Department of Obstetrics & Gynaecology, University of Toronto

Cyclical Review Self-Study

Table of Contents

1. Executive Summary 1
2. Introduction and Context 3
   2.1 Department Introduction 3
      2.1.1. Appendix: Strategic Plan
   2.2 Report of the Chair 9
3. People 11
   3.1 Faculty Demographics 11
      3.1.1 Primary Appointments
      3.1.2 Cross Appointments
   3.2 Residents 2012-2013 13
   3.3 Fellows 2012-2013 14
      3.3.1 Fellows by Alphabetical Order 14
      3.3.2 Fellows by Program 15
4. Education 17
   4.1 Undergraduate Education 17
      4.1.1 Appendix: Details of Rotation at Each of the Teaching Sites
      4.1.2 Appendix: Obstetrics and Gynaecology Clerkship – OBS310Y
      4.1.3 Appendix: TRES Manual Logging Sheet
      4.1.4 Appendix: Standardized Seminar Program
4.1.5 Appendix: Midrotation Feedback Form
4.1.6 Appendix: Clerkship Encounter Form
4.1.7 Appendix: OBS310Y Observed History and Physical Assessment Form
4.1.8 Appendix: Course Evaluation Data

4.2 Postgraduate Education – Residency Program 31
4.2.4.1 Appendix: Residency Program Committee (RPC) Terms of Reference
4.2.5.1 Appendix: Academic Half-Day Teaching 2012-13

4.3 Postgraduate Education – Fellowship Program 37
4.3.1 Description 37
4.3.2 Gynaecologic Oncology 41
4.3.3 Maternal-Fetal Medicine 43
4.3.4 Gynaecologic Reproductive Endocrinology and Infertility 45

4.4 Continuing Medical Education 47
4.4.1 CME Courses
4.4.2 Interhospital Rounds

4.5 Professional Development 49
4.5.1 Appendix: Faculty Development Workshops
4.5.2 Appendix: Leadership Council Presentations

5. Research 51
5.1 Appendix: Research Publications 2007-2008 to 2011-2012
5.2 Appendix: Research Grants 2007-8 to 2011-2012
5.3 Appendix: Department Total Grants 2007-2011 By Source

6. Organization and Financial Structure 57
6.1 Appendix: Organization Chart

7. Resources and Infrastructure 59
8. Alumni and Advancement Programs 61
9. Internal and External Relationships 63
10. Report of Faculty Members 65
11. Report of Learners 69
   11.1 Undergraduate Students 69
   11.2 Residents 73
12. Future Directions 75
13. Faculty CVs List 77
1. Executive Summary

This self-study report is based on the template for cyclical reviews within the Faculty of Medicine at the University of Toronto. It is timed to coincide with the search for a new Chair of the Department of Obstetrics and Gynaecology, as Dr. Alan Bocking completes his second five-year term in June of 2013.

The Department is the largest academic department of Obstetrics and Gynaecology in Canada, with 220 primary appointees and 47 cross-appointees. The teaching and research programs are located at 6 Fully-affiliated and 10 Community-affiliated hospital sites. There are currently 61 Residents and 57 subspecialty Clinical Fellows. The Department currently holds more than $15 million in research funding and has a robust publication record in all areas related to women's reproductive health.

Strengths of the Department include the broad and diverse clinical base, as well as excellent teachers at the Undergraduate and Postgraduate levels. In addition, the Department has developed a major focus on global women’s health and the early origins of health and disease as new and emerging areas of research and education.

This report provides detailed information regarding the various education and research programs, as well as views from undergraduate medical students and residents in Obstetrics and Gynaecology. Dr. Bocking has provided a personal report regarding the accomplishments of the Department over the last five years and some thoughts regarding Future Directions.
2.1 Department Introduction

This Report follows the template for cyclical reviews as provided by the Dean’s Office and has been prepared by many Faculty and Staff within the Department of Obstetrics and Gynaecology. The Department is a multi-sited unit with 220 primary appointees and 47 cross-appointed faculty members. Our Faculty are located at 16 hospital sites (6 fully-affiliated and 10 Community-affiliates). The strengths of the Department are: 1) its size and access to a tremendous clinical resource for teaching and clinical research. 2) outstanding Postgraduate and Undergraduate Education Programs which will be described under Education and, 3) Basic Science and Translational Research.

The Department currently holds close to $15,000,000 in research funding, which is unparalleled in Canada for Departments of Obstetrics and Gynaecology. The research enterprise of the Department is located primarily in the Research Institutes of the fully-affiliated Hospitals (Mount Sinai Hospital/Samuel Lunenfeld Research Institute; Sunnybrook Health Sciences Centre/ Sunnybrook Research Institute; University Health Network and its Research Institute and St. Michael’s Hospital/Li Ka Shing Knowledge Institute).

The last 5 years for the Department have been highlighted by the major expansion of part-time and adjunct Faculty at the Community-affiliated Hospital sites in recognition of the significant role that integrated education plays in both the Undergraduate and Postgraduate programs. The opening of the Mississauga Academy with the addition of faculty at Credit Valley Hospital and Trillium Health Centre has provided the opportunity to enhance the exposure of our trainees to learning at these sites and will require significant support from the University Department in terms of both logistics and Faculty Development.

The Department underwent a Strategic Planning process in 2009 and identified 6 Strategic Directions with specific Goals and Implementation Priorities (See 2.11 Appendix: Strategic Plan). These Directions include:
1) Enhancing our Focus on Research
2) Developing our Community Teaching Sites and addressing gaps in our Core Curriculum
3) Clarifying and demonstrating our commitment to Social Responsibility as part of our academic responsibility
4) Recognizing, Valuing and Developing our Faculty and Staff
5) Strengthening our Communications infrastructure and re-enforcing our funding base
6) Developing Benchmarks for Excellence and monitoring our performance.

Each of these Strategic Directions align with the Strategic Planning Goals for the Faculty of Medicine for 2011 to 2016. This cyclical review and subsequent appointment of a new Chair will provide for further enhancement and refinement of these Directions. It is of note, however, that significant progress has been made over the last 3 years in each of these Directions by the Department of Obstetrics and Gynaecology. With regard to Research (Strategic Direction 1), the Department of Obstetrics and Gynaecology, in conjunction with the Department of Physiology, played a key role in supporting the Faculty of Medicine as the lead faculty for the establishment of the University of Toronto Institute of Human Development and it is of note that Dr. Stephen Lye, Vice-Chair, Research has been appointed as the inaugural Executive Director. In addition,
the Department has now established secure and stable funding through the establishment of endowments (Hannah, Riley and Ludwig funds) for up to 3 Residents, concurrently, who wish to enroll in the Clinical Investigator Program.

In the domain of Education (Strategic Direction 2), the Department, under the leadership of Drs. Filomena Meffe, Heather Shapiro, and Donna Steele, has established important relationships with Faculty at Credit Valley Hospital and Trillium Health Centre and created pilot opportunities for both Clinical Clerks and Resident Electives/Selectives at these sites which have been very favourably received by both Faculty and Trainees. We anticipate that these will increase significantly over the next 12-24 months in parallel with both Undergraduate and Postgraduate medical expansion. The Department has expanded the role of the Fellowship Directors Committee and Dr. Shapiro, in her new role of Vice-Chair, Education takes on the responsibility of overseeing all of the Clinical Fellowship and Royal College Sub-specialty Resident programs, which will enable further standardization of these programs within the Department.

The Department makes a significant contribution locally, nationally and internationally in the area of Social Responsibility (Strategic Direction 3) through individual actions, leadership within organizations and programmatic development. In particular, through its participation in the AMPATH (Academic Model for Provision of Access to Health Care Consortium), the Department has established the framework for a long-term commitment to enhancing clinical care, research and teaching in Western Kenya. Drs. Astrid Christoffersen-Deb, Rachel Spitzer, Barry Rosen and Alan Bocking play key leadership roles within the Department in this Program and have been successful in obtaining both peer-review funding and philanthropic support for these activities. In 2010, the Department, under the leadership of Dr. Nan Okun, carried out a survey of faculty with regard to “Socially-responsible activities” and over half the Department members gave examples of such activities.

The Department continues to explore ways to further enhance its recognition of Faculty (Strategic Direction 4) through Departmental awards and communication of important internal and external awards that faculty members receive. The Leadership Council quarterly meetings and Annual Faculty Professional Development Day have been well received and there are opportunities for increasing these opportunities with focussed Faculty Development Programs. The Department has embarked on a major fund-raising effort (Strategic Direction 5) and currently supports a partial FTE Senior Development Officer within the Faculty of Medicine Advancement Office. The Department expects to play a major role in the soon-to-be launched Faculty of Medicine Boundless Campaign and has identified a number of priorities for fund-raising which align with those of the University, as well as the Faculty of Medicine. The Department website needs attention and with the recent stabilization of the administrative staff at 92 College, this will be a high priority. The web-casting and videocasting of our monthly Interhospital Rounds have been well received and, except for the occasional ‘technical glitch“, have been very successful and are worthy of further expansion.

With regard to developing benchmarks (Strategic Direction 6), the Department has followed the work of the TAHSN Task Force on Valuing Academic Performance, as well as the Faculty Strategic Plan Implementation Working Group, in the identification of appropriate benchmarks for Research and Education. Over 95% of the full-time Faculty within the Department are now
enrolled in Web CV and this will be a critical enabler for quantifying the contributions of the Department members, as well as for benchmarking. We expect to have 100% participation by the end of the current calendar year. A recent review by the Faculty of Medicine indicated that not all members acknowledge the University of Toronto in their publications, which limits our ability to compare ourselves to peer institutions. Rectifying this will be a major focus of the Leadership within the Department over the next 12 months.

The Department has recently undergone significant changes in administrative staff with the Undergraduate Co-ordinator accepting a promotion to another unit within the University of Toronto and the Business Manager also moving to another Faculty in the Spring of 2012. Both of these departures occurred at short notice, which meant the Department was functioning for approximately 2 months with a 50% reduction in administrative support. We are grateful to the Faculty of Medicine Dean’s office for its support during this time period and have now filled both these positions with outstanding new staff members.

The Department’s Research Day held in May was once again a great success and a tangible indicator of the research productivity and passion within the Department. Two members were successful in obtaining new Operating Grants in the most recent CIHR competition and the recruitment to the Twin Birth Study under the leadership of Dr. Jon Barrett was completed this past year, all of which are outstanding achievements.

The Undergraduate Medical Education Program in the Faculty of Medicine recently underwent a successful Accreditation. Although we await the full report, there do not appear to be any major areas of deficiency identified within the Obstetrics and Gynaecology components. In addition, for the last 4 years, the University of Toronto has ranked in the top quartile for performance by our graduates on the LMCC Part 1 Questions related to Obstetrics and Gynaecology. Each of the four Royal College of Physicians and Surgeons of Canada programs have undergone Internal Reviews in preparation for the On-Site Review by the Royal College to take place in April, 2013.

All Faculty, Staff and Postgraduate Trainees have been given an opportunity to contribute to the conduct and reporting of this self-study process. In particular, the “Report of the Faculty Members” was co-ordinated by Dr. Heather Shapiro and includes the results of an electronic survey of all Faculty members. The Residents have prepared a separate report of “Learners”, as have the current Undergraduate Medical Student Representatives on the Department Undergraduate Education Committee.

The previous External Review of the Department took place in December 2007 and was conducted by Dr. Michael Nelson, Washington University School of Medicine, St. Louis, Missouri and Dr. Robert Liston, University of British Columbia. Issues of risk identified at that time included:

1) The “funding mosaic” – this refers to the varying Practice Plans and levels of support provided by different institutions to Faculty within the Department at different sites. The Department of Obstetrics and Gynaecology is not unique within the University Of Toronto Faculty Of Medicine and this can be interpreted as one of its strengths or, alternatively, a weakness. The Department Chair approves all Conforming Practice Plans and two of the three existing plans use an Academic Activity based Compensation system
for the distribution of Provincial Alternate Funding Plan dollars, which reward excellence as well as productivity. The remaining Practice Plan provides general support for all members and is currently addressing variations in support within the hospital site. All three Departments with Practice Plans are well supported by their respective host institutions. A major advance since the last review has been the implementation of stipends for part-time and adjunct teachers at the Community-affiliate sites which, although not large, is an important first step to recognize the important contributions that these individuals make to the Medical Education enterprise.

2) The “Recruitment and Support of Basic and Clinical Scientists“. This has not been perceived to be as much of an issue as previously and indeed it is believed that there is a good working relationship between the Chair, Vice-Chair Research, Clinical Chiefs and Research Directors at the fully-affiliated sites. A recent example of this is the appointment of Dr. Andras Nagy, Senior Scientist at the Samuel Lunenfeld Research Institute, and internationally recognized Stem Cell Biologist, to the Department of Obstetrics and Gynaecology as a primary appointee.

3) Concern was raised with regard to the absence of “secure” funding for the various Clinical Fellowships within the Department. Although this continues to be a concern, it is of note that the number of Clinical Fellows within the Department has increased from 30 to 50 per year during this time. Of note, is that the Department has implemented the standardization of remuneration principles, as well curriculum development and evaluation through POWER for Clinical Fellows, as recommended by the Faculty of Medicine Postgraduate Education Office. Ministry of Health Funding is now also provided for up to 6 eligible trainees in the 3 Royal College Accredited Subspecialty Programs (Maternal-Fetal Medicine, Gynaecologic Oncology and Gynaecologic Reproductive Endocrinology and Infertility).

4) Dependence upon Health Centres was identified as a potential risk and, as mentioned previously, this is seen more as a strength than a weakness and to date (despite Ministry funding cutbacks), the Department has been able to maintain excellence in its teaching and research programs, although this requires constant vigilance and communication amongst the Clinical and Academic Leaders. Members of the Department hold important leadership roles within the Greater Toronto Area and Ontario (eg. Physician Lead for Gynaecologic Surgery Wait-times in Ontario – Dr. Guylaine Lefebvre; Lead for Provincial Cervical Cancer Screening Programs – Dr. Joan Murphy; Chair, Ontario Prenatal Screening Program – Dr. Nan Okun; Member, Provincial Maternal-Newborn Advisory Committee – Dr. Mathew Sermer ).

5) Medical Class Expansion was also seen as a potential risk. We have seen elements of “learner crowding“ at some sites over the last year and anticipate that this will decrease significantly in 2013 when the first full rotation of Clinical Clerks takes place at the Mississauga Academy. In the meantime, we continue to work with Toronto East General Hospital and St. Joseph’s Health Centre to enhance the learning opportunities at those
sites to ensure that all medical students obtain the range of exposure to learning opportunities offered at both fully-affiliate and community-affiliate sites. A major effort in Faculty Development is underway under the combined leadership of Drs. Filomena Meffe, Heather Shapiro and Jennifer Blake. The leadership at both Trillium Health Centre and Credit Valley Hospital have provided critical support for these initiatives.

6) The previous reviewers recommended that the Department explore potential models for Collaborative Perinatal Care. The Department has been a leader in many ways in promoting Interprofessional Education in Maternal/Newborn care with programs at St. Michael’s Hospital, Mount Sinai and North York General Hospitals. Although the provision of clinical care is beyond the scope of the Academic Department, members have provided leadership through multiple venues eg. the Hospital sites, Provincial Committees and nationally (APOG, SOGC).

7) The level of Administrative support for the Educational Programs was seen as a weakness in 2005 and since that time, the number of FTE’s supporting the Undergraduate and Postgraduate programs within the Department has increased from 1.5 to 2.5 FTE. A suggestion had also been made to “revisit“ the use of Standardized patients for the teaching of pelvic examinations to Medical Students. This has not been done since the current process of a combination of a video, mannequins and clinic teaching has been shown to be as effective and more sustainable than the use of standardized patients.

8) The reviewers highlighted the importance of Succession Planning to the overall success of the Department. We are indeed fortunate to have many talented and committed Faculty Members who have been willing to take on new roles. Most recently, Dr. Donna Steele has taken over as Director of the Obstetrics and Gynaecology Residency Training programme and Dr. John Kingdom has taken over as Head of the Division of Maternal-Fetal Medicine. Dr. Filomena Meffe has indicated her wish to step down as Director of the Undergraduate Education Program and therefore the Chair will be asking for Indications of Interest from Faculty members in this critical role. In addition, Dr. Bocking will be completing his term as Chair in June, 2013 and the Search Process for his successor has begun. Dr. Bocking has stepped down as Chief of the Department at Mount Sinai Hospital, University Health Network and Women’s College Hospital effective September 1, 2012 and Dr. Mathew Sermer will fill those roles as Interim Chief. An External Review of the MSH/UHN Department has taken place and the report from that review is pending. The Department has highlighted the need to encourage and support mid-career Faculty to take on these important clinical and academic leadership positions. Given the multiple demands on every Faculty member, it has been proposed that a “leadership mentorship” program be established within the Department. Former Chiefs and Chairs could assist with this important project.

9) Uncertainty remains as to the longevity of the 92 College Building, which was highlighted in 2007, with no substantive change since then.
10) A recommendation to consider the establishment of a Division of General Obstetrics and Gynaecology was made by Drs. Liston and Nelson. This was discussed extensively amongst the General Obstetrician/Gynaecologists and the Department Executive and there did not appear to be an interest in doing so. This could always be reconsidered if the Department membership thought it would be helpful.
Fostering Integration and Collaboration

Strategic Directions, Goals and Implementation Priorities

November 2009
Executive Summary

On September 30, 2009, approximately 30 faculty and staff came together to participate in a follow up session to the University of Toronto Department of Obstetrics and Gynecology Strategic Planning retreat, “Fostering Integration and Collaboration”, which was held on June 11, 2009. At the June meeting, 43 participants heard from key academic, research and clinical leaders about changes in the external environment and issues and opportunities facing the Department in future years. Participants confirmed the departmental vision and collectively, proposed new strategic directions, goals and implementation priorities for the department for the next three to five years. A Summary of Proceedings and Strategic Directions document was prepared, reviewed by the Executive Committee of the Department and circulated to all faculty for feedback.

The meeting on September 30th, 2009 provided a further opportunity for all faculty and staff, including those who had not participated in the June 11th retreat, to:

- Confirm the new strategic directions and goals for the Department
- Confirm the implementation priorities for the next 12 to 18 months
- Identify the key enablers, resources and accountabilities for moving forward with these implementation priorities.

Dr. Bocking, Chair of the Department, began the meeting with an overview of the vision and strategic directions of the Department. He praised the Executive Committee and the Department for their hard work, commitment and support during the strategic planning process. Dr. Bocking outlined the key milestones in the strategic planning process and advice received from the Dean and Deputy Dean with respect to alignment with the Faculty of Medicine strategic directions and strategic plan implementation. He concluded by underscoring the importance of each of the proposed strategic directions and the goals that have been established for each area. The six strategic directions include:

1. Enhance our focus on research
2. Develop our community teaching sites and address our gaps in core curriculum
3. Clarify and demonstrate our commitment to social responsibility as part of our academic responsibility
4. Recognize, value and develop our Faculty and Staff
5. Strengthen our communications, infrastructure and funding base
6. Develop benchmarks for excellence and monitor our performance

The remainder of the planning session was spent in discussion and dialogue. Participants self-selected into five groups, each table addressing one of the above strategic directions. While the goals for Social Responsibility (3) were not discussed at this meeting, a new departmental Task Force on Social Responsibility will be established to confirm goals, priorities and an action plan for this new strategic direction.
Groups were asked to respond to the following questions and report back with highlights at the conclusion of the session.

**Questions:**
- Did we get it right? Are these the right goals and actions? How would you modify to enhance?
- Confirm the top two implementation priorities for the next 12 to 18 months.
- Outline the key steps to move forward with these priority actions.
- Who needs to be involved? Who is accountable? What key resources, people, infrastructure are required to get started?

A summary of the confirmed strategic directions and supporting goals are outlined in the charts on the following pages. Included as well are implementation priorities for each area for the next 12 to 18 months and the key resources required to successfully execute on these priorities. Accountability structures are also identified.

**Next Steps**

The Executive Committee is currently reviewing the implementation priorities and developing an accountability framework, including timelines and measures to monitor progress towards achieving priorities and goals for the new strategic directions.
**STRATEGIC DIRECTION 1: Enhance our focus on research**

**SUPPORTING GOALS & PRIORITY ACTIONS**

<table>
<thead>
<tr>
<th>PROPOSED STRATEGIC DIRECTIONS AND SUPPORTING GOALS</th>
<th>PRIORITIES</th>
</tr>
</thead>
</table>
| 1-1 Create a framework to enhance research within the Department | ▪ Develop an inventory of research activity, including contacts and areas of focus  
▪ Confirm research priorities/themes and communicate to faculty, hospitals and other research partners.  
▪ Increase collaborative grants in translational research |
| 1-2 Build research infrastructure | ▪ Formalize linkages and provide enhanced opportunities for collaboration across Departments, hospital sites, and hospital-based research institutes.  
▪ Identify funding sources for research  
▪ Provide formal mentorship for junior faculty members interested in pursuing research  
▪ Increase resident enrolment in Clinical Scientist Program  
   Recruit a research manager |
| 1-3 Enhance communication linkages between hospitals and research institutes | ▪ Establish research sub groups along university divisional lines to move translational research forward, e.g. Oncology, Pediatrics and Adolescent Gynaecology, REI and MFM  
▪ Provide a forum in which clinicians, researchers and trainees from these sub groups can meet with a view to sharing what each is doing, what resources are required, etc. Enhance readiness for multiple groups to participate in team granting opportunities.  
▪ Identify a point person within each hospital responsible for knowing what research is under way and facilitate central |
<table>
<thead>
<tr>
<th>Communication within the Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Collaborate with hospital based research institutes to sponsor a Research Day to profile research under way within and across organizations</td>
</tr>
<tr>
<td>▪ Strengthen collaborations with basic science departments (e.g. IMS, Physiology) in a manner where contributions are visible and works to enhance translational research initiatives</td>
</tr>
</tbody>
</table>

**KEY RESOURCES**

▪ Commitment from a diverse Research Committee to organizing research sub groups

▪ Technology support to build and enhance online capabilities; thus assisting with integration and collaboration

**ACCOUNTABILITY**

**Research Committee**

▪ Division heads or their delegates would need to organize/formalize research groupings in their divisions
**STRATEGIC DIRECTION 2: Develop our community teaching sites & address gaps in our core curriculum**

**SUPPORTING GOALS & PRIORITY ACTIONS**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Priorities</th>
</tr>
</thead>
</table>
| **2.1 Address gaps in core curriculum and teaching methodologies** | ▪ Compile inventory of current core curriculum materials and confirm gaps  
▪ Build flexibility into program to allow for more longitudinal experiences and introduce other methodologies to improve achievement of core activities  
▪ Increase awareness of women’s health issues  
▪ Explore other learning opportunities in the community by involving other health care providers |
| **2.2 Develop core community sites** | ▪ Increase core sites to allow for delivery of core program training  
▪ Prepare faculty / staff for expansion of medical school including faculty development  
▪ Increase distribution and profile of Medical Education within Department at all levels  
▪ Expand role for teachers and learning opportunities at core community sites (i.e., partially-affiliated teaching hospitals)  
▪ Continue to communicate/strengthen linkages with core sites by confirming local champions at each site (Southlake, Trillium, Credit Valley, Royal Victoria) |
| **2.3 Support innovation and flexibility in introducing new training models** | ▪ Expand innovative training models (e.g., simulation labs; models to shorten length of training)  
▪ Leverage new opportunities arising from expansion of the distributive education model emerging in the GTA and beyond  
▪ Promote greater flexibility around processes (i.e., 6 week clerkship – discuss with paediatrics, family medicine, anaesthesia)  
▪ Pursue development of new ways of training (e.g., interprofessional training approaches; combining training with research and sub-specialty training) |
2.4 Prepare for expansion of residency and fellowship training programs

- Standardize Fellowship Training Programs within Department
- Measure graduate outcome (location, satisfaction) – by alumni affiliation
- Enhance funding sources for Clinical Fellowships
- Mandate logging cases and log books for trainees
- Appoint an Associate Director for Residency Training Program

2.5 Clarify expectations re: faculty performance

- Define consistent standards and establish levels of commitment for faculty.
- Confirm evaluation techniques and performance measures

KEY RESOURCES

- People (see accountabilities)

COMMUNITY TEACHING SITES

- Individual is required to lead task force on Expansion
- Educational Coordinator at each site to build familiarity with issues
- Administrative support to expand access to the teaching portal and assist with formalizing processes
- Communication and feedback portals (web based technology)

ACCOUNTABILITY

- Education Committees, with Faculty and Administrative Assistants involvement
- Need for commitment and support from Hospital Department Chiefs.
STRATEGIC DIRECTION 3: Clarify and demonstrate our commitment to social responsibility as part of our academic responsibility

SUPPORTING GOALS & PRIORITY ACTIONS

<table>
<thead>
<tr>
<th>Goals</th>
<th>Priorities</th>
</tr>
</thead>
</table>
| 3.1 Develop an inventory of current advocacy/social responsibility initiatives | ▪ Increase understanding of ob/gyn specialty  
▪ Engage all faculty in a dialogue around social responsibility and what it means for the Department  
▪ Collaborate with the FOM Social Responsibility Working Group and the Dalla Lana School of Public Health to undertake a needs assessment and develop an inventory of current advocacy and outreach initiatives |
| 3.2 Enhance capacity to match trainees to local, community and global needs | ▪ Create working groups to develop a needs-based curriculum to address the following: Local/Community/Global outreach (e.g. aboriginal health)  
▪ Incorporate the principles of population health and determinants of health into program planning |
| 3.3 Enhance reach of teaching/training through involvement in global health programs | ▪ Develop methods of engagement to attract all levels of faculty to participate in SR programs  
▪ Create an online repository site for international teaching initiatives and opportunities  
▪ Create opportunities for online web based education opportunities.  
▪ Provide linkages to other resources  
▪ Leverage successful programs, e.g. MOI University, Kenya; Ethiopia (with other FOM departments) |

KEY RESOURCES

▪ Lead contact to coordinate efforts and communicate best practices
▪ Create a central portal to communicate ideas and share social responsibility initiatives

ACCOUNTABILITY

Task force on Social Responsibility to be established
# STRATEGIC DIRECTION 4: Recognize, Value and Develop our Faculty and Staff

## SUPPORTING GOALS & PRIORITY ACTIONS

<table>
<thead>
<tr>
<th>Goals</th>
<th>Priorities</th>
</tr>
</thead>
</table>
| **4.1** Increase faculty affiliation with and value to the University | ▪ Define faculty relationship to the University; clarify shared benefits of relationship  
▪ Enhance the awareness and recognition of contributions of faculty members to the University  
▪ Identify and develop ways to compensate or otherwise recognize the contributions to the university in a manner that encourages participation  
▪ Increase department faculty participation on University committees  
▪ Revisit and increase rewards/awards to faculty (link awards to evaluation)  
▪ Explore seed, infrastructure money for grants  
▪ Establish mechanisms to enhance loyalty and association with University, e.g. have the same email identifier (@utorob.gyn); create opportunities to meet with the Dean |
| **4.2** Recruit and retain top-quality faculty | ▪ Develop a Human Resources Strategic Plan  
▪ Confirm Department needs (research, education, social responsibility) within the University and then search/advocate through hospitals to address needs  
▪ **Target recruitment** by: identifying talent early and supporting development of academic potential; providing infrastructure, benefits, and mentoring; and identifying key partners to support recruitment efforts (e.g., Department of Medicine, Research Institutes, Dalla Lana School of Public Health)  
▪ **Target retention** strategies by: Clarifying guidelines re: promotion/progression; Confirming resources to reward and enable success (e.g., recognition award re: value of academic advancement); Developing grants to build capacity and interest (e.g., STIRRHS Grant); Clarifying requirements for staff and faculty promotion |
4.3 **Enhance mentorship programs**

- Increase emphasis on mentoring and faculty development
- Work with Centre for Faculty Development to develop effective mentorship strategies for various stages of career path, including junior, mid-career and senior faculty; consider needs of new teaching faculty in distributed community teaching sites
- Institute resident-to-resident mentorship program
- Increase emphasis on mentoring and faculty & staff development, aligning with education faculty development requirements. Take better advantage of senior faculty within the Department.

**KEY RESOURCES**

- Technology support, create a central email database specific to UofT
- Human Resources to assist with potential UofT affiliated hospital rotational program
- Develop an outlet for senior faculty and staff to share their learnings and best practices
- Support from Faculty, Staff and Alumni

**ACCOUNTABILITY**

Leadership Council

- Assign tasks to Appointments Committee
STRATEGIC DIRECTION 5: Strengthen our communications infrastructure and reinforce our funding base

SUPPORTING GOALS & PRIORITY ACTIONS

<table>
<thead>
<tr>
<th>Goals</th>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Establish a central repository to provide a ‘virtual’ focal point for the Department</td>
<td>▪ Invest and/or link with other Departments to strengthen existing technology and enhance connectivity between sites  &lt;br&gt;▪ Augment website  &lt;br&gt;▪ Retain technical support required for enhanced communications and connectivity  &lt;br&gt;▪ Hire a dedicated staff member with technical expertise to manage the expansion of the website and develop an interactive blog  &lt;br&gt;▪ Establish responsible person at each site to work with central department to enhance connectivity  &lt;br&gt;▪ Collaborate and learn from other departments that have functional systems in place (e.g. Department of Medicine, DFCM); explore city-wide grand rounds by videoconference</td>
</tr>
<tr>
<td>5.2 Establish a physical focal point and other central supports for the Department</td>
<td>▪ Ensure a physical focal point within the Department  &lt;br&gt;▪ Augment resources for administrative support  &lt;br&gt;▪ Coordinate a mechanism for regular collaboration among support and administrative assistants across hospitals  &lt;br&gt;▪ Sponsor an Annual Research &amp; Education Day to highlight research, advocacy/outreach activities, expansion of education activities, etc.</td>
</tr>
<tr>
<td>5.3 Strengthen funding base including building alternative revenue sources</td>
<td>▪ Increase fundraising for Endowed Chairs, Professorships, Fellowships and Studentships  &lt;br&gt;▪ Explore hiring dedicated advancement officer to work in collaboration with FOM Advancement Office  &lt;br&gt;▪ Enhance partnerships with hospital foundations  &lt;br&gt;▪ Develop engagement strategies for alumni  &lt;br&gt;▪ Revisit Genesis's mandate and responsibility for fundraising  &lt;br&gt;▪ Reconvene Finance Committee and develop funding strategy</td>
</tr>
</tbody>
</table>
KEY RESOURCES

For enhanced communications and connectivity

- Additional technical support for enhanced communications
- Volunteer / Point-of-contact from each hospital (physician) as resource to new technical/communications resource

For Funding

- Create a new full-time Fundraiser position to be shared with other departments
- Secure funding for new position

ACCOUNTABILITY

Executive Chair & Business Manager
STRATEGIC DIRECTION 6: Develop benchmarks for excellence and monitor our performance

SUPPORTING GOALS & PRIORITY ACTIONS

<table>
<thead>
<tr>
<th>Goals</th>
<th>Priorities</th>
</tr>
</thead>
</table>
| 6.1 Develop benchmarks (quality indicators) for research standards   | ▪ Direct resources to strengthen evaluation of impact of research activities within the Department  
                                                                 | ▪ Establish new benchmarks for research outside of traditional number of publications and citations, e.g. number of abstracts to papers, number of people involved in grants |
| 6.2 Develop benchmarks and measures for evaluation of undergraduate and post graduate training | ▪ Develop an inventory of what is currently being benchmarked/ measured and assess relevance for development of Departmental benchmarks  
                                                                 | ▪ Confirm benchmarks/measures to evaluate success.                        |
| 6.3 Establish mechanism to monitor and track performance against benchmarks | ▪ Establish a working group to develop a department framework for benchmarks and performance measures.  
                                                                 | ▪ Collaborate with FOM Benchmarking Expert Panel for advice regarding measures and approaches to monitoring performance towards benchmarks  
                                                                 | ▪ Clearly define roles and responsibilities for new hires and existing staff, and encourage collaboration of resources, ideas and work efforts |

KEY RESOURCES

▪ Appoint a Research Manager in the Research Office to facilitate the strategy  

▪ Establish incentives to encourage effective strategy execution (e.g. fund completed papers, not abstracts)

ACCOUNTABILITY

▪ Leadership Council

▪ Task force may be established
2.2 Report of the Chair
Dr. Alan Bocking

It has been a distinct pleasure and honour to have served as the Gordon C. Leitch Chair of the Department of Obstetrics and Gynaecology for the last 9 ½ years. When I joined the University of Toronto Department in April, 2003, it was at the height of SARS. My first three months were characterized by the cancellation of meetings, conferences, Research Day and the conduct of all official University and Hospital Business essentially by teleconference. Despite the sense of social isolation this invoked for everyone, we persevered and I believe became a stronger Department despite this tragic circumstance.

In 2003, there were 120 Faculty members and today we have 220 primary appointees and 47 cross-appointees from 12 different Departments. In 2003, there were 35 residents in Obstetrics and Gynaecology and 20 Subspecialty Fellows. Today, there are 60 Residents and 50 Fellows. This is unprecedented growth in the Department and, in combination with the increased Undergraduate Medical Class, as well as the establishment of the Mississauga Academy, this has created new opportunities and challenges for the Department. When I joined the University of Toronto, the merger of the Departments of Obstetrics and Gynaecology at Mount Sinai Hospital and University Health Network had just taken place and this had created the largest single Hospital-based Department of Obstetrics and Gynaecology in Canada and possibly North America. In addition, the Department had an already strong affiliation with the Samuel Lunenfeld Research Institute, with unprecedented support from Mount Sinai Hospital for Clinical and Basic Research in our field. This, in combination with the extensive and diverse Clinical programs in Obstetrics and Gynaecology, led me to conclude that it would be best for the Department for me to be the Chief of the joint department at MSH and UHN. I am deeply indebted to Joe Mapa, CEO of Mount Sinai Hospital, as well as the Department members, for their unwavering support for me between 2003 and the present.

The MSH/UHN Department is strong and has many talented leaders which has contributed to my decision to step down as Chief in order to focus my efforts on Research and Integrated Education, as well as Faculty Development. Dr. Mathew Sermer has been the Associate Chief of the Department at MSH/UHN and I am confident that he will do an outstanding job as Interim Chief. I have also enjoyed the opportunity to work with some incredibly talented leaders, including Dr. Guylaine Lefebvre, who has just been re-appointed for a further 2 year term as Chief of the Department of Ob/GYN at St. Michael’s Hospital and Dr. Jennifer Blake, former Chief at Sunnybrook Health Sciences Centre.

Dr. Blake had a particularly challenging time as leader of a joint Department during the period of time when Women’s College Hospital had initially merged with Sunnybrook Health Sciences Centre and then “demerged” in 2005. Fortunately, the Department is now well established at the Bayview Campus with beautiful new physical facilities and a strong host hospital, where Dr. Art Zaltz is doing an outstanding job as Interim Chief. Women’s College Hospital has also established itself as an Academic Ambulatory Care Hospital and has embraced Gynaecology as a leading discipline for development under the leadership of Dr. Lisa Allen as Site Chief.
We are very fortunate to have outstanding clinical leadership at our Community-affiliate Hospitals and we rely heavily on these individuals to be role models and champions for Teaching and Research, in addition to ensuring high Standards of Quality of Care, Patient Safety and Physician Performance.

I am deeply indebted to all these individuals, who I have worked with since 2003. I will provide further reflections and comments in the section of this report entitled Future Directions.
3.1 Faculty Demographics

The Department of Obstetrics and Gynaecology currently consists of 220 primary appointees and 47 cross-appointees from 12 separate University of Toronto Departments (Radiation Oncology, Laboratory Medicine and Pathology, Clinical Biochemistry, Paediatrics, Medicine, Physiology, Anaesthesia, Medical Imaging, Family and Community Medicine, Dalla Lana School of Public Health, Psychiatry and Molecular Genetics.

Of the 220 Primary appointees, 100 are Clinical Fulltime; 85 are Clinical Part-time; 18 are Adjunct; 10 are Status-only and 7 are Professor Emeritus. For a complete list of the Faculty, please see Appendices 3.2.1 and 3.2.2. The academic ranks of the Fulltime and Status-only Department are as follows:

- Full Professor – 21
- Associate Professor – 25
- Assistant Professor – 80
- Lecturer – 80

We have included curriculum vitae of our faculty members on an accompanying USB stick. Please see a list of the faculty included in section 14. Faculty CVs.

The Department is also supported by a Fulltime Business Manager, Department Administrative Assistant, Co-ordinator of Postgraduate Education Programs plus 0.5 Assistant, Co-ordinator of Undergraduate Education Programs, 0.5 FTE Professional Educator and a Research Consultant.

As in most Faculty of Medicine Clinical Departments, the recruitment of faculty is largely dependant upon the availability of Clinical resources at the Hospital sites. These include, but are not limited, to OR time, Inpatient beds, Delivery Volumes, Clinic and Office space. Research resources are also generally provided by the Hospital-based Research Institutes and, in particular, the Samuel Lunenfeld Research Institute, UHN Research Institute, the Sunnybrook Research Institute and the Li Ka Shing Knowledge Institute. As a result, human resource planning requires frequent and open communication amongst the Chair and the Hospital Chiefs.

For new recruitments requiring research resources, the VP-Research at the relevant site also plays a key role. The Department has been fortunate to have a very good working relationship with the VP’s Research at the fully-affiliated hospitals with which we are associated. One of the strengths of the Department has been the close relationship with the Institutes and this has facilitated the creation of research teams consisting of Clinicians, Clinician-Scientists and Basic Scientists. The Department currently has 7 fulltime status-only Scientists based at the SLRI (Drs. Adamson, Lye, Jurisicova, Rogers, Brown, Caniggia and Nagy) and 4 Clinician Scientists at MSH (Drs. Kingdom, Murphy, Bocking and Casper). One Clinician Scientist is based at the Sunnybrook Health Sciences Centre (Dr. Barrett) and there are a number of Clinician Investigators (~ 30% of time in Research) at each of the fully-affiliated sites. The Department currently has 2 members who hold Canada Research Chairs (Drs. Stephen Lye – Tier 1 and Andrea Jurisicova – Tier 2). Three members are SLRI Senior Scientists with salary support from the SLRI and 2 members are supported by a combination of Department funds, Practice Plan
funds and Grants. A risk to the Department is the ongoing support for some of these highly productive Scientists.

There are also a number of members who hold endowed Chairs (Dr. Alan Bocking – Gordon C. Leitch Chair; Dr. John Kingdom – Rose Torno Chair at MSH; Dr. Joan Murphy – J. Douglas Crashley Chair at UHN; and Dr. Guylaine Lefebvre – Women’s Health Chair at SMH). The recently established Institute of Human Development provides an opportunity for further recruitment to the Department with expertise in Genetics, Epigenetics, and Genetic Epidemiology and Health Outcomes Research. In addition, the establishment of expertise and partnerships in Women’s Reproductive Global Health (Drs. Spitzer, Christoffersen-Deb and Rosen) provides the opportunity for further expansion and recruitment to a create a critical mass of investigators in the areas of Maternal-Newborn Health, Family Planning and Gynaecologic Cancer). These recruitments could take place in collaboration with other Departments such as Paediatrics, Medicine and the Dalla Lana School of Public Health.
### 3.1.1 Department of Obstetrics & Gynaecology Primary Appointments

<table>
<thead>
<tr>
<th>FullNAME</th>
<th>LastName</th>
<th>HOSPITAL</th>
<th>RANK</th>
<th>STATUS</th>
<th>PRIMARY Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Sergey</td>
<td>Moskovtsev</td>
<td>CReATe Fertility Centre</td>
<td>Assistant Professor</td>
<td>Status-only (Non-MOBGYN)</td>
<td></td>
</tr>
<tr>
<td>Dr. Aleksandre</td>
<td>Corbey</td>
<td>CREDIT VALLEY HOSPITAL</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Patricia</td>
<td>Doyle</td>
<td>CREDIT VALLEY HOSPITAL</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Gwendolyn</td>
<td>Goodrow</td>
<td>CREDIT VALLEY HOSPITAL</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Paul</td>
<td>Gurland</td>
<td>CREDIT VALLEY HOSPITAL</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Mathias</td>
<td>Gysler</td>
<td>CREDIT VALLEY HOSPITAL</td>
<td>Assistant Professor</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Allan</td>
<td>Kanee</td>
<td>CREDIT VALLEY HOSPITAL</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Sylvie</td>
<td>Leone-Tomaschoff</td>
<td>CREDIT VALLEY HOSPITAL</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Kerry</td>
<td>Myckan</td>
<td>CREDIT VALLEY HOSPITAL</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. John Robert</td>
<td>Smith</td>
<td>CREDIT VALLEY HOSPITAL</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Scott</td>
<td>Tigert</td>
<td>CREDIT VALLEY HOSPITAL</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Carol</td>
<td>Wade</td>
<td>CREDIT VALLEY HOSPITAL</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Nicolette</td>
<td>Caccia</td>
<td>HOSPITAL FOR SICK CHILDREN</td>
<td>Assistant Professor</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Craig</td>
<td>Pennell</td>
<td>KING EDWARD MEMORIAL HOSPITAL</td>
<td>Adjunct Professor</td>
<td>Adjunct Professor</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. George</td>
<td>Arnold</td>
<td>MARKHAM-STOUFFVILLE HOSPITAL</td>
<td>Adjunct Lecturer</td>
<td>Adjunct Lecturer</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. S. Lee</td>
<td>Adamson</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td>Status-only (Non-MOBGYN)</td>
<td></td>
</tr>
<tr>
<td>Dr. May</td>
<td>Alarab</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Lisa</td>
<td>AllenLi</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Associate Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Rebecca</td>
<td>Arthur</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Lecturer</td>
<td>Full-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Marshall</td>
<td>Barkin</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Paul</td>
<td>Bernstein</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Alan D.</td>
<td>Bocking</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Theodore J.</td>
<td>Brown</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td>Status-only (Non-MOBGYN)</td>
<td></td>
</tr>
<tr>
<td>Dr. Kenneth</td>
<td>Cadesky</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Assistant Professor</td>
<td>Part-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Isabella</td>
<td>Caniggia</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td>Status-only (Non-MOBGYN)</td>
<td></td>
</tr>
<tr>
<td>Dr. Robert</td>
<td>Casper</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Barbara</td>
<td>Cruickshank</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Harold</td>
<td>Drutz</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Frederic</td>
<td>Engle</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Dr. Dan</td>
<td>Farine</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Institution</td>
<td>Full-time/Part-time</td>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------</td>
<td>--------------------</td>
<td>---------------------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Dr. Michele Farrugia</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Eve Fried</td>
<td>Lecturer</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Douglas Gare</td>
<td>Professor Emeritus</td>
<td>MOUNT SINAI HOSPITAL</td>
<td></td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Dimitrios Giannoulias</td>
<td>Associate Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Ellen Greenblatt</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Peter Hawrylyshyn</td>
<td>Lecturer</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Andrea Jurisicová</td>
<td>Associate Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Johannes Keuen</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. John Kingdom</td>
<td>Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Yolanda Kirkham</td>
<td>Lecturer</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Elyse Levinsky</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Kimberly Liu</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Ron A. Livingstone</td>
<td>Professor Emeritus</td>
<td>MOUNT SINAI HOSPITAL</td>
<td></td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Danny Lovatsis</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Stephen Lye</td>
<td>Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Status-only (Non-M)</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Elliott Lyons</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Ann Kinga Malinowski</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Cynthia Maxwell</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Matthew Morton</td>
<td>Lecturer</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Kellie E. Murphy</td>
<td>Associate Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Andras Nagy</td>
<td>Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Status-only (Non-M)</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Nanette Okun</td>
<td>Associate Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Wusun Paek</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. J. W. Knox Ritchie</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Ian Rogers</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Greg Ryan</td>
<td>Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Gareth Seaward</td>
<td>Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Amanda Selk</td>
<td>Lecturer</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Mathew Sermer</td>
<td>Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Heather Shapiro</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Jodi Shapiro</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Rachel Spitzer</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Michael Sved</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Jackie Thomas</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Hospital</td>
<td>Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>----------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Wendy Whittle</td>
<td>Assistant Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Rory Windrim</td>
<td>Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Wendy Wolfman</td>
<td>Associate Professor</td>
<td>MOUNT SINAI HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Adrian Brown</td>
<td>Assistant Professor</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Dennis Chu</td>
<td>Assistant Professor</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Shlomo Grynspan</td>
<td>Lecturer</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Man Fan Ho</td>
<td>Assistant Professor</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Angela Kang</td>
<td>Lecturer</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Danny Kreichman</td>
<td>Lecturer</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Elyse Lackie</td>
<td>Assistant Professor</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Sabrina Lee</td>
<td>Lecturer</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Alexandra Nevin Lam</td>
<td>Lecturer</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Robert Derek Nicholson</td>
<td>Assistant Professor</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Titus Owolabi</td>
<td>Associate Professor Emeritus</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Nicholas Pairaudeau</td>
<td>Assistant Professor</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. David Rosenthal</td>
<td>Assistant Professor</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Nicholas Shilleto</td>
<td>Lecturer</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Paul Shuen</td>
<td>Lecturer</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Kirsten Smith</td>
<td>Lecturer</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Linda Stirk</td>
<td>Lecturer</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Modupe Tunde-Byass</td>
<td>Assistant Professor</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Jeremy C. Wong</td>
<td>Lecturer</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Lynne Zolis</td>
<td>Lecturer</td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Marcus Bernardini</td>
<td>Assistant Professor</td>
<td>PRINCESS MARGARET HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. (Denny) A.D. DePetrillo</td>
<td>Professor Emeritus</td>
<td>PRINCESS MARGARET HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Jason Dodge</td>
<td>Assistant Professor</td>
<td>PRINCESS MARGARET HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Sarah Ferguson</td>
<td>Assistant Professor</td>
<td>PRINCESS MARGARET HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Stephane Laframboise</td>
<td>Assistant Professor</td>
<td>PRINCESS MARGARET HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Gordon Lickrish</td>
<td>Professor Emeritus</td>
<td>PRINCESS MARGARET HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. K. Joan Murphy</td>
<td>Assistant Professor</td>
<td>PRINCESS MARGARET HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Barry Rosen</td>
<td>Professor</td>
<td>PRINCESS MARGARET HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. William A. Easton</td>
<td>Assistant Professor</td>
<td>ROUGE VALLEY HEALTH SYSTEM - SCARBOROUGH CI</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Terry E. Logaridis</td>
<td>Lecturer</td>
<td>ROUGE VALLEY HEALTH SYSTEM - SCARBOROUGH CI</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Joanne Ma</td>
<td>Adjunct Lecturer</td>
<td>ROUGE VALLEY HEALTH SYSTEM - SCARBOROUGH CI</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Affiliation</td>
<td>Position</td>
<td>Part-time Status</td>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------</td>
<td>-----------------------</td>
<td>------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>Dr. Shannon Causey</td>
<td>ROYAL VICTORIA HOSPITAL - BARRIE</td>
<td>Adjunct Lecturer</td>
<td>Adjunct Lecturer</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Enrique Reyes</td>
<td>ROYAL VICTORIA HOSPITAL - BARRIE</td>
<td>Adjunct Lecturer</td>
<td>Adjunct Lecturer</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Jan Scheeres</td>
<td>ROYAL VICTORIA HOSPITAL - BARRIE</td>
<td>Adjunct Lecturer</td>
<td>Adjunct Lecturer</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Vincent Wu</td>
<td>ROYAL VICTORIA HOSPITAL - BARRIE</td>
<td>Adjunct Lecturer</td>
<td>Adjunct Lecturer</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Paul Thistle</td>
<td>SALVATION ARMY HOWARD HOSPITAL</td>
<td>Adjunct Professor</td>
<td>Adjunct Professor</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Erica Mantay</td>
<td>SOUTHLAKE REGIONAL HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Peter Watt</td>
<td>SOUTHLAKE REGIONAL HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Clarissa Bambo</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Melanie Caetano</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Nicole Cherry</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Lanval Daly</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Alfonso Del Valle Rebeil</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Anthony Di Pierdomenico</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Beata Grygowski</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Sybil Judah</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Mary Melchior</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Esther Park</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Edward Ryan</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Artin Ternamian</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Associate Professor</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Suzanne Wong</td>
<td>ST. JOSEPH'S HEALTH CENTRE</td>
<td>Assistant Professor</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Howard Berger</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Christine M. Derzko</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Associate Professor</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Tatiana Freire-Lizama</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. A.H. Gerulath</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Associate Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Stephen Im</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Sari Kives</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Andrea Lausman</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Guylaine Lefebvre</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Adelmo Martoglio</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Paul McCleary</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Associate Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Colleen McDermott</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Filomena Meffe</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Associate Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Eva Mocarski</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Deborah Robertson</td>
<td>ST. MICHAEL'S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Hospital</td>
<td>Title</td>
<td>Full-Time Status</td>
<td>Specialty</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------</td>
<td>------------------------</td>
<td>------------------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Dr. Abheha Satkunaratnam</td>
<td>ST. MICHAEL’S HOSPITAL</td>
<td>Lecturer</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Rajiv Shah</td>
<td>ST. MICHAEL’S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Eliane Shore</td>
<td>ST. MICHAEL’S HOSPITAL</td>
<td>Lecturer</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Dana Soroka</td>
<td>ST. MICHAEL’S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Donna Steele</td>
<td>ST. MICHAEL’S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Wilf Steinberg</td>
<td>ST. MICHAEL’S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Karen Tessler</td>
<td>ST. MICHAEL’S HOSPITAL</td>
<td>Assistant Professor</td>
<td>Part-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Mark Yudin</td>
<td>ST. MICHAEL’S HOSPITAL</td>
<td>Associate Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Hani Akoury</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Jon Barrett</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Associate Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Jennifer Blake</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Janet Bodley</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Howard Cohen</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Allan L. Covens</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Marjorie Dixon</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Nancy Durand</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Lilian Gien</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Karen Glass</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Mary E. Hannah</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Elaine Herer</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Dini Hui</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Lecturer</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Jamie Kroft</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Lecturer</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Rose Kung</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Associate Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Rachel Kupets</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Noor Ladhani</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Patricia Lee</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Clifford Librach</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Associate Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Kay I. Lie</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Associate Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Grace Liu</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. J.E. (Ted) Morgan</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor Emeritus</td>
<td>Professor Emeritus</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. H.S. Morris</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Ori Nevo</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Raymond Osborne</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Dr. Richard Pittini</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Associate Professor</td>
<td>Full-time</td>
<td>OBGYN</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Institution</td>
<td>Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------</td>
<td>--------------------------------------------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. R. Michael Shier</td>
<td>Professor</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Sony Sierra</td>
<td>Assistant Professor</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Danielle Vicus</td>
<td>Assistant Professor</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Fay Weisberg</td>
<td>Assistant Professor</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Herb Wong</td>
<td>Assistant Professor</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Arthur Zaltz</td>
<td>Assistant Professor</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Yaakov Bentov</td>
<td>Assistant Professor</td>
<td>TCART</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Paul Chang</td>
<td>Lecturer</td>
<td>TCART</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Navid Esfandiari</td>
<td>Assistant Professor</td>
<td>TCART</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Mary Cheng</td>
<td>Adjunct Lecturer</td>
<td>THE SCARBOROUGH HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Stacy Costa</td>
<td>Adjunct Lecturer</td>
<td>THE SCARBOROUGH HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Joseph Cramer</td>
<td>Adjunct Lecturer</td>
<td>THE SCARBOROUGH HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Jevan Ko</td>
<td>Adjunct Lecturer</td>
<td>THE SCARBOROUGH HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Asha Kurup</td>
<td>Adjunct Lecturer</td>
<td>THE SCARBOROUGH HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Haidar Mahmoud</td>
<td>Adjunct Lecturer</td>
<td>THE SCARBOROUGH HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Nathan Roth</td>
<td>Adjunct Lecturer</td>
<td>THE SCARBOROUGH HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Michael Silver</td>
<td>Adjunct Lecturer</td>
<td>THE SCARBOROUGH HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Nina Venkataram</td>
<td>Adjunct Lecturer</td>
<td>THE SCARBOROUGH HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Georgina Wilcock</td>
<td>Lecturer</td>
<td>THE SCARBOROUGH HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Anjali Aggarwal</td>
<td>Lecturer</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Oluleke Badmos</td>
<td>Assistant Professor</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Samir Batarseh</td>
<td>Assistant Professor</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Yoav Brill</td>
<td>Lecturer</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Jennifer Cram</td>
<td>Lecturer</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Maja Gans</td>
<td>Lecturer</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Murray Kroach</td>
<td>Assistant Professor</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Roberta Mackenzie</td>
<td>Lecturer</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Tara Macleod</td>
<td>Lecturer</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Melanie Ornstein</td>
<td>Assistant Professor</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Perry Phillips</td>
<td>Lecturer</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Elin Raymond</td>
<td>Lecturer</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Melissa Tai</td>
<td>Lecturer</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Brenda T. Woods</td>
<td>Assistant Professor</td>
<td>TORONTO EAST GENERAL HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Anne Claessens</td>
<td>Assistant Professor</td>
<td>TORONTO WEST FERTILITY CENTRE</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Institution</td>
<td>Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------</td>
<td>----------------------------------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Dalip Kumar</td>
<td>Lecturer</td>
<td>TRILLIUM HEALTH CENTRE</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Veena Bonde</td>
<td>Lecturer</td>
<td>TRILLIUM HEALTH CENTRE</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Catherine Ann</td>
<td>Lecturer</td>
<td>TRILLIUM HEALTH CENTRE</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Marianne R. Duemler</td>
<td>Lecturer</td>
<td>TRILLIUM HEALTH CENTRE</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Ronnie Hakim</td>
<td>Lecturer</td>
<td>TRILLIUM HEALTH CENTRE</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Patrick M. Liao</td>
<td>Lecturer</td>
<td>TRILLIUM HEALTH CENTRE</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Kendra Newell</td>
<td>Lecturer</td>
<td>TRILLIUM HEALTH CENTRE</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Kristy A. Prouse</td>
<td>Assistant Professor</td>
<td>TRILLIUM HEALTH CENTRE</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Kimberly Rogers</td>
<td>Lecturer</td>
<td>TRILLIUM HEALTH CENTRE</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Peter W. Scheufler</td>
<td>Lecturer</td>
<td>TRILLIUM HEALTH CENTRE</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Richard Stein</td>
<td>Lecturer</td>
<td>TRILLIUM HEALTH CENTRE</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Felice Petraglia</td>
<td>Adjunct Professor</td>
<td>UNIVERSITY OF SIENA, ITALY</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. David Caloia</td>
<td>Lecturer</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Astrid Christoffersen-Deb</td>
<td>Lecturer</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Status-only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. James Goodwin</td>
<td>Associate Professor</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Status-only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Evelyn Lambe</td>
<td>Assistant Professor</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Full-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Katherine MacRury</td>
<td>Assistant Professor</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Full-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Xuesen Dong</td>
<td>Assistant Professor</td>
<td>Vancouver Prostate Centre - UBC</td>
<td>Status-only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Ari Baratz</td>
<td>Lecturer</td>
<td>WOMEN'S COLLEGE HOSPITAL</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Prati Sharma</td>
<td>Assistant Professor</td>
<td>WOMEN'S COLLEGE HOSPITAL</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Jerry Shime</td>
<td>Professor Emeritus</td>
<td>WOMEN'S COLLEGE HOSPITAL</td>
<td>OBGYN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Bruce Thomas</td>
<td>Assistant Professor</td>
<td>WOMEN'S COLLEGE HOSPITAL</td>
<td>Part-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full NAME</td>
<td>Last Name</td>
<td>HOSPITAL</td>
<td>RANK</td>
<td>STATUS</td>
<td>PRIMARY DEPARTMENT</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------</td>
<td>-----------------------------------------------</td>
<td>-----------------------</td>
<td>-------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Dr. Lyle Palmer</td>
<td></td>
<td>DALLA LANA SCHOOL OF PUBLIC HEALTH</td>
<td>Professor</td>
<td>Status-only</td>
<td>Dalla Lana</td>
</tr>
<tr>
<td>Dr. Michelle Letarte</td>
<td></td>
<td>HOSPITAL FOR SICK CHILDREN</td>
<td>Professor</td>
<td>Status-only</td>
<td>Immunology</td>
</tr>
<tr>
<td>Dr. Janet Rossant</td>
<td></td>
<td>HOSPITAL FOR SICK CHILDREN</td>
<td>Professor</td>
<td></td>
<td>Molecular Genetics</td>
</tr>
<tr>
<td>Dr. Rachel Wald</td>
<td></td>
<td>HOSPITAL FOR SICK CHILDREN</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Dr. Rosanna Weksberg</td>
<td></td>
<td>HOSPITAL FOR SICK CHILDREN</td>
<td>Professor</td>
<td></td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Dr. Jerald Bain</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor Emeritus</td>
<td>Professor Emeritus</td>
<td>Medicine</td>
</tr>
<tr>
<td>Dr. Jose Carvalho</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td></td>
<td>Anaesthesia</td>
</tr>
<tr>
<td>Dr. David A. Chitayat</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td></td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Dr. Karen Chong</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Assistant Professor</td>
<td>Full-time</td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Dr. Joseph T. Clarke</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td></td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Dr. Terence Colgan</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td></td>
<td>Lab. Medicine and Path.</td>
</tr>
<tr>
<td>Dr. Jack Marc Colman</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td>Full-time</td>
<td>Medicine-Cardiology</td>
</tr>
<tr>
<td>Dr. Michael Dunn</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Associate Professor</td>
<td></td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Dr. Denice Feig</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Associate Professor</td>
<td></td>
<td>Medicine</td>
</tr>
<tr>
<td>Dr. Katherine Fong</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Associate Professor</td>
<td></td>
<td>Medical Imaging</td>
</tr>
<tr>
<td>Dr. Sarah Keating</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Associate Professor</td>
<td></td>
<td>Lab. Medicine and Path.</td>
</tr>
<tr>
<td>Dr. Carl Laskin</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Associate Professor</td>
<td></td>
<td>Medicine/Immunology</td>
</tr>
<tr>
<td>Dr. Shoo Lee</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td></td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Dr. Shia Salem</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Associate Professor</td>
<td></td>
<td>Medical Imaging</td>
</tr>
<tr>
<td>Dr. Ants Toi</td>
<td></td>
<td>MOUNT SINAI HOSPITAL</td>
<td>Professor</td>
<td></td>
<td>Medical Imaging</td>
</tr>
<tr>
<td>Dr. Sandra Viero</td>
<td></td>
<td>NORTH YORK GENERAL HOSPITAL</td>
<td>Assistant Professor</td>
<td></td>
<td>Lab. Medicine and Path.</td>
</tr>
<tr>
<td>Dr. A.W. Fyles</td>
<td></td>
<td>PRINCESS MARGARET HOSPITAL</td>
<td>Professor</td>
<td></td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>Dr. Amit Oza</td>
<td></td>
<td>PRINCESS MARGARET HOSPITAL</td>
<td>Professor</td>
<td></td>
<td>Medicine</td>
</tr>
<tr>
<td>Dr. William B. Chapman</td>
<td></td>
<td>ST. JOSEPH’S HEALTH CENTRE</td>
<td>Professor</td>
<td></td>
<td>Lab. Medicine and Path.</td>
</tr>
<tr>
<td>Dr. Tony Barozzino</td>
<td></td>
<td>ST. MICHAEL’S HOSPITAL</td>
<td>Assistant Professor</td>
<td></td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Dr. Joel Ray</td>
<td></td>
<td>ST. MICHAEL’S HOSPITAL</td>
<td>Associate Professor</td>
<td></td>
<td>Medicine</td>
</tr>
<tr>
<td>Dr. M. Sgro</td>
<td></td>
<td>ST. MICHAEL’S HOSPITAL</td>
<td>Assistant Professor</td>
<td></td>
<td>Paediatrics</td>
</tr>
<tr>
<td>Dr. Ida Ackerman</td>
<td></td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Associate Professor</td>
<td></td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>Dr. Elizabeth Asztalos</td>
<td></td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Associate Professor</td>
<td>Full-time</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Dr. Phyllis Glanc</td>
<td></td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Associate Professor</td>
<td></td>
<td>Medical Imaging</td>
</tr>
<tr>
<td>Dr. Stephen Halpern</td>
<td></td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor</td>
<td></td>
<td>Anaesthesia</td>
</tr>
<tr>
<td>Dr. Stephen Holzapfel</td>
<td></td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Associate Professor</td>
<td></td>
<td>Family &amp; Community Medicine</td>
</tr>
<tr>
<td>Dr. Anne Kenshole</td>
<td></td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor Emeritus</td>
<td></td>
<td>Medicine</td>
</tr>
<tr>
<td>Name</td>
<td>Affiliation</td>
<td>Title</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------------------------------</td>
<td>------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Mahmoud Khalifa</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Steven Narod</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Andrew T. Shennan</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Associate Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Martin Skidmore</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Assistant Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Gillian Thomas</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Lynn Allen</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Associate Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Denise Belsham</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Gail Robinson</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Patricia Shaw</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Associate Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Sam Siu</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Donna Stewart</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. John Challis</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor Emeritus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Stephen Matthews</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Maire Percy</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor Emerita</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Gillian Thomas</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. Lynn Allen</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Lab. Medicine and Path.</td>
</tr>
<tr>
<td>Dr. Denise Belsham</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Clin.Biochem</td>
</tr>
<tr>
<td>Dr. Gail Robinson</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Physiology</td>
</tr>
<tr>
<td>Dr. Patricia Shaw</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Dr. Sam Siu</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Medicine</td>
</tr>
<tr>
<td>Dr. Donna Stewart</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Dr. John Challis</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor Emeritus</td>
</tr>
<tr>
<td>Dr. Stephen Matthews</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. Maire Percy</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor Emerita</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Lynn Allen</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Lab. Medicine and Path.</td>
</tr>
<tr>
<td>Dr. Denise Belsham</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Physiological</td>
</tr>
<tr>
<td>Dr. Gail Robinson</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Dr. Patricia Shaw</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Lab. Medicine and Path.</td>
</tr>
<tr>
<td>Dr. Sam Siu</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Medicine</td>
</tr>
<tr>
<td>Dr. Donna Stewart</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Dr. John Challis</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor Emeritus</td>
</tr>
<tr>
<td>Dr. Stephen Matthews</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. Maire Percy</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor Emerita</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Gillian Thomas</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. Lynn Allen</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Lab. Medicine and Path.</td>
</tr>
<tr>
<td>Dr. Denis Belsham</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>--Clin.Biochem</td>
</tr>
<tr>
<td>Dr. Gail Robinson</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Physiology</td>
</tr>
<tr>
<td>Dr. Patricia Shaw</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Dr. Sam Siu</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Medicine</td>
</tr>
<tr>
<td>Dr. Donna Stewart</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Dr. John Challis</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor Emeritus</td>
</tr>
<tr>
<td>Dr. Stephen Matthews</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. Maire Percy</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor Emerita</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Gillian Thomas</td>
<td>SUNNYBROOK HEALTH SCIENCES CENTRE</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. Lynn Allen</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Lab. Medicine and Path.</td>
</tr>
<tr>
<td>Dr. Denis Belsham</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>--Clin.Biochem</td>
</tr>
<tr>
<td>Dr. Gail Robinson</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Physiology</td>
</tr>
<tr>
<td>Dr. Patricia Shaw</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Dr. Sam Siu</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Medicine</td>
</tr>
<tr>
<td>Dr. Donna Stewart</td>
<td>TORONTO GENERAL HOSPITAL - UHN</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Dr. John Challis</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor Emeritus</td>
</tr>
<tr>
<td>Dr. Stephen Matthews</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor</td>
</tr>
<tr>
<td>Dr. Maire Percy</td>
<td>UNIVERSITY OF TORONTO</td>
<td>Professor Emerita</td>
</tr>
</tbody>
</table>
3.2 Residents 2012-2013

**PGY 1**
Abu Awad, Nasser  
Coroneos, Marie  
Gotha, Lara  
Harding, Lacey  
Lai, Ingrid  
Leonardi, Mathew  
Liao (née Verma), Pamela  
McCaffrey, Carmen  
Mehta, Chaula  
Nguyen, Julie  
Niles, Kirsten  
Sarangapani, Aparna  
Sterling, Lynn

**PGY 2**
Green, Jessica  
Gurau, David  
Habiba, Ummi  
Li, Adrienne  
Menzies, Rebecca  
Noack, Laura  
Rich, Rebecca  
Secter, Michael  
Shea, Alison  
Simpson, Andrea  
Snelgrove, John  
Tan, Liane  
Thorne, Julie

**PGY 3**
Baker, Emily  
Bremer, Kimberly  
Chan, Caroline  
Cipolla, Amanda  
Cybulska, Paulina  
Jolliffe, Courtney  
Lennox, Genevieve  
Liu, Brian  
Mayo, Karli  
Millar, Heather  
Morris, Stephen  
Yusuf, Muhseen

**PGY 4**
Campbell, Melanie  
Ferguson, Brian  
Frecker, Helena  
Gagnon, Louise-Helene  
Han, Alice  
Kfouri, Julia  
Mills, Kelsey  
Po, Leslie  
Sharma, Priya  
Sovran, Laura  
Taerk, Evan

**PGY 5**
Backman, Stephanie  
Bouchard-Fortier, Genevieve  
Caprara, Daniela  
Chan, Crystal  
Iqbal, Salikah  
Jumah, Naana  
Kandasamy, Tharani  
Khoshbakht, Noushin  
Moore, Shannon  
Oyewumi, Lamide  
Qin, Jing  
Shirreff, Lindsay
## 3.3 Fellows 2012-13

### 3.3.1 Fellows by Alphabetic Order (as of Jul 21 2012)

<table>
<thead>
<tr>
<th>Fellow/Resident</th>
<th>Program</th>
<th>Site</th>
<th>Fellowship Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adanlawo, Moses</td>
<td>ClinFell</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>2. Ahmadouh, Hend</td>
<td>ClinFell</td>
<td>RepBiology</td>
<td>TCART</td>
</tr>
<tr>
<td>3. Al-Anjari, Abdulmohsen</td>
<td>PGY6 &amp; 7</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>4. Al-Gethami, Faiza</td>
<td>ClinFell</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>5. Al-Hawash, Shadha</td>
<td>ClinFell</td>
<td>AdvObs</td>
<td>Seaward</td>
</tr>
<tr>
<td>6. Al-Kudmani, Basheer</td>
<td>ClinFell</td>
<td>AdvOB</td>
<td>Maxwell</td>
</tr>
<tr>
<td>7. Al-Obaidly, Sawsan</td>
<td>ClinFell</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>8. Ang, Miriam</td>
<td>ClinFell</td>
<td>MIGS</td>
<td>Maxwell</td>
</tr>
<tr>
<td>11. BOUTET, Marianne</td>
<td>ClinFell</td>
<td>Gyne Surgery</td>
<td>SJHC</td>
</tr>
<tr>
<td>12. Czikk, Marie</td>
<td>PGY6 &amp; 7</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>13. Daniel, Ariadne</td>
<td>PGY6 &amp; 7</td>
<td>GREI</td>
<td>Maxwell</td>
</tr>
<tr>
<td>15. DAWOOD, Ashraf</td>
<td>ClinFell</td>
<td>Gyne Endoscopy</td>
<td>SHSC</td>
</tr>
<tr>
<td>18. D’Souza, Rohan</td>
<td>ClinFell</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>19. Dubuc, Elise</td>
<td>ClinFell</td>
<td>PAG</td>
<td>Maxwell</td>
</tr>
<tr>
<td>20. El-Chaar, Darine</td>
<td>PAG</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>21. Eriksson, Lua</td>
<td>PAG &amp; 7</td>
<td>GynOnc</td>
<td>Maxwell</td>
</tr>
<tr>
<td>22. Evaniuk, Debra</td>
<td>ClinFell</td>
<td>MatureWH&amp;M</td>
<td>Maxwell</td>
</tr>
<tr>
<td>23. Feigenberg, Tomer</td>
<td>ClinFell</td>
<td>GynOnc</td>
<td>Maxwell</td>
</tr>
<tr>
<td>24. Garbedian, Kimberley</td>
<td>PAG &amp; 7</td>
<td>GREI</td>
<td>Maxwell</td>
</tr>
<tr>
<td>25. Gomaa, Hala</td>
<td>ClinFell</td>
<td>Repro Sciences</td>
<td>TCART/MSH</td>
</tr>
<tr>
<td>26. Hackmon, Rina</td>
<td>ClinFell</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>27. Hassonah, Seham</td>
<td>ClinFell</td>
<td>Urology &amp; RPS</td>
<td>Maxwell</td>
</tr>
<tr>
<td>28. Higgins, Mary</td>
<td>ClinFell</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>29. Hodges, Ryan</td>
<td>ClinFell</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>30. Horgan, Richard</td>
<td>ClinFell</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>31. Hunter, Tiffany</td>
<td>ClinFell</td>
<td>MFM</td>
<td>Maxwell</td>
</tr>
<tr>
<td>32. Ibrahim, John N</td>
<td>ClinFell</td>
<td>AdvObs</td>
<td>Maxwell</td>
</tr>
<tr>
<td>33. Jones, Claire</td>
<td>PAG &amp; 7</td>
<td>GREI</td>
<td>Maxwell</td>
</tr>
<tr>
<td>34. LAZER, Tal</td>
<td>ClinFell</td>
<td>ReproSci</td>
<td>Maxwell</td>
</tr>
<tr>
<td>35. Leong, Yvonne</td>
<td>ClinFell</td>
<td>UroGyne &amp; Re</td>
<td>Maxwell</td>
</tr>
<tr>
<td>36. LO, Katherine</td>
<td>ClinFell</td>
<td>Urogynaecology</td>
<td>Maxwell</td>
</tr>
<tr>
<td>37. McVey, Ruaidhri</td>
<td>ClinFell</td>
<td>GynOnc</td>
<td>Maxwell</td>
</tr>
</tbody>
</table>
### 3.3.1 Fellows 2012-13 by Alpha (as of Jul 21 2012)...continued

<table>
<thead>
<tr>
<th>Fellow/Resident</th>
<th>Program</th>
<th>Site</th>
<th>Fellowship Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medel, Sebastian</td>
<td>ClinFell</td>
<td>Urogyne &amp; RPS</td>
<td>MSH Lovatsis</td>
</tr>
<tr>
<td>Melamed, Nir</td>
<td>ClinFell</td>
<td>AdvHRObs</td>
<td>SMH HSC Berger</td>
</tr>
<tr>
<td>Mitri, Frederick</td>
<td>ClinFell</td>
<td>ReproSci</td>
<td>TCART Casper</td>
</tr>
<tr>
<td>Morency, Anne-Maude</td>
<td>PGY6,7</td>
<td>MFM</td>
<td>MSH Maxwell</td>
</tr>
<tr>
<td>Paterson, Nicole</td>
<td>PGY6,7</td>
<td>GREI</td>
<td>MSH Cruickshank</td>
</tr>
<tr>
<td>Qadri, Anita</td>
<td>ClinFell</td>
<td>GynOnc</td>
<td>UHN Rosen etc</td>
</tr>
<tr>
<td>READE, Clare</td>
<td>CF; PG 6,7</td>
<td>GyneOnc</td>
<td>SHSC Covens</td>
</tr>
<tr>
<td>Robinson, Na Tisha</td>
<td>ClinFell</td>
<td>MFM</td>
<td>MSH Maxwell</td>
</tr>
<tr>
<td>Segev, Yakir</td>
<td>ClinFell</td>
<td>GyneOnc</td>
<td>SHSC Covens</td>
</tr>
<tr>
<td>Shore, Eliane</td>
<td>ClinFell</td>
<td>MIGS</td>
<td>SMH Lefebvre</td>
</tr>
<tr>
<td>SOHN, Brenda</td>
<td>ClinFell</td>
<td>Gyne Endoscopy</td>
<td>SHHC Ternamian</td>
</tr>
<tr>
<td>SINASAC, Sarah</td>
<td>CF; PG 6,7</td>
<td>GyneOnc</td>
<td>SHSC Covens</td>
</tr>
<tr>
<td>Talukdar, Nayana</td>
<td>ClinFell</td>
<td>Repro Sciences</td>
<td>TCART Casper</td>
</tr>
<tr>
<td>Tremblay, Catherine</td>
<td>ClinFell</td>
<td>Gyne Surgery</td>
<td>SMH Lefebvre</td>
</tr>
<tr>
<td>Van Mieghem, Tim</td>
<td>ClinFell</td>
<td>MFM</td>
<td>MSH Maxwell</td>
</tr>
<tr>
<td>Weintraub, Amir</td>
<td>ClinFell</td>
<td>ReproSci</td>
<td>TCART Casper</td>
</tr>
<tr>
<td>Zebede, Saloman</td>
<td>ClinFell</td>
<td>UroGyne&amp;Re</td>
<td>MSH Lovatsis</td>
</tr>
</tbody>
</table>

### 3.3.2 Fellows by Program (as of Jul 21 2012)

<table>
<thead>
<tr>
<th>Fellow/Resident</th>
<th>Program</th>
<th>Site</th>
<th>Fellowship Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Melamed, Nir</td>
<td>ClinFell</td>
<td>AdvHRObs</td>
<td>SMH HSC Berger</td>
</tr>
<tr>
<td>2. Al-Hawash, Shadha</td>
<td>ClinFell</td>
<td>AdvObs</td>
<td>MSH Seaward</td>
</tr>
<tr>
<td>3. Ibrahim, John N</td>
<td>ClinFell</td>
<td>AdvObs</td>
<td>MSH Seaward</td>
</tr>
<tr>
<td>4. Al-Kudmani, Basheer</td>
<td>ClinFell</td>
<td>AdvOB</td>
<td>SHSC Hui</td>
</tr>
<tr>
<td>5. Drai-Hassid, Revital</td>
<td>ClinFell</td>
<td>AdvObs</td>
<td>SHSC Hui</td>
</tr>
<tr>
<td>6. Daniel, Ariadne</td>
<td>PGY6 &amp; 7</td>
<td>GREI</td>
<td>MSH Cruickshank</td>
</tr>
<tr>
<td>7. Garbedian, Kimberley</td>
<td>PGY6 &amp; 7</td>
<td>GREI</td>
<td>MSH Cruickshank</td>
</tr>
<tr>
<td>8. Jones, Claire</td>
<td>PGY6,7</td>
<td>GREI</td>
<td>MSH Cruickshank</td>
</tr>
<tr>
<td>9. Paterson, Nicole</td>
<td>PGY6,7</td>
<td>GREI</td>
<td>MSH Cruickshank</td>
</tr>
<tr>
<td>10. DAWOOD, Ashraf</td>
<td>ClinFell</td>
<td>Gyne Endoscopy</td>
<td>SJHC Ternamian</td>
</tr>
<tr>
<td>11. SOHN, Brenda</td>
<td>ClinFell</td>
<td>Gyne Endoscopy</td>
<td>SJHC Ternamian</td>
</tr>
<tr>
<td>12. BOUTET, Marianne</td>
<td>ClinFell</td>
<td>Gyne Surgery</td>
<td>SMH Lefebvre</td>
</tr>
<tr>
<td>13. Tremblay, Catherine</td>
<td>ClinFell</td>
<td>Gyne Surgery</td>
<td>SMH Lefebvre</td>
</tr>
<tr>
<td>14. McVey, Ruaidhri</td>
<td>ClinFell</td>
<td>GyneOnc</td>
<td>SHSC Covens</td>
</tr>
<tr>
<td>15. READE, Clare</td>
<td>CF; PG 6,7</td>
<td>GyneOnc</td>
<td>SHSC Covens</td>
</tr>
<tr>
<td>16. Segev, Yakir</td>
<td>ClinFell</td>
<td>GyneOnc</td>
<td>SHSC Covens</td>
</tr>
<tr>
<td>17. SINASAC, Sarah</td>
<td>CF; PG 6,7</td>
<td>GyneOnc</td>
<td>SHSC Covens</td>
</tr>
<tr>
<td>18. Eriksson, Lua</td>
<td>PGY 6 &amp; 7/</td>
<td>GyneOnc</td>
<td>SHSC/PMH Covens</td>
</tr>
<tr>
<td>19. Feigenberg, Tomer</td>
<td>ClinFell</td>
<td>GyneOnc</td>
<td>SHSC/PMH Covens</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Specialty</td>
<td>Program</td>
</tr>
<tr>
<td>---</td>
<td>------------------------</td>
<td>------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>20.</td>
<td>Qadri, Anita</td>
<td>ClinFell</td>
<td>GynOnc</td>
</tr>
<tr>
<td>22.</td>
<td>Evaniuk, Debra</td>
<td>ClinFell</td>
<td>MatureWH&amp;M</td>
</tr>
<tr>
<td>23.</td>
<td>Adanlawo, Moses</td>
<td>ClinFell</td>
<td>MFM</td>
</tr>
<tr>
<td>24.</td>
<td>Al-Anjari, Abdulmohsen</td>
<td>PGY6 &amp; 7</td>
<td>MFM</td>
</tr>
<tr>
<td>25.</td>
<td>Al-Obaidly, Sawsan</td>
<td>ClinFell</td>
<td>MFM</td>
</tr>
<tr>
<td>26.</td>
<td>Czikk, Marie</td>
<td>PGY6 &amp; 7</td>
<td>MFM</td>
</tr>
<tr>
<td>27.</td>
<td>D'Souza, Rohan</td>
<td>ClinFell</td>
<td>MFM</td>
</tr>
<tr>
<td>28.</td>
<td>El-Chaar, Darine</td>
<td>PGY6,7</td>
<td>MFM</td>
</tr>
<tr>
<td>29.</td>
<td>Hackmon, Rinat</td>
<td>ClinFell</td>
<td>MFM</td>
</tr>
<tr>
<td>30.</td>
<td>Higgins, Mary</td>
<td>ClinFell</td>
<td>MFM</td>
</tr>
<tr>
<td>31.</td>
<td>Hodges, Ryan</td>
<td>ClinFell</td>
<td>MFM</td>
</tr>
<tr>
<td>32.</td>
<td>Horgan, Richard</td>
<td>ClinFell</td>
<td>MFM</td>
</tr>
<tr>
<td>33.</td>
<td>Hunter, Tiffany</td>
<td>ClinFell</td>
<td>MFM</td>
</tr>
<tr>
<td>34.</td>
<td>Morency, Anne-Maude</td>
<td>PGY6,7</td>
<td>MFM</td>
</tr>
<tr>
<td>35.</td>
<td>Robinson, Na Tisha</td>
<td>ClinFell</td>
<td>MFM</td>
</tr>
<tr>
<td>36.</td>
<td>Van Mieghem, Tim</td>
<td>ClinFell</td>
<td>MFM</td>
</tr>
<tr>
<td>37.</td>
<td>Ang, Miriam</td>
<td>ClinFell</td>
<td>MIGS</td>
</tr>
<tr>
<td>38.</td>
<td>Shore, Eliane</td>
<td>ClinFell</td>
<td>MIGS</td>
</tr>
<tr>
<td>39.</td>
<td>Dubuc, Elise</td>
<td>ClinFell</td>
<td>PAG</td>
</tr>
<tr>
<td>40.</td>
<td>LAZER, Tal</td>
<td>ClinFell</td>
<td>ReproSci</td>
</tr>
<tr>
<td>41.</td>
<td>Dar, Shir</td>
<td>ClinFell</td>
<td>ReproSci</td>
</tr>
<tr>
<td>42.</td>
<td>Ahmadouh, Hend</td>
<td>ClinFell</td>
<td>RepBio</td>
</tr>
<tr>
<td>43.</td>
<td>Talukdar, Nayana</td>
<td>ClinFell</td>
<td>ReproSci</td>
</tr>
<tr>
<td>44.</td>
<td>Behan, Lucy</td>
<td>ClinFell</td>
<td>ReproSci</td>
</tr>
<tr>
<td>45.</td>
<td>Mitri, Frederick</td>
<td>ClinFell</td>
<td>ReproSci</td>
</tr>
<tr>
<td>46.</td>
<td>Weintraub, Amir</td>
<td>ClinFell</td>
<td>ReproSci</td>
</tr>
<tr>
<td>47.</td>
<td>Gomaa, Hala</td>
<td>ClinFell</td>
<td>ReproSci</td>
</tr>
<tr>
<td>48.</td>
<td>Bamanie, Elham</td>
<td>ClinFell</td>
<td>Urogynaecology</td>
</tr>
<tr>
<td>49.</td>
<td>Diamond, Phaedra</td>
<td>ClinFell</td>
<td>Urogyne &amp; RPS</td>
</tr>
<tr>
<td>50.</td>
<td>Hassonah, Seham</td>
<td>ClinFell</td>
<td>Urogyne &amp; RPS</td>
</tr>
<tr>
<td>51.</td>
<td>Medel, Sebastian</td>
<td>ClinFell</td>
<td>Urogyne &amp; RPS</td>
</tr>
<tr>
<td>52.</td>
<td>Leong, Yvonne</td>
<td>ClinFell</td>
<td>UroGyne&amp;Re</td>
</tr>
<tr>
<td>53.</td>
<td>Zebede, Saloman</td>
<td>ClinFell</td>
<td>UroGyne&amp;Re</td>
</tr>
<tr>
<td>54.</td>
<td>LO, Katherine</td>
<td>ClinFell</td>
<td>Urogynaecology</td>
</tr>
</tbody>
</table>
4.1. Undergraduate Education
Filomena Meffe, MD, FRCSC, MSc; Undergraduate Medical Education Director
July 16, 2012

Description of Clerkship:

The Obstetrics & Gynaecology Clerkship Rotation is six weeks in length. Approximately two weeks are spent in ambulatory care with attendance at prenatal and gynaecology clinics, two weeks in the labour and delivery and postpartum units, and two weeks in a combination of inpatient gynaecology, operating room, emergency room consultations and specialty clinics, depending on the site.

There are four main teaching sites: North York General Hospital, Sunnybrook Health Sciences Centre, St. Michael’s Hospital, and Mount Sinai Hospital. Details of rotations at each of teaching sites are provided in Appendix 4.1.1, which also describes how students are assigned to sites. In addition to these main sites, some students may spend a portion of their rotations (up to two weeks) at other sites, including Toronto East General Hospital, St. Joseph’s Health Centre, Credit Valley Hospital and Trillium Health Centre, and Princess Margaret Hospital.

Students also participate in overnight on-call duties with an average on-call frequency of 1 night in 5 to 1 in 6. While on-call, they attend the labour and birth suite, take part in emergency room consultations and any emergency gynaecologic surgery, and attend to other inpatient issues.

Consistency and equivalency amongst sites is maintained, as all students must rotate through the core clinical components: ambulatory care, inpatient gynaecology and inpatient obstetrics. The clinical problems and procedures that students need to experience, as specified by the objectives of the Obstetrics & Gynaecology Clerkship, as well as the T-Res encounters and procedures log, are attainable at all sites. High-risk obstetrics, gynaecologic oncology and gynaecologic urology are all available for students’ experience at all four core sites.

Notwithstanding, differences in practice patterns do exist among the sites, so that it is important to monitor student feedback on course evaluations regarding their experiences. The majority of students report a positive experience with exposure to a wide variety of clinical problems in both obstetrics and gynaecology at all sites.

Overview of Objectives:

The clerkship objectives were derived using a combination of sources and methods. Heavy emphasis was placed on the CanMEDS roles, which were further informed by the Medical Council of Canada objectives, the Association of Academic Professionals in Obstetrics and Gynaecology (APOG) medical student objectives, and the APGO (American) Women’s Health Objectives. The objectives were first reviewed and agreed upon by the Undergraduate
Medical Education (UME) Committee in Obstetrics and Gynaecology and then by the UME Curriculum Committee.

The objectives are provided on the course website. As well, students receive a hard copy of the course syllabus on the first day of the rotation; the syllabus contains a list of the seminar objectives and a handout for each of the 23 small group seminars given during the six weeks of the rotation. The curriculum directory entry for the OBS310Y course states all the rotation objectives categorized by CanMEDS roles, as well as the specific objectives for technical procedures and skills. Familiarity with these objectives is further reinforced by the student’s use of the daily clerkship encounter form, which lists all the corresponding CanMEDS roles with descriptors and the evaluation criteria.

Below, the objectives are described, firstly, within the overall CanMEDS framework, secondly, as they pertain to the specific learning environment, thirdly, as educational core objectives of procedures and problems, and fourthly, as the TRES list of mandatory encounters.

I. With respect to all the general competencies within the CanMEDS framework, the medical student should achieve the following (see Appendix 4.1.2 for detailed list):

A. General Competencies:
1. Medical Expert/Skilled Clinical Decision Maker: Demonstrate the ability to assess and manage common and important problems which women will present within the discipline of Obstetrics and Gynaecology and demonstrate competency in pelvic examination and other basic procedural skills relevant to the discipline of obstetrics and gynaecology.
2. Communicator/Doctor-Patient Relationship: Communicate effectively and empathetically with patients and their families during all clinical encounters (history-taking, obtain appropriate consent during procedures and examinations) and document thoroughly.
3. Collaborator: Establish and maintain effective working relationship with colleagues and other healthcare professionals, understand triaging and prioritization of care, and demonstrate knowledge of resources available to women.
4. Manager: Demonstrate appropriate and cost-effective use of investigations and treatments and develop an understanding of the factors contributing to resource issues in outpatient prenatal and gynaecology clinics, in-hospital labour and birth and postpartum units, and inpatient gynaecologic and peri-operative services.
5. Health Advocate: Respond to the individual woman’s health care needs and issues as part of patient care, as well as needs of the community, identify the determinants of health and understand methods to promote the health of individual women, communities and populations.
6. Scholar: Access and critically appraise the literature relevant to obstetrics and gynaecology care and understand the many unique learning and teaching opportunities available in Obstetrics and Gynaecology.
7. Professional: Attend scheduled and assigned teaching and clinical responsibilities and communicate absences with educational administrators and clinicians in a timely fashion.
Know when to ask for help. Protect information provided by or about patients, keeping it confidential, and divulge it only with the patient’s permission except when otherwise required by law.

II. Clerkship objectives are also provided for the various learning environments:

1. Ambulatory Care in Obstetrics and Gynaecology: Learning Objectives
2. Labour and Delivery Unit: Clinical Learning Objectives
3. Inpatient Gynaecology: Clinical Learning Objectives
4. Pelvic Exam Objectives and Pelvic Exam Policy
5. Basic Science in Obstetrics and Gynaecology: Learning Objectives
6. Seminar Objectives

III. Educational Core Objectives

1. Skills-Technical/Procedural:
   By the end of the Obstetrics and Gynaecology Clerkship rotation, the medical student should be able to perform the skills/procedures listed below. Competencies to complete these skills may be acquired during clinical shifts, seminars, or simulations.
   
   a. Bimanual Pelvic examination
   b. Speculum insertion
   c. Cultures of vagina and cervix
   d. Pap test
   e. Fetal heart rate tracing interpretation
   f. Auscultation of fetal heart with doptone
   g. Prenatal Examination
   h. Spontaneous vaginal birth
   i. Delivery and examination of placenta

2. Problem-Based Encounters
   By the end of the Obstetrics and Gynaecology Clerkship rotation, the student should be able to demonstrate an approach (including differential diagnosis, investigation and initial treatment) to women presenting for antenatal care, intrapartum care, gynaecological consultation (outpatient, inpatient, emergency room), and gynaecologic surgery, based on real or simulated encounters associated with the following issues:

   1. Abnormal vaginal bleeding
   2. Adnexal /pelvic masses
   3. Bleeding and/or pain in pregnancy (≥20 wks)
   4. Contraceptive methods
   5. Fetal wellbeing
   6. First or early second trimester complications (<20 wks)
   7. Genital tract infections
   8. Hypertension in pregnancy
   9. Irregular, infrequent or no periods
   10. Labour progress
11. Abnormal pap test counseling
12. Pelvic pain
13. Postpartum complications
14. Sexual history

IV. TRES Mandatory Encounters:

The T-Res logging program contains a list of clinical problems which students must encounter and a list of technical procedures/skills which they must perform during the course of the six weeks. This listing reflects the educational core objectives listed above but is more concise and further reminds students of the essential knowledge and skills they are expected to acquire. Students receive further information about objectives at orientation day on the first day of the rotation. Students use T-Res to keep track of their clinical encounters and procedures as well as the level of involvement in those procedures. A paper log of defined cases and procedures is also available if students prefer to maintain the paper log (see Appendix 4.1.3) during the day and then enter their encounters to T-Res at the end of the day. Students must meet with their assigned mentor or site clerkship coordinator at an assigned date and time at mid-rotation to review both their general progress in the rotation thus far and their T-Res Form 062, which lists the encounters they have seen and procedures in which they have participated.

Consensus, experience and knowledge of other programs across Canada allowed the members of the Obstetrics and Gynaecology Undergraduate Medical Education Committee to agree on a list of common procedural skills that students should be able to perform by the end of the six weeks.

Once the common clinical conditions and basic procedural skills were defined, it was evident that a broad range of clinical settings would be required to meet the objectives and these included outpatient obstetrical and gynaecological clinics, labour and birth suites, inpatient gynaecology and operating room participation, on-call opportunities and emergency room settings. The obstetrics and gynaecology clerkship rotation has always had these settings as significant components of the six-week program and clinical volume and variety have always been a great strength of our program.

The proposed list of encounters and procedures was then reviewed with the Deputy Clerkship Director and the Clerkship Director, and then also with the entire Clerkship Committee, before final approval.

Teaching Methods and Formats (Delivery):

Orientation:
All sites provide orientation for the medical students on the first day of the rotation. Within the second or third day of the rotation, the students also receive pelvic examination teaching, including a video review and practice on pelvic models.
Standardized Seminar Program (See Appendix 4.1.4):
The Obstetrics & Gynaecology clerkship delivers 23 one-hour small group seminars (most of which are problem-based, discussion format, but some are lecture style with question and answer opportunities) at each of the four major teaching sites: St. Michael’s Hospital, North York General Hospital, Mount Sinai Hospital, and Sunnybrook Health Sciences Centre. The seminars are designed to provide students with the knowledge and approach to address clinical problems to achieve the course objectives. Based on the basic knowledge objectives established through a review of objectives from the above-mentioned national organizations, a list of 23 seminar topics was chosen to capture the common clinical conditions within the discipline of obstetrics and gynaecology. Using the seminar topics as a guide, a list of common problems was then generated by consensus of the members of the Obstetrics and Gynaecology Undergraduate Medical Education Committee. This was cross-referenced to the curricular content and objectives of the Mechanisms, Manifestations and Management of Disease (MMMD) course (previously Foundations of Medical Practice) in the second-year medical school program to ensure that there was both continuity and further development of problem-solving skills moving from second year to third year. Discussions occurred with the section head of the three weeks in the MMMD program related to women’s health in order to ensure that the objectives of the course were being expanded on, both in depth and breadth, in the clerkship year. The section head for these three weeks is also the site clerkship coordinator at Mount Sinai Hospital and sits on the Obstetrics and Gynaecology Undergraduate Medical Education Committee.

All sites disperse the seminars throughout the six-week rotation, with one generally being given during each weekday. The timing may vary from site to site depending on the clinical activities of the faculty members at that site. For students who attend the Mississauga sites for clinical rotations, the seminars are videoconferenced from Mount Sinai Hospital to the Credit Valley Hospital and from St. Michael’s Hospital to the Trillium Health Centre. For students who are assigned to a subrotation at St. Joseph’s Hospital or Toronto East General Hospital, they first attend the seminars at their primary hospital site, either St. Michael’s Hospital or Mount Sinai Hospital, and then travel to their subrotation site for their clinical assignments. The ease of travelling by TTC and travel time of 30-40 minutes allows for students to arrive at their subrotation site in a timely fashion. There are plans to implement videoconferencing of the seminar program to both Toronto East General and St. Joseph’s Health Centre in order to further minimize travel.

Other Teaching Resources:
The clerkship syllabus is provided electronically on the course website. In addition, we have provided videos and objectives for pelvic examination teaching (New England Journal of Medicine Pelvic Exam Video and the Queen’s University Comprehensive FemalePelvic Examination). Students may also access a Multiple Choice Self-Testing module from the Association of Academic Professionals in Obstetrics and Gynaecology online. A link to the Society of Obstetricians and Gynaecologists of Canada (SOGC) website has also been provided on the course website so students can access links to clinical practice guidelines. Audio recordings of a majority of the seminar topics are also available on the course website. These recordings were made to provide students with the means to access teaching electronically if they were not attending the seminars in person.
Midrotation Feedback:
Currently, the site coordinator or student mentor meets with the student at the midpoint of the rotation to review both their general progress in the rotation thus far and their T-Res 062 form which lists the problems they have seen and procedures in which they have participated. In addition to reviewing T-Res Form 062 at mid-rotation, the mentor and/or site clerkship co-coordinator must also review the Obstetrics and Gynaecology mid-rotation feedback form (See Appendix 4.1.5) with the student and then complete this form on MedSIS (Medical Student Information System) soon after their meeting. Students are given feedback about their strengths and areas that require further work. If necessary, the site coordinator or mentor will re-configure the student’s clinical activities in the remaining three weeks to ensure that the course objectives are met. By the fourth week of the rotation, the course director reviews the status of the mid-rotation feedback for (complete/incomplete) on MedSIS and the T-Res 062 form (on the T-Res website) for every student in the block. If there are any incomplete mid-rotation feedback forms and/or inadequate progress on the T-Res 062 form, the course director will:

1. Notify the site supervisor or student mentor to remind them to meet with the student if they have not yet done so and to complete the mid-rotation feedback form.
2. Notify the students, as well as their mentors and/or site supervisors, that a plan will be required to ensure that all objectives are met in the remaining 2 weeks of the rotation.

In extreme cases, if the lack of progress was considered serious enough that the student’s ability to pass the course was in jeopardy and/or there was concern about the student’s wellbeing, the course director would be notified immediately and, if necessary, the Clerkship Director and/or Associate Dean, Health Professions Student Affairs would also be involved.

At the end of the rotation, students meet again with the site coordinator or mentor to review the T-Res report 064 and review the final ward/clinical evaluation form. Any students with an incomplete T-Res 064 form are brought to the attention of the Course Director immediately. Also, students are informed to email the T-Res 064 report directly to the Course Director and Undergraduate Administrative Coordinator for Obstetrics and Gynaecology in addition to bringing this form to the end of rotation exit interview with their site coordinator or mentor. This is to ensure that any incomplete T-Res 064 forms are reviewed by the Course Director as soon as possible. Students with incomplete T-Res 064 forms must meet with both the site coordinator and Course Director to devise and implement a plan to complete the required encounters and procedures in a timely fashion. Incomplete encounters are addressed through assignment of a clinical problem to work through and incomplete procedures are addressed either through a simulation or by scheduling more clinical time to complete the procedure(s). The undergraduate program has specified that all students must complete all the required encounters and procedures by six weeks after the end of year 3.
Methods for Assessing Student Performance

Clerkship Clinical Encounter Forms (See Appendix 4.1.6)
Students must collect ten clerkship encounter forms during the course of their six-week rotation in Obstetrics & Gynaecology, which are then compiled to complete the final ward evaluation form (worth one third of the final mark). The final ward mark will be incomplete if students do not have ten forms. This rule applies to every student at every site. The clerkship encounter form is based on the final ward evaluation form with regard to the CanMEDs roles and several competencies (listed below), and can be graded from a range of “unsatisfactory” to “outstanding” as well as a category for “not assessed”. Descriptors for each category are provided. These include several competencies related to core clinical skills. The student is expected to ask the supervisor at the end of a meaningful clinical encounter to complete the form, which then is sent to the site coordinator or mentor responsible for completing the student’s final evaluation. It is not always possible to evaluate every item on the form for every particular clinical encounter.

The supervisor is able to assess the student with regard to knowledge, skills and attitudes through direct observation (which is mandatory for pelvic examination), student oral reporting, verbal discussion, and review of dictated or written materials generated by the student. History-taking skills, oral presentation skills, pelvic examination skills, quality of written reports, clinical judgment, test interpretation, communication skills, collaboration skills, health advocacy skills, manager skills and demonstration of scholarly attitudes can be assessed. Faculty members have been instructed to complete the clerkship encounter form with the student present and to provide both written and verbal feedback at the end of the encounter.

Mandatory Observation of History-Taking and Pelvic Examination

Also, in response to the findings on the Canadian Graduation Questionnaire that history-taking by medical students is not observed as often as it ought to be during this rotation, a mandatory teacher-observed history-taking session has been implemented since May 2012. It has always been mandatory that medical students be supervised during a pelvic examination session, with overall performance being recorded on the clerkship encounter form. However, now with the additional implementation of a mandatory observation of history-taking, a new evaluation form has been designed for both observed history-taking and pelvic examination (See Appendix 4.1.7). This form was pilot-tested in the February-March 2012 block and finalized in May 2012. This newly-introduced evaluation measure has been reviewed and discussed at the Business Meetings of all sites and both faculty members and students have been orientated with regard to its use.

Final Examination:
The final examination contributes two thirds to the final mark for the course and includes:

1. a written component (worth 1/3 of final mark)
a. 30-question short answer component,
b. 20-question multiple choice component and

2. a structured oral examination (worth 1/3 of final mark)
   a. 2 questions based on obstetrical problems,
   b. 2 questions based on gynaecological problems.

Both examinations are conducted at each of the 4 primary teaching sites on the same day and similar timing. The structured oral examination is focused on evaluating core clinical skills related to the course. The questions are structured in that there is a standard scenario presented to the student, followed by specific questions for the student to answer. Clinical information is provided at key points of the oral examination for the student to interpret and evaluate as they develop a working diagnosis and management plan.

**Integrated OSCE**

The integrated OSCE was first introduced in the third year clerkship in 2010-11, with two OSCE examinations: one at the end of 24 weeks, and the other at the end of 48 weeks. Both examinations contain materials related to obstetrics and gynaecology content.

**Final Assessment:**

The final assessment is based on 3 components that are all worth one third of the final mark:

1. written examination (short answer questions: 30 total; MCQs 20 total)
2. structured oral examination (2 obstetrical questions, 2 gynaecology questions)
3. final ward assessment

The Mandatory Observed History and Pelvic Examination form must be submitted and all TRES objectives must be completed in order to successfully complete the course but these items are not graded. Students must obtain 60% or greater on each of the three components, written exam, oral exam and ward assessment, in order to pass the course. If a student obtains less than 60% on any of these three components, they have failed the course and remediation procedures, according to the Undergraduate Medical Education Program policy, will be put in place. Any student scoring between 60-70% on any of the three components will be assigned extra work by the course director. The extra work must be completed successfully to obtain credit in the course.

**Awards:**

Faculty:

A total of 7 yearly undergraduate awards for teaching excellence are given out to faculty members based on teaching effectiveness scores and written comments by students. One yearly Chair’s Award for Sustained Excellence in Undergraduate Teaching is given to a faculty member who has demonstrated consistent and sustained excellence in undergraduate teaching in their first 10 years as a faculty member.

Students:

Four undergraduate awards are given out to four final year students:

- Dr. Jacob Goldstein Scholarship in Obstetrics and Gynecology
- Hendry Memorial Scholarship
- Dr. Frederick R. Papsin Award
- Dr. Sidney M. Roselyn Tobin Compassionate Scholarship in Obstetrics and Gynecology
Residents:
There are plans, in collaboration with the Postgraduate Director, to create an undergraduate teaching award for residents which will be based on the resident’s teaching effectiveness scores and any written comments by students.

**Funding:**
The position of Undergraduate Director and Undergraduate Coordinator are funded by the Department of Obstetrics and Gynaecology.

**Quality Indicators:**

The student course evaluation data, both numerical and written feedback, are the primary source for analyzing the quality of the course. Data from faculty evaluations, seminar evaluations, and the Canadian Graduate Student Questionnaire are also taken into consideration.

The analysis below is based on course evaluation data from 2009-10 and 2010-11. The 2011-2012 data are not yet available, as the academic year will be completed on August 31, 2012 and complete data will not be available until mid October 2012. See Appendix 4.1.8 for Tables on Course Evaluation Data 2009-2010 & 2010-2011

**Percentage of students providing evaluation data:**

- 2010-2011: 196 / 224 = 88%
- 2009-2010: 207 / 225 = 92%

**Key findings include the following:**

1. The ratings of the quality of the rotation as a whole and its components were done using a scale of 1 = poor, 2 = fair, 3 = satisfactory, 4 = very good and 5 = excellent.

   a) The ratings of the rotation as a whole averaged 4.0 in 2009-10, and 3.8 in 2010-11. (Only 3.4% rated the rotation as fair or poor in 2009-10, and 5.1% in 2010-11.)

   b) In both years, several of the elements of the rotation were rated quite high (4.0 or higher): formal seminars (program coverage and syllabus), learning objectives (for seminars, ambulatory care, and labour and delivery), and informal teaching (office, labour and delivery). The elements that were rated relatively lower but still satisfactory were teaching during ward rounds (3.4 – 3.5) and in the operating room (3.4 both years).

2. The experiential aspects of the rotation were rated using a scale of 1 = strongly disagree, 3 = neutral, and 5 = strongly agree. A total of 14 aspects were rated, and in both years nine of them were rated 4.0 or higher, and all of them were at least 3.5. The obstetrical experience, in particular, was rated positively:
having an adequate number of obstetric patient experiences had an agreement mean score of 4.4 in both years;
• they were encouraged to follow patients in labour (4.3 and 4.2), and
• they felt they had the opportunity for hands-on experience in labour and delivery (4.3 and 4.0) and
• when asked in 2010-11, they agreed they were called for deliveries (4.1).

Ambulatory clinic opportunities were rated quite highly (score of 4.0 in both years); and there was good discussion of patients who had been assessed (4.4 in both years). Scores related to having an adequate number of gynaecology patients (3.4 and 3.6), involvement in the operating room (3.6 and 3.8), and in the emergency room (3.8 in 2010-11) were slightly lower but still satisfactory.

They agreed the balance of training and service was appropriate (4.1 and 4.0), and they felt quite well accepted on the team (3.9 and 3.8). Their ratings of being made to feel part of the team by the nurses were between 3.5 and 3.6, and getting instruction from the nurses that augmented their skill averaged 3.5 and 3.6.

Strengths:

1. Seminar Program – The seminar program is highly valued by the medical students based on their written feedback and numerical ratings. Medical students report that the program is well-integrated into the rotation and well-structured. The overwhelming majority of students prefer having one daily seminar spread out over the course of the six-week rotation rather than several seminars per day given over a few days at the beginning of the rotation. The existing system allows them to review smaller amounts of material at a constant pace. Students report that many seminars were informal, engaging, and encouraged participation, which was a more effective learning environment for them when compared to lecture-style seminars. Students reported that seminars were well-prepared and delivered with highly relevant topics that allow them to learn something every day. A much smaller number of students indicated that they would prefer receiving all the seminars within the first week of the rotation.

2. Excellent faculty teaching: Students have reported that the majority of faculty members are excellent to work with, they encourage students to improve their skills in a safe environment, they are eager and enthusiastic to teach, and are “stellar” at teaching and mentoring. They report an excellent ratio of staff to students in the majority of cases.

3. Excellent resident teaching: The residents have been described as “amazing” in their teaching. They are described as eager to teach, knowledgeable, helpful, friendly, invaluable, excellent to work with, willing to answer questions and able to create a good learning environment.

4. Great diversity and variety in patient problems and procedures

5. Students report sufficient “hands-on” experience in most clinical areas
6. Successful transition from Gynaecologic Teaching Patient program to pelvic model teaching and videos.

7. Successful implementation of mandatory mid-rotation feedback session for all students, with participation reaching 100%.

8. Involvement of community-affiliated sites in the clerkship teaching

9. Organization and implementation of a two-week Mississauga clinical rotation with videoconferencing of seminars from both Mount Sinai Hospital and St. Michael’s Hospital to Credit Valley Hospital and Trillium Health Centre, respectively. This initiative was started as a pilot project in 2010-11 with eight students (four from each of two blocks). In the year 2011-12, four students in each of the six blocks participated in the two-week Mississauga clinical assignment. Preliminary feedback from faculty members and students has been very positive thus far. For the year 2012-13, a total of 8 students will be participating in the 2-week Mississauga clinical subrotation, with 4 students assigned during weeks 2 and 3 and another 4 students assigned during weeks 4 and 5. Plans are already underway to secure 4 weeks of videoconferencing resources so that transmission of the videoconferencing between Mount Sinai to Credit Valley and St. Michael’s to Trillium may continue.

Quality Enhancement:

1. Although students rated the course syllabus as being “satisfactory” to “very good”, with some very positive written feedback (“the syllabus is an excellent resource”, “the notes were referred to during studying”, “the topics were useful”), there were still individual comments from students that the course syllabus was too long and too detailed, with too much variation in formatting, making it difficult to read and follow. In some handouts, the information seems outdated. The clerkship syllabus was reformatted and information updated for the academic year 2010-11 and the process was repeated again for 2011-12. For the academic year 2012-13, the student representatives, as well as the authors of the chapters, will review the syllabus for further updates;

2. About 45-50% of students had visited the course website, according to data collected from the final clerkship evaluation form. Some students commented that they did not find the website useful, some of the information was described as outdated or they did not need to access it because they were receiving the same information in hard copy. More educational resources and links have already been added to the course website, which should make the website more relevant and useful to the students. A standardized and simplified structure for all clerkship course websites was implemented for 2010-11 and this has helped improve the organization of the information.

3. Involving students in the operating room and inpatient gynaecology in an educationally effective manner still remains a challenge due to the trend towards minimally invasive interventions, increased percentage of surgical day care cases and decreased length of stay for inpatients. The Obstetrics & Gynaecology Undergraduate Committee members
(including student and resident representatives) have discussed ways to improve student engagement in the operating room and inpatient gynaecology activities. As well, the Course Director has recently met separately with the medical student representatives on the Obstetrics and Gynaecology Undergraduate Committee to discuss possible ways to enhance student learning. Student representatives have indicated that (1) linking gynaecology clinic activities and emergency room consultations with attendance in the operating room during the same week would help students improve their understanding of the process of surgical decision-making in gynaecological problems, and (2) having students do minor procedures (urinary catheter insertions, skin suturing for laparoscopic ports, pelvic examination under anaesthesia (with patient consent) would help engage students further. The student representatives have agreed to poll their classmates for further ideas. This information will be presented at an upcoming Undergraduate Committee meeting for further discussion and development of an action plan.

4. There is the potential in some settings for there to be an excessive number of learners (students and residents together) and also the potential for students to have less meaningful responsibility for patient care. This has been noted in some comments on the Canadian Graduation Questionnaire feedback, and also on the Independent Student Analysis for the Accreditation (ISA). Among the year 3 students, a relatively low proportion of students (64.1%) agreed or strongly agreed that they had meaningful responsibility for patient care on the Obstetrics & Gynaecology rotation, while among year 4 students, 74.6% (reflecting on their year 3 rotation) agreed or strongly agreed. The Course Director and course committee are aware of these findings. It is noteworthy that on internal course evaluations, students report on average a very good level of involvement in the care of patients in labour, as summarized in the quantitative data above. It appears that the likely reason for the relatively lower proportion of students feeling an adequate level of involvement relates to the issues identified immediately above; i.e., a lower level of involvement in the operating room, ward and, possibly, emergency room. The course committee will carefully review this issue during 2011-12, and particularly scrutinize feedback from the new learning environment survey that includes specific questions about the degree to which students perceive themselves to be meaningfully involved in patient care. This will permit the committee to identify any patterns where the level of involvement is especially low, for instance at a particular site, and facilitate intervention. Student representatives’ input will also be sought. As well, site coordinators will be discussing these issues with faculty members in their departments at Business meetings to increase awareness and provide tips on how to involve students more in clinical care.

5. Students rate their agreement with the statement that “nurses make them feel like part of the team” and “help them augment their skills” between “neutral” and “agree”. Individual comments from students occasionally describe difficulty in accessing clinical experiences in the labour and delivery unit because of tensions with the nursing staff. However, many students describe very positive interactions with nursing staff and valuable interprofessional learning. The Obstetrics & Gynaecology site directors will continue to work hard to ensure that nursing administrators and educators remain
sensitive to medical student learning needs and orientate their staff to the medical students’ objectives. Some sites have incorporated nurses as mentors to medical students in the labour and birth department, which has proven to be a useful process.

6. After eliminating the use of standardized patients to teach the pelvic examination during third year clerkship, pelvic models and videos were introduced. All students receive orientation on pelvic examination using the models and have access to the Queen’s University video on this subject, produced by Dr. Robert Reid. Some students find the pelvic models stiff and unrealistic but realize that it is important to practice on the models prior to seeing patients in the clinics. Other students find the orientation somewhat repetitive because they receive a similar orientation during their Family & Community Medicine clerkship rotation, and on four of the six blocks students have completed their Family & Community Medicine clerkship rotation before they come to the Obstetrics & Gynaecology clerkship. After much consideration of this issue, a decision was made to continue with the pelvic examination orientation. Many students have commented that repetition is important with regard to pelvic examination teaching, especially since there is no practical pelvic examination teaching in the Preclerkship. Also, opportunities to perform pelvic examinations on patients during the Family & Community Medicine clerkship is variable, depending on who the student’s preceptor is, whereas in the Obstetrics & Gynaecology clerkship, it is the main physical examination component of outpatient and inpatient encounters.

7. Some male medical students have reported that it is more difficult for them to get permission from patients to be involved in their care, especially with regard to performing pelvic examinations. For some patients, there are religious and/or cultural reasons for declining male medical student involvement. We have made an attempt to pair male medical students with male faculty members to improve patient acceptance. The Chair has sent a notice to each Obstetrician and Gynaecologist-in-Chief explaining that it has come to his attention that male medical students may be at a disadvantage compared with their female colleagues with respect to performing pelvic examination during their clerkship rotation and asking that each of them discuss this issue with their nursing managers, faculty and staff. At our undergraduate committee meetings, site coordinators have been instructed to speak with nursing staff at their sites about how they introduce students to patients and request that the nursing staff in clinics simply inform patients that a medical student will be involved in the clinic without specifying the gender of the student. Site coordinators have also been asked to ensure that there are signs in the waiting room informing patients about the affiliation of the unit with the University and that it is a teaching site for medical students. This complex issue has been discussed at University Department Executive and site departmental business meetings. A task force will be struck, consisting of faculty members, residents and medical students to discuss this issue in greater depth and to make recommendations which will facilitate the male medical student access to these clinical experiences.
Challenges to Overcome:

In spite of the above successes, there remain smaller challenges. There is a continuing effort to optimize the rotation and, to that end, work is continuing by the departmental clerkship committee to address the following issues:

1. Continue to monitor student access to ambulatory care gynaecology experiences and work with the teaching sites to increase access, where required, in response to student feedback and student needs.

2. Implementing a six-week Obstetrics & Gynaecology clerkship program by 2013 at the Mississauga Academy which can deliver the complete set of 23 seminars in the standardized seminar program. Extensive support and faculty development with the departments have begun and will continue over the next 18 months.

3. Implement available videoconferencing technology for the purposes of delivering the seminar program to students at St. Joseph’s Health Centre and Toronto East General Hospital. This would minimize travel requirements for students assigned to these subrotation sites.

4. Increase access of male medical students to patient interactions through increased awareness and task force recommendations.

5. Promote involvement of faculty members in taking leadership positions in undergraduate committees such as Electives Committee, Integrated OSCE committee, Transition to Residency Committee.
Appendix 4.1.1 – Details of Rotation at Each of the Teaching Sites

**North York General Hospital:** 3 weeks of the rotation are spent in Labour and Delivery (a week in the beginning, middle and end of the rotation) and 3 weeks in an ambulatory care setting. During the labour and birth experience, students are paired with a nurse preceptor, which helps to expose students to interprofessional teams. For the ambulatory care component, the student spends 3.5 – 4 days of the first week with a staff gynaecologist, the second week in hospital ambulatory clinics (biophysical profiles clinic, medical disorder clinic, genetic counselling clinic, etc.) and a third week dedicated to the ward and operating room.

**Sunnybrook Health Sciences Centre** (previously Women’s College Hospital Site): The students spend 2 weeks in Labour and Delivery, 1 week in high risk clinic, 2 weeks with an assigned staff person following them in clinics and operating room and 1 week in a combination of activities, including gynaecology operating room, emergency room consultations, inpatient ward rounds, and a choice of attending either reproductive endocrinology and infertility, midwifery clinic or gynaecologic oncology clinic for one day. When students are with their assigned staff person for 2 weeks they complete 9 full clinic days.

**St. Michael’s Hospital:** The students spend 2 weeks in ambulatory care clinics, 2 weeks in labour and birth, one week in gynaecology inpatient and operating room, and one week in a combination of various other clinical settings. Six of the nine or ten students assigned to St. Michael’s spend 2 weeks at St. Joseph’s Health Centre in outpatient activities, operating room, inpatient gynaecology, and labour and birth. In the academic year 2010-11, a pilot program was initiated where 2 students in 2 blocks only were assigned to Trillium Health Centre for the middle two weeks of the rotation. This initiative was introduced in preparation for the year 2013 when clerkship will commence at the Mississauga Academy of Medicine. Two students volunteered for the assignment and two students were chosen randomly to fill the other two spots. The Course Director met with students prior to the start of the 2-week assignment to discuss any student concerns and to arrange transportation to Mississauga by taxi for any students who did not have their own means of transportation. Also, videoconferencing of all seminars from the St. Michael’s Hospital site to the Trillium site was arranged to facilitate student participation in the formalized seminar teaching program at their assigned site. Arrangements were made to have students dropped off at the Trillium site by taxi by 7:20 am in order to tune into the videoconferencing by 7:30 am. Students at Trillium were then ready to proceed to clinical duties by 8:30 am. In the academic year 2011-12, two students in every block will be given the opportunity to attend the Trillium Health Centre for two weeks of their six week rotation with similar mechanisms for travel and videoconferencing in place.

**Mount Sinai Hospital:** The students spend two weeks with their mentor doing eight full days in clinic during this time. One week is spent in labour and delivery (including one day where the student is paired with a nurse preceptor), one week in gynaecologic oncology (colposcopy clinic, gynaecologic oncology clinic and, possibly, operating room experience), one week in a community setting (St. Joseph’s Health Centre or Toronto East General Hospital) and one week filling gaps in their clinical experiences with any of the above experiences available. For example, if the student’s mentor is primarily involved in obstetrics, then time would be scheduled in gynaecology clinic during that week. As part of the same pilot project as described
above for St. Michael’s Hospital, two students, in two blocks only, were assigned to Credit Valley Hospital in Mississauga during the 2010-11 academic year. Once again, two students volunteered and two were randomly assigned for this pilot project. Videoconferencing and taxi transportation were arranged for the students as described above. For 2011-12, two students in every block will be given the opportunity to attend Credit Valley Hospital for two weeks of their six-week rotation, with similar mechanisms in place for travel and videoconferencing.
Appendix 4.1.2 - Obstetrics and Gynaecology Clerkship - OBS310Y

2011-2012 – Detailed Course Objectives:

The Obstetrics and Gynaecology Clerkship rotation is designed to further develop and consolidate the knowledge, skills and attitudes acquired in preclerkship and to achieve clinical competence in managing common and important clinical problems that women may present within the discipline of obstetrics and gynaecology. The Obstetrics and Gynaecology Clerkship objectives are based on the CanMEDS competencies and meet the ED-2 standard of the LCME-CACMS.

A. General Competencies:
   1. Medical Expert/Skilled Clinical Decision Maker
   2. Communicator/Doctor-Patient Relationship
   3. Collaborator
   4. Manager
   5. Health Advocate/Community Resources
   6. Scholar
   7. Professional

B. Educational Core Objectives:
   1. Skills – Technical/Procedural
   2. Problem Based Encounters

With respect to all the general competencies, the medical student should achieve the following:

A. General Competencies:
   1. Medical Expert/Skilled Clinical Decision Maker
      a. Demonstrate the ability to assess and manage common and important problems which women will present within the discipline of Obstetrics and Gynaecology.
      b. Demonstrate the ability to take an obstetrical, gynaecological and sexual history.
      c. Develop a working differential diagnosis and management plan.
      d. Develop plans for investigation and interpret these investigations.
      e. Understand and explain the risks and benefits of investigations and treatments.
      f. Demonstrate competency in pelvic examination and other basic procedural skills relevant to the discipline of obstetrics and gynaecology (see B.1)

   2. Communicator/Doctor-Patient Relationship
      a. Communicate effectively and empathetically with patients and their families.
      b. Ensure that women have given informed consent before conducting and/or being present for examinations or procedures.
      c. Communicate effectively, respectfully and empathetically with women while performing and/or assisting at examinations and/or procedures.
      d. Demonstrate thorough and clear documentation and charting with concise recording of pertinent positive and negative findings.
      e. Demonstrate the ability to council and educate patients and families.
      f. Provide clear discharge instructions for patients and ensure appropriate follow-up care.
g. Demonstrate the ability to present a patient case in a clear, concise and complete manner.

3. Collaborator
   a. Establish and maintain effective working relationship with colleagues and other healthcare professionals.
   b. Demonstrate an understanding of the concept of triage and prioritization of care in management of multiple patients simultaneously in the labour and birth unit.
   c. Demonstrate knowledge of other resources available to women when providing prenatal, intrapartum, postpartum and gynaecological outpatient and inpatient care.
   d. Maintain respect for the role of the patient’s primary care provider by ensuring that the provider is informed about the patient’s care plan.

4. Manager
   a. Demonstrate appropriate and cost-effective use of investigations and treatments.
   b. Develop an understanding of the organizational skills and efficiency required in managing patients and maintaining patient flow.
   c. Develop an understanding of the factors contributing to resource issues in outpatient prenatal and gynaecology clinics, in-hospital labour and birth and postpartum units, and inpatient gynaecologic and peri-operative services.

5. Health Advocate:
   a. Respond to the individual woman’s health care needs and issues as part of patient care.
   b. Understand the health needs of the community of women served by the health care unit.
   c. Identify the determinants of health of the population of women that is served by the health care unit.
   d. Understand methods to promote the health of individual women, communities and populations.

6. Scholar
   a. Access and critically appraise the literature relevant to obstetrics and gynaecology care.
   b. Understand the many unique learning and teaching opportunities available in Obstetrics and Gynaecology.

7. Professional
   a. Attend scheduled and assigned teaching and clinical responsibilities in a timely fashion.
   b. Communicate with educational administrators and clinicians when not able to attend scheduled assignments in a timely fashion.
   c. Recognize and accept his or her limitations and know when to ask for help.
   d. Protect information provided by or about patients, keeping it confidential, and divulge it only with the patient’s permission except when otherwise required by law.
   e. Be reliable and responsible in fulfilling obligations.
   f. Recognize situations where common medical errors may occur.
B. Educational Core Objectives

1. Skills-Technical/Procedural:
By the end of the Obstetrics and Gynaecology Clerkship rotation, the medical student should be able to perform the skills/procedures listed below. Competencies to complete these skills may be acquired during clinical shifts, seminars, workshops, or simulations.
   a. Bimanual pelvic examination
   b. Vaginal speculum insertion
   c. Cultures of vagina and cervix
   d. Pap test
   e. Fetal heart rate tracing interpretation – normal and abnormal tracings
   f. Fetal heart auscultation with doptone
   g. Leopold manoeuvres
   h. Symphysis fundal height measurement
   i. GBS (group B streptococcus) culture for antenatal screening
   j. Nitrazine test for SROM (spontaneous rupture of membranes)
   k. Fern testing for SROM
   l. Cervical examination during labour
   m. Spontaneous vaginal birth
   n. Delivery and examination of placenta
   o. Obtaining cord blood

2. Problem Based Encounters
By the end of the Obstetrics and Gynaecology Clerkship rotation, the student should be able to demonstrate an approach (including differential diagnosis, investigation and initial treatment) to women presenting for antenatal care, intrapartum care, gynaecological consultation (outpatient, inpatient, emergency room), and gynaecologic surgery, based on real or simulated encounters listed with the following issues:

Gynaecological:
1. Abnormal vaginal bleeding (pre and postmenopausal)
2. Adnexal mass and/or ovarian cyst
3. Amenorrhea/oligomenorrhea
4. Contraceptive methods
5. First trimester or early second trimester complications:
   - Spontaneous abortion,
   - Unwanted pregnancy and therapeutic abortion,
   - Ectopic pregnancy,
   - Recurrent pregnancy loss
6. Dysmenorrhea
7. Dyspareunia
8. Endometriosis
9. Fibroids
10. Genital tract infections
11. Incontinence
12. Infertility
13. Irregular periods
14. Menopausal counselling
15. Pap test counselling
16. Pelvic pain – acute and chronic
17. Post gynaecologic surgery complications
18. Sexual disorders
19. Urogenital prolapse/disorder
20. Vaginal discharge
21. Vulvar lesion or pruritus

**Obstetrical:**
1. Antepartum haemorrhage
2. Assisted birth (vacuum, forceps, Cesaerean delivery)
3. Fetal wellbeing issues:
   - Genetic screening and prenatal diagnosis
   - Small/large for gestation age fetus
   - Management of Rh negative status
   - Fetal demise
4. Diabetes in pregnancy
5. Hypertension in pregnancy
6. Induction of labour
7. Labour progression – normal and abnormal
8. Pain management in labour
9. Preterm labour
10. Preterm premature rupture of membranes
11. Nausea and vomiting in pregnancy
12. Postpartum care and complications
   - Postpartum hemorrhage
   - Postpartum fever
   - Postpartum mood disorder
13. Obstetrical emergencies
14. Obstetrical ultrasound
# Appendix 4.1.3: TRES Manual Logging Sheet

## Obstetrics & Gynaecology

Use this sheet to manually record your patient encounters/procedures. Then transfer the data to T-Res at www.t-res.net at a more convenient time.

### Encounters

<table>
<thead>
<tr>
<th>Category</th>
<th>Goal</th>
<th>Real</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal vaginal bleeding (pre or post-menopausal)</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>Adnexal/pelvic mass</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bleeding in pregnancy (&gt;20 wks)</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>Contraceptive methods</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>Fetal well being issues (including genetic screening)</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>First or early second trimester complications (&gt;20 wks)</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>Genital tract infections/vaginal discharge</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>Hypertension in pregnancy</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Irregular/in frequent/no periods</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>Labour progress (normal or abnormal)</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>Pain in pregnancy (&gt;20 wks)</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>Pap test counselling re: abnormal</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pelvic pain/dyspareunia/dysmenorhea</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>Postpartum complications</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sexual history</td>
<td>1</td>
<td>R</td>
</tr>
</tbody>
</table>

### Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Goal</th>
<th>Real</th>
<th>Level of Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bimanual pelvic exam</td>
<td>1</td>
<td>R</td>
<td>B</td>
</tr>
<tr>
<td>Cultures - vagina and/or cervix</td>
<td>1</td>
<td>R</td>
<td>B</td>
</tr>
<tr>
<td>Fetal heart rate by stethoscope</td>
<td>1</td>
<td>R</td>
<td>B</td>
</tr>
<tr>
<td>Fetal heart rate tracing interpretation</td>
<td>1</td>
<td>R</td>
<td>B</td>
</tr>
<tr>
<td>Pap test</td>
<td>1</td>
<td>R</td>
<td>B</td>
</tr>
<tr>
<td>Placental delivery and examination</td>
<td>1</td>
<td>R</td>
<td>B</td>
</tr>
<tr>
<td>Prenatal exam - foetal manoeuvres, symphysis fundal height</td>
<td>1</td>
<td>R</td>
<td>B</td>
</tr>
<tr>
<td>Speculum insertion</td>
<td>3</td>
<td>R</td>
<td>B</td>
</tr>
<tr>
<td>Spontaneous vaginal delivery</td>
<td>1</td>
<td>R</td>
<td>B</td>
</tr>
</tbody>
</table>

### Patient Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Real?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Legend

- **Goal**: Number of Encounters/Procedures
- **Real**: “R” must be a real patient
- **Level of Involvement**: Minimum
  - A. Observe procedure
  - B. Perform with assistance or assist someone else
  - C. Perform independently

---

**Student**

1. Please input all entries into T-Res system on a regular basis.
2. Mid Rotation - Please bring an updated T-Res Report 002 to your mid rotation meeting.
3. End Rotation - Please send an updated T-Res Report 004 to the Course Director.
Appendix 4.1.4: Standardized Seminar Program

Obstetrics:
1. Antepartum Care
2. Intrapartum Care
3. Postpartum Care
4. Pregnancy and Hypertension
5. Medical Disorders in Pregnancy
6. Antepartum and Postpartum Haemorrhage
7. Abnormal Labour and Obstetrical Emergencies-Part 1
8. Abnormal Labour and Obstetrical Emergencies-Part 2
9. Preterm Labour and PPROM
10. Fetal Complications-Part 1
11. Fetal Complications-Part 2

Gynecology:
12. Vulvar and Vaginal Disease and Lower Genital Tract STI’s
13. Acute Pelvic Pain, Cervicitis, and PID
14. Chronic Pelvic Pain
15. Early Pregnancy Complications
16. Infertility and Recurrent Pregnancy Loss
17. Menstrual Abnormalities in Premenopausal Women – Part 1
18. Menstrual Abnormalities in Premenopausal Women – Part 2
19. Contraception and Pregnancy Termination
20. Preinvasive and Invasive Diseases of the Lower Genital Tract
21. Pelvic Masses – Benign and Malignant Ovarian Neoplasms
22. Postmenopausal Bleeding and Endometrial Cancer
23. Menopause and Urogenital Aging
## Appendix 4.1.5 – Midrotation Feedback Form

**THIRD YEAR CLERKSHIP MID-ROTATION PROGRESS REPORT**  
**UNIVERSITY OF TORONTO, DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY**

Student Name: ______________________________  
Rotation: ____________  

Date, Time, Location of Meeting: ________________________________________________________

**PLEASE CHECK ONE:**  

<table>
<thead>
<tr>
<th>MEETING EXPECTATIONS</th>
<th>NOT MEETING EXPECTATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History Taking</td>
<td>□</td>
</tr>
<tr>
<td>2. Pelvic Exam Skills</td>
<td>□</td>
</tr>
<tr>
<td>3. Factual Knowledge</td>
<td>□</td>
</tr>
<tr>
<td>4. Labour and Delivery Skills</td>
<td>□</td>
</tr>
</tbody>
</table>
| 5. Differential Diagnosis/  
  Clinical Judgment   | □                        | □                        |
| 6. Oral Presentation  | □                        | □                        |
| 7. Written Records    | □                        | □                        |
| 8. Professionalism    | □                        | □                        |

TRES 064 Report Reviewed  
Yes  
No

**AREAS NEEDING ATTENTION:**

**SUGGESTIONS FOR IMPROVEMENT:**

Mentor/Co-coordinator: ______________________________  
Signature: ________________________________________

Student’s Signature: ______________________________  
Date: ____________________
### Appendix 4.1.6: Department of Obstetrics and Gynaecology – U of T

#### Clerkship Encounter Form

<table>
<thead>
<tr>
<th>Student’s Name: ___________________________________</th>
<th>Reviewed Form With Student: Yes ☐  No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor’s Name: _______________________________</td>
<td>Supervisor Signature:</td>
</tr>
<tr>
<td>Date: _______</td>
<td>Duration of Encounter (e.g. 1 hr, ½ day, etc.):</td>
</tr>
<tr>
<td>Setting: Gyn Clinic ☐  Obs Clinic ☐  OR ☐  L&amp;D ☐  ER ☐</td>
<td></td>
</tr>
<tr>
<td>Encounter: History Taking ☐ (Observed ☐  Not Observed ☐)  Oral Presentation ☐  Written Report ☐  Pelvic Exam ☐  Technical Procedure ☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency</th>
<th>Unsatisfactory</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expert: Knowledge</td>
<td>Wide gaps</td>
<td>Comprehensive knowledge</td>
<td></td>
<td>Advanced &amp; complex knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Expert: History Taking</td>
<td>Always incomplete</td>
<td>Usually complete, systematic</td>
<td></td>
<td>Always concise, precise, even if complex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Expert: Pelvic Exam</td>
<td>Misses major findings; insensitive</td>
<td>Usually detects major findings; sensitive</td>
<td></td>
<td>Performs well even when difficult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Expert: Test Interpretation</td>
<td>Unable to interpret</td>
<td>Usually interprets appropriately</td>
<td></td>
<td>Exceptional understanding test results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Expert: Clinical Judgment</td>
<td>Inappropriate management in all settings</td>
<td>Usually reasonable approach</td>
<td></td>
<td>Exceptional judgment of the complex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Expert: Technical Procedure</td>
<td>Unable to perform basics; avoids procedures</td>
<td>Performs basics safely</td>
<td></td>
<td>Exceptional skill for advanced procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicator: Patient and Family</td>
<td>Insensitive, lack of concern, remote</td>
<td>Good rapport, shows concern, sensitive</td>
<td></td>
<td>Exceptional rapport, warmth and empathy even if difficult area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicator: Written Records</td>
<td>Incomplete, illegible, disorganized</td>
<td>Generally complete, legible, organized</td>
<td></td>
<td>Thorough, concise, sensitive even in complex situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicator: Oral Report</td>
<td>Incomplete, illogical, difficult to follow</td>
<td>Usually complete, accurate and clear; some interruption to flow</td>
<td></td>
<td>Exceptional ability to present confidently even complex situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborator: Team Participation &amp; Interdisciplinary Care</td>
<td>Uncooperative, poorly integrated; unaware of other health care providers</td>
<td>Functions well as team member; understands use of consultants</td>
<td></td>
<td>Offers to take on extra tasks; Understands how professionals collaborate even if challenging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager: Health Care Resources</td>
<td>Unaware of appropriate use of resources</td>
<td>Aware of resources; knows how to access</td>
<td></td>
<td>Exceptionally wise in resource management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholar: Self-directed learner and contribution to other learning events; Use of evidence-based approach</td>
<td>No effort at self directed learning; late or absent for teaching sessions; never uses evidence based medicine</td>
<td>Demonstrates self directed learning; some contribution to rounds; will research topics for evidence based approaches to management issues</td>
<td></td>
<td>Requests and learns from all feedback; seeks knowledge; volunteers for extra learning tasks even if challenging</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Professional Behaviour:** Unsatisfactory (Explain) ☐  Satisfactory ☐

**Comments:**

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Appendix 4.1.7

OBS 310Y OBSERVED HISTORY AND PHYSICAL ASSESSMENT FORM

ITEMS TO BE CONSIDERED IN ASSESSING PERFORMANCE

INSTRUCTIONS TO OBSERVER

It is now mandatory that all students be observed and evaluated for at least one history-taking session and one physical examination session during each core rotation. Although, students have always been supervised during pelvic exams, they have not always been formally evaluated. You may be asked by the student to observe either a history-taking session and/or a pelvic exam session and then complete their evaluation form. If time permits, your assistance as an observer would be greatly appreciated.

Observe the student interaction with the patient during a history-taking session. A 10-15 minute period of observation is recommended to be able to rate the items on the next page. Descriptor anchors “unsatisfactory,” “good” and “excellent” performances have been provided. Read each carefully when determining where the student belongs along the continuum. The student will present you with this evaluation form. Please complete, date, and sign it and return it to the student. It is the student’s responsibility to submit this form to their site supervisor.

Any student performing a pelvic examination must be supervised by a health care professional. If you are supervising a student during a pelvic exam, please take the opportunity to rate the student’s performance. The student will present you with this form. Please complete, date, and sign it and return it to the student. It is the student’s responsibility to submit this form to their site supervisor.

Please note that either one or two observers may be involved in completing this form.

INTERVIEW PROCESS

- **Introduction:** Introduces and identifies self, uses patient’s name, ensures patient aware of purpose of encounter.
- **Vocabulary:** Easily understood, avoids medical jargon, clarifies historian’s terms.
- **Technique:** Mixes open & closed questions. Controls pace & direction of interview. Asks one question at a time.
- **Patient-Centered:** Shows awareness of patient agenda, listens attentively, avoids repetitious questions, respectful & empathetic to patient, nonjudgmental.
- **Non-verbal technique:** Good eye contact, seems at ease.

HISTORY CONTENT

- **Problem Definition:** Recognizes & obtains full description of chief complaint and associated symptoms. Follows logical sequence.
- **Comprehensiveness:** Depending on the period of observation, the student may be assessed on their comprehensiveness with respect to obtaining relevant information:
  - Obstetrical and gynecological history
  - Past medical history
  - Family history
  - Social history
  - Functional inquiry

PELVIC EXAMINATION

- **Communication Skills:** Respectful, empathetic, explains exam, observes patient for reaction or discomfort.
- **Positioning and Draping:** Ensures proper positioning, readjusts drapes if necessary.
- **Preparation and Insertion of Vaginal Speculum:** Checks speculum, prepares speculum for insertion, proper technique to minimize patient discomfort, stops/pauses if necessary.
- **Bimanual Examination Technique:** Uses correct technique, describes findings, checks for patient reaction/discomfort.

Version: Feb 14 2012
# OBS 310Y OBSERVED HISTORY AND PHYSICAL ASSESSMENT FORM

## HISTORY

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major gaps in data gathering resulting in inability to deal with patient’s problem. Inadequately explores dimensions of the chief complaint. Does not ask about patient negatives/positives.</td>
<td>Obtains sufficient information to deal with patient’s problem. Explores most of the dimensions of the presenting complaint. Asks pertinent negative/positive.</td>
<td>Obtains complete information to deal with patient’s problem. Explores all dimensions of the presenting complaint and its impact on patient’s health and well-being.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ORGANIZATION**

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibits no logic or flow in approach to patient which interferes with data gathering.</td>
<td>Organized, thoughtful approach.</td>
<td>Organized, focused, opportunistic approach to maximize data gathering.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMUNICATION: verbal**

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language structure difficult to understand by patient. Interferes with data gathering.</td>
<td>Language appropriate &amp; understandable to patient.</td>
<td>Language skills result in full understanding &amp; put the patient at ease.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMUNICATION: non-verbal**

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misses non-verbal cues or fails to engage or ambiguates patient.</td>
<td>Picks up major cues &amp; demeanor is acceptable for patient.</td>
<td>Picks up even subtle cues &amp; engages the patient in easy interaction.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Examples/Comments/Areas Requiring More Work:**

---

**PELLIC EXAM**

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

**POSITIONING/DRAPPING**

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper or no attention to draping, improper positioning. No attention to patient comfort or makes patient uncomfortable.</td>
<td>Proper positioning and draping. Puts patient at ease.</td>
<td>Proper positioning and draping. Puts patient at ease. Checks with patient and readjusts positioning and draping.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PREPARATION & INSERTION OF VAGINAL SPECULUM**

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

**BI-MANUAL EXAMINATION TECHNIQUE**

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improper technique. Unaware of patient cues or does not pause/stop if patient uncomfortable. Not able to describe findings. Not able to give any interpretation of findings.</td>
<td>Proper technique. Usually aware of patient cues. Able to report findings but not always accurate interpretation.</td>
<td>Proper technique. Always aware of patient cues and readjusts technique. Able to report findings and always accurate interpretation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Examples/Comments/Areas Requiring More Work:**

---

**Date**

---

Student’s Signature | Observer’s Signature

---

Version: Feb 14 2012
### Appendix 4.1.8: Course Evaluation Data 2009-10 and 2010-11
#### 2009-10 Year Three Clerkship Obstetrics & Gynaecology Evaluation

#### Table 1: Ratings of Different Aspects of the Rotation

*Based on your own experience, please evaluate the following aspects:*

<table>
<thead>
<tr>
<th>ASPECT of ROTATION</th>
<th>Percentage of Responses by Category</th>
<th>Mean Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
<td>Fair</td>
</tr>
<tr>
<td>1. Orientation</td>
<td>1.4</td>
<td>1.9</td>
</tr>
<tr>
<td>2. Formal Seminars:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Program Coverage</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>2.2 Syllabus</td>
<td>1.4</td>
<td>2.4</td>
</tr>
<tr>
<td>3. Learning Objectives for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Seminars</td>
<td>--</td>
<td>1.5</td>
</tr>
<tr>
<td>3.2 Ambulatory Care</td>
<td>--</td>
<td>2.4</td>
</tr>
<tr>
<td>3.3 Gyn Inpatient</td>
<td>1.5</td>
<td>8.5</td>
</tr>
<tr>
<td>3.4 Labour &amp; Delivery</td>
<td>--</td>
<td>1.5</td>
</tr>
<tr>
<td>4. Informal Teaching:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Office</td>
<td>1.0</td>
<td>2.9</td>
</tr>
<tr>
<td>4.2 Ward Rounds</td>
<td>4.4</td>
<td>12.6</td>
</tr>
<tr>
<td>4.3 Labour &amp; Delivery</td>
<td>1.4</td>
<td>3.9</td>
</tr>
<tr>
<td>4.4 OR</td>
<td>5.8</td>
<td>14.1</td>
</tr>
<tr>
<td>5. Acceptance on Team</td>
<td>1.4</td>
<td>6.8</td>
</tr>
<tr>
<td>6. OVERALL RATING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, how would you rate your rotation in Obs/Gyn?</td>
<td>0.5</td>
<td>2.9</td>
</tr>
</tbody>
</table>
### Table 2: Level of Agreement with Statements about Clinical Experience

*To what extent would you agree with the following statements about your clinical experience?*

<table>
<thead>
<tr>
<th>AREA of CLINICAL EXPERIENCE</th>
<th>Percentage of Responses by Level of Agreement</th>
<th>Mean Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>7. Patient Assessments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1 Adequate # Gynaecology</td>
<td>4.3</td>
<td>21.3</td>
</tr>
<tr>
<td>7.2 Adequate # Obstetrics</td>
<td>--</td>
<td>1.4</td>
</tr>
<tr>
<td>7.3 They were discussed</td>
<td>--</td>
<td>1.4</td>
</tr>
<tr>
<td>8. Attempts to involve in OR</td>
<td>3.9</td>
<td>12.6</td>
</tr>
<tr>
<td>9. Encouraged to flw pts in Labour</td>
<td>--</td>
<td>1.4</td>
</tr>
<tr>
<td>10. Ambulatory Clinic opps</td>
<td>1.0</td>
<td>5.3</td>
</tr>
<tr>
<td>11. L&amp;D opps for hands-on</td>
<td>0.5</td>
<td>2.9</td>
</tr>
<tr>
<td>12. Balanced training/service</td>
<td>--</td>
<td>4.8</td>
</tr>
<tr>
<td>13. Nurses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.1 Felt part of the team</td>
<td>4.3</td>
<td>10.1</td>
</tr>
<tr>
<td>13.2 Helped augment skills</td>
<td>3.4</td>
<td>13.6</td>
</tr>
<tr>
<td>14. On-Call Experience:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.1 Sufficient amount</td>
<td>--</td>
<td>0.5</td>
</tr>
<tr>
<td>14.2 Valuable learning</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>3.4</td>
<td>11.7</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td>14.3 Involved Emerg Dept</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.4</td>
<td>4.8</td>
</tr>
<tr>
<td>14.4 Called for deliveries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2009-10 Clerkship; October 2010
Table 1: Ratings of Different Aspects of the Rotation

**Based on your own experience, please evaluate the following aspects:**

<table>
<thead>
<tr>
<th>ASPECT of ROTATION</th>
<th>Percentage of Responses by Category</th>
<th>Mean Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor</td>
<td>Fair</td>
</tr>
<tr>
<td>1. Orientation</td>
<td>1.5</td>
<td>5.1</td>
</tr>
<tr>
<td>2. Formal Seminars:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 Program Coverage</td>
<td>0.5</td>
<td>2.6</td>
</tr>
<tr>
<td>2.2 Syllabus</td>
<td>3.1</td>
<td>5.6</td>
</tr>
<tr>
<td>3. Learning Objectives for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Seminars</td>
<td>--</td>
<td>3.1</td>
</tr>
<tr>
<td>3.2 Ambulatory Care</td>
<td>--</td>
<td>2.1</td>
</tr>
<tr>
<td>3.3 Gyn Inpatient</td>
<td>1.6</td>
<td>6.0</td>
</tr>
<tr>
<td>3.4 Labour &amp; Delivery</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>4. Informal Teaching:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Office</td>
<td>1.0</td>
<td>4.1</td>
</tr>
<tr>
<td>4.2 Ward Rounds</td>
<td>3.1</td>
<td>14.4</td>
</tr>
<tr>
<td>4.3 Labour &amp; Delivery</td>
<td>1.0</td>
<td>3.1</td>
</tr>
<tr>
<td>4.4 OR</td>
<td>4.6</td>
<td>11.2</td>
</tr>
<tr>
<td>5. Acceptance on Team</td>
<td>1.5</td>
<td>6.6</td>
</tr>
<tr>
<td>6. OVERALL RATING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall, how would you rate your rotation in Obs/Gyn?</td>
<td>0.5</td>
<td>5.6</td>
</tr>
</tbody>
</table>
## 2010-11 Year Three Clerkship Obstetrics & Gynaecology Evaluation
### Table 2: Level of Agreement with Statements about Clinical Experience

*To what extent would you agree with the following statements about your clinical experience?*

<table>
<thead>
<tr>
<th>AREA of CLINICAL EXPERIENCE</th>
<th>% of Responses by Level of Agreement</th>
<th>Mean Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>7. Patient Assessments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1 Adequate # Gynaecology</td>
<td>2.6</td>
<td>14.3</td>
</tr>
<tr>
<td>7.2 Adequate # Obstetrics</td>
<td>1.5</td>
<td>7.1</td>
</tr>
<tr>
<td>7.3 They were discussed</td>
<td>1.0</td>
<td>8.2</td>
</tr>
<tr>
<td>8. Attempts to involve in OR</td>
<td>2.6</td>
<td>10.7</td>
</tr>
<tr>
<td>9. Encouraged to follow pts in Labour</td>
<td>2.6</td>
<td>11.2</td>
</tr>
<tr>
<td>10. Ambulatory Clinic opps</td>
<td>0.5</td>
<td>4.6</td>
</tr>
<tr>
<td>11. L&amp;D opps for hands-on</td>
<td>--</td>
<td>5.1</td>
</tr>
<tr>
<td>12. Balanced training/service</td>
<td>1.5</td>
<td>2.6</td>
</tr>
<tr>
<td>13. Nurses:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.1 Felt part of the team</td>
<td>4.1</td>
<td>11.3</td>
</tr>
<tr>
<td>13.2 Helped augment skills</td>
<td>4.6</td>
<td>11.8</td>
</tr>
<tr>
<td>14. On-Call Experience:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.1 Sufficient amount</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>14.2 Valuable learning</td>
<td>0.5</td>
<td>3.1</td>
</tr>
<tr>
<td>14.3 Involved Emerg Dept</td>
<td>3.1</td>
<td>10.3</td>
</tr>
<tr>
<td>14.4 Called for deliveries</td>
<td>2.6</td>
<td>5.1</td>
</tr>
</tbody>
</table>

2010-11 Clerkship; October 2011
4.2 POSTGRADUATE EDUCATION: RESIDENCY PROGRAM

4.2.1 Department of Obstetrics & Gynaecology — Residency Program Description

Obstetrics and Gynaecology is a five-year program leading to certification by the Royal College of Physicians and Surgeons of Canada. There are currently 60 residents in the program.

The PGY1 year incorporates four months of obstetrics and gynaecology (2 months in a community hospital), one month of neonatal intensive care, emergency medicine, ambulatory care and ultrasound; and two months each of general internal medicine and general surgery. The PGY1s have teaching sessions in the Surgical Skill Centre where they gain competency in obstetrics and gynaecological skills through simulation. They also participate in the Longitudinal Ambulatory Rotation (LAR) where they are connected to a faculty supervisor and visit their offices/ambulatory-care settings two times per month over the academic year. This affords an opportunity to connect with a faculty mentor in their chosen specialty.

The PGY2-5 years are comprised of the following rotations in accordance with Royal College of Canada requirements:

- 18 months CORE obstetrics and gynaecology
- 6 months Chief Residency
- Subspecialty training in Maternal Fetal Medicine, Gynaecologic Oncology, Reproductive Endocrinology and Infertility, and Paediatric and Adolescent Gynaecology
- 9 months Selective (community ob/gyn, urogynaecology, pathology, and ultrasound)
- 3 months Research (2 separate six-week blocks)
  The 3-month research experience allows the resident exposure to either clinical or basic research under the guidance of identified researchers in the department. A paper must be completed and submitted for publication during the PGY5 year. All residents are required to present their final project at the Department's Annual Research Day. This three-month period is divided into two six-week blocks: the first block in a junior year of training, and the second block in the senior year. This allows residents time to start their project and develop it to completion.
- 3 months Elective
  Elective blocks where residents may pursue other subspecialties such as urogynaecology, International Health, Ultrasound and training in Lower Genital Tract Disease with achievement of certification as a colposcopist.

Training sites for the residents include: Mount Sinai Hospital (MSH), St. Michael's Hospital (SMH), Sunnybrook Health Sciences Centre (SHSC), North York General Hospital (NYGH), Toronto East General Hospital (TEGH), St. Joseph’s Health Centre (SJHC) Credit Valley Hospital (CVH), Princess Margaret Hospital (PMH) and The Hospital for Sick Children (HSC).
4.2.2 O&G Residency Program — Objectives

Our program-specific objectives are as follows:
1. To provide broad-based clinical and academic training in Obstetrics and Gynaecology with the goal of creating the foundation for practice of general and subspecialty Obstetrics and Gynaecology.
2. To fulfill all the objectives required for specialty training in Obstetrics and Gynaecology as described by the Royal College of Physicians and Surgeons of Canada.
3. To focus on clinical experiences of a secondary and tertiary nature in general and subspecialty Obstetrics and Gynaecology, as seen in both a large academic health science centre and in community practice.
4. To provide graded responsibility in the acquisition of leadership skills and to emphasize development of teaching and research skills.
5. To provide the environment, mentorship and experience that will allow each resident to achieve the goals outlined above.

4.2.3 O&G Residency Program — Admission Requirements

Admissions to the Obstetrics and Gynaecology residency program are centralized through CaRMS. Our Residency Selection Committee (comprising both faculty and residents) develops our selection process, consisting of reviewing files, interviewing selected candidates, and ranking. This committee reviews files from the CaRMS website to determine a maximum of 65 applicants who are invited to interview with us over two days. Interviews include one 20-minute interview with two faculty and one resident, one 10-minute interview with two residents, and one 10-minute interview with two faculty.

4.2.4 O&G Residency Program Committee (RPC)

The Residency Program Committee (RPC) assists the Residency Program Director in planning, organizing and supervising the residency rotations and programs. It is made up of the Program Director, a site coordinator from each affiliated site, subspecialty representatives, a resident representative for each year, a member of the Wellness team, Departmental Educator, Vice Chair of Education and the Chair of the Department. This active and dedicated committee meets monthly. (See attached terms of reference.) The responsibilities of this committee include: ensuring the program standards as required by the Royal College of Physicians and Surgeons of Canada are maintained, receiving feedback from residents, reviewing rotations, reviewing evaluations, deciding on resident promotions annually, regularly reviewing the goals and objectives of training, reviewing the content of the academic half-day, being responsible for discussing and recommending remediation or accommodation for residents, maintaining an appeal mechanism for residents in the program, providing counseling and career planning guidance and dealing with problems related to resident wellness and stress.
4.2.5 O&G Residency Program — Delivery of Education

The Residency Program Committee (RPC) assists the Residency Program Director in planning, organizing and supervising the residency rotations and educational programs.

• **Clinical Rotations** (See 4.2.1 above).

• **Academic Half-Day (AHD) Teaching Sessions:** This is protected and residents attend in person
  The academic half-day teaching sessions encompass a variety of methods, including:
  — Surgical Skill Labs
  — Simulation Labs
  — Faculty-driven didactic sessions
  — Faculty/Resident sessions reviewing seminal papers and guidelines.

  The curriculum topics reflect those of importance identified by a) the Royal College standards and b) the residents. In addition, we include topics covering resident-wellness issues such as coping with adverse events, and building resiliency. New in 2012-13:
  — Development of a transition-to-residency course or a “Boot Camp”. (See attached Curriculum).
  — For PGY4s only: This new course -- offered through the School of Graduate Studies starting in September 2012-- concentrates on physiology and molecular mechanisms underlying common clinical reproductive disorders. This will be invaluable for Royal College exam preparation.

• **Rounds:** (rotation or site-dependent). Grand rounds and a variety of weekly rounds at the various sites provide another venue of learning: e.g., Fetal Heart Rate Tracing Rounds, Pathology/Tumor Board, Critical appraisal, Perinatal-Neonatal Rounds.

• **Research:** Every resident must complete an independent research project and submit a paper for publication during the PGY5 year. A research mentorship program has been in place for a number of years. Every new resident is assigned to an established researcher in the Department to whom they can turn for guidance in developing research questions and finding a supervisor in their area of interest.

• **Adjunctive Programs:** The Department supports non-thesis Masters of Science and thesis Masters of Science education leaves. Two residents have recently completed a Masters in Clinical Epidemiology at Harvard University, two residents have completed the Clinical Investigator Program (CIP), and one resident is currently enrolled in the CIP.
4.2.6 O&G Residency Program — Awards

4.2.6.1 Department Awards

- **Dr. Frederick R. Papsin Award**
  This award is presented annually to a postgraduate resident in his/her final year of training, based on teaching ability, mentorship activities and leadership. The recipient is selected by peers and members of the Residency Program Committee.

- **Resident Awards for Excellence in Clerkship Teaching**
  Each year, PGY2, 3, 4 and 5 residents are recognized for exceptional clerkship teaching. The Residency Program Director, in consultation with the Educator, Department Chair, and the Undergraduate Program Director makes the selection. The selection is primarily based on teaching ratings provided by the year-three clinical clerks at the completion of their core rotation in Obstetrics and Gynaecology.

- **The Neelam Sierra Resident Advocacy Award**
  This award is presented to an individual who has been an exceptional advocate for residents in the department of Obstetrics and Gynaecology at the University of Toronto. The recipient (usually a faculty member) is selected annually by the graduating residents, based on their consistent support for the residents throughout their training.

4.2.6.2 Resident Recipients of Awards 2008-12

**2011-12**

<table>
<thead>
<tr>
<th>RECIPIENT</th>
<th>AWARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helena Frecker PGY3</td>
<td>Resident Teacher Award from the Fitzgerald Academy</td>
</tr>
<tr>
<td>Crystal Chan PGY4</td>
<td>$20,000 Physicians’ Services Incorporated Foundation grant</td>
</tr>
<tr>
<td>Paulina Cybulska PGY3</td>
<td>$3,000 Kristi Piia CALLUM Memorial Fellowship in Ovarian Cancer Research</td>
</tr>
<tr>
<td>Paulina Cybulska PGY3</td>
<td>$17,000 Frank Fletcher Memorial Fund for Research</td>
</tr>
<tr>
<td>Kelsey Mills PGY3 and Maria Velasquez</td>
<td>Young Investigator award from the North American Menopause Society</td>
</tr>
<tr>
<td>Crystal Chan PGY4</td>
<td>One of five In-Training Awards for Research from the American Society of Reproductive Medicine</td>
</tr>
</tbody>
</table>

**2010-11**

<table>
<thead>
<tr>
<th>RECIPIENT</th>
<th>AWARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crystal Chan PGY3</td>
<td>First place in the Clinical Alan Wu Poster Competition at the Institute of Medical Sciences Scientific Day</td>
</tr>
<tr>
<td>Naana Jumah PGY3</td>
<td>Canadian Foundation for Women's Health Duchesnay International Elective Fellowship for Obstetrics and Gynaecology Residents</td>
</tr>
<tr>
<td>Kelsey Mills PGY2</td>
<td>2011 New Investigator Awards given by the North American Menopause Society (NAMS)</td>
</tr>
<tr>
<td>Ally Murji PGY5</td>
<td>NYGH E.W. Wight Memorial Award</td>
</tr>
</tbody>
</table>
Crystal Chan PGY3 - APOG President’s Grant for Resident Research
Claire Jones PGY4 - CFWH (Canadian Foundation for Women’s Health) Resident Research Award.

2009-10
Jamie Kroft PGY5 - North American Menopause Society (NAMS)/Duramed Pharmaceutical Inc. Medical Residents Excellence Award

2008-09
Jamie Kroft PGY4 - SOGC/CNGOF Junior Member Award

2007-08
Karthika Devarajan PGY2 - NYGH E.W. Wight, M.D. Memorial Award
Sarah Wallace PGY3 - Best of 4 Category at the SOGC meeting in Calgary for her poster submission
Marie Czikk PGY2 - $19,500 grant for a one year resident research project from the Physicians’ Services Incorporated Foundation

4.2.7 O&G Residency Program — Funding

The residency in Obstetrics and Gynaecology is an Ontario Ministry of Health funded program. Residents who pursue a MSc at the University of Toronto are eligible for the B. Ludwig Scholarship. The Dr. Thomas G. Ryley Clinical Investigator Award supports residents in Obstetrics and Gynaecology who are enrolled in the Clinical Investigator Program.

4.2.8 O&G Residency Program — Quality Indicators

The following items may be found notable:
• 100% success in the first iteration of the CaRMS match for the past 13 years.
• A calculated success rate of 97% for PGY5 candidates sitting the Royal College exams in the last 10 years (2002-12).
• Two residents have completed the Clinical Investigator Program and currently one resident is enrolled.
• Three residents have completed the Clinical Epidemiology Program at Harvard University in the past 5 years.
• In 2010-11, eight residents were first authors on publications in peer-reviewed journals.
4.2.9 O&G Residency Program — Quality Enhancement

• **Split on-call shifts:** In the past year, in an effort to address the issue of work/life balance and resident wellness, the Department has introduced split on-call shifts. A subcommittee is reviewing the literature on optimal work hours and will establish ground rules on how to optimize the scheduling of reduced resident duty hours. The initial feedback is positive, with an added benefit of better continuity of patient care. Faculty members are supportive of this endeavour.

• **AHD concerns:** Concerns about the quality of the academic half-day and associated protected time have been addressed. The AHD has now been extended to three hours and a new curriculum has been developed based on Royal College essential standards and resident feedback.

• **Endoscopic procedures:** Minimally-invasive surgical approaches are becoming the standard of care for providing surgical treatment for benign disease. In an effort to ensure that our residents demonstrate core competency in endoscopic procedures, the Department offered a Total Laparoscopic Hysterectomy Pig Lab supported by Covidien Canada. Residents gave rave reviews. The lab will continue for our PGY3s and 4s. There are also laparoscopic trainers and computer-based simulation programs at many of the core training sites.

• **Wellness Team:** The Wellness Team has been in existence since Jan 2011. It is chaired by Dr. Janet Bodley and includes three other faculty: Drs Michèle Farrugia, Elaine Herer, and Deborah Robertson. The mandate of this committee is to meet with residents about resident fatigue, stress or wellness issues, career planning, development of coping strategies such as sessions on being a resilient physician and developing reflective portfolios, and to debrief for adverse events. The team also presents topics during scheduled times of AHD. This endeavour has been very positively received by the residents. A member of the team attends every Resident Program Committee meeting.

• **Biannual Meetings:**
  The Resident Program Director meets **one-on-one** with each individual resident twice per year – these meetings provide an opportunity to review evaluations and progress, address performance issues, plan for education options based on interests, and obtain feedback about the program.
  The Department Chair meets with each resident year (PGY1-5) as a **group** twice per year – these meetings provide an opportunity for the Chair to stay in touch with the residents, hear the residents’ point of view, and for residents to express concerns.
Residency Program Committee (RPC)
Terms of Reference

1. Purpose

The purpose of the Department of Obstetrics & Gynecology RPC is to oversee the overall operation of the five-year residency program and to provide a forum to address all matters relating to Residents. For RPC responsibilities, see section 9.

2. Membership

Membership comprises the following:

<table>
<thead>
<tr>
<th>2.1 Chair</th>
<th>Residency Program Director</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2 Site coordinators of Core Obstetrics and Gynecology rotations</td>
<td>Mount Sinai Hospital (MSH), St. Michael’s Hospital (SMH), and Sunnybrook Health Sciences Centre (SHSC)</td>
<td>3</td>
</tr>
<tr>
<td>2.3 Representatives from partially affiliated Sites</td>
<td>-Toronto East General Hospital (TEGH), -North York General Hospital (NYGH), -St. Joseph’s Health Center (SJHC), -Credit Valley Hospital (CVH)</td>
<td>4</td>
</tr>
<tr>
<td>2.4 Representatives from selected subspecialty rotation sites</td>
<td>-Gynaecologic Oncology, -Paediatric and Adolescent Gynaecology (PAG) -Gynaecologic Reproductive Endocrinology and Infertility (REI), -Maternal Fetal Medicine (MFM)</td>
<td>2 to 4</td>
</tr>
<tr>
<td>2.5 Evaluation Consultant</td>
<td>-Department Education Consultant</td>
<td>1</td>
</tr>
<tr>
<td>2.6 Ex Officio</td>
<td>-Department Chair -Department Vice Chair, Education</td>
<td>2</td>
</tr>
<tr>
<td>2.7 Wellness Representative</td>
<td>Wellness team member</td>
<td>1</td>
</tr>
<tr>
<td>2.8 Ethicist</td>
<td>Invited by RPC</td>
<td>1</td>
</tr>
<tr>
<td>2.9 Resident Representative</td>
<td>one for each PG year (elected by peers)</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22</strong></td>
<td></td>
</tr>
</tbody>
</table>

3. Meeting Schedule

3.1 The RPC meets once a month from September to June, usually from 4:30-6:00 pm.
3.2 Special meetings may be called at the discretion of the Chair.

4. Meeting Structure

4.1 The substantive sections of the meeting comprise:
   - Business arising
   - Standing reports: Resident Representatives, Hospital Coordinators, PGMEAC Report, Academic Half-Days and Attendance, and Rotation Review
   - New business
4.2 In-camera sessions: Resident evaluation is conducted in camera; Residents are excluded.
5. Governance

5.1 Quorum is defined as >50% of resident representatives and (minimum 3)
    >50% of faculty representatives. (minimum 8)

5.2 Motions are accepted with a 2/3 majority.

5.3 Chair:
The RPC Chair is the Residency Program Director, Department of Obstetrics & Gynaecology,
University of Toronto.
The Chair reports to the
- Chair, Department of Obstetrics & Gynecology, University of Toronto and
- Vice Dean, Postgraduate Medical Education, University of Toronto.

5.4 The secretary is the Coordinator of Postgraduate Programs with the Department

5.5 The following subcommittees report to the RPC:
1. Resident Selection Subcommittee
2. Resident Wellness Subcommittee
3. Curriculum Subcommittee
4. Evaluation Subcommittee
5. Resident Research Sub-committee
6. Ad hoc subcommittees to serve a special identified need

5.6 All RPC members are voting members.

5.7 There is no limit on the term of service.

6. Communications / Documentation

6.1 The Program Coordinator:
6.1.1 takes minutes at each meeting
6.1.2 emails the agenda, minutes of past meeting, and relevant material to RPC members prior to
    each meeting
6.2.3 emails minutes to all faculty members and their assistants
6.2.4 posts minutes on the residents’ password-protected website, PORTAL.
6.2.5 maintains electronic and paper copies of all RPC meetings

6.2 RPC members are expected to disseminate information to their peers and to local sites.

6.3 The Department Chair disseminates specific important decisions to the whole department.

7. Individual RPC Member Responsibilities

7.1 RPC Faculty Members Responsibilities
7.1.1 Attend each RPC meeting or name delegate to attend
7.1.2 Disseminate information to peers and to local sites as appropriate
7.1.3 Respond to action items in a timely manner.

7.2 RPC Resident Representative Responsibilities
7.2.1 Attend each RPC meeting or name delegate to attend
7.2.2 Canvass resident group prior to each RPC meeting and present report at the meeting
7.2.3 Update residents on activities/decisions made at RPC meeting
7.2.4 Liaise with 92 College regarding teaching, administration, other issues
7.2.5 Participate in CaRMS: file review, interview and tour
7.2.6 Participate in Career/Information Night
7.2.7 Take a leadership role in Annual Resident Retreat
7.2.8 Act as contact for incoming PGY1s

8. Amendments
These terms of reference are revised as required and approved by the RPC.
9. Overall Responsibilities of RPC:

RPC responsibilities are governed by the global objective of providing the environment, mentorship and uniform experience whereby each Resident has access to the educational experience sufficient to successfully complete the program objectives. Main responsibilities comprise the following areas.

9.1 Training Program Design Responsibilities

9.1.1 Develop and maintain program overall design
9.1.2 Annually review Royal College training requirements
9.1.3 Annually review individual rotation evaluations and address any need for change in program design
9.1.4 Address teaching /staff concerns (including faculty evaluations, if appropriate) that impact on rotations or overall program design
9.1.5 Review any hospital restructuring and effect on rotations and resource/equipment allocations
9.1.6 Annually review Resident Safety policy to ensure Resident work and personal safety (including supervision) are being met
9.1.7 Review annually fellowship numbers to assess any potential negative impact on residency education
9.1.8 Assess (ongoing) of areas of program design strengths and weaknesses
9.1.9 Ensure that Residents’ views are reflected in the program and curriculum review.

9.2 Training Program Curriculum Responsibilities

9.2.1 Develop and maintain curriculum that:
   a) incorporates outcome-based terms using the CanMEDS/CanMEDS-FM framework relating to knowledge, skills and attitudes
   b) bases content on the General Objectives for Training in Obstetrics and Gynaecology, as published in the specialty training requirements of the Royal College of Physicians and Surgeons of Canada
9.2.2 Annually review formal half-day topics and presentations and update as required
9.2.3 Maintain mechanisms by which residents receive ongoing career counseling
9.2.4 Review (ongoing) individual rotation goals and objectives.

9.3 Resident Evaluation Responsibilities

9.3.1 Review individual Resident performance at 6 and 12 month intervals to ensure that each Resident is advancing and gaining in experience, skills and responsibility
9.3.2 Assist in the organization of appropriate accommodation for residents experiencing difficulties meeting the appropriate level of competence
9.3.3 Assist Program Director with composite evaluation information for completion of the Final In Training Evaluation (FITER).

9.4 Resident Recruitment Responsibilities

9.4.1 Participate in application reviews, interviewing and ranking candidates. This Includes review of applicants through various streams of entry into program (CaRMS, re-entry, transfer, etc.).
9.5 Resident Well-being Responsibilities

9.5.1 Review and formulate program support systems for formal / informal counseling and to address stress-related issues

9.5.2 Ensure that wellness topics are included in the academic half-day curriculum.

9.5.3 Maintain specific item of “Resident Report” on meeting agenda, whereby Resident committee members have the opportunity to discuss or raise specific items of Resident concern that may not otherwise be addressed in the meeting agenda.

9.6 Resident Issues Resolution and Appeals Responsibilities

9.6.1 Establish a process to respond to a resident’s wish to formally question, contest, or ask for reconsideration of an assessment or promotion decision.

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Author</th>
<th>Approved at RPC Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 12 2012</td>
<td>Draft 1.4</td>
<td>C Sutherland</td>
<td>Sent to RPC June 14 2012</td>
</tr>
<tr>
<td>Jul 03 2012</td>
<td>Draft 1.5</td>
<td>C Sutherland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Many iterations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 02 2012</td>
<td>Draft 2.2</td>
<td>C Sutherland</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>PGY</td>
<td>Location</td>
<td>Time</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------</td>
<td>-----------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>JUL 03, 2012</td>
<td>PGY 1-2</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>JUL 10, 2012</td>
<td>PGY 1-2</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>JUL 17, 2012</td>
<td>PGY 1-2</td>
<td>SMH Li Ka Shing Building Room 216</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>JUL 24, 2012</td>
<td>PGY 1-2</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>MONDAY JUL 30, 2012</td>
<td>PGY 4-5</td>
<td>Basement of MSB</td>
<td>4:00-6:00 pm</td>
</tr>
<tr>
<td>JUL 31, 2012</td>
<td>PGY 1-2</td>
<td>92 College St.</td>
<td>2:00 – 4:00 pm</td>
</tr>
<tr>
<td>PGY 4-5</td>
<td>Basement of MSB</td>
<td>2:00 – 5:00 pm</td>
<td>Anatomy Course</td>
</tr>
<tr>
<td>MONDAY AUG 06, 2012</td>
<td>PGY 4-5</td>
<td>Basement of MSB</td>
<td>4:00-6:00 pm</td>
</tr>
<tr>
<td>AUG 07, 2012</td>
<td>PGY 1-2</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>PGY 4-5</td>
<td>Basement of MSB</td>
<td>2:00 – 5:00 pm</td>
<td>Anatomy Course</td>
</tr>
<tr>
<td>AUG 14, 2012</td>
<td>PGY 1-2</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>MONDAY AUG 20, 2012</td>
<td>PGY 4-5</td>
<td>Basement of MSB</td>
<td>4:00-6:00 pm</td>
</tr>
<tr>
<td>AUG 21, 2012</td>
<td>PGY 1-2</td>
<td>SMH 6-002 Cardinal Carter – Clarice Chalmers Room</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>PGY 4-5</td>
<td>Basement of MSB</td>
<td>2:00 – 5:00 pm</td>
<td>Anatomy Course</td>
</tr>
<tr>
<td>MONDAY AUG 27, 2012</td>
<td>PGY 4-5</td>
<td>Basement of MSB</td>
<td>4:00-6:00 pm</td>
</tr>
<tr>
<td>AUG 28, 2012</td>
<td>PGY 1-2</td>
<td>92 College St.</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>PGY 4-5</td>
<td>Basement of MSB</td>
<td>2:00 – 5:00 pm</td>
<td>Anatomy Course</td>
</tr>
<tr>
<td>SEP 04, 2012</td>
<td>All PGYs</td>
<td>SMH 6-002 Cardinal Carter – Clarice Chalmers Room</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>SEP 11, 2012</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – PMS Lab (247-3) and VOR (247-2)</td>
<td>2:00-4:00 pm</td>
</tr>
<tr>
<td>PGY 2-5</td>
<td>SMH B1 Queen – Paul Marshall Lecture Hall</td>
<td>2:00 – 5:00 pm</td>
<td>Conduct of Normal Labour and Delivery</td>
</tr>
<tr>
<td>SEP 18, 2012</td>
<td>All PGYs</td>
<td>SMH B1 Queen – Paul Marshall Lecture Hall</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>SEP 25, 2012</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre - Wet Lab (250)</td>
<td>2:00-4:00 pm</td>
</tr>
<tr>
<td>Date</td>
<td>PGY</td>
<td>Location</td>
<td>Time</td>
</tr>
<tr>
<td>------------</td>
<td>-----------</td>
<td>---------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>OCT 02, 2012</td>
<td>PGY 1</td>
<td>SMH Li Ka Shing Building - Room 217 &amp; 218</td>
<td>1:00 – 5:00 pm</td>
</tr>
<tr>
<td>OCT 02, 2012</td>
<td>PGY 2-5</td>
<td>SMH 7079A Squires Family Room A</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>OCT 09, 2012</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – PMS Lab (247-3) and VOR (247-2)</td>
<td>2:00-4:00</td>
</tr>
<tr>
<td>OCT 09, 2012</td>
<td>PGY 2-5</td>
<td>Li Ka Shing, Rm. 217-218</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>OCT 16, 2012</td>
<td>All PGYs</td>
<td>SMH 7079A Squires Family Room A</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>OCT 23, 2012</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – PMS Lab (247-3) and VOR (247-2)</td>
<td>2:00-4:00</td>
</tr>
<tr>
<td>OCT 23, 2012</td>
<td>PGY 2-5</td>
<td>SMH 6-002 Cardinal Carter – Clarice Chalmers Room</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>OCT 30, 2012</td>
<td>All PGYs</td>
<td>SMH 7079A Squires Family Room A</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>NOV 06, 2012</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – PMS Lab (247-3) and VOR (247-2)</td>
<td>2:00-4:00</td>
</tr>
<tr>
<td>NOV 06, 2012</td>
<td>PGY 2-5</td>
<td>SMH 7079A Squires Family Room A</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>NOV 13, 2012</td>
<td>All PGYs</td>
<td>SMH B1 Queen – Paul Marshall Lecture Hall</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>NOV 20, 2012</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – Wet Lab (250)</td>
<td>2:00-4:00</td>
</tr>
<tr>
<td>NOV 20, 2012</td>
<td>PGY 2-5</td>
<td>SMH 7079A Squires Family Room A</td>
<td>2:00 – 3:30 pm</td>
</tr>
<tr>
<td>NOV 27, 2012</td>
<td>All PGYs</td>
<td>SMH 7079A Squires Family Room A</td>
<td>3:30 – 5:00 pm</td>
</tr>
<tr>
<td>DEC 04, 2012</td>
<td>All PGYs</td>
<td>SMH B1 Queen – Paul Marshall Lecture Hall</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>DEC 11, 2012</td>
<td>All PGYs</td>
<td>SMH 6-002 Cardinal Carter – Clarice Chalmers Room</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>DEC 18, 2012</td>
<td>All PGYs</td>
<td>SMH B1 Queen – Paul Marshall Lecture Hall</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>DEC 25, 2012</td>
<td>All PGYs</td>
<td>SMH 7079A Squires Family Room A</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>JAN 01, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>JAN 08, 2013</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – PMS Lab (247)</td>
<td>2:00-4:00</td>
</tr>
<tr>
<td>Date</td>
<td>PGY</td>
<td>Location</td>
<td>Time</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------</td>
<td>---------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>JAN 15, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>JAN 22, 2013</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – Wet Lab (250)</td>
<td>2:00-4:00 pm</td>
</tr>
<tr>
<td>JAN 29, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>3:00 – 5:00 pm</td>
</tr>
<tr>
<td>FEB 05, 2013</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – Wet Lab (250)</td>
<td>2:00-4:00 pm</td>
</tr>
<tr>
<td>FEB 12, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>FEB 19, 2013</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – Wet Lab (250)</td>
<td>2:00-4:00 pm</td>
</tr>
<tr>
<td>FEB 26, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>MAR 05, 2013</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – Wet Lab (250)</td>
<td>2:00-4:00 pm</td>
</tr>
<tr>
<td>MAR 12, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>MAR 19, 2013</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre– PMS Lab (247-3) and VOR (247-2)</td>
<td>2:00-4:00 pm</td>
</tr>
<tr>
<td>MAR 26, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>APR 02, 2013</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – Wet Lab (250)</td>
<td>2:00-4:00 pm</td>
</tr>
<tr>
<td>APR 09, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
<tr>
<td>APR 16, 2013</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – Wet Lab (250)</td>
<td>2:00-4:00 pm</td>
</tr>
<tr>
<td>APR 23, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
</tr>
</tbody>
</table>
## Appendix 4.2.5.1

### Department of Obstetrics and Gynaecology, University of Toronto

**Academic Half-Day Teaching 2012-13**

**Green Font** = Confirmed  **Red Font** = To Be Confirmed  **XX** = Requires Additional Supervisor

<table>
<thead>
<tr>
<th>Date</th>
<th>PGY</th>
<th>Location</th>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s) / Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>APR 30, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>MAY 07, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
<td>Gyne Oncology</td>
<td>Jason Dodge (Coordinating)</td>
</tr>
<tr>
<td>MAY 14, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
<td>Gyne Oncology</td>
<td>Jason Dodge (Coordinating)</td>
</tr>
<tr>
<td>MAY 21, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
<td>Gyne Oncology</td>
<td>Jason Dodge (Coordinating)</td>
</tr>
<tr>
<td>MAY 28, 2013</td>
<td>PGY 1</td>
<td>MSH Surgical Skills Centre – Wet Lab (250)</td>
<td>2:00-4:00 pm</td>
<td>OSATS (Objective Structured Assessment of Technical Skills)</td>
<td>Alexandra Nevin-Lam, Karen Tessler, Amanda Selk, Heather Shapiro</td>
</tr>
<tr>
<td></td>
<td>PGY 2-5</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
<td>Gyne Oncology</td>
<td>Jason Dodge (Coordinating)</td>
</tr>
<tr>
<td>JUN 04, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
<td>Wellness</td>
<td>Michelle Farrugia, Janet Bodley</td>
</tr>
<tr>
<td>JUN 11, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
<td>Gyne Oncology</td>
<td>Jason Dodge (Coordinating)</td>
</tr>
<tr>
<td>JUN 18, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
<td>Gyne Oncology</td>
<td>Jason Dodge (Coordinating)</td>
</tr>
<tr>
<td>JUN 25, 2013</td>
<td>All PGYs</td>
<td>SMH 16-101 Bruce Lecture Theatre</td>
<td>2:00 – 5:00 pm</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>
### 4.3.1 Fellowship Programs in the Department of Obstetrics and Gynaecology: Description

Table 1 provides an overview of the fellowship programs in our department.

#### Table 1. Clinical Fellowship Programs: 2011-12 and 2012-13

<table>
<thead>
<tr>
<th>FELLOWSHIP PROGRAM (site)</th>
<th>PROGRAM DIRECTOR</th>
<th>NUMBER OF FELLOWS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011-12</td>
<td>2012-13</td>
</tr>
<tr>
<td>1 Advanced High-Risk Obstetrics (St. Michael's Hospital)</td>
<td>Howard Berger</td>
<td>1</td>
</tr>
<tr>
<td>2 Advanced Obstetrics (Mount Sinai Hospital)</td>
<td>Gareth Seaward</td>
<td>3</td>
</tr>
<tr>
<td>3 Advanced Obstetrics (SHSC)</td>
<td>Dini Hui</td>
<td>1</td>
</tr>
<tr>
<td>4 Gynaecologic Endoscopic Surgery (St. Joseph's Health Centre)</td>
<td>Artin Ternamian</td>
<td>1</td>
</tr>
<tr>
<td>5 Gynaecologic Oncology/ RCPSC</td>
<td>Alan Covens</td>
<td>7</td>
</tr>
<tr>
<td>6 Gynaecologic Reproductive Endocrinology &amp; Infertility/RCPSC</td>
<td>Barbara Cruickshank</td>
<td>3</td>
</tr>
<tr>
<td>7 Maternal-Fetal Medicine/ RCPSC</td>
<td>Cynthia Maxwell</td>
<td>14</td>
</tr>
<tr>
<td>8 Mature Women's Health &amp; Menopause (MSH)</td>
<td>Wendy Wolfman</td>
<td>0</td>
</tr>
<tr>
<td>9 Minimally Invasive Gynaecologic Surgery/AAGL (SHSC)</td>
<td>Rose Kung</td>
<td>1</td>
</tr>
<tr>
<td>10 Minimally Invasive Gynaecologic Surgery (SMH)</td>
<td>Guylaine Lefebvre</td>
<td>3</td>
</tr>
<tr>
<td>11 Pediatric &amp; Adolescent Gynecology (HSC)</td>
<td>Sara Kives</td>
<td>1</td>
</tr>
<tr>
<td>12 Reproductive Sciences (Toronto Centre for Assisted Reproductive Technology)</td>
<td>Robert Casper</td>
<td>4</td>
</tr>
<tr>
<td>13 Reproductive Sciences (CReATe Fertility Centre)</td>
<td>Clifford Librach</td>
<td>1</td>
</tr>
<tr>
<td>14 Urogynaecology (SHSC)</td>
<td>Rose Kung</td>
<td>1</td>
</tr>
<tr>
<td>15 Urogynaecology (MSH)</td>
<td>Danny Lovatsis</td>
<td>5</td>
</tr>
</tbody>
</table>

**TOTAL** 46 | 57*  

*NOTE: This number represents some Fellows continuing from 2012 for under 12 months.
Objectives of Fellowship

Each program has unique goals and objectives, but all adhere to the standards set by the department with respect to admission, and evaluation. There is a template for educational objectives for clinical fellows, in order to reduce variability and ensure a more consistent approach to education for clinical fellows. For details of specific fellowships, see [http://www.obgyn.utoronto.ca/fellowships.htm](http://www.obgyn.utoronto.ca/fellowships.htm).

Admission Requirements and Process

A department wide template for the application process is used. [http://www.obgyn.utoronto.ca/Assets/OBGYN+Digital+Assets/Fellowships/Fellowship+Application+Form.pdf](http://www.obgyn.utoronto.ca/Assets/OBGYN+Digital+Assets/Fellowships/Fellowship+Application+Form.pdf) Guidelines for the applicant are also provided. [http://www.obgyn.utoronto.ca/fellowships/Appointment-Guidelines.htm](http://www.obgyn.utoronto.ca/fellowships/Appointment-Guidelines.htm).

Delivery of Education and Quality Enhancement

There is a Fellowship Directors Committee comprised of all Fellowship Directors. This committee meets quarterly. There are trainee representatives on the committee. Its goals are to advance the educational experience of the fellows. Towards that end there are university wide fellowship seminars open to all subspecialties organized by the committee. The committee also serves as a venue to share best practices among the fellowship directors. Specifics of education delivery are at the discretion of the program director. The Vice Chair, Education has as her mandate to support the fellowships and the directors, as the Fellowship Director Committee Chair. Many of the directors have small programs with minimal administrative support. Caroline Sutherland Coordinator, the Postgraduate Programs in the Department of Obstetrics & Gynaecology offers invaluable education on the process and is the link to the PGME office of the university.

Funding and Awards

Approximately 40% of the fellows are Canadian or Canadian trained and 60% are international graduates. The three subspecialty PGY6 (denoted as FRCSC) programs fall under the umbrella of the Fellowship Training programs. These trainees receive funding from the Ministry of Health; the others have multiple funding sources. The subspecialty residency programs are accredited by the RCPSC. The standards for the other programs are set by the university and the department. It is a policy of the University of Toronto that foreign nationals receive remuneration as a clinical fellow or research fellow at a rate commensurate with that of a Canadian performing the same duties in the same location of work as the foreign national. This statement is included in all letters of offer. RCPSC residents are eligible for a number of university, provincial and national awards. RCPSC and non RCPSC trainees are eligible for department recognition for teaching.

Quality Indicators

A measure of success of our fellowships can be found in the results of the 2012 University of Toronto Fellowship survey. This was answered by 21 Ob/Gyn fellows. This is consistent with the overall response rate of 58%. In this survey, 77% found that ease of registration at the main clinical site met or exceeded expectation. The same number felt orientation to clinical department policies and procedures, call schedules, departmental faculty and staff met or exceeded expectations. The biggest challenges for our fellows are with respect to funding, orientation to the hospital system and general licensing and
accreditation processes. 52% of Ob/Gyn fellows are paid $50,000 - 70,000 / yr by the department. A third are paid by their sponsoring government. 14% earn $20,000 or less.
A comparison of the Obstetrics and Gynecology fellows’ impression to the that of the University wide fellows is shown in Table 2 and Table 3.

Eighty-seven percent of our fellows would recommend a fellowship at U of T.

Table 2. Education Rating by Exiting Fellows 2012

<table>
<thead>
<tr>
<th>Quality of Teaching</th>
<th>Obs/Gyn % (N=21)</th>
<th>All Depts % (N=514)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Below expectations</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Meets expectations</td>
<td>62</td>
<td>35</td>
</tr>
<tr>
<td>Above expectations</td>
<td>10</td>
<td>29</td>
</tr>
<tr>
<td>Outstanding</td>
<td>19</td>
<td>33</td>
</tr>
<tr>
<td>Quality of patient care experiences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Below expectations</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Meets expectations</td>
<td>47</td>
<td>40</td>
</tr>
<tr>
<td>Above expectations</td>
<td>29</td>
<td>33</td>
</tr>
<tr>
<td>Outstanding</td>
<td>14</td>
<td>23</td>
</tr>
</tbody>
</table>
### Table 3. Service and Education Experience of Exiting Fellows 2012

<table>
<thead>
<tr>
<th>Overall education Ratings</th>
<th>Obs/Gyn % (N=21)</th>
<th>All Depts % (N=514)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Below expectations</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Meets expectations</td>
<td>71</td>
<td>40</td>
</tr>
<tr>
<td>Above expectations</td>
<td>29</td>
<td>32</td>
</tr>
<tr>
<td>Outstanding</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td><strong>Suitable amount of non-educational service work</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Below expectations</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Meets expectations</td>
<td>71</td>
<td>53</td>
</tr>
<tr>
<td>Above expectations</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Outstanding</td>
<td>10</td>
<td>14</td>
</tr>
</tbody>
</table>
4.3.2 Gynaecologic Oncology Fellowship Program
Director: A. Covens MD, FRCSC

The University of Toronto Gynaecologic Oncology Fellowship has been in place since 1984. Since that time it has produced over 70 Gynaecologic Oncologists, many practising around the world. Over half the Gynaecologic Oncologists currently practising in Canada have been trained in Toronto.

For the past 10 years the program has been of 3 years duration, one academic year and two clinical years. It is accredited by the Royal College of Physicians and Surgeons of Canada. The details of the 2 year clinical Canadian requirements for training can be found at http://rcpsc.medical.org/information/index.php?specialty=427&submit=Select.

The academic year can be spent completing one of a variety of initiatives. The options include, but are not limited to: a Masters program in clinical epidemiology, public health, or continuing medical education, or basic science research. Our program is flexible to allow the trainee and fellowship director to tailor the academic year towards interests, strengths, and needs/future career goals. In some cases this is completed partially or wholly outside of Toronto. As a consequence of our academic year, over half the abstracts presented at the Society of Gynaecologic Oncologists of Canada Meeting are from Toronto fellows. Each fellow has at least 1-2 publications at the completion of training.

The 2 year clinical training is very robust. The University of Toronto is the only medical school in the city of Toronto (catchment population 5 million). As well, in Canada, there is no private practice Gynaecologic Oncology, so all such surgeons reside within a University system. At present, there are 11 Gynaecologic Oncologists affiliated at the 2 main hospitals – Sunnybrook Health Sciences Centre and the University Health Network. As well, the Gynaecologic Oncologists run peripheral clinics at the Durham Regional Cancer Centre in Oshawa, and operate at a number of community hospitals in the area: Credit Valley Hospital, North York General Hospital, and Scarborough General Hospital.

There are 2 fellows accepted into the program/year. At any one time, there are 2-3 fellows doing Gynaecologic Oncology at the 2 main hospitals, and 1-2 fellows on off-service rotations such as medical oncology, radiation oncology, pathology, and ICU. The fellows do 18 months of Gynaecologic Oncology.

During typical rotations, fellows are evaluating new patients in the clinic, monitoring chemotherapy patients, and following patients. Each week, the fellow spends 3-4 full days in the OR. Their role in the OR is graduated responsibilities from first assistance to primary surgeon. At the completion of the fellowship, fellows are expected to be competent in all aspects of gynaecologic oncology, including laparoscopic surgery, and robotic surgery. Sunnybrook Health Sciences Centre has particular expertise in laparoscopic surgery, while University Health Network is developing expertise in robotic surgery. Both centres are fully functioning units encompassing the full breadth of services from colposcopy to ultra radical surgery, to palliative care, and clinical trials.
Rounds include city-wide gynaecologic oncology twice per month, morbidity and mortality once per month, tumour board weekly, and pathology weekly. Every Wednesday afternoon is the fellowship curriculum. This 2-3 hour weekly program includes interactive discussions on topics including various cancers, the biology of cancer, communication skills and surgical issues.

The fellowship is funded from a variety of sources, including the Ministry of Health through the PGME office, the Gynaecologic Oncology APP, and grants held within the division of Gynaecologic Oncology. Our mission is to select the best candidates, regardless of citizenship, with an emphasis on academics. We strive to produce future academic leaders in Gynaecologic Oncology.

The strengths of the program include:
A large faculty with a large volume of gynaecologic oncology patients
An internationally renowned faculty
Expertise in minimally invasive surgery, gestational trophoblastic disease, sentinel lymph nodes, and fertility-sparing surgery
Funding for all 3 years of training, including the academic year
Flexibility in tailoring the academic year to the fellow’s strengths, interests and needs
Protected academic time
Large robust core curriculum

Weaknesses include:
A large program, with a large faculty, and a large number of fellows (6)
The expense of Toronto as a place to live
Travel between hospitals and sites is cumbersome
The academic year is mandatory, and individuals wishing clinical training only are discouraged from applying
4.3.3 Maternal-Fetal Medicine Fellowship Program
Program Director: Cindy Maxwell MD, FRCSC (Ob/Gyn& MFM), RDMS, DABOG

Synopsis since last External Review (2006/2007)
Our two-year program continues to be the largest in Canada. Since the last Royal College visit for External Review, our program officially became a RCPSC Residency in MFM by certification (written examination). We continue to train highly-qualified Canadian (residents) and International Medical graduates (IMG fellows) in MFM who are destined to become leaders in the field, in academic centres in Canada and internationally.

We are fortunate to have such a strong University of Toronto Division of MFM to support our program, with the majority of our faculty holding full professorships, a continued tradition of extensive grant funding and high basic science and clinical research output.

Our program is now funded by the Ontario Ministry of Health to support 2 Canadian fellows annually; this year we have substantial competition for these 2 positions as we have four applicants. Our Division continues to support and fund one IMG applicant. We also consider additional strong applicants who may come with partial or full national/regional/institutional funding. These applicants tend to have advanced degrees at the PhD level or a substantial academic track record prior to their arrival in Toronto.

The program integrates the three teaching sites: Sunnybrook (previously situated at the Women’s College Campus) Health Sciences Centre provides one of the in-patient perinatology ward rotations and provides a significant teaching component for the Ultrasound Imaging Rotation; St. Michael’s Hospital is now the home base for the very successful Ultrasound Imaging rotation, a mandatory component of RCPSC MFM fellowship training; our fellows/residents continue to have advanced rotations in fetal echocardiography at Hospital for Sick Children.

Our program continues to be unique in Canada and internationally for its Fetal Therapy and Surgery program, with the fetal twin laser program treating approximately 50-70 patients per year. Furthermore, our program offers a unique experience in medical disorders of pregnancy, with a formal program in Maternal Medicine and Obstetric Medicine based at Mount Sinai Hospital.

Future Directions
There has been much discussion in the past regarding the achievement of recognition with other MFM Colleges. We have successfully reapplied for recognition of our MFM program by the RCOG (UK) in June 2012. This reciprocity allows fellows trained and certified in the UK to count their training in Toronto towards programs in the UK.

We have also discussed pursuing ABOG certification (US) for our program. The main challenge here is that the US programs are structured over 3 years with 18 months of research required in the first half of the program. As our program is a 2 year program with 6 months of research
required, additional funding would be needed to enable our fellows to train longer and qualify for ABOG certification examinations. Although we have one faculty member who is ABOG – MFM certified, two such faculty are required to be on staff to meet ABOG regulations. Changes are underway in the ABOG programs, where the research requirement may be shortened to 12 months based on the documented research productivity of US graduates in recent years. We will continue to follow these developments in relation to our program. The goal of recruiting an ABOG-certified MFM faculty member is still on the agenda for our division.

Respectfully submitted,

Cindy Maxwell
Cynthia Maxwell, MD, FRCSC (Ob/Gyn& MFM), RDMS, DABOG
Staff Perinatologist, Maternal Fetal Medicine Division, Mount Sinai Hospital
Assistant Professor, Department of Obstetrics and Gynaecology
Director, Maternal Fetal Medicine Training Program
University of Toronto
4.3.4 Gynaecologic Reproductive Endocrinology and Infertility (GREI) Fellowship Programme

Programme Director Barbara E. Cruickshank

The GREI Fellowship programme is a two year subspecialty training programme accredited by the Royal College of Physicians and Surgeons of Canada. This programme initially received Royal College accreditation in June, 2002 and, after an external review by the Royal College in April 2007, was granted full approval for a period of 6 years.

The GREI fellowship programme of the Mount Sinai Hospital Centre for Fertility and Reproductive Health is one of the largest of the eight RCPSC programmes in Canada.

The objective of the GREI Fellowship training programme is to train Fellows of the Royal College of Physicians and Surgeons qualified in Obstetrics and Gynaecology to achieve a rounded academic and clinical experience in all aspects of GREI, with a focus on career preparation for academic productivity and outpatient management. The programme maintains three fellows in training at any one time, all of whom spend two years completing their GREI training rotations. All trainees are PGY 6 and 7 status, following completion of residency training in Obstetrics and Gynaecology and qualification through the Royal College of Physicians and Surgeons of Canada. In September 2012, the first certification examinations will be offered by the Royal College of Physicians and Surgeons of Canada for the subspecialty of GREI. All trainees who qualify now will complete the certification with examination process.

The GREI Fellowship Programme of the Mount Sinai Hospital Centre for Fertility and Reproductive Health (CFRH) is a multidisciplinary training programme which incorporates academic and clinical exposure in a number of related subspecialty areas which include paediatric and adolescent gynaecology offered through specialty clinics and related surgery at the Hospital for Sick Children (Sick Kids), general endocrinology and urology (with a specific focus on male infertility).

Trainees also have a unique focused GREI exposure through Menopause Clinics and Premature Ovarian Failure (POF) multidisciplinary clinics. Under the supervision of a clinic mentor, trainees have the unique opportunity to manage their own clinics (one or two half days per week) which offers longitudinal management exposure continuously over the two year period of training. During the one month per year of elective experience, fellows have the opportunity to augment specific aspects of their training.

Through the course of training, Fellows attend a course in Biostatistics. They have at least six months of protected time to devote to research, with extensive resources available to support their research projects. Fellows receive initial orientation to research by the Head of the Division of REI at the University of Toronto, Dr Ted Brown, after which they develop, submit to the appropriate Ethics Board for approval, carry out and analyze at least one research project deemed by their supervisor to be suitable for submission for publication to a peer reviewed journal. Trainees have access to a wide array of resources from basic science, statistical analysis resources, and clinical material to pursue their research projects.
The REI Division supports 3 basic scientists and 1 clinical/translational research scientist and these individuals offer further educational resources for trainees. Fellows are able to compete for a research grant through the Department of Obstetrics and Gynaecology, and several of the GREI fellows have received research support funds through this avenue in recent years. Fellows present their research at both international and national meetings as well as the University of Toronto Department of Obstetrics & Gynaecology Annual Research Day. For the past two years, a GREI Fellow has been awarded the J.W. Knox Ritchie Research Award (Fellow Category).

The GREI Fellowship programme promotes education of other trainees by the GREI fellows at a variety of levels. Residents in Obstetrics and Gynaecology receive formal teaching sessions by our Fellows while they are on rotation in the specialty and are directly evaluated on this activity by the residents. Fellows in General Endocrinology from the Department of Medicine also rotate through the GREI programme, offering our trainees a unique exposure to a different perspective on endocrinology. Fellows also participate in the clinical education of the University of Toronto medical students as they rotate through the Canadian Fertility and Andrology (CFAS) site.

Fellows in GREI are expected to take on a Health Advocate Project, which may include developing CFRH clinical guidelines on new techniques, or teaching IVF Education classes or Family Medicine Residents aspects of infertility.

Fellows are funded as PGY 6 and 7 residents of the University of Toronto Residency Training programme, with access to the full and extensive training and wellness resources of the university Postgraduate Medical Education programme. In addition, there is a Fellowship Education Fund supported by unrestricted industry grants which supports educational and research tools and resources to enrich the educational and training experience of the Fellows. Funding is provided to support expenses for attendance at national and international meetings when paper are presented, as well as attendance at the annual meeting of the national society (CFAS).

The strengths of the programme, as identified by the RCPSC external review in 2007 and, more recently, following the internal review of 2011, are many, and include:
- Volume and scope of clinical material
- Environment of scholarship/academia
- Collaborative environment/structure and physical space that encourages collaboration
- Structured training in related specialty fields
- Resources for research and protected time for research
- Innovative programme director and enthusiastic faculty

Current challenges are:
- Resources (physical space, number of faculty) limit the ability of the programme to accept more trainees per year
- The administrative load required to meet requirements of a RCPSC programme is essentially identical to that of a specialty programme, but the resources are more limited and there are fewer teaching faculty in such a small programme.
4.4. Continuing Medical Education

As a result of the recent geographical changes within the hospitals of the University of Toronto Department of Obstetrics & Gynaecology, the CME Division has become creative in terms of its Interhospital Rounds presentation of academic programs (Appendix 4.4.1).

It was clear in my 2007 report that these joint rounds, held monthly on Friday mornings, would require video conferencing and webcasting to reach the many locations across the GTA. In 2008, we were able to work with Sunnybrook Health Sciences Centre and do live webcasting of interhospital rounds. This allowed physicians to log onto the webcast from either a private computer or large screens in auditoriums and participate in these events. Questions were sent by email to the moderator, and they were recognized as Category 1 teaching hours through the Royal College.

However, the “live” rounds were held at Women’s College Hospital, and once the Department moved to Sunnybrook we were able to do live broadcasts from different locations in the city with live video feeds to as many hospitals as required. This successful program has allowed us to broadcast interhospital rounds throughout the teaching hospital system in our Department, and has allowed live interaction amongst sites. The webcasts have been well received, successful and allowed us to continue these important educational activities.

The Department of Obstetrics & Gynaecology has continued to sponsor many exciting CME events over the past few years through the University of Toronto, Mount Sinai Hospital, St. Michael’s Hospital and Sunnybrook Health Sciences Centre. (Appendix 4.4.2) The events have been well received, well attended, nominated and received many CME awards for outstanding programs and are always anticipated eagerly by attendees.

Respectfully submitted,
Fay Weisberg MD
June, 2012
# APPENDIX 4.4.1

## Department of Obstetrics & Gynaecology

## CME COURSES FOR 2007

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Proposed Date</th>
<th>Venue</th>
<th>Medical Course Director</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paediatric/Adolescent Gynaecology Review Day</td>
<td>Saturday February 10, 2007</td>
<td>JJR MacLeod Auditorium</td>
<td>Lisa Allen</td>
<td>Gynaecologists, Family Physicians, Nurses</td>
</tr>
<tr>
<td>Cervical Cancer Prevention and Control: Transition to a New Paradigm</td>
<td>Friday April 13, 2007</td>
<td>MaRS Auditorium</td>
<td>Joan Murphy</td>
<td>Family Physicians, Ob/Gyn, Nurses</td>
</tr>
<tr>
<td>Mature Women’s Health Care: How to Grow Old Better</td>
<td>Friday April 27, 2007</td>
<td>JJR MacLeod Auditorium</td>
<td>Harold Drutz, Wendy Wolfman</td>
<td>Family Physicians, Ob/Gyn, Nurses</td>
</tr>
<tr>
<td>Refresher in Primary Maternity Care: A National Perspective</td>
<td>Friday May 11 – Saturday May 12, 2007</td>
<td>Isabel Bader Theatre, Victoria College</td>
<td>Refresher Committee</td>
<td>Family Doctors, Nurses, Midwives, Ob/Gyn</td>
</tr>
<tr>
<td>15th Annual Symposium – New Developments in Prenatal Diagnosis</td>
<td>Wednesday May 16, 2007</td>
<td>JJR MacLeod Auditorium</td>
<td>David Chitayat</td>
<td>Genetic Counsellors, Geneticists, Obstetricians</td>
</tr>
<tr>
<td>Clinical Evaluation and Treatment of Infertility</td>
<td>Friday June 8, 2007</td>
<td>JJR MacLeod Auditorium</td>
<td>Ellen Greenblatt</td>
<td>Family Physicians, Gynaecologists, Nurses</td>
</tr>
<tr>
<td>Medical Disorders in Pregnancy</td>
<td>November 17, 2007</td>
<td>Northrop Frye Auditorium</td>
<td>Mathew Sermer, Cindy Maxwell</td>
<td>Internists, Family Physicians, Nurses, Ob/Gyn</td>
</tr>
<tr>
<td>3rd Annual Gynaecology Review Day</td>
<td>December 7, 2007</td>
<td>Ben Sadowski Auditorium</td>
<td>Paul Bernstein</td>
<td>Family Doctors, Nurses, Ob/Gyn</td>
</tr>
<tr>
<td>Course Title</td>
<td>Date</td>
<td>Venue</td>
<td>Dept. of Ob/Gyn Medical Course Director(s)</td>
<td>Target Audience</td>
</tr>
<tr>
<td>--------------</td>
<td>------</td>
<td>-------</td>
<td>---------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>11th Annual Advances in Gynaecological Imaging and First Trimester Ultrasound</td>
<td>Friday February 22 - Sunday February 24</td>
<td>Marriott – Eaton’s Centre</td>
<td>Greg Ryan Rory Windrim</td>
<td>Ob/Gyn Radiologist Sonographers Nurses</td>
</tr>
<tr>
<td>4th Annual Mature Women’s Health Care: How to Grow Old Better</td>
<td>Friday April 25</td>
<td>JJR MacLeod Auditorium</td>
<td>Harold Drutz Wendy Wolfman</td>
<td>Family Physicians Ob/Gyn Nurses Internists</td>
</tr>
<tr>
<td>6th Annual Refresher in Primary Maternity Care</td>
<td>Friday May 9</td>
<td>Northrop Frye Auditorium</td>
<td>John Kingdom Rory Windrim</td>
<td>Family Doctors Nurses Midwives Ob/Gyn</td>
</tr>
<tr>
<td>16th Annual Symposium New Developments in Prenatal Diagnosis</td>
<td>Wednesday May 14</td>
<td>JJR MacLeod Auditorium</td>
<td>David Chitayat</td>
<td>Genetic Counsellors Geneticists Obstetricians Nurses</td>
</tr>
<tr>
<td>Infectious Diseases in Obstetrics and Gynaecology</td>
<td>Friday June 6</td>
<td>JJR MacLeod Auditorium</td>
<td>Paul Bernstein</td>
<td>Family Physicians Obstetricians Nurses</td>
</tr>
<tr>
<td>Advances in Female Pelvic Medicine and Reconstructive Pelvic Surgery</td>
<td>Thursday July 10- Saturday July 12, 2008</td>
<td>The Sutton Place Hotel</td>
<td>Harold Drutz</td>
<td>Gynaecologistss Nurses Urogynaecologists Urologists Colorectal Surgeons</td>
</tr>
<tr>
<td>Fetal Medicine Update for 2008</td>
<td>Friday October 24- Saturday 25 2008</td>
<td>Ben Sadowski Auditorium - MSH</td>
<td>Greg Ryan/ John Kingdom</td>
<td>Radiologists Ob/Gyns Sonographers Paediatricians/Neonatologists Nurses</td>
</tr>
<tr>
<td>Challenges in IntrapartumCare</td>
<td>Saturday November 8</td>
<td>Ben Sadowski Auditorium - MSH</td>
<td>Knox Ritchie/ Gareth Seaward</td>
<td>Family Doctors who do OB Nurses Ob/Gyn</td>
</tr>
<tr>
<td>4th Annual Gynaecology Review Day</td>
<td>Friday November 14</td>
<td>Ben Sadowski Auditorium - MSH</td>
<td>Paul Bernstein</td>
<td>Family Doctors Nurses Ob/Gyn</td>
</tr>
</tbody>
</table>
## Continuing Medical Education Schedule 2009

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Proposed Date</th>
<th>Venue</th>
<th>Medical Course Director</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>12th Annual Obstetric Ultrasound: Setting the Standard for 2009</strong></td>
<td>Friday February 13 – Sunday February 15</td>
<td>Toronto Marriott Eaton Centre谯 Ryo Windrim (Shia Salem Phyllis Gianc)</td>
<td>Greg Ryan Rory Windrim Phyllis Gianc</td>
<td>Ob/Gyn Radiologist Sonographers Nurses</td>
</tr>
<tr>
<td><strong>5th Annual Mature Women’s Health Care: How to Grow Old Better</strong></td>
<td>Friday April 24</td>
<td>JJR MacLeod Auditorium</td>
<td>Harold Drutz Wendy Wolfman</td>
<td>FD Ob/Gyn Nurses</td>
</tr>
<tr>
<td><strong>7th Annual Refresher in Primary Maternity Care</strong></td>
<td>Friday May 22</td>
<td>Northrop Frye Auditorium</td>
<td>John Kingdom Rory Windrim plus committee</td>
<td>FD Nurses Midwives Ob/Gyn</td>
</tr>
<tr>
<td><strong>17th Annual Symposium — New Developments in Prenatal Diagnosis and Medical Genetics</strong></td>
<td>Wednesday May 13</td>
<td>JJR MacLeod Auditorium</td>
<td>David Chitayat Genetic Counsellors Obstetricians</td>
<td>Genetic Counsellors Obstetricians</td>
</tr>
<tr>
<td><strong>Cesarean Section Update</strong></td>
<td>Friday November 7</td>
<td>Ben Sadowski Auditorium</td>
<td>Paul Bernstein John Kingdom Rory Windrim</td>
<td>Ob/Gyn Nurses FD who do OB</td>
</tr>
<tr>
<td><strong>Medical Disorders in Pregnancy</strong></td>
<td>Saturday November 8</td>
<td>Ben Sadowski Auditorium</td>
<td>Mathew Sermer Cindy Maxwell</td>
<td>FD who do OB Internists Nurses Ob/Gyn</td>
</tr>
<tr>
<td><strong>5th Annual Gynaecology Review Day</strong></td>
<td>Friday November 27</td>
<td>Ben Sadowski Auditorium</td>
<td>Paul Bernstein</td>
<td>FD Nurses Ob/Gyn</td>
</tr>
<tr>
<td>Course Title</td>
<td>Proposed Date</td>
<td>Venue</td>
<td>Medical Course Director</td>
<td>Target Audience</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------</td>
<td>--------------------------------</td>
<td>-------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Midwives Lawyers</td>
</tr>
<tr>
<td>13th Annual Women’s Imaging: Advances in Gynaecologic Imaging and First Trimester Ultrasound</td>
<td>February 26 – 28</td>
<td>Marriott – Eaton’s Centre</td>
<td>Greg Ryan Shia Salem Phyllis Glanc Rory Windrim</td>
<td>Ob/Gyn Radiologist Sonographers Nurses</td>
</tr>
<tr>
<td>6th Annual Mature Women’s Health Care</td>
<td>Friday April 23</td>
<td>Isabel Bader Theatre</td>
<td>Harold Drutz Wendy Wolfman</td>
<td>Family Physicians Ob/Gyn Nurses</td>
</tr>
<tr>
<td>8th Annual Refresher in Primary Maternity Care</td>
<td>Friday May 14</td>
<td>Northrop Frye Auditorium</td>
<td>John Kingdom Family Practice</td>
<td>Family Doctors Nurses Midwives Ob/Gyn</td>
</tr>
<tr>
<td>18th Annual Symposium – New Developments in Prenatal Diagnosis and Medical Genetics</td>
<td>Wednesday May 19</td>
<td>Ben Sadowski Auditorium</td>
<td>David Chitayat</td>
<td>Genetic Counsellors Geneticists Obstetricians</td>
</tr>
<tr>
<td>Fetal Medicine Update</td>
<td>Friday October 22 –</td>
<td>Ben Sadowski Auditorium</td>
<td>Greg Ryan John Kingdom</td>
<td>Ob/Gyn Radiologist Sonographers Nurses</td>
</tr>
<tr>
<td></td>
<td>Saturday October 23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5th Annual Gynaecology Review Day</td>
<td>Friday November 5</td>
<td>Ben Sadowski Auditorium</td>
<td>Jackie Thomas and Paul Bernstein</td>
<td>Family Doctors Nurses Ob/Gyn</td>
</tr>
<tr>
<td>Course Title</td>
<td>Proposed Date</td>
<td>Venue</td>
<td>Medical Course Director</td>
<td>Target Audience</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>---------------------</td>
<td>-----------------------------------</td>
<td>-------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>3rd Paediatric Adolescent Gynaecology Review Day</td>
<td>Saturday February 12</td>
<td>Mount Sinai Hospital</td>
<td>Lisa Allen</td>
<td>Ob/Gyn FD NP / Nurses Public Health</td>
</tr>
<tr>
<td>7th Annual Mature Women’s Health Care</td>
<td>Friday April 8</td>
<td>Isabel Bader Theatre</td>
<td>Harold Drutz Wendy Wolfman</td>
<td>Family Physicians Ob/Gyn Nurses</td>
</tr>
<tr>
<td>9th Annual Refresher in Primary Maternity Care</td>
<td>Friday May 13</td>
<td>Northrop Frye Auditorium</td>
<td>John Kingdom Family Practice</td>
<td>Family Doctors Nurses Midwives Ob/Gyn</td>
</tr>
<tr>
<td>19th Annual Symposium New Developments in Prenatal Diagnosis and Medical Genetics</td>
<td>Wednesday May 18</td>
<td>JJR MacLeod Auditorium</td>
<td>David Chitayat Genetic Counsellors Geneticists Obstetricians</td>
<td></td>
</tr>
<tr>
<td>2nd Advances in Female Pelvic Medicine and Reconstructive Pelvic Surgery</td>
<td>Thursday June 9 – Friday June 10, 2011</td>
<td>Delta Chelsea Mount Sinai Hospital</td>
<td>Harold Drutz Ob/Gyn</td>
<td>Nurses</td>
</tr>
<tr>
<td>Note: Thanksgiving Oct 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7th Annual Everyday Gynaecology</td>
<td>Friday October 28</td>
<td>Ben Sadowski Auditorium</td>
<td>Jackie Thomas</td>
<td>Family Doctors Nurses Ob/Gyn</td>
</tr>
<tr>
<td>Pregnancy and Obesity: A Challenge in Women’s Health</td>
<td>Friday November 11</td>
<td>Ben Sadowski Auditorium</td>
<td>Cindy Maxwell</td>
<td>Ob/Gyn Radiologist Sonographers Nurses</td>
</tr>
<tr>
<td>3rd Medical Disorders in Pregnancy: Critical Care Focus</td>
<td>Friday November 25</td>
<td>Ben Sadowski Auditorium</td>
<td>Mathew Sermer Cindy Maxwell</td>
<td>Obstetricians Internal Medicine Nurses Family Physicians</td>
</tr>
<tr>
<td>Course Title</td>
<td>Proposed Date</td>
<td>Venue</td>
<td>Medical Course Director</td>
<td>Target Audience</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>----------------------------</td>
<td>-------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Women’s Health Symposium</td>
<td>Friday Feb 03</td>
<td>LiKaShing</td>
<td>Deborah Robertson</td>
<td>Family Doctors Ob/Gyn Nurses</td>
</tr>
<tr>
<td>15th Annual Women’s Imaging: Advances in Gynaecologic Imaging and First Trimester U/S</td>
<td>February 24 - 26</td>
<td>Marriott – Eaton’s Centre</td>
<td>Greg Ryan Shia Salem Phyllis Gianc Rory Windrim</td>
<td>Ob/Gyn Radiologist Sonographers Nurses</td>
</tr>
<tr>
<td>8th Annual Mature Women’s Health Care</td>
<td>Friday April 13</td>
<td>Isabel Bader Theatre</td>
<td>Harold Drutz Wendy Wolfman</td>
<td>Family Physicians Ob/Gyn Nurses</td>
</tr>
<tr>
<td>10th Annual Refresher in Primary Maternity Care</td>
<td>Friday May 11</td>
<td>Northrop Frye Auditorium</td>
<td>John Kingdom Family Practice</td>
<td>Family Doctors Nurses Midwives Ob/Gyn</td>
</tr>
<tr>
<td>Breastfeeding Current Research and Best Practices</td>
<td>Saturday May 12</td>
<td>Northrop Frye Auditorium</td>
<td>Michele Farrugia</td>
<td>Family Doctors Nurses Ob/Gyn</td>
</tr>
<tr>
<td>20th Annual Symposium</td>
<td>Wednesday May 16</td>
<td>JIR MacLeod Auditorium or Sadowski Auditorium</td>
<td>David Chitayat Genetic Counsellors Geneticists Obstetricians</td>
<td></td>
</tr>
<tr>
<td>Fetal Medicine Update</td>
<td>Friday October 19 – Saturday October 20</td>
<td>Ben Sadowski Auditorium</td>
<td>Greg Ryan John Kingdom</td>
<td>Ob/Gyn Radiologist Sonographers Nurses</td>
</tr>
<tr>
<td>Cervical Cancer Screening and Colposcopy Update</td>
<td>Friday November 09</td>
<td>Ben Sadowski Auditorium</td>
<td>Joan Murphy</td>
<td>Family Physicians Ob/Gyn Nurses</td>
</tr>
<tr>
<td>8th Annual Everyday Gynaecology: The Management of Common Gynaecologic Issues</td>
<td>Friday November 30</td>
<td>Ben Sadowski Auditorium</td>
<td>Jackie Thomas</td>
<td>Family Doctors Nurses Ob/Gyn</td>
</tr>
<tr>
<td>Family Planning Update: Managing Contraception and Peri-Abortion Care</td>
<td>Saturday December 1</td>
<td>Ben Sadowski Auditorium</td>
<td>Michele Farrugia</td>
<td>Family Doctors Nurses Ob/Gyn</td>
</tr>
</tbody>
</table>
Appendix 4.4.2 Interhospital Rounds

Interhospital Rounds 2007-2008

September 7, 2007
Dr. Jean Chamberlain
Department of Obstetrics and Gynaecology, McMaster University and
Executive Director of Save the Mothers
Twenty Years of Safe Motherhood around the World: The Pitfalls and the Progress

October 12, 2007
Dr. Tom Baskett
Professor Emeritus
Department of Obstetrics and Gynaecology
Dalhousie University, Halifax, Nova Scotia
Audit of Gynaecological Surgery

November 16, 2007
Dr. Karen Rosene-Montella
Chief of Medicine, Department of Medicine
Women and Infants Hospital
Brown University, Providence, Rhode Island, USA
Thrombosis and Thrombophilia in Pregnancy

December 14, 2007
Dr. Gillian Hawker
Division of Rheumatology
Women’s College Hospital and
Director of the Multidisciplinary Osteoporosis Program
Osteoporosis Update for the Obstetrics and Gynaecology Practitioner

January 11, 2008
Dr. Isabella Caniggia
Department of Obstetrics and Gynaecology
Mount Sinai Hospital
University of Toronto
A Story of Life and Death: Pre-Eclampsia and IUGR as Distinct Pathologies

January 25, 2008
Dr. Jeffrey Wilkinson
Co-Director, Duke Center for Minimally Invasive Gynecologic Surgery
Duke University Medical Center, Durham, North Carolina, USA
Obstetric Fistula

June 13, 2008
Dr. Curt Burger
Gynecologic Oncologist
Erasmus Medical Centre, Rotterdam, Amstelveen, The Netherlands
Subfertility, Endometriosis, IVF and the Risk of Breast and Gynecologic Cancer: A Dutch Nationwide Study with a Follow-up of 14 years
**Interhospital Rounds: 2008-2009**

September 19, 2008  
**Dr. Janet Rowan**  
Joint Rounds with Endocrinology  
*Gestational Diabetes – our future health and role of metformin*

October 24, 2008  
**Dr. Charles Rodeck**  
*Is the Fetus a Patient?*

November 14, 2008  
**Dr. Garnett Anderson**  
*Menopausal Hormone Therapy and Chronic Disease: An Update from the Women’s Health Initiative*

December 11, 2008  
**Dr. Kellie Murphy**  
*Multiple Courses of Antenatal Corticosteroids For Preterm Birth Study (MACS)*

January 16, 2009  
**Dr. Mark Walker**  
*Perinatal Surveillance and Health Services Research*

February 13, 2009  
**Prof. Jacques Abramowicz**  
*Bioeffects and Safety of Ultrasound or: Is Ultrasound Safe for my Baby?*

March 6, 2009  
**Dr. Bruno J. van Herendael**  
*Office Hysteroscopy in Contemporary Gynecology*

April 3, 2009  
**Dr. Frank Chervenak**  
*Ethics: An Essential Dimension of Perinatal Medicine*

May 8, 2009  
**RESEARCH DAY**

May 22, 2009  
**Dr. Susan Bewley**  
*Older Mothers: Naming and Counting the Health Issues*

June 12, 2009  
**Dr. Mathew Sermer**  
*Medical Disorders in Pregnancy. How are we doing?*
## Interhospital Rounds: 2009-2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 18, 2009</td>
<td>Dr. Alan Thornhill</td>
<td>Scientific Director, The London Bridge Fertility Gynaecology and Genetics Centre, London, UK</td>
</tr>
<tr>
<td>October 9, 2009</td>
<td>Dr. Michael Ross</td>
<td>Professor &amp; Chair of Obstetrics and Gynecology, Harbor-UCLA Medical Center, Geffen School of Medicine</td>
</tr>
<tr>
<td>October 30, 2009</td>
<td>Dr. Norman Boyd</td>
<td>Senior Scientist, Ontario Cancer Institute, Professor of Medicine, University of Toronto</td>
</tr>
<tr>
<td>November 6, 2009</td>
<td>Dr. Raymond Powrie</td>
<td>Professor of Medicine, Obstetrics and Gynecology, Warren Alpert Medical School, Brown University, Senior Vice President, Quality and Clinical Effectiveness, Women &amp; Infants Hospital of Rhode Island</td>
</tr>
<tr>
<td>December 4, 2009</td>
<td>Dr. Richard Reznick</td>
<td>RS McLaughlin Professor &amp; Chair, Professor of Surgery, University of Toronto, Vice President of Education, University Health Network</td>
</tr>
<tr>
<td>January 15, 2010</td>
<td>Dr. Barry Rosen</td>
<td>Division Head of Gynaecologic Oncology, University of Toronto, Head, Division of Gynaecologic Oncology, University Health Network</td>
</tr>
<tr>
<td>February 12, 2010</td>
<td>Dr. Rory Windrim &amp; Dr. Richard Pittini</td>
<td>Department of Obstetrics &amp; Gynaecology, University of Toronto</td>
</tr>
<tr>
<td>March 12, 2010</td>
<td>Dr. Ilan E Timor-Tritsch</td>
<td>Professor, Department of Obstetrics and Gynaecology, New York University, Langone Medical Center</td>
</tr>
<tr>
<td>April 9, 2010</td>
<td>Dr. Timothy Rowe</td>
<td>Associate Professor, Division Head, Reproductive Endocrinology &amp; Infertility, UBC Centre for Reproductive Health</td>
</tr>
<tr>
<td>April 30, 2010</td>
<td>Dr. Al Yuzpe</td>
<td>Co-Founder and Co-Director, Genesis Fertility Centre, Vancouver, BC</td>
</tr>
</tbody>
</table>

- **Advances in PGD/PGS**
- **Developmental Programming of Metabolic Syndrome**
- **Breast Tissue Composition and Breast Cancer Risk**
- **Medical Causes of Maternal Mortality and What to Do About Them**
- **It's Not About the "Competencies", It's About Curricular Revolution**
- **Cervical Cancer: Can We Make a Difference in Kenya?**
- **Simulation in OB/Gyn: Here, There and Everywhere**
- **Is Caesarean Scar Pregnancy Pandemic These Days?**
- **What Is a Good Doctor and How Do We Make One?**
- **Elective Single Embryo Transfer (eSET)**
May 7, 2010

RESEARCH DAY

June 11, 2010

Dr. Michael Kaufmann
Director, Physician Health Program, Ontario Medical Association

*Our Health Matters: Responding to Physicians in Need.*
<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker(s)</th>
<th>Affiliation</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 17, 2010</td>
<td><strong>Dr. Wendy Levinson</strong>&lt;br&gt;Sir John and Lady Eaton Professor and Chair&lt;br&gt;Department of Medicine, University of Toronto</td>
<td>“Challenging Communication Between Surgeons and Patients: What the evidence shows”</td>
<td></td>
</tr>
<tr>
<td>October 15, 2010</td>
<td><strong>Dr. Marcus Bernardini</strong>&lt;br&gt;<strong>Dr. Guylaine Lefebvre</strong>&lt;br&gt;St. Michael's Hospital/University Health Network</td>
<td>“Robotic Surgery in Gynaecology: The Toronto Experience to Date”</td>
<td></td>
</tr>
<tr>
<td>November 12, 2010</td>
<td><strong>Dr. Farida Jeejeebhoy</strong>&lt;br&gt;Division of Cardiology - University Health Network/Mount Sinai Hospital</td>
<td>“Management of Cardiac Arrest in Pregnancy: 2010 Guidelines”</td>
<td></td>
</tr>
<tr>
<td>December 3, 2010</td>
<td><strong>Dr. Roberto Romero</strong>&lt;br&gt;Chief, Perinatology Research Branch&lt;br&gt;Program Director for Obstetrics and Perinatology, Division of Intramural Research of NICHD/NIH Professor of Molecular Obstetrics and Genetics, Wayne State University</td>
<td>“The role of intra-amniotic infection/inflammation in pre-term labour and fetal injury”</td>
<td></td>
</tr>
<tr>
<td>January 7, 2011</td>
<td><strong>Dr. Steven Narod</strong>&lt;br&gt;Professor, University of Toronto&lt;br&gt;Canada Research Chair in Breast Cancer&lt;br&gt;Women’s College Research Institute, Familial Breast Cancer Research Unit</td>
<td>“Inherited Susceptibility to Ovarian Cancer: Clinical and Public Health Implications”</td>
<td></td>
</tr>
<tr>
<td>February 4, 2011</td>
<td><strong>Dr. Michael Divon</strong>&lt;br&gt;The Hugh RK Barber MD Chairman&lt;br&gt;Department of Obstetrics and Gynaecology&lt;br&gt;Lenox Hill Hospital, New York</td>
<td>“Intrauterine Growth Restriction”</td>
<td></td>
</tr>
<tr>
<td>March 4, 2011</td>
<td><strong>Professor Ray Garry</strong>&lt;br&gt;University of Western Australia (Ret.)</td>
<td>“Watching Endometrium Grow”</td>
<td></td>
</tr>
<tr>
<td>Friday, April 1, 2011</td>
<td><strong>Professor Catherine Williamson</strong>&lt;br&gt;Imperial College, UK</td>
<td>“Cholestasis of Pregnancy”</td>
<td></td>
</tr>
</tbody>
</table>
May 6, 2011

RESEARCH DAY

June 3, 2011

Dr. John Kingdom
Obstetrician, Maternal-Fetal Medicine, Mount Sinai Hospital
Professor, Obstetrics & Gynaecology, Lab Medicine & Pathobiology, Medical Imaging, University of Toronto
“Heparin and Placental Complications in Pregnancy”
<table>
<thead>
<tr>
<th>Presenter</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Suzan Schneeweiss</td>
<td>Fri, Sept 9, 2011</td>
<td>Sunnybrook Health Sciences Centre</td>
</tr>
<tr>
<td><em>The New Royal College Maintenance of Certification Program</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Hans Peter Dietz</td>
<td>Fri, Sept 23, 2011</td>
<td>Sunnybrook Health Sciences Centre</td>
</tr>
<tr>
<td><em>Pelvic Floor Imaging: What's in it for the clinician?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Laura Magee</td>
<td>Fri, Oct 28, 2011</td>
<td>Mount Sinai Hospital</td>
</tr>
<tr>
<td><em>The Control of Hypertension in Pregnancy</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Carol Townsley</td>
<td>Fri, Nov 18, 2011</td>
<td>St. Michael's Hospital</td>
</tr>
<tr>
<td><em>The PMH &amp; WCH After Cancer Treatment Transition Initiative: ACTT</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Dorothy Shaw</td>
<td>Fri, Dec 2, 2011</td>
<td><em>The Association of Academic Professionals in Obstetrics &amp; Gynaecology - APOG/Cannell Lecture</em></td>
</tr>
<tr>
<td><em>Competency in Global Women's Health: Training Needs And Opportunities</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Stephen Lye</td>
<td>Fri, Jan 13, 2012</td>
<td>Sunnybrook Health Sciences Centre</td>
</tr>
<tr>
<td><em>Developmental Origins of Health and Disease</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Mary Anne Jamieson</td>
<td>Fri, Feb 3, 2012</td>
<td>Mount Sinai Hospital</td>
</tr>
<tr>
<td><em>Adolescent Menometrorrhagia: Lessons from the Women and Bleeding Disorders Clinic</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Malcolm G. Munro</td>
<td>Fri, Mar 2, 2012</td>
<td>St. Michael's Hospital</td>
</tr>
<tr>
<td><em>Abnormal Uterine Bleeding in the Reproductive Years: The FIGO response to a professional challenge</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Andrea Jurisicova</td>
<td>Fri, Apr 20, 2012</td>
<td>Sunnybrook Health Sciences Centre</td>
</tr>
<tr>
<td><em>Aging female gametes - what can we do about it?</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Day - No Rounds</td>
<td>Fri, May 4, 2012</td>
<td>U of T, JRR Macleod Auditorium &amp; Stone Lobby, Medical Sciences Building, 1 King's College Circle</td>
</tr>
<tr>
<td>Dr. Kevin Imrie</td>
<td>Fri, Jun 8, 2012</td>
<td>Sunnybrook Health Sciences Centre</td>
</tr>
<tr>
<td><em>Resident Duty Hours: Is Surgery Different?</em></td>
<td></td>
<td>changed from St. Michael's Hospital</td>
</tr>
</tbody>
</table>
4.5 Professional Development
Faculty Development Committee

Faculty development is a major priority for the Department and, to this end, the Faculty Development Committee was formed in 2006, with a view to supporting and enhancing the academic career development of all faculty within the Department of Obstetrics and Gynaecology.

The current membership of the committee is Dr. J Blake (Chair), Dr. F Meffe, Dr. R Pittini, Dr. J Shime, Dr. J Thomas, Dr. A Brown, Dr. N Caccia and Dr. J Bodley. The overarching goals of the committee are to develop the full potential of faculty, to value what we do best, where we do it, and skills development.

The goals of the Faculty Development Committee were further defined by, and aligned with, the Strategic Plan of the Department in 2009 under Strategic Direction 4: Recognize, value and develop our faculty:
4-1 Increase faculty affiliation and value to the University
4-2 Recruit and retain top quality faculty
4-3 Enhance mentorship programs

The current faculty development activities within the Department include:
1. Three Year reviews – we are currently evaluating the process.
2. Faculty Recognition and Awards – A new award for Master Teacher was established in 2008.
3. Promotions with initiative including:
   a. Coaching to success philosophy, mentorship for preliminary applicants
   b. Establishment of a Teacher Evaluation Subcommittee of the Promotions Committee, chaired by Dr. R Pittini – Since 2007, for Faculty at a Professorial rank, there have been 14 promotions to Associate Professor and 7 promotions to Full Professor.

Other activities of the Faculty Development Committee include:

1. Annual Faculty Development Half-Day sessions
2. Promotions workshop, delivered annually, to facilitate understanding and preparation for promotions
3. Three year review preparation workshops
4. Encouraging identification of mentors and coaches for all new faculty recruits

New activities planned for 2012-2013 include:
1. Development of a Faculty mentorship programme (initiated Spring 2012)
2. Addition of Community Hospital members to Faculty Development committee
3. Needs assessment and orientation package for new recruits
## Appendix: Faculty Development Workshops

**DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY**
92 College Street, Toronto ON M5G 1L4

* * * PROGRAM * * *

**HALF-DAY FACULTY DEVELOPMENT & CELEBRATORY DINNER**
Thursday, October 11, 2007
2:00 PM
Vaughan Estate, 2075 Bayview Avenue

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00</td>
<td>Welcome</td>
<td>Dr. A. Bocking</td>
</tr>
<tr>
<td>2:10</td>
<td>The Trainee in Difficulty, Failing Trainees and Providing Remediation</td>
<td>Dr. Heather Shapiro</td>
</tr>
<tr>
<td>3:00</td>
<td>3 workshops (choose one of A or B) coffee in breakout rooms</td>
<td>A. Surgical Teaching in the Real World</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drs. Nicholas Leyland and Artin Ternamian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. Teaching IMGs</td>
</tr>
<tr>
<td>4:00</td>
<td>4 workshops (choose one of A or B) coffee in breakout rooms</td>
<td>A. Promotions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. Grant Writing</td>
</tr>
<tr>
<td>5:00</td>
<td>Keynote Address</td>
<td>Title: Teaching about Quality Improvement and Patient Safety</td>
</tr>
<tr>
<td>6:00</td>
<td>Cocktails</td>
<td></td>
</tr>
<tr>
<td>7:00</td>
<td>Dinner &amp; Awards Presentation</td>
<td></td>
</tr>
</tbody>
</table>
# PROGRAM

**Faculty and Alumni Professional Development Workshop and Celebratory Dinner**  
**Wednesday, October 15, 2008**  
**2:00 PM**

**Department of Obstetrics and Gynecology**  
*University of Toronto, Faculty of Medicine*  
**Hart House**  
*7 Hart House Circle, Toronto, ON M5S 3H3*

Note: Each 1-hour session below will include 30-40 minutes for QA and Discussions.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 PM</td>
<td>Welcome</td>
<td>SPEAKER</td>
</tr>
</tbody>
</table>
| 2:10 PM    | **Title: Giving and Receiving Feedback**  
*(All Participants)* | Dr. Ivan Silver                             |
| 3:00 PM    | **A. Distributed Education**                    | Dr. Adrian Brown                            |
|            | **B. Preparing for International Work**         | Dr. David Caloia and Dr. Rachel Spitzer     |
| 4:00 PM    | **A. Use of Simulations in Education**          | Dr. Richard Pittini and Dr. Rory Windrim    |
|            | **B. Working in a Low Resource Country**        | Dr. Heather Morris                          |
| 5:00 PM    | **Keynote Address:**  
*Title: International Women’s Health: The role of Obstetricians and Gynecologists*  
*(All Participants)* | Dr. Andre Lalonde                           |
| 6:00 PM    | Cocktail Reception                              |                                              |
| 7:00 PM – 10 PM | Dinner and Awards Presentation                 |                                              |
### PROGRAM

**HALF-DAY FACULTY DEVELOPMENT AND DEPARTMENT AWARDS CEREMONY**

_Wednesday, September 30, 2009_  
_13:00-18:00_  
_89 Chestnut Street_  
_Terrace Room, 3rd Floor_

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter(s)</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:45</td>
<td>Light lunch provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:00-13:20</td>
<td>Welcome and Overview of Department Strategic Plan</td>
<td>Dr. A. Bocking</td>
<td>ROOM LOCATION</td>
</tr>
</tbody>
</table>
| 13:20 – 15:00 | Confirmation and Prioritization of Strategic Directions and Goals  
- Roundtable Discussion (55 min)  
- Report Back on Highlights of Discussion (35 min) | Dr. Alan Bocking/Helena Axler | TERRACE ROOM 3RD FLOOR |
| 15:00-15:45 | **Coffee and refreshments in breakout rooms*** | ***A. New Promotions Guidelines | Dr. Jennifer Blake | TERRACE ROOM 3RD FLOOR |
| 15:45-16:30 | **Coffee and refreshments in breakout rooms*** | ***B. Interprofessional Education | Dr. Filomena Meffe | ST. DAVID’S SOUTH |
| 16:30-17:00 | Educating a Generation of Ob-Gyn Investigators at the University of Toronto | Dr. Norman Rosenblum | TERRACE ROOM 3RD FLOOR |
| 17:00 – 18:00 | Cocktails & Awards Presentation |                                      | TERRACE ROOM 3RD FLOOR |
FACULTY PROFESSIONAL DEVELOPMENT DAY
Workshops & Awards Presentation

Wednesday, October 13, 2010
11:45 am - 5:00 pm

The Vaughan Estate - Courtyard Ballroom, 2075 Bayview Avenue, Toronto

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:45 am - 12:45 pm</td>
<td>Buffet Luncheon</td>
</tr>
<tr>
<td>12:45 - 1:10 pm</td>
<td>Welcome and Awards Presentation</td>
</tr>
<tr>
<td></td>
<td>Dr. Alan Bocking</td>
</tr>
<tr>
<td>1:10 - 2:00 pm</td>
<td><strong>Lecture:</strong> Expand and Multiply: How are we going to integrate education across teaching sites? Dr. Sarita Verma</td>
</tr>
<tr>
<td>2:15 - 3:10 pm</td>
<td><strong>Workshops</strong> (choose <strong>A or B</strong>)</td>
</tr>
<tr>
<td></td>
<td>A. New Promotions Guidelines</td>
</tr>
<tr>
<td></td>
<td><em>Drs Jennifer Blake &amp; Richard Pittini</em></td>
</tr>
<tr>
<td></td>
<td>B. Lectures that Sizzle</td>
</tr>
<tr>
<td></td>
<td><em>Drs Adrian Brown &amp; Rick Penciner</em></td>
</tr>
<tr>
<td>3:15 - 4:10 pm</td>
<td><strong>Workshops</strong> (choose <strong>C or D</strong>)</td>
</tr>
<tr>
<td></td>
<td>C. Using eMedicine and Technology in Practice</td>
</tr>
<tr>
<td></td>
<td><em>Dr. Karen Glass</em></td>
</tr>
<tr>
<td></td>
<td>D. Fostering and Mentoring Research with Trainees</td>
</tr>
<tr>
<td></td>
<td><em>Dr. Ted Brown</em></td>
</tr>
<tr>
<td>4:15 - 5:00 pm</td>
<td><strong>KEYNOTE SPEAKER:</strong> Dr. Kaveh Shojania on Thinking About Medical Error and Patient Safety in Daily Practice</td>
</tr>
</tbody>
</table>

Register online at [www.obgyn.utoronto.ca/faculty/events.htm](http://www.obgyn.utoronto.ca/faculty/events.htm).
FACULTY PROFESSIONAL DEVELOPMENT DAY
Workshops & Awards Presentation

Wednesday, October 26, 2011
11:45 am - 6:00 pm

The Vaughan Estate - Courtyard Ballroom, 2075 Bayview Avenue, Toronto

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:45 – 12:45</td>
<td>Buffet Luncheon</td>
</tr>
</tbody>
</table>
| 12:45 - 1:10 pm| Welcome and Awards Presentation  
Dr. Alan Bocking |
| 1:10 - 2:00 pm| LECTURE: Undergraduate Medical Education: Getting Ready for Accreditation  
Dr. Martin Schreiber |
| 2:15 - 3:10 pm| A. Social Responsibility: What is our role?  
Drs Alan Bocking/ Barry Pakes/ Ms. Vicki Van Wagner  
Coffee and refreshments in breakout rooms |
|               | B. Clerkship Matters: Why we need to know about T-RES  
Dr. Filomena Meffe |
| 3:15 - 4:10 pm| C. Career Development: Promotion Preparation Workshop  
Drs Lisa Allen/ John Kingdom/ Richard Pittini  
Coffee and refreshments in breakout rooms |
|               | D. Collegial Conversations  
Dr. Janet Bodley |
| 4:15 - 5:00 pm| KEYNOTE SPEAKER: Dr. Matt Gysler - The View from Mississauga |
| 5:00 – 6:00 pm| Social Gathering                                |

Register online now: [http://www.obgyn.utoronto.ca/faculty/events/fpdd.htm](http://www.obgyn.utoronto.ca/faculty/events/fpdd.htm)
<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Speaker</th>
<th>Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 19, 2012</td>
<td>MSH</td>
<td>Dr. Mara Goldstein Staff Psychiatrist, St. Michael's Hospital; Director of Undergraduate Electives, Faculty of Medicine, University of Toronto</td>
<td>Generation Google: Issues Relevant to Today's Youth</td>
</tr>
<tr>
<td>May 19, 2011</td>
<td>SMH</td>
<td>Dr. Richard Pittini Director, Undergraduate Medical Education Evaluation, Faculty of Medicine, U of T</td>
<td>1) Update on Developing Benchmarks  2) Faculty and Program Evaluation</td>
</tr>
<tr>
<td>January 20, 2011</td>
<td>MSH</td>
<td>Dr. Kellie Leitch Paediatric Orthopaedic Surgeon Associate Professor, Faculty of Medicine University of Toronto Chair, Ivey Centre on Health Innovation and Leadership Richard Ivey School of Business University of Western Ontario Chief of Surgical Services, Lakeridge Health</td>
<td>Health Innovation and Commercialization</td>
</tr>
<tr>
<td>Date</td>
<td>Presenter</td>
<td>Topic</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>July 1, 2007 – June 30, 2012</td>
<td>Dr. Jennifer Blake&lt;br&gt;Vice-Chair, Department of Obstetrics and Gynaecology, University of Toronto</td>
<td>Faculty Development Goals 2011</td>
<td></td>
</tr>
<tr>
<td>May 20, 2010</td>
<td>Dr. Alan Bocking&lt;br&gt;Chair, Department of Obstetrics and Gynaecology, University of Toronto</td>
<td>Strategic Planning Objectives: Alumni Relations, Strategic Directions, Faculty of Medicine Benchmarking, Research Activity, Knowledge Translation/Application, Education by Program</td>
<td></td>
</tr>
<tr>
<td>May 20, 2010</td>
<td>Dr. Heather Shapiro&lt;br&gt;Director of Postgraduate Medical Education, Department of Obstetrics and Gynaecology, U of T, and&lt;br&gt;Dr. Filomena Meffe&lt;br&gt;Director of Undergraduate Medical Education, Department of Obstetrics and Gynaecology, U of T</td>
<td>Education Directions</td>
<td></td>
</tr>
<tr>
<td>May 20, 2010</td>
<td>Dr. Nan Okun&lt;br&gt;Associate Professor, Department of Obstetrics and Gynaecology</td>
<td>Social Responsibility</td>
<td></td>
</tr>
<tr>
<td>May 20, 2010</td>
<td>Dr. Ed Etchelles&lt;br&gt;Centre for Patient Safety</td>
<td>Patient Safety</td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX 4.5.2**  
**DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY**  
Faculty of Medicine, University of Toronto  
**LEADERSHIP COUNCIL PRESENTATIONS**  
July 1, 2007 – June 30, 2012

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Speaker/Title</th>
<th>Topic</th>
</tr>
</thead>
</table>
| January 21, 2010 | WCH     | Dr. Jennifer Blake  
Vice-Chair, Department of Obstetrics and Gynaecology, University of Toronto | *New Faculty Promotion Guidelines*                                         |
| June 11, 2009 | 89 Chesnut | Dr. Stephen Lye  
Associate Director  
Samuel Lunenfeld Research Institute  
Mount Sinai Hospital | *Focus on Research: DOHAD*                                                  |
| June 11, 2009 | 89 Chesnut | Facilitator: Ms. Helena Axler | *Leadership Council Strategic Planning Retreat Day:  
Fostering Integration and Collaboration*                                    |
|             |          | Dr. Alan Bocking  
Chair, Department of Obstetrics and Gynaecology, University of Toronto | *Our Environment/ Integration and Partnerships*                            |
|             |          | Dr. Sarita Verma  
Sarita Verma, Deputy Dean, Faculty of Medicine Vice-Dean, Postgraduate Medical Education University of Toronto | *Our Faculty/Faculty of Medicine’s strategic plan alignment with the Department of Obstetrics and Gynaecology* |
### APPENDIX 4.5.2
### DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
Faculty of Medicine, University of Toronto
LEADERSHIP COUNCIL PRESENTATIONS
July 1, 2007 – June 30, 2012

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Presenter/Title/Position</th>
<th>Presentation Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 21, 2009</td>
<td>SMH</td>
<td>Dr. Alan Bocking</td>
<td>Chair, Department of Obstetrics and Gynaecology, University of Toronto</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Strategic Planning: Focus on recommendations of the recent External Review as a guide to moving forward</td>
</tr>
<tr>
<td>January 22, 2009</td>
<td>WCH</td>
<td>Dr. Alan Bocking</td>
<td>Chair, Department of Obstetrics and Gynaecology, University of Toronto</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Strategic Planning</td>
</tr>
</tbody>
</table>

**VPs of Research, affiliated hospital sites and Vice-Chair of Research, Faculty of Medicine:**
- James Woodgett, Mount Sinai, SLRI;
- Andreas Laupacis, St. Michael’s – LKSKI;
- Chris Paige, University Health Network Research Institute;
- Michael Julius and John Barrett, Sunnybrook – SRI; and
- Peter Lewis, Faculty of Medicine

**Our Research Partners: Translational Research/Knowledge Translation**

**Our Education Partners/Expansion and communication**
- Dr. Adrian Brown, Director Distributed Medical Education, Faculty of Medicine
- Dr. Kathryn Parker, Educator/Evaluator, The Learning Institute, Hospital for Sick Children

**Evaluating our Progress/Research, education and benchmarking**
<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Presenter(s)</th>
<th>Presentation Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 22, 2008</td>
<td>WCH</td>
<td>Dr. Alan Bocking Chair, Department of Obstetrics and Gynaecology, University of Toronto</td>
<td>Strategic Planning: Focus on recommendations of the recent External Review as a guide to moving forward</td>
</tr>
<tr>
<td>January 24, 2008</td>
<td>WCH</td>
<td>Dr. Jeff Wilkinson Assistant Professor of Obstetrics and Gynecology and Global Health Duke Global Health Institute</td>
<td>Global Health – Obstetric Fistulas</td>
</tr>
<tr>
<td>October 25, 2007</td>
<td>MSH</td>
<td>Dr. Adrian Brown Director Distributed Medical Education, Faculty of Medicine</td>
<td>Distributed Medicine</td>
</tr>
</tbody>
</table>

**MSH = Mount Sinai Hospital**  **SMH = St. Michael's Hospital**  **U of T = University of Toronto**  **WCH = Women's College Hospital**
5. Research

Introduction

The Department of Obstetrics and Gynaecology has developed into one of the most active and respected integrated clinical/research programs within North America and internationally. The current Chair, through recruitment, the creation of a supportive environment, and fostering research mentorship for trainees, has continued and expanded the foundations laid down by previous chairs, Drs Walter Hannah and Knox Ritchie.

The spectrum of research within the Department is multidisciplinary, with interests in biomedical, clinical, population-based and health outcomes/policy and translational research and engaging all divisions: Gynaecologic Oncology, Maternal-Fetal Medicine, Paediatric and Adolescent Gynaecology, Reproductive Endocrinology and Infertility and Urogynaecology. Research is conducted within each of the hospital departments affiliated with the University of Toronto. Department investigators have been highly successful in gaining peer-review research support from granting agencies, such as the Canadian Institutes of Health Research. The Department is particularly strong in Discovery and Clinical Research within the Women’s and Infant’s Health Program at Mount Sinai Hospital and its Samuel Lunenfeld Research Institute (SLRI), the Women and Babies Program at Sunnybrook Health Sciences Centre, and the Keenan Research Centre at St Michael’s Hospital. In addition, the Department contributes to epidemiologic and clinical trials research within the University of Toronto Centre for Mother, Infant and Child Research based at the Sunnybrook Research Institute. The success of these programs (including the recruitment of key faculty and the provision of research space) is due to the strong collaboration and cooperation developed between the University Department of Obstetrics and Gynaecology, the hospital Departments of Obstetrics and Gynaecology and the hospital Research Institutes.

The Research Program

The current Chair has created a climate that is highly supportive of research.

Clinical research takes place in every hospital and all clinical members of the department contribute in some way to the research effort by reporting observations that lead to experimentation in the clinical setting or to practice change, by contributing clinical expertise to the design of studies, by leading collaborative clinical investigations, or by encouraging patients and trainees to participate in research. Investigators have taken advantage of the availability of one of the largest and most complex clinical case loads, certainly in Canada and possibly the world, to conduct their research.

Recently, led by Dr Alan Bocking, Mount Sinai Hospital has established the Ontario Birth Study (OBS), a unique open cohort, which will offer every woman seeking antenatal care at Mount Sinai Hospital the opportunity to participate in an observational study of pregnancy health. The OBS collects longitudinal biospecimens, clinical data and questionnaire data throughout the pregnancy and makes this available to researchers within and outside the Department of Ob/Gyn. Once fully operational, we anticipate that the OBS will represent the largest open cohort study in
the world. As it is integrated into the normal program of clinical care, the OBS is designed to be implemented at other hospitals within the University of Toronto system, across Ontario and beyond. For example, we are currently exploring opportunities for OBS-harmonized cohorts in Calgary, Perth (Australia) and Shenzhen, China. Longer term, we are developing mechanisms to follow the children through infancy and childhood as part of an infrastructure within the Fraser Mustard Institute for Human Development at the University of Toronto.

Department activity in the area of Gynaecologic Oncology is providing exciting new research and national leadership in the areas of survivorship, robotics, global health, cervical cancer screening, serum banking for patients with ovarian cancer and hereditary ovarian/breast cancer, and development of synoptic reporting. Many of these initiatives bridge the gap between clinical and basic science, providing the tools for both clinicians and scientists to collect and analyze data and improve outcomes.

The majority of the discovery research component of the Department takes place within, or associated with, the Samuel Lunenfeld Research Institute at Mount Sinai Hospital, with strong individual programs at Sunnybrook HSC. The SLRI program has widened to include the range of Ob/Gyn interests, from reproductive endocrinology, fertilization and early embryo development, fetal and placental development, preterm birth, the developmental origins of health and disease, as well as mature women’s health in the areas of menopause and pelvic floor function. This group includes PhD investigators and clinical scientists within the SLRI who are recognized to be at the leading edge of research within their respective areas of interest. This includes Drs. Adamson, Bocking, Brown, Caniggia, Casper, Jurisicova, Kingdom, Lye, Nagy and Rogers. Primary appointed faculty conducting biomedical research at other locations include Drs. Librach and Nevo (Sunnybrook).

The Department has actively sought to enhance its research capability through the recruitment of key faculty as cross-appointees. As examples in the biomedical research area, cross-appointees include Drs. Belsham (Physiology), Matthews (Physiology), Letarte (Immunology), Rossant (Molecular and Medical Genetics) and Weksberg (Paediatrics). Clinical research is supported by many cross-appointees with the University of Toronto, including Drs. Asztalos (Paediatrics), Ray (Medicine), Chitayat (Paediatrics), Narod (Public Health Sciences) Stewart (Psychiatry) and Colgan (Laboratory Medicine and Pathobiology). The recruitment of Drs Shoo Lee (Paediatrics) and Lyle Palmer (Public Health) to the University of Toronto has enhanced the Department’s research in population and health services research.

The Chair has contributed significantly to the continued success of these research programs through a number of mechanisms, including the direct departmental support for protected time of clinical faculty and salary support for PhD faculty, the initiation of research pilot project support and support for trainees, particularly clinical trainees. These efforts give substantial assistance to young investigators and clinical trainees to become engaged in research.

The Chair has also been very supportive of emerging research areas within the department, including Pelvic Floor Disorders, the Law and Reproductive Health, Health Policy Research, Education Research and Global Health Research (notably through support of the AMPATH network).
The attached documentation on faculty research publications and peer-review funding provides evidence of the success of the research program (See Appendices 5.1, 5.2 and 5.3). Primary-appointees hold significant peer-review salary awards, including Canada Research Chairs (Lye, Jurisicova) and personal chairs (Bocking, Kingdom, Lefebvre, Lye, Murphy (Joan)). Department faculty members are recipients of major national and international research honours. Researchers within the department have been successful in translation of research both into improved clinical practice and through commercialization of research findings.

Research and Training

One of the most rewarding aspects of the Department’s research environment is the remarkable cadre of trainees, both at the clinical and basic science level, and trainee success in research programs and peer-review support. Our trainees (both clinical and basic science) have had remarkable success in CIHR stipend competitions and PSI (an Ontario Research Foundation) projects and stipend support. Trainees have presented at plenary sessions of the Annual SGI Meeting, as well as numerous oral sessions of national and international conferences, often receiving trainee awards.

One of the highlights of the academic year is the Annual Department Research Day. This day showcases the research undertaken by our clinical and basic science trainees. On average, 75 abstracts are presented either in oral or poster sessions each year – a remarkable testament to the research vitality of our department.

The research community within the Department has also worked closely with other department committees to integrate research into training and faculty development. In particular, the Research and Postgraduate Education Committees have worked closely to enhance research opportunities for residents. For example, we have established a group of research mentors to help residents in the early stages of their training access research projects/supervisors. We have also recently developed a graduate course that integrates science and clinical practice in the area of reproductive medicine. The goal of this course is to build bridges between science and clinical trainees. Clinical trainees are provided with a scientific basis for clinical practice, while science trainees receive an understanding of the clinical aspects of reproductive biology. These and other measures have increased the exposure of residents and fellows to research opportunities over the past 5 years – this is apparent from the strong performance of clinical trainees in the annual Research Day and in submissions for peer-review funding and presentations at national/international conferences.
Research Opportunities

This is a very exciting time for research in Obstetrics and Gynaecology. Knowledge of disease mechanisms underlying reproductive disorders (e.g. endometriosis, reproductive cancers, early pregnancy loss, preeclampsia, preterm birth and pelvic floor disorders) is rapidly increasing and methods to diagnose and treat them may be within sight. Our Department is well positioned to take advantage of new opportunities provided by large-scale genome analyses. We have developed numerous collaborations with researchers nationally and internationally to provide access to patient populations and for discovery studies and clinical trials research. With the Chair’s support, we have established the Ontario Birth Study (see above), which will be a major research resource for our investigators and help the move towards the full integration of research into clinical practice. Linkage of the OBS with the Ontario Health Study (led by cross-appointee, Dr Lye Palmer) provides further significant opportunities for our research faculty.

The Department continues to review the research landscape to ensure that it remains at the leading edge of investigation. During the Chair’s tenure, the Department developed a strategic plan for research. One of the key priorities was the “Developmental Origins of Health and Disease”, which was recognized as an important opportunity for integration within the department and with colleagues across the Faculty. As a result of leadership by the Department (supported by the Chair), the University of Toronto has established an Institute for Human Development (now named the Fraser Mustard Institute for Human Development). The IHD expands the scope of DOHaD to include the impact of early-life exposures on not only health, but on learning and social functioning. The IHD is a system-wide initiative of the University of Toronto, including multiple Faculties (e.g. Medicine, Education, Arts and Science, Social Work, Nursing) and affiliated teaching hospitals. The Department plays a major role in the establishment and operation of the IHD through our research faculty and through the leadership of Dr Lye as the Executive Director of the IHD.

The Department continues to explore multiple international research collaborations, including ongoing links with the School of Women’s and Infant’s Health at the University of Western Australia, Moi University, Eldoret, Kenya, as well as several universities in China and Thailand.

With any large scale research efforts there remain challenges. Some of these are not unique to this department and include continuing issues around long-term career success for clinician scientists and stable salary support for Ph.D. scientists. At the moment peer-review research funding is strong within the Department. However, agencies such as CIHR continue to be under pressure with reduced overall success rates.

Much of the success of the Department’s research program is due to the support of the hospital-based research institutes. The institutes provide the research infrastructure and, to a large extent, salary support for research faculty within the Department. This relationship continues to be strong and supportive on both sides. However, the reliance on the research institutes does place some constraints on the research autonomy of the Department.

The Department remains cognizant of the need to strive for even greater integration of basic and clinical research. We believe that the Ontario Birth Study will be a vehicle to further this
integration. We are also aware of the need to support research across the spectrum of Ob/Gyn. In the past 5 years, areas of reproductive medicine (REI) and urogynaecology have made significant advances in their research capacity. Thus, while the research effort of the Department remains strong, we are cognizant of the need to constantly review opportunities and tackle challenges to maintain and further enhance our research programs.

Sincerely,

Stephen J Lye
Vice-Chair, Research
5.1 Appendix: Research Publications 2007-2012

PEER-REVIEWED PUBLICATIONS
2007-2008
Original Research


Gellhaus A, Schmidt M, Dunk C, Lye SJ, Winterhager E. The circulating proangiogenic factors CYR61 (CCN1) and NOV (CCN3) are significantly decreased in placentae and sera of preeclamptic patients. Reprod Sci. 2007 Dec;14(8 Suppl):46-52.


**Robertson D**, **Kives S**. Adolescent consent in reproductive and sexual health decision-making: Should there be an arbitrary age of consent or should it be based on the ‘evolving capacities of the child’? J Pediatr Adolesc Gynecol 2008 Feb; 21(1) 47-51.


Thombs BD. Ziegelstein RC, Stewart DE, Parakh K, Abbey SE, Grace SL. Usefulness of persistent symptoms of depression to predict physical health status 12 months after an acute coronary syndrome. Am J Cardiol 2008 January; 101:15-19.


Invited Papers, Commentaries, Editorials, Reviews and Book Chapters


Carvalho JCA. Ultrasound-guided epidural anesthesia video tutorial, produced for Sonosite Training and Education Program, 2007, available at:
http://sonositelearning.com/shop/ultrasound_guided_epidural_ane.php

Carvalho JCA. Uterine fix post C-section should be done in situ. The Medical Post, September 18, 2007. Available at: http://www.medicalpost.com


Robertson D, Kives S. Adolescent consent in reproductive and sexual health decision-making: Should there be an arbitrary age of consent or should it be based on the ‘evolving capacities of the child’? J Pediatr Adolesc Gynecol 2008 Feb; 21(1):47-51.


Steinberg WM. Cervical Cancer. Patient Care Canada 2007 Sept;18(9).

Steinberg WM. Endometrial protection using Esting and Vagifem. Patient Care Canada 2007 Sept;18(9).

Steinberg WM. Hormone therapy for menopausal symptoms. Patient Care Canada 2007 Sept;18(9).


Steinberg WM. Routine ovarian ultrasounds. Patient Care Canada 2007 Nov;18(11).

Stewart DE. Battling depression. CMAJ 2008 Apr;178(8):1023.


Original Research


Liu KE, Greenblatt EM. Elevated day 3 follicle stimulating hormone/luteinizing hormone ratio > 2 is associated with higher rates of cancellation in in vitro fertilization-embryo transfer cycles. Fertil Steril 2008 Aug;90(2):297-301.


Invited Papers, Case Reports, Commentaries, Editorials, Reviews and Book Chapters


Derzko CM. Bioidentical Hormones. sigma@sigmamenopause.com, January 2009.


Maxwell C, McGeer A, Tai KFY, Sermer M, Maternal Fetal Medicine Committee (Farine D), Infectious Disease Committee (Yudin M, Murphy K). Management guidelines for obstetric patients and neonates born to mothers with suspected or probable SARS. SOGC Clinical Practice Guideline, No. 225, 2009 Apr; 358-9.


**PEER-REVIEWED PUBLICATIONS**

**2009-2010**

**Original Research**


Mackay HJ, Gallinger S, Tsao MS, McLachlin CM, Tu D, Keiser K, Eisenhauer EA, Oza AM. Prognostic value of microsatellite instability (MSI) and PTEN expression in women with endometrial cancer: Results from studies of the NCIC Clinical Trials Group (NCIC CTG). Eur J Cancer 2010 May;46(8):1365-73. Epub 2010 Mar 19.


Retnakaran R, Qi Y, Connelly PW, Sermer M, Hanley AJ, Zinman B. Risk of early progression to prediabetes or diabetes in women with recent gestational dysglycemia but normal glucose tolerance at 3-months postpartum. Clin Endocrinol (Oxf) 2010 Jun 9. [Epub ahead of print]


Invited Papers, Case Reports, Commentaries, Editorials, Reviews and Book Chapters


**Bentov Y, Casper RF.** Testosterone-induced downregulation of anti-Müllerian hormone expression in granulosa cells from small bovine follicles. Faculty of 1000 Medicine September 2009, Review.

**Bentov Y, Casper RF.** The safety of metoclopramide use in the first trimester of pregnancy. Faculty of 1000 Medicine July 2009, Review.

**Bentov Y, Esfandiari N,** Gokturk A, Burstein E, Fainaru O, **Casper RF.** An ongoing pregnancy from two waves of follicles developing during a long follicular phase of the same cycle. Fertil Steril 2010 Jun;94(1):350.e8-11.


Chung HY, Uster-Friedberg T, Pentaz S, Blaser S, **Murphy K, Chitayat D.** Fetal parietal foramina: Ultrasound and MRI findings. Ultrasound Obstet Gynecol 2010 Jun 28. Epub ahead of print


**Derzko C.** Bioidentical Hormone Therapy (Snell Rounds) Endocrinology Rounds. @ [www.endocrinologyrounds.ca](http://www.endocrinologyrounds.ca), University of Toronto Department of Medicine, Endocrinology Division, St. Michael’s Hospital. 2009;9(5):1-6.


PEER-REVIEWED PUBLICATIONS
2010-2011

Original Research


Li W, Li H, **Bocking AD**, Challis JR. Tumor necrosis factor stimulates matrix metalloproteinase 9 secretion from cultured human chorangionic trophoblast cells through TNF receptor 1 signaling to IKBKB-NFkB and MAPK1/3 pathway. Biol Reprod 2010 Sep;83(3):481-7. Epub 2010 May 12.


Invited Papers, Case Reports, Commentaries, Editorials, Reviews and Book Chapters


Papadakos J, Freeman A, Abdelmutti N, Ferguson SE. Chemotherapy: How to manage your chemotherapy side effects. PMH Educational and Supportive Care Pamphlets/PMH Cancer Program, 2011.


**Windrim R**. ACP Journal Club. PPI use in the first trimester was not associated with increased risk for birth defects; PPI use 1 to 4 weeks before conception was. Ann Intern Med 2011 Jun 21;154(12):JC6-11.


**PEER-REVIEWED PUBLICATIONS**

**2011-2012**

**Original Research**


Casper RF. It's time to pay attention to the endometrium. Fertil Steril 2011 Sep;96(3):519-21.


Verma P, Clark CA, Spitzer KA, Laskin CA, Ray J, Koren G. Use of non-aspirin NSAIDs during pregnancy may increase the risk of spontaneous abortion. Evid Based Nurs 2012 Mar 12. [Epub ahead of print]


5.2 Appendix: Research Grants 2007-2008 to 2011-2012

2007-2008

RESEARCH GRANTS AND INVESTIGATIONS


Adamson SL (Principal Investigator), Rossant J (Co-Principal Investigator); Osborne L, Bruneau BG (Co-Applicants). Generation and physiological analysis of genome-wide mutations in mice. Canadian Institutes of Health Research – Operating Program, $1,293,687 total, $250,909 per annum + $39,142 Equipment, 2004 – 2009.


Belsham DD (Principal Investigator). Canada Research Chair Award in Neuroendocrinology, Tier 2, $500,000 total, $100,000 per annum, July 2004 – June 2009.


Berger H (Co-Principal Investigator). Developmental outcomes of adolescents exposed in utero to corticosteroids - follow up of a randomized controlled study. SickKids Foundation, $151,800, May 2008.


Bocking AD, (Principal Investigator); Challis JR, Reid G (Co-Investigators). Role of lactobacilli in maternal and perinatal health. Canadian Institutes of Health Research, $96,070 per annum, 2007 – 2012.


Bruneau B (Principal Investigator), Chitayat D. Genetic basis of cardiac development and malformation. Canadian Institutes of Health Research, $496,312, 2005 -- 2010.

Caccia N. Development of a Web-based course covering the basics of common problems in the delivery of sub-specialty care in Paediatric & Adolescent Gynaecology for Obstetrics & Gynaecology Post-Graduate Trainees at the University of Toronto. University of Toronto Information Technology Courseware Development Fund, $5000, 2008.

Campbell MK (Principal Investigator), Bocking AD (Co-Investigator). Maternal and infant health, health services needs and utilization following term and preterm birth; Outcomes in cohort assembled antenatally. Canadian Institutes of Health Research Operating Grant, $100,275 per annum, 2005 – 2009.


Caniggia I (Principal Investigator). The role of oxygen in regulating placental development. Canadian Institutes of Health Research Operating Grant, $787,490 total, $156,000 per annum; 2008 – 2013.

Caniggia I. Towards understanding the pathogenesis of preeclampsia. Canadian Institutes of Health Research Ontario Women's Health Council/The Institute of Gender and Health (IGH) Mid-Career Award, $80,000 per annum, 2005 -- 2010.

Caniggia I (Principal Investigator), Jurisicova A (Co-Investigator). Role of Bcl-2 family members in regulating placental cell fate. Canadian Institutes of Health Research Operating Grant, $ 757,050 total, $150,000 per annum, 2008 – 2013.


Casper RF, Jurisicova A (Principal Applicants), Perez GI. (Co-Applicant). Enhancing early embryo development in assisted reproduction. Canadian Institutes of Health Research Operating Grant – MOP 14058, $121,240 per annum, April 2005 – March 2010.


Challis JRG (Principal Investigator), Bloomfield F, Gluckman P, Matthews S, Newnham J. Control of parturition. Canadian Institutes of Health Research (CIHR) Group in Fetal and Neonatal Health and Development, Operating Grant (Renewal), $1,138,000 total, $227,600 per annum, $113,800 first and last year, 2004 – 2010.

Challis JRG, Lye SJ (Co-Principal Investigators). Paracrine controls of human labour. Canadian Institutes of Health Research, $792,120; $158,424 per annum; Operating grant, October 2005 – September 2010.

Challis JRG (Principal Investigator), Lye SJ, MacCalman CD, Rurak DW, Gibb W. Regulation of prostaglandin synthesis, metabolism and action in pregnancy and parturition. Canadian Institutes of Health Research, Operating Grant, $792,450; $158,490 per annum, October 2004 – September 2009.
Challis JRG (Principal Investigator), Matthews SG. Control of parturition. Canadian Institutes of Health Research, Operating Grant, $1,050,000 total, $210,000 per annum, 2004 – 2009.


Dennis CL (Principal Investigator), Stewart DE (Co-Applicant). An RCT to Evaluate the Effectiveness of Peer Support for PPD. Canadian Institutes of Health Research, $1,005,526, January 2004 – January 2008.


Dupre J (Principal Investigator), Dosch H-M, Lawson ML, Orbine E, Fraser WD, Sermer M (Principal Investigator, Toronto Site). Trial to reduce Insulin Dependent Diabetes Mellitus (IDDM) in the genetically at risk (TRIGR). National Institutes of Health, Canadian Institutes of Health Research, $426,000 per annum, 2002 – 2012.

**Ferguson SE** (Principal Investigator), Co-Principal Investigators: Urowitz S, Classens C. Development and validation of the modified sexual adjustment and body image scale in women with a diagnosis of gynecologic cancer (SABIS-G). Research Award through Department of Obstetrics and Gynecology, University of Toronto, $5000, 2008.


Friedman JM (Principal Investigator), Chitayat D. Identifying human mutations that cause mental retardation. Canadian Institutes of Health Research, $2,498,538, 2005 – 2010.


Josse R (Principal Investigator), Derzko CM, Rubin L (Co-Investigators). The efficacy and safety of 2g strontium ranelate in the treatment of male osteoporosis: A prospective multicentre, international, double-blind, placebo-controlled study with a treatment duration of 2 years and the main study analysis after 1 year. Servier Protocol CL3-12911-032 Total operating budget: $6,995 per patient, 2007 – 2011.


Kim PW, **Ryan G** (Project Co-leaders). The Fetal Alert Network. Ministry of Health and Long Term Care, One-time operating funds, $1,000,000, 2007-2008.


**Kives S.** Randomized controlled trial of continuous oral contraceptives vs. cyclical oral contraceptives in adolescents. Physicians’ Services Incorporated Foundation, $75,000.

**Kingdom JCP** (Principal Investigator). Villous trophoblast turnover. Canadian Institutes of Health Research Award, $532,888, 2006-2010.


**Kingdom J, Jain V** (Co-Principal Investigators) Induction and characterization of IUGR by sub-lethal injections of Gcm-1 siRNA into the embryonic exocoelomic cavity in mice. Physicians’ Services Incorporated Foundation, Resident Research Grant, $19,500, January – December 2007.

**Kingdom J (Principal Investigator), McLeod K, Windrim R** (Co-investigators). Randomised trial of heparin in women with severe placental dysfunction. Physicians’ Services Incorporated Foundation, $80,000, 2007.


**Lambe EK.** Cellular and molecular mechanisms underlying development and plasticity of prefrontal attention circuitry. Canadian Institutes of Health Research, $718,025 total; $143,605 per annum, 2008 – 2013.

**Lambe EK.** Signal transduction and adult cortical network activity. NAtional Science And Engineering Research Council (NSERC) Discovery Grant (Operating), $178,125 total ; $35,625 per annum, 2007 – 2012.

Langille BL. Cadherins and regulation of smooth muscle cell function. Heart and Stroke Foundation of Ontario (NA 5332), $74,196.00 per annum 2004-07; $125,957 per annum 2007-12; 2004 – 2012.


Letarte M (Principal Investigator). The role of endoglin in the normal vasculature and in the pathology of Hereditary Hemorrhagic Telangiectasia. Heart & Stroke Foundation, $370,767 total, $92,671 per annum, Operating Grant, 2005 – 2009.

Levitan RD (Principal Investigator), Matthews SG. Sociobiological and genetic predictors of the stress response in chronic major depression. Operating Grant, $200,000 total, $100,000 per annum, 2007 – 2009.


Lye SJ (Principal Investigator); Adamson SL, Challis JRG, Danska S, Matthews S, Osborne L, Pennell C, Rossant J (Co-Investigators). A murine model to investigate the mechanisms underlying DOHaD. Canadian Institutes of Health Research, Operating Grant (MOP 81238), $373,674 total, $124,558 per annum, October 2006 – September 2009.


Lye SJ (Principal Investigator), Langille L. Myometrial programming: A new concept underlying the control of myometrial contractility during pregnancy. Canadian Institutes of Health Research $727,080 total, $145,416 per annum, Operating grant, October 2005-September 2010.


Matthews SG, Meaney M (Co-Directors). Maternal adversity, vulnerability & neurodevelopment. Canadian Institutes of Health Research, Program Grant, $3,750,000 total, $750,000 per annum, 2003 – 2009.


McCulloch C (Principal Investigator), Brown TJ, Ringuette M. Bone sialoproteins in skeletal metastasis. CIHR, Operating Grant, $430,822, 2008 – 2011.


Meaney M (Principal Investigator). Matthews SG. Genes, Environment & Health Training Grant. Canadian Institutes of Health Research, Training Grant. $1,440,000 total, $240,000 per annum, 2003 – 2009.

Meffe F (Principal Investigator), Campbell D, Houston P, Nevins A, Lynch B (Co-investigators). The development, implementation and evaluation of an interprofessional education curriculum in maternity care for undergraduate students in nursing, midwifery and medicine. Interprofessional Education in Maternity Care Pilot Project. Ministry of Health and Long Term Care, Interprofessional Care Fund, $175,000, December 2007.


**Nevo O** (Principal Investigator); **Bocking AD**, **Caniggia I** (Co-Investigators). Expressions of pro (VEGF, PI GF) and anti (sFit-1) angiogenic factors in placentae of IUGR pregnancies. Physicians’ Services Incorporated Foundation, $19,500, October 2006 – October 2007.

Olson D (Principal Investigator), **Bocking AD**. Preterm birth and healthy outcomes. Alberta Heritage Foundation for Medical Research (AHFMR), $1,000,000 per annum, 2008 – 2012.


**Percy ME** (National Coordinator, Canada; Principal Investigator, Surrey Place Centre Site); Dalton AJ (Project Principal Investigator); Aisen PS, Sano MC (Study Directors). Multicenter vitamin E trial in aging persons with Down syndrome. National Institute on Aging, National Institute of Child Health and Human Development, and National Center of Complementary and Alternative Medicine (RO1-AGO16381), Clinical trial, $9,000,000 (total), $1,129,849 (per annum, overall, 2007), $12,000 per annum, Surrey Place Centre site, 2000 – 2010.

Perumalla C (Primary Applicant), **Belsham DD** (Co-Applicant). Laboratory enrichment to enhance the educational experience of life sciences students. Academic Initiative Fund, $700,000, May 2007 – May 2009.

**Ray JG**. New Investigator Award. Canadian Institutes of Health Research. $250,000, 2005-2010.


**Rossant J** (Principal Investigator); **Adamson SL**, Aubin JE, Cordes SP, **Osborne LR**, Quaggin SE, Roder JC, Stanford WL, Vallis KA, Van Der Kooy DJ, Vidal SM. Centre for Modeling Human Disease. Canadian Institutes of Health Research Group Program, $2,532,330 total, $506,466 per annum + $15,000 Equipment, 2004 – 2009.

Sermer M (Co-Principal Investigator). Hemodynamics and hormonal changes in pregnant women with heart disease: Understanding the effects of pregnancy on the diseased heart. Heart and Stroke Foundation of Canada, $74,000 per annum, 2006 – 2008.

Sermer M (Co-Investigator). Longitudinal association of adipocytokines and markers of subclinical inflammation with changes in insulin resistance and beta-cell function in women with a history of gestational diabetes mellitus. Canadian Institutes of Health Research, $148,969 per annum, 2007 – 2012.


**Sierra S** (Principal Investigator). Molecular array of the endometrium in women with recurrent early pregnancy loss and in women with recurrent implantation failure. Physicians’ Services Incorporated Foundation, $36,500, 2008 – 2010.

Siu KM (Principal Investigator), **Colgan T**. Discovery, identification, and verification of novel biomarkers in head and neck cancer. Canadian Institutes of Health Research (CIHR). Grant, $126,764 per annum, 2008 – 2010.

Siu KM (Principal Investigator), Romaschin A, **Colgan T**. Biomarker discovery, identification and verification using tissue proteomics in an endometrial cancer model. National Cancer Institute of Canada, CCS Research Grant, $750,000, $149, 210 per annum, 2005 – 2010.


Tremblay L, **Ternamian A** (Principal Investigators), Tyrwhitt J. Interdisciplinary collaborative robotic automated port application research. Department of Keniseology, the Division of Gynecologic Endoscopy and the Department of Research and Knowledge Management at St. Joseph's Health Centre. $5000, 2007 – 2009.

Vranic M (Principal Investigator), Matthews SG. Physiological and molecular mechanisms of hypoglycemic counterregulation in diabetic rats. Canadian Diabetes Association, Operating Grant, $142,500 total, $67,500 (1st yr), $75,000 (2nd yr), 2007 – 2009.


Windrim R (Principal Investigator) for the TIPPS Group. TIPPS utility of simulated model in the teaching of invasive fetal procedures. Mount Sinai Hospital Striving for Excellence Fund ($10,000), Matching funds from University of Toronto Department of Obstetrics and Gynaecology ($10,000), Matching funds from the Dean’s Excellence Fund ($20,000), $40,000, 2002 – 2008.

Wolfman, W (Principal Investigator), Kroft, J. Effects of vaginal progesterone on vaginal atrophy, Department of Obstetrics and Gynaecology, Mount Sinai Hospital Research Fund, $2,500, April 2008.


Wong H, Moody A A methodology study to investigate magnetic resonance direct thrombus imaging for assessment of lesion response to standard treatment in endometriosis. Pfizer, 2008.


Yudin M (Principal Investigator). Access to infertility services in Ontario for couples in which one or both partners is HIV-positive. AIDS Bureau, Ontario Ministry of Health and Long-Term Care, $17,635, 2007 – 2008.


Zandstra P (Principal Investigator), Rogers I, Audet J (Co-Investigators). Integrating analytical and computational proteomics to increase in vitro human blood stem cell output. The Natural Sciences and Engineering Research Council of Canada (NSERC) Collaborative Research and Development (CRD) program, $360,000, January 2006 – December 2008.
2008-2009

RESEARCH GRANTS AND INVESTIGATIONS

PI=Principal Investigator; CI=Co-Investigator


Adamson SL (PI), Nagy A (CI). Role of placental VEGF-A and FLT1/sFLT1 in placental vascularity, fetal growth, and maternal function in mice. Canadian Institutes of Health Research, Operating Grant, $1,028,010 ($205,602 per annum), April 1, 2009 – March 31, 2014.


Alarab May (PI). Drutz HP (Co-I) Expression of modulators of collagen and elastin remodeling in vaginal wall of postmenopausal women with severe pelvic organ prolapse. University of Toronto Faculty of Medicine, Dean’s Fund, New Staff Grant, $10,000, March 1, 2009 – 2014.

Amsalem H, Kingdom J. Decidual neutrophils a novel finding: Their role in second trimester placentation. Physicians’ Services Incorporated, Resident Research Grant. $ 15,000, 2009-2010.


Baratz A (Co-PI) Post-patient Encounter Reflection Tool: (Pertinant): In the Moment Reflection to Enhance Integration of the CanMEDS Roles into the Clinical Setting. SHUTC Academic Trust Fund, $6,800, 2009.

Barrett J (Principal Investigator); Allen AC, Armson BA, Asztalos EV, Farrell SA, Gafni A, Hannah ME, Hutton EK, Joseph KS, Ohlsson A, Okun NB, Ross SJ, Willan AR (Co-Investigators), Zaltz A (Site Coordinator). The Twin Birth Study: A multicentre randomized controlled trial comparing planned Caesarean section with planned vaginal birth for twins at 32-38 weeks’ gestation. Canadian Institutes of Health Research Grant Award (Randomized Controlled Trials), $8,608,045 total, $956,449 per annum, 2003 – 2011.

Belsham, Denise D. Molecular mechanisms dictating control of neuroendocrine function by estrogen. CIHR, Operating Grant, $752,940, 2009 – 2014.

Benhabib B, Bakirtzian A, Ternamian A. Collaborative project to establish a force sensing platform for safe laparoscopic port creation in minimally invasive surgery. In collaboration with the Department of Clinical Biomedical Engineering, the Department of Kinesiology, Division of Gynecologic Endoscopy and the Department of Research and Knowledge Management at St. Joseph's Health Centre, Toronto, $2,500 and in kind donations. 2007 – 2011.


Belik J, (Principal Investigator) **Letarte, M.** (Co-Investigator). eNOS uncoupling and role of bone morphogenetic protein-9 in the regulation of pulmonary vascular tone during development and following pulmonary hypertension. Heart & Stroke Foundation. $173,812 total, $86,906 per annum, Operating Grant, 2007 – 2009.

**Belsham DD** (Principal Investigator). Canada Research Chair Award in Neuroendocrinology, Tier 2, $500,000 total, $100,000 per annum, July 2004 – June 2009.

**Belsham DD.** (Principal Investigator). Circadian regulation of neuropeptides from the hypothalamus. Natural Sciences and Engineering Research Council, Operating Grant Renewal, $42,000 per annum, April 2007 – March 2012.

**Belsham DD** (Principal Investigator). Molecular mechanisms dictating control of neuroendocrine function by estrogen. Canadian Institutes of Health Research, Operating Grant, Renewal, $134,390 per annum, April 2004 – March 2009.

**Belsham DD.** (Principal Investigator). Sensing of peripheral nutrient status by the hypothalamus. Canadian Institutes of Health Research, Renewal, $158,154 per annum, April 2008 – March 2013.

Benhabib B, Bakirtzian A, **Ternamian A**. Collaborative project to establish a force sensing platform for safe laparoscopic port creation in minimally invasive surgery. In collaboration with the Department of Clinical Biomedical Engineering, the Department of Kinesiology, Division of Gynecologic Endoscopy and the Department of Research and Knowledge Management at St. Joseph's Health Centre, Toronto, $2,500 and in kind donations. 2007 – 2011.


**Berger H** (Co-PI). Developmental outcomes of adolescents exposed in utero to corticosteroids - follow up of a randomized controlled study. SickKids Foundation, $151,800, May 2008.


**Bernardini M.** Clinical and immunohistochemical classification for carcinosarcoma of the uterus. University of Toronto Department of Obstetrics and Gynaecology Research Fund, $10,000, 2009.

Bocking AD, (Principal Investigator); Challis JR, Reid G (Co-Investigators). Role of lactobacilli in maternal and perinatal health. Canadian Institutes of Health Research, $96,070 per annum, 2007 – 2012.


Brown TJ (PI), Ringuette M, Winegarden N. Androgen modulation of TGFβ signaling in ovarian cancer cells. CIHR Operating Grant, $598,000, 2009 – 2013.


Bruneau B (Principal Investigator), Chitayat D. Genetic basis of cardiac development and malformation. Canadian Institutes of Health Research, $496,312, 2005 – 2010.
Caccia N. Development of a Web-based course covering the basics of common problems in the delivery of sub-specialty care in Paediatric & Adolescent Gynaecology for Obstetrics & Gynaecology Post-Graduate Trainees at the University of Toronto. University of Toronto Information Technology Courseware Development Fund, $5000, 2008.

Caccia N. Development of a Web-based Post-Graduate Medical Education Course in the Fundamentals of Paediatric & Adolescent Gynaecology for Canadian Trainees in Obstetrics & Gynaecology. The Dr. Sheila Cohen Endowment for Women’s Health, NorthYork General Hospital Foundation, $10,000, 2009.


Cadesky K (PI). AMH as a predictor of ovarian reserve. LifeQuest Center for Reproductive Medicine, General Research Fund, 2009.


Campbell MK (Principal Investigator), Bocking AD (Co-Investigator). Maternal and infant health, health services needs and utilization following term and preterm birth; Outcomes in cohort assembled antenatally. Canadian Institutes of Health Research Operating Grant, $100,275 per annum, 2005 – 2009.


Caniggia I (Principal Investigator). The role of oxygen in regulating placental development. Canadian Institutes of Health Research Operating Grant, $787,490 total, $156,000 per annum, 2008 – 2013.

Caniggia I. Towards understanding the pathogenesis of preeclampsia. Canadian Institutes of Health Research Ontario Women's Health Council/The Institute of Gender and Health (IGH) Mid-Career Award, $80,000 per annum, 2005 – 2010.
Caniggia I (Principal Investigator), Jurisicova A (Co-Investigator). The role of Bcl-2 family members in regulating placental cell fate. Canadian Institutes of Health Research Operating Grant, $757,050 total, $150,000 per annum, 2008 – 2013.


Casper RF, Jurisicova A (Principal Applicants), Perez GI. (Co-Applicant). Enhancing early embryo development in assisted reproduction. Canadian Institutes of Health Research Operating Grant – MOP 14058, $121,240 per annum, April 2005 – March 2010.

Casper RF (Principal Applicant), Rogers I (Co-PI) Stem cells for treatment of peripheral vascular disease. BioDiscovery Toronto, Operating Grant, $50,000, 2008 – 2009.

Challis JRG (PI), Bloomfield F, Gluckman P, Matthews S, Newnham J. Control of parturition. Canadian Institutes of Health Research (CIHR) Group in Fetal and Neonatal Health and Development, Operating Grant, $1,050,000 total, $210,000 per annum, 2004 – 2009.

Challis JRG, Lye SJ (Co-PIs). Paracrine controls of human labour. Canadian Institutes of Health Research, $792,120; $158,424 per annum; Operating grant, October 2005 – September 2010.

Challis JRG (PI), Lye SJ, MacCalman CD, Rurak DW, Gibb W. Regulation of prostaglandin synthesis, metabolism and action in pregnancy and parturition. Canadian Institutes of Health Research, Operating Grant, $792,450; $158,490 per annum, October 1, 2004 – September 30, 2009.

Classens C (PI), Ferguson SE (CI), Urowitz S (CI), Wiljer D (CI). Development of an internet-based support group for sexual problems due to gynecologic cancer. NCIC, $35,000, May 1, 2008 – April 30, 2010.


Dalton AJ, Aisen P, Sano M (PIs); Percy M (National (Canadian) Coordinator and Surrey Place Centre (SPC) Site Coordinator) plus investigators from 20 other sites; International Multisite Clinical Trial of Vitamin E in Aging Persons with Down Syndrome. National Institute on Aging, National Institute of Child Health and Human Development, and National Center of Complementary and Alternative Medicine (RO1-AGO16381), $10 million overall, $1 million per annum overall, 2008-09 stipend to SPC, $900; 2001 – 2011.


Dupre J (Principal Investigator), Dosch H-M, Lawson ML, Orbine E, Fraser WD, Sermer M (Principal Investigator, Toronto Site). Trial to reduce Insulin Dependent Diabetes Mellitus (IDDM) in the genetically at risk (TRIGR). National Institutes of Health, Canadian Institutes of Health Research, $426,000 per annum, 2002 – 2012.


Ferguson SE(PI), Urowitz S (Co-PI), Classens C (Co-PI). Development and validation of the modified sexual adjustment and body image scale in women with a diagnosis of gynecologic cancer (SABIS-G). Department of Obstetrics and Gynaecology, University of Toronto, Research award, $5000, 2009.


Friedman JM (Principal Investigator), Chitayat D. Identifying human mutations that cause mental retardation. Canadian Institutes of Health Research, $2,498,538, 2005 – 2010.


Josse R (Principal Investigator), Derzko CM, Rubin L (Co-Investigators). 52 week randomized double-blind, multicenter,mechanistic study with a 24 week open label follow-up to evaluate the

Josse R (Principal Investigator), Derzko CM, Rubin L (Co-Investigators). The efficacy and safety of 2g strontium ranelate in the treatment of male osteoporosis: A prospective multicentre, international, double-blind, placebo-controlled study with a treatment duration of 2 years and the main study analysis after 1 year. Servier Protocol CL3-12911-032 Total operating budget: $6,995 per patient, 2007 – 2011.


Jurisicova A. Canada Research Chair. CIHR, $175,000, July 1, 2008 – June 30, 2013.


Jurisicova A. Mouse models of ovarian cancer. Grant Miller Research Foundation, $20,000 per annum, 2008.


**Lambe EK** (PI). Cellular and molecular mechanisms underlying development and plasticity of prefrontal attention circuitry. Canadian Institutes of Health Research, $718,025 total; $143,605 per annum, 2008 – 2013.

**Lambe EK** (PI) Mechanism of aberrant attention circuitry in a mouse model of Fragile X mental retardation. Scottish Rite Charitable Foundation, New Investigator Operating Grant, $105,000 total; $35,000 per annum; 2008 – 2011.


**Lee P** (PI), Marcoux V. Web-based Teaching Modules for Urogynecology Residents. SHUTC Academic Trust Fund, Grant, $5,000, July 2008 – 2009.

**Lee SK**. Maternal Infant Care (MiCare) Research. Ontario Ministry of Health & Long Term Care, $15,000,000, 2009 – 2013.


**Lee SK** (PI), Armson BT, Khalid A, Baker GR, Barrington KJ, Dendukuri N, El-Hajj MO, Hayward RSA, Joseph KS, Liston RM, Magee LA, O'Campo P, Ohlsson A, Saigal S, Sauve RS,
Shaw NT, Skarsgard ED, Stevens BJ (Co-Investigators). CIHR Team in Maternal Infant Care, $1,727,068, October 1, 2008 – September 30, 2013.


Letarte M (Principal Investigator). The role of endoglin in the normal vasculature and in the pathology of Hereditary Hemorrhagic Telangiectasia. Heart & Stroke Foundation, $370,767 total, $92,671 per annum, Operating Grant, 2005 – 2009.

Levitan RD (Principal Investigator), Matthews SG. Sociobiological and genetic predictors of the stress response in chronic major depression. CIHR, Operating Grant, $200,000 total, $100,000 per annum, 2007 – 2009.


Lye SJ, Fetal, neonatal and maternal health. CIHR, Tier 1 Canada Research Chairs Program, Operating grant, $1,400,000; $200,000 per annum, July 1, 2008 – June 30, 2015.

Lye SJ (PI), Adamson SL, Challis JRG, Danska J, Matthews S, Osborne L, Pennell C, Rossant J (CIIs). A murine model to investigate the mechanisms underlying DOHaD. Canadian Institutes of Health Research, Operating grant, $373,673, $124,558 per annum, October 1, 2006 – September 30, 2009.


Matthews SG, Meaney M (Co-Directors). Maternal adversity, vulnerability & neurodevelopment. Canadian Institutes of Health Research, Program Grant, $3,750,000 total, $750,000 per annum, 2003 – 2009.


McCulloch C(PI), Brown TJ, Ringuette M. Bone sialoproteins in skeletal metastasis. CIHR, Operating Grant, $430,822, 2008 – 2011.


Meaneay M (Principal Investigator). Matthews SG. Genes, Environment & Health Training Grant. Canadian Institutes of Health Research, Training Grant. $1,440,000 total, $240,000 per annum, 2003 – 2009.


Miranda V, Lovatsis D. Randomized controlled trial of cystocele plication risks (CPR Trial). MSH Research Fund, $6,150, April 2009.


**Nevo, Ori.** The role of sFlt-1 heterodimers in the pathogenesis of preeclampsia. Dean's Fund New Staff Grants, University of Toronto, $10,000, 2009.

**Olson D, Lee SK.** Preterm birth and healthy outcomes. AHFMR, $5,000,000, 2008 – 2013.

Olson D (Principal Investigator), **Bocking AD.** Preterm birth and healthy outcomes. Alberta Heritage Foundation for Medical Research (AHFMR), $1,000,000 per annum, 2008 – 2012.


Palmer L (PI), **Pennell C, Beilin L, Newnham J, Lye S, Smith D.** A genome-wide search for genes underlying the developmental origins of health and disease. National Health and Medical Research Council (Australia), Operating Grant, $897,878; $299,293 per annum, January 1, 2009 – December 31, 2011.


**Perumalla C (Primary Applicant), Belsham DD** (Co-Applicant). Laboratory enrichment to enhance the educational experience of life sciences students. Academic Initiative Fund, $700,000, May 2007 – May 2009.

**Ray JG.** InterPreg Study. Canadian Institutes of Health Research. Operating Grant, $47,000 per annum, 2005 – 2010.
Ray JG. New Investigator Award. Canadian Institutes of Health Research. $250,000, 2005-2010.

Retnakaran Ravi R, Connelly Philip W, Floras John S, Hanley Anthony J,

Sermer Mathew, Zinman Bernard (Principal Investigators). The early natural history of cardiovascular disease at 4-years postpartum in young women with varying degrees of glucose intolerance in pregnancy. Canadian Institutes of Health Research, Operating Grant, $100,000, 2008 – 2009.


Rossant J (PI), Adamson SL, Aubin JE, Cordes SP, Osborne LR, Quaggin SE, Roder JC, Stanford WL, Vallis KA, Van Der Kooy DJ, Vidal SM (Co-Investigators), Centre for Modeling Human Disease. Canadian Institutes of Health Research, Group Program, $2,532,330 ($506,466 per annum + $15,000 Equipment), 2004 – 2009.


Sermer M. (Co-PI) Hemodynamics and hormonal changes in pregnant women with heart disease; Understanding the effects of pregnancy on the diseased heart. Heart and Stroke Foundation of Canada, $74,000 per annum, 2006 – 2008.

Sermer M (Co-Investigator). Longitudinal association of adipocytokines and markers of subclinical inflammation with changes in insulin resistance and beta-cell function in women with a history of gestational diabetes mellitus. Canadian Institutes of Health Research, $148,969 per annum, 2007 – 2012.


Theriault B (PI), Gallie B (Supervisor), Bernardini M (Collaborator). Expression profiling of the novel cancer gene KIF14 in ovarian cancer. DOD-CDMRP, US Department of Defence Congressionally Directed Medical Research Program, Grant # OC080083, $100,000 per annum, March 2009 – March 2012.


Tremblay L, Ternamian A (Principal Investigators), Tyrwhitt J. Interdisciplinary collaborative robotic automated port application research. Department of Kinesiology, the Division of Gynecologic Endoscopy and the Department of Research and Knowledge Management at St. Joseph's Health Centre, Toronto, $5000 and in kind donations, 2007 – 2011.


Vranic M (Principal Investigator), Matthews SG (Co-Investigator). Physiological and molecular mechanisms of hypoglycemic counterregulation in diabetic rats. Canadian Diabetes Association, Operating Grant, $142,500 total, $67,500 (1st yr), $75,000 (2nd yr), 2007 – 2009.


Wolfman, W (Principal Investigator), Kroft, J. Effects of vaginal progesterone on vaginal atrophy, Department of Obstetrics and Gynaecology, Mount Sinai Hospital Research Fund, $2,500, April 2008.


Wong H, Moody A. A methodology study to investigate magnetic resonance direct thrombus imaging for assessment of lesion response to standard treatment in endometriosis. Pfizer, 2008.

Yudin M (Principal Investigator). Access to infertility services in Ontario for couples in which one or both partners is HIV-positive. AIDS Bureau, Ontario Ministry of Health and Long-Term Care, $17,635, 2007 – 2008.


Zandstra P (Principal Investigator), Rogers I, Audet J (Co-Investigators). Integrating analytical and computational proteomics to increase in vitro human blood stem cell output. The Natural Sciences and Engineering Research Council of Canada (NSERC) Collaborative Research and Development (CRD) program, $360,000, January 2006 – December 2008.
2009-2010

RESEARCH GRANTS AND INVESTIGATIONS

PI=Principal Investigator; CI=Co-Investigator


Adamson SL (PI), Nagy A (CI). Role of placental VEGF-A and FLT1/sFLT1 in placental vascularity, fetal growth, and maternal function in mice. Canadian Institutes of Health Research, Operating Grant, $1,028,010 ($205,602 per annum), April 1, 2009 – March 31, 2014.


Alarab M (PI). Expression of modulators of collagen and elastin remodeling in vaginal wall of postmenopausal women with severe pelvic organ prolapse. University of Toronto Faculty of Medicine, Dean’s Fund, New Staff Grant, $10,000, March 1, 2009 – 2014.


Amsalem H, Kingdom J. Decidual neutrophils a novel finding: Their role in second trimester placentation. Physicians’ Services Incorporated, Resident Research Grant. $ 15,000, 2009-2010.


Baratz A (Co-PI) Post-patient Encounter Reflection Tool: (Pertinent): In the Moment Reflection to Enhance Integration of the CanMEDS Roles into the Clinical Setting. SHUTC Academic Trust Fund, $6,800, 2009.


Barrett J (Principal Investigator); Allen AC, Armson BA, Asztalos EV, Farrell SA, Gafni A, Hannah ME, Hutton EK, Joseph KS, Ohlsson A, Okun NB, Ross SJ, Willan AR (Co-Investigators), Ornstein M (Site Coordinator), Zaltz A (Site Coordinator). The Twin Birth Study: A multicentre randomized controlled trial comparing planned Caesarean section with planned vaginal birth for twins at 32-38 weeks’ gestation. Canadian Institutes of Health Research Grant Award (Randomized Controlled Trials), $8,608,045 total, $956,449 per annum, 2003 – 2011.
Belik J, (Principal Investigator) **Letarte, M.** (Co-Investigator). eNOS uncoupling and role of bone morphogenetic protein-9 in the regulation of pulmonary vascular tone during development and following pulmonary hypertension. Heart & Stroke Foundation. $173,812 total, $86,906 per annum, Operating Grant, 2007 – 2009.

**Belsham DD.** (Principal Investigator). Circadian regulation of neuropeptides from the hypothalamus. Natural Sciences and Engineering Research Council, Operating Grant Renewal, $210,000, $42,000 per annum, April 2007 – March 2012.

**Belsham DD.** (Principal Investigator). Sensing of peripheral nutrient status by the hypothalamus. Canadian Institutes of Health Research, Renewal, $790,770, $158,154 per annum, April 2008 – March 2013.

**Belsham DD** (Principal Investigator). Molecular mechanisms dictating control of neuroendocrine function by estrogen. Canadian Institutes of Health Research, Operating Grant, Renewal, $752,940, $150,588 per annum, Renewal, April 2009 – March 2014.

**Belsham DD.** Canada Research Chair Award in Neuroendocrinology, Tier 2, Renewal, $500,000, $100,000 per annum, July 2009 – June 2014.

Benhabib B, Bakirtzian A, **Ternamian A.** Collaborative project to establish a force sensing platform for safe laparoscopic port creation in minimally invasive surgery. In collaboration with the Department of Clinical Biomedical Engineering, the Department of Kinesiology, Division of Gynecologic Endoscopy and the Department of Research and Knowledge Management at St. Joseph's Health Centre, Toronto, $2,500 and in kind donations. 2007 – 2011.

**Berger H.** Implementation and integration of a Unified Electronic Ultrasound Reporting System and Perinatal Health Care Record. Academic Funding Program Innovation Grant, $108,000, Year 1: $64,000 Year 2: $44,000, June 2009 – 2011.

**Bernardini M.** Clinical and immunohistochemical classification for carcinosarcoma of the uterus. University of Toronto Department of Obstetrics and Gynaecology Research Fund, $10,000, 2009.

Best C, **Lovatsis D.** Randomized controlled trial of Short-term Uresta Efficacy (SURE trial). Mount Sinai Hospital Research Fund, $7000, 2010.

**Bocking AD** (Project Co-ordinator), **Caloia D, Spitzer RF.** Emergency Obstetrical Training (EmOC) in Western Kenya. Developmental Partnerships in Higher Education (DelPHE), British Council, UK, £30,000 per annum, September 1, 2009 – August 31, 2012.

**Bocking AD,** (Principal Investigator); **Challis JR,** Reid G (Co-Investigators). Role of lactobacilli in maternal and perinatal health. Canadian Institutes of Health Research, $106,600 per annum, 2007 – 2012.

Bortolini M(PI), Shynlova O, Drutz H, Alarab M. Expression of procollagen c proteinase in the vaginal tissue of women with and without pelvic organ prolapse. Mount Sinai Hospital Research Fund, $8000, March 2010 – February 2011.


Brown TJ (PI), Ringuette M, Winegarden N. Androgen modulation of TGFβ signaling in ovarian cancer cells. CIHR Operating Grant, $598,000, 2009 – 2013.


Bruneau B (Principal Investigator), Chitayat D. Genetic basis of cardiac development and malformation. Canadian Institutes of Health Research, $496,312, 2005 – 2010.

Caccia N. Development of a Web-based Post-Graduate Medical Education Course in the Fundamentals of Paediatric & Adolescent Gynaecology for Canadian Trainees in Obstetrics & Gynaecology. The Dr. Sheila Cohen Endowment for Women’s Health, NorthYork General Hospital Foundation, $10,000, 2009.

Cadesky K (PI). AMH as a predictor of ovarian reserve. LifeQuest Center for Reproductive Medicine, General Research Fund, 2009.


Caniggia I. Towards understanding the pathogenesis of preeclampsia. Canadian Institutes of Health Research Ontario Women's Health Council/The Institute of Gender and Health (IGH) Mid-Career Award, $80,000 per annum, 2005 – 2010.

Caniggia I (Principal Investigator), Jurisicova A, Post M (Co-Investigators). The role of Bcl-2 family members in regulating placental cell fate. Canadian Institutes of Health Research Operating Grant, $ 757,050 total, $152,134 per annum, 2008 – 2013.

Caniggia I (Principal Investigator), Post M (CI). Monoclonal antibodies against hydroxylated HIF as a diagnostic tool for pregnancy disorders. MaRS MI Proof of Principal, $50,000, 2010.

Caniggia I (Principal Investigator), Post M, Zamudio S (CIs). The role of oxygen in regulating placental development. Canadian Institutes of Health Research Operating Grant, $787,490 total, $156,000 per annum, 2008 – 2013.

Casper RF. Can aromatase inhibitors reduce breast density, a biomarker of breast cancer risk, in postmenopausal women taking hormone therapy? Canadian Breast Cancer Foundation, Ontario Region Research Project Grant, $147,763 per annum, September 2009 – August 2012.


Casper RF, Jurisicova A (Principal Applicants), Perez GI. (Co-Applicant). Enhancing early embryo development in assisted reproduction. Canadian Institutes of Health Research Operating Grant – MOP 14058, $121,240 per annum, April 2005 – March 2010.

Casper RF (Principal Investigator), Rahman SA, Shapiro CM (Co-Investigators). Ameliorating affective disorder induced by circadian rhythm disruption. CIHR, Operating Grant, $427,126, 2010 – 2013.

Challis JRG, Lye SJ (Co-PIs). Paracrine controls of human labour. Canadian Institutes of Health Research, $792,120; $158,424 per annum; Operating grant, October 2005 – September 2010.
Challis JRG (PI), Lye SJ, MacCalman CD, Rurak DW, Gibb W. Regulation of prostaglandin synthesis, metabolism and action in pregnancy and parturition. Canadian Institutes of Health Research, Operating Grant, $792,450; $158,490 per annum, October 1, 2004 – September 30, 2009.

Classens C (PI), Ferguson SE (CI), Urowitz S (CI), Wiljer D (CI). Development of an internet-based support group for sexual problems due to gynaecologic cancer. CCSRI, $35,000 total, $17,500 per annum, May 1, 2008 – April 30, 2010.


Dalton AJ, Aisen P, Sano M (PIs); Percy M (National (Canadian) Coordinator and Surrey Place Centre (SPC) Site Coordinator) plus investigators from 20 other sites; International Multisite Clinical Trial of Vitamin E in Aging Persons with Down Syndrome. National Institute on Aging, National Institute of Child Health and Human Development, and National Center of Complementary and Alternative Medicine (RO1-AGO16381), $10 million overall, $1 million per annum overall, 2008-09 stipend to SPC, $900; 2001 – 2011.


Dupre J (Principal Investigator), Dosch H-M, Lawson ML, Orbine E, Fraser WD, Sermer M (Principal Investigator, Toronto Site). Trial to reduce Insulin Dependent Diabetes Mellitus (IDDM) in the genetically at risk (TRIGR). National Institutes of Health, Canadian Institutes of Health Research, $426,000 per annum, 2002 – 2012.


Feig DS (Principal Investigator); Armson BA, Asztalos EV; Fantus, Ivan G; Lee, SK, Lipscombe L, Murphy KE, Ohlsson A, Ryan EA, Tomlinson GA, Zinman B (Co-Investigators). The MiTY Trial (Metformin in Women with Type 2 Diabetes in Pregnancy). CIHR, Operating Grant, $1,735,119, 2010 – 2015.


Ferguson SE, Urowitz S. Supporting gynaecologic oncology patients with, through, and beyond: Patient education and survivorship at Princess Margaret. Schering-Plough Education Grant, $30,000 total, $10,000 per annum, January 2009 – January 2011.
**Ferguson SE** (PI), Urowitz S (Co-PI), Classens C (Co-PI). Development and validation of the modified sexual adjustment and body image scale in women with a diagnosis of gynecologic cancer (SABIS-G). Princess Margaret Hospital Foundation, $15,000, 2009 – 2010.


Fraser W, **Weksberg R** (Co-PI). Integrated Research Network in Perinatology (IRNPQ) – Impact of intrauterine exposures on infant health and development. Canadian Institutes of Health Research/Canadian Foundation for Innovation, $20,000,000 total, $100,000 per annum for Weksberg lab, 2008 – 2013.


Friedman JM (Principal Investigator), **Chitayat D**. Identifying human mutations that cause mental retardation. Canadian Institutes of Health Research, $2,498,538, 2005 – 2010.


Harris D (PI), Rogers IM (CI). A model for analyzing the role of extrinsic factors responsible for aging of the human immune system. NIH Eureka Grant, $960,000, $240,000 per annum, 2010 – 2014.


Josse R (Principal Investigator), Derzko CM, Rubin L (Co-Investigators). The efficacy and safety of 2g strontium ranelate in the treatment of male osteoporosis: A prospective multicentre, international, double-blind, placebo-controlled study with a treatment duration of 2 years and the main study analysis after 1 year. Servier Protocol CL3-12911-032 Total operating budget: $6,995 per patient, 2007 – ongoing.


Josse R (Principal Investigator), Derzko CM, Rubin L (Co-Investigators). A randomized open-label study to evaluate the safety and efficacy of denosumab and monthly actonel therapies in postmenopausal women transitioned from weekly or daily alendronate therapy. Amgen Protocol 20080099. $5,456 per patient, 2009-ongoing.


Jurisicova A. Canada Research Chair. CIHR, $175,000, July 1, 2008 – June 30, 2013.


**Kingdom J, Bainbridge S.** Low levels of activity of the gene, Gem 1, are observed in the placentas of women with poor pregnancy outcomes – is this a correlate or a cause? MSH Research Foundation, Department of Obstetrics and Gynaecology, $7,500, July 2009 – June 2010.

**Kingdom JCP (PI), Keating S, Cross J, Dunk C (Co-Applicants).** Villous trophoblast turnover. Canadian Institutes of Health Research Award, $538,888 total, 2006 – 2010.


**Kives S.** Randomized controlled trial of continous oral contraceptives vs. cyclical oral contraceptives in adolescents. Physicians’ Services Inc. Foundation, $75,000, 2005 – present.

**Lambe EK** (PI). Mechanism of aberrant attention circuitry in a mouse model of Fragile X mental retardation. Scottish Rite Charitable Foundation, New Investigator Operating Grant, $105,000 total; $35,000 per annum; 2008 – 2011.

**Lambe EK** (PI). Cellular and molecular mechanisms underlying development and plasticity of prefrontal attention circuitry. Canadian Institutes of Health Research, $718,025 total; $143,605 per annum, 2008 – 2013.

**Lee SK.** Maternal Infant Care (MICare) Research. Ontario Ministry of Health & Long Term Care, $15,000,000, 2009 – 2013.


Lye SJ. Fetal, neonatal and maternal health. CIHR, Tier 1 Canada Research Chairs Program, Operating grant, $1,400,000; $200,000 per annum, July 1, 2008 – June 30, 2015.

Lye SJ (PI), Adamson SL, Challis JRG, Danska J, Matthews S, Osborne L, Pennell C, Rossant J (CIs). A murine model to investigate the mechanisms underlying DOHaD. Canadian Institutes of Health Research, Operating grant, $373,673, $124,558 per annum, October 1, 2006 – September 30, 2009.


Lye SJ (Principal Investigator); Shynlova O (Co-Investigator). Control of myometrial contractile activity during pregnancy. CIHR, Operating Grant, $912,320, 2010 – 2015.


Maxwell C (PI), Glanc P (Co-PI). Can the 15 week transvaginal ultrasound decrease the number of examinations required for the fetal anatomic evaluation in obese pregnant women? Ontario Ministry of Health Mount Sinai Hospital/University Health Network Academic Medical Organization Innovation Fund (IF), $85,891, 2009 – 2011.


**Narod SA** (Principal Investigator), Bristow RG, Nam RK, Trachtenberg J (Co-Investigators). Clinical Course of BRCA2-associated prostate cancer. CIHR Operating Grant, $425,989, 3 years, 2009 – 2012.


**Nevo O.** The role of sFlt-1 heterodimers in the pathogenesis of preeclampsia. Dean's Fund New Staff Grants, University of Toronto, $10,000, 2009.


 Olson D (Principal Investigator), **Bocking AD**. Preterm birth and healthy outcomes. Alberta Heritage Foundation for Medical Research (AHFMR), $1,000,000 per annum, 2008 – 2012.
Olson D, Lee SK. Preterm birth and healthy outcomes. AHFMR, $5,000,000, 2008 – 2013.

Palmer L (PI), Pennell C, Beilin L, Newnham J, Lye S, Smith D. A genome-wide search for genes underlying the developmental origins of health and disease. National Health and Medical Research Council (Australia), Operating Grant, $897,878; $299,293 per annum, January 1, 2009 – December 31, 2011.


Ray JG. New Investigator Award. Canadian Institutes of Health Research. $250,000, 2005-2010.


**Rosen B.** Canadian synoptic reporting in Canada. Canadian Partners against Cancer, $243,000 per annum, 2008 – 2010.

**Rossant J.** Lineage development in the mouse blastocyst. CIHR, Operating Grant, $1,012,210, 2009 – 2014.


**Rossant J** (PI), **Adamson SL**, Aubin JE, Cordes SP, **Osborne LR**, Quaggin SE, Roder JC, Stanford WL, Vallis KA, Van Der Kooy DJ, Vidal SM (Co-Investigators), Centre for Modeling Human Disease. Canadian Institutes of Health Research, Group Program, $2,532,330 ($506,466 per annum + $15,000 Equipment), 2004 – 2009.

Sellers T (PI), **Narod S** (Co-Applicant). Haplotype-based genome screen for ovarian cancer loci. NIH/NCI, Grant #: R01 CA114343-01 A2, $50,000 US, March 2007 – February 2010.

Serghides L (PI), Loutfy MR, **Murphy KE**, **Yudin MH**. Angiogenesis and adverse pregnancy outcomes in women with HIV, a pilot study. CIHR, $95,710, March 1, 2010 – February 28 2011.

**Sermer M** (Collaborator). Thrombophilia in Pregnancy Prophylaxis Study. Heart and Stroke Foundation of Canada, $24,000 per annum, 2006 – 2011.

**Sermer M** (Co-Investigator). Longitudinal association of adipocytokines and markers of subclinical inflammation with changes in insulin resistance and beta-cell function in women with a history of gestational diabetes mellitus. Canadian Institutes of Health Research, $148,969 per annum, 2007 – 2012.


**Sermer M** (PI). Food Frequency Questionnaire Validation Study – MIREC. Toronto Health Canada, $9,999 per annum, 2009 – 2011.

**Sermer M** (CI). The early natural history of cardiovascular disease at 4 years postpartum in young women with varying degrees of glucose intolerance in pregnancy. Heart and Stroke Foundation of Canada, $100,000 per annum, 2009 – 2012.

**Sermer M** (Site Coordinator). Evaluation of natural killer cell contributions to the known elevated risks for maternal and fetal pathologies in diabetic pregnancy. CIHR, $9,000 per annum, 2010 – 2011.
Sermer M (PI) MIREC Infant Development Study (MIREC FFQ), $35,000 per annum, 2010 – 2011.


Siu KWM (PI). Colgan TJ. Translating head and neck cancer markers into diagnostic assays. York University, International Science and Technology Partnerships Canada (ISTPCanada), ISTP Program with India. $1,163,312; $290,828 per annum, 2009 – 2012.


Spitzer RF. Development of a partograph algorithm for use on PDAs in a global context. $4,000 & Evaluation of the ALARM International Program in Kenya. $1,000; Mount Sinai Department of Obstetrics and Gynaecology Research Fund, $5000 total, July 2009 – June 2010.


Theriault B (PI), Gallie B (Supervisor), Bernardini M (Collaborator). Expression profiling of the novel cancer gene KIF14 in ovarian cancer. DOD-CDMRP, US Department of Defence Congressionally Directed Medical Research Program, Grant # OC080083, $100,000 per annum, March 2009 – March 2012.


Tremblay L, Bakirtzian A, Benhabib B, Ternamian A (Principal Investigators), Tyrwhitt J. Interdisciplinary collaborative robotic automated port application research. Department of Kinesiology, the Division of Gynecologic Endoscopy, Department of Obstetrics and Gynecology and the Department of Research and Knowledge Management at St. Joseph's Health Centre, Department of Clinical Biomedical Engineering, University of Toronto, $5000 and in kind donations, 2007 – 2010.


Yudin M (CI). The psychosocial experiences and needs of HIV-positive women during their first year of motherhood. Ontario HIV Treatment Network (OHTN), Research Operating Grant, $450,000, 2010 – 2013.

2010-2011

RESEARCH GRANTS AND INVESTIGATIONS

PI=Principal Investigator; CI=Co-Investigator


Adamson SL (PI), Nagy A (CI). Role of placental VEGF-A and FLT1/sFLT1 in placental vascularity, fetal growth, and maternal function in mice. Canadian Institutes of Health Research, Operating Grant, $1,028,010 ($205,602 per annum), April 1, 2009 – March 31, 2014.

Alarab M (PI). Expression of modulators of collagen and elastin remodeling in vaginal wall of postmenopausal women with severe pelvic organ prolapse. University of Toronto Faculty of Medicine, Dean’s Fund, New Staff Grant, $10,000, March 1, 2009 – 2014.


Amsalem H, **Kingdom J.** Decidual neutrophils a novel finding: Their role in second trimester placentation. Physicians’ Services Incorporated, Resident Research Grant. $ 15,000, 2009-2010.


Azar R (PI), Bélanger M, Kelly Spurles, PL, Letourneau NL, **Sermer M.** Maternal prenatal negative mood & infant stress and immunity: Could increased inflammation during pregnancy be the linking mechanism? Operating grant. $88,888, March 1, 2011 – February 29, 2012.


Balki M (PI), **Carvalho JCA, Wax R, Windrim R** (CIs). Assessment of critical skills of practising anesthesiologists with high-fidelity obstetric anaesthesia simulation. MSH UHN AMO Phase III Innovation Funds, $75,958, 2009 – 2010.


Barrett J (Principal Investigator); Allen AC, Armson BA, Asztalos EV, Farrell SA, Gafni A, Hannah ME, Hutton EK, Joseph KS, Ohlsson A, Okun NB, Ross SJ, Willan AR (Co-Investigators), Ornstein M (Site Coordinator), Zaltz A (Site Coordinator). The Twin Birth Study: A multicentre randomized controlled trial comparing planned Caesarean section with planned vaginal birth for twins at 32-38 weeks’ gestation. Canadian Institutes of Health Research Grant Award (Randomized Controlled Trials), $8,608,045 total, $956,449 per annum, 2003 – 2011.

Belsham DD. (Principal Investigator). Circadian regulation of neuropeptides from the hypothalamus. Natural Sciences and Engineering Research Council, Operating Grant Renewal, $210,000, $42,000 per annum, April 2007 – March 2012.


Belsham DD. (Principal Investigator). Molecular mechanisms dictating control of neuroendocrine function by estrogen. Canadian Institutes of Health Research, Operating Grant, Renewal, $752,940, $150,588 per annum, Renewal, April 2009 – March 2014.

Belsham DD. Canada Research Chair Award in Neuroendocrinology, Tier 2, Renewal, $500,000, $100,000 per annum, July 2009 – June 2014.

Benhabib B, Bakirtzian A, Ternamian A. Collaborative project to establish a force sensing platform for safe laparoscopic port creation in minimally invasive surgery. In collaboration with the Department of Clinical Biomedical Engineering, the Department of Kinesiology, Division of Gynecologic Endoscopy and the Department of Research and Knowledge Management at St. Joseph's Health Centre, Toronto, $2,500 and in kind donations. 2007 – 2011.


Best C, Lovatsis D. Randomized controlled trial of Short-term Uresta Efficacy (SURE trial). Mount Sinai Hospital Research Fund, $7000, 2010.
Bocking AD (Project Co-ordinator), Caloia D, Spitzer RF. Emergency Obstetrical Training (EmOC) in Western Kenya. Developmental Partnerships in Higher Education (DelPHE), British Council, UK, £30,000 per annum, September 1, 2009 – August 31, 2012.

Bocking AD, (Principal Investigator); Challis JR, Reid G (Co-Investigators). Role of lactobacilli in maternal and perinatal health. Canadian Institutes of Health Research, $530,000 total; $106,600 per annum, April 2007 – March 2012.


Bortolini M(PI), Shynlova O, Drutz H, Alarab M. Expression of procollagen c proteinase in the vaginal tissue of women with and without pelvic organ prolapse. Mount Sinai Hospital Research Fund, $8000, March 2010 – February 2011.


Brown TJ (PI), Ringuette M, Winegarden N. Androgen modulation of TGFβ signaling in ovarian cancer cells. CIHR Operating Grant, $598,000, 2009 – 2013.

Brown TJ, Rosen BP (Principal Investigators); Colgan TJ, Greenblatt EM, Murphy KJ, Tone AA, Virtanen C (Co-Investigators); Allen L, Shapiro J, Farrugia M, Levinsky E (Collaborators). Sustained ovulation-associated inflammatory signaling in fallopian tube epithelium as a predisposing factor of serous carcinoma. CIHR Operating Grant, $435,884, October 2010 –September 2013.


Caniggia I (PI). Towards understanding the pathogenesis of preeclampsia. Canadian Institutes of Health Research Ontario Women's Health Council/The Institute of Gender and Health (IGH) Mid-Career Award, $80,000 per annum, 2005 – 2010.

Caniggia I (PI), Jurisicova A, Post M (Co-Investigators). The role of Bcl-2 family members in regulating placental cell fate. Canadian Institutes of Health Research Operating Grant, $ 757,050 total, $152,134 per annum, 2008 – 2013.


Caniggia I (PI), Post M, Zamudio S (CIs). The role of oxygen in regulating placental development. Canadian Institutes of Health Research Operating Grant, $787,490 total, $156,000 per annum, 2008 – 2013.

Caniggia I (PI), Bhattacharjee J. The role of Mcl-1 in regulating placental cell fate. CIHR HOPE-Scholarship, Operating Grant, $112,000, 2011 – 2015.

Casper RF. Can aromatase inhibitors reduce breast density, a biomarker of breast cancer risk, in postmenopausal women taking hormone therapy? Canadian Breast Cancer Foundation, Ontario Region Research Project Grant, $147,763 per annum, September 2009 – August 2012.


Casper RF (PI), Rahman SA, Shapiro CM (Co-Investigators). Ameliorating affective disorder induced by circadian rhythm disruption. CIHR, Operating Grant, $430,821 total, $143,607 per annum, October 2010 – September 2013.

Casper RF (PI), Wolfman W (CI). Aromatase inhibitors added to low dose hormone replacement therapy to reduce mammographic breast density in postmenopausal women. Canadian Breast Cancer Foundation, $450,000 total, $147,763 per annum, September 2009 – August 2012.

Challis JRG, Lye SJ (Co-PIs). Paracrine controls of human labour. Canadian Institutes of Health Research, $792,120; $158,424 per annum; Operating grant, October 2005 – September 2010.


Croy AB (PI), Adams MA, Smith GN (CIs), Sermer M (Site Coordinator). Evaluation of natural killer cell contributions to the known, elevated risks for maternal and fetal pathologies in diabetic pregnancy. 9,000 CAD, 2010 – 2011.

Czikk M (PI), Kingdom J (Supervisor). Dual specificity phosphatase 9 (DUSP-9): A candidate gene to explain the male bias in severe placental insufficiency syndrome. Mount Sinai Hospital, Research Foundation, Department of Obstetrics & Gynaecology, $10,000, July 2010 – June 2011.

Dalton AJ, Aisen P, Sano M (PIs); Percy M (National (Canadian) Coordinator and Surrey Place Centre (SPC) Site Coordinator) plus investigators from 20 other sites; International Multisite Clinical Trial of Vitamin E in Aging Persons with Down Syndrome. National Institute on Aging, National Institute of Child Health and Human Development, and National Center of Complementary and Alternative Medicine (RO1-AGO16381), $10 million overall, $1 million per annum overall, 2008-09 stipend to SPC, $900; 2001 – 2011.


Diamandis E (PI), Bernardini MQ. An integrated systems biology approach for ovarian cancer biomarker discovery. NIH Sub-Award # 1U01CA152755-01, $42,000, September 2010 to August 2011.


Dupre J (Principal Investigator), Dosch H-M, Lawson ML, Orbine E, Fraser WD, Sermer M (Principal Investigator, Canada). Trial to reduce Insulin Dependent Diabetes Mellitus (IDDM) in the genetically at risk (TRIGR). National Institutes of Health, Canadian Institutes of Health Research, $4,260,000, 2002 – 2012.


Ferguson SE, Urowitz S. Supporting gynaecologic oncology patients with, through, and beyond: Patient education and survivorship at Princess Margaret. Schering-Plough Education Grant, $30,000 total, $10,000 per annum, January 2009 – January 2011.

Ferguson SE (PI), Urowitz S (Co-PI), Classens C (Co-PI). Development and validation of the modified sexual adjustment and body image scale in women with a diagnosis of gynecologic cancer (SABIS-G). Princess Margaret Hospital Foundation, $15,000, 2009 – 2010.


Fraser W, Weksberg R (Co-PI). Integrated Research Network in Perinatology (IRNPQ) – Impact of intrauterine exposures on infant health and development. Canadian Institutes of Health Research/Canadian Foundation for Innovation, $20,000,000 total, $100,000 per annum for Weksberg lab, 2008 – 2013.


Harris D (PI), Rogers IM (CI). A model for analyzing the role of extrinsic factors responsible for aging of the human immune system. NIH Eureka Grant, $960,000, $240,000 per annum, 2010 – 2014.


Josse R (Principal Investigator), Derzko CM, Rubin L (Co-Investigators). The efficacy and safety of 2g strontium ranelate in the treatment of male osteoporosis: A prospective multicentre, international, double-blind, placebo-controlled study with a treatment duration of 2 years and the main study analysis after 1 year. Servier Protocol CL3-12911-032 Total operating budget: $6,995 per patient, 2007 – ongoing.

Josse R (Principal Investigator), Derzko CM, Rubin L (Co-Investigators). A randomized open-label study to evaluate the safety and efficacy of denosumab and monthly actonel therapies in postmenopausal women transitioned from weekly or daily alendronate therapy. Amgen Protocol 20080099. $5,456 per patient, 2009 – ongoing.
Jurisica I, Oza AM (Principal Investigators), Colgan TJ, Jurisicova A, Kislinger T (Co-Applicants). Diagnostic and prognostic biomarkers for epithelial ovarian cancer. Canadian Institutes of Health Research, Operating Grant, $734,532 total, $161,125 per annum, 2009 – 2013.

Jurisicova A. Canada Research Chair. CIHR, $175,000, July 1, 2008 – June 30, 2013.

Jurisicova A (PI), Casper RF (CI). Role of Pdss2 in oocyte aging. Canadian Institutes of Health Research, Catalyst Grant - Pilot Projects in Aging, $50,000, March 2011 – February 2012.


Kives S. Randomized controlled trial of continous oral contraceptives vs. cyclical oral contraceptives in adolescents. Physicians’ Services Inc. Foundation, $75,000, 2005 – present.


Lambe EK (PI) Mechanism of aberrant attention circuitry in a mouse model of Fragile X mental retardation. Scottish Rite Charitable Foundation, New Investigator Operating Grant, $105,000 total; $35,000 per annum; 2008 – 2011.

Lambe EK (PI). Cellular and molecular mechanisms underlying development and plasticity of prefrontal attention circuitry. Canadian Institutes of Health Research, $718,025 total; $143,605 per annum, 2008 – 2013.

Lee SK. Maternal Infant Care (MICare) Research. Ontario Ministry of Health & Long Term Care, $15,000,000, 2009 – 2013.


**Lilge L, Derzko C.** Use of optical breast spectroscopy to evaluate short-term (early) breast tissue changes in post-menopausal women initiating menopausal hormone therapy. Total operating budget: $90,000, 2010 – ongoing.


**Lye SJ.** Fetal, neonatal and maternal health. CIHR, Tier 1 Canada Research Chairs Program, Operating Grant, $1,400,000; $200,000 per annum, July 1, 2008 – June 30, 2015.

**Lye SJ** (PI), Adams L, Beilin L, Briollais L, **Matthews S**, Newnham J, Olynyk J, Palmer L, **Pennell C.** Gene environment interactions underlying DOHaD. Canadian Institutes of Health Research, Operating Grant, $876,529; $175,306 per annum, April 1, 2010 – March 31, 2015.


Maxwell C (PI), Glanc P (Co-PI). Can the 15 week transvaginal ultrasound decrease the number of examinations required for the fetal anatomic evaluation in obese pregnant women? Ontario Ministry of Health Mount Sinai Hospital/University Health Network Academic Medical Organization Innovation Fund (IF), $85,891, 2009 – 2011.

McCulloch C(PI), Brown TJ, Ringuette M. Bone sialoproteins in skeletal metastasis. CIHR, Operating Grant, $430,822, 2008 – 2011.


Meffe F (PI), Biringer A, Caccia N, Espin S, Sharpe M, Van Wagner V, Moravac C(CIs). Developing, implementing and evaluating an Interprofessional Collaboration in Maternity Care Program (for practicing health care professionals): A Pilot Project. Canadian Protective Medical Association, Grant, $50,000, April 2011 – August 2012.


Money DM, Bocking AD, Hemmingsen SM, Hill JE, Reid G (PIs); Dumonceaux TJ, Gloor GB, Links MG, O'Doherty KC, Tang PK, Van Schalkwyk JE, Yudin MH (CIs). The Vaginal Microbiome Project Team. Emerging Team Grant: Canadian Microbiome Initiative, CIHR, Operating Grant, $1,745,340, September 2010 – August 2015.


**Narod SA** (Principal Investigator), Bristow RG, Nam RK, Trachtenberg J (Co-Investigators). Clinical Course of BRCA2-associated prostate cancer. CIHR Operating Grant, $425,989, 3 years, 2009 – 2012.


Olson D (Principal Investigator), **Bocking AD**. Preterm birth and healthy outcomes. Alberta Heritage Foundation for Medical Research (AHFMR), $1,000,000 per annum, 2008 – 2012.

Olson D, Trough S (PIs), **Bocking AD, Lee SK** (CIs) Preterm birth and healthy outcomes. AHFMR, $5,000,000, January 2008 – December 2013.

Oyewumi L (PI), **Kingdom J, Carvalho J** (Co-Supervisors), Non-invasive hemodynamic monitoring using bioreactance technology in pregnant women at high risk of developing pre-eclampsia. Mount Sinai Hospital, Research Foundation, Department of Obstetrics & Gynaecology, $5,000, July 2010 – June 2011.

Palmer L (PI), **Pennell C**, Beilin L, Newnham J, **Lye S**, Smith D. A genome-wide search for genes underlying the developmental origins of health and disease. National Health and Medical Research Council (Australia), Operating Grant, $897,878; $299,293 per annum, January 1, 2009 – December 31, 2011.
Pawson A(PI); Lye S, et al. (CIs) Ontario Proteomics Methods Centre (OPMC) (Project # is RE01-044). Ontario Research Fund. Overall ORF contribution (including overhead) is $4,526,986. Total project including match is $13,582,282. Lye portion of ORF contribution (excluding overhead) is $480,000. Lye portion of project including match is $992,600, October 1, 2006 – March 31, 2011.


Rossant J. Lineage development in the mouse blastocyst. CIHR, Operating Grant, $1,012,210, 2009 – 2014.


Serghides L (PI), Loutfy MR, Murphy KE, Yudin MH. Angiogenesis and adverse pregnancy outcomes in women with HIV, a pilot study. CIHR, $95,710, March 1, 2010 – February 28 2011.


Siu KWM (PI). Colgan TJ. Translating head and neck cancer markers into diagnostic assays. York University, International Science and Technology Partnerships Canada (ISTPCanada), ISTP Program with India. $1,163,312; $290,828 per annum, 2009 – 2012.


Spitzer RF (PI). Evaluation of emergency obstetric training program in Western Kenya. Mount Sinai Hospital, Research Fund. $9,000, 2010 – 2011.


Theriault B (PI), Gallie B (Supervisor), Bernardini M (Collaborator). Expression profiling of the novel cancer gene KIF14 in ovarian cancer. DOD-CDMRP, US Department of Defence Congressionally Directed Medical Research Program, Grant # OC080083, $100,000 per annum, March 2009 – March 2012.

Tremblay L, Bakirtzian A, Benhabib B, Ternamian A (Principal Investigators), Tyrwhitt J. Interdisciplinary collaborative robotic automated port application research. Department of Kinesiology, the Division of Gynecologic Endoscopy, Department of Obstetrics and Gynecology and the Department of Research and Knowledge Management at St. Joseph's Health Centre, Department of Clinical Biomedical Engineering, University of Toronto, $5000 and in kind donations, December 2007 – December 2010.


Whittle W, Baud D. The role of new chlamydia-like bacteria in the endometrium of patients with previous adverse pregnancy outcomes. Mount Sinai Hospital Department of Obstetrics and Gynaecology Research Award, $7, 150, 2011.

Whittle W, Kfouri J. Preterm Premature Rupture of the Membranes: What is the effect of latency on neonatal outcome? Mount Sinai Hospital Department of Obstetrics and Gynaecology Research Award, $1,000, 2011.


**Yudin M** (Collaborator). Mechanism of aging following exposure to HIV antiretroviral drugs. Canadian Institutes of Health Research (CIHR), $485,586, Emerging Team Grant, 2007 – 2012.


**Yudin M** (CI). Angiogenesis and adverse pregnancy outcomes in women with HIV, a pilot study.
Canadian Institutes of Health Research (CIHR), Institute of Infection and Immunity, Catalyst Grant, $95,710, 2010 – 2011.

**Yudin M** (CI). The psychosocial experiences and needs of HIV-positive women during their first year of motherhood. Ontario HIV Treatment Network (OHTN), Research Operating Grant, $450,000, 2010 – 2013.


RESEARCH GRANTS 2011-2012

PI=Principal Investigator; CI=Co-Investigator


Adamson SL (PI), Nagy A (CI). Role of placental VEGF-A and FLT1/sFLT1 in placental vascularity, fetal growth, and maternal function in mice. Canadian Institutes of Health Research, Operating Grant, $1,028,010 ($205,602 per annum), April 1, 2009 – March 31, 2014.

Alarab M (PI). Expression of modulators of collagen and elastin remodeling in vaginal wall of postmenopausal women with severe pelvic organ prolapse. University of Toronto Faculty of Medicine, Dean’s Fund, New Staff Grant, $10,000, March 1, 2009 – 2014.


Belsham DD. (Principal Investigator). Circadian regulation of neuropeptides from the hypothalamus. Natural Sciences and Engineering Research Council, Operating Grant Renewal, $200,000, $40,000 per annum, April 2012 – March 2017.

Belsham DD (Principal Investigator). Molecular mechanisms dictating control of neuroendocrine function by estrogen. Canadian Institutes of Health Research, Operating Grant, Renewal, $752,940, $150,588 per annum, Renewal, April 2009 – March 2014.

Belsham DD. Canada Research Chair Award in Neuroendocrinology, Tier 2, Renewal, $500,000, $100,000 per annum, July 2009 – June 2014.

Berger H. Abdominal visceral fat measured in early pregnancy and the risk of gestational diabetes mellitus. Canadian Institutes of Health Research, $100,000, July 2011 June 2012.


Bocking AD (Project Co-ordinator), Caloia D, Spitzer RF. Emergency Obstetrical Training (EmOC) in Western Kenya. Developmental Partnerships in Higher Education (DelPHE), British Council, UK, £30,000 per annum, September 1, 2009 – August 31, 2012.

Bocking AD, (Principal Investigator); Challis JR, Reid G (Co-Investigators). Role of lactobacilli in maternal and perinatal health. Canadian Institutes of Health Research, $530,000 total; $106,600 per annum, April 2007 – March 2012.


Brown TJ (PI), Ringuette M, Winegarden N. Androgen modulation of TGFβ signaling in ovarian cancer cells. CIHR Operating Grant, $598,000, 2009 – 2013.

Brown TJ, Rosen BP (Principal Investigators); Colgan TJ, Greenblatt EM, Murphy KJ, Tone AA, Virtanen C (Co-Investigators); Allen L, Shapiro J, Farrugia M, Levinsky E (Collaborators). Sustained ovulation-associated inflammatory signaling in fallopian tube epithelium as a predisposing factor of serous carcinoma. CIHR Operating Grant, $435,884, October 2010 – September 2013.

Caniggia I (PI), Jurisicova A, Post M (Co-Investigators). The role of Bcl-2 family members in regulating placental cell fate. Canadian Institutes of Health Research Operating Grant, $757,050 total, $152,134 per annum, 2008 – 2013.

Caniggia I (PI), Post M, Zamudio S (CIs). The role of oxygen in regulating placental development. Canadian Institutes of Health Research Operating Grant, $787,490 total, $156,000 per annum, 2008 – 2013.

Caniggia I (PI), Bhattacharjee J. The role of Mcl-1 in regulating placental cell fate. CIHR HOPE-Scholarship, Operating Grant, $112,000, 2011 – 2015.

Casper RF. Can aromatase inhibitors reduce breast density, a biomarker of breast cancer risk, in postmenopausal women taking hormone therapy? Canadian Breast Cancer Foundation, Ontario Region Research Project Grant, $147,763 per annum, September 2009 – August 2012.


Casper RF (PI), Rahman SA, Shapiro CM (Co-Investigators). Ameliorating affective disorder induced by circadian rhythm disruption. CIHR, Operating Grant, $430,821 total, $143,607 per annum, October 2010 – September 2013.

Casper RF (PI), Wolfman W (CI). Aromatase inhibitors added to low dose hormone replacement therapy to reduce mammographic breast density in postmenopausal women. Canadian Breast Cancer Foundation, $450,000 total, $147,763 per annum, September 2009 – August 2012.

Church P, Lee S, et al. Academic challenges for the preterm infant: educator’s knowledge, attitudes and identified barriers to providing aid to this population. PSI, $61,000, 2011 – 2012.


Diamandis E (PI), Bernardini MQ. An integrated systems biology approach for ovarian cancer biomarker discovery. NIH Sub-Award # 1U01CA152755-01, $42,000, September 2010 – August 2011.


Dupre J (Principal Investigator), Dosch H-M, Lawson ML, Orbine E, Fraser WD, Sermer M (Principal Investigator, Canada). Trial to reduce Insulin Dependent Diabetes Mellitus (IDDM) in the genetically at risk (TRIGR). National Institutes of Health, Canadian Institutes of Health Research, $4,260,000, 2002 – 2012.


Fraser W, Weksberg R (Co-PI). Integrated Research Network in Perinatology (IRNPQ) – Impact of intrauterine exposures on infant health and development. Canadian Institutes of Health Research/Canadian Foundation for Innovation, $20,000,000 total, $100,000 per annum for Weksberg lab, 2008 – 2013.


Haider M (PI), Toi A, Sweet J., O’Malley M, Trachtenberg J. The utility of functional and morphologic MRI in the detection of prostate cancer for patients with elevated PSA and prior negative biopsy. Princess Margaret Hospital Foundation, $30,000, April 2002 – present.
Harris D (PI), **Rogers IM** (CI). A model for analyzing the role of extrinsic factors responsible for aging of the human immune system. NIH Eureka Grant, $960,000, $240,000 per annum, 2010 – 2014.


Josse R (Principal Investigator), **Derzko CM**, Rubin L (Co-Investigators). The efficacy and safety of 2g strontium ranelate in the treatment of male osteoporosis: A prospective multicentre, international, double-blind, placebo-controlled study with a treatment duration of 2 years and the main study analysis after 1 year. Servier Protocol CL3-12911-032 Total operating budget: $6,995 per patient, 2007 – ongoing.

Josse R (Principal Investigator), **Derzko CM**, Rubin L (Co-Investigators). A randomized open-label study to evaluate the safety and efficacy of denosumab and monthly actonel therapies in postmenopausal women transitioned from weekly or daily alendronate therapy. Amgen Protocol 20080099. $5,456 per patient, 2009 – ongoing.

Jurisica I, Oza AM (Principal Investigators), Colgan TJ, **Jurisicova A**, Kislinger T (Co-Applicants). Diagnostic and prognostic biomarkers for epithelial ovarian cancer. Canadian Institutes of Health Research, Operating Grant, $734,532 total, $161,125 per annum, 2009 – 2013.

**Jurisicova A.** Canada Research Chair. CIHR, $175,000, July 1, 2008 – June 30, 2013.


Jurisicova A (PI), Casper RF (CI). Role of Pdss2 in oocyte aging. Canadian Institutes of Health Research, Catalyst Grant - Pilot Projects in Aging, $50,000, March 2011 – February 2012.


Kives S. Randomized controlled trial of continous oral contraceptives vs. cyclical oral contraceptives in adolescents. Physicians’ Services Inc. Foundation, $75,000, 2005 – present.


Lambe EK (PI). Cellular and molecular mechanisms underlying development and plasticity of prefrontal attention circuitry. Canadian Institutes of Health Research, $718,025 total; $143,605 per annum, 2008 – 2013.


Lee SK. Maternal Infant Care (MICare) Research. Ontario Ministry of Health & Long Term Care, $15,000,000, 2009 – 2013.


Lilge L, Derzko C. Use of optical breast spectroscopy to evaluate short-term (early) breast tissue changes in post-menopausal women initiating menopausal hormone therapy. Total operating budget: $90,000, 2010 – ongoing.


Lye SJ. Fetal, neonatal and maternal health. CIHR, Tier 1 Canada Research Chairs Program, Operating Grant, $1,400,000; $200,000 per annum, July 1, 2008 – June 30, 2015.


Meffe F (PI), Biringer A, Caccia N, Espin S, Sharpe M, Van Wagner V, Moravac C(CIs). Developing, implementing and evaluating an Interprofessional Collaboration in Maternity Care Program (for practicing health care professionals): A Pilot Project. Canadian Protective Medical Association, Grant, $50,000, April 2011 – August 2012.


Money DM, Bocking AD, Hemmingsen SM, Hill JE, Reid G (PIs); Dumonceaux TJ, Gloor GB, Links MG, O'Doherty KC, Tang PK, Van Schalkwyk JE, Yudin MH (CIs). The Vaginal Microbiome Project Team. Emerging Team Grant: Canadian Microbiome Initiative, CIHR, Operating Grant, $1,745,340, September 2010 – August 2015.


Narod SA (Principal Investigator), Bristow RG, Nam RK, Trachtenberg J (Co-Investigators). Clinical Course of BRCA2-associated prostate cancer. CIHR Operating Grant, $425,989, 3 years, 2009 – 2012.


Olson D, Trough S (PIs), Bocking AD, Lee SK (CIs) Preterm birth and healthy outcomes. Alberta Heritage Foundation for Medical Research (AHFMR), $5,000,000, January 2008 – December 2013.


Palmer L (PI), Pennell C, Beilin L, Newnham J, Lye S, Smith D. A genome-wide search for genes underlying the developmental origins of health and disease. National Health and Medical Research Council (Australia), Operating Grant, $897,878; $299,293 per annum, January 1, 2009 – December 31, 2011.


Rossant J. Lineage development in the mouse blastocyst. CIHR, Operating Grant, $1,012,210, 2009 – 2014.


Siu KWM (PI). Colgan TJ. Translating head and neck cancer markers into diagnostic assays. York University, International Science and Technology Partnerships Canada (ISTPCanada), ISTP Program with India. $1,163,312; $290,828 per annum, 2009 – 2012.

**Spitzer RF** (PI), **Allen LM** (Collaborator). Use of ACASI to gather information on risk behaviours in a referral population of pregnant Canadian adolescents. Physicians’ Services Incorporated Foundation, Grant, $37,800, 2011 – 2013.


Theriault B (PI), Gallie B (Supervisor), **Bernardini M** (Collaborator). Expression profiling of the novel cancer gene KIF14 in ovarian cancer. DOD-CDMRP, US Department of Defence Congressionally Directed Medical Research Program, Grant # OC080083, $100,000 per annum, March 2009 – March 2012.


von Dadelszen P, **Lee S**, et al. Clinical prediction models for critically ill pregnant women: MEOWS and CIPHER. Canadian Institute of Health Research, $100,000.00, 2011 – 2012.


**Whittle W,** Baud D. The role of new chlamydia-like bacteria in the endometrium of patients with previous adverse pregnancy outcomes. Mount Sinai Hospital Department of Obstetrics and Gynaecology Research Award, $7, 150, 2011.

**Whittle W,** Kfouri J. Preterm Premature Rupture of the Membranes: What is the effect of latency on neonatal outcome? Mount Sinai Hospital Department of Obstetrics and Gynaecology Research Award, $1,000, 2011.


Yudin M (CI). The psychosocial experiences and needs of HIV-positive women during their first year of motherhood. Ontario HIV Treatment Network (OHTN), Research Operating Grant, $450,000, 2010 – 2013.


### 5.3 Appendix: Department Total Grants 2007-2011 By Source

<table>
<thead>
<tr>
<th></th>
<th>TriCouncil</th>
<th>Other</th>
<th>Industry</th>
<th>CFI*</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL 2007</td>
<td>$ 3,528,659.00</td>
<td>$ 2,432,757.48</td>
<td>$ 721,719.89</td>
<td>-</td>
<td>$ 6,683,136.37</td>
</tr>
<tr>
<td>TOTAL 2008</td>
<td>$ 5,056,750.00</td>
<td>$ 2,352,576.44</td>
<td>$ 738,575.78</td>
<td>-</td>
<td>$ 8,147,902.22</td>
</tr>
<tr>
<td>TOTAL 2009</td>
<td>$ 3,935,296.96</td>
<td>$ 2,788,442.94</td>
<td>$ 58,500.96</td>
<td>$ 1,770,791.00</td>
<td>$ 8,553,031.86</td>
</tr>
<tr>
<td>TOTAL 2010</td>
<td>$ 3,792,983.00</td>
<td>$ 3,496,677.31</td>
<td>$ 72,773.05</td>
<td>$ 2,411,023.00</td>
<td>$ 9,773,456.36</td>
</tr>
<tr>
<td>TOTAL 2011</td>
<td>$ 3,640,489.00</td>
<td>$ 4,267,696.45</td>
<td>$ 64,332.50</td>
<td>$ 6,916,822.00</td>
<td>$ 14,889,339.95</td>
</tr>
</tbody>
</table>

**TOTAL 2007-2011**  
$ 19,954,177.96 $ 15,338,150.62 $ 1,655,902.18 $ 11,098,636.00 $ 48,046,866.76

*Canadian Foundation for Innovation
6. Organization and Financial Structure

The Department of Obstetrics and Gynaecology is a large multi-sited organization and therefore relies heavily on a clear administrative structure and communication strategy. (See Appendix 6.1 Organization Chart) The Department is supported by a number of Standing Committees:

- Executive
- Appointments
- Promotion
- Undergraduate Medical Education
- Residency Program
- Fellowship Directors
- Continuing Medical Education
- Faculty Development
- Research

The Chairs of the major Committees, as well as the Chiefs at the fully-affiliated hospital sites, serve on the Department Executive Committee, which meets monthly. In addition, the Leadership Council, which consists of all the Education, Clinical and Research leaders across all the sites, meets quarterly. This group was established in 2003 and the meetings include a component of Faculty Development, with 45 minutes devoted to an invited speaker (See Appendix 4.5.2 for a list of speakers) and 45 minutes for updates and discussion regarding important Department-wide issues). The attendance at these meetings has fallen off somewhat over the last few years and the reasons for this are currently being explored. In addition to the Chair, there are 2 Vice-Chairs (Research- S. Lye and Education – H. Shapiro). Each of the Education Committees, as well as the Research Committee, is supported by fulltime administrative staff and report monthly to the Executive. In addition, the Chair meets with the Chiefs of the fully-affiliated sites quarterly to discuss issues of common interest e.g. access to care, quality, resource allocation and recruitment.

One of the challenges over the last five years has been the Undergraduate and Postgraduate enrolment expansion. This has required a progressive increase in the Department administrative support for these programs to the current status of 2.5 FTE’s and will require careful monitoring in order to ensure that sufficient resources are made available to support these programs, particularly with the increased complexities associated with enhanced Integrated Education.

The Department’s overall budget is approximately $3.4 million per annum, with $650,000 of that consisting of external salary awards and hospital/individual recoveries. The major sources of revenue for the Department are the Base Budget from the University ($900,000 pa), T and R Funding ( $998,000), Postgraduate Expansion and BIU Funding ($325,000), plus a combination of support from Department Endowments, Industry Educational Partners and Hospital Department contributions.

The major expenditures are on Academic Salaries and Stipends, including mandatory benefits ($2.9 million), Administrative Salaries and Benefits ($360,000) and Operating Expenses ($256,000 ). The Department is fortunate to hold slightly more than $7 million in endowments,
which support Academic Salaries and various programs. In addition, the Department has been successful in securing approximately $200,000 pa over the last 6 years in philanthropic support for the Global Health Programs. The Department has also been successful in establishing three endowments to support Residents enrolled in the Clinical Investigator Program, including the Walter Hannah Clinician Scientist funds, the TG Riley Fund and the Bernard Ludwig Fund based at Mount Sinai Hospital. These funds have proven to be extremely important in allowing the Department to increase the number of postgraduate trainees enrolled in the CIP program in a consistent fashion.

The fully-affiliated Hospital Practice Plans (MSH/UHN, SMH and SHSC) also provide salary/stipend and administrative support for Faculty and Staff based at the hospitals, as well as providing support for Faculty through the Ontario Academic Health Sciences Centre (AFP). Total funding for the Department’s academic enterprise from these sources exceeds the budget of the University Department as described by at least two-fold (~ $6 million). In addition, the Faculty of Medicine has recently been able to provide Teachers at the Community-affiliated sites with a modest stipend with funds negotiated with the MOHLTC. Each of the affiliated Hospitals provides important administrative support and infrastructure to ensure a high quality experience for both Undergraduate and Postgraduate trainees in Obstetrics and Gynaecology.

The greatest challenges for the Department over the next 3-5 years will be ensuring the “comparability” of educational experiences for Undergraduate Medical Students given the large component of teaching in our discipline which is conducted in an ambulatory setting. This requires significant hospital support at a time when acute care hospitals tend to be decreasing their involvement in ambulatory care. In addition, the support from the various Research Institutes is highly dependant upon philanthropic support which, in the current economic climate, is challenging. Nevertheless, the Department has been fortunate to have strong support from each of the fully-affiliated hospitals for the research mission, as well as education.
7. Resources and Infrastructure

The academic home of the Department is based at 92 College, and with the expansion of the Educational Programs and addition of the Global Health Programs, we now occupy all of the space in the house (1,500 square feet). This has served the Department well as it is centrally located and all of the key personnel are located within the building. The House is old, however, and the cost of maintaining the building is significant. It is our understanding that the Department will be required to move to another location in the next few years, but this is yet to be determined. This will be an important consideration for the Department and the next Leadership.

As discussed previously, the Department relies heavily on resources provided by the affiliated hospitals to support its academic mission. The Department is extremely grateful for this.
8. Alumni and Advancement Programs

The Department has recently established an Alumni Council with Dr. Adrian Brown (Chief of the Department of Ob/GYN at NYGH) as the inaugural Chair of the Council.

As part of the Department and Faculty of Medicine’s mandate to increase engagement of former trainees, there will be a combined event involving our alumni, with a professional development component for all our faculty, including an awards ceremony. There has been a major investment in updating our alumni database for communication of this and ongoing university events.

Alumni Day will take place on November 7, 2012 at the Estates of Sunnybrook and the Department will celebrate its 125 years of existence, a wonderful opportunity to bring together the many Alumni of the Department (former Residents and Fellows) with current Faculty.

We are planning on hosting social events, such as a tour of the campus, a debate regarding residency training through the ages and esteemed speakers, including Dr. Catharine Whiteside, Dean of Medicine. There will be a new section of the University of Toronto’s Department of Obstetrics & Gynaecology website dedicated to alumni issues and news, with postings of alumni achievements. We hope that by more active engagement with our large and dispersed alumni, we can build contact networks for our current trainees for elective experiences, potential collaborations with our current University of Toronto faculty and involve alumni more fully in the ongoing events and campaigns of the Faculty of Medicine and University of Toronto in the future.

The Department also supports a partial FTE of a Senior Development officer within the Faculty of Medicine Advancement Office and a number of initiatives have been identified to be included in the soon-to-be launched Boundless Campaign for the Faculty, including Endowed Chairs, the AMPATH Global Health Program, as well as lectureships and fellowships.
9. Internal and External Relationships

The Department works closely with a number of clinical and basic Departments within the Faculty of Medicine, as well as the Dalla Lana School of Public Health. These are evident through joint educational and research programs with many cross-appointments reflecting these dual contributions. In addition, there are important clinical partnerships at the hospitals, including Paediatrics, Anaesthesia, Medicine, Surgery, Medical Imaging, Urology, Radiation and Medical Oncology.

The Department has particularly strong linkages with the Department of Physiology, with many Department members supervising graduate students enrolled in the Department of Physiology programs. This has proven over the years to be a very effective and productive partnership and has resulted in joint appointments (eg. Dr. Evelyn Lambe). This could be a very important recruitment model to further develop given the recognition of the importance of multi-disciplinary research in Reproductive and Perinatal Medicine.

The Department has a strong presence in three GTA Cancer Centres (Princess Margaret Hospital, Odette Cancer Centre and Credit Valley Hospital) and members of the Department play key leadership roles within Cancer Care Ontario.

The Department’s Faculty have, and continue to hold, major leadership roles at the Institutional, Regional, Provincial, National and International levels in virtually all of the subspecialty disciplines in Obstetrics and Gynaecology. These include the following:

**INTERNATIONAL**
- President of the Society for Gynecologic Investigation - Dr. Stephen Lye
- President of the Perinatal Research Society – Dr. John Kingdom
- Secretary, North American Society for Pediatric and Adolescent Gynecology Board – Dr. Lisa Allen

**NATIONAL**
- Chair, Royal College Specialty Committee in Ob/Gyn – Dr. Paul Bernstein
- Chair, Royal College Specialty Committee in Gynaecologic Oncology – Dr. Al Covens
- President, Society of Obstetricians and Gynaecologists of Canada – Dr. Guylaine Lefebvre
- President, Association of Academic Professionals in Obstetrics and Gynaecology (APOG) of Canada – Dr. Alan Bocking
- President, Society of Gynecologic Oncology of Canada – Dr. Barry Rosen and Dr. Joan Murphy
- Member, Society of Obstetricians and Gynaecologists of Canada Council – Dr. Wendy Wolfman

**PROVINCIAL**
Chair, Ontario Ministry of Health and Longterm Care Prenatal Screening Subcommittee – Dr. Nan Okun
Clinical Lead, Ontario Cervical Screening Program – Dr. Joan Murphy
Member, Provincial Council on Maternal Child Health – Dr. Mathew Sermer
Over the last 7 years, the Department has increased its participation in Global Health Programs and has used its membership in the AMPATH Consortium as a vehicle to enhance Clinical, Educational and Research programs at Moi University School of Medicine (MUSOM) and Moi Teaching and Referral Hospital in Eldoret, Kenya. Membership in this North American Consortium has facilitated bilateral exchanges of Faculty, Residents, and Medical Students, as well as Graduate Students in the Dalla Lana School of Public Health.

Since 2007, there have been 23 University of Toronto Undergraduate Medical and/or Public Health Graduate students; 7 Residents in Obstetrics and Gynaecology and 35 University of Toronto Faculty Exchanges to MUSOM and 18 MUSOM Faculty and 9 MUSOM student exchanges to Toronto.

The Department has recruited a Faculty Member who spends 9 months per year in Eldoret and is supported through a sub-grant from USAID through Indiana University as well as philanthropic support. In order for this program to have ongoing stability, it will be necessary to raise sufficient funds for an endowed Chair in Women’s Reproductive Global Health. The Department continues to apply for grants to support these initiatives and has been successful to date in securing both a Grand Challenges Canada Rising Star award to Dr. Christoffersen-Deb, as well as a Saving Lives at Birth Grant to MUSOM.

Department members are very active in various outreach initiatives, which have an important positive social impact (eg. ensuring access to safe family planning, advocacy for cancer care for women, infertility treatment as well as prenatal care for refugee women, to mention but a few).
10. Report of Faculty Members

As part of the Department review of the second term of the Chair, Dr Alan Bocking, a faculty survey was sent to all members of the Department of Obstetrics & Gynaecology. A committee consisting of generalists, subspecialists and community members of the Department prepared the survey to obtain anonymous and representative views and visions of the Faculty with regard to the Department. The survey was carried out by means of an online questionnaire.

This report is based on the response of 79 members of the Department to an anonymous survey sent in June 2012 to 220 faculty. There were seven statements for which we requested a response ranging from strongly disagree to strongly agree. One question was open-ended. The 36% response rate is similar to other U of T surveys done for the same purpose. Approximately 40% of the responders have been in the Department for fewer than 10 years, and 35% for more than 20. The large number of new members to the Department likely represents our new community affiliates, since 56 of the 220 faculty appointed in the last 4 years have been to a partially-affiliated hospital. Only 6 of the respondents have been members of the Department for 16-20 years. This reflects the small number (17) who joined during this time period.

Results of the survey are found in Table 1 below.

Table 1: Response to Department Faculty Survey

![Chart showing survey results]
Every member, save one, agreed or strongly agreed with the statement 1: My association with and the reputation of, the University of Toronto Department of Obstetrics & Gynaecology is important to me.

82% of the respondents agreed or strongly agreed with statement 2: There is a strong sense of community in the Department of Obstetrics & Gynaecology at University of Toronto.

Added comments often have bias toward more negative opinions. In this case, they served to qualify the positive opinions with statements such as “Generally yes, but fragmented into hospital affiliations”, “Some divisions [are] outright competitive.” There was a sense that community was stronger in the “academic” staff and while the sense of community was strong in the university Department, there was more community within hospitals than across the University.

Faculty members appear to be less content with regard to communication. 38% did not agree with Statement 3: The Department encourages and facilitates communication between sites. The comments related to this question were not helpful.

Most (80%) of the respondents agreed with Statement 4: The Department has a clear vision for its future and there is agreement with this vision by the faculty. Nonetheless, many were not clear themselves on the vision, or felt “there is a conflict between what hospital sites want and what might be best for the overall”.

The department as a whole agreed with Statement 5: The Chair understands the needs of the department’s members. It appears that several members, while agreeing with the statement, were not completely sure. Many who answered “agreed” qualified this with responses such as “I’m not sure” or “I don’t know”.

The highest support was in response to Statement 6: The Chair is supportive of my research, teaching and clinical activities and is responsive to my concerns. Close to 87% agreed or strongly agreed with this statement. One person commented that “this Chair was the first one to actually be interested in my work”.

City-wide joint educational activities (Statement 7) are considered worthwhile and enjoyable. A recurring theme was the challenges for people not in the downtown core. This was particularly dominant with this question.

The last question was an open ended question: “My concerns about the department are:”

Three themes were prominent.
1. Inter-hospital relations. Comments noted “competition between the three major teaching sites is not necessarily good for the department “, and “Some sites have a nice working relationship, but some are not as good at team-playing.” There was also concern about the risk of “promotion of a single site over others”. Finally, one person worried about the lack of strength of the university compared to the hospital departments
2. The needs of the community hospitals. Comments noted an “As yet poorly elucidated vision for teaching in the community”; another suggestion was that the Chair should make more visits to the peripheral sites.

3. The needs of new faculty. This was expressed in term of mentorship, and clarity of expectations. It was also apparent from the responses to questions around communication. Part of the confusion was again the role of the University Department compared to the Hospital department.

Summary of Faculty Survey

Although this survey is not exhaustive, it was able to address several key aspects of the Department with a significant sample size. There was a particularly strong response from recent appointees from community sites. Many of their concerns were about integration. Overall, the morale in the department and the support for the Chair is very high. There is a strong sense of pride and community. Longstanding issues about the role of the hospital vs. the university appear to have abated somewhat. Communication within a large group, now also separated by large distances, continues to be a challenge.
11.1 Learners’ Report: Undergraduate Students
Lesley Hawkins, Mathew Leonardi, Uthra Mohan

Training in Obstetrics and Gynaecology at the undergraduate medical level at the University of Toronto has been well-received and enjoyed by students at the clerkship and pre-clerkship levels.

Our first exposure to the field begins in our second year during the Mechanisms, Manifestations and Management of Diseases course, where we spend several weeks exploring physiology, pathology and disease management through didactic and seminar learning related to women of reproductive age and peri/post-menopausal women. Our evolving curriculum also includes seminars on Ethics in Obs/Gyn as well as LGBTQ health, so as to better serve the diverse patient population we meet in our third year.

However, certain gaps in curriculum have been repeatedly identified by students. Firstly, the lack of formal pelvic exam training in the pre-clerkship years is a common concern for students because they feel unprepared for patient encounters in clerkship. While pelvic exam teaching is indeed taught in both the family medicine and Ob/Gyn rotations in third year (with plastic models), students who have their emergency medicine rotation preceding these do not receive formal training and, thus, feel unprepared for this sensitive exam manoeuvre.

Second, there is a notable absence of training in pregnancy options. Students are interested in learning more in this area to further understand the issues and be prepared for educational or clinical experiences. As it stands currently, interested students can find avenues to enhance their knowledge in these areas (student groups discussed below). However, these areas of obstetrics and gynaecology are not only relevant for those pursuing the specialty; all graduating medical students should receive formal pelvic exam training in a timely manner to prepare them for all clinical experiences and should be knowledgeable with respect to pregnancy options and how patients can receive appropriate care, if necessary.

The third year clerkship curriculum consists of a well-structured 6-week curriculum where students rotate through downtown and community hospitals in the GTA, including: St. Michael’s Hospital, Mount Sinai Hospital, Sunnybrook Hospital, North York General Hospital, St. Joseph’s Hospital, Credit Valley Hospital and Toronto East General Hospital. Many of these hospitals boast world-class facilities and the ability to work with a multidisciplinary team (including Family Medicine Obstetrics and Midwifery). Students gain practical experience in inpatient obstetrics (labour and delivery, maternal fetal medicine) and gynaecology, including normal gynaecologic surgical care, but also fantastic subspecialty gynaecological oncology, reproductive endocrinology and fertility, and urogynaecology.

The core rotation also includes call service and ambulatory (day surgery, emergency and clinics) obstetrics and gynaecology. Many hospitals also have a mentor or preceptor program, which pairs up a student with a staff member who is able foster a period of mentorship and provide guidance during the student’s rotation.

The clerkship curriculum is enriched by daily interactive seminars, unique to the Obstetrics and Gynaecology rotation, where students are taught in small groups in their respective hospitals.
This helps students develop an approach to the broad range of symptoms and diseases, as well as to enhance critical thinking.

A strong majority of students (70-75%) agreed or strongly agreed that the Obstetrics and Gynecology rotation was well organized and had adequate faculty and resident teaching (both clinical and didactic). Along the same lines, a majority of students felt that the quality of lectures and seminars was adequate (80%). Students also have the opportunity to attend hospital-based weekly rounds, subspecialty rounds and journal club.

In addition to formal teaching, students get much informal and bedside teaching from residents, staff physicians and multidisciplinary staff. 67% of students agreed or strongly agreed that the Obstetrics/Gynecology rotation had an appropriate amount of time for self-study, academic teaching, and clinical duties. Although this number is not in and of itself indicative of a weakness, it (along with the surgical rotations) is significantly lower than the other rotations. Moreover, a substantial portion (15%) of students reported spending more than 9 hours in the hospital per day.

A majority of students reported that call expectations were reasonable and adequately supervised. As the primary objective of this rotation is learning, it is recommended that the obstetrics and gynaecology program evaluate ways to maximize student learning without requiring the commitment of too many hours of hospital service. As well, learner competition and overcrowding have been identified as needing improvement with respect to obstetrics and gynaecology. Though new learning sites have been added in 2011-2012, this area of concern should be monitored closely to ensure the issue is resolved.

In addition to formal teaching through lectures and through the rotation, many undergraduate medical students are actively involved in furthering their interest in the specialty through research activities, observerships, electives and selectives and student interest groups.

Students have pursued research in Obstetrics and Gynaecology through the Comprehensive Research Experience for Medical Students (CREMS) program, the CREMS Scholar program, the Determinants of Community Health Course and the MAA-CREMS International Health Summer Research Program. Students have showcased their work in multiple forums such as the Faculty of Medicine’s Medical Student Research Day and at national and international conferences.

The Department of Obstetrics and Gynaecology has unique opportunities in international Women’s Health with ties to Kenya and Zimbabwe, which provide research and practical experiences for many undergraduate students.

In addition to the multitude of research opportunities, many students arrange informal observerships as well as formal elective and selective experiences. Students have also shown much leadership in organizing student interest groups/programs such as the Women’s Health Elective, Medical Students for Choice, Ob/Gyn Student Interest Group, and the Ob/Gyn Mentorship Program. Faculty support for these programs is excellent.
Two challenges moving forward will be to accommodate the growing student body size and integrating the new Mississauga Academy of Medicine (MAM). The Department of Obstetrics and Gynaecology has fostered ties with other tertiary and quaternary hospitals to accommodate more learners in clerkship as well as pre-clerkship. With the Trillium Health Centre (consisting of Trillium Mississauga Site and Credit Valley Hospital Site) now participating in medical education through the MAM, the thought is that more learners can be accommodated, alleviating some of the overcrowding in the downtown hospitals, as well as exposing students to community obs/gyn. Facilities such as video conferencing and small group seminars are now in place at the Mississauga Academy that run concurrently with the St. George Campus.

However, faculty training and development at the new teaching sites will require keen attention. As well, close monitoring of student experience is expected. Thus far, it is difficult to assess student feedback from the students in Mississauga based on limited time at these sites as of yet.
11.2 Learners’ Report -- Residents

This Learners’ Report regarding strengths, weaknesses, and improvements for the residency program reflects information from the a) Annual resident retreat (March 2012) where residents have an opportunity to review the residency program without faculty present and b) residents’ response to a survey (June 2012) asking about the strengths and weaknesses of the program.

1. **Strengths**: The identified strengths are the:
   - Volume and variety of both obstetrical and gynaecological cases
   - Excellent exposure to all subspecialty programs
   - Proactive resident wellness program.
   - Anatomy cadaver dissection course.
   - CIP available for interested residents.
   - Supportive and knowledgeable staff
   - Collegial working and learning environment

2. **Weaknesses**:
   - Weaknesses expressed related to the academic half-day (AHD) quality and duration have been addressed by a) initiating a new curriculum in September with topics based on resident input and core topics identified in the Royal College requirements, b) extending the AHD to 3 hours and c) including travel time to the teaching site in the protected time.
   - Finding a research supervisor and topic was a challenge -- This has been addressed in providing the teaching session, “An Introduction to Research” as part of Boot Camp (introductory transition series for the PGY1s and 2s).
   - PGY1 hands-on experience in the general surgery rotation.

3. **Improvements**:
   Many of the recommendations for program improvements regarding the curriculum have been addressed. These include a new curriculum that covers both obstetrics and gynaecology topics equally, clearly defined protected time, more surgical skills labs, and access to simulation programs.

   To address our (the residents’) request for attending to our reported disruptive behaviour of a faculty member, the department has instituted alert notifications on POWER relating to Teacher Effectiveness Scores less than 3, so that negative/disruptive behaviour can be identified and brought to the attention of the faculty member in question by the Department Chair, site Chief, the Residency Program Director, or the Wellness Team.

PGY1  Rebecca Rich
PGY2  Amanda Cipolla
PGY3  Laura Sovran
PGY4  Shannon Moore
12. Future Directions
Dr. Alan Bocking

This self-study has attempted to document the strengths and weaknesses of the Department of Obstetrics and Gynaecology as of September, 2012. As identified, the Department has many strengths in Research and Clinical Care, as well as Undergraduate and Postgraduate Medical Education. The Department has begun a journey of enhancing its profile in Women’s Global Health, as well as developing new socially-responsible programs to improve the care for women in marginalized populations. The Department has been true to its Strategic Plan, as created in 2009, and there is much more that can be done for each of the Strategic Directions. The change in leadership within the Department also will provide an opportunity for the new Chair and Department members to create a new Strategic Plan or, alternatively, build on the existing framework, in conjunction with the Faculty of Medicine Strategic Academic Plan, 2011-2016.

Within the domain of Faculty Development, it is evident that the Department can do more in the areas of Mentorship and Orientation of new Faculty, as well as leadership development, with a view to creating a more robust succession plan for the various leadership positions in the Department. The Department has created a new Mentorship Advisory Committee consisting of Dr. Jennifer Blake, Dr. Heather Shapiro and Dr. Janet Bodley, which will report back to the Executive in the fall. The work of this Committee will be aligned with that of the Faculty of Medicine Task Force and the Centre for Faculty Development.

Dr. Filomena Meffe has eloquently outlined the opportunities for improvement within the Undergraduate Medical Education program and this will include a significant component of Faculty development. We await the recommendations from the Accreditation Committee for the Faculty of Medicine and will respond to any concerns specific to Obstetrics and Gynaecology. The Undergraduate Medical Students have also identified areas for improvement in their report that are currently being addressed by both the University Department Executive and Undergraduate Education Committees. These concerns include learner crowding, timing of pelvic exam teaching, training in pregnancy options, bedside teaching and time spent on duty during Clerkship rotations. Dr. Meffe has indicated her wish to step down from her role as Program Director of Undergraduate Education and a search process has begun for this important position.

The Department has undertaken a number of new initiatives, including the revamping of the Academic Half-Day Curriculum and establishment of the Resident Wellness Program, both of which have been very well received and will be continued.

The Royal College Postgraduate Programs are currently preparing the Pre-survey Questionnaire documents in preparation for the on-site survey to be held in April, 2013. The next Chair, in conjunction with Dr. Heather Shapiro, Vice-Chair, Education and the Program Directors, will be well positioned to respond to the recommendations from the reviewers. Currently, there are 57 Clinical Fellows registered in 15 different programs. Many of these programs are Hospital or Institution-based and it will be critical for the Department, under the leadership of the Vice-Chair, Education, to maintain the high standards of curriculum, evaluation and reporting.
Members of the Division of Urogynaecology and Pelvic Floor Disorders are working actively with their colleagues across the country to prepare a proposal to the Royal College for Diploma status in this subspecialty.

As discussed in the Chair’s Report and the research report of Dr. Stephen Lye, the establishment of the Fraser Mustard Institute of Human Development provides a tremendous opportunity for the Department of Obstetrics and Gynaecology, in collaboration and partnership with other Departments and Faculties in the University, to make an internationally-recognized contribution to this emerging field. The Department must continue to have excellent working relationships with the affiliated hospitals and research institutes and be nimble in order to respond to emerging themes and issues in women’s reproductive health. The Department will need to identify leaders who wish to take on the Chief’s roles at Sunnybrook Health Sciences Centre and Mount Sinai Hospital, which are currently being ably led in an interim nature by Drs. Zaltz and Sermer respectively. In addition, a search will need to begin in 2013 for a new Chief at St. Michael’s Hospital when Dr. Lefebvre steps down from that role to take on greater responsibilities with her Endowed Chair in Women’s Health. The Department will also be looking to identify a new Head of the Division of Urogynaecology and Pelvic Floor Disorders, as Dr. Harold Drutz has indicated his wish to step down from this position.

The Department has established itself as the lead department in reproductive health within the AMPATH Consortium and this opportunity is waiting to be further developed. Stable funding for Global Health Chairs and Fellowships are required, as well as stable core funding for the program, and these are all approved priorities for the Department within the Faculty of Medicine Boundless Campaign. This will be a major focus of the current Chair over the next 10 months and, I hope, will continue to be a priority for the Department.

As in any large, multi-sited organization, communication is critical and the Department relies heavily on e-mail from 92 College, the Department’s office. In addition, we distribute a Newsletter twice yearly. Department leadership could undergo a “needs assessment” of Faculty members regarding the type and timeliness of communication they would like to receive, given the significant increase in Community-affiliate Hospital-based Faculty.

The Department also has the opportunity to create, within Divisions, standardized Clinical Care Protocols using the best available evidence that can be used to help inform policy and procedures at the hospital, LHIN and provincial levels.
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamson</td>
<td>S Lee</td>
</tr>
<tr>
<td>Aggarwal</td>
<td>Anjali</td>
</tr>
<tr>
<td>Alarab</td>
<td>May</td>
</tr>
<tr>
<td>Allen</td>
<td>Lisa</td>
</tr>
<tr>
<td>Arthur</td>
<td>Rebecca</td>
</tr>
<tr>
<td>Bambao</td>
<td>Clarissa</td>
</tr>
<tr>
<td>Barkin</td>
<td>Marshall</td>
</tr>
<tr>
<td>Barrett</td>
<td>Jon</td>
</tr>
<tr>
<td>Bentov</td>
<td>Yaakov</td>
</tr>
<tr>
<td>Berger</td>
<td>Howard</td>
</tr>
<tr>
<td>Bernardini</td>
<td>Marcus</td>
</tr>
<tr>
<td>Bernstein</td>
<td>Paul</td>
</tr>
<tr>
<td>Blake</td>
<td>Jennifer</td>
</tr>
<tr>
<td>Bocking</td>
<td>Alan</td>
</tr>
<tr>
<td>Bodley</td>
<td>Janet</td>
</tr>
<tr>
<td>Brown</td>
<td>Theodore J</td>
</tr>
<tr>
<td>Caniggia</td>
<td>Isabella</td>
</tr>
<tr>
<td>Casper</td>
<td>Robert</td>
</tr>
<tr>
<td>Chang</td>
<td>Paul</td>
</tr>
<tr>
<td>Cheng</td>
<td>Mary</td>
</tr>
<tr>
<td>Covens</td>
<td>Al</td>
</tr>
<tr>
<td>Cruickshank</td>
<td>Barbara</td>
</tr>
<tr>
<td>Dong</td>
<td>Xuesen</td>
</tr>
<tr>
<td>Doyle</td>
<td>Patricia</td>
</tr>
<tr>
<td>Drutz</td>
<td>Harold</td>
</tr>
<tr>
<td>Farine</td>
<td>Dan</td>
</tr>
<tr>
<td>Farrugia</td>
<td>Michele</td>
</tr>
<tr>
<td>Ferguson</td>
<td>Sarah</td>
</tr>
<tr>
<td>Freire-Lizama</td>
<td>Tatiana</td>
</tr>
<tr>
<td>Gien</td>
<td>Lilian</td>
</tr>
<tr>
<td>Greenblatt</td>
<td>Ellen</td>
</tr>
<tr>
<td>Herer</td>
<td>Elaine</td>
</tr>
<tr>
<td>Ho</td>
<td>Man Fan</td>
</tr>
<tr>
<td>Jurisicova</td>
<td>Andrea</td>
</tr>
<tr>
<td>Kingdom</td>
<td>John</td>
</tr>
<tr>
<td>Kirkham</td>
<td>Yolanda</td>
</tr>
<tr>
<td>Kives</td>
<td>Sari</td>
</tr>
<tr>
<td>Kroft</td>
<td>Jamie</td>
</tr>
<tr>
<td>Laframboise</td>
<td>Stephane</td>
</tr>
<tr>
<td>Lausman</td>
<td>Andrea</td>
</tr>
<tr>
<td>Lefebvre</td>
<td>Guylaine</td>
</tr>
<tr>
<td>Liu</td>
<td>Kimberly</td>
</tr>
<tr>
<td>Name</td>
<td>First Name</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Lovatsis Danny</td>
<td></td>
</tr>
<tr>
<td>Lye Stephen</td>
<td></td>
</tr>
<tr>
<td>Malinowski Ann</td>
<td></td>
</tr>
<tr>
<td>Maxwell Cindy</td>
<td></td>
</tr>
<tr>
<td>McDermott Colleen</td>
<td></td>
</tr>
<tr>
<td>Moskovtsev Sergey</td>
<td></td>
</tr>
<tr>
<td>Murphy Joan</td>
<td></td>
</tr>
<tr>
<td>Murphy Kellie</td>
<td></td>
</tr>
<tr>
<td>Myckan Kerry</td>
<td></td>
</tr>
<tr>
<td>Nevo Ori</td>
<td></td>
</tr>
<tr>
<td>Okun Nan</td>
<td></td>
</tr>
<tr>
<td>Ornstein Melanie</td>
<td></td>
</tr>
<tr>
<td>Osborne Ray</td>
<td></td>
</tr>
<tr>
<td>Pairaudeau Nicholas</td>
<td></td>
</tr>
<tr>
<td>Phillips Perry</td>
<td></td>
</tr>
<tr>
<td>Pittini Richard</td>
<td></td>
</tr>
<tr>
<td>Rogers Jan</td>
<td></td>
</tr>
<tr>
<td>Rosen Barry</td>
<td></td>
</tr>
<tr>
<td>Roth Nathan</td>
<td></td>
</tr>
<tr>
<td>Ryan Greg</td>
<td></td>
</tr>
<tr>
<td>Seaward Gareth</td>
<td></td>
</tr>
<tr>
<td>Selk Amanda</td>
<td></td>
</tr>
<tr>
<td>Sermer Mathew</td>
<td></td>
</tr>
<tr>
<td>Shapiro Heather</td>
<td></td>
</tr>
<tr>
<td>Sharma Pratibhasri</td>
<td></td>
</tr>
<tr>
<td>Shier Michael</td>
<td></td>
</tr>
<tr>
<td>Silver Michael</td>
<td></td>
</tr>
<tr>
<td>Spitzer Rachel</td>
<td></td>
</tr>
<tr>
<td>Tessler Karen</td>
<td></td>
</tr>
<tr>
<td>Tunde-Byass Modupe</td>
<td></td>
</tr>
<tr>
<td>Watt Peter</td>
<td></td>
</tr>
<tr>
<td>Windrim Rory</td>
<td></td>
</tr>
<tr>
<td>Wolfman Wendy</td>
<td></td>
</tr>
<tr>
<td>Woods Brenda</td>
<td></td>
</tr>
<tr>
<td>Yudin Mark</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>Asztalos</td>
<td>Elizabeth</td>
</tr>
<tr>
<td>Belsham</td>
<td>Denise</td>
</tr>
<tr>
<td>Carvalho</td>
<td>Jose</td>
</tr>
<tr>
<td>Chitayat</td>
<td>David</td>
</tr>
<tr>
<td>Chong</td>
<td>Karen</td>
</tr>
<tr>
<td>Colgan</td>
<td>Terence</td>
</tr>
<tr>
<td>Colman</td>
<td>Jack</td>
</tr>
<tr>
<td>Dunn</td>
<td>Michael</td>
</tr>
<tr>
<td>Feig</td>
<td>Denice</td>
</tr>
<tr>
<td>Fyles</td>
<td>Anthony</td>
</tr>
<tr>
<td>Hannah</td>
<td>Mary E.</td>
</tr>
<tr>
<td>Keating</td>
<td>Sarah</td>
</tr>
<tr>
<td>Khalifa</td>
<td>Mahmoud</td>
</tr>
<tr>
<td>Letarte</td>
<td>Michelle</td>
</tr>
<tr>
<td>Matthews</td>
<td>Stephen</td>
</tr>
<tr>
<td>Narod</td>
<td>Steven</td>
</tr>
<tr>
<td>Oza</td>
<td>Amit</td>
</tr>
<tr>
<td>Rossant</td>
<td>Janet</td>
</tr>
<tr>
<td>Thomas</td>
<td>Gillian</td>
</tr>
<tr>
<td>Toi</td>
<td>Ants</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
<td>Esfandiari</td>
<td>Navid</td>
</tr>
<tr>
<td>Singh</td>
<td>Gita</td>
</tr>
<tr>
<td>Thistle</td>
<td>Paul</td>
</tr>
</tbody>
</table>