Annual Report  
Division of Cardiology  
Department of Medicine - Jewish General Hospital  
January - December 2018

Director: Lawrence Rudski, MD

Most Prestigious Honours and Awards

Dr. Jonathan Afilalo and Co-Principal Investigator Dr. Jacqueline Joza were awarded a Canadian Cardiovascular Society research grant on arrhythmias.

Dr. Mark Eisenberg edited the companion to Hurst’s The Heart textbook and recruited McGill Faculty to assist

Dr. Lawrence Rudski completed his term on the American College of Cardiology’s Board of Governors, served as President of the Canadian Society of Echocardiography and was elected to the Council of the Canadian Cardiovascular Society

Dr. Igal Sebag was named as the Canadian Society of Echocardiography’s representative to the European Association of Cardiovascular Imaging.

Dr. Judith Therrien was named Director of the MAUDE Unit (McGill Adult Unit for Congenital Heart Disease in Adults) - a McGill Integrated center of excellence in clinical care, education and research

Major Successes in Basic Research and Clinical Research


Major Achievements in Pedagogy

Dr. Annabel Chen-Tournoux served as co-Program Director for the McGill Adult Cardiology Training Program

Dr. Regina Husa was named the first Assistant Dean, Accreditation at the Faculty of Medicine.

Drs. Igal Sebag and Jonathan Afilalo led our first graduate of a unique simultaneous multimodality Echocardiography/Cardiac MRI Imaging Fellowship. Dr. Sarah Blissett attained level 3 training in echo and MRI simultaneously.

Involvement in the Outside Community

The JGH organized an academic half day for the Honors Science students at Marianopolis College providing them with an opportunity to see how their Cegep Physics (E&M, Optics and Mechanics) are directly translated into fluid dynamics, cardiac imaging and robotic cardiac surgery.

The Center for Pulmonary vascular Diseases organized educational sessions and a walkathon again for the pulmonary hypertension patients group.

The JGH under Drs. Igal Sebag and Lawrence Rudski organized its 9th annual imaging symposium, attracting approximately 200 attendees and speakers from Quebec, Canada and North America.

As President of the Canadian Society of Echocardiography, Dr. Lawrence Rudski Organized and Chaired the 20th annual Canadian Echo Weekend in Toronto. This 2 ½ day conference attracted nearly 750 participants.

Dr. Mark Eisenberg continued his tradition of running meetings after major North American and European Cardiology conferences to bring the landmark findings to those who couldn’t attend.
Clinical Innovation

The JGH initiated a pan-provider cross training program in STEMI management in 2018, which resulted in an improvement of more than 30 minutes in our first medical contact to balloon times, enabling us to meet and exceed ministry guidelines.

Through our Integrated Practice Unit model, the JGH introduced a program designed by Dr. Michael Goldfarb, aimed at ensuring early mobility in cardiac intensive care patients with acute and advanced cardiac disease. This program aims to shorten hospital stays and reduce the need for rehabilitation. It is led by bedside nurses and was presented as a workshop at the Canadian Cardiovascular Congress. It is being translated to numerous sites in Quebec and beyond.

The JGH initiated a Balloon Pulmonary Angioplasty program, led by Dr. Ali Abualsaud, who received special training at one of the world’s leading centers in Japan. This program is the only cardiology-led one of its kind in Canada and complements our surgical pulmonary thromboendarterectomy program – unique in Quebec.

Dr. Afilalo piloted co-rounding with a Geriatric Medicine Specialist on its cardiology floor as a means of improving multidisciplinary care and reducing readmissions.

What do you envision as your major threats to your academic activities?

Academic activities are stimulated by clinical care and observations but require committed time and funding. The clinical workload at the JGH makes it very challenging to protect peoples’ time for academic activities. This is combined with a threat to resident and fellow numbers based on local and international governmental decisions. Funding for research is inadequate with major research programs in cardiology running in a significant deficit position. Thankfully, some but not all of this deficit is being supported through our foundation endowment. Healthcare outcomes research is a priority at the JGH, and we are limited, as with most Quebec institutions, with a lack of a comprehensive EMR.