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The Department of Specialized Medicine of the Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île de Montréal (CIUSSS ODIM) comprises 3 community hospitals (St. Mary's Hospital, Lakeshore General Hospital and Lasalle Hospital) and St. Anne's Hospital. It is comprised of over 130 physicians, covers an area of 184 km<sup>2</sup> and provides services to an estimated population of 368,740.

Since being set up in April 2015, it has gone through several administrative changes, some of which are still ongoing. This represents a significant challenge in trying to obtain organizational support for specific clinical processes. The administrative structure is now more solid and the dust is starting to settle. The goals are to harmonize clinical practice across the sites and provide excellent patient-focused care. Clinical teams are being formed to deliver the clinical care across the CIUSSS. The geography of the CIUSSS also represents a special challenge. Meetings are being held in rotation across the various sites and the times of the meetings are being rotated between early mornings and evenings. Going forward, we will be proceeding with videoconferencing in order to expedite these processes.

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Having been at McGill for 25 years, I decided that I was overdue for a sabbatical. I had two plans for my sabbatical. One was to visit a research team at Oxford-Brookes who was working on Multiple Sclerosis (MS) in areas that were complementary but different to my interests. So in March 2016, I set off for Oxford and got involved in the world of technology and exercise training for people with MS and Parkinson's disease. My second aim was to add some chapters to a book that had been mapped out for some years now based on my 25 years of trying to teach how to apply statistical methods to clinical data. An ulterior motive for visiting Oxford was to try out some of this statistical content on an unsuspecting audience. The book is actually a knowledge tool to translate existing knowledge about statistics to end users, those who apply statistics in their research areas but are not trained particularly in their use. "Making Statistics Work for You" has been in the works for several years and, as it was too early to golf in Oxford, I applied myself to writing.

The book is based on the notion that if a researcher knew what job they wanted the statistics for, they would choose wisely and not rely on only those methods they know or are commonly used in their field. A novel feature of this knowledge tool is the liberal use of Haiku poetry to illustrate some of the finer points of statistics.

After introducing the notion that no one would ice a cake with a hammer, the book starts, as it must, with measurement, the basis of the data on hand.

Data are of two  
Count some and measure others  
This you need to know

The subsequent chapters arose out of a focus group held with trainees who ventured that, as everyone knows how many time points they have or will have, why not show the statistics that could apply for one, two, three, or more time points. From this a structure was born. A knowledge tool is by definition something that meets the needs of the end users and, as such, it would not likely resemble something that would meet the needs of statisticians. Chapter 3 deals with methods for one time point and addresses the three types of jobs that a researcher would want statistics to do for them: describe, correlate, or explain. It covers everything from a mean to structural equation modeling including sample size and examples from the literature. I might need another sabbatical if I am to get beyond one time point.

If you count, count but  
Don't pretend you have measured  
Treat the count as is

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Welcome to our new Faculty members !

, Assistant Professor to the Division of General Internal Medicine (GIM) and Attending

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Congratulations to our members for their achievements !

(Continued from page 7 / Honours)

, Professor of  
Medicine and Microbiology and  
Immunology, was awarded the  
from The

. The award recognizes  
outstanding contributions to Canadian-based  
research on the fields of study promoted by the  
PIE Section. [More info](#)

, Associate  
Professor in the Division of  
Endocrinology and based at the  
JGH, has been elected as a

(ASCI). Dr.  
Richards focuses on  
understanding the genetic determinants of  
common aging-related endocrine diseases, such  
as osteoporosis and vitamin D insufficiency. [More  
on this story in Med e-News.](#)

, Professor and  
Chief of the Division of Cardiology at  
the Jewish General Hospital, became

in October 2016.  
The Society is the largest affiliate of the  
Canadian Cardiovascular Society. It  
hosts the second largest cardiology meeting in  
Canada, with an attendance in 2016 of 650  
people.

At the 65th Annual Meeting of the  
(ASTMH)  
in November 2016 in Atlanta GA,  
, Professor in  
the Departments of Medicine and  
Microbiology & Immunology, became a  
. This honour recognizes  
contributions to the Society and sustained  
professional excellence in tropical medicine,  
hygiene, global health and research in these  
areas.

, Professor of  
Medicine and Human Genetics,  
received the

. This  
award recognizes overall research  
excellence and important scientific  
achievements that impact the  
understanding and treatment of ovarian cancer.  
[More info](#)



, Assistant  
Professor in the Division of General  
Internal Medicine and member of the  
Centre for Medical Education at the  
Faculty of Medicine, has been  
selected as the

. The award recognizes  
individuals in the first phase of their professional  
career who have made a significant contribution  
to medical education. [More on this story in Med-e  
-News.](#)



On Friday, March 31<sup>st</sup>, 2017, \_\_\_\_\_ died peacefully at an advanced age at the Maimonides Geriatric Centre, Montreal.

Dr. Gonda was a long-time member of the Royal Victoria Hospital, Nephrology Division, and when he retired in June 2009, he had served more than 45 years in various capacities at the Royal Victoria Hospital.

Andrew was born in Hungary in the interwar years and managed to survive both the virulent anti-Semitism that pervaded that country and then the ravages of the Nazi occupation. He was able to attend university and then medical school, but was denied a research scholarship because of his Jewish background. As a consolation, his Professor of Medicine sent him on a brief holiday to a resort center frequently used by the Faculty of Medicine and it was there that he was to meet his wife, Lia Berkovits. As Andrew himself put it: "On Saturday night, she walked into the ballroom and it was love at first sight".

After the Hungarian uprising in 1956, Andrew and Lia immigrated to Canada and spent several years in Newfoundland practicing his profession and learning English. By the early 1960s, they had moved to Montreal where Andrew was able to work part-time as a Nephrologist at the Royal Victoria Hospital and was the consulting Nephrologist at the Herbert Reddy (Reddy Memorial) Hospital on Tupper Street. When Dr. John Dossetor, then Director of the Renal-Urological Research Laboratory initiated the Transplantation Program at the Royal Victoria Hospital in 1963, Andrew was one of the physicians, along with the late Henry Gault, who assisted him in offering Nephrology services to these patients.

In September 1965, when Dr. John Dirks returned from the National Institute of Health in Bethesda to initiate a Medical Nephrology Program, Andrew became part of that division as well. In 1967, it was clear that the two-station dialysis unit on the 6<sup>th</sup> floor, Urology, that was used primarily to service patients on the cadaver transplant list, was insufficient for hospital needs. Dr. Dirks and the then Physician-in-Chief, Dr. John C. Beck invited Dr. Gonda to come full-time to the Royal Victoria Hospital and initiate a dialysis program.

Accordingly, in 1967, Dr. Gonda gave up his practice at the Herbert Reddy and moved full-time to the Royal Victoria Hospital. He directed a four-station dialysis unit on 7 Medicine (just south of the medical elevators) but several years later this expanded to a twelve-station unit north of the elevators in space which was eventually to become the Hematology/Oncology unit. Though busy with hemodialysis

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