

JGH NEWS

SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL

VOLUME 39, NO. 2

WWW.JGH.CA

SUMMER 2003

Multidisciplinary care — the key to recovery



Also inside: **Campaign Launch: You Have the Power to Heal**

Salute to Doctors: September 21st 2003

JGH Mini-Med School – Info at www.jgh.ca to register

Message from

Jonathan Wener



As outgoing President, it is my duty and honour to review the accomplishments of the JGH during the past three years. Before I begin, I must say that it has been my privilege to work with an amazingly committed and professional group of

people who have dedicated themselves with such passion to the treatment and wellness of our population.

Every success we achieved was the result of a focused, talented and high-energy team, tirelessly overcoming obstacles and working through challenges together, never losing sight of our goals.

Accomplishments:

- ◆ It was my responsibility to chair our new five-year strategic plan that set forth the objectives, goals and aspirations of our hospital. This thoughtful, inclusive and thorough process was designed to seek and integrate the points of view of all interest groups in the hospital in order to create a comprehensive plan that everyone would support. The outcome was an unprecedented enthusiasm and high level of cooperation by our doctors, nurses, administration and healthcare professionals who participated in defining priorities, and guided us in meeting the plan's numerous objectives. One of the most significant results of our efforts to date, which gave me great personal satisfaction, was the endorsement of the Comprehensive Cancer Centre Program across all disciplines. We have an extraordinary concentration of clinical oncological scientists and are moving towards a designation by the province of Quebec as a Comprehensive Cancer Centre.
- ◆ Due to the ongoing financial reality of running a high calibre, public institution, one of our first objectives was to expand our capital base. We immediately put emphasis on areas where we could obtain relatively quick increases in revenue to fund the many programs operating in the hospital. Revenue generation has increased from \$935,911 in 1999 to \$1,752,000 at the end of 2002. This was done under the capable leadership of Paul Lowenstein in conjunction with an active committee. We commend Paul and his team for their dedication and willingness to dwell on each and every area to ensure we maximize revenue wherever possible, and at the same time, improve services. This committee's continuous drive for

Continued... please turn to page 18.

New President elected



The hospital is pleased to announce that Mr. Stanley K. Plotnick has been elected President of the Centre Board for a two-year term, effective June 2003.

Having served as Vice-President of the hospital and as a member of the Foundation Board, Mr. Plotnick is familiar with the challenges, strengths and achievements of the Jewish General Hospital, and excited by the opportunity to lead the hospital through what promises to be a period of unprecedented growth and development.

"The Jewish General Hospital is an outstanding health care institution – one of the best in Canada," states Mr. Plotnick. His goals are to continue the hospital's distinguished tradition of striving for excellence in patient care, academia and research. More specifically, in the next few years, special emphasis will be placed on the establishment of a Comprehensive Cancer Centre Program—the first of its kind in the province—and the development of a modern Cardiovascular Sciences Centre. "We remain committed to providing compassionate, first rate care to our patients and to improving the working environment for our outstanding physicians, nurses, professional and support staff," he adds.

Stanley K. Plotnick has a distinguished history of volunteerism, both within the Montreal Jewish community and the broader community. The many leadership positions he has held include Past President of Federation CJA, the Jewish Education Council of Greater Montreal, and Solomon Schechter Academy, Founder and Co-Chairman of Pro Montreal, Editor-in-Chief of InMontreal magazine, Chairman of the 10th Anniversary Special Gala of the Gala des Étoiles and Chairman of the March of the Living.

His commitment to the welfare of others has been recognized with numerous awards including the Distinguished Leadership Award from Federation CJA, and the Outstanding Montrealers Award from the State of Israel Bonds. In May 2002, Mr. Plotnick was the Honoree at the Jewish National Fund Negev Dinner.

Mr. Plotnick is President of AVS Technologies, a company that designs, develops, imports and distributes consumer electronic products. He is a graduate of both McGill University and the Sloan School of Management, Massachusetts Institute of Technology.

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SALUTE TO DOCTORS – an evening in celebration of JGH physicians.
September 21, 2003. Info at www.jgh.ca

JGH NEWS

SUMMER 2003

published by:

SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL DEPARTMENT OF PUBLIC AFFAIRS AND COMMUNICATIONS

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A McGill University
Teaching Hospital

People in the News

Congratulations to **Dr. Saul Frenkiel**, who was appointed Chairman of the Department of Otolaryngology at McGill University. This appointment, which followed a nation-wide search and selection process, includes an appointment as Chief of the Department of Otolaryngology at the McGill University Health Centre.



Dr. Frenkiel, who has been Chief of the JGH Department of Otolaryngology since 1992, is a specialist in rhinology and endoscopic sinus surgery. Under his leadership, the department has built upon its expertise in all aspects of otolaryngology including head and neck surgery. A professor in the McGill University Faculty of Medicine, Dr. Frenkiel is dedicated to the practice and promotion of academic medicine and has been voted Best Teacher by students in the McGill Department of Otolaryngology.

Dr. Frenkiel is the author of over 150 publications, including peer-reviewed journal articles, textbook chapters and multi-media works. He has been an invited lecturer and presenter at many national and international conferences, where he has presented the results of his work in the subspecialties of nasal and sinus surgery, nasal airflow testing and the molecular biology of chronic sinusitis.



A warm welcome as well to **Dr. Martin Gyger** of the Division of Hematology. An associate professor of Medicine at McGill University, Dr. Gyger is Director of our hospital's Stem Cell Transplantation Program and Director of the Apheresis

Unit. Dr. Gyger specializes in hematopoietic stem cell transplantation, a relatively simple, painless procedure that does not require surgery or hospitalization. In patients suffering from Hodgkin's or non-Hodgkin's lymphoma, the procedure has a 30-50% success rate. His primary research interest is non myeloablative allogeneic stem cell transplantation. This procedure, which is more complicated and carries with it the risk of rejection, involves transplanting bone marrow from a relative (usually a sibling), and is reserved for patients whose own stem cells are too contaminated.

We welcome **Dr. Walter Gotlieb**, who recently joined the hospital's Department of Obstetrics and Gynecology. Dr. Gotlieb, who is an Associate Professor at McGill University, has the distinction of being the first gynaecologic-oncologist at the Jewish General Hospital. (There are only 1000 such specialists world-wide.) Gynaecologic cancers include cancer of the vulva, vagina, uterus, cervix and ovaries.



After earning his medical degree in his native Belgium, Dr. Gotlieb spent six years pursuing subspecialty training in the United States, at both the National Institutes of Health and the University of California at Los Angeles. He was then recruited by Tel Hashomer Hospital in Israel, where he founded and developed the department of gynaecologic-oncology.

It was the challenge of doing the same here, combined with our hospital's advanced translational research capability, that attracted Dr. Gotlieb to the Jewish General Hospital. In fact, his primary research interest is in developing new treatments that are based on genetic engineering, particularly for ovarian cancers.

"My goals are to provide specialized services to patients with gynaecologic cancers as well as access to new, innovative and improved treatment options," Dr. Gotlieb explains.



Congratulations to **Kotiel Berdugo** who has been appointed Director of Technical Services. "My goals are to raise the quality standards of the division's services, improve the physical facilities of the patient care units and to efficiently manage the

many different expansion projects within the hospital," he explains.

The Division of Technical Services at the JGH consists of the following departments: Maintenance, Security, Housekeeping, Laundry, Mail Room, Purchasing, Telecommunications, Central Supply and Boiler Room. The division is also responsible for overseeing all of the various renovation projects throughout the hospital, consulting with staff members to understand their needs, supervising architects, contractors and other specialists, and ensuring that projects are completed on time and on budget.

Continued... please turn to page 12.

Campaign Launch Aims to Deliver Dream

CAMPAIGN TEAM

We are proud to introduce the team of outstanding leaders and visionaries who are committed to the success of this ambitious campaign:

HONOURARY CHAIRMEN

Stephen Bronfman
Hugh Hallward
Honourable Pierre Marc Johnson
Dr. Bernard J. Shapiro, O.C.

CHAIRMEN

Morton Brownstein
Edward Wiltzer

ADVISORS

Marvin Corber, CM
Steven Cummings
Boris G. Levine

CABINET MEMBERS

James Alexander
Evelyn Bloomfield-Schachter
Harold Brownstein
Leonard Ellen
Brahm Gelfand
Leo Goldfarb
Aubie J. Herscovitch
Gail Karp
Senator E. Leo Kolber
Mark Krakower
Micheline Martin
Alice Raby
Stephen Reitman
Harvey Rosenbloom
Allan Schouela
Jeff Segel
Mark Sherman
Bernard Stotland
John Swidler
Joyce Tanner
Gary Ulrich
Stephen Vineberg
John Waxlax
Jonathan Wener

On May 12, 2003, the Jewish General Hospital launched its most ambitious campaign in the hospital's seventy-year history.



*Left to right:
Mark Krakower,
Larry Fisher,
Stephen Bronfman.*



*Left to right:
Steven Cummings,
Marvin Corber,
Sue Carol Isaacson,
Alvin Segal.*

Reaching out to the greater Montreal community, guests were given a unique opportunity to talk with leading physicians, surgeons, researchers, department heads and other medical personnel of the JGH about the current state of medicine and their goals for the future.

The campaign demonstrates our combined determination to take the Jewish General Hospital to new levels of medical service, patient care and research. Emphasis was drawn to the four “pillars” being addressed: the Comprehensive Cancer Centre Program, the Cardiovascular Sciences Centre, the expansion of the Lady Davis Institute for Medical Research and department enhancement and support.

The multi-media event featured presentations that highlighted critical hospital needs, departmental profile brochures and the première of the “You Have the Power to Heal” campaign video.

The campaign team, championed by Morton Brownstein and Edward Wiltzer, clearly elucidated the substantial dollars needed to build this hospital for the future—a need that requires the recruitment and retention of top-notch professionals, additional and renovated space, facilities and equipment, and the expansion of our overcrowded research facility. While the campaign's goals are ambitious, indeed, they accurately reflect the real needs of a first class medical institution in this, our 21st century.

The message is clear—our number one commitment at the Jewish General Hospital is to provide patients with quality care that meets the highest standards. The generosity of our donors will ensure that our commitment is fulfilled.

Multidisciplinary care

— the key to recovery

As anyone who has ever been hospitalized is aware, recovery from serious illness or injury often requires input from a team of health care professionals, each with his or her own area of expertise. In this issue of the JGH News, we shine a spotlight on a handful of allied health care professionals—well-trained, highly skilled individuals who, working as part of a multidisciplinary team, are dedicated to helping patients regain their strength, health and autonomy.

Speech therapy

Imagine the frustration of knowing the words in your head but being unable to formulate them verbally so that you can express your needs, thoughts and ideas. This is a common challenge for stroke patients and by extension, their families.

“The goal is to train the brain to compensate for deficits while building on the skills that patients have retained,” explains speech pathologist Lisa Hargraves, a member of the JGH Stroke Team. This team, coordinated by nurse Marie-Ann Yang, provides a holistic approach to patient care—an approach that research has shown to be extremely beneficial for patients.

When meeting patients for the first time, Ms. Hargraves conducts thorough swallowing, language and speech assessments. Swallowing disorders, also known as dysphagia, are a common side effect of stroke and must be assessed immediately. This condition is potentially fatal, as patients who cannot properly protect their airways are in danger of choking or aspirating food or liquid into the lungs. Ms. Hargraves tests patients’ oral pharyngeal functioning by providing them with different consistencies of food and liquids to see what they are able to tolerate. During the course of their stay in the hospital, she will continuously monitor their progress, upgrading the consistency of food as their ability to swallow improves.

“There is a lack of knowledge about swallowing disorders among the general public,” notes Ms. Hargraves. “That’s why it’s important to provide patients and families with lots of education about safe eating strategies and compensatory techniques.”

Language and speech assessments are also important. “Usually, there is an overlap between speech and language difficulties, but it is possible to have one without the other. It depends on the extent of the damage and the location of the stroke in the brain,” Ms. Har-

graves explains. A language assessment evaluates the patient’s ability to comprehend and express language, often including an evaluation of reading and writing ability. Speech assessment involves checking for difficulties with articulation and voice production. Here again, patient and family education is important.

Once the assessments are completed, Ms. Hargraves works closely with the patient and family, teaching them techniques to enhance communication. These include communicating in a calm and quiet environment free of distractions, giving information to patients in smaller pieces so that they can process and absorb it more easily and incorporating non-verbal methods of communication such as using gestures, visual aids and other tactile cues.



Speech pathologist Lisa Hargraves conducts a swallowing evaluation with patient Rose Tannenbaum.

The Department of Audiology and Speech Language Pathology consists of four speech pathologists and four audiologists. They work virtually everywhere in the hospital and have a major presence in medicine, neurology, oncology and the head and neck and otolaryngology services.

Occupational therapy

“As an occupational therapist, my goal is to help people regain the skills they need to live independent and productive lives,” explains Gabi Rosberger, who specializes in occupational therapy for the geriatric population. Examples of skills that we take for granted include walking, getting dressed, bathing and cooking.

Studies show that it often takes patients longer to recover their functional autonomy than it does to recover from the illness that necessitated hospitalization. “The connection between autonomy and overall health is not always clear to patients and their families. Incapacity is not an inevitable part of aging,” notes Ms. Rosberger. Consequently, education—of families as well as staff—is an essential component of her work.

An occupational therapy consultation begins with a review of the patient’s history, medical chart and interviews with the patient, family and caregiver(s). Functional and cognitive evaluations are designed to determine what the patient is capable of doing and what his or her maximum level of functional autonomy was prior to the current illness. Home visits, in the presence of caregivers or family members whenever



Occupational therapist Gabi Rosberger fabricates a splint for a patient.

possible, provide the occupational therapist with the opportunity to assess the patient’s skills and identify any deficits in terms of everyday living. “Sometimes, small alterations to the home environment are all that is necessary to help caregivers maintain the patient’s safety,” Ms. Rosberger explains.

Occupational therapists also recommend and make adaptive aids to facilitate autonomy. These include adaptations for more effective seating and positioning of the elderly to prevent bedsores and skin breakdown, orthotics such as splints and slings, and special aids to maximize the patient’s independence in self care activities.

Interdisciplinary collaboration is an integral part of the philosophy of the Division of Geriatrics. “We are all partners who rely on each other’s expertise,” says Ms. Rosberger. “Our biggest ally is the family and it’s our job to help family members create a comfortable and safe environment where the patient will function at the highest possible level of autonomy.”

Six occupational therapists work throughout the hospital, with a particularly active presence in the Division of Geriatrics and the Department of Psychiatry. In addition to providing services to patients, the Department of Occupational Therapy provides staff with ergonomic consultations upon referral, to help minimize the risk of injury.

Social work

In North America, there is a tendency to view new parenthood as a happy and beautiful time coupled with an unwillingness to accept that the birth of an infant can be a cause of great stress. When problems do arise, when women and men exhibit difficulty adjusting to their new role as parents, when high-risk psychosocial issues threaten to endanger the safety of infants, social worker Deborah Cobrin steps in to assess the situation, help smooth the transition to parenthood, make recommendations, develop action plans, and, when necessary, contact the CLSC and/or Youth Protection.

“My first priority is the well-being of the infant, and I try to be available to help parents with their concerns,” states Ms. Cobrin. “I’m fortunate that the nursing team on the Maternal Child Health Unit and in the Neonatal Intensive Care Unit are very attuned to social issues and respect my expertise in this area,” she continues.



Social worker Deborah Cobrin in the Neonatal Intensive Care Unit where she helps parents of premature newborns deal with their concerns.

Continued... please turn to page 19.

Dr. Stéphane Richard a recipient of the 2002 Young Investigator Award

Dr. Stéphane Richard, a recipient of the 2002 Young Investigator Award from the National Cancer Institute of Canada, is an example of the many promising young researchers working at the hospital today.

Recruited to the hospital's Lady Davis Institute for Medical Research in 1995, Dr. Richard is a project director in both the Terry Fox Molecular Oncology Group and the Bloomfield Centre for Research on Aging. As well, he is an Associate Professor at McGill University. His research interest is concentrated on two areas: cancer and multiple sclerosis (MS). More specifically, he discovered proteins that are implicated in each of these diseases.

Recognized as an outstanding young scientist, Dr. Richard was responsible for identifying a novel nuclear structure in cancer cells, called sam68, that appears to correlate with how malignant a tumour is. In an experiment using 200 breast cancer cells stained with the sam68 antibody, he found that approximately 30% of the cells have this nuclear body. "This may help in grading tumours, which is important because accurate diagnosis often leads to more precise, effective treatment," explains Dr. Richard. Scientists greeted the publication of his paper in *Molecular Biology of the Cell* (1999) with great enthusiasm, and he was awarded the Young Investigator Award as a result of this work.

In the area of MS, Dr. Richard is studying a gene related to the sam68 protein that exists in quaking mice—so named because they lack myelin, the protective covering of the central nervous system (the brain and spinal cord). MS is an autoimmune disease in which the body's own immune system malfunctions, attacking the myelin and often destroying it in patches. The



disease is especially prevalent in northern latitudes and countries like Canada that are farther away from the equator.

Through his research, published in the journal *Neuron* (2002), Dr. Richard has demonstrated that the quaking proteins are directly involved in the process of myelination. The next step, which he is now examining, is to try to use the quaking protein to stimulate myelination (a process called remyelination). "This can potentially lead to the development of an effective strategy for treating MS and reversing its debilitating effects," notes Dr. Richard.

A native of Montreal, Dr. Richard completed his B.Sc. in Biochemistry and Ph.D. in the

Division of Experimental Medicine at McGill University. He completed post-doctoral training in a unique program that combined industrial and academic experience at Pfizer in Connecticut and Washington University in St. Louis, considered the Harvard of the Midwest. Focusing on immunology and the signaling process, it was here that

he discovered the sam68 protein. "Working in both worlds—industry and academia—was a unique experience that gave me a good understanding of the needs and challenges in each of these environments," Dr. Richard says.

When he was offered a position at the LDI and the opportunity to be part of the faculty of McGill, he was excited by the chance to return to Montreal. In addition to the award from the National Cancer Institute of Canada, Dr. Richard was recently named a William Dawson Scholar by McGill University. This award recognizes junior professors for their outstanding achievements in research and academia.

ANNOUNCING AN EXCITING NEW PROGRAM

Learn from the experts about Cancer Prevention & Treatment, Infectious Diseases, Diabetes Prevention, Heart Health, Aging, and more...

JGH Mini-Med School

A six-part public lecture series featuring JGH physicians and researchers

Tuesdays from September 23 – October 28, 2003

Limited space available

Details at www.jgh.ca or call 340-8222 x3337

This program is made possible by an unrestricted grant from Pfizer Canada Inc.

Neurosurgeon establishes links with colleagues in China

In the fall of 2002, Dr. Gérard Mohr, Chief of the Division of Neurosurgery, spent two weeks in China, where he was an invited guest lecturer at the Beijing Neurosurgical Institute as well as visiting professor and guest lecturer at the First Guangzhou International Neuro-Oncology Meeting.

The invitation to the latter had an interesting Jewish General Hospital connection—it was organized by Professor Chen Zhong Ping, who was a research fellow at our hospital's Lady Davis Institute for Medical Research from 1993-1999, and is now Chairman of Neurosurgery at the Sun Yat-Sen Cancer Hospital in Guangzhou.

Overall, Dr. Mohr was extremely impressed by the modern and spacious treatment facilities he visited, all equipped with the latest technology and staffed by highly skilled,

knowledgeable neurosurgeons and support staff. The Beijing Neurosurgical Institute, for example, is a 330-bed hospital with 18 operating rooms, where 95 neurosurgeons provide treatment in 10 distinct neurosurgical services including skull base, cerebrovascular, pediatrics and spine surgery. While visiting China, Dr. Mohr discovered that the country's health system appears to be undergoing major changes, with a private system being introduced alongside the public one.



“I was able to establish valuable contacts which will allow us to exchange fellows and possibly scholars as well as to collaborate on various research projects including epidemiology of brain tumors and minimally invasive endoscopic skull base surgery,” Dr. Mohr noted. In fact, this July, Dr. Gong will arrive from China to undertake a one-year fellowship in image guided endoscopic pituitary microsurgery under the supervision of Dr. Mohr.

Surgical Education Resource Room

Since it opened in December 2002, the newly created Surgical Education Resource Room, dedicated to Dr. Harvey Sigman, has been a hit with surgical residents, medical students and surgeons.

Featuring the latest in multimedia and presentation equipment as well as educational resources such as videos describing current surgical techniques, and computer equipment for on-line searches (linked to the Health Sciences Library), this resource room encourages self-study and the preparation of case presentations. Teaching rounds are also held here.

“Our goal is to foster educational fervor in our medical students and residents as well as ourselves,” explains Dr. Anna Derossis, Director of Surgical Education. “In an era where ambulatory care has changed the face of surgical practice, where techniques are rapidly



Celebrating the completion of the Surgical Education Resource Room dedicated to Dr. Harvey Sigman, left to right: Dr. Martin Black, Dr. Anna Derossis, Dr. Harvey Sigman, Dr. Bernard Shapiro, Mr. Henri Elbaz.

evolving and where evidence-based practice is the norm, we need to provide our students with a conducive learning environment equipped with the necessary resources,” she adds.

At a special dedication of the room, Dr. Harvey Sigman, Chief of the Division of General Surgery, was honoured for his longstanding

commitment to medical and surgical education. In speaking about Dr. Sigman, Dr. Bernard Shapiro, O.C., former Principal and Vice-Chancellor of McGill University noted that, “...he teaches us all what it is to be clever, knowledgeable, modest and empathetic... We, his colleagues, are lucky to have him as a model of quiet yet supremely competent integrity.”

Also at the dedication, Dr. Martin Black, Chief of the Department of Surgery, announced the appointment of Dr. Anna Derossis as Director of Surgical Education at the hospital as well as the formation of a committee to address educational issues in surgery. Since joining the JGH in October 2001, one of Dr. Derossis' first priorities was the creation of this educational resource room. An Assistant Professor of Surgery and Oncology at McGill University, Dr. Derossis completed a master's degree in medical education and then obtained specialty training in breast surgery.

Helping Children Cope With Death

"Sorrow, like the river, must be given vent, lest it erode its banks."

— Rabbi Earl A. Grollman

In a misguided effort to shield children from pain, they are often not included in discussions about death, noted psychologist Dr. Judy Gradinger and Child Psychiatry Head Nurse Rosemary Short in an informative Nursing Grand Rounds presentation entitled *Discussing Death With Children*. Both emphasized that children need to be told about death, with explanations that are clear, honest, straightforward and appropriate to their chronological age.

Children of all ages tend to be egocentric and concerned about their own emotional needs and sense of security. They require reassurance that their needs will be met and should be encouraged to express their emotions and to mourn.

Often, however, when parents are preoccupied with their own grief and other serious issues, they neglect to include children in these discussions. After the age of five, the child should attend the funeral, but someone who is not a chief mourner should be assigned to sit with the

child and take care of him or her. "A child who is denied the opportunity to say goodbye at the funeral or the cemetery will feel even more abandoned," Dr. Gradinger explained.

Very young children (age 3-6) in particular, take things literally. They also have no sense of time and think that death is reversible. Therefore, euphemisms such as "passed on" or "went to Heaven" should be avoided because to a young child, this sounds like their relative went on a trip and will return. Children can be told that when people die, they can't think, feel, walk or talk.

While older children (age 6-9) begin to understand the finality of death, they may also fear that death is contagious or that even a healthy parent will soon die. Anger at being abandoned, guilt at having wished ill on someone in the heat of the moment, and grief are common emotions among children age 9-12, whose schoolwork may also suffer. "It is very important for children to understand that they were not responsible for the death of a relative," Dr. Gradinger stressed.

Teenagers also feel anger and guilt but may try to cover up their emotions. Just because they are hanging out with friends and seem to be fine doesn't mean that they are not suffering, noted Dr. Gradinger. Teenagers who do not get help with their feelings may indulge in risk-taking behaviour.

While expressions of anger and sadness are common, children who exhibit the following behaviours for several months after the death of a loved one may require professional help: persistent difficulty talking about the dead parent, aggressive behaviour, anxiety in the form of behaviours such as excessive clinging to the surviving parent or phobias about going to school, sleeping difficulties and/or persistent nightmares, eating disturbances, marked social withdrawal, school difficulties or serious academic reversal, persistent self blame or guilt, self destructive behaviour or expressing a desire to die.

The Child Psychiatry Service can be reached at 340-8222, ext. 5994.

HOPE & COPE

Denim & Diamonds



Sponsored by Parasuco Jeans and organized by the Young Adult Division, the Denim & Diamonds bash raised \$75,000 for the hospital.

The dynamic organizing committee (left to right): Rita Fagnoli, Judi Milstein, Elayne Baron Starr, Pamela Ungar Berbrier, Ingrid Zimmer Rosenbloom, Lisa Singer Miller, Pam Salzman, Sheryl Miller Adessky, Debra Schwartz, Mona Iny Shiri, Randi Milstein Cohen, Debbie Bridgeman.

Golf tournament



Each year, a portion of the proceeds raised at the Linda Saab Golf Tournament is generously donated to Hope & Cope, a cancer support program based at the hospital. Pictured here, tournament organizers Charlie Belozian (left) and Mel Peress (right) present a cheque to Hope & Cope President Susan Polisuk and Chairman Sheila Kussner.

Opening of the Cancer Prevention Centre

The JGH Cancer Prevention Centre (CPC) was officially inaugurated in October 2002.

Headed by oncologist and cancer researcher **Dr. Michael Pollak**, the CPC provides specialized, up-to-date information and resources to the public, and is committed to advancing research efforts in the field of cancer prevention. With affiliated experts in all of the major medical and surgical disciplines, including Associate Director **Dr. Michael Dworkind**, the CPC offers practical medical, lifestyle, dietary and screening



The staff of the Cancer Prevention Centre. From left to right: Sonya Zaor, Kimberly Kotar, Rupa Narasimhadevara, Dr. Michael Pollak, Dr. William Foulkes and Nora Wong.

advice to teach about ways to reduce the risk of developing certain forms of cancer.

Through its medical and counselling services, the CPC staff informs patients about the genetic risks of developing cancer and provides referrals for appropriate screening tests. Smoking cessation, nutrition programs and lifestyle recommendations to reduce the risk of cancer are also offered.

The Cancer Prevention Centre is located in Room C-107, and can be reached by calling 340-8222, extension 4947.

Herzl Family Practice Centre offers unique breastfeeding program

Research shows that within the first six weeks post-partum, 40% of mothers report problems with breastfeeding. The newly established Goldfarb Breastfeeding Program in the Herzl Family Practice is an innovative clinic that provides new and expecting mothers with information, guidance and coaching about breastfeeding.

Generously supported through a donation by Robert and Lenore Goldfarb, the program is the brain-child of **Dr. Perle Feldman**. "Most doctors know that breastfeeding is good," says Dr. Feldman. "But they haven't learned how to manage and treat breastfeeding problems." While other breastfeeding programs exist in Montreal, this is the only one to have the involvement of physicians. One of its main objectives is to increase the knowledge and skills of family medicine, pediatrics and obstetrics residents. In addition to Dr. Feldman, the program is staffed by lactation consultants **Carole Dobrich** and **Lenore Goldfarb** as well as three obstetrics fellows.



Lactation consultant Carole Dobrich (left) assists a new mother.

At the official launch, Lenore Goldfarb shared her personal experience and motivation for supporting the program. Although her child was being carried by a surrogate mother, she was determined to breastfeed. After contacting Dr. Jack

Newman, a Toronto based pediatrician and world-renowned breastfeeding specialist, she agreed to go on a protocol to induce lactation. She subsequently breastfed her son successfully for 8 months, went on to co-author a guide entitled "The Protocols for Induced Lactation: A Guide for Maximizing Breastmilk Production," and took courses at the Lactation Institute in California. Thanks to the assistance of Dr. Feldman and Carole Dobrich, she was able to complete her practical training and receive certification to become a licensed lactation consultant.

The Goldfarb Breastfeeding Program is open by appointment Mondays, Wednesdays and Thursdays from 9:00 a.m. to noon. A drop-in breast-feeding support group is held on Tuesdays from 1:30 p.m. to 3:30 p.m. Appointments can be made by calling 340-8253.

JGH hosts Jewish Chamber of Commerce power breakfast

On April 30th, approximately 60 young businesspeople from the Jewish Chamber of Commerce (JCC) gathered at the Sir Mortimer B. Davis – Jewish General Hospital (JGH) for a power breakfast.

Justin Vineberg, Co-Chairman of the JCC, said that the objective of the organization is to provide its members with networking and outreach opportunities.

Hospital President Jonathan Wener compared the hospital, with a budget of \$200 million (including research grants), to the economy of a small city. He spoke about the business of the JGH, the recent introduction of successful revenue generation ventures, and future business opportunities. “As the greatest gift of the Jewish community to Quebec, the hospital is about take-home value. There is a direct relationship between input and output, and if you offer your time and your expertise, you will find it a very satisfying experience,” concluded Mr. Wener.

Executive Director Henri Elbaz spoke about the hospital’s results-oriented management philosophy and practice. He explained that the goal is to achieve and preserve high standards in the three axes of the hospital—patient care, teaching and research—and to do so in a fiscally responsible manner. “As one of the most



Photo: Ryan Blau, PBL Photography

Tour of the Emergency Department.

important and most efficient hospitals in Quebec, we constantly evaluate patients’ needs and integrate quality issues into every meeting and every process,” he noted.

Dr. Marc Afilalo, Chief of the Emergency Department described how the hospital resolved the overcrowding crisis that still exists in many emergency rooms, not only in

Quebec, but throughout the world. Treating an average of 170 patients per day, many of whom have complex medical problems, the JGH Emergency Department is one of the busiest in Montreal. “Our goal is to treat patients in a dignified and humane way. The key to our success is teamwork—within the Emergency Department itself, with other medical departments and our Department of Nursing, and with the Board and the Administration, who made solving the overcrowding crisis a top priority,” said Dr. Afilalo.

The breakfast was followed by tours of the Emergency Department, led by ER physicians Drs. Stephen Rosenthal, Richard Kohn and Willis Grad.

Introducing Kotiel Berdugo

Continued from page 4.

Mr. Berdugo first joined the JGH in 1994 as Chief of the Boiler Room, a position he held for five years. From 1999-2002, he was in charge of Plant Operations and Maintenance. His responsibilities included supervising and managing all phases of construction and renovation projects from the initial conceptualization to finalization. Examples include the installation of a linear accelerator and the expansion of the Neurology Division. He is particularly proud of three energy conservation projects he initiated, all of which were self-financing. In fact, these projects, which saved the hospital a total of \$7.5 million, recently won the Prix d’ excellence en gestion de l’efficacité énergétique from the Association of Quebec Hospitals.

After completing his Master’s degree in applied sciences (mathematics) from the Université Paul Sabatier de Toulouse in France, Mr. Berdugo graduated from École Polytechnique (Université de Montréal) with a Bachelor’s in Mechanical Engineering. He later completed additional studies, earning a post-graduate diploma in management from the École des Hautes Études Commerciales de Montréal. Prior to joining the JGH, he worked as a factory engineer at Peerless Electric and a project engineer at Racan-Carrier Co.

Training lab scientists

Drs. George Chong and Elizabeth MacNamara are doing their part to train the next generation of laboratory scientists. As part of the Canadian Genetic Diseases Network (CDGN)/Institute of Genetics, CIHR funded program called “Gene Researcher for a Week”, they welcomed Ms. Audrey Dussereault, a CEGEP student from Lennoxville, Quebec, who was one of the 16 lucky students chosen out of 330 applicants to this Canada-wide program. Dr. Will Foulkes, JGH Director of the Program in Cancer Genetics, and a principal investigator of the CDGN commented,

“This will be a great opportunity for Audrey to experience molecular genetic diagnosis as it actually happens in the hospital, with real live DNA samples being tested for mutations in important cancer-related genes.”

Dr. Foulkes also arranged for Audrey to spend time in the Molecular Diagnostic Laboratory.



Managing Menopause

This article is based on two lectures that took place in March 2003. The first of these was a public lecture entitled "Sex After Menopause and Hormone Replacement Therapy", featuring Dr. Wulf Utian, Executive Director of the North American Menopause Society, and Dr. Laurie Betito, sex therapist and psychologist, organized by the JGH Department of Obstetrics and Gynecology in conjunction with the Quebec Section of the American College of Obstetricians and Gynecologists. The second was a lecture sponsored by the Auxiliary's Roslyn Liebling Memorial Body & Soul Health Series, featuring Dr. Louise Miner, an obstetrician-gynecologist and Director of Obstetrical Ultrasound at the JGH.

The average age of menopause, defined as the cessation of menses, is 51. Perimenopause includes the period that begins from 2-8 years preceding menopause and the first year after the final menstrual period.

Perimenopause is characterized by fluctuating hormone levels, irregular cycles and the onset of symptoms that may increase as menopause approaches.

Symptoms can include hot flashes and night sweats, insomnia, emotional unrest, skin aging and dryness, short-term memory problems and decreased sexual desire. Not all women are affected to the same degree. For example, while 85% of women report having hot flashes, this symptom is severe enough to cause major difficulties with sleep and daily activities in only 15% of these women.

Experts agree that lifestyle factors can play an important role in minimizing the severity of symptoms as well as delaying and/or preventing the onset of health problems. According to Dr. Louise Miner, the perimenopausal period is an ideal time for women to develop a healthy lifestyle. Regular exercise, maintaining a healthy weight, quitting smoking, cutting back on alcohol and caffeine, controlling cholesterol levels, hypertension and diabetes, are all essential. It is a little known yet startling fact that consumption of two or



At the Menopause Symposium, held on March 21st, a plaque was presented to Dr. Morrie Gelfand, Director of the McGill Menopause Clinic and former Chief of the Department of Obstetrics and Gynecology, in recognition of his extraordinary contributions to the department over a period of 48 years. Pictured with Dr. Gelfand (3rd from left) are: Dr. Togas Tulandi, Chief of the Department of Obstetrics and Gynecology, Norma Gelfand and JGH Executive Director Henri Elbaz.

more alcoholic drinks per day increases the risk of breast cancer by 60%. By the same token, less than four hours of exercise per week also substantially increases the risk of breast cancer.

As Dr. Miner explained, there are alternatives to hormone therapy that many women have found helpful in alleviating symptoms of menopause. In addition to lifestyle changes mentioned above, strategies include drinking cool water during hot flashes, dressing in layers, using moisturizers and lubricants, keeping a regular sleep schedule, and engaging in relaxing activities such as yoga and meditation. Short-term use of St. John's Wort for mild to moderate depression as well as conventional antidepressants also can be helpful.

The controversy and confusion surrounding hormone replacement therapy (HRT) has caused fear and panic, acknowledged Dr. Wulf Utian, Executive Director of the North American Menopause

Society. The decision as to whether to prescribe hormones is based on several factors including an individualized risk assessment for every patient (based on family history and lifestyle factors), the current recommendations in the medical literature, the severity of symptoms and the patient's own wishes. "Selected medications can be prescribed to specific women based on a risk-benefit assess-

ment," explained Dr. Utian.

Short-term hormonal replacement therapy (four years or less) to alleviate specific symptoms of menopause, as opposed to HRT for prevention, is considered safe. HRT has many benefits including protection from osteoporosis, the alleviation of hot flashes, a reduced risk of colorectal cancer, and a reduced risk of developing Alzheimer's disease (although it will not slow down the progression of this disease if it has already started). Dr. Miner noted that HRT should be avoided by women with a strong family history of breast cancer (mother, sister, aunt), serious heart, liver or kidney disease and/or a strong family history of blood clots or thrombophilias. "In consultation with their gynecologists, women should reassess the need for HRT on an annual basis and when new medical information becomes available," suggested Dr. Miner.

Capital Campaign Launched May 12, 2003



Campaign co-chairmen, Morton Brownstein and Edward Wiltzer.



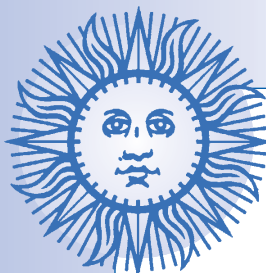
Honourary chairman, Dr. Bernard J. Shapiro, O.C.

Two winners: Domenic Diaco and the Comprehensive Cancer Centre Program

Domenic Diaco, Senior Manager, Global Solutions with RBC Investments, set out to accomplish two goals: to earn the Gold Level – *courreur des bois* in the Canadian Ski Marathon and to raise money for the JGH Comprehensive Cancer Centre Program.

Undaunted by the cold and a grueling two-day course, Domenic earned the Gold Level and raised close to \$6000 in sponsorships.

*What an achievement!
Congratulations.*



Hold The Date...
for the hottest party
of the summer!!

**Thursday,
July 24, 2003**

Leadership JGH
6th Annual Tennis Classic

Fiesta Sun Sets

at

Jarry Park Tennis Centre

Proceeds to purchase
equipment for the Division
of Pulmonary Medicine

For further information or to register,
please contact Elana Sckolnick, Director
of Special Events at 340-8222, ext.
5836.

Campaign online

With the capital campaign in full swing, prospective donors and canvassers can log onto the "You Have the Power to Heal" website for complete information on the campaign and the Sir Mortimer B. Davis - Jewish General Hospital's needs. The site follows the award winning "You Have the Power to Heal" theme, and contains not only pertinent information on the capital campaign, but also the history of the hospital and its centres of excellence, as well as answers to frequently asked questions. On-line donations can also be processed through the site. To visit, simply enter www.powertoheal.ca in your web browser.

For more information regarding the capital campaign website please contact:

Nick Lakoumentas
I.T. Coordinator, Foundation
(514) 340-8222 ext. 2792
nlakoume@fon.jgh.mcgill.ca

www.powertoheal.ca

The JGH Foundation creates partnership with Charitel Inc.

Charitel is a company specializing in residential and commercial long distance services. They are affiliated with an international carrier (Sprint), offer excellent competitive long distance rates (4.9¢ per minute anytime and anywhere in Canada and the USA), and they donate 5% of all their revenues to charity.

The Jewish General Hospital's partnership with Charitel allows all subscribers to their service to designate 5% of their monthly invoices (before taxes) to our Foundation.

The transfer of your long dis-

tance service is a virtual process and has no impact on your telephone line or your telephone system and its functions.

You won't have to dial a number before making a long distance call.

By choosing Charitel as your long distance service provider, you will not only pay less than the current market fee, you will ultimately help the Jewish General Hospital Foundation.

To sign up or for more information, please call 1-866-940-6070 and mention that you would like to support the JGH Foundation.



Magda Freundlich, JGH gift planner

Mrs. Magda Freundlich recently informed the Foundation that she has made a bequest

in her will to benefit the hospital. As well, so that the hospital can benefit from her generosity today, she dedicated a plaque, to be located in the

hospital's chapel, in memory of her late husband, Emanuel. Magda and her husband, originally from Romania, arrived in Canada in 1954, learned a new language, worked hard and created their life together in their adopted country. They always believed in helping others. "It is the right thing to do and besides, it feels good," explains Magda.

Mrs. Freundlich wanted to show her appreciation for the excellent care, kindness and compassion her late husband received at the JGH.



"Although I am not rich, I wanted to be sure that a part of our hard earned savings would be put to good use. I know that the hospital needs the money and will use it wisely."

Anyone can be a JGH Gift Planner. For more information on gift planning options, please contact Beverly Kravitz, Director of Planned Giving, at the Foundation office 340-8222, extension 4123.

Research Governors Society 2003 lecture series

The Research Governors Society started off the 2003 lecture series for its members on May 21st. Drs. J. Enrique Silva, Andrew C. Karaplis and Alicia Schiffrin spoke on "Endocrinology: Directions for a Better Life & Disease Prevention". The lecture was preceded by optional tours of the laboratories of Drs. Mark Trifiro and Andrew C. Karaplis.

You can become a member of the Research Governors Society (annual donation of \$250 or more) by calling Cindy Hershon at 340-8222, local 2235.

An evening in Athens

The JGH Hellenic Committee, under the leadership of Mrs. Sophia Demetelin, is undertaking to raise money to renovate the Nuclear Medicine Division. Plans are underway for a gala to be held on October 26, 2003, an evening of dining and dancing. Mrs. Demetelin, well known in the Hellenic community, says, "The JGH has provided outstanding care and support to the Hellenic community and it is only fitting that the Hellenic community shows its support to the hospital".

For further information, please contact Mrs. Sophia Demetelin at (514) 739-5263 or Larry Sidel, 340-8251.

HOLD THE DATE
Sunday, October 26, 2003

We wish to pay tribute and express our deepest gratitude to some of our most recent benefactors for their generosity and support.



Zofia Biniek, pictured here with her family, honours Dr. Wahbi Hammouda with a generous donation to the Division of Hematology.



Claire Lightstone and family pay tribute to the memory of Jack Lightstone, QC, by installing a brass plaque on the hospital's donor wall.



Esther Zipper and family made a generous donation to the Department of Oncology in memory of their loving husband, father and grandfather, Alex Zipper.



Norman Zavalkoff and family honour the memory of Mona Zavalkoff with the creation of an annual grant for pulmonary oncology.



Sammy Rapps and family honour the memory of Phyllis Rapps, loving wife, mother and grandmother, with a generous donation to the Division of Colorectal Surgery.



Rose Sonabend dedicated five mobile blood pressure machines in memory of her beloved husband, Simon Sonabend.

Membership is an important source of funding, enabling the Auxiliary to provide quality services and help the hospital purchase much needed equipment. Membership is open to men and women, and all are encouraged to join. For more information, please call (514) 340-8216 or e-mail: &co-pres@aux.jgh.mcgill.ca

New Presidents



The Auxiliary is proud to announce that Hela Boro (right) and Eileen Fleischer (left) were installed as Co-Presidents for the 2003-2005 term. They welcomed their new executive and board members at the 67th Annual Luncheon, held on May 8th in the hospital's Pavilion 'A' Auditorium.

Casino Royale



All smiles at the Casino Royale, left to right: Harriet Krakower, Dr. Marie-Laure Brisson and Eileen Fleischer.

The mood was festive and the atmosphere electric at the Casino Royale fundraiser, held on April 10th at the Shaare Zion Synagogue. Master of Ceremonies Andy Nulman greeted over 400 guests who enjoyed sumptuous food and dynamic entertainment. Eddie Rogo, from Empire Auctions, auctioned off a variety of exciting gifts such as a helicopter excursion, a flight aboard a private jet to New York, golf packages and sports memorabilia.

Over \$125,000 was raised for the Department of Pathology, a department that provides vital diagnostic expertise to virtually all branches of medicine and surgery. Dr. Marie-Laure Brisson, chief of the Department, was on hand to address the crowd and thank them for their support.

Hats off to Co-Chairmen Eileen Fleischer, Harriet Krakower and Paul Azeff for their hard work and organizational savvy. Special thanks to major sponsor CIBC Wood Gundy.

Bridge Luncheon



Enjoying another successful Bridge Luncheon, left to right: Ticket Co-Chair Bonnie Rothstein, Event Co-Chairs Phyllis Karper and Dorothy Rotholz, Ticket Co-Chair Peggy Fixman.

The 23rd Annual Bridge Luncheon, held on April 30th at the Tifereth Beth David Jerusalem Synagogue, was enjoyable for the more than 300 serious bridge players who participated. Proceeds of the event, chaired by Phyllis Karper and Dorothy Rotholz, were used to purchase much needed equipment for the hospital's Maternal Child Health Unit.

Flower Corner

Located in the Main Lobby
Cote Ste. Catherine entrance.

We offer flowers, plants, and gift baskets
for all occasions.

Outside deliveries are also available.

Call the shop at (514) 340-8222,
local 5512.

Message from Jonathan Wener

...continued from page 2.

entrepreneurial activities will be a key component in securing the future of the JGH.

- ◆ It was also our commitment to bring strong leadership and management to the Foundation. Myer Bick, our Foundation President for the past two years, is a CEO with the capability to open doors and merit the respect of donors, the community at large and the hospital community. His vision, commitment, “menchlechkeit” and leadership of a talented team will enable us to expand our activities and ensure a future of unlimited possibility for the JGH.
- ◆ The launching of the most ambitious campaign in the history of the JGH to pay for the priorities of the hospital was of paramount importance. The goal was not arbitrary. It is a totally realistic objective based on the needs established in the strategic plan. Initially, there was some resistance regarding the viability of this goal; however, our leaders, campaigners, supporters and donors have come to embrace our objective with unparalleled energy and enthusiasm.

Under the capable leadership of our seasoned co-chairs, Morty Brownstein and Eddie Wiltzer, assisted by our President, Myer Bick, and Foundation Chair, Jimmy Alexander, there is no question that we will succeed. They have broadened our base of campaigners, attracted new, enthusiastic and talented individuals and have the resources and full support of the entire hospital community—all the necessary ingredients to mount a successful campaign and ensure the future protection and success of one of the prize jewels of our community.

- ◆ We have actively worked for eight years on the acquisition of the Soeurs de Ste Croix Property from Côte Ste. Catherine to Legaré, just north of the hospital. As this step is generally believed to be as important and strategic to the future of the JGH as the original purchase of our land on Côte Ste. Catherine was by our founders, we are thrilled to report that the documentation is virtually complete, and we will take title and possession of the property in January 2005.
- ◆ Recruitment of young leadership to take ownership and responsibility for the future of the hospital was one of our main objectives, and we are all incredibly pleased with the extensive addition of young people to our ranks at all levels. Thanks to the very considerable efforts of Jimmy Alexander and other members of the Board and President’s Advisory Committee, we have laid the foundation for a future solid succession of lay leadership.
- ◆ Another of our objectives was to see a more equitable handling of some of the matters pertaining to the JGH and McGill University. We made some major inroads with the appointment of Dr. Gerald Batist as Chairman of the Department of Oncology at McGill. We also were able to persuade McGill to

refocus its allocation to the JGH to be far more reflective of our teaching mission. The channels of communication have been strengthened, and we look forward to many years of collaboration between our two institutions.

- ◆ It was also the intention of our administration to support and advance Continuous Quality Improvement and Humanization of Care within the hospital. The members of these committees deserve praise for their extraordinary job in continuously driving our hospital to go further ... keeping us at the forefront as an institution that truly demonstrates that we care. I recently had the opportunity to witness our excellence of care as a patient. The incredible quality delivery to all patients from emergency to the recovery room to the floor was evident throughout and to all patients. The passion and commitment of our caregivers was heartwarming.
- ◆ Our searches were successfully concluded for Chief of the Department of Obstetrics and Gynecology with the appointment of Dr. Togas Tulandi, and Chief of the Department of Surgery with the reappointment of Dr. Martin Black. We wish our chiefs well as they continue to build their specialties and recruitment at the JGH. As a result of strong teamwork at all levels, we also succeeded in completing some very challenging recruiting of critical medical specialists.
- ◆ Reducing nursing vacancies was also a major objective of our administration. With the implementation of a number of strategies set forth by Associate Executive Director (Nursing) Mona Kravitz and her team, along with a group of very dedicated nurses, last year’s average vacancy rate was 7.4% and this year it is 5.2%. We have gone from 150 vacancies in June 2000 to 25.8 this year, which is extraordinary given the critical world-wide shortage of nurses. Kudos and appreciation also go to the administration for instituting and maintaining a policy of treating nurses as respected partners in the process of patient care.
- ◆ Our doctors perform miraculous acts on a daily basis under challenging conditions. Although we don’t always take the time to express our thanks, we are sincerely grateful for their efforts. During my term, we were determined to establish an event to formally show our appreciation to our doctors for the exemplary work they do at the JGH, and we’re delighted that the first such event will take place on September 21st this year.

In conclusion, given the need for our healthcare professionals to have adequate space to work and to fulfill our strategic objectives, it was essential to complete a master plan, commissioned and reviewed by the administration with all of the diverse interest groups in the hospital. It was also imperative to enlist the approval of the Régie régionale and government. The master

plan is active and quickly evolving, as we go back to the drawing boards to include the acquisition of the property adjacent to the hospital. I am pleased to report that during the latter part of my term and just prior to the election, the government had approved \$20 million which, when combined with the \$7.6 million of CFI grants and approximately \$22 million of Foundation funds, will enable us to proceed immediately with the expansion of the “E” wing, (the Cummings Pavilion). Further negotiations with the government will be needed in the very near future to obtain the additional funds required for our research mission and the much-needed “H” wing.

I step down from my position as President at the end of May, knowing that I will follow in the footsteps of so many of our dedicated past Presidents who have remained involved and passionate about our mission and our future. I step down with a smile knowing so much has been accomplished, and certain there is a powerful team in place, ready to overcome any potential obstacles to fulfilling our strategic objectives and long-term goals. I also leave knowing that the leadership of the hospital is in good hands as Stanley Plotnick takes his place at the helm of the JGH as President. I wish him well, knowing that he is a first class community leader with a long and successful record of achievements and a sincere devotion to maintaining the integrity of the JGH.

I am also confident that with Henri Elbaz as his CEO, he can't go wrong. Henri's vision, experience, firm-handed leadership, guidance, friendship and relentless diligence of execution—always in the most beneficial way for the hospital—make him the ideal partner in navigating and steering this wonderful and complex institution.

On behalf of myself and our community, I thank you one and all for your collaboration, friendship and support.

Social work

...continued from page 7.

One of these difficult issues is conjugal violence, which often is expressed physically during pregnancy. Part of Ms. Cobrin's job is to teach nurses how to pick up signs of conjugal violence—what types of questions to ask, what language to use and how to react appropriately and sensitively in these situations. Ms. Cobrin is particularly excited about being part of a newly created workgroup on conjugal violence, whose long-term goal is the development of a violence screening and assessment tool for nurses.

Other major issues that can have a tremendous impact on adjustment to parenthood include substance abuse, depression or other psychiatric illnesses, and teenage pregnancy. In addition to the usual stresses of parenthood, newly arrived immigrants and refugees must deal with adaptation to a completely new culture and language.

Parenthood can also be traumatic when things go wrong. The unexpected death of an infant, a baby born with birth abnormalities or potential chronic problems, very ill, premature babies whose prognosis is uncertain—these situations can be very difficult for new parents to deal with. “Parents whose babies are in the NICU often feel anxious and helpless,” notes Sherrie Poplack, social work supervisor. “Parenting an ill baby is stressful.”

Social workers are assigned to virtually every service throughout the hospital. To respond to occasional requests from those few areas (such as One Day Surgery) that do not have an assigned social worker, the Department of Social Service operates an intake system upon referral. There are 27 part-time and full-time social workers and social counsellors in the department.

Clinical nutrition

Patients undergoing radiation therapy typically come to the hospital every single day, five days a week for a period of one to seven weeks. It is the job of the clinical nutritionist to meet with patients on a weekly basis to ensure that their nutritional requirements are being met and that they are not losing weight. As Clinical Nutritionist Heather Nathens explains, the calorie and protein requirements of these patients are higher than normal because of the stress that radiotherapy treatments place on the body. Paradoxically, fatigue—one of the side-effects of treatment—may interfere with patients' ability to prepare meals for themselves.

Generally, Ms. Nathens works with patients undergoing treatment for prostate, colorectal, lung and endometrial (the lining of the womb) cancers. She meets new patients at the beginning of their treatments, weighs them, recommends specific diets and offers menu suggestions and/or dietary supplements when appropriate. Prostate and colorectal cancer patients, for example, may experience diarrhea and a low-fibre, low residue diet is taught. Lung cancer patients who have difficulty swallowing are given advice on modifying the texture of foods and provided with high calorie, high protein supplements when necessary.

Nineteen professional dietitians work in the Department of Dietetics. Clinical nutritionists are assigned to every in-patient unit as well as all out-patient clinics.

Please turn the page.

Clinical nutrition continued.

Since dehydration is a serious risk, patients are encouraged to drink lots of fluids. If a patient has lost a significant amount of weight, the clinical nutritionist will immediately speak to the nurse to have her check for signs of dehydration.

The Division of Radiation Oncology consists of a tight-knit group of professionals—from radiation oncologists to nurses, technologists, dietitians, clerical staff, orderlies and Hope & Cope volunteers and staff—who respect each other's expertise. "This is an extremely rewarding place to work. The staff is very caring, committed and approachable, and the patients are so appreciative of everything we do for them," concludes Ms. Nathens.



Clinical nutritionist Heather Nathens weighs patient Leo Laberge.

Physiotherapy

The Department of Physiotherapy consists of approximately 20 physiotherapists. The department maintains an active presence on most units throughout the hospital including orthopedics, medicine, geriatrics and all surgical services. Physiotherapists are also on call to the Emergency Department, the Maternal-Child Health Unit, the Neonatal Intensive Care Unit and Psychiatry. Physiotherapy is also offered on an outpatient basis upon referral.

We view patients as partners in managing their care," states Lynn Gillespie, physiotherapy inpatient coordinator. Keira Cape and Audrey Abikhzer, the physiotherapists currently on the cardiac surgery service, play an important role in helping patients recover from this complicated surgery that affects not just the cardiovascular system but also the musculo-skeletal and respiratory systems.

The goals of physiotherapy include preventing respiratory complications, assisting patients in regaining their mobility, evaluating their readiness for discharge and educating them about what to expect during and after surgery as well as which activities they can perform once they are at home.

As much as possible, continuity of care is maintained, meaning that the same physiotherapist sees the patient pre-operatively, and post-operatively in the Intensive Care Unit and on the Cardiac Surgery Unit. This allows the therapist to develop a rapport with patients, evaluating their needs, their level of anxiety, their ability to process information and their progress following surgery.

During the pre-operative education session, the therapist evaluates the patient's respiratory status and functional level, lifestyle factors and any other health issues that may affect their recovery. "We show patients

exactly what to do after surgery—how to cough, how to move and how to exercise to maintain strength in their legs," explain the therapists. "This is reassuring for patients, who take comfort in the knowledge of what to expect. It's also important in terms of preventing post-surgical complications."

In the immediate post-operative period, physiotherapists, in conjunction with the rest of the team, assist with breathing exercises and respiratory care. Despite the complexity of the surgery, most patients are encouraged to become mobile as early as the day after surgery. In most cases, they are walking by day two and may be home as early as day four or five.

Physiotherapists provide detailed teaching prior to

discharge. Instructions are often given in the presence of a family member. Written material, including diagrams, is provided and patients are encouraged to call their physiotherapist should they have any additional questions during their recovery at home.

"There is a great deal of satisfaction in seeing patients do well and in knowing that we play an important role in their recovery," say the physiotherapists. Another source of satisfaction is the supportive environment nurtured by the physicians and nurses on the Cardiac Surgery Service, who view physiotherapists as key members of the treatment team.



Physiotherapist Keira Cape helps patient Dante Di Biase regain mobility.

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assessment. 2. Understanding cultural idioms of distress. Annual Course in Transcultural Psychiatry, Transcultural Centre, Stockholm, Sweden. December 2002. Failures of imagination: The refugee's predicament. Foundation for Psycho-cultural Research, Los Angeles, California. December 2002. Psychopharmacology in a globalizing world: Rethinking culture and biology. Department of Psychiatry, Massachusetts General Hospital, Boston, Mass. January 2003. Models of mental health care for multicultural societies. Department of Psychiatry, University of California Davis, Sacramento, California. February 2003.

Kobayashi M, Feige U, Poole AR, Antoniou J, Zukor DJ, Tchétina E, Tanzer M: Tumor necrosis factor and interleukin-1 are involved in matrix degradation of human osteoarthritis articular cartilage. Orthopaedic Research Society, Dallas, Texas. February 2002.

Kobayashi M, Tanzer M, Zukor D, Antoniou J, Feige U, Poole AR: Chondrocyte derived IL-1 and TNF are involved in matrix degradation of human osteoarthritic cartilage in explant culture. Orthopaedic Research Society, New Orleans, Louisiana. February 2003.

Kravitz S, Mawal Y, Sahlas DJ, Liberman A, Chertkow H, Bergman H, Schipper H: Heme oxygenase-1 suppressor activity in Alzheimer plasma. American Neurological Association, New York, NY. October 2002.

Lasry JC, Côté B, Pagé M : Les initiatives de rapprochement anglophones-francophones à Montréal et leur évaluation. Rencontre Québec-Flandre, Université de Gand, Gand, Belgium. May 2002.

Lecours F, Perry JC: Affect regulation in borderline personality disorder over long-term dynamic psychotherapy. Society for Psychotherapy Research, Santa Barbara, California. June 2002.

Levinoff E, Verret L, Phillips N, Babins L, Kelner N, Bergman H, Chertkow H: A cognitive estimation test for memory-impaired subjects. Congrès 20ième anniversaire. The Future of Research on Health and Aging, Montreal, Qc. April 2002.

Levinoff E, Labani N, Li K, Chertkow H: Impaired selective attention deficits correlate with anterior cingulate atrophy in Alzheimer's disease subjects. The Human Brain International Conference, Rome, Italy. October 2002.

Libman E, Baltzan M, Alapin I, Fichten CS, Bailes S: Gender differences in perceived health status in men and women with sleep apnea. Quebec Symposium in Health and Medical Psychology, Montreal, Qc. November 2002.

Looper K: Psychiatric training in Canada. World Congress of Psychiatry, Yokohama, Japan. August 2002.

Martineau PA, Filion K, Zhang X, Haider S, Antoniou J, Eisenberg M: In-hospital cost comparison of total hip arthroplasty in Canada and the United States. American Academy of Orthopaedic Surgeons, New Orleans, Louisiana. February 2003.

Miller WH Jr: Mechanisms of response and resistance to novel agents in acute promyelocytic leukemia. Moffitt Cancer Center, University of South Florida, Tampa, Florida. March 2002. APL as a model in the development of novel targeted therapies. Eurocancer 2002, Paris, France. June 2002. The science behind arsenic trioxide: mechanisms of action. European Haematology Association, Florence, Italy. June 2002. Targeted therapeutics in acute promyelocytic leukemia. Vermont Cancer Center, Burlington, Vt. October 2002. APL as a model for overcoming resistance to differentiation therapy. Ottawa Regional Cancer Centre and Loeb Institute for Research, Ottawa, Ont. December 2002.

Monge A, Kim S, Sheftel A, Ponka P, Gassmann M: The effect of continuous overexpression of erythropoietin on iron metabolism in mice. American

Society of Hematology, Philadelphia, Pennsylvania. December 2002.

Moriarty T, Autexier C: Multimerization requirements of human telomerase. Third Canadian Symposium on Telomeres and Telomerase, Vancouver, BC. May 2002.

Moriarty T, Autexier C: Functional characterization of hTERT/hTR interactions. Canadian Regional RNA Club (RIBO-CLUB), Cheribourg Hotel, Mont-Orford, Qc. September 2002.

Mwale F, Demers CN, Petit A, Termenoff J, Lim V, Fisher J, Zukor DJ, Huk OL, Mikos AG, Roughley P, Antoniou J: Analysis of poly(propylene fumarate-co-ethylene glycol) as a scaffold for use in tissue engineering of intervertebral disc: retention of collagen and proteoglycan. 28th Annual Meeting of the Society for Biomaterials, Tampa, Florida. April 2002.

Mwale F Demers CN, Petit A, Huk OL, Zukor DJ, Roughley P, Poole AR, Antoniou J: Lack of effect of the amino terminal peptide of link protein on the biosynthesis of collagens II, IX and proteoglycans by cells of the intervertebral disc from young steers. Canadian Connective Tissue Conference, Sherbrooke, Qc. May-June, 2002.

Mwale F, Demers CN, Petit A, Huk OL, Zukor DJ, Mikos AG, Roughley P, Poole AR, Antoniou J: Matrix assembly by cells of the intervertebral disc cultured in poly(propylene fumarate-co-ethylene glycol) hydrogels. Canadian Connective Tissue Conference, Sherbrooke, Qc. May-June 2002.

Mwale F, Demers CN, Petit A, Termenoff J, Lim V, Fisher J, Zukor DJ, Huk OL, Mikos AG, Roughley P, Antoniou J: Analysis of poly(propylene fumarate-co-ethylene glycol) as a scaffold for use in tissue engineering of intervertebral disc: retention of collagen and proteoglycan. Canadian Orthopaedic Association, Victoria, BC. June 2002.

Mwale F, Demers CN, Moriarty TJ, Autexier C, Petit A, Huk OL, Zukor DJ, Antoniou J: Effect of triiodothyronine on human and mouse marrow stromal cells. Orthopaedic Research Society, New Orleans, Louisiana. February 2003.

Mwale F, Demers CN, Petit A, Huk OL, Zukor DJ, Antoniou J: Increased collagen synthesis by human bone marrow stromal cells stimulated with transforming growth-beta 1 in serum free pellet cultures. Orthopaedic Research Society, New Orleans, Louisiana. February 2003.

Mwale F, Demers CN, Petit A, Huk OL, Zukor DJ, Steffen T, Roughley P, Poole AR, Antoniou J: Evaluation of biodegradable microporous poly(lactic-co-glycolic acid) for the culture of intervertebral disc cells. Canadian Connective Tissue Conference, Sherbrooke, Qc. May-June, 2002.

Nasreddine ZS, Collin I, Hebert L, Chertkow H, Cummings JL, Phillips NA: Sensitivity and specificity of the Brief Cognitive Inventory (BCI) as a cognitive screening tool for detection of mild cognitive deficits. American Academy of Neurology, Denver, Colorado. April 2002.

Pantopoulos K: Regulation of iron metabolism: Molecular approach, physiology and pathophysiology. Department of Medicine, University of Thessaly, Larissa, Greece. October 2002. Insights in cellular iron metabolism by expression of constitutive IRP mutants. Université du Québec à Montréal, Département de chimie et de biochimie. November 2002. Cellular iron metabolism and iron regulatory proteins. Hellenic Pasteur Institute, Athens, Greece. January 2003.

Paris J: Treatment of borderline personality disorder. Ponoka Hospital, Calgary, Alberta. March 2002. Update of research on borderline personality disorder. Alberta Psychiatric Association, Banff, Alberta. March 2002. Treating suicidal patients – with and without borderline personality disorder. International Association for Emergency Psychiatry, Barcelona, Spain. June 2002. A 27-year outcome

study of borderline personality disorder. Spanish Society for the Study of Personality Disorders, Bilbao, Spain, June 2002.

Pastore YD, Divoky V, Liu E, Ponka P, Semenza GL, Prchal JT: Defective yolk sac erythropoiesis in HIV1 α -null mice: A role of iron. American Society of Hematology, Philadelphia, Pennsylvania, December 2002.

Perry JC: Operationalization and the study of defense mechanisms. Department of Psychotherapy, University of Ulm, Ulm, Germany. March 2002. 1. Considering factors that lead to an adequate dynamic interview. 2. A defense axis in the operationalized psychodynamic diagnostic system? Department of Psychosomatic Cooperative Research and Family Therapy, University of Heidelberg, Heidelberg, Germany. March 2002. Are recovery and healthy functioning achievable treatment goals for Axis II? American Psychiatric Association, Philadelphia, Pennsylvania. May 2002. Society for Psychotherapy Research, Santa Barbara. June 2002; World Congress of Psychotherapy, Trondheim, Norway. August 2002. Research and clinical issues on the treatment and outcome of psychotherapy with personality disorders, in particular, borderline personality disorder. Norwegian Multicentered Psychotherapy Study, Oslo, Norway. August 2002. The worlds of the researcher and therapist: shall they ever meet? World Congress of Psychotherapy, Trondheim, Norway. August 2002. Shorter and longer term therapy for personality disorders: improvement vs recovery. Department of Psychiatry, University of Western Ontario, London, Ontario. December 2002. Identification of defenses using the defense mechanism rating scale. Icelandic Psychological Society, Reykjavik, Iceland. February 2003.

Petit A, Catelas I, Zukor DJ, Zukor H, Mwale F, Antoniou J, Huk OL: Effect of cobalt and chromium ions on macrophage mortality: apoptosis vs. necrosis. Canadian Orthopaedic Association, Victoria, B.C. June 2002.

Petit A, Catelas I, Zukor DJ, Mwale F, Antoniou J, Huk OL: Inhibition of the expression of Bcl-2 par les ions cobalt et chrome. Club de Recherches Cliniques du Québec, St-Sauveur, Québec, September 2002.

Phillips NA, Ingenito L: Electrical brain activity during homograph reading: Effects of working memory capacity. International Conference on Cognitive Neuroscience, Porquerolles Island, France, September 2002.

Pollak M: 1. Biology underlying breast cancer prevention strategies. 2. M14 adjuvant breast cancer treatment trial. EORTC European Breast Cancer Congress, Barcelona, Spain, March 2002. Host factors influencing rate of carcinogenesis: the case of insulin-like growth factors. Gordon Conference, Ventura Beach, California, March 2002. IGFs and neoplasia. American Association for Cancer Research, San Francisco, California, April 2002; Novartis Opinion Leaders Meeting, Switzerland, June 2002. Hormones and cancer. Canadian Endocrinology Society, Vancouver, B.C. October 2002.

Ponka P: 1. Iron targeting to mitochondria in erythroid cells. 2. Control of ferritin expression via nitric oxide modulation of iron regulatory protein 2. Third International Biometals Symposium, King's College London, London, U.K., April 2002. Role of nitric oxide in cellular iron metabolism (Plenary Lecture), Conference on Biology, Chemistry and Therapeutic Applications of Nitric Oxide, Prague, Czech Republic, June 2002. Recent advances in cellular iron metabolism (Plenary lecture), International Society for Trace Elements in Humans, Quebec City, Quebec, September 2002. Recent advances in cellular iron metabolism. Czech and Slovak Congress of Hematology, Prague, Czech Republic, September 2002. Effect of nitric oxide on iron regulatory proteins: Implications for cellular iron metabolism. Conference on Molecular and Clinical Aspects of Human Iron Metabolism, Benedictine's Abbey, Fraueninsel, Lake Chiemsee, Bavaria, Germany, September-October, 2002. Role

of nitric oxide in cellular iron metabolism. Conference on Oxidative Pathways in Chemistry, Biology and Medicine, Wollongong, NSW, Australia, December 2002.

Povitz M, Lopez-Solache I, Silva JE: Role of muscle and thyroid hormone receptor alpha (α TR) on thyroid hormone thermogenesis. 1. Canadian Society of Endocrinology and Metabolism, Vancouver, B.C. October 2002. 2. American Thyroid Association, Los Angeles, California, October 2002.

Robertson B: Aspects of character pathology in cases of near incest. Canadian Psychoanalytic Congress, Vancouver, B.C. June 2002.

Roy C, Perry JC: Gross childhood trauma and the course of long-term dynamic psychotherapy among adults with and without borderline personality disorder. Society for Psychotherapy Research, Santa Barbara, CA, June 2002.

Saumier D, Chertkow H, Arguin M, Renfrew J: Categorical perception deficits in Alzheimer's disease: an effect of uncertainty in category boundaries. Congrès 20^{ème} anniversaire. The Future of Research on Health and Aging, Montreal, Quebec, April 2002.

Schipper HM: Heme oxygenase-1: Role in brain aging and neurodegeneration. Centre for Neuroscience Studies, Queen's University, Kingston, Ontario, March 2002. Principles of redox neurology. Department of Neurology, Queen's University, Kingston, Ontario, March 2002. Stress protein expression in the Alzheimer-diseased choroids plexus. American Association of Neuropathologists, Denver, Colorado, June 2002. HO-1 in central and peripheral Alzheimer tissues. International Conference on Heme Oxygenase, Catania, Italy, June 2002. 1. Heme oxygenase-1 suppressor activity in Alzheimer plasma. 2. Partial characterization of a heme oxygenase-1 suppressor in Alzheimer plasma. American Neurological Association, New York, N.Y. October 2002.

Shan J, Tewfik M, Bernardes J, Li H, Kontolemos M, Powell WS, Frenkiel S, Eidelman DH: Role of neutrophils in protein nitration of epithelial cells and fibroblasts. POSTER presentation. Annual Meeting of the American Thoracic Society. Atlanta, Georgia. May 2002.

Sheftel A, Kim S, Ponka P: Up-regulation of heme oxygenase-1 by a non-heme inducer is not associated with an apparent degradation of cellular heme. Conference on Heme Oxygenase and Cellular Stress Response, Catania, Italy, June 2002.

Sheftel A, Zhang A-S, Shirihai O, Ponka P: Transfer of iron from transferrin endosomes to mitochondria in erythroid precursors: Biochemical and microscopic evidence for a kiss and run mechanism. American Society of Hematology, Philadelphia, Pennsylvania, December 2002.

Shrier I: Osteoarthritis: Time to hang 'em up? Canadian Academy of Sports Medicine, Mont Tremblant, Quebec, March 2002. 1. Truths, myths and madness of osteoarthritis. 2. Multiple regression: have we been misinterpreting our analyses? American College of Sports Medicine, St. Louis, Missouri, May 2002.

Sinai M, Phillips NA: Age and task difficulty effects on task-switching: an ERP study. Cognitive Aging Conference, Atlanta, Georgia, April 2002.

Sobel SE, Christodoulouopoulos P, Fukakusa M, Manoukian JJ, Frenkiel S, Schloss M, Hamid Q: Inflammation and remodelling of the sinus mucosa in adults and children with chronic sinusitis. (*Honorable mention) Eastern Section of the Triological Society Annual Meeting. Philadelphia, PA, USA. January 2002.

Tkaczyk C, Petit A, Catelas I, Huk OL, Antoniou J, Zukor DJ, Tabrizian M: Macrophage reaction to metal-metal wear particles. Conference on Biomaterials, Barcelona, Spain, September 2002.

Vandal AC: On the non-identifiability of the non-parametric estimate of survival with bivariate censored data. Joint Statistical Meeting 2002, New York, N.Y. August 2002.

Wang J, Pantopoulos K: Studies on iron-dependent degradation of IRP2. Canadian Oxidative Stress Consortium, Saskatoon, Saskatchewan, May 2002.

Windholz S, Dworkind M: « Le Projet Testament de Vie : Un Programme Innovateur Pour L'Amélioration De La Qualité Des Soins De Fin De Vie Dans Un Hôpital Général Universitaire. » Ville Congrès International Francophone de Gérontologie, Bruxelles, Palais des Congrès, Montreal, Canada. September 2002.

Wolfson C: Multiple Sclerosis and viruses: Is the epidemiological evidence convincing? Gertrude H. Sergievsky Center, Columbia University, New York, May 2002.

Zukor DJ, Antoniou J, Huk OL: Implications of a manufacturer's recall of acetabular components. Canadian Orthopaedic Association, Victoria, B.C. June 2002.

Zelkowitz P, Papageorgiou A, Bardin C: Psychosocial and medical factors associated with developmental outcome in very low birthweight toddlers. International Conference on Infant Studies, Toronto, Ont. April 2002.

Zelkowitz P, Bardin C, Papageorgiou A: Parental factors affecting development of toddlers born <1500 gram. Society for Pediatric Research, Baltimore, Maryland, May 2002.

Zhang A-S, Ponka P: Anemia of *hbd/hbd* mice is caused by reduced rate of transferrin cycling. American Society of Hematology, Philadelphia, Pennsylvania, December 2002.

Zukor DJ, Chang M, Huk OL, Antoniou J: Modified direct lateral approach in primary THR: comparison of three techniques. Canadian Orthopaedic Association, Victoria, B.C. June 2002.

NOMINATIONS / APPOINTMENTS

Antoniou J: Nominated as a William Dawson Professor at McGill University.

Black M.J.: Chair, Opening Session of the 56th Annual Meeting of the Canadian Society of Otolaryngology / Head and Neck Surgery, Ottawa, Ont. May 2002. Panelist, Workshop on Management of nodular thyroid disease and cancer. 56th Annual Meeting of the Canadian Society of Otolaryngology / Head and Neck Surgery, Ottawa, Ont. May 2002.

Chalifour L: Member, Internal Scientific Review Committee (Cell Biology and Electrophysiology), Heart and Stroke Foundation of Canada

Chalifour L: Member, FRSQ Site Visit Team, Institut de Cardiologie de Montréal.

Chertkow H : Scientific Officer, CIHR Committee "Biological and Clinical Studies of Aging"

Derossis AM: Joint appointment as Assistant Professor in Department of Surgery and Department of Oncology, McGill University.

Eisenberg MJ: Chair, Axis Essai Clinique, Réseau de Santé Cardiovasculaire du Québec.

Eisenberg MJ : Member, Cardiosource Clinical Trials Editorial Board.

Fichten CS: Member, Advisory Board, Institute for Educational Resources.

Fichten CS: Member, Advisory Board, Learning Opportunities Task Force, Cambrian College Certificate Programs.

Frenkiel S: Chairman of Otolaryngology, McGill

University. Chief of Department of Otolaryngology, McGill University Health Centre. Visiting Professor, Medical College of Ohio, Toledo, Ohio. May 2002. Chairman, Rhinology Workshop, "Chronic Sinusitis: how to identify the surgical patient", Annual Meeting of the Canadian Society of Otolaryngology / Head and Neck Surgery, Ottawa, May 2002. Panelist, Rhinology Workshop, "Endoscopic Sinus Surgery: Management and prevention of the unsuccessful operation." Annual Meeting of the Canadian Society of Otolaryngology / Head and Neck Surgery, Ottawa, May 2002.

Hier M.P.: Associate Chief (Academics), Department of Otolaryngology, Jewish General Hospital. Honorary Lifetime Membership Award, Montreal Laryngectomy Association. Montreal 2002. Panelist, "Management of nodular thyroid disease and cancer." – Workshop 56th Annual Meeting of the Canadian Society of Otolaryngology / Head and Neck Surgery. Ottawa, Ontario. May 2002.

Kirmayer L: Nominated as a James McGill Professor. January 2003.

Lasry JC: Member, Idea Grants Review Panel, Canadian Prostate Cancer Research Initiative.

LeBlanc A: Member, National Institutes of Health Molecular and Cellular Development-2 Committee.

LeBlanc A: Nominated as a William Dawson Professor at McGill University.

Minuk J: Promoted to the rank of Associate Professor – GFT(H) Department of Neurology and Neurosurgery, McGill University.

Perry JC: Visiting professor, Department of Psychotherapy, University of Ulm, Ulm, Germany.

Rappaport, J.M: Associate Chief (Departmental), Department of Otolaryngology, Jewish General Hospital. Judging Panel, Annual Resident Research Day and Guest Lecturer, Otolaryngology in the Attic, Department of Otolaryngology, Dalhousie University, Halifax, N.S. May 2002.

Rosberger Z: Director, McGill Psychosocial Oncology Program, Department of Oncology, McGill University.

Silva JE: President, Canadian Society of Endocrinology and Metabolism.

Wolfson C: Promoted to Full Professor, Department of Epidemiology & Biostatistics, and Department of Medicine, McGill University.

PRIX / HONOURS, AWARDS

Chalifour L (and Nacera Saadane, Ping Yue, Lesley Alpert, Gordon M. Kirby): Most Outstanding Pharmacology Research Paper of 2001, Pharmacological Society of Canada.

Kirmayer LJ: James McGill Professor, McGill University

LeBlanc, A.: William Dawson Scholar Award, McGill University.

Tellier P: Canadian Association for Medical Education (CAME) Certificate of merit award for education contribution.