

in **Focus**



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McGill

MEDICINE

edition



A Curriculum for the New Century

THIS ISSUE

- 3 Our Roving Residents
- 4 McGill Luminaries: A Prescription for Pedagogical Excellence
- 6 A Curriculum for the New Century: Donald Boudreau's Legacy
- 8 The Wide World of Pharmacology
- 9 Class Action
- 10 News from Development and Alumni Relations
- 11 Faculty Update

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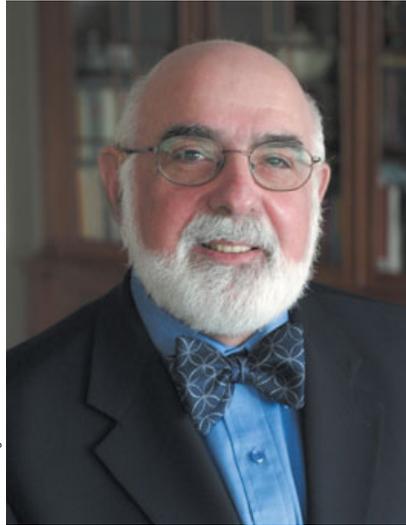


Photo: Owen Egan

*Dean of the Faculty of Medicine,
Abraham Fuks*

Dear Graduates and Friends,

I am pleased to introduce the Faculty of Medicine Newsletter for the fall semester of 2004. We shine the spotlight in this issue on curriculum and pedagogy. An overview of the Osler award and its recent winners highlights the role of outstanding teachers and role models in scientific and clinical education in our Faculty. Our feature on residency training notes the appointment of a new Associate Dean for Postgraduate Medical Education, Dr. Jean-Pierre Farmer, and the teaching of the CanMEDS roles to residents in our many training programs.

I draw your attention to the first in a series of articles on the innovations in our clinical curriculum that will utilize the new Surgical and Clinical Skills Centre, described in a previous newsletter. We recently completed a successful curricular retreat under the leadership of Associate Dean Don Boudreau, and are working diligently to develop the special modules of this innovative curricular change.

It is also extremely gratifying to note the contributions made by students to their own education, and the Class Action Gift Program inaugurated by members of the class of 2004, at spring graduation.

Finally, I am pleased to note the article describing our Department of Pharmacology and Therapeutics and its new leader and Chairman, Dr. Hans Zingg.

The newsletter content, once again, emphasizes the continuing growth and renewal of the Faculty of Medicine, and the leadership role that it plays in medical education.

I would like to take this opportunity to wish all our alumni a very healthy and fruitful winter season. Once again, I renew my invitation to you to visit the Faculty of Medicine, its research institutes, and its teaching hospital network.

Yours sincerely,

A handwritten signature in black ink, which reads "Abraham Fuks". The signature is fluid and cursive.

Abraham Fuks, BSc'68, MDCM'70
Dean, Faculty of Medicine

Our Roving Residents

Across Quebec, almost 800 McGill medical residents are making their mark on provincial health care. McGill has 64 postgraduate programs, with residencies ranging in length from two years for family medicine to six for neurosurgery and cardiac surgery (all other areas of specialization have five-year residency programs). The responsibility for ensuring that residents become fully capable physicians falls to their program directors and on-site supervisors and, ultimately, to the new man in charge. Jean-Pierre Farmer, BSc'79, MDCM'83, a pediatric neurosurgeon and Faculty member since 1990, and full professor of neurology, neurosurgery and oncology since 2002, became Associate Dean of Postgraduate Medical Education and Professional Affairs in January 2004. One of the Associate Dean's jobs is to oversee the issuing of restrictive permits needed to recruit specialists from around the world. In addition to helping to keep McGill's teaching staff on the cutting edge of the medical profession, these specialists contribute a great deal to the evolution of the postgraduate program. "We have a mandate to supervise the quality of our training programs and our trainees," says Farmer. "When they graduate and take exams, they must be competent to deliver care in their specialties. So ours is an important job."

It is also a job that is getting more complex. In 2000, the Royal College of Physicians and Surgeons defined six new CanMEDS (Canadian Medical Education for Specialists) roles for medical schools across the country to incorporate into their residency programs: communicator, scholar, health advocate, collaborator, manager, and professional, in addition to the traditional central role of medical expert. Farmer must ensure that the University meets these new criteria in time for the University's 2006 re-accreditation assessments by the Royal College, the Collège des médecins du Québec, and the College of Family Physicians of Canada.

"These skills are not new," says Farmer. "Physicians have always required them to some degree, but they are now explicitly defined as pedagogical objectives. Across Canada, all medical schools are trying to introduce these concepts into their curriculum, so we are not alone." And across the Faculty, initiatives are being developed to integrate these objectives into the postgraduate program – especially when residents are starting out in the core program – and to assist professors who must learn how to teach these skills.

The Faculty strives to support new residents in the development of the CanMEDS roles. Progress is monitored by individual program directors and, while the program director in internal medicine may work with 60 residents over the first 3 years of residency, some other specialties may just have one every year or two. "The teachers

provide residents with feedback, of course, and residents must provide teachers with feedback as well, so we can improve," says Farmer. "It's basically a mentoring program. If residents experience difficulties, we try as much as possible to help them."

McGill's quota of residents is determined by the provincial government, as residents are paid through the Quebec health care system. The 500-plus positions allotted to the University are, however, supplemented by 225 sponsored students from the Middle East. "The culture shock can be immense for them; occasionally, some experience trouble adapting to North American, and Quebec, society and language," says Farmer, who emphasizes the advantages of admitting these students. "We have the capacity to train them and, because currently the number of doctors in Quebec is relatively low, they're able to provide an important service. In return, they get the education." As a general rule, Farmer stresses, the balance between service and education must be carefully maintained for all residents. "They should not be simply doing all the work," he says. "Residents must also be honing their practice of medicine. But they need to be given responsibility in order to build expertise, so that when they pass their exams, they are ready to serve as very good consultants."

A certain number of McGill residents have always worked outside the Montreal region. Now, the Quebec government requires medical schools to send a certain number of residents across the province. "McGill has highly specialized teaching programs," says Farmer, "and as a result, we haven't been sending as many residents out in regions as the other Quebec medical schools, so this is a challenge for us." According to the newly adopted réseau universitaire intégré en santé (RUIS), McGill is responsible for providing service and education in Montreal's downtown core, on the West Island, in the south-west portion of the south shore, in Abitibi, Northern Quebec and in the Outaouais region, where currently half a dozen students are doing their residency in family medicine. Some spend the duration of their residency in one place, while others travel about the province with specialists, which can bring them even to help in remote areas such as James Bay, also serving Cree and Inuit populations. Wherever they are, our roving residents are working to build expertise and to benefit patients across the province.



Photo: Owen Egan

"When [our trainees] graduate and take exams, they must be competent to deliver care in their specialties."

Jean-Pierre Farmer, BSc'79, MDCM'83
Associate Dean,
Postgraduate Medical Education
and Professional Affairs

A Prescription for Pedagogical

Every student remembers at least one influential teacher – someone whose commitment, knowledge, and care made learning a joy.

Each year, students in Medicine undertake the difficult task of selecting one of McGill's many gifted professors to honour with the Osler Teaching Award. The Osler, established in 1985, is the only Faculty of Medicine award voted on by the entire student body. The official award criteria list a range of points that students can consider when casting their ballots, including quality of bedside, laboratory or lecture-hall teaching, interest in student well-being, philosophy of education, and capacity as a positive role model. But what lies behind these categories? What makes an excellent teacher? A composite sketch of recent Osler winners may help create a profile of the ace pedagogue, and indeed, while each teacher is different, common themes recur.

“When working with medical students, I feel a responsibility as both a teacher and a colleague.”

– Dr. Ayman Behiery

One, for instance, is an engagement with the subject being taught, and an awareness of one's own limits. Says Dr. Srinivasan Krishnamurthy, the 2004 winner and Director of Undergraduate Education in the Department of Gynecology and Obstetrics, “Knowledge is important, but if you are weak in something, students are not fooled; so you need knowledge and the humility to say, ‘I don't know, I'll find out.’” According to Dr. Ayman Behiery, the 2003 Osler winner and a teacher in the Anatomy department, “When working with medical students, I feel a responsibility as both a teacher and a colleague. If I'm not 100 percent convinced by something, I try my best to find where the difficulty of understanding lies, and then get over it.” Michael Gold,

BSc'40, MDCM'43, MSc'45, the 2000 winner, who teaches internal medicine at the Sir Mortimer B. Davis-Jewish General Hospital, prompts his students to explore their questions on their own – and he follows his own advice. “If a student asks me something and I know the answer, I say, ‘Look it up.’ If I don't know the answer, I say, ‘We'll both look it up.’ My nature is to be enthusiastic about learning,” says Gold.

Of course, diligence is leavened by pleasure, and so enthusiasm also ranks as a common theme. “You need to be excited about your discipline to make it exciting for students,” says Ann Wechsler, MSc'59, PhD'62, a professor in Physiology who won the Osler in 1999, as well as the Principal's Prize for Teaching in 2000. “I experience a combination of anxiety and anticipation before meeting a new class,” she says. “It's difficult to fall asleep the night before the first lecture of term, but overall, teaching is tremendously enjoyable.” A bit of stagecraft and the soul of a performer can also be helpful when in front of a class of students. “I never realized I was such a ham until I began teaching; it's almost embarrassing to



Photo: Owen Egan

Dr. Srinivasan Krishnamurthy

admit,” she laughs. “Sometimes, to introduce ideas or speakers, I write little rhymes,” she says. “Once, on the last day of lectures, a student, on behalf of class, wrote me a little poem. I felt I had communicated the idea that fun and learning are not mutually exclusive.” Indeed, she has communicated this notion so well that, in 1996, physiology students established the Dr. Ann Wechsler Award for Excellence in the Teaching of Physiology.

Instruction through rhyme is hardly a traditional approach in the world of medical education, although the evidence from Wechsler's classrooms demonstrates that it can be an effective one. Finding new ways to present or adapt information to best reach students goes a long way towards making a successful teacher. Over two years ago, Krishnamurthy developed a web-based teaching program for presenting common clinical scenarios in gynecological and obstetric practice, with exercises stressing not only factual knowledge but also communication skills. “It doesn't replace clinical teaching, but is one way of complementing it,” he explains. Students are given a scenario and answer multi-choice



Photo: Owen Egan

Ann Wechsler, MSc'59, PhD'62

Excellence



Photo: Owen Egan

Wendy A. MacDonald, BSc'66, MDCM'70

questions about it; then they write what they would tell a patient. “When we began this program, I was learning it myself, and it was tough,” says Krishnamurthy. “I created most of the cases myself, and then solicited opinions from colleagues, so a lot of work was involved.” Last year, he made some significant adaptations to make the exercises more interesting for students. “We get a lot of very good feedback, which we take seriously.” Typical student suggestions for a scenario might include “Can you make it a bit shorter?” or “Can you make it more clear?” Krishnamurthy would address such concerns while at the same time taking the opportunity to slip in a little extra pedagogy. “We may modify a scenario for clarity, but students must learn that clinical medicine always has grey areas,” he says. “So we also instruct them from the beginning that medicine is not black and white.”

Innovation also includes anticipating difficulties that may arise in a learning environment. “The anatomy lab is a real challenge for students who haven’t experienced it before, and you have to prepare them,” explains Behiery. “Their first encounter should leave a good impression, so I try to make them feel they are truly surgeons in the lab. Then, when demonstrating, I might introduce nerves, for instance, by saying, ‘This is the first nerve you’ll meet in your life – don’t forget it!’ Even after five years, they come back to me saying, ‘You remember when you introduced us to our first nerve?’ And they do remember it.”

But perhaps most importantly, a good teacher is one who enjoys students and

appreciates their company. Says Wendy MacDonald, BSc'66, MDCM'70, the Director of Undergraduate Education in Pediatrics, who won her first Osler in 1989 and her second in 2001, “Students are not usually cynical and jaded; they’re still sponges absorbing information and interested in learning, even those who won’t be pediatricians. I spend a huge amount of time with them, partly because I enjoy it so much.” And, she notes, the students work very hard. “Our students have such tremendous responsibility. They come in inexperienced, but they work hard and it would be difficult to run the Montreal Children’s Hospital – or any hospital – without them. They make an incredible contribution, so we should have full respect for them and for their time.” After winning his Osler in 2002, Dr. Robert Kinch, who teaches obstetrics and gynecology at the Royal Victoria Hospital, wrote, “My advice to new teachers is to get to know your students, let them teach you, keep them excited and enthusiastic.” As Gold points out, “Most students have areas of knowledge far exceeding what I, or any teacher, would have. You have to know more about clinical medicine than they do, but I’ve had students with PhDs in physics.”

So what makes a good teacher? Sift through the evidence, and one can distill the main qualities: affection – maybe even love – and respect, for

Dr. Ayman Behiery (left), with medical students.

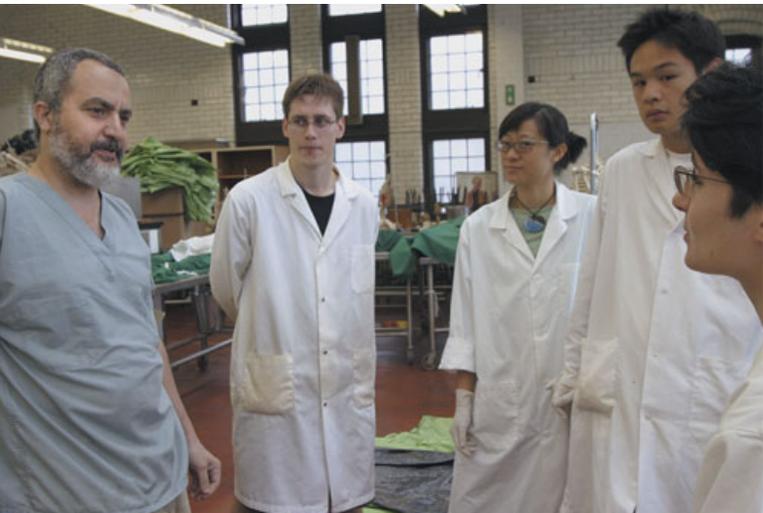


Photo: Owen Egan

both the subject matter and the people being taught. The rest of it – the innovative approaches, the time investments – are evidence of these primary traits. Often the best teachers offer a self-deprecating response when asked to explain their success. Ann Wechsler could be speaking for all of the Osler winners when she summarizes her success with a deceptively simple formula: “You need to like young people. And you need to believe that teaching them is a privilege.” Adds Gold, “It’s the job of every teacher to have his students surpass him. Mine have, without fail.” And as Krishnamurthy explains, “I’m very selfish – I like to see good doctors coming tomorrow, who are going to look after me, my family and friends.” In

“... get to know your students, let them teach you, keep them excited and enthusiastic.”

– Dr. Robert Kinch

addition, many point out, awards are won by teamwork: MacDonald credits the staff and faculty at the Montreal Children’s Hospital for winning two Oslers under her name; Krishnamurthy acknowledges the inspiration and support of the people in the Teaching Scholars Program run by the Faculty Development Office; Gold stresses the amount of time and effort given by tutors at the Jewish General Hospital; Behiery expresses admiration at the way his students aid and support one another in the anatomy lab.

And all credit their students with diligence and intelligence. “I consider this award to be the best award a teacher can get because it’s picked by students,” says Gold. “And if they think you’re good, you’ve got to be good. Their judgment is superb.” He’s making a joke, but telling the truth at the same time. Students are sharp, and they know when someone is on their side – and they’ll remember that special teacher for the rest of their lives.

A Curriculum for the New Century:

Photo: Owen Egan



Dr. Donald Boudreau

McGill is picking up the gauntlet. “Finally,” he says, “at the Faculty’s last accreditation, in 2000, one weakness identified with our program is that we didn’t integrate psychosocial-ethical issues into the curriculum as effectively as we might.”

So challenges exist across the profession and at McGill. To formulate some possible responses, Boudreau assembled a task force on curriculum renewal, including Dr. Yvonne Steinert, Associate Dean, Faculty Development, two student representatives, and professors from across the Faculty. In addition, he brought in some star consultants: former Dean of Medicine Dr. Richard L. Cruess and Dr. Sylvia Cruess, both working at McGill’s Centre for Medical Education; Dr. Balfour Mount, the palliative care pioneer who now directs the McGill Centre for Integrated Whole Person Care; Michael Kearney, an expert on healing practices and one-time visiting professor at McGill; and Eric Cassell, another former visiting professor and the author of *Talking with Patients* and *Doctoring: the Nature of Primary Care Medicine*.

For the past several years, Richard and Sylvia Cruess have taught modules on professionalism to undergraduates at McGill. Says Richard Cruess, “There is a growing realization that it’s harder for doctors to behave in a professional fashion. Doctors used to acquire these professional qualities unconsciously, from role models, but this depended on a homogeneous medical profession, and a society with values that were understood and shared. Now, while role models remain important, learning from them is simply not enough. People need instruction in the role of physician and healer.” The Dr. Richard and Dr. Sylvia Cruess’s expertise was enhanced by the extensive exploration undertaken by Mount and Kearney of the concept of healing. “In fact,” says Boudreau, “they looked at our curriculum and found that the word ‘healing’ or ‘to heal’ never appeared once in our objectives.” Clearly, there was room to build.

“We realized we had these foundation stones,” says Boudreau, “and thought, ‘Why not focus on healing, and make this concept the leitmotif for the curriculum?’ We came up with the concept of ‘physicianship’ – a term coined by Eric Cassell to refer to the complementary roles of the physician as a professional and a healer.”

So what are some of the most important qualities in a physician, according to the concept applied by the curriculum task force? The ability to observe, listen and communicate is fundamental. Boudreau illustrates the need for the latter two with an anecdote. “Say a patient has recently had a partial mastectomy, and her physician asks, ‘How are you doing?’ The patient responds by saying, ‘I feel well, my energy has returned, I’m getting involved in things again, but you know, Doctor, that breast has a painful lesion.’ Note the pronoun shift – from ‘I’ to ‘that breast.’ The physician needs to hear that distinction, and to respond appropriately, addressing the patient as well

“The medical profession is in a period of self-reflection,” says Dr. Donald Boudreau, the outgoing Associate Dean, Medical Education and Student Affairs. “Physicians today have many claims on their loyalty – they are asked to consider resource allocation, society and community needs, and health advocacy, among many other things. In the US, they are often asked to be accountable to a third-party payer, like an insurance company.”

The demands are legion. And in response, Boudreau has spearheaded the drive for a new undergraduate medical curriculum to ensure that McGill medical students are prepared for the challenges of practicing medicine in the 21st century.

The curriculum change is prompted by both problems and opportunities. “Some of the issues are medicine-wide, while others apply to McGill,” he explains. “For instance, alternative or complementary medicine is increasingly used by the public; Quebec has approximately 150 different categories or types of alternative healers. Patients tell us they choose these options because they feel that the person cares about them as individuals. So that means we, in contemporary mainstream objective scientific medicine, are doing something wrong. This is a problem across the profession.” In addition, four years ago, the American Association of Medical Colleges issued a challenge to all North American medical schools, including the 17 in Canada, to update their teaching of clinical medicine, and

Donald Boudreau's Legacy

as the disease." The teaching of observation skills could, for example, include flashing images before first-year students and then asking them to describe and assess what they observed. The new curriculum will most likely integrate these skills by introducing a series of "physicianship" modules throughout the entire length of the medical program.

Boudreau emphasizes the symbiotic link between the concept of physicianship and the practice of clinical teaching. "Physicianship is a theme, an attitude; we want to develop skills that, in the old days, were called 'bedside manner' – we are putting meat on that term. And to teach physicianship, we have the clinical method – how the physician gets to know the patient, acquires data from the patient, develops rapport and draws up a treatment plan." The relationship will be enhanced with the opening of the new Surgery and Clinical Skills Learning Resource Centre where facilities will enable students to experience clinical environments and to practice interactions with volunteer or "actor" patients. This process is important, stresses Charles R. Scriver, BA'51, MDCM'55, professor of Pediatrics and a member of Boudreau's task force. "As physicians, every morning we should be asking ourselves, 'Who do we serve?' Is it the government? Is it our business? Is it the machine? Or is it the patient? We are so busy dealing with the complexities of modern disease and thinking our way through problems, with tests and technology, that sometimes we don't take the time to listen to the patient – and that's an important part of the healing." Scriver brings impressive credentials

to person-centred medicine: in the 1960s, he developed a much-emulated module entitled "Introduction to the patient" for his biochemistry students.

Says Richard Cruess, "Today, every medical school is trying to address the issue of what it is to be a professional. The curriculum designed under Donald Boudreau's direction is quite unique." Boudreau explains this uniqueness by referring to the prominence of the concept of healing. "I'm not aware of any other school teaching

professionalism alongside healing, which necessitates a particular emphasis on communication skills, and ideas like 'presence.' These are rather nebulous, amorphous concepts, and I'm not saying we have answers, but we're taking steps," he stresses.

Dr. Richard and Dr. Sylvia Cruess have given the process plenty of thought in the professionalism modules that he has been teaching at McGill. "We're trying to provide detailed knowledge about what it is to be a healer and a professional –

and trying to reflect on what it is to be a physician. This self-reflective exercise is important and meaningful for both students and those of us facilitating," he says. "When you explore with students what it means to be a physician, the results are eye-opening."

In order to ensure that the modules are having the desired impact, Boudreau has hired external assessors to run focus groups of students and to poll both students and faculty. "Eventually, I'd like to include patients from our teaching hospitals in the assessment as well, but this would require a lot of resources."

Boudreau's eight years as Associate Dean come to an end in November 2004. "This curriculum is exciting for me on a personal level," he says. "The curriculum renewal plan provides an opportunity for me to continue working in medical education, which I enjoy

very much." He is also beginning to receive some well-deserved kudos. Says Eric Cassell, "Donald Boudreau has been very dedicated, and also the students have been very supportive of change. A lot of people talk about curriculum change, but at McGill, the administration is committed, and they know and accept



Photo: OvertEgan

Dr. Richard L. Cruess

that this will take time and resources." And he adds, "It is natural that this kind of curriculum should come out of McGill – where Sir William Osler first developed the previous most influential model of clinical education. McGill has a tradition of curriculum innovation."

Over the coming months, the curriculum will undergo the various stages of preparation. The University Senate must approve the changes, and faculty development programs must be put in place. "Then, we need to galvanize the community at large – not just the faculty, but alumni and people outside McGill – so they will see this change as a worthwhile thing, with a positive impact on future doctors and future health care," says Boudreau. If all goes well, the faculty will be able to start implementation of certain aspects of the proposed new curriculum in September 2005. Clearly, it will be 'rolled-out' over several years. What will students think? "One of the student members of the task force wrote to me saying, 'This proposal will ensure that McGill will retain its status as a school that is innovative, unique, and strives for excellence; it will make sure McGill will stay in the forefront of medical education.'" He smiles. "I think students will respond very well."



Photo: OvertEgan

Charles R. Scriver, BA'51, MDCM'55

The Wide World of Pharmacology

In pharmacology, we are positioned between clinical reality and the state-of-the-art developments in basic life sciences,” says Hans Zingg, Chair of the Department of Pharmacology and Therapeutics. “If we can balance research in pharmaco-genomics and pharmaco-proteomics on the one hand, and clinical pharmacology on the other, we have the potential to develop some very productive links between genomics and the bedside.”

Zingg, who came to pharmacology through research in endocrinology, has been Chair of the Department since early 2003, and these days, he is busy taking stock and planning for the future. The dramatic advances in research enabled by genomic and proteomic technologies have created plenty of opportunities at McGill, and Zingg stresses the need to strengthen links with researchers in those areas as well as at the McGill University Health Centre.

The Department has a wide-ranging family of researchers, with 19 professors and 20 associate members. The diversity of their research areas – which have historically included a strong focus on neuroscience, on pain, on Alzheimer’s disease and aging, and on reproduction and toxicology – represents both a strength and a challenge. “Anatomically, many of our researchers are looking at opposite parts of the human body, and it can be difficult to integrate the department. There is a tendency, because we are so diverse, to work in solitude,” Zingg says, “but we must bring people together” – a task that he identifies as one of his primary goals as chair. “We can find common links between researchers,” he points out. “Cells, whether they are nerve cells or testes, have commonalities – they might have similar signaling mechanisms, for instance, so we should be exchanging information and talking to each other even if we are working on different ends of the human body.” To that end, Zingg organized a recent retreat which included students, technicians, and professors who presented and discussed research. “It is quite amazing how sometimes people don’t know what their neighbour is doing,” he laments. “But it is easy to become so focused on one’s own lab that you don’t know what is happening next door.”

The student body of about 70 graduate students, like the professoriate, embraces

a wide range of interests, and they come to the program for a number of reasons. For many, explains Zingg, the prospect of going into industry is important, and more and more students are trying to combine business administration with life sciences. But while some students graduate into industry, many others go on to postdoctoral fellowships and academic careers. “Our graduate students are our products, and we need to do a better job tracking them down,” he says. “We know where they are going when they leave, but if we were to follow up on further careers, it could perhaps teach us what we need to be doing better, or where we are successful. Of course, we know we have academic success stories,” he says, “as we are trying to hire some of them.”

The new life sciences and clinical research opportunities in pharmacology are having an impact on the curriculum, too. “We’d like to plan additional graduate courses in bioinformatics and biotechnology,” Zingg says, “and, for students wanting to study applied or clinical pharmacology, we would like to offer a master’s degree in that area. We need to develop both ends of the spectrum.”

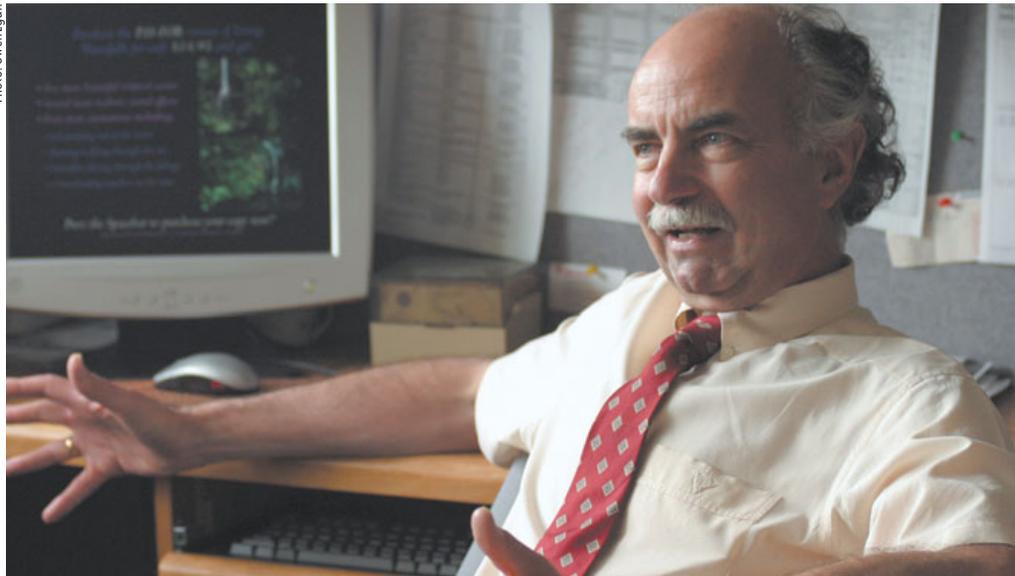
Life sciences research has been busily dissolving disciplinary boundaries, and the new

Life Sciences Complex will bring together researchers from the Faculties of Science and Medicine as well as the MUHC. But while the role of academic departments may be shifting, there are advantages to having a disciplinary identity. “I think there is an important niche for pharmacology,” says Zingg. “People in cancer research or neuroscience, for example, are developing new drugs – it’s part of their mission – but our specific objective is to investigate, on a general level, how drugs interact in systems, as well as how drugs interact with, or counteract, each other. We take an overall perspective, looking at the general laws and mechanisms that govern drug metabolism, kinetics, and interactions. And there is a need for this kind of expertise.”

Ultimately, the state of the discipline leaves Zingg feeling optimistic. “Of course, we have challenges. One is to keep the department integrated, and to increase our synergy by ensuring communication between different laboratories and researchers,” he says. It’s a big challenge, he admits, but meeting it could lead to some very rewarding consequences. “And in life,” he observes, “if you say ‘no’ to challenges, not much happens.”

Hans Zingg, PhD’83

Photo: Ower/Egan



Class Action



Photo: Nadine Saumure

Class Action (n): 1. An act taken on behalf of an entire class; 2. an act invested with the quality of "class." Cf: a "classy act."

In the Faculty of Medicine both these definitions apply to the efforts of individual classes to raise money for a specific project. "Class Action originated a number of years ago," explains Paula Navratil, Development and Alumni Relations Associate. "The graduating class came together and said, 'Before we leave, we'll raise funds for a project.'" And since then, many graduating classes have embarked on a fundraising journey.

This year, the Class of 2004 decided to create a bursary for a student in need in the Faculty of Medicine. "We polled the class for suggestions, and got numerous ideas," says Myriam Abikhzer, one of the two 2004 Class Representatives. "The scholarship for a needy student was the main one." Abikhzer and her co-rep, Federico Discepola, took that idea, along with some of the other front-runners, to members of the Faculty committee, who agreed that it was the best choice. They set a goal of \$8,000, and the Faculty agreed to match each dollar raised by the students.

"I felt it an honour to be accepted into Medicine at McGill, and I wanted to give something back to the Faculty," says Abikhzer, who is now in a Family Medicine residency at the Sir Mortimer B. Davis - Jewish General Hospital. A volunteer at homecoming and telethon activities, she was approached by a Development and Alumni

Federico Discepola, MDCM'04, Dean Abraham Fuks and Myriam Abikhzer, MDCM'04

Relations officer about leading the Class Action drive for 2004. Then she recruited Discepola.

Raising money from students is no easy task; few are awash in spare change. "We gave a 10-minute presentation initially, to explain Class Action and describe the project, and then distributed letters and donation forms," says Discepola, now pursuing his residency in Radiology at the Montreal General Hospital. Follow-up emails and one-on-one contact comprised much of the rest of the fundraising effort. "Other students sometimes had nitty-gritty questions about where the money was going, and what other options were considered, so I answered those," says Discepola.

Both credit Navratil with easing the job's difficulties. "It could have been a very intimidating task, but we had a great team. Paula laid out an agenda, so we knew what we were supposed to be doing; she also coordinated our contacts with the Faculty and our class by helping out with letters. So it was pretty smooth sailing," says Abikhzer. Navratil also appeared with a Class Action table at the year-end Medicine Ball and at graduation, to remind those graduating of the opportunity to help out future undergrads.

Class Action gifts are important, Abikhzer argues. "We've benefited so much from the gifts of other classes – in the library and the computer room, and through new teaching models. We wanted to continue the tradition." Previous Class Action gifts have included a medical teaching model purchased by the Class of 2003, as well as online journals, audiovisual equipment, and money for the Health Sciences Library. Navratil identifies a range of other needs that can be addressed by student donations, such as work study funds, lab equipment, community-based projects, and career centre resources.

By August, the students had raised over \$2,200, and with the Faculty matching their donations, were more than halfway to their goal. "It has been a rewarding experience," says Abikhzer, who has one last message to offer her fellow members of the Class of 2004: "Thanks to everyone who donated! And if you haven't donated yet – it's never too late to give to Class Action!"

Key Dates

FACULTY DEVELOPMENT ACTIVITIES

WORKSHOPS

November 18, 2004:

Teaching When There's No Time to Teach: Strategies and Techniques

December 9, 2004:

Designing Successful Workshops

MEDICAL EDUCATION ROUNDS

December 2, 2004:

2003-2004 Teaching Scholars Presentations:

Doctors Greg Berry, Helen McNamara, Lorraine Portelance, Maureen Rappaport, and Kenneth Shaw

For more information on these

events, please consult the

Faculty Development website:

www.medicine.mcgill.ca/facdev/

CONTINUING MEDICAL EDUCATION

Thursday Evening Conference Series

September 23 - December 16, 2004

January 13 - April 7, 2005

OTHER DATES OF INTEREST

Tuesday, May 31, 2005:

Medical Sciences Convocation

Friday, June 3, 2005:

Commemorative service for those who donated their bodies to health sciences studies at McGill.

MEDICAL SCHOOL APPLICATION DEADLINES FOR AUGUST 2005

January 15, 2005:

For residents of Quebec applying to the M.D., C.M. program

March 1, 2005:

For residents of Quebec applying to the Med-P program

Website:

www.medicine.mcgill.ca/admissions

Development and Alumni Relations

This fall the Development and Alumni Relations Office was bustling with Homecoming activity. We were delighted to welcome many of our graduates back to Montreal for the various campus activities. If you weren't able to attend, then we hope to visit your city in the coming months.

Alumni and friends continue their generosity to the Faculty, and we are most grateful for these gifts to an ever-greater range of areas that need your support, and include health sciences educational programs, and teaching and research activities. Recently the Faculty received a gift from the Israel Cancer Research Fund to support post-graduate researchers from Israel, conducting cancer research at McGill related to women's health. A gift from the Sackler Foundation will further fund research activities in the area of psychobiology. Yet another donation will support research awards for investigators at the McGill Cancer Centre.

Our students also benefit from the generosity of our donors. The Dr. Mark J. Cohen Bursaries in Medicine and the Dr. Paul E. Bettencourt Bursaries were recently established to help students in good academic standing who are in financial need. The Faculty wishes to thank Dr. Mark J. Cohen, MDCM'92 and Mr. Patrick Donovan for their generosity.

Dr. John F. Davis, BEng'42, MEng'49, MDCM'50 established the John A. Davis Award to provide support and recognition for graduate students enrolled in the Department of Biomedical Engineering. Family, friends and colleagues of the late Dr. Gerald B. Price endowed an award in his memory for students enrolled in the Division of Experimental Medicine.

Bequests from alumni and friends recently funded the installation of new audiovisual equipment for teaching. Endowments that offer financial aid for graduate students and new lecture in the Endocrine Division, are only a few of the areas in which bequests have enabled the Faculty to grow.

I want to extend thanks to our Alma Mater Fund donors; please be assured that every gift counts. To those who haven't had a chance to make an annual gift yet, there's still time to support your Faculty this year.

On another note, this past spring while in Durham, North Carolina, Bruce M. Shore, BSc'65, DipEd'66, MA'67, Dean of Students, presented to Dr. Feinglos and Dr. Poleski a copy of the McGill Faculty of Medicine's web page to thank them for their support of the Class of 1973 e-learning project. He then joined a small group of Faculty of Medicine graduates for dinner.

Two of our distinguished faculty members were appointed to new chairs this past spring. On May 13, 2004, Dr. Alan Barkun became the first incumbent of the Dr. Douglas G. Kinnear Chair in Gastroenterology. Since joining the staff at the MUHC, Dr. Barkun has demonstrated remarkable leadership and dedication to his patients and colleagues in the Department of Gastroenterology. The Faculty thanks the Montreal General Hospital Foundation for endowing this chair and thereby creating a fitting tribute to Dr. Douglas Kinnear, a remarkable physician and teacher at the Montreal General Hospital.

On May 28, 2004 Dr. Claudio Cuello was named as to the Charles E. Frosst/Merck Chair in Pharmacology and Therapeutics. Also the first incumbent to this Chair, Dr. Cuello has enjoyed a remarkable career in the field of pharmacology, both at McGill and abroad. This chair was made possible by the generosity of Merck Frosst Canada, the family of the late James Moses Alexander and the extended family of Charles E. Frosst.

We congratulate Dr. Barkun and Dr. Cuello on their appointments.

PLEASE NOTE

December 31, 2004, is the deadline to qualify for a 2004 tax receipt. Donations dated on or before December 31, 2004, will receive a tax receipt for 2004.

Bequests and other
planned gifts for
McGill University

The Gift of a Lifetime

How does a planned gift work? A planned gift is a charitable donation arranged during a donor's lifetime but not available to McGill until sometime in the future. The most common type of planned gift is a bequest, but it is just one of many types.

Is there any financial benefit to the donor who makes one? A bequest to McGill University may serve to reduce, by means of a tax credit, the income tax payable by the donor's estate. A planned gift may eliminate or reduce tax on capital gains when appreciated property is given.

For More Information McGill University, Bequests and Planned Gifts, 1430 Peel Street, Montreal, Quebec, Canada H3A 3T3

plannedgifts.dev@mcgill.ca
tel.: (514) 398-3560 • fax: (514) 398-8012
1-800-567-5175

www.mcgill.ca/alumni
(click on "Giving to McGill" then on "Planned Giving")



New Additions to the team

It is my pleasure to introduce two members of our team.

Tracy Adno, BCom'04, has joined our group as a Development and Alumni Relations Associate. In addition to working on various development activities and projects Tracy will also be working on events in Montreal and elsewhere. Tracy is a recent graduate of the McGill's Faculty of Management. She has held positions in the areas of event planning and organization for non-profit associations and in the travel industry. You can contact her at (514) 398-5283 or at tracy.adno@mcgill.ca.

Emily Guy has been working in our office since April 2003. She is currently studying Canadian history at McGill, and works in our office on a part-time basis during the school year. Many of you might have already been in contact with Emily as she is the webmaster who updates alumni profiles. Emily also provides support to the annual fund and alumni relations activities. You can reach Emily at (514) 398-1299, or via email at alumni.medicine@mcgill.ca. If you haven't submitted your profile and would like to do so, you can fill out the form on our website at: www.medicine.mcgill.ca/alumnicorner then click on "Submit your profile". This section of the site is password protected so only you and your fellow classmates can access it.

Sincerely,

Nadine Saumure

Nadine Saumure
Associate Director, Development



Photo: Nadine Saumure

Photo: Nicolas Morin

Photo: Nicolas Morin

Photo: Owen Egan

Dinner with alumni in Durham, North Carolina
Back row (l to r):

Martin H. Poleski, BSc'69, MDCM'73, Mark Feinglos, BSc'69, MDCM 1973, Richard S. Surwit, PhD'72, Bruce M. Shore, BSc'65, DipEd'66, MA'67, Dean of Students.

Front row (l to r):

Barbara Poleski, BSW'71, MSW'72, Sandra E. Cummings, and Bettina Shore, MA'79, CertSpEd'92

Chair in Gastroenterology (l to r): Douglas G. Kinnear, BSc'48, MDCM'52, Dean Abraham Fuks, Alan Barkun, MDCM'83, MSc'95, Ronald Collett, President, Montreal General Hospital Foundation.

Chair in Pharmacology and Therapeutics (l to r): James Frosst Alexander, MDCM'63, Nancy Wells, Vice-Principal, Development and Alumni Relations, Dean Abraham Fuks, Dr. A. Claudio Cuello, Gregg Szabo, MBA'91, Executive Director, Corporate Affairs, Merck Frosst Canada.

New Staff: Emily Guy (left), Project Assistant and Website Editor and Tracy Adno, BCom'04, Development and Alumni Relations Associate

Faculty Update

Kudos

- **John Antoniou**, MDCM'91, PhD'99, was awarded the Royal College Medal Award in Surgery.
- **John J.M. Bergeron**, BSc'66, was honoured with the Royal Society of Canada McLaughlin Medal, which recognizes important research and sustained excellence in any branch of medical science.
- **Richard L. Cruess** received a DSc honoris causa from Université Laval.
- **Phil Gold**, BSc'57, MDCM'61, MSc'61, PhD'65, was presented with the Edwin F. Ullman Award of the American Association for Clinical Chemistry.
- **Srinivasan Krishnamurthy** is the 2004 recipient of the Osler Award.

New Appointments

- **Steven Backman**, BSc'77, PhD'83, MDCM'88, has been appointed Chair of Anesthesia.
- **Sam Henri Benaroya**, BSc'73, MDCM'75, was reappointed Associate Dean, Inter-Hospital Affairs, effective June 1, 2004.
- **David Eidelman**, MDCM'79, has been appointed Chair of Medicine.
- **Arthur Porter** was appointed Chief Executive Officer of the McGill University Health Centre.

Homecoming 2004



Alumni from all over Canada, the United States and the world returned to Montreal during Homecoming Weekend, October 14-17, 2004. Among them were hundreds of Medicine graduates who participated in homecoming events on and off campus. Visitors, graduates and faculty members enjoyed the opportunity to catch up on news, and Dean Fuks spoke to alumni about the future of the Faculty of Medicine. We owe special thanks to the Class of 1979, who presented an excellent seminar giving insight to the wide-ranging impact of McGill's Medicine graduates in the field!

List of Class Representatives

Special thanks to the Reunion Class representatives for their skillful planning of a successful weekend!

YEAR	CLASS REPRESENTATIVES
1944	Dr. Eric L. Phelps
1949	Dr. Alan M. Mann, Dr. Lawrence Hampson & Dr. Breen Marien
1954	Dr. Ian E. Hutchison & Dr. Robert Usher
1959	Dr. Jack Cohen
1964	Dr. Joel Paris, Dr. Philip Beck & Dr. Al MacKenzie
1974	Dr. Thomas Emmett Francoeur & Dr. Michael Dworkind
1979	Dr. Ian M. MacDonald, Dr. Michael Munzar & Dr. Mitch Shulman
1984	Dr. Ewe Goehlert
1989	Dr. Ramin Khorasani

Preparing for Homecoming 2005

It's time to plan for the year ahead! If you graduated in a year that ends in a "5" or a "0," mark September 29 - October 1, 2005, on your calendars. Homecoming 2005 will include many of your favourite reunion activities, such as the Leacock Luncheon, milestone anniversary celebration dinners (James McGill 55th Anniversary, Jubilee 50th Anniversary, Governor's 40th Anniversary and Dean's 25th Anniversary), as well as various tours and sporting events.

Anyone from milestone anniversary classes who would like to help plan special events and get-togethers, please feel free to contact Kathy Bowman at (514) 398-3554 or kathy.bowman@mcgill.ca. All classes participating in next year's Homecoming will be contacted by their class representatives in the next few months, so keep an eye on your mailbox! We will also be posting all anniversary class events on the Faculty of Medicine's Alumni website, in the Homecoming section: www.medicine.mcgill.ca/alumnicorner. Also, by signing up in the Profiles section of this website, you can keep your classmates informed of your whereabouts and recent activities!

For any further information on Faculty of Medicine plans for Homecoming 2005, please contact the Alumni Office of the Faculty of Medicine at (514) 398-1299.

Inter-generational medicine:
Dr. Raymond Hasel, BSc'85, MDCM'89,
Dr. Barbara Fellows, MDCM'54 and
Dr. Ian E. Hutchison, BA'50, MDCM'54

*Class of 1964 celebrated the
40th anniversary of their graduation:*
Dr. Sandra Samuels, BSc'60, MDCM'64,
Dr. John Chaffey, MDCM'64,
Dr. Paula Chaffey, BSc'60, MDCM'64,
and Dr. Amy Green (Clemante), MDCM'64

*Dean Fuks, BSc'68, MDCM'70,
with the Class of 1949
who celebrated their milestone
55th reunion.*

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Please return undeliverable mail to/
Retour des envois non-livrés à :
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Montreal, Quebec, Canada H3A 3T3