOR
ADMINISTRATIVE AND SUPPORT STAFF

➤ PROF. ANN WECHSLER, MSC'59, PHD'62

MCGILL UNIVERSITY LIFETIME
ACHIEVEMENT AWARD FOR LEADERSHIP
IN LEARNING

➤ LINDA CRELINSTEN

FÉDÉRATION DES MÉDECINS
SPÉCIALISTES DU QUÉBEC (FMSQ) PRIX
DU DÉVELOPPEMENT PROFESSIONNEL
CONTINU 2013

➤ DR. KATHY MULLEN

FELLOW MEMBER OF THE OPTICAL
SOCIETY

➤ DR. MIMI ISRAËL, BSC'78, MDCM'83,
DIP PSYCH'87 AND
DR. SERGE BEAULIEU

PRIX "COUP DE CHAPEAU VERDUNOIS" 2013

➤ DR. LAURIE GOTTLIEB, BN'69, MSC(A)'74,
PHD'85

2013 AMERICAN JOURNAL OF NURSING
(AJN) BOOK OF THE YEAR AWARD

➤ DR. MICHAEL SHEVELL, BSC'80,
MDCM'84

2014 CHILD NEUROLOGY SOCIETY HOWER
AWARD

➤ MICHAEL LIFSHITZ, BA'11

NSERC'S 2013 ANDRÉ HAMER
POSTGRADUATE PRIZE

➤ DR. YVONNE STEINERT

2014 CHILD NEUROLOGY SOCIETY HOWER
AWARD

➤ DR. DAVID MULDER, MSC'65

2014 ROYAL COLLEGE OF PHYSICIANS AND
SURGEONS OF CANADA (RCPC) JAMES H.
GRAHAM AWARD OF MERIT

➤ DR. BRENDA MILNER, PHD'52, DSC'91

2014 DAN DAVID PRIZE

2014 KAVLI PRIZE IN NEUROSCIENCE

➤ DR. ROBERT HESS

H. BARRY COLLIN RESEARCH MEDAL

➤ DR. IRAH KING

BHAGIRATH SINGH EARLY CAREER
AWARD IN INFECTION AND IMMUNITY
(CIHR-III)

➤ PROF. BRIGITTE KIEFFER

L'ORÉAL-UNESCO FOR WOMEN IN
SCIENCE AWARD

➤ DR. MARK WAINBERG, BSC'66

2014 JOHN G. FITZGERALD CACMID AWARD

➤ DR. WILLIAM FOULKES

CANADIAN CANCER SOCIETY O. HAROLD
WARWICK PRIZE

➤ DR. JANET RENNICK, PHD'99

ORDRE DES INFIRMIÈRES ET INFIRMIERS
DU QUÉBEC (OIIQ) PRIX FLORENCE 2014

➤ DR. MARTIN OLIVIER, PHD'88

2014 CANADIAN SOCIETY FOR IMMUNOLOGY
(CSI) INVESTIGATOR AWARD

➤ DR. MARIANNA NEWKIRK

CATALYST AWARD FOR STAFF
CONTRIBUTION TO SUSTAINABILITY

➤ DR. ROBYN TAMBLYN, PHD'89

2014 JOHN P. HUBBARD AWARD

➤ DR. PIERRE-PAUL TELLIER

2014 SOLIDAIRES CITIZEN INVOLVEMENT
AWARD

➤ DR. JULIE ST-PIERRE

2014 MCGILL FACULTY OF MEDICINE
MAUDE ABBOTT AWARD

➤ DR. LOYDIE JEROME-MAJEWSKA

2014 MCGILL FACULTY OF MEDICINE
HAILE T. DEBAS AWARD

➤ DR. SYLVIE LAMBERT, BSCN'00, PHD'08

2014 ROSEMARY WEDDERBURN BROWN
FACULTY AWARD

➤ GILLIAN BARTLETT-ESQUILANT, BA'94,
MSC'96, PHD'01

➤ FARHAN BHANJI

➤ ISABELLE GAGNON, BSC(PT)'92

2014-2015 FACULTY HONOUR LIST FOR
EDUCATIONAL EXCELLENCE

➤ DR. BRIAN CHEN

2014 CANADIAN ASSOCIATION FOR NEURO-
SCIENCE YOUNG INVESTIGATOR AWARD

➤ LAWRENCE ROSSY, BA'65

➤ DR. BARRY POSNER

ORDER OF QUEBEC

➤ DR. RICHARD CRUESS

➤ PROF. PHILIP BRANTON

ORDER OF CANADA

➤ DR. GUSTAVO TURECKI, PHD'99

2014 DR. SAMARTHJI LAL AWARD



THE WINNERS OF MCGILL'S 6TH ANNUAL

MEDICINE ALUMNI GLOBAL AWARDS will be announced during Homecoming 2014.

Past winners of these prestigious awards include:

LIFETIME AND CAREER ACHIEVEMENT AWARD

Presented to alumni of the MDCM program who have enhanced the reputation of McGill University through a lifetime contribution of exceptional leadership.

- 2009 Charles R. Scriver, BA'51, MDCM'55, DSc'07
- 2010 Victor Dzau, BSc'68, MDCM'72, DSc'08
- 2011 Phil Gold, BSc'57, MDCM'61, MSc'61, PhD'65
- 2012 David R. Boyd, MDCM'63
- 2013 Doris A. Howell, MDCM'49

ALUMNI AWARD FOR COMMUNITY SERVICE

Presented to alumni of the MDCM program who have made outstanding contributions to the betterment of local and/or global communities.

- 2009 Frederick H. Lowy, BA'55, MDCM'59, LLD'01
- 2010 Joanne Liu, MDCM'91
- 2011 Richard Deckelbaum, BSc'63, MDCM'67
- 2012 Laurel Baldwin Ragaven, MDCM'83
- 2013 Ellen Beck, MDCM'76

YOUNG ALUMNI AWARD

Presented to alumni of the MDCM program who, within 15 years of graduation, have made important contributions to society and to McGill University.

- 2009 Steven P. Miller, MDCM'95
- 2010 Paul Khairy, MDCM'95, MSc'02
- 2011 Sam J. Daniel, MDCM'96, MSc'02
- 2012 not awarded
- 2013 Daniel Deckelbaum, BMUS'96, MDCM'01

INGRAM SCHOOL OF NURSING

ALUMNI AWARD OF MERIT

Presented to alumni who have enhanced the reputation of McGill University and their profession/research discipline through exceptional leadership, community service and/or scholarly excellence.

- 2013 Kendrith Bentley, BSc(N)'71

SCHOOL OF PHYSICAL AND OCCUPATIONAL THERAPY ALUMNI AWARD OF MERIT

Presented to alumni who have enhanced the reputation of McGill University and their profession/research discipline through exceptional leadership, community service and/or scholarly excellence.

- 2013 Debbie Friedman, BSc(PT)'83, M MGMT'10

SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS ALUMNI AWARD OF MERIT

Presented to alumni who have enhanced the reputation of McGill University and their profession/research discipline through exceptional leadership, community service and/or scholarly excellence.

- 2013 Jill Harrison, BA'72, MSc(A)'74

LEADERSHIP AWARD

- 2010 Joseph Hanaway, BA'56, MDCM'60

For more information, please contact Mercedes M. Delacroix, Development Associate, at 514-398-5924 or mag.medicine@mcgill.ca.

KEY DATES

HOMECOMING 2014

Thursday, October 16 to
Sunday, October 19, 2014
Information: 514-398-2299
Website: www.mcgill.ca/medicine/alumni/homecoming

2014 GAIRDNER NATIONAL PROGRAM LECTURE

Tuesday, October 28, 2014
Montreal Neurological Institute,
Jeanne Timmins Amphitheatre,
3801 University Street
2014 Canada Gairdner Laureat

Sir Marc Feldman will speak about his research.
Information: deborah.rashcovsky@mcgill.ca

EPIDEMIOLOGY 50th ANNIVERSARY LECTURES

"Figuring out what makes people sick"
Tuesday evenings from October 21 to November 25
McIntyre Medical Building
3655 promenade Sir William Osler (6th Floor)
Website: www.mcgill.ca/minimed/

2014 EXPLORATIONS CONFERENCE

Thursday, October 23, 2014
Hotel Hilton Bonaventure
900 Rue de la Gauchetière Ouest
Moral Distress in Clinical Practice:
Building Collaborative Strategies
Website: www.eiseverywhere.com/docs/3653/63565

20th INTERNATIONAL CONGRESS ON PALLIATIVE CARE

September 9 to 12, 2014
Palais des Congrès
Website: www.palliativecare.ca/en/home/index.html



→ THE GIFT OF A LIFETIME

Leave a legacy for future generations passionate about the health sciences

Consider leaving a legacy that contributes to cutting-edge research, to excellence in health sciences education and to shape the next generations of doctors, nurses, speech pathologists, physical and occupational therapists and scientific investigators.

A planned gift is a donation to the Faculty of Medicine offered during the donor's lifetime that is not received until sometime in the future. McGill University itself was famously founded in this way with a bequest by the estate of James McGill.

To learn more about the power of planned giving, please call the Bequests and Planned Gifts office at 514-398-3560.



McGill