On December 3, 2003 the annual Faculty of Medicine Awards of Excellence Ceremony was held in the Foyer of Pavillon Guindon. This was certainly one of the best Awards Ceremony ever, both in terms of attendance and also in terms of quality. Somehow our students continue to get better and better. In this and in the following issue of Perspectives the awards recipients will be introduced. The Rector, M. Gilles Patry, presided over the Ceremony.

In this issue of Perspectives, I highlight the commendations that accompanied the introductions of the recipients of the Young Professor Award, the Clinical Teacher Award, the Mentorship Award and the Architect Award.

André Péloquin, Clinical Teacher Award

Le Dr André Péloquin reçoit son MD de l’Université d’Ottawa en 1975. Après sa formation de base en médecine interne à l’Université d’Ottawa il poursuit ses études en médecine respiratoire à l’Université McGill. Il revient à la Faculté en 1980 au Département de médecine, service de médecine respiratoire.

Ce qui marque la carrière du Dr Péloquin est son dévouement à l’excellence des soins aux malades et son excellence à l’enseignement clinique. André Péloquin personnifie le clinicien expert. Il est souvent appelé à répondre aux consultations urgentes et pour démêler les cas difficiles. A chaque fois, il répond à l’appel avec empreinte professionnelle, sachant toujours comment calmer le patient angoissé, parler aux familles et écouter les autres professionnels de la santé. Son approche méticuleuse aux problèmes médicaux et son excellent jugement clinique lui ont valu une réputation de grand clinicien et de consultant chevronné. Quel beau modèle pour les résidents et les étudiants!

André won recognition from students and residents three times as best clinical teacher at the Ottawa General hospital. He was nominated for the PAIRO Teaching Award and, in 1997,
he received an Award of Excellence from the Faculty of Medicine. He is able to transmit a passion for learning in respiratory medicine to students and residents alike and to instill in them the drive to excel. André participated actively and effectively in all aspects of clinical teaching at the Ottawa General Hospital as a volunteer teacher, generously giving of his time and energy to the betterment of the students and residents. They, in turn, repaid his gift with admiration and respect.

Une autre dimension tout à fait exceptionnelle des contributions du docteur Péloquin se voie dans ses activités administratives à la Faculté. Il a servi pendant de nombreuses années au comité d’admission. De plus, André a agi comme président du système respiratoire pour plusieurs années. En effet, le docteur Péloquin assurait le succès du système respiratoire, dans un premier temps, et le bloc respiratoire, dans un deuxième temps, pour nos étudiants francophones. De plus, le docteur Péloquin est directeur du programme de formation postgraduée en médecine respiratoire à l’Université d’Ottawa. Étant le seul pneumologue francophone de la région disponible pour la mission académique, sa vie d’enseignant clinique était parfois des plus ardues.

André Péloquin gives of himself generously. His thoughtful, respectful and cordial relationships with his peers, learners, and colleagues have served to make him a valuable and indispensable role model for students and residents. Il donne toujours le meilleur de lui-même dans sa vie professionnelle au profit de ses patients, des ses étudiants, de ses collègues et de sa Faculté. Son goût de l’excellence, son assiduité au travail et ses grandes qualités personnelles méritent notre éloge. M. le Recteur j’ai le privilège de vous présenter le Dr André Péloquin, récipiendaire du prix du clinicien-enseignant.

Shawn Aaron, Young Professor

The success of young professors is pivotal to the future of the Faculty of Medicine. The Young Professor Award is presented annually to an individual who has made outstanding contributions to research and education. The professor can be full-time or part-time at the Faculty or associated with one of the teaching hospitals or institutes. By the deadline date for nomination, the candidate must have completed no more than seven years in teaching and/or research.

Cette année nous célébrons le succès du Dr Shawn Aaron, professeur adjoint au Département de médecine. Né à Montréal, il poursuit ses études médicales à l’Université McGill et sa résidence en médecine interne et en médecine respiratoire à l’Université de Toronto. En 1996 il arrive à l’Université d’Ottawa où il entreprend ses études en épidémiologie clinique; il reçoit sa maîtrise en 1999. En plus de sa nomination universitaire il est médecin à l’Hôpital d’Ottawa et chercheur à l’Institut de recherche en santé d’Ottawa.

Since his arrival at the University of Ottawa, his research productivity has been simply extraordinary with over 24 peer reviewed publications, many of which have appeared in
high impact journals (such as the New England Journal of Medicine) and he has received over $3m in extramural research funding.

His primary interest lies in the area of two devastating and chronic lung disorders – chronic obstructive pulmonary disease and cystic fibrosis. Both conditions are characterized by an unrelenting deterioration of function with intermittent acute exacerbations. Among his growing and important contributions to the field are:

1. demonstration that oral steroids reduce recurrence and increase time to recurrence in COPD patients who are discharged from the emergency room;
2. development of a multiple combination bactericidal testing or synergy susceptibility approaches to antibiotic resistant gram-negative bacterial pulmonary infections in patients with cystic fibrosis;
3. work on biofilm susceptibility testing;
4. development of a decision aid to help patients with severe COPD to determine whether they would opt for mechanical ventilation. This aid is currently being used to study the factors that influence patients in arriving at end-of-life decisions.

His current studies, supported by the Canadian Institutes of Health Research, involve a $1.4m multicentre trial to examine the optimal therapy of COPD to prevent exacerbations and improve quality of life. A second CIHR supported study looks at the options for antibiotic therapy in outpatients who have acute exacerbations of COPD. Finally, he is examining multiple combination bactericidal antibiotic testing for antibiotic resistant gram-negative bacteria in cystic fibrosis and its efficacy in determining treatment regimens.

Une des mesures d’un scientifique est le fait d’être conférencier invité. Dans les documents attachés à sa nomination on constate plusieurs témoignages de sa capacité et de sa compétence en tant que conférencier invité. J’en cite brièvement un exemple :

‘his work in MBCT has helped us successfully perform lung transplantation on many children who had been turned down at other transplant centers.’

‘because of his groundbreaking work in the field and from having heard him make presentations at national and international meetings in the past, I asked him to give a major lecture at a symposium I chaired … He did a superb job and received excellent comments from the attendees. His enthusiasm for the subject matter and his clear-thinking approach are evident.’

En bref, le profil de carrière du Dr Aaron illustre bien le cheminement du clinicien chercheur. Non seulement est-il étroitement impliqué aux études cliniques mais il est reconnu comme clinicien expert et clinicien enseignant. Encore une fois je cite deux commentaires :

‘I have worked on a number of consult services with Dr. Aaron whom I immediately felt comfortable around and inspired by. There was never a dull moment as even routine cases had an interesting aspect … Dr. Aaron has been one of the most outstanding teachers and mentors I have come across in my years of medical training and he has greatly influenced and assisted my career.’

‘Shawn is an outstanding teacher who is patient, encouraging and directive without being obtrusive … [H]e is a superb role model, showing physicians early in their career how to combine great clinical skill with research success. I consider myself very fortunate to have had the opportunity to work with him.’

Et enfin, du point de vue d’une étudiante:
George Wells, Mentoring Award

George Wells, Chair of the Department of Epidemiology & Community Medicine, is the recipient of the 2003 Mentoring Award.

Dr. Wells received his undergraduate and MSc degrees in Mathematics and Mathematical Statistics respectively at McMaster University followed by a PhD in Epidemiology & Biostatistics at the University of Western Ontario. After positions at the University of Western Ontario and the Laboratory Centre for Disease Control at Health & Welfare Canada, he joined the University of Ottawa full-time in 1991, initially at the Loeb Research Institute where he was Associate Director of the Clinical Epidemiology Unit. He subsequently became Professor and Chair of the Department of Epidemiology & Community Medicine in the Faculty of Medicine in 1999.

He is a prolific investigator having published over 360 peer reviewed papers. Incredibly, he has generated, either as Principal Investigator or as Co-Investigator, over $36m in peer reviewed grants since 1999! Truly an impressive achievement. A critically important aspect of his research program is that it is highly collaborative. Dr. Wells, directly and indirectly, has supervised over 45 graduate students, many of whom have published with Dr. Wells. Many of his trainees and protégés have gone on to establish themselves as independent investigators in their own right.

‘Not only was he a great mentor … but he was also a great role model. With his mild mannered, infallible personal and clinical skills, he portrayed the ideal clinician/scientist every keen student strives to become … With his open door policy of discussing topics relevant to our research, I never felt intimidated to ask questions or seek advice on the work we accomplished throughout the summer. I never felt he would negatively judge any lack of knowledge on my part and therefore he provided an atmosphere conducive to both independent learning and mentoring.’

Ses collègues disent :

‘While Dr. Aaron is one of most promising young investigators I am also pleased to point out that he plays an active role in teaching, clinical practice and administration at the University and Hospital. He is bright, personable, a team player and always willing to contribute to the welfare of others.’

M. le Recteur notre avenir est assuré avec des jeunes professeurs comme le Dr Shawn Aaron. Je suis très fier de vous le présenter, Jeune Professeur de la Faculté de médecine 2003.
When George came to the University of Ottawa and the Clinical Epidemiology Unit he was part of a trio. Andreas Laupacis, Peter Tugwell and George Wells set about building a dynamic and creative group of clinical epidemiologists where there were none to begin with. This involved the development of a graduate course in Clinical Epidemiology and the building of a close and effective working relationship with the Department of Epidemiology & Community Medicine. This relationship itself is a wonderful example of the rapprochement that is possible between our basic science departments and our clinical science departments because most of the trainees for the graduate course in clinical epidemiology come from the clinical arena.

In very large measure due to George’s initiative and leadership, the program has been an unqualified success. To some extent I would even say that it has led to a transformation of the research environment in the Faculty of Medicine. George has designed and delivered many of the courses, identified, mentored and collaborated with increasing numbers of exceptional trainees. In fact, there are few participants in the program with whom George has not had a direct mentoring relationship.

He is possessed of an abundant energy, an infectious enthusiasm and an overwhelming capacity for work. He is thoughtful, pragmatic yet perfectionistic. Quality, innovation and impact are three of his operative and motivating principles. These values are transmitted to his students and proof of this is the quality, innovation and impact of their own work.

Mais l’intérêt du Dr Wells au bien-être de ses étudiants n’arrête pas à la porte de la salle de classe. Il s’intéresse également à leur avenir et leur vocation. Pour en citer qu’un exemple :

‘when a graduate student showed an interest in international health, she was asked to develop the ideas around home treatment of malaria and pneumonia in children in Africa and given responsibility for drafting up the outline of the research protocol, then to conduct a systematic review of the world literature. This led to an invitation to a consultation with the World Health Organization who have now committed to a cluster randomized controlled trial to establish the evidence on the benefit and challenges of implementing a home therapy program to reduce the large numbers of unnecessary deaths in countries where malaria is endemic. This was a delight to observe as a case study in mentoring. George established stretch-goals for her at every stage to master increasing levels of complexity in grant writing, in summarizing in an objective balanced fashion strongly disputed views of different methodologic options, writing of a manuscript on the background for submission to an international journal, establishing an ethical arrangement for contributing to the analysis of a set of data in Uganda.’

The student has gone on to complete her thesis.

Deux autres exemples démontrent sa ténacité devant les imprévus face aux étudiants. Dans ces cas, les étudiantes étaient des difficultés importantes à surmonter. George a fourni l’appui moral et est devenu leur mentor. De plus, il a trouvé le financement pour leurs projets, d’une part, et a aidé à la rédaction des publications.

Le Dr George Wells a mis son empreinte, non seulement au Département d’épidémiologie et médecine communautaire, non seulement au programme en épidémiologie clinique et non seulement à la vie académique de nos hôpitaux affiliés. Il a, de par la force de sa passion et par sa générosité, tout simplement fait sa marque ou ça compte et ou il faut investir – chez nos étudiants, nos successeurs.

George, I have a message for you from one of the Godfathers of your discipline, David Sackett. ‘I was delighted to learn that you’ve received an Award of Excellence for your mentoring. That makes all your colleagues extremely proud of you.’
Susan Tolnai and Vladimir Sistek, Architect

La désignation Architecte de la Faculté est attribuée en reconnaissance d’une contribution exceptionnelle à la création de la Faculté, de ses valeurs et de sa mission. Cette année nous célébrons les contributions inestimables et inoubliables de nos enseignants qui ont su développer non seulement un curriculum médical de 1er cycle, mais aussi un environnement de qualité et d’innovation. De par leurs qualités personnelles et intellectuelles ces enseignants ont permis l’évolution de notre mission d’enseignement. Cette évolution a également informé notre mission de recherche.

Il y a deux personnes en particulier qui méritent la désignation Architecte de la Faculté. Permettez-moi de vous les présenter et de vous expliquer pourquoi et comment ils ont tellement contribué. M. le Recteur, chers collègues, chers étudiants, je vous présente Susan Tolnai et Vladimir Sistek.

Susan Tolnai received her MD from Semmelweiss Medical University in Budapest, Hungary. After her postdoctoral studies in immunology and immunochemistry, she and her husband George, also a distinguished medical academic and member of this Faculty, were obliged to flee Hungary and come to Canada. After a period in the Department of National Health & Welfare, she joined the Department of Histology of the Faculty of Medicine at the University of Ottawa.

Dr. Tolnai’s career was that of a researcher with an interest in lysosomal enzymes and phagocytosis. She enjoyed uninterrupted peer reviewed funding from the Medical Research Council or the Heart & Stroke Foundation for over 25 years and was responsible for the training of 26 Masters and PhD students in her laboratory.

But her interest in, and her contributions to, the undergraduate curriculum were second to none. In addition to her teaching load, she took a major responsibility for many of the administrative aspects of the curriculum. One area in particular was her long service on the Admissions Committee. Not only did she exercise her considerable judgment on who should enter our medical school, she also contributed greatly to the scholarly framework for the admissions process itself.

If I have to pick one aspect of her career that has so marked this Faculty, I would choose her selfless commitment to the school’s well being and to the interests of the students. She contributed significantly to the design and implementation of the undergraduate medical curriculum. Almost single handedly she steered the Faculty through two successive LCME accreditation exercises taking responsibility for the organization and development of the Institutional Self Study document on each occasion. This is a Herculean task and is a vital
part of the accreditation process, one in which we critically examine our strengths and weaknesses and identify areas for improvement. Susan’s ability to motivate her colleagues to see beyond their immediate concerns to act on behalf of others is truly remarkable.

Vladimir Sistek received his MD from Charles' University of Prague, Czechoslovakia. After specialty training in surgery leading to his PhD in surgery he was obliged to flee his homeland to Canada where he joined the Faculty of Medicine at the University of Ottawa in the Department of Anatomy. It was as an anatomist that he began to make his outstanding contributions to our academic life.

He was a major force in the curricular reform efforts that led to the development of our small group PBL system in the early 1990’s and played a critical role on almost every block committee, chairing the First Block. In everything he displayed a deft hand in leading, cajoling and inciting his colleagues to get the impossible done. And he succeeded.

But where he truly excelled was as a teacher. Vladimir could teach anything in anatomy and he did it with such humour, gentleness and wisdom. Anatomy teachers frequently have an enormous impact on young medical students. They are, after all, among the first ‘real’ teachers who represent what medicine is really about that the new medical students meet. An attachment and a bond are formed. At times, this bond is somewhat artificial or forced. But not in the case of Vladimir Sistek.

Vladimir Sistek has been voted as the Honorary President of the Aesculapian Society, the student governing body, twice in his career. He also has twice been named Honorary President of the Graduating Class, once in 1975 and once in 1997. In 1985 and again in 1993 he was presented with the Bristol-Myers-Squibb Award for Excellence in Medical Teaching; this award is made by the students and therefore means something.

But his teaching excellence has been recognized by his peers. In 1981 he received the University of Ottawa-APUO-Alumni Association Award for Excellence in Teaching and he has been recognized with a 3M Teaching Fellowship in 1986. The Faculty of Medicine presented Dr. Sistek with one of its early Awards of Excellence in 1992.

Vladimir Sistek epitomizes excellence in teaching.

Ensemble, ces deux collègues travaillaient de paire pour avancer la cause de la Faculté et pour améliorer l’expérience étudiante. Intégrité, dévouement, honnêté, et qualité – descripteurs de leur approche professionnelle ; humour, respect, humilité et transparence – descripteurs de leurs qualités personnelles. Susan et Vladimir représentent tout un cadre d’enseignants qui, par leur excellence, ont construit notre environnement éducationnel et notre curriculum et, par conséquent, ont défini la Faculté de médecine.

M. le Recteur je suis extrêmement fier de vous présenter les Ds Susan Tolnai et Vladimir Sistek, Architectes de la Faculté.
The results of the September 2003 CIHR competition have just been published. Overall, CIHR awarded $172m with a success rate of 28%. Investigators from the University of Ottawa accounted for $6.4m and a success rate of only 21%. Our performance ranked 9th nationally. The figure reveals some interesting findings. Notwithstanding the clear fact that these figures are the result of only one CIHR competition, the distribution of the data suggest a spreading out of performance among universities. Historically, there has been a grouping of funding levels around the mid-performers – those ranking between 5th and 10th place, for example. It now appears, from these results (and those from the June 2003 competition), that the clustering is now occurring among those universities ranking between 9th to 12th place. A second point is the dramatically improved performance of the Alberta universities. And a final point, not illustrated, is the relative success rate of Ottawa’s ranking of 9th place nationally is hardly reassuring. When taken together with results of the June 2003 competition, the data suggest that we are not increasing our share of the CIHR pool. Failure to continue to improve our CIHR research ranking has consequences in the distribution of Canada Research Chair competition, for example.
applications originating from the University of Ottawa. Our success rate of 21% was the second lowest in the country, much more than 1 SD from the mean. Contrast this with the success rates of Calgary and Memorial each of whom had success rates of almost 36%! We had the 5th largest number of applications but only the 7th largest number of successful outcomes.

Our successful applicants are:

**Paul Albert**, Medicine, Regulation of cell proliferation by inhibitory G proteins, 3 years.

**Anne Duffy**, Psychiatry, The evolution of bipolar disorder in youths at risk: a prospective longitudinal study of the clinical course of illness and the associated changes in neurocognitive functioning and gene expression among the offspring of well-characterized bipolar patients, 5 years.

**Martin Holcik**, Pediatrics, The role of internal initiation in the regulation of cell fate, 3 years.

**Christopher Kennedy**, Cellular & Molecular Medicine, Function of prostaglandin EP receptor subtypes in glomerular disease, 3 years.

**Frans Leenen**, Medicine, Brain mechanisms determining sympathetic hyperactivity in CHF in rats post MI, 5 years.

**David Levine**, Medicine, Nitric oxide and renin angiotensin modulation of glomerular hyperfiltration and glomerulosclerosis in gene-targeted mouse models of diabetes studied in vivo, 5 years.

**Heidi McBride**, Pathology & Laboratory Medicine, Molecular switches and membrane dynamics: investigating the molecular mechanisms that govern mitochondrial fusion, 3 years.

**Catherine Morris**, The mechanosensitivity of pacemaker channels, 3 years.

**David Park**, Medicine, Mechanism of calpain mediated dopamine loss in PD, 5 years.

**Jeffrey Perry**, Emergency Medicine, A study to complete the derivation of a clinical decision rule to guide investigation for patients with an acute headache to rule out nontraumatic subarachnoid hemorrhage, 3 years.

**David Picketts**, Medicine, Genetic analysis of the ATR-X syndrome: biochemical and functional characterization of mouse models, 3 years.

**Valerie Wallace**, Ophthalmology, The role of neuron-derived morphogens in gliogenesis, 5 years.

**John Webb**, Biochemistry, Microbiology & Immunology, Immune recognition of ligands containing the inflammation associated amino acid analogue 3-nitrotyrosine, 3 years.

**Shi Wu Wen**, Obstetrics & Gynecology, The use of folic acid antagonists in pregnancy and the incidence of major birth defects and severe fetal growth restriction, 3 years.

**Brenda Wilson**, Epidemiology & Community Medicine, and **Michelle Mullen**, Pediatrics, Towards developing valid and feasible outcome measures for clinical genetics services, 2 years.

**Zemin Yao**, Biochemistry, Microbiology & Immunology, Functional analysis of a new candidate gene for familial combined hyperlipidemia, 5 years.

There is an additional area that we need to consider. The results described above reflect the outcome of the regular open competition. Increasingly, CIHR emphasizes strategic, group, network and new initiative proposals. And here I think we need to take stock of the situation. Notwithstanding the fact that these competitions target specific areas that might not fit within an organization’s particular area of concentration or focus, my assessment of the results that have been recently announced in the area of knowledge translation (Advancing theories, frameworks, methods and measurement in health services and policy, population and public health research and knowledge translation), as an example, suggest that we are not doing as well as we might. None of the 29 projects funded came from the University of Ottawa. This raises an important consideration in my mind. We need to deliberately and strategically begin to anticipate opportunities for grant submission and
requests for proposals so that we are able to respond with applications of the highest quality in areas that are critically important for us.

Successful applicants in these areas are:

**HIV/AIDS Operating Grants**

**Marko Kryworuchko**, Pathology & Laboratory Medicine, Role of defective cytokine responsiveness in the functional impairment of HIV-specific cytotoxic T lymphocytes from HIV-infected patients, 3 years.

**Staying ahead of the wave: genetics, health services and health policy competition**

**Mario Cappelli**, Psychiatry, Psychosocial health service implications for genetic testing: a clinical and training needs assessment, 1 year.

Congratulations to all!!

**Honours & Awards**

**John Seely**, former Dean of the Faculty of Medicine and Chair of the Department of Medicine, has been appointed as Professor Emeritus in the Department of Medicine.

**Kenneth Marshall**, former Vice Dean, Research and Chair of the Department of Physiology and Chair of the Department of Cellular & Molecular Medicine, also has been appointed as Professor Emeritus in the Department of Cellular & Molecular Medicine.

**Caroline Tallmidge** of the Department of Anesthesiology has received one of two 2003 PAIRO Trust Fund Travel Awards for Clinical Educators. The award allows faculty members to visit other centres to improve their clinical teaching abilities either by acquisition of a new skill or by gaining new knowledge. Dr. Tallmidge will spend time at St. Luke’s Roosevelt Hospital Centre in New York to gain new expertise in regional anesthesia.