



THE GLEN NEWS

A PUBLICATION OF THE MUHC FOUNDATION



IN THEIR OWN WORDS



“I’m extremely excited by the idea of the new hospital. We definitely

need it as an institution and as an oncology program as well. Right now, services are very fragmented over several sites, and there is no coordination for oncology services at the MUHC. By consolidating on one site, we will be able to improve the services we provide.

What many people don’t realize is that oncology is more than radiotherapy and chemotherapy. Patients get the best care when a multidisciplinary team consisting not only of doctors, but also of other professionals such as nurses, dieticians, and social workers treats them. A large percentage of the MUHC’s patients are oncology patients and most are treated on an out-patient basis. That means we need to make every concerted effort in the planning process of the new hospital to look at dedicating space for oncology in an ambulatory setting.”



*Dr. Carolyn Freeman
Radiation Oncology
Montreal General
Hospital site*

Teaching the Next Generation of Medical, Nursing and Professional Caregivers

As planning for the new health centre progresses, a major challenge for McGill University and the MUHC is to develop new and effective ways of teaching given the growing importance of ambulatory care.

- ⌘ McGill has been affiliated with the Montreal General Hospital since 1821 when the Montreal Medical Institution was incorporated into McGill College. It became the first Faculty of Medicine in the country in 1829.
- ⌘ The MUHC provides some of the most important training grounds for the doctors, nurses, physical therapists, occupational therapists, and other health-care professionals who graduate from McGill University each year.
- ⌘ Approximately 80 per cent of medical students at McGill come from Quebec, from a variety of backgrounds. The remaining 20 per cent come to Montreal mostly from the rest of Canada and the United States.
- ⌘ The MUHC’s “catchment” area covers half of Montreal, or in other words, half of the city’s population goes to one of the MUHC’s sites when seeking health care. This broad patient pool gives students the chance for hands-on study of a variety of conditions and diseases that they might not see with the population base of a smaller hospital.

Medical teaching

Medicine today is taught in much the same way that it was 50 years ago, in a two-by-two framework, says Dr. Donald Boudreau, McGill University’s Associate Dean for Medical Education and Student Affairs. “Students take two years of basic science, like anatomy, biochemistry, and immunology, taught in the university setting, and then two years of clinical science, such as psychiatry or surgery, taught in the clinical setting.”

“It used to be assumed that the basic science training covered in medical school would sustain a doctor for his or her entire career,” explains Dr. Boudreau, a member of the MUHC Task Force on Education, which explored how the new hospital can best help train students given the changing nature of modern medicine. However, information and medical data is expanding at an exponential rate, meaning that teaching the basic sciences needs to be better integrated into the clinical setting to keep up with new advances.

“If we at McGill are very bright and creative with this opportunity of the MUHC building a new hospital,” says Boudreau, “we can use it as an opportunity to serve as a model for the rest of North America.”

How creative can we get when the clinical setting is mostly one-on-one between the patient and the doctor? Among the possible features of the new model

(see **Teaching** on page 3)

Bringing the Best to Montreal



ALEX PATERSON

Improved patient care is the central focus in planning for the move to the Glen site. To achieve this, it has been demonstrated repeatedly that we need modern facilities that are easily accessible, can accommodate the latest technologies and provide a good working environment for all caregivers.

Delivering excellent care also depends on the availability of first-rate doctors, nurses and other health practitioners. Equally important to the development and provision of a first-class health-care system are research, teaching and training.

The Glen project is critical because it will allow us to complete the circle: to make sure that we have a critical mass of patients housed in the kind of space that can accommodate first-class care, teaching and research. This will make the MUHC even more inviting to current and prospective caregivers.

McGill University has always attracted to its hospitals people from around the world who could as easily settle in any other country. Competition today from the United States, in particular, is fierce. To a degree, our ability to recruit, attract and retain the best rests on the quality of life in Montreal, however, the standard of the facility we can offer and the qualifications of colleagues with whom one can exchange new ideas, is also a drawing card.

The research opportunities in the McGill University

Hospitals must be limitless, if we are to continue to be pioneers in medicine, ambulatory care, oncology, transplantation, information systems, and many other areas.

We cannot provide a setting for the trailblazers of the 21st century in buildings designed for medical treatments and procedures used in the 20th century. Nor can we compete in attracting the best with our neighbouring provinces and many areas of the United States that have built modern health care centres in the last decade.

Unless, of course, we do the same and better.

The Foundation, in its capital campaign, will do everything to ensure that the McGill University Health Centre is able to surpass government standards and achieve the excellence that we have come to expect of McGill institutions.

The health centre we will build on the Glen site will be one where teaching, research and clinical care will be intertwined. It will make it easy for a patient to be treated in a single location and in a timely fashion by professionals from different disciplines. In short, the Glen will be a place where patients and the community will be very well served.

On behalf of everyone at the Foundation, I would like to take this opportunity to wish you all the best for the holiday season.

ALEX K. PATERSON

Chairman, MUHC Foundation

GLEN PROJECT TIMELINE

1992

Quebec provides \$250,000 for pre-feasibility study.

1995

MUHC Planning Office established.

1997

Hundreds participate in developing and proposing a new vision for patient care in the 21st century, and issue two detailed reports. Study undertaken on the reuse options for existing buildings.

1994

Study recommends new construction as best use of public money. Quebec provides another \$6 million for detailed feasibility studies. Five MUHC partners sign commitment to merge.

1996

Panel of community volunteers begins to evaluate potential sites.

1998

Four institutions officially merge to form MUHC. Report to government recommends Glen site as most appropriate for access, size, topography, low pollution and noise.



Teaching the Next Generation *(continued from page 1)*

is the idea of bringing the patient into the classroom by incorporating patient examining rooms into small classrooms. Other ideas being discussed include virtual reality classrooms and simulation labs where students can observe and participate in procedures like microsurgery without physically being present in the Operating Room.

Teaching nurses

The way nurses are taught is also changing. According to Dr. Laurie Gottlieb, Associate Dean and Director of the School of Nursing and Education Task Force member, more and more students are pursuing university studies at the Baccalaureate, Masters, and Ph.D. level in nursing instead of a Nursing DEC from CEGEP.

“Quality of care is defined by the quality of nursing care,” says Dr. Gottlieb, pointing to the critical role that nurses play in health-care delivery. “As our medical and technological knowledge bases continue to quickly expand, we really need nurses with a broad and sound knowledge base. We need university-prepared nurses.”

The three-year undergraduate program at McGill gives nursing students much contact with patients through

clinical rotations that often take place at MUHC sites. Nurses study the gamut of health care in all of its settings, including obstetrics, acute and chronic conditions, psychiatry, surgery, community provision of care, and ambulatory care.

“The trend has been, especially in teaching hospitals, that we get patients who need increasingly sophisticated treatment,” claims Gottlieb. “This in turn means that we need nurses who have the knowledge and skills to help patients and their families cope with their treatment, illness, and aftermath.”

Gottlieb and Boudreau together with the 17 other members of the Task Force made several recommendations about the allocation and use of educational space in the new hospital, including:

ACTIVITIES Chief among the activities

that will be carried on at the new hospital is clinical rotations. The one-on-one nature of the patient-doctor interaction in the ambulatory setting challenges the traditional model of roving teams of students and instructors in the wards. According to Dr. Boudreau,

one solution might be to partially return to an apprentice model where a *(see Teaching on page 4)*

Highly Visible

Education is a hallmark of the MUHC, one that sets it apart from other health-care facilities. With this in mind, the task force proposed that teaching be prominent throughout the new hospital, that space should be dedicated to teaching in all departments, and that the education mandate – and its advantages — be clearly visible to patients and other health centre users.

SINGLE SITE vs MULTI-SITE

A great deal of research has shown that multi-site hospitals invariably fail to meet their mandates: they fail their patients, staff and community — both in quality of care and cost effectiveness.

⌘ According to a study by the Washington-based Health Care Advisory Board, “...loose affiliations of hospitals...[are] all but useless in reducing system costs; every significant cost initiative studied was accomplished by fully merged hospital systems....”

⌘ The same study also cites the “economies of intellect” within research. The critical mass available at a single site generates results far greater than the sum of its parts.

It simply stands to reason that a single site at the Glen will be more effective in delivering quality health care to the people of Montreal. Consider a patient admitted with a respiratory disease, who may develop related heart problems and arthritis...which require diagnosis or treatment elsewhere.

The current dollar costs of moving patients by ambulance or taxi are only one factor, and easily calculated. However, the heightened anxiety and stress, the prolonged suffering by patients and their families, remain incalculable.

Equally, there is little continuity of treatment and little opportunity for specialists to work shoulder-to-shoulder as a team. The multi-disciplinary team approach is today’s gold standard in health care — a standard that will be available to all at the MUHC’s Glen site.



2000

Master Programming for the Glen begins.

2002

Groundbreaking and construction commence.

Quebec gives green light to proceed with master and functional programming, and reserves Glen site for MUHC.

1999



2001

Functional Programming begins. Architect selected and design begins in parallel with Master/Functional Programming.

2005

As facilities completed, commissioning and moving in begin. Montrealers welcome North America’s newest and best health care facility.

A student's perspective

While the proposed single-site health centre

will be opened too late to benefit current medical students, many of us believe its construction is long over due. The fact that the MUHC's sites are so spread out is not practical. Students don't often have the chance to interact and collaborate, and moving from one site, such as the Children's, to another, such as the Vic or the General, means that students either miss certain lectures and rounds completely, or waste valuable learning time travelling between the sites. If access to the various sites is a problem, so too is getting access to a computer. At the General, for example, there are only two computers in the library and finding a free terminal on the wards can be difficult. This can be problematic given just how much information can now be found on-line.

Really, being centralized on one site with easy access to educational resources is simply icing on the cake. The basic advantage is having a building that is designed for modern technology. There are many factors to dissuade young doctors from staying in Quebec; old and run-down hospitals are among them. We need to have more private patient rooms with modern amenities and environmental controls to enhance both patient safety and comfort. We need private space for teaching and confidential discussion with colleagues and patient's family members. We need to have CT scanners and the x-ray department close to the emergency and the OR so that we can get access to them in a hurry. These requirements are simply a given at other modern teaching hospitals with which McGill is competing for students and residents. A new facility, such as the one proposed for the Glen site, might provide more incentive for people to stay here.



MATTHEW ERSKINE, B.A., B.A.SC., M.SC.

Third year medical student

*Executive President of the Medical Students' Society of McGill University
1999-2000*

Public Consultations on Re-use Possibilities for Hospital Buildings

Three Commissioners were named to the independent Consultative Committee looking into potential new vocations for the existing buildings. They are: Roy Heenan, Chair of the Commissioners, founder of the law firm Heenan Blaikie; Senator Joan Frasier; and Michel Yergeau, Partner in the law firm Lavery de Billy.

The first round of public meetings was held November 21 and 22 to provide the necessary context concerning each of the buildings and to answer questions from the public. In January, the Commissioners will hear the public's ideas on re-use; they will then analyze the variety of recommendations and make public their report this spring.

Teaching the Next Generation *(continued from page 3)*

student is assigned to one doctor.

INTEGRATED SPACE Designated teaching areas in each inpatient and ambulatory care clinical unit would ensure students have room to observe and participate in the delivery of health care in these vital settings. The new hospital may be designed with clinical spaces configured around teaching spaces, in a pod-like structure, giving students much greater scope for interacting with and observing patients.

TECHNOLOGY Equipping all classrooms and conference rooms with "smart" infrastructures means that students, teachers, and other users have access to computers and the Internet, both critical tools in modern health care.

CLASSROOMS A variety of spaces is needed to accommodate intimate class sizes, confidential case discussions, and large conferences. Clinical skills labs and discussion rooms as well as conference rooms and a 600 person-capacity amphitheater are all being considered.

PATIENT EDUCATION Patients and their family members also need access to information in the hospital setting. With that in mind, planners are researching creating a patient and health education area that is highly visible and easily accessible. Among the features that the task force recommended be made available are library collections and Internet access as well as topic-specific education programs.

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Publication Mail Permit #: 1822454

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