

Southeastern Ontario Academic Medical Organization

Annual Report

2010 – 2011

Prepared December 2011

Clinical Teachers Association
of Queen's University



Providence
Care



The Religious Hospitallers
of Saint Joseph
of the Hotel Dieu of Kingston

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INTRODUCTION

Fiscal year 2010-11 was a transformational period for the Southeastern Ontario Academic Medical Organization (SEAMO). There were significant changes in leadership, structure and accountability. Dr. Richard Reznick joined Queen's University as the Dean of the Faculty of Health Sciences and the Chief Executive Officer (CEO) for SEAMO. Paul Rosenbaum, Executive Director of SEAMO since its inception in 1994, retired from the organization. The new Executive Director, Danielle Claus, joined SEAMO in Spring 2011.

Approved by the Governors in 2010, the Task Group on Allocation System Review report sets out an ambitious agenda to facilitate the implementation of a comprehensive accountability framework for SEAMO funding. In so doing, we initiated the development of an allocation system designed to foster strong performance and better align funding with outcomes. We effected differential distribution of Phase III Academic Health Sciences Centre (AHSC) Alternative Funding Plan (AFP) clinical funding to departments and divisions according to their meeting billing penetration requirements to qualify for repair funding. We also dedicated academic funding from the Phase III AHSC AFP to recruit new clinician scientists and medical education scholars, strengthening the academic mission of the organization.

During this period, SEAMO established a Deliverable Committee (DC) tasked with establishing core deliverables for quality patient care, education, research and scholarship for each department. It also established a Strategic Priorities and Recruitment Committee (SP&RC) to develop and implement a center-wide physician staffing and recruitment plan.

In 2011, SEAMO will continue to move forward with our accountability framework to measure and reward clinical service delivery and quality of care, commitment to and involvement in our educational mission, and contributions to our research mission; and in so doing respond to the changing needs of our patients, students and funder.

1. KEY ACHIEVEMENTS IN 2010 – 2011

Key Management Achievements

- Established a strategic physician human resources plan
- Made significant recruitment investments to strengthen SEAMO's academic mission
- Improved data capture and reporting to better reflect SEAMOs clinical activity
- Introduced an accountability framework, linking clinical repair to performance
- Expanded clinical rotations to 19 hospitals throughout the region

Key Clinical Achievements

- Met the region's health care needs while educating a growing student body
- Promoted effective, appropriate and quality patient care

Key Research Achievements

- Developed a research strategy to enhance the Centre's environment of inquiry
- Supported internal peer-reviewed competitions to allocate research funds

Key Education Achievements

- Preserved the Health Science Centre's status as an Academic Centre of Excellence
- Supported the MOHLTC mandate to increase Ontario's physician resource pool

Key Management Achievements

Established a strategic physician human resources plan

In 2010 – 2011, recruitment continued to focus on aligning physician person-power to the health care needs of the region and to the academic demands of a growing body of medical students and postgraduate trainees. The following Departments were successful in their recruitment efforts:

- Anaesthesiology - 2 fee-for-services (FFS) conversions
- Obstetrics and Gynaecology -1 replacement
- Paediatrics - 1 new position
- Pathology - 2 replacements
- Psychiatry - 4 replacements and 2 new positions
- Surgery - 2 replacements (thoracics & plastics)
- Urology - 1 replacement

Some Departments also continued to provide stipends to a few non-SEAMO-funded positions. These payments supported recruitment in areas where FFS payments alone were insufficient to attract physicians. One of the challenges with these positions is identifying a way to capture the SEAMO-funded activity. The MOHLTC is aware of the problem and discussions continue.

Made significant recruitment investments to strengthen SEAMO's academic mission

In accordance with the TGASR report and recommendations, SEAMO established a Strategic Research Development Fund and a Medical Education Fund during the 2010 – 2011 fiscal year. The two Funds are intended to support significant planned advancement of both clinician scientists and medical education scholars.

Improved data capture and reporting to better reflect SEAMOs clinical activity

AMO continued to support physicians billing through the Central Billing Office. Services included billing advice, ad hoc and routine monthly reporting, identification of missed billing opportunities and documentation required to ensure valid claims were accepted. Regular meetings were established with OHIP to resolve issues and concerns. Departments and Divisions were also offered specialty-specific billing information sessions to help improve billing accuracy and effectiveness.

SEAMO Governors identified incomplete data capture and reporting as a risk to the organization. While SEAMO experienced a significant increase in encounter reporting by participating physicians, also known as shadow billing, there are some Departments and/or Divisions that must continue to make improvement. Data capture will become increasingly important as accountability measures are introduced linking clinical earnings and clinical activity as measured through encounter reporting.

☑ Introduced an accountability framework, linking clinical repair and performance

During the year significant strides were taken to introduce the concepts outlined in the TGASR report. Of specific mention, access to Phase III clinical repair funding was linked to clinical productivity. Departments and/or Divisions were required to meet and/or exceed minimum billing penetration requirements to qualify for funding.

☑ Expanded clinical rotations to 19 hospitals throughout the region

Queen’s University School of Medicine continued to increase clinical teaching throughout Southeastern Ontario. The Regional Education Office supported, in collaboration with Family Medicine, core rotations for community teaching in Belleville, Oshawa, Peterborough, Markham and Brockville. Core mandatory rotations in specific disciplines were also supported in Ottawa and Toronto Academic Health Science Centre sites.

Table 1: Postgraduate and Clerkship Community Rotations 2006 – 2011

Year	2006-07	2007-08	2008-09	2009-10	2010-11
Learner Months	671	752	802	893	949
Change in Learner Months	+32.7%	+ 12.1%	+ 6.7%	+ 11.4%	+6.2%
Change in UGME*	+1.3%	+8.96%	- 10.5%	+9.7%	+8.2% 161 months
Change in Royal College Trainees	+59.6%	+88.33%	+28.5%	-18%	- 4.1% 197 months
Change in Family Medicine Trainees	+41.2%	- 4.71%	+2.7%	+32.9%	+6.9% 591 months

* Excluded ~ 90 months of Family Medicine community core clerkship rotations and ~ 60 months of elective core clerkship rotations

During 2010 – 2011, the Regional Education Office (REO) worked collaboratively with the Rural Ontario Medical Program (ROMP) and the Eastern Regional Medical Education Program (ERMEP) in arranging for clinical rotations across Central and Eastern Ontario. Queen's School of Medicine, through the REO, provided and funded accommodation, travel, phones and wireless hi-speed internet connection for learners on rotation in the regional sites. The REO also planned ahead for the provision of 2011 accommodations for 46 learners on a monthly basis. The Department of Family Medicine also maintained accommodations in Picton, Belleville, Cobourg, Bowmanville, Oshawa, Port Perry, Peterborough, Toronto, Brockville, Smiths Falls and Sharbot Lake.

With the assistance of our regional partners, ROMP & ERMEP, approximately 90 learners per month completed School of Medicine rotations in Ontario regional communities. At all times, the learner were able to link to their home base in Kingston through learner specific pagers and by electronically accessing their course material on MEdTech Central (<https://meds.queensu.ca/central>), Bracken Library (<http://library.queensu.ca/webmed>), Medical Departments and Programs in the Faculty of Health Sciences (<http://meds.queensu.ca/departments>) and Regional Education resources (http://meds.queensu.ca/education/regional_education).

Faculty development sessions were offered at each major site and were also available through videoconferencing and Kingston based sessions. Live videoconference seminars for medical students and postgraduate learners were presented weekly with approximately 32 – 40 hours being held. See Table 2 for details.

Table 2: Number of Videoconferences and Videoconference Sites, 2010 – 2011

Clerkship Teaching		
Obsgyn	5–9 hours per week	2 sites
Surgery	2-4 hours per week	1 site
Paeds	3-5 hours per week	1 to 3 sites
Psych	2-4 hours per week	7 sites
Grand Rounds		
Paediatrics	1 hour	2 sites
Anaesthesia	1 hour	15 sites
Internal Medicine	1 hour	1 or 2 sites
Surgery	4.5 hours	2 sites
Obsgyn	1 hour	4 sites
Pathology	1 hour	3 sites
Emergency Medicine	1.5 hours	1 or 2 sites
Resident Core Teaching		
Obsgyn (REI) Reproductive Endocrinology & Infertility	1 hour	3 sites
Obsgyn (MFM) Maternal Fetal Medicine	2 hours	5 sites
Obsgyn Core Teaching	2 hours	1 or 2 sites
Emergency Medicine Core	2 hours	1 or 2 sites
Internal Medicine Core	2 hours	1 site

Since 2007, discipline specific Grand Rounds and Subspecialty Rounds have been initiated and broadcast to regional faculty and learners for Anaesthesiology, Emergency Medicine, Internal Medicine, Obstetrics & Gynaecology, Paediatrics, Pathology and Surgery.

The pilot project, launched in the form of an Integrated Clerkship in Perth in January 2010, had a total of 7 clerks completing 18-week rotations in Psychiatry, Paediatrics and Family Medicine. This project expanded to include Brockville and Prescott in January 2011 with a total of 9 clerks completing the 18-week rotation. Learner feedback from this pilot project was positive. In addition, satellite Postgraduate Family Medicine programs opened in Peterborough and Belleville in July 2010 with four Queen’s residents at each location. Planning and development for a third Family Medicine Satellite program at Lakeridge Health also began during the fiscal period.

Queen’s University had 19 Affiliation Agreements with community hospital teaching sites as well as 4 Affiliation Agreements with Public Health Units. There were 543 (351 Family Medicine, 192 Specialists) clinical instructors in our faculty who taught in our regional communities.

Key Clinical Achievements

Met the region's health care needs while educating a growing student body

As illustrated in Table 3, SEAMO continued to address the region's health care needs while educating an increasing number of learners. Interpretation of these data is not intuitive but rather requires careful inter-year comparison. Issues such as mandated changes in the national/provincial collection of data and hospital needs to satisfy, rather than exceed, data collection standards have had an impact on reporting.

Table 3: Volume of Care Episodes by Venue

Year	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Inpatient Discharges	13,983	13,383	12,910	13,112	12,798	12,815
Day Procedure Discharges	16,356	17,744	17,492	15,706	15,851	16,719
Emergency Room Discharges	82,540	82,673	81,764	82,839	87,047	90,844
Clinic Visits	164,496	166,301	168,175	170,941	178,854	188,768
OBS Walk-In Assessments, Maternal Fetal Investigations	8,372	8,744	8,523	10,152	10,174	10,210
KRCC Clinic Visits*	5,920	9,156	9,380	2,989	4,035	3,782
Dialysis Visits	38,398	42,119	38,162	39,296	39,181	43,476

*Clinic visits include Children's Outpatient Clinic and are from the KGH-HDH hospital patient registration systems. These do not include clinic visits that happen outside of the KGH and HDH walls nor do they include other than FAPC maternal fetal ambulatory assessments. All data is from the SEAMO / IA&D hospital databases and are limited to SEAMO-funded clinician activity.

Hospital application of strict rules for defining day procedures resulted in the exclusion of some procedural visits. For example, the marked decrease in the number of SEAMO KRCC visits in 2008-2009 is a result of CIHI's mandate to limit the collection of Cancer Care Ontario data to information on treatments only which means that consults, assessments and follow-up visits are no longer measured.

As in previous *Annual Reports*, there are limitations in the available data. First, the measure of 'clinic visits' for the 2010 – 2011 *Report* was limited to the patient registration data of two hospitals, Kingston General Hospital (KGH) and Hotel Dieu Hospital (HDH). Information was not available from Providence Care (PC). Second, reported care volumes underestimated actual patient encounters.

The measure of clinic visits excludes visits that:

- Took place outside of the KGH and HDH hospital buildings
- Were registered in the hospital system under auxiliary care providers
- Restricted multidisciplinary visits to a single physician only

The overall volume of care provided increased over previous fiscal years. Furthermore, SEAMO-funded physicians continued to provide health care for patients throughout Southeastern Ontario region and beyond as seen in Table 4 below.

Table 4: Percentage of Ambulatory Visits by SEOHSC Region

Year	2006-07	2007-08	2008-09	2009-10	2010-11
Local Area	70.2%	71.9%	75.8%	74.5%	75.4%
East of Region	5.9%	5.5%	5.2%	5.6%	5.4%
West of Region	19.2%	19.2%	16.6%	17.4%	16.8%
Beyond Region	4.7%	3.4%	2.4%	2.5%	2.5%

In fiscal 2010-11, SEAMO funded physicians met and/or exceeded most MOHLTC funded targets for Priority Programs, as seen in Table 5. There were two specialties that experienced some difficulty reaching the goals, Cardiac Care and End Stage Renal Disease. In the case of Cardiac Care, recruitment challenges led to a short-term shortfall. In the case of End Stage Renal Disease, the program grew by over 1,700 cases (3% increase) but was unable to manage the remaining 3,000 cases available (a further 5% increase).

Table 5: Participation in MOHLTC Priority Programs

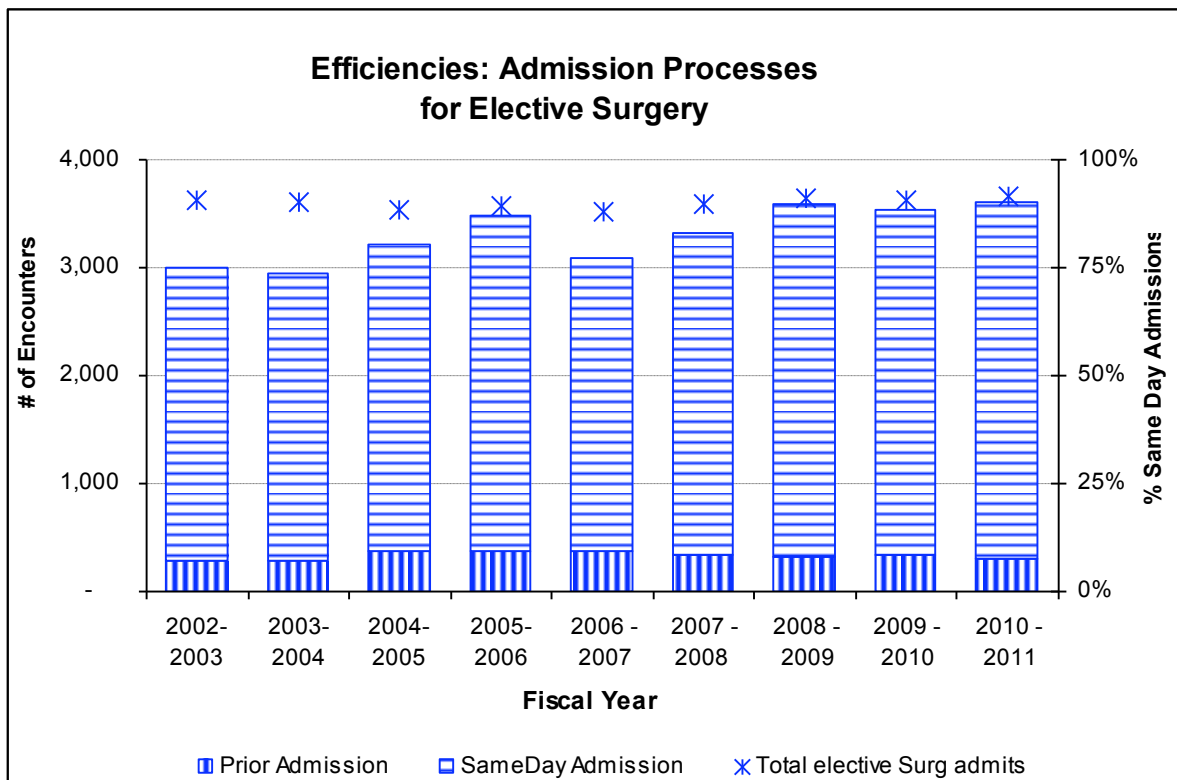
Fiscal Year		2007-08	2008-09	2009-10	2010-2011 Funded Level	2010-11
Cardiac Care	Surgery (all cases)	586	595	579	596	590
	AICDs	141	173	215	221	192
	Catheterizations	2,923	3,031	2,965	3054	2,837
Interventional Cardiology	PTCA	1,154	1,084	1,090	1,123	1,022
	Coronary Stent Procedures	1,027	1,014	991	In Above	936
	Coronary Stent Device Implants	1,626	1,762	1,617	281	1,616
	Electrophysiological Studies	221	274	317	327	370
	Ablations	200	238	268	274	332
Permanent Pacemakers	New	229	237	263	393	260
	Replacements	90	111	119	In Above	67
Abciximab		580	964	994		960
End Stage Renal Disease		64,194	65,420	64,637	69,439	66,358
Hip and Knee (Elective)	Hip Replacement	305	346	318	347	347
	Hip Revision	52	62	54	62	62
	Knee Replacement	340	420	391	419	419
	Knee Revision	53	48	71	49	49
Transplants	Kidney	30	10	6	28	4
Trauma		167	176	179	189	182
Regional Geriatric Program*	Outreach Assessments	345	338	332		
	Acute Care Consults	3,390	3,215	3,382		3,228
Genetics (Cytogenetics)	Prenatal (CVS / AF)	133	130	98		117
	Cancer	2,110	1,970	1,286		1,167
	Other non-Cancer	356	395	492		334
HIV / AIDS						
Cancer Care	Inpatient	733	235	385		197
	Outpatient	10,003	10,972	12,968		14,055
Chemotherapy Drugs	Antineo Plasties	4.55m	5.58m	6.42m		7.65m

*Acute Care Consults for the Geriatric Program were derived from shadow billing data, which included initial and follow-up acute care hospital visits of geriatricians. Outreach Assessments included initial assessments only. Data was unavailable for follow-up assessments.

Promoted effective, appropriate and quality patient care

SEAMO-funded surgeons continued to maximize the number of health care services provided through the efficient provision of elective surgeries in 2010 – 2011. As a result of ambulatory pre-admission testing, the proportion of elective surgical patients admitted on the day of surgery (Figure 1) remained at over 90%.

Figure 1: Day of Surgery Admissions



Maintaining a high proportion of same day admissions is challenging because of the broad geographical distribution of the population receiving care at the Southeastern Ontario Health Sciences Centre (SEOHSC). Table 6 below shows that patients from outside the immediate catchment area continue to have a 7-12% lower rate of day of surgery admissions compared to local area residents.

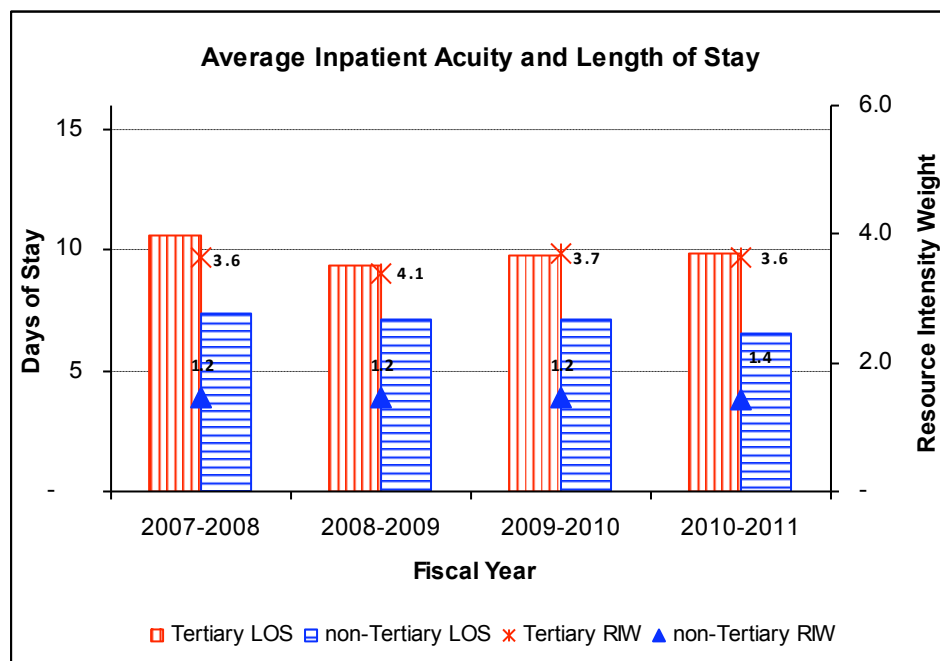
Table 6: Percent of Elective Surgical Cases Admitted on the Day of Surgery

Year	2006-07	2007-08	2008-09	2009-10	2010-11
Local Area	90.7%	90.0%	91.9%	93.8%	94.1%
East of Region	84.8%	78.6%	86.9%	86.6%	81.8%
West of Region	85.5%	85.1%	84.9%	86.9%	84.0%
Beyond Region	84.4%	80.4%	78.7%	81.0%	87.7%

While the proportion of same day admissions for elective patients from the local area continued to rise, the proportion of same day surgery admissions from the east and west of the region declined slightly. Interestingly, this trend was not mirrored in the extended catchment area “beyond region” which showed a marked increase in same day surgery admissions.

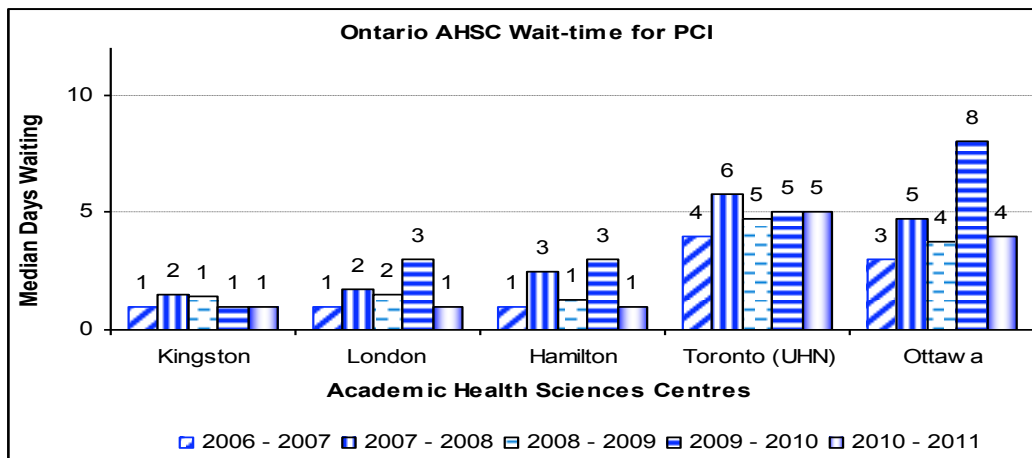
Over the last several years there has been little change in average inpatient acuity and length of stay. Interestingly, the length of stay remained the same despite the slight increase in inpatient acuity in 2010-10 as seen in Figure 2 below.

Figure 2: Average RIW and LOS



Along with maintaining exemplary median and average wait-times for percutaneous coronary intervention (PCI), the rate at which SEAMO-funded physicians performed these procedures on an *ad hoc* basis (93%) continued to exemplify the efficient and appropriate clinical practices in the SEOHSC Cardiac Care Program. Figure 3 presents the average median wait times for Ontario AHSCs.

Figure 3: Median Wait-time for Percutaneous Coronary Intervention



The data are based solely on scheduled cases and presented only for the AHSCs in Ontario. In 2010 – 2011, 977 of the 1,047 PCIs were excluded from the wait-time analysis because they were done on an *ad hoc* basis at the time of the catheterization. This practice of performing the PCI at the time of catheterization is consistent with the Cardiac Care Network of Ontario’s best practices. The fact that SEOHSC continues to maintain an exemplary *ad hoc* rate for PCIs (Table 7) demonstrates the efficiency and quality of the SEOHSC Cardiac Care Program.

Table 7: The Rate of *Ad Hoc* Percutaneous Coronary Intervention

Year	2006-07	2007-08	2008-09	2009-10*	2010-11**
SEOHSC PCI Volume	1,379	1,374	1,111	1,039	1,047
SEOHSC <i>Ad Hoc</i> Rate	86%	79%	94%	94%	93%
Provincial <i>Ad Hoc</i> Rate		60%		69%	

* 2009 – 2010 data from CCN Annual Report 2009-2010

**2010 – 2011 data from Cardiac Care Program – Kingston Office

In summary, SEAMO-funded physicians continued to offer learning opportunities to students and trainees while addressing the health care needs of the regions population. In addition, approximately 25% of the care was provided to residents living outside the immediate geographical catchment area of the SEOHSC. It should be noted that if hospitals are forced to reduce resources (e.g. operating room time, hospital beds, and clinic staff / space) to address economic pressures, this will impact SEAMO’s ability to maintain current activity levels.

Key Research Achievements

Developed a research strategy to enhance the Centre's environment of inquiry

During 2010 – 2011 the value of research funding allocated to SEAMO physicians continued to increase. In fact, funding from CIHR has increased annually since 2007 – 2008 (Table 8). In addition, research funding from other major peer-reviewed granting agencies more than doubled in fiscal 2010 – 2011.

Table 8: Funding Allocations by Agency Type and Funding Allocation Year

Year	2007-08	2008-09	2009-10	2010-11
CIHR	\$3,611,680	\$3,761,346	\$4,277,698	\$4,641,204
Other Major PR	\$1,598,945	\$1,323,078	\$1,359,127	\$3,239,302
Other PR	\$3,433,831	\$2,367,524	\$2,189,977	\$2,134,050
Industry/CT	\$5,100,889	\$4,280,573	\$4,241,256	\$3,775,676
Other	\$338,070	\$1,474,731	\$3,139,320	\$3,015,044
Grand Total	\$14,083,416	\$13,207,252	\$15,207,379	\$16,805,277

SEAMO saw a \$1.6M increase in the value of the successful research initiatives in the 2010 – 2011 fiscal period. The reduction in industry research and clinical trial funding was off-set by an increase in CIHR grants (\$0.4M) other major peer-reviewed sources of funding (\$2.0M).

In 2010-11, Terms of Reference were established for the Strategic Research Development Fund which will support two initiatives. The first initiative, the *Clinician Scientist Development Initiative*, would have a one-time budget intended to help develop new clinician scientists within the current pool of SEAMO physicians. Through an internally peer-reviewed, competition this initiative would provide support to clinical departments which would facilitate increasing the protected research time for the successful individuals currently in the department.

The second internally peer-reviewed, competitive initiative, the *New Clinician Scientist Initiative*, was established to support the recruitment of new clinician scientists to the Centre. This initiative was annually funded with a budget to facilitate recruiting and retaining high quality clinician scientists. Terms of Reference were prepared for both initiatives and for the program committee that would manage the application review process.

Supported internal peer-reviewed competitions to allocate Research Funds

SEAMO held another internally peer-reviewed competition for Innovation Funding during the year. Once the successful projects were selected, SEAMO submitted a request and received AHSC AFP Innovation Funds to support research involving innovative practices in health care delivery. A total of seven new research projects received \$0.47M in first year funding as a result of the peer-review competition that SEAMO established. An additional \$0.19M was allocated for second year funding.

The projects submitted for Innovation Funding are highlighted below:

1. Emergency Department Ultrasound in Renal Colic
2. Remote Ischemic Preconditioning in High Risk Cardiovascular Surgery Patients: A Randomized-Controlled Trial
3. Use of High Fidelity Patient Simulation to Identify Factors Affecting the Performance of Inter-professional Teams in a Community Hospital
4. A School Base Mental Health Curriculum: Integrated pathway for care model for youth mental health promotion, early identification, prevention and health care
5. Storm Preparations: Use of Carotid Ultrasound for Assessment of Atherosclerotic Disease
6. Developing Fecal probiotics to combat refractory *C. difficile* infection: A novel treatment for a major health care problem in Ontario
7. Advance Care Planning Evaluation in Elderly Patients: A multicentre, prospective study: The Accept Study

It should be noted that five of the projects funded by SEAMO under the 2009-2010 Innovation Project were selected by the Innovation Fund Provincial Oversight Committee for inclusion in a *Showcase* held in 2010 November.

Key Education Achievements

Preserved the Health Science Centre's status as an Academic Centre of Excellence

During 2010 – 2011, construction began on Queen's new state-of-the-art School of Medicine building. The building was funded primarily through matching \$28.8M funds from the federal and provincial governments with the remaining \$19.4M being provided through donations and gifts. It was anticipated that by having one of the 'premier teaching facilities in North America' Queen's would continue to attract the best medical students, faculty and staff. The new building is

intended to place Queen’s School of Medicine “at the leading edge of emerging novel educational processes”¹ .

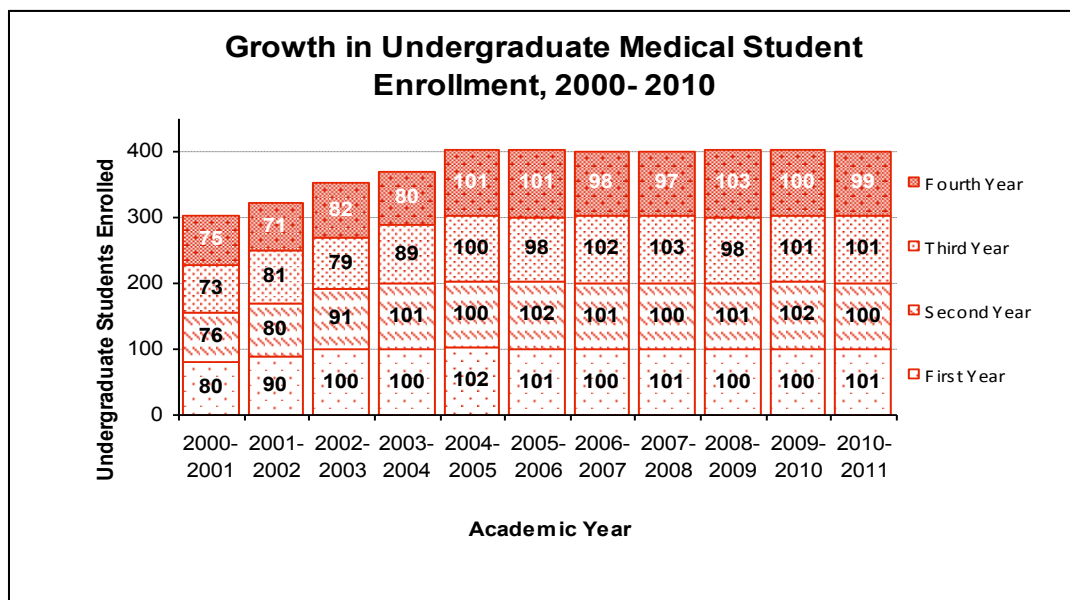
Queen’s School of Medicine performed well in the CaRMs Match during 2010 – 2011. Once again Queen’s had no positions unfilled after the second iteration of the first round of the Match. Furthermore, 95% of Queen’s Medical School undergraduates were matched in the second iteration of CaRMs Round 1 Match leaving only 3 graduates unmatched.²

☑ Supported the MOHLTC mandate to increase Ontario’s physician resource pool

For more than a decade, Queen’s School of Medicine has maintained and supported an expanded undergraduate enrolment (Figure 4). This, along with a growing number of resident trainees, has created a drain on the Medical School’s human and physical resources. It is believed that the 2010 – 2011 award of Federal Infrastructure Funding to construct a new School of Medicine building will help relieve some of the strain on the structural resources that the expansion to the student body has created.

During this period of significant growth Queen’s clinical teachers have continued to deliver high quality medical education to an expanding pool of medical student.

Figure 4: Growth in Undergraduate Medical School Enrolment, 2000 - 2010



¹ <http://www.queensu.ca/news/articles/queen-s-celebrates-government-support-school-medicine-building>

² http://www.carms.ca/pdfs/2011R1_MatchResults/49_Summary%20of%20Match%20Results_en-2nd%20Iteration.pdf

The Queen's Medical School has maintained the 30% increase in undergraduate enrolment for six years now. In addition the Full time equivalent (FTE) of postgraduate positions continued to grow with a 3% increase over the previous year and a 27% increase over the past five years (Table 9).

Table 9: Growth in the FTE of Queen's Postgraduate FTE, 2000 – 2010

Academic Year	FTE PG Trainees	Cumulative Growth				
		1 yr	2 yr	3 yr	4 yr	5yr
2010 – 2011 ²	411	3%	12%	12%	20%	27%
2009 - 2010 ²	400	9%	17%	17%	23%	29%
2008 - 2009 ³	367	7%	13%	13%	19%	21%
2007 - 2008	342	6%	11%	13%	18%	34%
2006 - 2007	324	5%	7%	11%	20%	30%
2005 - 2006	309	2%	6%	15%	24%	24%
2004 - 2005	304	4%	13%	19%	22%	
2003 - 2004	291	8%	14%	16%		
2002 - 2003	269	5%	8%			
2001 - 2002	255	2%				
2000 - 2001	250					

³ Excludes FTE Clinical Fellows, PEAP and the FTE on Medical / Parental leave

2. SEAMO FUNDED CLINICAL TEACHERS

Appendix 2 contains the 2011 January 01 listing of SEAMO funded clinical teachers with their billing numbers and years of service at the SEOHSC.

3. UNDERGRADUATE STUDENTS AND POSTGRADUATE TRAINEES

(i) Medical Students

Queen’s School of Medicine maintained an enrolment of over 400 undergraduate medical students for the 2010 – 2011 academic year. Distribution of the students was relatively even between the years of study, with 101 first and 99 fourth year students (Table 10).

Table 10: Undergraduate Medical Student Enrolment, 2000- 2010

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Cumulative Growth
First Year	80	90	100	100	102	101	100	101	100	100	101	26%
Second Year	76	80	91	101	100	102	101	100	101	102	100	32%
Third Year	73	81	79	89	100	98	102	103	98	101	101	38%
Fourth Year	75	71	82	80	101	101	98	97	103	100	99	32%
Total UGME Enrolment	304	322	352	370	403	402	401	401	402	403	401	32%

During the 2010 – 2011 academic year there were 432 full-time equivalent (FTE) post graduate trainees in Queen’s School of Medicine (Table 11). This includes trainees registered in the Pre-Enrolment Assessment Program and Clinical Fellows but excludes the 12 FTE on medical/parental leave of absence.

(ii). Postgraduate Trainees

Table 11: Queen's University FTE Residents / Fellows, July 2010 - June 2011

Postgraduate Program	PEAP / PAR	PGY 1	PGY 2	PGY 3	PGY 4	PGY 5	PGY 6	Clinical / Research Fellow / SAP	Grand Total
Anesthesiology		4	4	4	5	4		1.0	23
Anesthesia / Critical Care Medicine									0
Critical Care Medicine	0.2						3	1	4
Emergency Medicine		4	4	4	4	2			18
Emergency Medicine / Critical Care						1			1
Family Medicine / Care of the Elderly				1					1
Family Medicine - Kingston		48	48						95
Family Medicine - Belleville		6	4						10
Family Medicine - Peterborough		6	4						10
Family Medicine / Aboriginal Medicine									0
Family Medicine / Anesthesia				1					1
Family Medicine / Developmental Disabilities				1					1
Family Medicine / Emergency Medicine				6					6
Family Medicine / Enhanced Skills									0
Family Medicine / Global Health				1					1
Family Medicine / Palliative Medicine				2					2
Family Medicine / Special Skills				2					2
Community Medicine		2	2	1	1	1			7
Cardiology	0.3				2	2	2	2	8
Gastroenterology / Internal Medicine					2	2			4
General Internal Medicine / Internal Medicine					2	1			3
Hematology / Internal Medicine	0.4					1		1	3
Internal Medicine		18	20	15	2				55
Nephrology		2	1	3	1	1			8
Neurosurgery								1	1
Palliative Medicine	0.0							1	1
Respiratory Medicine / Internal Medicine					3	1			4
Rheumatology / Internal Medicine					1.7				2
Obstetrics & Gynecology		3	3	2	4	2		1	15
Ophthalmology	0.2	3	3	3	2	2		2	15
Pediatrics		6	4	6	3			1	19
Anatomical Pathology			2	2	2	4			10
General Pathology								1	1
Laboratory Medicine		2							2
Physical Medicine and Rehabilitation			1						1
Psychiatry	0.2	4	6	5	5	2		3	25
General Surgery		5	3	4	4	5			21
General Surgery / Critical Care									0
Orthopedic Surgery		4	3	3	5	2		3	20
Medical Oncology					3			2	5
Diagnostic Radiology		3	3	3	3	3			15
Radiation Oncology		2	2	1	2	2			9
Urology		0	1	1	1	1			4
Total	1	122	117	71	56	39	5	20	432

NOTE: Excludes 14 FTE on parental / medical leave of absence.

4. CONTINUING MEDICAL EDUCATION

SEAMO continued to support Continuing Professional Development (CPD) in the Southeastern Ontario region during fiscal 2010 - 2011. These CPD programs / events were conducted on campus, in surrounding communities, beyond Southeastern Ontario, and through electronic resources (Table 12).

Table 12: CHE Events April 2010 – March 2011

CHE Events	Credits/ Hours	Registrants	Total Contact Hours	# of Events
Campus/Kingston	188	1532	10621	25
Outreach	47	226	1832	7
Distant	18	17	306	1
Electronic/Online	130	182	4764	21
Total	383	1957	17523	54

Continuing Health Education (CHE) programs are designed to meet the learning needs of the community and SEOHSC physicians. According to program evaluation results (Table 13), the CHE office was once again successful in organizing and providing relevant, informative educational programs.

Table 13: CPD - CHE Program Evaluations, 2010 – 2011

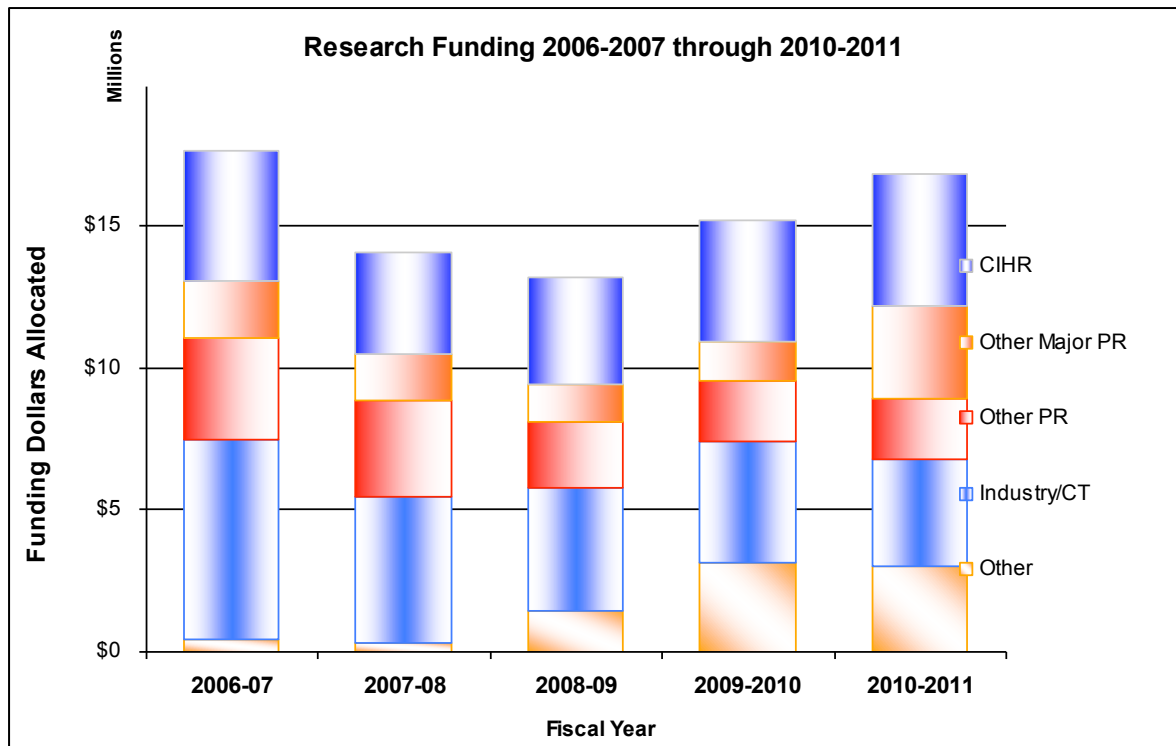
Questions	Respondents	% "Yes"
Reporting that learning objectives were met	386	99.2%
Reporting identified changes they will make to their practice	317	97.8%
Reporting that the teaching methods were effective	384	97.9%

The Faculty Development Program provides educational programs for faculty members. The Program continued to be active during the 2010 – 2011 fiscal year. The Faculty Development Office offered 33 Continuing Professional Development events (86 credits or hours of education) to a combined total of 618 registrants for a total of 2233 contact hours.

5. SEAMO RESEARCH ACTIVITY

SEAMO physicians worked to increase their successful activity in research. The allocated funding data show (Figure 5) that their efforts continued to be successful. There was another notable increase in the value of CIHR funding accompanied by an increase in funding from other Major Peer-Reviewed agencies that was received by SEAMO clinical researchers in the Centre.

Figure 5: Research Funding Allocations by Agency Type



Compliance with SEAMO's mandate to use the internally developed research publications database for reporting publications improved again in 2010 (Table 14). While the increase in the number of SEAMO publications has once again increased markedly, the increase is likely related to better capture of the data than it is to a real increase in SEAMO physician publications. Capture of the publication data has improved with SEAMO use of the information for internal accountability and funding allocation decisions.

There were 426 unique articles published by SEAMO clinicians during calendar 2010 in the Medical School's publications database. Along with the lead author for each publication, there were a number of collaborative / senior authors from SEAMO named in the data.

Table 14: Research Publications by Authors Role

Clinical Department	Lead / Senior Author					Supporting Involvement				
	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010
Anaesthesiology	6	4	8	20	13	14	6	10	19	11
Critical Care				12	45				33	13
Emergency Medicine	5	5	5	20	31	14	11	26	32	19
Family Medicine	5	5	10	20	13	2	8	8	32	11
Medicine	53	51	50	91	169	78	36	89	280	160
Obs& Gyn	1	10	1	14	16	26	17	10	35	16
Ophthalmology	1	2	3	11	16	7	3	9	17	8
Otolaryngology	3		2	4	1		1	1	2	
Paediatrics	3	1	3	10	9	8	7	8	41	23
Pathology	6	1	9	9	31	31	19	33	133	41
PM&R	2	1	4	7	2	2	3		8	6
Psychiatry	9	2	5	13	36	12	12	7	28	36
Surgery	2	9	4	22	16	11	14	21	38	30
Urology	11	10	20	42	28	13	9	13	38	12

6. SEAMO DISTRIBUTED CLINICAL AND TEACHING ACTIVITY

Clinical Outreach Services

The Departments of Family Medicine, Medicine, specifically the Divisions of Geriatric Medicine Infectious Diseases, Nephrology and Palliative Care, Pathology and Molecular Medicine, Paediatrics, and Psychiatry are the primary providers of Clinical Outreach Services. These services include home visits that delay or avoid the need for hospitalization, the supervision / medical support to patients remaining in their own homes, support through consultation with community physicians, functional and safety assessments of elderly, provision and supervision of satellite and home based hemodialysis, independent (peritoneal) dialysis and medical direction of community hospital laboratories. Community outreach paediatric care focuses primarily on services provided through the Public Health Unit and specifically for children and adolescents at risk (e.g., in detention centres, through the Street Health and Pathways Programs).

Community outreach benefited patients and helped relieve the stress on other components of the health care system such as community hospitals and community physicians. For example, the outreach visits to community hospital laboratories by SEAMO-funded physicians provided access to timely tertiary level specialty expertise in laboratory medicine that would otherwise not be available to these institutions.

The Department of Anaesthesiology initiated a new outreach program to Moose Factory during this time period. For about 12 days a year Department members provided a mentoring service for GP anaesthesiology staff and assisted with their QA program, equipment and CME.

SEAMO-funded physicians in the Department of Pathology and Molecular Medicine provided outreach laboratory services in Belleville, Napanee, Perth and Smiths Falls. In addition to providing a reference testing service and clinical pathology consultation (e.g. regional transfusion medicine and special coagulation testing issues), this department also provided diagnostic pathology consultation services and bi-weekly on-site Laboratory Director visits to Perth\Smiths Falls and Napanee. The Pathology Department also supported the Quinte Healthcare Corporation through the provision of bi-weekly on-site consultations in Clinical Biochemistry. The Laboratory Genetics Group provided diagnostic testing and consultations for patients across the Province for specific genetic disorders. The Department's Division of Genetics operated monthly clinics in Medical Genetics and Genetic counselling in Peterborough.

The Department of Emergency Medicine physicians provided telephone consultation to physicians in the region and accepted in transfer patients in need of tertiary care. The Departments of Family Medicine and Psychiatry provided services under the Developmental Disabilities Program. Community services were provided through Ongwanada and group-homes in the community with the closure of the Rideau Regional Centre in Smiths Falls. Other Family Medicine outreach activities included taking referrals for procedures, pessary fittings and obstetrics for community colleagues to increase access to care. The Department of Family Medicine also provided an anticoagulation program for its patients as well as acupuncture, nutrition services, social work and pharmacological expertise.

The 'Same Day Catheterization and Pacemaker Program' is an example of an innovative Community Outreach Service provided by members of the Division of Cardiology. This program involved admitting patients of regional hospitals to the SEOHSC on the day a procedure was performed and then 'repatriating' these patients to the hospital of origin as soon as possible – usually on the same day. This program exemplifies SEAMO's efforts to base service on patient need rather than place of residence. It enabled equal and rapid access to catheterization and pacemaker services for patients of the region. The Division also provided remote in-home services to individuals with cardiac rhythm devices. This service checks pacemakers and ICDs for patients who are too far or infirm to travel to the hospital clinic. Through a formal partnership with the Kawartha Pacemaker Clinic, the Arrhythmia Service provided two full-day outreach clinics a month

along with technical backup and consult expertise for implant device approximately 4,500 patients in the area.

Like the Division of Cardiology, the Division of Gastroenterology provided same day down-and-back Endoscopic Retrograde Cholangiopancreatography services for patients in regional hospitals. The Gastroenterology Function Laboratory also provided diagnostic testing services for all of Southeastern Ontario.

The Division of General Internal Medicine provided outreach services to the Prince Edward County Memorial Hospital (PECMH) in the form of a community Heart Failure clinic which was supervised one day per week in conjunction with the Prince Edward Family Health team. In addition, an inpatient internal medicine consultation service was provided in the PECMH one afternoon a week. This initiative included telephone consultations as required. General Internal Medicine also provided outreach clinics to the Weeneebayko General Hospital on a monthly basis. Furthermore this Division was involved in collaborative plans with Queen's Family Health Team to expand services during 2010 - 2011 into the community by providing weekly clinics in the Family Health Centre.

A further example of SEAMO's efforts to increase the availability of services is the Division of Infectious Disease's extension of consulting services by telephone to the region. Members of this service responded seven days a week to inquiries placed by community physicians. These inquiries stemmed from as far away as remote areas in northern Ontario as well as areas west (Oshawa, Bancroft and Belleville) and east (Perth\Smiths Falls, Brockville, and Cornwall) of this Centre. Furthermore the Division of Infectious Diseases provided support to the CCAC sponsored home IV therapy programs for patients on home IV antibiotics. This service saved significant in-patient resources for the region by eliminating the need for in-hospital care.

The Division of Geriatric Medicine extended the geographical area to which it provided services through Outreach Community assessment and Ambulatory Clinics for Geriatric Medical Assessments throughout the region. A monthly satellite clinic was offered within Belleville General Hospital. A web-based resource (www.sagelink.ca) was launched which was a resource to family physicians and patients accessing information about specialist services to elderly and navigating community and hospital based services throughout southeastern Ontario. The Division also explored opportunities to establish regular telemedicine services to Family Health Teams in the region.

The Division of Nephrology provided Satellite Dialysis units within the region. Clinics were in Picton, Bancroft, Brockville, Perth\Smiths Falls, Kingston, and Belleville. Monthly nephrology clinics in the Weeneebayko General Hospital provide care and support for Northern patients with chronic kidney disease, including those with renal transplants and those receiving chronic haemodialysis or chronic peritoneal dialysis: a major cost saving to the health care system. The combined dialysis services allowed approximately 270 individuals to dialyse close to or in their own homes. In addition, chronic kidney disease clinics provided local services in Belleville, Picton and Bancroft, to obviate transportation costs and personal disruption for patients. All of these outreach services provided by SEAMO Nephrologists were in addition to the telephone / consultation support provided to regional institutions, units, and physicians.

The Division of Respiriology provided 1 – 2 clinics on a weekly basis and inpatient consultation service in Napanee at the L&A County General Hospital.

The Divisions of Neurology and Rheumatology in the Department of Medicine also provided outreach services in community institutions through clinics that vary in frequency by site and service. The Division of Rheumatology served the northern population through Weeneebayko General Hospital in Moose Factory and at the Moosenee Clinic, Rheumatology clinics were established in Napanee. The Division of Neurology held clinics in Brockville.

The Department of Obstetrics and Gynaecology conducted procedural, general obstetric and gynaecologic clinics in Moose Factory twice a month and held regularly scheduled telephone conferences as a means of further supporting the area. In addition, all of the colposcopy and the high-risk pregnancy services for this patient population are provided by the Department. The Department acted as an outreach site for Ottawa's IVF Program that served patients from the region and started an outreach program in Oshawa for gynaecologic- oncology.

The Department of Ophthalmology conducted clinics and performed cataract surgery at the Lennox and Addington County Memorial Hospital in Napanee and at the Perth Smiths Falls District Hospital. An outreach program via telemedicine provided ophthalmic screening for diabetic retinopathy and other eye diseases. One telemedicine camera operated by nurses was located at the Weeneebayko General Hospital in Moose Factory while another camera unit was located in a van that traveled to remote northern sites along the Hudson's bay assessing patients.

The Department of Otolaryngology conducted monthly visits to Weeneebayko General Hospital to conduct clinics and perform common ENT procedures in the operating room. This allowed patients

to receive care within their own community. An audiologist also visited the hospital on a monthly basis for audiological evaluations and hearing aid prescription.

The Department of Physical Medicine and Rehabilitation conducted weekly visits to Brockville where consultations and psychiatric support was provided to the interdisciplinary in-patient rehabilitation service at the Garden Street site of Brockville General Hospital (BGH). In addition to these regularly held clinics, department members occasionally saw patients in their homes (including long term care facilities) to help alleviate undue stress for patients and/or family. Tele-health assessments were provided to support the BGH in-patient stroke rehabilitation service on a weekly basis, and monthly tele-health support was provided to the BGH amputee rehab service. Finally, EMG and psychiatric consultation clinics were held in Weeneebayko on an as needed basis.

Along with community initiatives in Kingston, the Department of Paediatrics held clinics in Brockville, Belleville and Moose Factory. The clinics in Moose Factory ranged from one to three days long in an effort to meet the remote community's need for paediatric general medicine, cardiology, developmental and genetic services. Genetic services were also provided through health units in Peterborough, Porcupine County, North Bay, and the Rideau Regional Centre in Smiths Falls.

The Department of Psychiatry continued to provide outreach services in many of its divisions including: Developmental Disabilities, Geriatric Psychiatry, Psychogeriatric Consultations, Developmental Disabilities Community Outreach Team, Mood Disorders Research Treatment Service, Schizophrenia Rehabilitation Outreach Team, Community Outreach Team, Assertive Community Treatment Team - Community Integration Program/Psychosocial Rehabilitation Team and Community High Intensity Treatment Team through multiple clinics across South-eastern Ontario. Forensic consultations were provided to the courts and correctional facilities (federal and provincial) in Southeastern Ontario. In addition, Psychiatry Department members provided *ad hoc* consultation services via the Tele-Psychiatry Program and supported the Pathway Programs for children and adolescents in Kingston, Perth\Smiths Falls, and Brockville. The Eating Disorders Clinic and the First Episode Psychosis (FEP) Program served the whole of Southeastern Ontario with the FEP, in particular, providing outreach clinics in Belleville, Brockville and other localities in the area.

The Department of Surgery, Division of Orthopaedic Surgery provided clinical and surgical services for adults and the paediatric population on a regular basis in Moose Factory, Belleville, and Brockville. The Division of Neurosurgery through Criticall Ontario and local hospital contacts

provides image review, telephone consultation and transportation to KGH neurosurgical and spinal emergency cases. Images were reviewed by the neurosurgical staff to provide specific advice on the management and appropriate disposition of patients. SEAMO neurosurgeons provided services/support 24 hours per day 365 days per year for over 14 emergency departments and hospitals in the eastern portion of Central East and South East Local Health Integration Network.

Urology services were provided through clinics established over 25 years ago in Napanee and Picton. Routine ambulatory clinics and procedural services were conducted on a bi-weekly basis in both the Lennox & Addington (L&A) County Hospital and Quinte Health Care (QHC) Hospitals in Belleville, Picton and Trenton. SEAMO-funded urologists also enhanced the surgical activity at the L&A County Hospital during 2010 – 2011. The urologists often performed inpatient *ad hoc* consultations at the hospitals while on site.

SEAMO-funded urologists also provided support to the urologist in the Perth\Smiths Falls Hospital on an *ad hoc* basis. Approximately 4-6 ambulatory urology clinics along with 6 telemedicine urology clinics were provided for the Weeneebayko Hospital in Moose Factory. In addition the Department of Urology members provided advice to QHC surgeons when there was no emergency consultation coverage available.

Table 15: Clinical Outreach Sites, 2010 – 2011

Location	Belleville	Brockville	Cobourg	Cornwall	Kingston Area ⁴	Napanee	Oshawa	Peterborough	Picton	Sharbot Lake	Perth\Smiths Falls	Trenton	Moose Factory	Other
Anaesthesiology													X	
Family Medicine					X						X			
Medicine														
Cardiology ⁵	X	X				X		X			X	X		
Gastroenterology	X	X				X			X		X	X	X	
Geriatric Medicine	X	X			X	X			X	X	X	X	X	X
Internal Medicine														
Nephrology	X	X		X				X			X		X	
Neurology		X									X		X	
Palliative Care ⁶					X									
Respirology						X								
Rheumatology						X					X		X	
Obstetrics & Gynaecology		X					X						X	X
Oncology ⁷	X	X	X					X			X			
Ophthalmology						X					X		X	X
Otolaryngology													X	
Paediatrics	X	X			X			X					X	X
Pathology & Molecular Medicine					X			X			X		X	X
Physical Med & Rehab		X											X	
Psychiatry	X	X		X	X	X		X	X	X	X			X
Surgery														
General														
Orthopaedics	X	X			X	X							X	
Urology						X			X		X		X	

⁴ Services provided under the label “Kingston Area” include community care, home visits (e.g., palliative care) that avoid hospitalization, and care or services provided beyond the walls of the Academic Health Sciences Centre (Kingston General Hospital, Hotel Dieu Hospital, and the Providence Continuing Care Centre)

⁵ access to cardiac catheterization and pacemakers was expanded for the reported areas with the implementation of the ‘same-day’ repatriation program

⁶ Program

⁷ the Department of Oncology is a non-SEAMO clinical Department whose faculty members support the Centre through the provision of cancer care for the region and multiple academic initiatives

Distributed Health Education

Rotations outside of SEAMO member hospitals were provided to residents in the Departments of Anaesthesiology, Emergency Medicine, Family Medicine, Obstetrics and Gynaecology, Oncology, Surgery (Divisions of General Surgery and Orthopaedic Surgery), Pathology and Molecular Medicine, Paediatrics, Physical Medicine & Rehabilitation, Psychiatry, Urology and in the Divisions of Critical Care Medicine, General Internal (Core) Medicine, Geriatric Medicine, Haematology, Nephrology, Neurology, and Rheumatology

While the geographical distribution of opportunities is displayed in Table 19, the scope of the experiences ranged from accompanying SEAMO faculty as they provided outreach clinical services to full 3-month rotations with community / regional teaching physicians.

During undergraduate training, clinical clerks were offered subspecialty opportunities in regional sites through the Departments of Family Medicine, Obstetrics and Gynaecology, Physical Medicine and Rehabilitation, Paediatric, Psychiatry, and Urology and the Divisions of Geriatric Medicine and Nephrology. Opportunities included regular telemedicine education like that which was offered by the Division of Geriatric Medicine throughout the region.

New satellite programs were established in Belleville and Peterborough. Both programs accepted 6 residents who will did their entire training at these new sites with coordination and support from Queen's Department of Family Medicine. Both programs have had a successful start with excellent feedback from learners. This is in addition to the training sites in Bowmanville, Port Perry, Smith's Falls, Toronto, Markham and Goderich that are maintained by Family Medicine. Internal Medicine and surgical undergraduate rotations were also maintained.

Along with undergraduate and post graduate training, the Department of Emergency Medicine hosted CME events and simulation training for primary care physicians in the region.

Table 16: Regional Training Sites, 2010 – 2011

Location	Belleville	Brockville	Kingston Area [†]	Napanee	Oshawa	Ottawa	Peterborough	Picton	Sharbot Lake	Perth\Smiths Falls	Toronto	Moose Factory	Other
Postgraduate Medicine													
Anaesthesiology						X	X				X	X	X
Emergency Medicine					X	X	X				X		
Family Medicine	X		X	X	X		X	X	X	X	X	X	X
Department of Medicine													
Critical Care Medicine						X					X		X
General Internal Medicine	X						X						
Geriatric Medicine	X		X										X
Haematology						X					X		
Nephrology	X	X						X		X		X	
Neurology										X			
Rheumatology												X	
Obstetrics & Gynaecology	X	X			X		X					X	X
Paediatrics	X		X		X	X	X					X	
Pathology & Molecular Medicine	X												
Physical Medicine & Rehab		X				X				X			X
Psychiatry			X	X	X		X	X	X	X			
Department of Surgery													
General Surgery					X								X
Orthopaedics	X												X
Urology			X	X		X		X				X	X
Undergraduate Medicine^{††}	X	X	X					X				X	X

[†] Training provided under the label "Kingston Area" include community care, home visits (i.e., palliative care) and training provided beyond the walls of the Academic Health Sciences Centre (Kingston General Hospital, Hotel Dieu Hospital, and the Providence Continuing Care Centre – St. Mary's-by-the-Lake)

^{††} 30% of Family Medicine undergraduate core clerkships have rural community practice placements under the Northern Program

APPENDICES

Appendix 1 - SEAMO Funded Clinical Teachers (January 2011)

Doctor	Years of Service in SEOHSC	Doctor	Years of Service in SEOHSC
Anaesthesiology		Emergency Medicine	
Allard, Rene	1	Ball, Ian M	2
Arellano, Ramiro	6	Blouin, Danielle	9
Ashbury, Edwin L	24	Brison, Robert J	28
Burjorjee, Jessica E.	4	Bruder, Eric A	1
Cain, John Patrick	14	Carpenter, Jenn L	7
Cummings, Michael	6	Caudle, Jaelyn	1
Duggan, Scott	6	Cleghorn, Graham E	5
Engen, Dale	6	Crawford, Frances	9
Erb, Jason W	1	Dagnone, J D	4
Fleming, Melinda CSL	9	Dagnone, L Eugene	39
Froese, Alison B	29	Dungey, Paul E	9
Gilron, Ian P	11	Edwards, R Ken F	26
Goldstein, David H	12	Graham, Karen	9
Haley, Susan L	11	Howes, Daniel W	9
Henry, Richard	16	Jones, Gordon R	22
Jaeger, Melanie	11	Landine, James K	3
Mark, David	16	McGraw, Robert	15
McMullen, Michael C	3	Messenger, DW	3
Milne, Brian	30	Montalvo, Max	7
Murdoch, John	9	Murray, Heather	9
Parlow, Joel	18	Newbigging, Joseph L	4
Patterson, Lindsey J	12	OBrien, Terrence O	21
Rooney, Rachel AD	5	O'Connor, H Michael	29
Saha, Tarit K	5	Rang, Louise	7
Seegobin, Ronald	21	Rapin, John M	36
Shelley, E Stevenson	32	Reed, Andrew	7
Shyam, Vidur	4	Sivilotti, Marco LA	9
Simchison, Brian L	7	Walker, David MC	35
Tanzola, Robert C	4		
Turner, Kim E	14		
van Vlymen, Janet M	12		
Wang, Louie	18		
Woodward, Roger	<1		
Zamora, Jorge E	11		

Appendix 1 - SEAMO Funded Clinical Teachers (January 2011)

Doctor	Years of Service in SEOHSC	Doctor	Years of Service in SEOHSC
Family Medicine		General Internal Medicine	
Barber, DTS	3	Heyland, Daren K	15
Birtwhistle, Richard V	29	Kovacs, Katherine	14
Brown, Glenn	3	Muscedere, John	7
Casson, R Ian	21	Geriatric Medicine	
Green, Michael E	8	Frank, Christopher	17
Hall-Brown, Karen P	3	Garcia, Angela	13
Henry, Willa J	4	Gill, Sudeep S	7
Hodgetts, P Geoffrey	21	Puxty, John AH	22
Leung, KC Lawrence	3	Haematology	
Lu, Dianne J	2	James, Paula	7
MacDonald, Susan E	25	Lee, David H	13
Phillips, Susan P	21	Matthews, John H	21
Schultz, Karen A	9	Swain, Gordon J	6
Sempowski, Ian P	12	Dudgeon, Deborah J	14
Sylvester, Michael	2	Harle, Ingrid A	1
Vakil, Catherine	6	Viola, Raymond A	7
Wilson, C Ruth	21	Infectious Disease	
Family Medicine Non-GFT		Evans, Gerald A	20
Fuller, Barbara E.	2	Martinez-Cajas, Jorge	2
Griffiths, Jane	7	Petrof, Elaine O	2
Howse, Kelly	1	Wobeser, Wendy L	9
Kennedy, Christine AS	<1	Nephrology	
MacPherson, David A	3	Holland, David C	17
Rosser, Walter	9	Iliescu, Eduard A	16
Webb, Katie	1	Morton, A Ross	21
Medicine		Holden, Rachel M	9
Cardiology		Toffelmire, Edwin B	23
Abdollah, Hoshiar	30	White, Christine A	6
Baranchuck., Adrian M	4	Yeates, Karen E	7
LaHaye, Stephen	11	Neurology	
McCans, John L	12	Brunet, Donald G	30
O'Reilly, Michael G	3	Jin, Albert Y	2
Pal, Raveen S	1	Melanson, Michel	12
Redfearn, Damian P	6	Pari, Giovanna	9
Sanfilippo, Anthony J	22	Spiller, Allison E	7
Simpson, CS	12	Respirology	
Endocrinology		D'Arsigny, Christine L	13
Houlden, Robyn L	20	Fitzpatrick, Michael	13
Hudson, Robert W	28	Forkert, Lutz	28
Gastroenterology		Lougheed, M Diane	17
Beyak, Michael J	4	Moffatt, Susan L	27
Depew, William T	33	Munt, Peter W	36
Hookey, Lawrence	5	ODonnell, Denis E	22
Louw, Jacob A	9	Parker, Christopher M	4
Paterson, William G	25	Rheumatology	
Ropeleski, Mark J	7	Averns, Henry L	4
Vanner, Stephen	23	Towheed, Tanveer	15

Appendix 1 - SEAMO Funded Clinical Teachers (January 2011)

Doctor	Years of Service in SEOHSC	Doctor	Years of Service in SEOHSC
Obstetrics and Gynecology		Paediatrics Cont'd	
Chamberlain, Susan	11	Onyett, A Heather	23
Davies, Gregory AL	14	Silva, Marianna	15
Harvey, Marie-Andree	9	Smith, R Garth	14
Jamieson, Mary Ann	15	Smythe, John	21
Johnston, Shawna L	14	Stidham, Gregory	2
McGrath, Michael J	34	Tsai, Ellen	11
Nitsch, Romy	<1	Van Wylick, Richard	12
O'Neill, J Peter	9	Pathology	
Reid, Robert L	29	Boag, Alexander H	18
Smith, Graeme N	12	Chen, Jerry	<1
Tessier, Julie	9	Childs, Timothy	9
Thomas, Richard P	7	Davidson, Christopher	<1
Bryson, SC Peter	22	Farmer, Patricia L	4
Francis, Julie-Ann	2	Hurlbut, David J	17
Jeffrey, John F	18	Isotalo, Phillip A	9
Obstetrics and Gynaecology Non-GFT		LeBrun, David P	17
Fraser, D (Brockville)	1	Lillicrap, David P	26
Froats, T (Brockville)	8	Manduch, Marosh	1
Finkenzeller, Kristin	<1	Manley, Paul N	38
Diamond, Phaedra	<1	Rapson, Dilys A	17
Novak, R (Brockville)	7	Rossiter, John P	17
Ophthalmology		SenGupta, Sandip	23
Arthur, Brian W	7	Shepherd, Lois E	22
Baxter, Stephanie	6	Tron, Victor	3
Campbell, Robert J	4	Young, Iain D	24
El-Defrawy, Sherif	6	Zoutman, Dick E	20
Kratky, Valdimir	5	Pathology - non-GFT	
Sharma, Sanjay	16	Dexter, David F	33
ten Hove, Martin W	16	Physical Med. & Rehabilitation	
Otolaryngology		Bagg, Stephen D	21
Hall, Stephen F	30	Faris, Matthew	19
Hollins, Russell	11	Ruggles, David JM	3
MacNaughton, Don	22	Smith, Karen M	17
Tan, Andre	15	Wee, Joy Yen May	9
Paediatrics		PM&R Non-GFT	
Acker, Amy E	<1	Bates, Laurel A	6
Alsaati, Basem Z	5	Beck, William J	3
Armour, Christine M	2	Brown, Robyn J	3
Clarke, Maxine C W	17	Milner, Richard G	3
Connelly, Robert John	12	Kennedy, Louis J	21
Dow, Kimberley E	30	Priestnitz, Alisha A	3
Flavin, Michael P	23	Yates, Stephen K	3
Jones, Sarah	6		
Justinich, CJ	8		
Kannu, Peter	1		
MacDonald, E Athen	30		
MacKenzie, Jennifer J	15		
Moore, Andrea ML	<1		

Appendix 1 - SEAMO Funded Clinical Teachers (January 2011)

Doctor	Years of Service in SEOHSC	Doctor	Years of Service in SEOHSC
Psychiatry		Plastic Surgery	
Burley, H Joseph	3	Davidson, John S D	22
Cabrera Abreu, Casi.	<1	Watkins, J Frederick	11
El-Adl, Mamdouh	<1	McKay, Douglas	<1
Feakins, Martin J	<1	Vascular Surgery	
Fitzpatrick, CM Renee	<1	Brown, Peter M	29
Flynn, Leslie V	30	Zelt, David T	20
Hassan, Tariq	<1	Urology	
Iftene, Felicia	2	Beiko, Darren	7
Jokic, Rozica	7	Leveridge, Michael	<1
Khalid-Khan, Sarosh	3	Nickel, J Curtis	28
LeClair, J Kenneth	11	Siemens, D Robert	11
Marin, Alina	3	Steele, Stephen	4
Milev, Roumen	9	Wilson, James WL	28
Oyewumi, L Kola	12	Urology Non-GFT	
Roberts, Nasreen	12	Morales, Alvaro	39
Seitz, Dallas P	<1	Touma, Naji J	1
Woogh, Carolyn M	33	Critical Care Non-GFT	
Psychiatry - non GFT		Cload, Bruce	2
Holden, Timothy J	1	Peckham, Kenneth	10
Leverette, John S	37	Rahmani, Armita	8
Surgery		Stratford, Andrew F	2
Cardiothoracic Surgery		Woodward, Roger	<1
Hamilton, G Andrew Y	11	Zouros, Irene	4
Petsikas, Dimitri	16	Henderson, Tamara	<1
Reid, Kenneth R	16		
Payne, Darrin	<1		
General Surgery			
Belliveau, Paul J	11		
Drover, John W	17		
Engel, C Jay	2		
Jalink, Diederick W	14		
MacDonald, P Hugh	22		
Mercer, C Dale	26		
Walker, G Ross	22		
Neurosurgery			
Ellis, Peter Mills	18		
Pokrupa, Ronald	9		
Saunders, Fraser W	33		
Orthopaedic Surgery			
Borschneck, Daniel P	15		
Campbell, Aaron R	5		
Davidson, Lindsay K	19		
Harrison, Mark M	17		
Pichora, David R	25		
Rudan, John F	23		
Yen, David	21		