



Hôpital général juif
Jewish General Hospital



McGill

DEPARTMENT OF MEDICINE

ANNUAL REPORT

January 1, 2012 - December 31, 2012

**Submitted by
Dr. Ernesto L. Schiffrin
Physician-in-Chief**

DEPARTMENT OF MEDICINE - JEWISH GENERAL HOSPITAL

January 1, 2012 - December 31, 2012

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1. ACADEMIC HIGHLIGHTS / OBJECTIVE AND PRIORITIES

1.1 ACADEMIC HIGHLIGHTS

I. Introduction

The Department continues to provide excellent clinical care and teaching as well as carry out substantial translational, clinical and epidemiological research which attracts new recruits to the JGH. Although recruitment is limited by government restrictions of the “effectifs médicaux”, we have managed to recruit during the year January 1, 2012 to December 31, 2012 five full-time members and four associate members. Potential and confirmed GFT-H recruits as well as changes in staffing are listed below.

Our research activities have been supported by both external funding agencies and by our own Clinical Research Awards.

The progress and challenges of the Department during this last academic year are summarized below.

II. Milestones

A. Recruits

The following physicians have been recruited in 2012 into the Department:

GFT members:

Cardiology - Dr. Annabel Chen-Tournoux (April 2012)

Cardiology - Dr. Jonathan Afilalo (July 2012)

Internal Medicine / ICU - Dr. Jed Lipes (October 2012)

Pulmonary - Dr. Nathalie Saad (October 2012)

Rheumatology - Dr. Geneviève Gyger (January 2012)

Associate Members:

Cardiology - Dr. Richard Haichin (2012) (Associate Member)

Cardiology - Dr. Jean Buithieu (2012) (Associate Member)

Geriatric Medicine - Dr. Isabelle Vedel (Associate Member) (July 2012)

Geriatric Medicine - Dr. Markus Martin (2012) Associate Member

Infectious Diseases - Martin Telstcher (2012) (Associate Member)

Infectious Diseases - Donald Vinh (2012) (Associate Member)

2013-:

Endocrinology - Dr. Oriana Hoi Yun Yu (October 2013)

Geriatric Medicine - Dr. Elise Levinoff (July 2013)

Geriatric Medicine - Dr. Dan Liberman (July 2014)
Hematology - Dr. François Mercier (July 2014)
Hematology - Dr. Cristiano Ferrario (July 2013)
Infectious Diseases – Dr. Yves Longtin (April 2013)
Internal Medicine - Dr. Blair Schwartz (July 2013)
Pulmonary - Dr. Deborah Assayag (July 2014)

B. Changes of Status

The following changes in staffing are noted:

Cardiology:

Dr. David Langleben stepped down as Chief of Cardiology in June 2012 after 16 years of service and major contributions as Chief to his Division, the Department of Medicine and the Hospital. Dr. Langleben brought to the position his experience as a world-recognized leader in the pathophysiology and treatment of primary pulmonary hypertension and his long record of accomplishments as an outstanding clinician, teacher and research scientist. He contributed greatly to the development of one of the best primary pulmonary hypertension centres not only in Quebec, but in Canada. He has had a major impact in recruitment and in taking the Division of Cardiology to new levels. Dr. Rudski has been named Acting Chief of the Division of Cardiology until a replacement is found.

-Dr. Shawn Bonny resigned as Associate Member in January 2012.

Infectious Diseases:

Dr. Mark Miller stepped down after serving 17 years as Chief of the Division of Infectious Diseases in September 2012 in pursuit of a new global career in France. He, however, remains connected to the JGH where he continues to serve clinically intermittently and run several ID/micro research initiatives. Dr. Miller's contributions to the Division of Infectious Diseases, to the Division of Microbiology in the Department of Diagnostic Medicine, and in Infection Control have greatly benefitted the Department of Medicine, the Hospital and McGill University. The Department of Medicine is thankful to Dr. Mark Miller for his outstanding leadership of the Division of Infectious Diseases. A search and selection committee for a Chief of the Division of Infectious Diseases has been struck and will be chaired by Dr. MacNamara.

-Dr. Jack Mendelson retired in June 2012.

-Dr. Timothy Brewer resigned as Associate Member as of January 1, 2013 to take up a position in the healthcare system associated with UCLA.

Medical Genetics

-Dr. Marc Tischkowitz, on a leave of absence since September 2011, did not renew his leave in September 2012.

Pulmonary:

Dr. David Small is stepping down after serving 14 years as Chief of the Pulmonary Division in 2013. The Department of Medicine is thankful to Dr. David Small for his outstanding leadership and his contributions for the excellent academic development of the Pulmonary Division for over a decade.

Hematology:

Dr. Stephen Caplan intends to step down after 16 years as Chief of the Division of Hematology as soon as a replacement has been identified. Dr. Caplan's contributions to the Jewish General Hospital and McGill University are too numerous to mention. He joined the Hospital in 1976 and was appointed Director of the Division of Hematology in 1996. Since 2005 he has been appointed Interim Chair of the McGill Division of Hematology. He has been instrumental in the development of the By-Laws and the Practice Plan of the JGH Department of Medicine and has served as a senior member on the Executive, Policy and Management Committees of the Department. During his tenure, Dr. Caplan was able to recruit excellent clinician-scientists and clinicians to this Division. The Department of Medicine is greatly grateful to Dr. Stephen Caplan for continuing his outstanding leadership of the Division of Hematology until a replacement is found.

C. Promotions

In 2012, **Dr. Mark Miller** was promoted to full Professor.

III. Clinical Activities

- 1) The hospital continues to face budgetary deficits at a time when the demand for our services is greater than ever. The administration is trying to reduce costs through increased efficiency but also through decreasing volumes. The latter pertains particularly to redirecting patients who come from afar to seek care closer to their home.
- 2) Unfortunately, the hospital's budget is not awarded on a volume of services delivered basis, nor on a performance basis, both of which would place the JGH in a stronger position.
- 3) Many lean projects have been put into place as part of the transformational change exercise that we undertook over the past 18 months or so. One of the most significant outcomes of this exercise was the establishment of the Coordinated Care Clinic (CCC), which opened in July 23. This unit is intended to provide rapid access to diagnostic procedures including imaging, and treatment, redirecting admissions to outpatient care either from ER or accelerating discharges from wards. Eventually we hope that it will also allow creation of a rapid consultation service with the collaboration of the Division of Internal Medicine.
- 4) Timely access to radiological studies remains a serious challenge for many of our members. Addressing this problem will be a high priority for the Department of Medicine moving forward.

The clinical activities of the individual Divisions are summarized in the attached Divisional reports.

IV. Teaching Activities

The Department continues its role in the teaching of both undergraduate medical students and resident physicians in general medicine and the subspecialties. Our members' dedication to teaching is well known and much appreciated by both medical students and residents. The Department is grateful to Dr. Ruxandra Bunea and Dr. Beth Ann Cummings for their excellent contribution to our postgraduate and undergraduate teaching programs.

In 2012-2013 we recruited into our teaching program 12 R3, 13 R2, and 13 R1 housestaff and 8 other program R1 residents. There are two Chief Residents, Dr. Kevin Chan Tai Kong and Dr. Yen-I Chen (July 2012-June 2013). Detailed reports of the undergraduate and postgraduate teaching are included below.

Grand Rounds: Of the 34 Grand Rounds given by the Department from January 1 to December 31, 2012 fifteen (15) featured speakers from outside the JGH, of whom ten (10) were from outside Quebec (see attached list).

Divisional Rounds: In addition to the above each Division manages its own teaching and research rounds as summarized in the attached reports.

V. Honours, awards and prizes

Within the Department, the following staff and residents received awards:

Dr. Schiffrin's editorial (2012;380:9841:539-541) and profile (2012;380:9841:555) were featured in the 2012 August edition of the Lancet. The editorial or "Comment" is part of a series of articles on hypertension in The Lancet where Dr. Schiffrin comments on the burden of disease associated with hypertension.

Dr. Schiffrin, President Elect of the International Society of Hypertension (ISH), assumed the presidency on October 1st, 2012 at the International Society of Hypertension meeting in Sydney, Australia.

Dr. Michelle Elizov was named as the Richard and Sylvia Cruess Faculty Scholar in Medical Education for 2012-2013. The goal of this opportunity is to promote scholarship and excellence in medical education at McGill and to contribute to the activities of the Centre for Medical Education.

Dr. Michelle Elizov received in 2011 JGH Auxiliary - Department of Medicine Academic Enrichment Award. The award includes \$3,500, the proceeds of an endowment provided by the Auxiliary to mark the 2008 Doctors' Gala, which Dr. Elizov applied toward a course on developing leaders in healthcare education offered by the Association for the Study of Medical Education in Windsor, England.

The Canadian Association for Medical Education presented its 2012 Award of Merit to Dr. Beth-Ann Cummings. The award acknowledges the doctor's substantial contributions to medical education.

Dr. Jonathan Afilalo was the 2012 winner of the Royal College Medal Award in Surgery for his manuscript entitled Gait Speed as an Incremental Predictor of Mortality and Major Morbidity in Elderly Patients Undergoing Cardiac Surgery. This prestigious award includes a cash prize of \$5,000 and a gold medal emblazoned with the crest of the Royal College as well as an invitation to participate in the Royal College Visiting Medalist Program at the College and Canadian faculties of medicine.

Residents' Awards

Dr. Mathew Hannouche received the Dave Feder award. This award is presented to the resident who practices medicine with most compassion and sensitivity, displays kindness, respect and camaraderie towards colleagues and educators and carries a positive outlook enabling him/her to enjoy a meaningful balanced life beyond his/her profession.

Dr. John Angelopoulos received the Dr. Allen Spanier Internal Medicine Award. This award is given to the resident who exhibits an enduring passion for the practice of medicine, through the enjoyment of solving challenges of patient care and sharing solutions with others, while maintaining a high level of professionalism.

Dr. Hannouche and Dr. Angelopoulos were the recipients of the Dr. Ezra Lozinski Prize for the 2011-2012 academic year. This prize is awarded to the residents who have demonstrated outstanding qualities of compassion and responsibility for ongoing care during their three years of training at McGill.

Dr. Daniel Kaud was the recipient of the Sheldon Zelman Memorial Award given to for academic excellence and outstanding contribution to patient care.

Dr. Michael Goldfarb was the recipient of the Medical Resident Research Award. This award is given to the medical resident who has achieved excellence with regard to intellectual curiosity, initiative, originality and accomplishment in medical research performed during residency.

Dr. Gershon Frisch was voted as Teacher of the Year by the residents.

Dr. Kristin Popiel was the recipient of the Resident Research Award at the Resident Research Evening. This award is given to the medical resident who has achieved excellence with regard to intellectual curiosity, initiative, originality and accomplishment in medical research performed during residency.

VI. Research

The Department of Medicine research activities have been supported by both external funding agencies and by its own Clinical Research Awards, to which are now added the endowment funds and the Academic Excellence Award of the Auxiliary. The latter was awarded to Dr. Michelle Elizov in December 2011.

Research Funding

Total funding from external peer review granting agencies to JGH researchers in 2011-2012 was \$ 38 329 515 (Medicine 26 298 065). During the period from July 2012 to June 2013, eight (8) clinician-scientists are holding prestigious career awards, fellowship awards or research chairs from various granting agencies, totaling \$525,717. New awardees in 2012 include Dr. Jonathan Afilalo who received the Heart & Stroke and the FRSQ awards and Dr. Marie Hudson who received the FRSQ award.

Department of Medicine Clinical Research Award

The goal of this award is to contribute to the academic development of the Department, and to encourage full-time GFT-H members involved in clinical research by compensating, in part, their time dedicated to clinical research activities. In March 2012, the Research Advisory Committee reviewed applications based on quality of projects, role and productivity of applicant, likelihood of publication in a peer-reviewed scientific journal and awarded five new applicants and renewed seven previous applicants. The support has increased from an original budget of \$30,000 in 2007 to \$168,000 in 2012.

Publications

The number of publications authored by members of the Department of Medicine was 349 in 2012, up from 334 last year.

VII. Departmental Activities

The Department continues to reinforce democratic and transparent management in all areas.

VIII. MUHC and McGill

Our relationship with the MUHC has been characterized by collaboration and collegiality. Our commitment to excellence in teaching at both the undergraduate and postgraduate level continues to be valued by McGill University

Within the hospital progress has been made. The Division of Gastroenterology moved into new facilities during the renovations. The Cardiovascular Prevention Centre provided the facility for the CARTAGENE project during the past year and a half and for clinical trials. The Department continues to work towards maintaining its academic mission with improved staffing and resource allocation.

The Department gratefully recognizes the support of the Hospital Administration in its recruitment efforts.

1.2 OBJECTIVES AND PRIORITIES

Within the province, the Department of Medicine continues to play a key role with Dr. Ernesto L. Schiffrin's term as President of "la Table régionale des chefs de département de médecine spécialisée

de l'Île de Montréal" and member of the Board of the Agence de Santé et Sécurité Sociale (ASSS) of the Island of Montreal, and internationally as Vice-President, President-Elect and now President of the International Society of Hypertension.

The Department is actively pursuing to recruit an international leader in aging. The chosen candidate will be offered the Kaufman Chair held by Dr. Howard Bergman.

We remain dedicated to ensure that the department continues to provide the excellent care to the patients of the hospital for which it is renowned, while at the same time maintaining its goals of excellence in teaching. The recruitment of highly qualified and competitive physician scientists has reinforced the research capacity of the department and has had a transformative effect on the ability of the hospital to serve as a translational science center. It has been challenging to provide conditions that are competitive with the best North American centers due to constraints in funding for personal support, operating monies and up-to-date equipment, as well as difficulties in ensuring adequate space allocation and support services. Despite these difficulties and constraints, we have been successful as can be seen above in already recruiting a considerable group of young physician-educators and physician-scientists in the areas of internal medicine, cardiology, endocrinology, hematology, pulmonary medicine, rheumatology and nephrology, all of who have a good chance of success in scientific competition for the scarce resources currently available locally, provincially and nationally. We have put in place a program that will also help support the research by GFT-H physicians.

Respectfully submitted,

Ernesto L. Schiffrin, CM, MD, PhD, FRSC, FRCPC
Physician-in-Chief

2. GRAND MEDICAL ROUNDS & INVITED SPEAKERS (January 1 - December 31, 2012)

January 9	Resident Research in Hematology and the Clinician Investigator Program	Mark Blostein, MD & Michael Goldfarb, MD, 3rd Year IM Resident, McGill University-JGH
January 16	The E.D. Asthma Protocol or How to Manage Acute Asthma	Pierre Ernst, MD
January 23	Concerns for the Future of HIV Therapy: Can our Progress be sustained?	Mark Wainberg, PhD
January 30	High Sensitivity Troponins: The Future is Now	David Langleben, MD & Elizabeth MacNamara, MD
February 6	Sixteenth Annual Humanization of Care Awareness Program: Focus on Communication	Jacki Raboy Thaw, BScN CNCC(C) & Paul Warszawsky, MD
February 13	Interesting Cases at the Jewish General Hospital	Mark Davis, MD & Ahd Al-Khunaizi, MD, 2 nd & 3 rd Year IM Residents, McGill University-JGH
February 20	Critical Illness Associated Brain Dysfunction	Pratik Pandharipande, MD, Vanderbilt University School of Medicine
February 27	Monitoring Patients on Opioids	Beth-Ann Cummings, MD
March 5	The Haitian Cholera Epidemics	Amos Hercz, MD, CHUM
March 12	Evolution of the Medical Geneticist-RaDiCAL Thoughts	David S. Rosenblatt, MD, MUHC
March 19	ZESCA (Zyban as an Effective Smoking Cessation Aid): Trials and Tribulations	Mark J. Eisenberg, MD
March 26	New Oral Anticoagulants	Mark Blostein, MD,
April 2	Cognition and Falls in the Elderly: the Collusion of two Giants	Manuel Montero-Odasso, MD, University of Western Ontario
April 16	Emerging Therapies for Treating Severe Asthma	Richard Leigh, MD, University of Calgary
April 23	Immunotherapy - Update 2012 and Beyond	Peter Small, MD
April 30	Controversial Topics in Breast Pathology	Anca Florea, MD
May 7	Endoscopic Hemospray in Malignant Upper Gastrointestinal Bleeding	Yen-I Chen, MD, 2nd Year Internal Medicine Resident, McGill University-JGH
May 14	Research Ethics Rounds: Security of Research Data: What You Should Know	Martin Fiset, President Cryptofiz, MUHC
May 28	Simon Dworkin Lecture in Rheumatology: IgG4-related Disease	John H. Stone, MD, Harvard Medical School
June 4	My New Patient Is a Recent Arrival from Cameroun - What do I Need to Watch out for?	Christina Greenaway, MD
June 11	JGH at the Cutting-edge of Research in Malignant Hematology	Sarit Assouline, MD
June 18	Cardiac Surgery Outcomes 2011 and Vision	Yves Langlois, MD & Felix Ma, MD
September 10	New Insights on RV Physiology in Heart Failure and Pulmonary Hypertension	François Haddad, MD, Stanford School of Medicine
September 24	Do we need to expect an Epidemic of Liver Disease and how can we face it?	Marc Bilodeau, MD, CHUM
October 1	Cancer Risk of Diabetic Therapies	Agnieszka Majdan, MD
October 15	Vitamin K Deficiency and Coumadin Use: Modifiable Risk Factors for Vascular Calcification in Chronic Kidney Disease?	Sharon Nessim, MD
October 22	Advances in the Management of Complement Disorders in Young Patients	Anita Hill, MD, PhD, Leeds Teaching Hospitals NHS Trust, United Kingdom
October 29	Canadian Patient Safety Week: Tough Choices, Good Medicine: Using a Framework to Support Ethical Decision-Making	Robert Butcher, PhD, London, Ontario
November 5	The Canadian Malnutrition Task Force: Update on the Nutrition Care in Canadian Hospitals Study	Heather Keller, RD, PhD, FDC, University of Waterloo
November 12	Adipose Tissue as an Endocrine Organ; Emerging Clinical Applications	Christos Mantzoros, MD, Harvard Medical School
November 19	Skin Cancer Updates	Manish Khanna, MD
November 26	Percutaneous Endoscopic Gastrostomy (PEG) - what one should know about indications, complications and alternatives	Jonathan Wyse, MD
December 3	Early Mobilization in a Senior Friendly Hospital	Barbara Liu MD, University of Toronto
December 10	Medical Emergency Teams: A Comparison of Different Models	Dev Jayaraman, MD, MUHC

3. UNDERGRADUATE AND POSTGRADUATE TEACHING REPORTS

A. REPORT OF UNDERGRADUATE TEACHING - DEEMBER 2012

There continues to be exciting progress in the undergraduate education program.

1. Professional skills (ICS)

- We taught 31 ICS students at the JGH in 2012.
- The Professional Skills (ICS) course in January 2012 was very successful. Despite an increase in the number of students in the class, we will maintain the group size of 4-students per group for January 2013, due to the participation of multiple Divisions in teaching the course.

2. ICM Internal Medicine: Introduction to Internal Medicine (IIM)

- We taught 51 IIM students in 2012. The number is expected to increase for 2013.
- In 2012, the format of written reports was changed from “McGill Case Reports” to an Admission Note format. This was generally well received by the tutors and the students, and will be maintained for 2013.
- There may be changes to the clinical evaluation form for 2013.

3. Clerkship & LCME/CACMS Accreditation Issues

- We supervised 49 core internal medicine clerkship students in 2011-2012. The number is expected to be 48 in 2012-2013.
- The current structure has each student doing 4 weeks of either 7W or 7NW, 2 weeks of CCU/2NE, 2 weeks of ER Consults, and a weekly outpatient clinic. The JGH rotation compares favourably to the rotation at the other sites, with the exception of the ER Consultation and Outpatient Clinic components.
- In 2013-2014 there will be the addition of an overnight “nightfloat” experience for the students.
- All students are required to complete one observed focused history and one observed focused physical examination. These are part of the logs of minimal clinical exposures that students must complete and log in one45 before the end of the rotation. If they are having difficulty seeing these cases, they are supposed to discuss with the attending so that it can be arranged.
- McGill Faculty of Medicine accreditation standards also require:
 - i. Face-to-face specific, constructive, and individual midway feedback from the attending: This must occur after 2 weeks and at the end of the 4 week rotation on 7W & 7NW, and at the end of each week and at the end of the 2 week rotation in CCU & ER Consults.

- ii. Adherence to the workload policy: Students can work no more than 60 hours per week excluding on-call (i.e. leave by 8 pm or ideally 6 p.m. when not on-call). When on-call, they must leave by 10 pm. There is no post-call day.
 - iii. The core clerkship lecture series: The sessions are going very well thanks to our dedicated teachers from across many divisions. The objectives for these sessions are available through Malka.
 - iv. Prompt evaluation of students by attendings in the One45 system: Final evaluations must be submitted promptly to the Faculty of Medicine. This requires that your clinical evaluations be completed within 2 weeks of the end of your time with time on the clinical service.
 - v. Information to faculty members about mistreatment: In the 2009-2010 academic year, 45 clerks were assigned to the JGH for Internal Medicine. Of these students, 4 reported mistreatment. In 2010-2011, of 43 clerkship students, 2 reported mistreatment. In 2011-2012, 3/48 reported mistreatment. So far in 2012-2013 2/15 have reported mistreatment.
- The new clerkship curriculum will begin in 2015. The new curriculum includes a new 16-week Medicine and Surgery block rather than an 8-week Internal Medicine clerkship, and will feature increased outpatient exposure, increased EBM, and increased public health content.

The success of the teaching program is a result of staff enthusiasm, ongoing commitment to teaching, and dedication to medical students.

Respectfully,

Beth-Ann Cummings, MD
Director, Undergraduate Education

B. POSTGRADUATE TEACHING REPORT - JUNE 2012

Residents' numbers

There will be 12 incoming R1's this year. Last year, we had 13 incoming R1s. The government decreased McGill incoming R1s by 3, so each hospital gets 1 less resident.

Accreditation

Accreditation for the McGill internal medicine training program will occur on March 18, 19 and 20, 2013. The accreditors/surveyors will be at the JGH on March 19, 2013.

Some of the things the accreditors will be looking are:

-Completion rate of evaluations of residents by staff, in One 45: The evaluations must be completed within 30 days.

-Service to education ratios: Nightfloat and 16 hour work day have shifted the balance to more service and less education. Sometimes residents need to be told that they are getting teaching. Try to teach around anything, even if it's for 5 minutes.

-Staff to staff handovers of patients on the CTUs: Residents should not be the ones assigning patients to staff. Residents should carry 8 patients, medical students 4-6 patients, and the seniors should carry no patients. These **ratios must be respected**. The only time the staff may have to carry more than 4 patients is on 7W when the Family Medicine residents are on vacation. Then, the staff may have to carry up to 10 patients for 1 week. Other alternatives are to do team rounds for that week, or have a "buddy" system.

-16 hour work days: These have been implemented in ICU and CCU as of July 1, 2012, across all Quebec Universities. The feedback from the residents has not been very good, especially in the ICU. However, the ICUs have worked hard to accommodate the residents now. Possible solutions are currently being explored by the ICU and the Postgraduate office. One solution may be doing 2 week ICU rotations, which would mean even more 2 week electives.

-Academic half-day: Residents must be released for academic half-day on Thursdays from 1-4 pm.

-Intimidation and harassment: The JGH has had very few complaints of this nature except for a few complaints in regards to staff in the ICU and Geriatrics.

CARMS

The R3 match results are in: all the R3s at the JGH got their top choices, except for 2 residents.

CARMS for R1s is now open. Interviews will take place in the last 2 weeks of January; participation of current residents is essential and their availability for CARMS activities should be encouraged. These activities include giving tours to applicants and going to luncheons and attending an evening social event organized by our residents for the applicants.

Program changes

Internal Medicine Clinic

Starting period 8, residents will start their clinic 30 minutes earlier than usual (at 1 pm, as opposed to 1:30 pm), because there will be a 30-minute mandatory teaching before each clinic.

Centro

Two new computers with Dictaphones have been acquired for 7W and 7NW conference rooms, and a third one will be bought for the CCU conference room. Residents are now able to dictate or type their discharge summaries and progress notes. The dictations will be printed on the nursing station computer.

16 hour work day

In order to respect the new contract, a minimum of 4 residents are required in CCU in each period at all sites. Currently there are 3 residents in most periods across sites. This problem is currently being looked at.

CTU

On 7W and 7NW CTU's, there is now a **morning report** every second Friday (on the non sign-over Fridays) from 7:45 - 8:30 am, in the 7NW conference room. The attendings from 7W and 7NW as well as both entire teams and the nightfloat team must be present. An interesting case is presented by a junior or medical student, and the staff and seniors teach around the case. It's interactive, informal, and fun.

Week-end sign-overs on CTU's: On week-ends, the staff should speak and sign-over to the senior on the other side to avoid having Family Medicine resident juniors on 7W or the off-service resident juniors on 7NW to sign out important issues. For adequate sign-out to the nightfloat, the staff may get called between 8 - 9 pm on Saturday or Sunday.

There is now an ultrasound machine on 7W purchased through funds allocated from the educational teaching fund. All second year residents at McGill will take an Ultrasound course every year. There is also an Ultrasound form to be completed by residents for statistical purposes.

ERC

The feedback from residents with regard to the 38-hour shifts is positive. Melanie Langelier, the clinical nurse specialist in ERC, is a tremendous asset and is highly appreciated by both residents and staff. Ms. Langelier promotes and facilitates discharges and ensures proper follow-up of patients discharged from ER.

2 week elective block

Due to increasing nightfloat, 2 week ICU rotations, 2 week vacation slot, residents will be doing more and more 2 week electives.

Nightfloat

Overall, the feedback from both residents and attendings has been positive. While the rotation itself can be difficult, residents and staff recognize the very positive trade-off of never being post-call as a senior on the wards and of having continuity of care for patients.

Issues in this area include providing staff feedback to the nightfloat team, as well as more formal teaching or feedback around management decisions made by the nightfloat team. Morning report has been introduced to provide teaching to the nightfloat team.

Academic ½ Day

Residents consistently report that they are being released appropriately from their service to attend the Thursday afternoon from 1- 4 pm academic half-day.

The curriculum for this series is regularly reviewed by the McGill Training Committee. There is now an academic half-day committee, which includes residents from each site that reviews the curriculum to ensure that teaching goals and objectives are met.

Simulation Room - the Mickey Gold Project

A Simulation room will be opened soon in Pavilion A for residents and will be used for mock code blues, procedures, and Royal College exam preparations.

Holiday Party

The Residents' Holiday Party took place on December 6, 2012. It was well attended by staff who showed their appreciation of our residents.

Respectfully,

Ruxandra Bunea, MD
Director, Postgraduate Education

GENERAL INTERNAL MEDICINE HOUSESTAFF LIST JULY 1, 2012 - JUNE 30, 2013

CHIEF RESIDENTS

Chan Tai Kong, Kevin (July 1 - Dec 31)

Chen, Yen-I (Jan 1 - June 30)

R3

Al-Johani, Khalid

Chan, Emile

Clarke, Kaethe

Emond, Yannick

Khananian, Anna

Lazarus, Darius

Lu, Yidan

Ohata, Brent

Popiel, Kristin

Skamene, Tanya

R2

Berger, Jenna

Bond, Rachel

Davis, Mark

Lau, Paul

Limoges, Maude

Luck, Yael

Ma, Kim

Parkes, Leighanne

Peretz-Larochelle, Maude

Schwartz, Jesse

Selcer, Shaun

Shorofsky, Matthew

Diaz Noreiga, Oscar

R1

Al Fares, Abdulrahman

Battat, Robert

Bogaty, Chloe

Burnstein, Barry

Chabot, Julia

Deschamps, Jean

Dorreen, Alastair

Esfahani, Khashayar

Guilbault, Catherine

Lefebvre, Benedicte

Misra, Paraish

Parmar, Robin

Thom, Jessica

OTHER PROGRAMS

Other Programs

Alsharheed, Abeer (Dermatology)

Zimmo, Bader (Dermatology)

Al-Shurem, Mohammed (Neurology)

Alkuwaiti, Abdul (Neurology)

Ong, Jeb (Ophthalmology)

Alshareef, Rayan (Ophthalmology)

Saleh Adil, Khaled (Rad Onc)

Bamakhrama, Anan (Rad Onc)

TBA (Obs/Gyne)

4. EXTERNAL RESEARCH GRANTS & AWARDS

A. Career Awards - July 2012 - June 2013 (Clinician-Scientists)

Name	Agency	Expiry Date	Amount
AFILALO, Dr. J.	Heart & Stroke	June 30, 2014	45,000
ASSOULINE, Dr. S.	FRSQ	June 30, 2014	35 393
GREENAWAY, Dr. C.	FRSQ	June 30, 2013	40 832
HUDSON, Dr. M.	FRSQ	June 30, 3015	36 159
JOHNSON, Dr. N.	FRSQ	June 30, 2013	100 000
KAHN, Dr. S.	FRSQ	June 30, 2013	30 000
RICHARDS, B.	CIHR	June 30, 2012	93 333
SCHIFFRIN, Dr. E.	Canada Research Chair	December 31, 2012	<u>145 000</u>
TOTAL:			525 717

B. Grants & Bursaries 2011-2012

See attached Excel File

5. NEW HONORS, AWARDS AND APPOINTMENTS (SEE APPENDIX A)

6. PUBLICATIONS (January - December 2012)

Afilalo, Jonathan

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7. APPENDIX A. DIVISIONAL REPORTS