



**PSI**  
FOUNDATION

2013  
ANNUAL REPORT

#### APPLICATION PROCEDURE

In order that proper consideration may be given to each application, applicants for research projects should submit requests **at least six months** prior to requiring funds. For deadline submission dates please visit the Foundation's website.

While independent appraisals are obtained on most applications, the final decision on each application lies with the Grants Committee and the Board of Directors.

Application forms are available on the Foundation's website, and any inquiries about grants and fellowships should be directed to:

PSI Foundation  
Suite 1006  
5160 Yonge Street  
Toronto, Ontario  
M2N 6L9

Tel: 416-226-6323  
Fax: 416-226-6080  
e-mail: [psif@psifoundation.org](mailto:psif@psifoundation.org)  
website: [www.psifoundation.org](http://www.psifoundation.org)

Although the Foundation does not solicit funds, as a charitable organization it is able to accept donations or bequests and to provide receipts for tax purposes.

## MISSION STATEMENT

**PSI Foundation is a non-profit physician centred organization dedicated to improving the health of Ontarians through excellence and innovation in clinically relevant research and education.**

## PSI FOUNDATION

Suite 1006  
5160 Yonge Street  
Toronto, Ontario  
M2N 6L9

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W.J. King, M.D., *Vice-President*  
S.J. Moore, M.A., *Executive Director*

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KPMG LLP

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Fleming, White & Burgess

### INVESTMENT COUNSEL

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\* retired 2013

† joined 2013

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 J. Sharp, C.A.<sup>°</sup>  
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 Jessica Park, *Grants Coordinator*  
 Hylda Audisho<sup>†</sup>, *Administrative Assistant*  
 Shamim Pirani\*, *Executive Assistant*

Linda Cheng<sup>†</sup>, *Accountant*  
 Maureen Rutherford\*, *Accountant*  
 Raisa Bhuiyan<sup>†</sup>, *Office Assistant*

\* retired 2013

\*\* special Committee members

† joined 2013

‡ term ended April 2013

° term began April 2013

## HOUSE OF DELEGATES MEMBERSHIP LIST

## MEDICAL SOCIETY REPRESENTATIVES

SOCIETY	NAME
Cambridge Academy of Medicine	V. Cherniak, M.D.
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Greater Niagara Medical Society	N.S. Huq, M.D.
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Hamilton Academy of Medicine	J.G. Purdell-Lewis, M.D.
Hastings & Prince Edward Medical Society	P.A. Scott, M.D.
Hospital for Sick Children Medical Society	Y. Finkelstein, M.D.
Huron County Medical Society	R.G. Lomas, M.D.
Kent County Medical Society	I.J. MacLean, M.D.
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Kirkland District Medical Society	R. Denton, M.D.
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North Peel Medical Society	K.J. Armitage, M.D.
Northwestern Ontario Medical Society	J.A. Spencer, M.D.
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Ottawa Academy of Medicine	T.T. Dufour, M.D.
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 D. Cook, M.D.

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 W.A. Hodge, M.D.  
 K.M. Moore, M.D.

## PSI FOUNDATION

The Foundation has had an exciting and successful year! Our Finance and Grants Committee members have worked hard to challenge long held practices. The results have been great.

The Finance Committee had several meetings with our financial managers, as well as other outside agencies. We accepted their professional advice to adopt an asset allocation different from past years. We experienced unprecedented returns. We continue to monitor very closely our risk. We are dedicated to preserving and growing the capital so as to continue to improve the health and quality of life of Ontarians through scientific advancements and education of physicians.

The Grants Committee was energized by discussion of our mission, goals, and renewed dialogue with our stakeholders. Knowledge translation has become a key goal. Our second PSI Graham Farquharson Knowledge Translation Fellowship was awarded to Dr. Andrea Gershon, supporting her work in developing methods to measure quality of care for patients with Chronic Obstructive Pulmonary Disease.

The work of the Foundation is greatly supported and enhanced by the thoughtful, clear and enthusiastic management of Sam Moore, our Executive Director and our outstanding staff including Jessica Park, Grants Coordinator, Hylda Audisho, Administrative Assistant, Linda Cheng, Accountant, and Raisa Bhuiyan, Office Assistant. I would also like to thank Ms. Shamim Pirani and Ms. Maureen Rutherford for their long years of service, who both retired in 2013.

Our Board of Directors experienced a loss in 2013, as Dr. Andrew Ballard, PSI's delegate from St. Thomas, died. He was a valued member of the Finance Committee and House of Delegates for many years.

Dr. Robin Walker, a pediatrician from Western University, joined the Board of Directors and Grants Committee this year. His contributions have already added to our collective endeavors.

This year I attended two meetings of the Health Research Alliance with Sam Moore. We were able to learn and share our experiences with other not-for-profit foundations. This practice I believe allows us to remain open to new trends and optimize our resources.

We have enhanced our website to highlight our researchers, our funding and the resultant publications.

The Foundation sponsored the Harry Bain Lectureship at the Hospital for Sick Children in September, where Dr. Stephen Lye spoke about the importance of the first 2000 days of life in the development of a child. In 2014, we will be launching a new lectureship in partnership with NOSM.

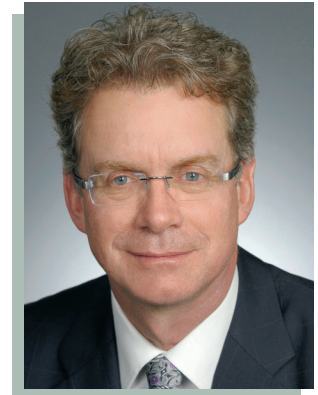
I would like to acknowledge the ongoing support from our House of Delegates. Their support allows us to continue funding high impact research. Since inception of the Foundation we have funded work valued at \$116 million.

Thank you for the privilege of being part of this great organization. It is truly an honor to serve.

Respectfully submitted,



William Hemens, *President*



March 28, 2014



## PSI GRAHAM FARQUHARSON KNOWLEDGE TRANSLATION FELLOWSHIP

*"I am honoured and excited to receive a PSI Graham Farquharson KT Fellowship. Thank you for this incredible opportunity to focus on and develop my respiratory disease research program. I look forward to conducting relevant, practical research that will improve the lives of patients with respiratory disease, their families and their communities. "*

The PSI Foundation is pleased to announce Dr. Andrea Gershon of Sunnybrook Health Sciences Centre as the 2013 PSI Graham Farquharson KT Fellow. This Fellowship- valued at \$150,000 per year for two years- is intended to protect a new, promising clinician's research time, allowing the Fellow to undertake high impact translational research.

The Fellowship will allow Dr. Gershon to conduct translational research to develop methods to measure quality of care for people with Chronic Obstructive Pulmonary Disease (COPD). This will be the first step in a program designed to improve the care and health of the hundreds of thousands of people with COPD living in Ontario. Helping these people will also reduce their need for health services thus relieving strain on our already overburdened health care system.

Dr. Gershon received both her M.D. and her M.Sc. in Clinical Epidemiology and Health Care Research from the University of Toronto. She is an Assistant Professor at the University of Toronto and the Research Director of the Division of Respiratory at Sunnybrook Health Sciences Centre. She is also a scientist at Sunnybrook Research Institute and Respiratory Program Lead at the Institute for Clinical Evaluative Sciences.

Dr. Gershon has more than 27 first author publications, including many in high impact journals such as *Lancet* and *Annals of Internal Medicine*. She has secured more than \$1 million in funding from agencies such as the Canadian Institutes of Health Research to support her research and is a former Ontario Career Scientist. Her respiratory disease research and knowledge translation program established at Sunnybrook Health Sciences Centre and the Institute of Clinical Evaluative Sciences, which conducts respiratory disease health services research, is one of the only of its kind in Canada, and likely the world.



## ORGANIZATION

PSI Foundation was incorporated on June 4<sup>th</sup>, 1970 under the laws of the Province of Ontario and is registered with the Canada Revenue Agency as a public charitable foundation under the Federal Income Tax Act.

PSI's membership is composed of physicians representing each of the Ontario Medical Association's branch societies and six other persons appointed by the Board of Directors for their interest in the Foundation's activities. These six members and eight physician representatives of the medical societies, form the Board of Directors. The management of the Foundation is vested in this Board. An Executive Committee acts for the Board when required between meetings of the Board.

Finance and Grants Committees make recommendations to the Board of Directors on investment policy and granting programs respectively. Both Committees are largely composed of members of the Board of Directors.

An Executive Director, who is responsible to the Board, administers PSI's programs, as approved by the Board.

## SOURCE OF FUNDS

The original capital of the Foundation came from the remaining funds of Physicians' Services Incorporated, the doctor-sponsored prepaid medical care plan.

## HISTORICAL BACKGROUND

Physicians' Services Incorporated (P.S.I.) commenced operation in November 1947 and soon became the largest prepaid medical care plan in Canada. P.S.I. was sponsored by the Ontario Medical Association and supported by about 8,000 practising physicians in the Province of Ontario. These participating physicians agreed to allow the Corporation to prorate their medical fees in order to meet administrative expenses and provide the reserves required by law.

In September 1969, P.S.I. ceased operation due to the implementation by the Ontario Government of what is now the Ontario Health Insurance Plan. The Board of P.S.I. and the participating physicians decided that the funds remaining in the general reserve, after meeting all obligations to subscribers and physicians, should be used to establish a foundation, the income of which would be applied to charitable activities within the health field.

## GRANTING POLICY AND PROGRAM

PSI Foundation is a granting agency and does not normally engage directly in charitable activities other than awarding medical fellowships. In accordance with the Federal Income Tax Act, PSI must award grants to other registered charities as defined by the Income Tax Act. Hospitals and medical schools come within this definition for the purposes of the Foundation's granting activities. Organizations seeking funds must provide the organization's charitable registration number issued by the Canada Revenue Agency. It is a policy of the Foundation to devote its funds to charitable endeavours in the health field within the Province of Ontario only.

PSI's granting interests focus on two areas - education of practising physicians and health research with emphasis on research relevant to patient care.

## EDUCATION OF PRACTISING PHYSICIANS

This program is directed at physicians in established practice in Ontario, residing outside of the teaching centres, who wish to take a period of training to bring a needed clinical skill or knowledge to the community or to undertake training in research methodology.

The fellowships are provided to cover course fees, if any, transportation, room and board costs. Funds are not provided to replace income lost while undertaking a training program and the program is not designed to assist physicians taking refresher courses.

## PSI GRAHAM FARQUHARSON KNOWLEDGE TRANSLATION FELLOWSHIP

Translational research aims at transitioning research discoveries to the real world to improve health outcomes. This prestigious Fellowship protects research time of a new, promising clinician, thereby allowing the Fellow the opportunity to pursue their research interests.

## HEALTH RESEARCH

Within this broad category, PSI's preference is to support research into any clinical problem (other than cancer, heart and stroke, mental health, drug and alcohol abuse, pharmaceutical drug studies or where there is substantial funding available through other agencies) that is of direct relevance to the care of patients.

PSI offers funding in the following funding streams:

- Clinical Research
- Medical Education Research
- Health Systems Research
- Healthcare Research by Community Physicians

## CLINICAL RESEARCH

Clinical research is defined as research that is of direct relevance to patient care. Studies involving animals will be considered only if the animals are required as an immediate patient surrogate, which should be indicated in a written statement attached to the application.

Applications will be considered only where a practising physician is the principal investigator, which is defined as one having direct patient care responsibilities. Applicants must possess an academic appointment, defined as someone who is allowed to apply for his or her own research grants and be an independent investigator. Further in establishing priorities among applications, when scientific merit and clinical relevance are equal, preference will be given to the new investigator as opposed to the established investigator.

Fellows are eligible to apply for research grants but are required to have a co-investigator who has an academic appointment. The fellow must provide evidence of having official hospital status, which should be in the form of a letter from his or her supervisor or department chair.

The duration of projects considered will be for a maximum of two years with the possibility of renewal for one further year. Except under unusual circumstances, PSI cannot consider applications for projects requiring more than \$85,000 per year.

## RESIDENT RESEARCH

Medical research being undertaken by a resident will be considered if the project is supervised by a physician with an academic appointment. A resident project's maximum duration is two years, with a maximum amount of \$20,000.

The maximum annual amount for total approvals for this funding stream is \$300,000. These applications are in competition with all others, thus the maximum amount awarded could obviously be less.

Proposals within this funding program must have been largely developed by the resident. The majority of the work involved in completing the research must be done by the resident.

The following is set out for the purpose of clarifying eligibility under the resident research program.

1. Salary for the resident must be provided by The Ministry of Health.

2. The individual must be in a recognized program leading to certification by the Royal College of Physicians and Surgeons or the College of Family Physicians. Residents in Royal College programs by accreditation without certification are also eligible.
3. Must be registered as a postgraduate student at the university where residency training is being taken.

The restriction whereby PSI will not consider applications for research within the areas of cancer, heart and stroke and mental health does not apply to resident research projects.

#### MEDICAL EDUCATION RESEARCH

Funds are available to support research projects designed to assess the post M.D. educational environment such as curricula, methods and teaching resources. PSI Foundation recognizes that research within this area may involve teams that include non-medical researchers.

#### HEALTH SYSTEMS RESEARCH

Projects focusing within the health care system, such as preventive medicine, care of the elderly, communications within the system, underserved regions and ways of enhancing the effectiveness of medical practice, will be considered under this category.

Applications within these categories should not exceed the maximum of two years duration and the limit of \$85,000 per year set for clinical research.

#### HEALTHCARE RESEARCH BY COMMUNITY PHYSICIANS

Within this category of funding, physicians practising in a community setting may apply for a grant to assist them in undertaking a review of their practice patterns which would enhance effectiveness of practise and patient care in their own clinic, hospital or region. Grants up to \$5,000 are available to cover the costs of the data gathering and analysis, support staff and preparation of reports. Up to an additional \$600 will be provided for travel costs incurred in presenting papers on the results of a community practice study. The Foundation does not exclude support of research in the areas of cancer, heart and stroke and mental health under the program of community-based research.

#### AREAS OF NON-SUPPORT

While not an all-inclusive list, the following areas are not supported by the Foundation:

- Annual fund raising campaigns
- Building funds or other capital cost campaigns
- Research in the areas of cancer, heart and stroke, mental health, drug and alcohol abuse, pharmaceutical drug studies or where there is relatively more funding opportunities available through other agencies
- Systematic reviews and meta-analyses
- Operating costs of any organization or department
- Budget deficits
- Service programs
- Ongoing research previously supported by another funding agency
- Major equipment, unless required for a research project being supported by the Foundation
- Projects outside the Province of Ontario
- Films, books and journals.

PSI Foundation will support only one project per investigator at any given time. If an investigator is currently being supported by the Foundation as the principal investigator, PSI will not consider an application for a new project until the current granting period has ended.

## ASSISTANCE GIVEN

If in doubt as to whether a proposal would fit within PSI's interests or policies, please contact the Executive Director or Grants Coordinator for assistance.

## GRANTING ACTIVITIES – 2013

- 284 applications received with a total value of \$23,859,000, compared to 267 applications totalling \$24,113,900 in 2012.
- \$4,318,500 in new grants were approved in 2013.
- \$2,962,612 in granting dollars were paid in 2013 (net of refunds).
- Grants commitments totalled \$3,957,300 at January 1st, 2013 and \$5,026,800 at December 31st, 2013.

## HEALTH EDUCATION

### EDUCATIONAL FELLOWSHIPS FOR PRACTISING PHYSICIANS

No grants awarded under this program in 2013.

## HEALTH SYSTEMS RESEARCH

6 grants totalling \$632,500; a selection is highlighted below.

### EVALUATION OF A PROVINCE WIDE ROLL-OUT OF ANTIMICROBIAL STEWARDSHIP PROGRAMS IN CRITICAL CARE UNITS: A PROSPECTIVE, STEPPED-WEDGE OBSERVATIONAL STUDY

Dr. Andrew M. Morris, Mount Sinai Hospital

Antimicrobial stewardship is a multi-disciplinary programmatic initiative aimed at optimizing antimicrobial therapy. The Mount Sinai Hospital-University Health Network Antimicrobial Stewardship Program (MSH-UHN ASP) is spearheading the implementation of ASPs in the ICUs of 14 academic institutions across Ontario.

The objective of this grant is to carry out a multi-faceted evaluation of ASPs in ICUs, focusing on multiple aspects. Quantitative outcomes will include: antimicrobial use, antimicrobial resistance amongst key bacterial isolates, antimicrobial associated hospital-acquired infections, ICU mortality and length of stay. Qualitative outcomes will include the use of surveys, interviews and focus groups with ICU clinicians (physicians, nurses and pharmacists), as well as ASP team members (ID physicians and pharmacists) to inquire about ASP knowledge, attitudes, perceptions, satisfaction, and areas for improvement. Economic analysis will utilize data from the Ontario Case Costing Initiative (OCCI). This will include an evaluation of the effects of ASPs on infectious disease practice, including costs associated with various therapeutic and diagnostic interventions.

It is hoped that this study will demonstrate an intervention that will reduce bacterial resistance, nosocomial infections, and costs in the ICU, and to establish a model for ASPs that can be applied across Canada, as well as benchmarks for antimicrobial stewardship that will guide the care of infections in Canadian ICUs.

### PEDIATRIC EYE DISEASE VIDEO INTERPRETATION AND DIAGNOSIS (PED-VID) STUDY

Dr. Kourosh Sabri, McMaster University

Telemedicine is defined as the delivery of clinical health care services and the exchange of health information across large distances using communication technologies such as videos, images or patient interviews. In doing so, telemedicine provides essential and timely care to individuals who live in rural or isolated communities. Since examination of the eyes alone is often enough to make a diagnosis and recommend a treatment plan for eye disease, Ophthalmology is well-suited to the use of telemedicine.

The purpose of this study is to determine whether telemedicine using videography can be used as a tool for interpreting pediatric eye examinations, diagnosing amblyogenic eye disease (preventable vision loss or “lazy eye”) in children and identifying children with potential emergencies such as tumours or infections within the brain.

To answer this question, this study will assess whether interpreting the video recording of a child’s eye examination can be as reliable as direct patient examination for diagnosing eye disease. This innovative tool has the potential to improve access to health care for many children living in rural or remote parts of Ontario and beyond.

#### CARE BUNDLE TO IMPROVE OXYGENATION IN NEWBORNS (CBION)

Dr. Sandesh Shivananda, McMaster University

It is very difficult to maintain the oxygen levels of preterm babies within a safe range in neonatal intensive care units (NICU). Babies’ breathing can stop temporarily and their heart rate and oxygen levels can drop to unsafe levels. When this happens frequently, potentially blinding eye disease, chronic lung disease and death can result. Apart from under-developed organs, human factors like variation in caregiver practices, lack of useful oxygen monitoring tools, and very little research in this area contribute to this problem.

To date, the ideal oxygen range for preterm babies has not been well defined. New evidence is helping to clarify this and supports the use of technology in monitoring oxygen levels. Several practices are now known to be effective in maintaining safe oxygen levels but adopting these practices in NICUs can be challenging. This study will look at whether caregivers’ use of evidence-based practices and new oxygen monitoring technology helps to maintain safe oxygen levels. Tailored training using simulation and coaching support will be used to help NICU caregivers learn and apply the new practices.

It is believed that using these new practices effectively will lead to better oxygen control in preterm babies and therefore lower rates of complications.

#### RESEARCH BY COMMUNITY PHYSICIANS

No grants awarded under this program in 2013.

#### MEDICAL EDUCATION RESEARCH

5 grants totalling \$108,500; a selection is highlighted below.

#### FEEDBACK TO SUPERVISORS: IS ANONYMITY REALLY SO IMPORTANT?

Dr. Nancy Dudek, University of Ottawa

Feedback is an essential part of learning. Physicians teach medical learners during the clinical component of their training by providing supervision. Physicians receive assessments on the quality of their clinical supervision from trainees. These assessments make up the majority of feedback that physicians receive. They are encouraged to use this information to improve their teaching performance.

Research has identified several features of effective feedback that suggest an open process; however the majority of feedback provided to clinical supervisors is anonymous given concerns regarding feedback provision to someone in a position of power. Evidence for and against anonymous feedback is limited and does not strongly suggest one over the other. To our knowledge no medical school or residency program with an open feedback system has been systematically studied to look at the advantages and disadvantages of such a system. The University of Ottawa’s Physical Medicine and Rehabilitation Residency program uses an open approach for resident-to-faculty feedback.

The objective of this project is to describe the strengths and weaknesses of open feedback. The University of Ottawa’s PM&R program will be used as a holistic, single-unit case study within which open feedback will be studied using qualitative methodologies.

**CHALLENGING AUTHORITY DURING A LIFE THREATENING CRISIS: THE EFFECT OF A TEACHING INTERVENTION ADAPTING AVIATION SAFETY TO MEDICINE: USING "COCKPIT/CRISIS RESOURCE MANAGEMENT" FOR CHALLENGING CRITICAL ERRORS BY A SUPERIOR**

Dr. Zeev Friedman, Mount Sinai Hospital

Effective communication during acute situations can easily break down when different levels of authority within the team are involved. Aircraft crashes which were traced back to similar teamwork failures led to the genesis of "Cockpit Resource Management" (CRM) to train crews to "speak up" when safety concerns arose. This study aims to assess the effect of a targeted CRM based teaching intervention on residents' ability to effectively challenge clearly wrong clinical decisions made by their staff.

This will be a mixed methods (quantitative and qualitative) study. Second year anesthesia residents will be recruited and randomized to receive a targeted CRM based teaching intervention or a control group which will receive a general teaching session for crisis management. The teaching intervention was designed based on input from 50 resident interviews and contains 4 CRM based communication tools. Subjects will then participate in a simulated crisis (disconnected from the teaching session) that presents them with opportunities to challenge a staff regarding a clearly wrong decision in a life threatening scenario. Sessions will be video-recorded and assessed by two blinded assessors.

Positive findings will result in changing the residency curriculum to address the problem of challenging authority and incorporating the tools used in the intervention.

**DOES A JUST-IN-TIME MOBILE SIMULATION MODULE IMPROVE SUCCESS AND TIME TO COMPLETION IN SURGICAL CRICOTHYROIDOTOMY?**

Dr. Donika Orlich (resident), Dr. Jonathan Sherbino (supervisor), McMaster University

This study will aim to evaluate the utility of a 90 second just-in-time learning video that details the knowledge and skills necessary for proper surgical cricothyroidotomy, on improving time to completion and correct tube placement in a porcine cadaver.

It will be a randomized control study involving emergency medicine residents and staff. Control participants will not receive any instruction prior to being asked to perform surgical cricothyroidotomy on a porcine neck specimen, while intervention group participants will be shown the just-in-time learning video before the same simulation. The simulation session will be timed from initial skin contact to insufflation of a balloon attached to the porcine trachea. After completion, the specimen will be dissected to determine correct tube placement.

The aim is to enroll 74 subjects, which will give a power of 86.7% to detect an improvement from 90 to 60s in mean placement time and a power of 80% to detect an improvement from 70 to 95% for successful placement. Regression analysis will be used to compare subgroups based on age, year of study or time spent as faculty, and prior cricothyroidotomy exposure, to determine if the intervention had different effects on each subgroup.

**CLINICAL RESEARCH**

42 grants totalling \$3,277,500; a selection is highlighted below.

**IMPACT OF PLATELET RICH PLASMA OVER ALTERNATIVE THERAPIES IN PATIENTS WITH LATERAL EPICONDYLITIS (IMPROVE): A MULTICENTER, RANDOMIZED TRIAL COMPARING AUTOLOGOUS PLATELET RICH PLASMA (PRP) VERSUS AUTOLOGOUS WHOLE BLOOD VERSUS DRY NEEDLE TENDON FENESTRATION ON PAIN AND QUALITY OF LIFE IN PATIENTS WITH LATERAL EPICONDYLITIS**

Dr. Mary Meg Chiavaras, McMaster University

Lateral epicondylitis (LE) or "tennis elbow" is the most common cause of lateral elbow pain, affecting up to 15 million people in North America and an estimated 405,177 Ontarians. LE leads to high morbidity and absence from work.

The costs associated with LE are enormous and include lost productivity from work and health care costs. Many treatment options exist; however they lead to conflicting results with no clear consensus on the optimal treatment.

Autologous blood concentrates (i.e. Plasma Rich Protein or PRP) for the treatment of tendinosis have been shown to increase the concentration of growth factors to the region, potentially augmenting the natural healing process. PRP has become a multimillion dollar industry; however there is no definitive evidence that it is more effective than cheaper therapeutic alternatives. A randomized controlled, blinded, 4-arm pilot study is proposed comparing PRP, whole blood, dry needle fenestration, and physical therapy exercises alone.

Primary outcome measures for the two year pilot study are to demonstrate feasibility of recruitment and adherence to the protocol. Findings from this pilot study will be used to guide the sample size required for a larger trial that will provide definitive evidence on the optimal treatment for tennis elbow.

#### GENOMIC ANALYSIS OF UTERINE LEIOMYOSARCOMAS

Dr. Michael Herman Chui (resident), Dr. Blaise Alexander Clarke (supervisor), University Health Network

Uterine leiomyosarcoma (ULMS) is a rare and aggressive cancer with poor survival rates. Understanding the biology of this disease is crucial for guiding selection of drugs for investigation in clinical trials and tailoring treatment to individual patients.

To realize this goal, we have compiled a comprehensive database of all patients with uterine leiomyosarcoma treated at the Princess Margaret Hospital, University Health Network from 1990 to 2012, annotated with tumour and patient characteristics, including survival data. This collection includes pathology and clinical outcome data and tumour tissue for identifying potential drug targets.

Recent advances in genomic sequencing technology have enabled comprehensive analysis of the genetic abnormalities in human cancer. In comparison to other gynecologic malignancies, the molecular genetic changes of ULMS that account for its malignant behaviour are virtually unknown; thus the purpose of this study is to elucidate the molecular genetic characteristics of uterine leiomyosarcoma by cataloguing the genetic alterations detected by whole genome analysis, with emphasis on identifying the aberrant molecular pathways that may be targetable for therapeutic intervention.

#### EXERCISE IN CKD: A PILOT STUDY

Dr. Sophie A. Jamal, Dr. Charmaine Lok, Women's College Hospital

Broken bones or fractures are common in men and women with kidney disease and can lead to sickness and death. A strong and consistent risk factor for fracture is poor muscle strength.

The purpose of this study is to determine if walking and strength training exercises done at home three times a week for 3 months in 15 patients can improve tests of muscle function compared to 15 patients not participating in a walking and strength training program.

If it is found that this exercise program works to improve tests of muscle function, a larger, longer study will be completed to determine if exercise can reduce fractures in men and women with kidney disease.

#### IMPROVING THE VALIDITY OF TREATMENT EFFECT ESTIMATES FROM OBSERVATIONAL DATA OF UNCOMMON DISEASES. THE SCLERODERMA LUNG TRANSPLANT SURVIVAL MODEL

Dr. Sindhu R. Johnson, University Health Network

Scleroderma (Systemic Sclerosis (SSc)) is a disease that can affect the skin, joints, heart, lungs and kidneys. There is no cure. The leading cause of death for Canadians with SSc is end-stage lung disease from high pressure in the lungs called pulmonary arterial hypertension (PAH) or scarring of the lungs called interstitial lung disease (ILD).

Lung transplant may be a cure for SSc lung disease, but it has potential risks (infection or death). Whether lung transplant improves survival is not known.

Using a novel research approach, this series of 3 studies will evaluate if lung transplant improves survival in SScPAH and SScILD. Part 1 will study experts' beliefs about the benefits or risks of lung transplant for people with SSc, and will study factors that determine access to lung transplant and factors that affect survival. Part 2 will study an internet-based method of getting experts' knowledge about lung transplant and scleroderma survival. Part 3 will study if lung transplant improves survival by comparing the survival of SScPAH and SScILD with other PAH and ILD patients.

This research will be the largest to study if lung transplant improves survival in this deadly disease, and will develop innovative research methods for researchers who study rare diseases.

#### FACTORS WHICH IMPACT BREASTFEEDING IN ADOLESCENT PREGNANCIES: A COHORT STUDY

Dr. Emily Leclair (resident), Dr. Nathalie Fleming (supervisor), University of Ottawa

Adolescent pregnancies are known to have a lower breastfeeding rate. To date, there are no large Canadian cohort studies reviewing breastfeeding in adolescent pregnancies. The largest published Canadian study involves 463 patients. In addition, in 2008, Mossman et al. reviewed the Manitoban adolescent's attitude and confidence toward breastfeeding; however there are no studies available in Ontario specifically looking at breastfeeding in adolescent pregnancies.

This study will determine the socio-demographic variables and health components which affect initiation of breastfeeding in Ontario's adolescent mothers. With this knowledge, assessing the need and strategizing possible breastfeeding programs and support for adolescent mothers in order to improve breastfeeding initiation and possibly continuation rates will be possible. It is hypothesized that adolescents have a low level of awareness about breastfeeding and its benefits as well as a poor initiation of breastfeeding due in part by knowledge, but also due to multiple sociodemographic characteristics found most often in adolescent pregnancies.

The ultimate objective of this study is to determine how breastfeeding initiation and continuation rates in Ontario adolescent mothers can be improved. The objective of this cohort study is to characterize the association between multiple demographic characteristics of pregnant adolescents with initiation and continuation of breastfeeding.

#### NOVEL ASSESSMENT OF INGROWN TOENAILS TREATED BY EXCISION OF THE SKINFOLD RATHER THAN TOENAIL (NAILTEST): A PROSPECTIVE COHORT STUDY OF THE VANDENBOS PROCEDURE IN CHILDREN AND ADOLESCENTS

Dr. Michael Hobbs Livingston (resident), Dr. Sarah Jones (supervisor), Western University

The purpose of this project is to assess the effectiveness of a surgical procedure for ingrown toenails. Ingrown toenails are a common problem in the general population. There are many non-surgical treatments, such as soaking, wearing loose shoes, antibiotics, and specialized braces. Still most people with ingrown toenails eventually need surgery. The most common surgical procedure involves removing all or part of the toenail as well as destroying part of the underlying nailbed. This prevents reoccurrence (where the toenail becomes ingrown again).

In 1959, Vandenbos and Bowers described a procedure that left the nail and nailbed in place and excised the skin only. Two recent studies from Ontario have sparked renewed interest in this technique when they reported a reoccurrence rate of zero. This study seeks to see if these results can be replicated when patients are treated by surgeons and then assessed by a different person after surgery.

This study will also determine infection rate, bleeding, formation of excessive scar tissue, altered growth of the toenail, healing time, length return to activities, cosmetic result, and patient satisfaction. The participants in this study will be adolescents treated by a group of four Pediatric General Surgeons in London, Ontario.



#### IS NON-CARDIAC CHEST PAIN CAUSED BY SUSTAINED LONGITUDINAL SMOOTH MUSCLE CONTRACTION?

Dr. Keith McIntosh, Dr. William Paterson, Queen's University

Non-cardiac chest pain (NCCP) is a common disorder whose etiology is poorly understood. Some evidence suggests it may be related to sustained esophageal contractions (SECs) of the longitudinal smooth muscle in the esophagus. Previous studies have shown that acid is a trigger for SECs and results in shortening of the esophagus.

This study will evaluate whether patients with NCCP have an exaggerated esophageal shortening response to acid and whether that correlates with symptom production. To test this hypothesis, high-resolution esophageal manometry (HREM) will be used to measure esophageal shortening responses to acid in NCCP patients versus healthy controls. HREM provides an ideal way to measure esophageal shortening, as it shows real time migration of the lower esophageal sphincter.

If the hypothesis proves true, this will provide further insight into the mechanism of NCCP as well as providing a potential therapeutic target in the treatment of these patients.

#### COLCHICINE FOR PREVENTION OF PERIOPERATIVE ATRIAL FIBRILLATION IN PATIENTS UNDERGOING THORACIC SURGERY (COP-AF) PILOT TRIAL

Dr. John Neary, McMaster University

Patients undergoing surgery are at risk of complications. Atrial fibrillation (a fast chaotic heart beat) is one of the most common complications occurring after chest (thoracic) surgery. Patients who develop atrial fibrillation after surgery have worse outcomes, which include: death, stroke, and prolonged stays in the intensive care unit and in the hospital. Atrial fibrillation occurs due to excessive inflammation that occurs after surgery. Previous studies reported that regulating this inflammation results in less atrial fibrillation.

Research suggests that colchicine, an anti-inflammatory drug, may be effective in preventing atrial fibrillation after surgery. A pilot trial will be conducted to determine the feasibility of doing a large-trial to test whether colchicine can prevent atrial fibrillation after surgery. The study will be conducted in two major hospitals in Canada; St. Joseph Hospital in Hamilton, ON and University of Manitoba Health Sciences Centre, Winnipeg, MB. Patients will receive colchicine or placebo for 10 days after the surgery and will be monitored while in-hospital to see if they develop atrial fibrillation.

#### MATHEMATICAL OPTIMIZATION OF PEDIATRIC CRANIAL VAULT REMODELING AND ROBOTIC CO<sub>2</sub> ETCHING OF SKULL CONTOURS

Dr. John Phillips, Dr. James Drake, Hospital for Sick Children

This study aims to use mathematical methods to determine a priori the optimal number of bone cuts and the location of discrete bone pieces in the cranial vault remodeling procedure, based on an average normative three-dimensional (3D) skull shape previously generated from actual subject computed tomography (CT) image data.

The methodology involves assigning a fixed number of surgically viable cuts to a discrete set of locations on the fronto-orbital bandeau surface that will minimize the area difference between the post-operative and ideal normative skulls. The clinical application of the algorithm will be validated, by quantifying both the residual deformity on routine post-operative CT scans and surgery "costs" including length of surgery. Additionally, a robotic technique will be implemented, whereby a 3D laser scanning system will register 3D artificial skulls of prospective patients to the corresponding virtual models. A robotic arm will subsequently etch the outlines of the pre-determined cut locations on the fabricated skull models, which will then be reconstructed and their residual deformity quantified.

This combined system has the potential to ensure an optimal fitting of the bone pieces covering the cranial surface, minimize variability of results, increase objectivity and accuracy in the surgical procedure, and reduce operation time.

#### DOES FRAILTY PREDICT OUTCOMES IN ELDERLY PATIENTS UNDERGOING MAJOR HEAD NECK ONCOLOGIC SURGERY?

Dr. Michael Chaim Sklar (resident), Dr. David P. Goldstein (supervisor), Princess Margaret Hospital

The Canadian elderly population is the fastest growing age demographic. As the population continues to age, the number of elderly individuals diagnosed with a malignant neoplasm of the head and neck rises as well. Head and neck surgeons are now faced with an ever increasingly difficult task of maximizing benefits and minimizing harms in this challenging patient population. Head and neck cancer surgeries are often long (between 4 to 12hrs) with a frequent need for tracheotomy and feeding tubes, and are often associated with long-term disruption of shoulder function, speech, swallowing and cosmesis. Head and neck cancer patients are also frequently malnourished, have a history of alcoholism and multiple comorbidities.

To help determine which elderly patients are best fit for major head and neck surgery, the concept of frailty will be used, which is defined as the decreased physiologic reserve across multiple organ systems to assess these elderly patients. A previously developed Frailty assessment tool, the Frailty Index, will be administered to eligible patients > 65 years of age prior to undergoing major head and neck surgery. Patients will be followed through their hospital admission with complications, length of stay and level of care needed on discharge being recorded.

#### TREATMENT OF ADHESIVE CAPSULITIS: A RANDOMIZED PLACEBO-CONTROLLED TRIAL COMPARING ARTHROGRAPHIC JOINT DISTENSION WITH STEROID AND LOCAL ANESTHETIC VERSUS ARTHROGRAPHIC JOINT DISTENSION WITH LOCAL ANESTHETIC ALONE

Dr. Allison Tucker (resident), Dr. Ryan Bicknell (supervisor), Queen's University

Frozen shoulder or adhesive capsulitis is a common cause of shoulder pain, estimated to affect 25% of the general population. Many forms of treatment have been advocated for frozen shoulder including physiotherapy, injection with steroid, distension arthrogram with steroid, manipulation under anesthetic and arthroscopic releases. There is no general agreement in favour of one form of treatment, and the response to a particular treatment varies in different series.

A few randomized controlled trials appear in the literature. Most of these showed improvements with steroid use, but the results were not always statistically significant. One randomized control trial reported superior results in favour of arthrographic joint distension with steroid compared to a saline placebo. It is believed there have been no other similar randomized trials to support these results.

The objective of this study is to determine if arthrographic distension of the shoulder joint with steroids is an effective treatment modality for adhesive capsulitis as compared to injection with local anesthetic and contrast alone. The study design is a placebo-controlled, double blind clinical trial where participants will undergo distension arthrogram of the shoulder and be randomized to receive either Triamcinalone (steroid), lidocaine and contrast or injection with lidocaine and contrast alone.

#### A RANDOMIZED CONTROLLED TRIAL ASSESSING THE EFFICACY OF ANTIMICROBIAL PROPHYLAXIS FOR EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY ON REDUCING URINARY TRACT INFECTION

Dr. Philippe Denis Violette, Dr. Hassan Razvi, Western University

The lifetime risk of developing a kidney stone is estimated between 1 and 15%. One of the most common therapies for kidney stones is extracorporeal shock wave lithotripsy (SWL). This procedure is favoured because it has few complications; however urine infections are among the most common. Because of this risk the American Urological Association recommends pre-SWL antibiotics for all patients; however this approach is controversial because studies to date are of poor quality and there is concern over antibiotic resistance. Therefore the European Association of Urology recommends only selective use of antibiotics pre-SWL.

To resolve this conflict and establish the most appropriate strategy for Ontarians, this research includes performing a randomized trial comparing pre-procedure antibiotics to no antibiotics among patients who undergo SWL. This trial will recruit approximately 1300 patients half of which will receive pre-SWL antibiotics. The rates of urinary tract infection and symptoms at 7-10 days post-SWL will be compared and the effectiveness of pre-SWL antibiotics will be determined.

If the study shows a benefit then this will reduce the number of infections suffered by patients. If the study shows no benefit then the reduced use of antibiotics will provide a cost savings and reduce the risk of antibiotic resistance.

#### EVALUATING EXOME SEQUENCING FOR THE DIAGNOSIS OF LIMB GIRDLE MUSCULAR DYSTROPHY

Dr. Jodi Warman Chardon (resident), Dr. Kym Boycott (supervisor), University of Ottawa

Limb girdle muscular dystrophy (LGMD) describes a heterogeneous group of inherited muscle disorders characterized by progressive weakness and physical disability due to ongoing muscle degeneration. This muscle damage is caused by abnormal function of one of at least two dozen genes with many more remaining to be discovered.

Current clinical and molecular testing is often labour intensive, prohibitively expensive and does not identify new genes causing LGMD. A new technology, next-generation sequencing (NGS), can assess thousands of genes simultaneously and may be a more effective and faster genetic test for rare inherited disorders, such as LGMD, at a fraction of the cost compared to current testing. Analysis of protein coding genes by NGS (called “exome sequencing”), can rapidly interrogate known genes as well as identify new genes causing LGMD.

The objective of this study is to A) establish the clinical utility of exome sequencing for the diagnosis of LGMD patients and families living in Ontario and B) assess the cost effectiveness of exome sequencing compared with traditional genetic testing. It is predicted that exome sequencing will facilitate accurate, efficient and timely diagnoses, thereby avoiding unnecessary and expensive investigations, and facilitate pre-symptomatic management of complications and accurate genetic counseling for patients with LGMD.

#### COGWELL: COGNITIVE OUTCOMES AND WELLNESS IN SURVIVORS OF CRITICAL ILLNESS

Dr. Mary Elizabeth Wilcox, Dr. Gordon Rubinfeld, Sunnybrook Health Sciences Centre

As survival rates from critical illness improve, strategies to return patients to their baseline cognitive and functional status are important research priorities. Upwards of 9 out of 10 ICU survivors will suffer some degree of cognitive impairment at hospital discharge and approximately half will have decrements that persist for years. While the mechanisms for this newly acquired brain injury are poorly understood, several risk factors have been identified. Unfortunately, it is unclear how to accurately predict long-term cognitive impairment.

Immediate opportunities to improve cognitive outcomes through risk reduction exist. This proposal is to study comprehensively the prevalence of sleep abnormalities and their association with cognitive impairment, as it may yield potential targets for effective therapy; moreover we will examine a well-known genetic risk factor for dementia [APOE  $\Sigma$ 4] that may allow for genetic risk stratification of ICU survivors at greatest risk of cognitive impairment. It is hypothesized that EEG [an established longitudinal marker of brain dysfunction] is a novel and independent predictor of long-term cognitive impairment, and possibly a candidate intermediate end point for future clinical trials.

This study has the potential to identify novel biomarkers and risk factors for post-critical illness cognitive impairment, and will lay the foundation for strategic development of interventions to reduce risk in vulnerable ICU survivors.

## FINANCIAL REPORT

## 2013 OVERVIEW

- Original investment by the doctors of Ontario: \$16.7 million in 1970
- Market value of assets as of December 31, 2013: \$93.9 million before accruing for future grant commitments (2012 \$77.9 million)
- Increase in value of assets over prior year \$16 million (2012 \$3.1 million)
- Rate of return on investments 20.4% consisting of 3.1% from dividends and interest plus 17.3% from an increase in market value of investments (2012 10.9%)
- Grants approved in 2013 \$4.3 million before refunds and withdrawals (2012 \$4.0 million)
- Total grants paid since inception \$118.2 million
- Future grant commitments at 2013 year end: \$5.0 million, with \$3.4 million payable in 2014 and \$1.6 million payable in 2015 (2012 - \$4.0 million, with \$2.8 million payable in 2013 and \$1.2 million payable in 2014)
- Operating costs including investment management fees: \$1.5 million (2012 - \$1.3 million)
- Operating costs as a percentage of assets under management: 1.6% (2012 – 1.7%)

■ Asset allocation at year end:	<u>2013</u>	<u>2012</u>
Canadian bonds	5%	7%
Canadian equities	49	56
U.S. equities	41	33
International equities	-	-
Cash	5	4
	<u>100%</u>	<u>100%</u>

**2013 IN DETAIL**

It is my pleasure to present the PSI Foundation financial results for the year ended December 31, 2013. Strong equity markets and hard work from our investment managers allowed us to add \$14.8 million to the Foundation's net assets, after awarding \$4.3 million in grants during the year.

The PSI portfolio benefited from a number of positive factors in 2013 to provide us with an annual return in excess of 20% for the year. Our move from fixed income securities to Canadian and US equities in the first quarter of 2012 paid off as we benefited from the strong growth of the US equity markets and the weakening of the Canadian dollar. We are not expecting the equity markets, particularly in the US, to continue with this rate of growth in 2014. Early results from 2014 show our portfolio has maintained a market value of about \$93 million.

We understand that we have taken a very unusual asset allocation, 90% equity for a Foundation, but to now it has worked in our favour. We are in regular contact with our fixed income manager and are closely watching the portfolio and our asset allocation. Our plan is to move back to a more traditional mix of 60% equity and 40% fixed income when medium and long term interest rates return to traditional levels.

Our US equity manager, Neuberger Berman, took the US\$27.7 million portfolio at December 31, 2012 and grew it to US\$36.8 million, a return of 35% compared to an increase of 32% in the S&P 500 index. In Canadian dollar terms, this part of our portfolio grew from \$27.5 million to \$39.1 million, a return of over 40%. With the current favourable exchange rates and our over allocation to US equities, we will use these funds to finance our grant payments in 2014.

On the Canadian equity side, the TSX posted a 13% gain in 2013. We are pleased with the early performance of our new Canadian equity manager, Connor Clark & Lunn. During 2013 we moved \$10 million from Magna Vista to Connor Clark & Lunn. They provided us with a 20.8% return for the year. The emphasis on this portfolio is yield. The current portfolio yield is estimated at 3.5% compared with 2.5% for the TSX60. Magna Vista built on their 11.3% performance in 2012 and returned 17.3% with a conservative blue chip portfolio during 2013. We feel our two Canadian equity portfolios complement each other, with very little overlap in their holdings.

We have maintained a \$5.8 million (2012 - \$5.7 million) portfolio of cash and short term bonds, in order to keep the lines of communication open with Beutel Goodman, our fixed income manager. This portfolio only returned 1% during the year.

We have budgeted for \$4.5 million in grants for 2014, up over 7% from the 2013 budgeted figure. We have tried to set an annual grants figure which will be sustainable for the Foundation in the future. The Finance Committee has also indicated to the Grants Committee, they could request further funding if they feel the need, based on the applications reviewed.

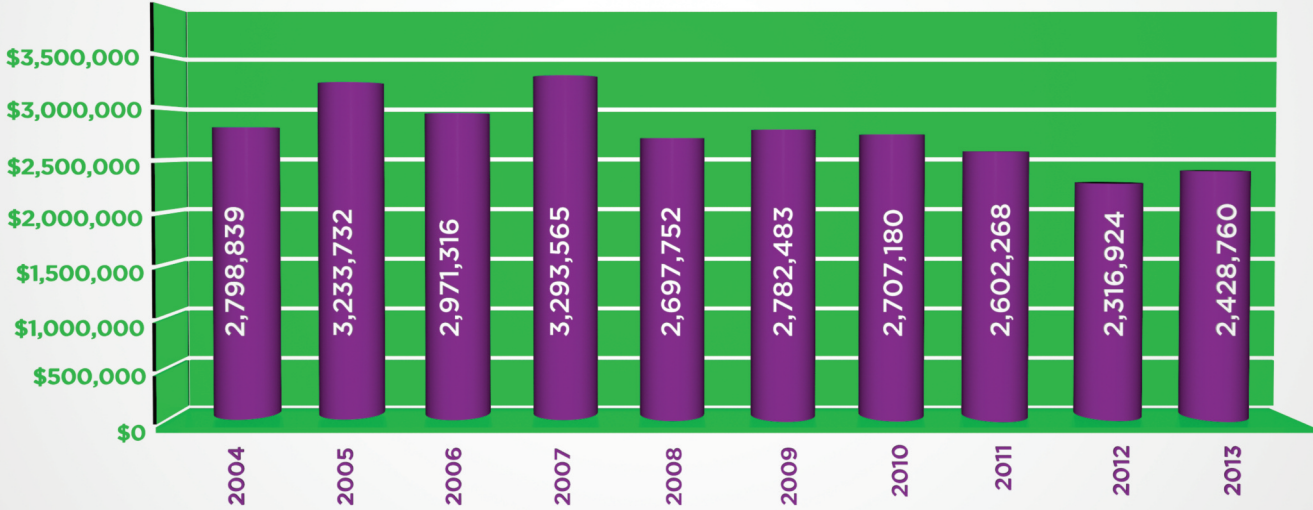
# PSI FOUNDATION

## FINANCIAL SUMMARY

### 1970 - 2013

Donated Capital		\$ 16,693,123
Plus Capital appreciation	\$102,725,170	
Revenue earned	116,142,373	218,867,543
		<hr/>
		235,560,666
Less: Charitable contributions	\$118,409,915	
Investment & administrative expense	28,406,723	146,816,638
		<hr/>
Net assets, December 31, 2013		88,744,028
Net assets, December 31, 2012		73,926,393
Increase for year		\$ 14,817,635
		<hr/> <hr/>
Consisting of:		
Deficit for year		(3,127,821)
Capital appreciation on investments		17,945,456
		<hr/>
		\$ 14,817,635
		<hr/> <hr/>

REVENUE 2004 - 2013



GRANTS PAID 2004 - 2013





## INDEPENDENT AUDITORS' REPORT

To the House of Delegates of The Physicians' Services Incorporated Foundation

We have audited the accompanying financial statements of The Physicians' Services Incorporated Foundation which comprise the statement of financial position as at December 31, 2013, the statements of operations, changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform an audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the institute's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of The Physicians' Services Incorporated Foundation as at December 31, 2013, and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Chartered Professional Accountants, Licensed Public Accountants

Toronto, Canada

February 26, 2014



# THE PHYSICIANS' SERVICES INCORPORATED FOUNDATION

## Statement of Financial Position

December 31, 2013, with comparative figures for 2012

	2013	2012
<b>Assets</b>		
Cash and cash equivalents (note 2)	\$ 4,829,042	\$ 2,788,551
Bonds and debentures (note 3)	4,993,290	5,631,711
Shares (note 3)	83,450,385	68,939,485
Dividends and interest receivable	198,096	197,312
HST receivable	35,290	35,100
Capital assets (note 4)	1,686	3,372
Accrued benefit asset (note 7)	348,980	347,503
	<b>\$ 93,856,769</b>	<b>\$ 77,943,034</b>
<b>Liabilities and Net Assets</b>		
Liabilities:		
Accounts payable and accrued liabilities	\$ 85,941	\$ 59,341
Grants payable (note 5)	5,026,800	3,957,300
	5,112,741	4,016,641
Net assets:		
Invested in capital assets	1,686	3,372
Internally restricted capital (note 6)	88,742,342	73,923,021
	88,744,028	73,926,393
Lease commitments (note 8)		
	<b>\$ 93,856,769</b>	<b>\$ 77,943,034</b>

See accompanying notes to financial statements.

On behalf of the Board:

\_\_\_\_\_ Director

\_\_\_\_\_ Director

# THE PHYSICIANS' SERVICES INCORPORATED FOUNDATION

## Statement of Operations

Year ended December 31, 2013, with comparative figures for 2012

	2013	2012
<b>Revenue:</b>		
Interest on bonds and debentures	\$ 257,690	\$ 464,306
Dividends	2,171,070	1,852,618
	<u>2,428,760</u>	<u>2,316,924</u>
<b>Expenses:</b>		
Investment management fees	627,253	464,006
	<u>1,801,507</u>	<u>1,852,918</u>
<b>Administrative:</b>		
Salaries and benefits	445,598	387,087
Board and committee expenses	139,290	146,899
Office supplies and expenses	70,591	57,295
Rent and maintenance	76,375	76,074
Referees' fees	69,493	67,336
Safekeeping charges	45,314	56,099
Legal and audit fees	20,050	19,740
Delegate and annual meeting expenses	14,143	14,543
Information services and annual report	14,676	9,293
Amortization of capital assets	1,686	1,686
	<u>897,216</u>	<u>836,052</u>
Grants	4,032,112	3,941,211
	<u>4,929,328</u>	<u>4,777,263</u>
Excess of expenses over revenue before the undernoted	(3,127,821)	(2,924,345)
<b>Other income:</b>		
Realized gain on sale of investments	3,651,766	1,365,317
Unrealized gain on investments	14,293,690	4,478,122
	<u>17,945,456</u>	<u>5,843,439</u>
Excess of revenue over expenses	<u>\$ 14,817,635</u>	<u>\$ 2,919,094</u>

See accompanying notes to financial statements.

# THE PHYSICIANS' SERVICES INCORPORATED FOUNDATION

## Statement of Changes in Net Assets

Year ended December 31, 2013, with comparative figures for 2012

				2013	2012
	Invested in capital assets	Internally restricted capital	Unrestricted	Total	Total
Balance, beginning of year	\$ 3,372	\$ 73,923,021	\$ -	\$ 73,926,393	\$ 71,007,299
Excess (deficiency) of revenue over expenses	(1,686)	-	14,819,321	14,817,635	2,919,094
Internally restricted capital (note 6)	-	14,819,321	(14,819,321)	-	-
Balance, end of year	\$ 1,686	\$ 88,742,342	\$ -	\$ 88,744,028	\$ 73,926,393

See accompanying notes to financial statements.

# THE PHYSICIANS' SERVICES INCORPORATED FOUNDATION

## Statement of Cash Flows

Year ended December 31, 2013, with comparative figures for 2012

	2013	2012
Cash provided by (used in):		
Operating activities:		
Cash received from:		
Investment income	\$ 2,530,377	\$ 2,443,052
Grant refunds	275,388	72,289
HST received	35,100	44,800
	<u>2,840,865</u>	<u>2,560,141</u>
Cash applied to:		
Administrative expenses	1,465,914	1,285,789
Grants paid	3,238,000	3,786,075
Pension contributions	67,036	256,071
	<u>4,770,950</u>	<u>5,327,935</u>
	(1,930,085)	(2,767,704)
Investing activities:		
Cash received from proceeds of investments:		
Bonds and debentures	3,696,802	27,175,011
Magna Vista Investment Management Equities	13,147,939	2,165,518
Connor, Clark & Lunn Investment Management Ltd. Equities	13,027,829	1,505,383
Scotia iTrade Equities	4,009,731	6,165,019
Neuberger Berman, LLP Equities	5,582,394	8,013,177
AGF Asset Management Group Equities	-	7,462,657
	<u>39,464,695</u>	<u>52,486,765</u>
Cash applied to purchase of investments:		
Bonds and debentures	3,222,768	10,135,846
Magna Vista Investment Management Equities	2,631,667	3,705,991
Connor, Clark & Lunn Investment Management Ltd. Equities	22,521,211	11,335,901
Scotia iTrade Equities	1,090,710	9,585,351
Neuberger Berman, LLP Equities	6,027,763	14,686,254
AGF Asset Management Group Equities	-	415,703
	<u>35,494,119</u>	<u>49,865,046</u>
Increase (decrease) in cash and cash equivalents	2,040,491	(145,985)
Cash and cash equivalents, beginning of year	2,788,551	2,934,536
Cash and cash equivalents, end of year	<u>\$ 4,829,042</u>	<u>\$ 2,788,551</u>
Cash and cash equivalents on hand represented by:		
Canadian dollars	\$ 3,155,841	\$ 959,576
U.S. dollars	1,673,201	1,828,975
	<u>\$ 4,829,042</u>	<u>\$ 2,788,551</u>

See accompanying notes to financial statements.

# THE PHYSICIANS' SERVICES INCORPORATED FOUNDATION

Notes to Financial Statements

Year ended December 31, 2013

The Physicians' Services Incorporated Foundation (the "Foundation") is incorporated without share capital under the laws of Ontario. Under the Income Tax Act (Canada), the Foundation is registered as a public foundation constituted for charitable purposes and, accordingly, is exempt from income taxes, provided certain requirements of the Income Tax Act (Canada) are met.

## 1. Significant accounting policies:

These financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Canada Handbook.

### (a) Revenue recognition:

Investment income which consists of dividends, interest, realized and unrealized gains and losses on investments is recognized on the accrual basis.

### (b) Cash and cash equivalents:

Cash and cash equivalents include cash on hand and short-term deposits which are highly liquid with original maturities of less than three months.

### (c) Bonds, debentures and shares:

Bonds, debentures and shares of foreign corporations and the income derived therefrom are recorded in the accounts in Canadian funds, based on the rate of exchange at the transaction settlement date.

### (d) Capital assets:

Purchased capital assets are recorded at cost. Capital assets are amortized on a straight-line basis using the following annual rates:

Asset	Rate
Computer equipment	25%

# THE PHYSICIANS' SERVICES INCORPORATED FOUNDATION

Notes to Financial Statements (continued)

Year ended December 31, 2013

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## 1. Significant accounting policies (continued):

### (e) Grants:

Grants are recognized in the statement of operations as an expense in the year the grant is approved by the Board of Directors.

### (f) Employee future benefits:

The Foundation maintains a defined benefit pension plan covering its employees. The benefits from the defined benefit pension plan are based on years of service and final average salary up to October 31, 2013. During the year, the defined benefit pension plan was closed for new entries. In addition, earnings and benefits were frozen and required contributions ceased for all members. The Foundation will make contributions directly to employees' retirement through payments directed at their Registered Retirement Savings Plans.

The Foundation uses the deferral and amortization approach to account for its defined benefit plan. The Foundation accrues its obligations under the defined benefit plan as the employees render the services necessary to earn the pension benefits. The actuarial determination of the accrued benefit obligations for pension benefits uses the projected benefit method prorated on service (which incorporates management's best estimate of future salary levels, other costs escalation, retirement ages of employees and other actuarial factors). The most recent actuarial valuation of the pension plan was as of June 1, 2012, and the next required valuation will be as of June 1, 2015.

Actuarial gains (losses) on plan assets arise from the difference between the actual return on plan assets for a period and the expected return on plan assets for that period. For the purpose of calculating the expected return on plan assets, the assets are valued at fair value. Actuarial gains (losses) on the accrued benefit obligation arise from differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation. The excess of the net accumulated actuarial gains (losses) over 10% of the greater of the accrued benefit obligation and the fair value of plan assets is amortized over the average remaining service period of active employees. The average remaining service period of the active employees covered by the pension plan is 10 years (2012 - 9 years).

# THE PHYSICIANS' SERVICES INCORPORATED FOUNDATION

Notes to Financial Statements (continued)

Year ended December 31, 2013

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## 1. Significant accounting policies (continued):

Past service costs arising from plan amendments are deferred and amortized on a straight-line basis over the expected average remaining service period of employees active at the date of amendment.

### (g) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently measured at cost or amortized cost, unless management has elected to carry the instruments at fair value. The Foundation has elected to carry its bonds and debentures at fair value.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs. These costs are amortized using the straight-line method.

Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment. If there is an indicator of impairment, the Foundation determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the highest of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Foundation expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the initial carrying value.

### (h) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Significant items subject to such estimates and assumptions include the assets and obligations related to employee future benefits. Actual results could differ from those estimates.

# THE PHYSICIANS' SERVICES INCORPORATED FOUNDATION

Notes to Financial Statements (continued)

Year ended December 31, 2013

## 2. Cash and cash equivalents:

Cash and cash equivalents include deposits in banks and short-term investments which are highly liquid with original maturities of less than three months. Components of cash and cash equivalents are as follows:

	2013	2012
Cash on deposit	\$ 2,969,865	\$ 2,488,909
Beutel Goodman Cash Management Funds	861,491	100,180
Connor, Clark and Lunn Short Term Investments	997,686	199,462
	<b>\$ 4,829,042</b>	<b>\$ 2,788,551</b>

## 3. Investments:

Investments are managed by four independent investment managers.

	Nature of investments	2013	2012
Bonds and debentures:			
Beutel Goodman and Company Limited	Canadian Fixed Income	\$ 4,993,290	\$ 5,631,711
Shares:			
Magna Vista Investment Management	Canadian Equity	21,650,206	29,113,973
Neuberger Berman, LLP	U.S. Equity	37,985,703	25,677,860
Connor, Clark & Lunn Investment Management Ltd.	Canadian Equity	22,486,838	10,117,641
Scotia itrade	Canadian Equity	1,327,638	4,030,011
		<b>\$ 83,450,385</b>	<b>\$ 68,939,485</b>



# THE PHYSICIANS' SERVICES INCORPORATED FOUNDATION

Notes to Financial Statements (continued)

Year ended December 31, 2013

#### 4. Capital assets:

				2013	2012
	Cost	Accumulated amortization		Net book value	Net book value
Furniture and equipment	\$ 28,752	\$ 28,752	\$	-	\$ -
Computer equipment	35,024	33,338		1,686	3,372
Leasehold improvements	18,141	18,141		-	-
	\$ 81,917	\$ 80,231	\$	1,686	\$ 3,372

#### 5. Grants payable:

Grants payable represent the balance of grants approved by the Board of Directors which are payable over the next two years.

#### 6. Restriction on net assets:

The Board of Directors has internally restricted the original net assets which established the Foundation as the base on which investment income would be earned annually to fund general operations and provide funds for charitable endeavours in the health field. Annually, the Board of Directors increases or decreases these internally restricted amounts depending on the level of grants awarded in the year. These internally restricted amounts are not available for other purposes without approval of the Board of Directors.

# THE PHYSICIANS' SERVICES INCORPORATED FOUNDATION

Notes to Financial Statements (continued)

Year ended December 31, 2013

## 7. Employee future benefits:

	2013	2012
Accrued benefit obligation	\$ 967,310	\$ 1,016,115
Fair value of plan assets	1,037,552	971,542
<b>Funded status - surplus (deficit)</b>	<b>\$ 70,242</b>	<b>\$ (98,573)</b>
Unamortized net actuarial loss	278,738	446,076
<b>Accrued benefit asset</b>	<b>\$ 348,980</b>	<b>\$ 347,503</b>

## 8. Lease commitments:

The Foundation has leased office premises and certain equipment under net operating leases which expire at various dates to June 30, 2017. Future minimum payments, by year and in aggregate, are as follows:

2014	\$	46,000
2015		22,071
2016		4,979
2017		790
	<b>\$</b>	<b>73,840</b>

# THE PHYSICIANS' SERVICES INCORPORATED FOUNDATION

Notes to Financial Statements (continued)

Year ended December 31, 2013

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## 9. Financial risks:

The Foundation manages its investment portfolio to earn investment income. The Foundation is not involved in any hedging relationships through its operations and does not hold or use any derivative financial instruments for trading purposes.

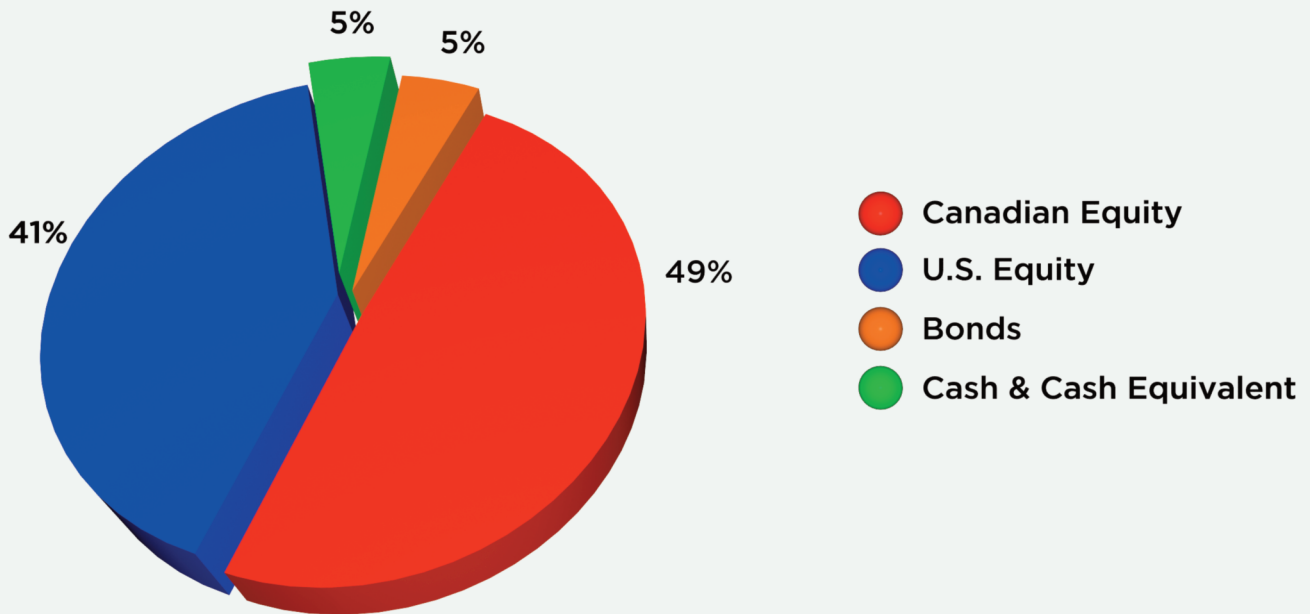
The Foundation is exposed to financial risks as a result of exchange rate fluctuations and the volatility of these rates. The Foundation is exposed to foreign exchange risk in its foreign investment portfolios.

Interest rate risk arises from fluctuations in interest rates and the degree of volatility of these rates. The Foundation is exposed to interest rate risk on its bonds and debentures investments. The Foundation manages this risk by staggering the maturity dates of its investments.

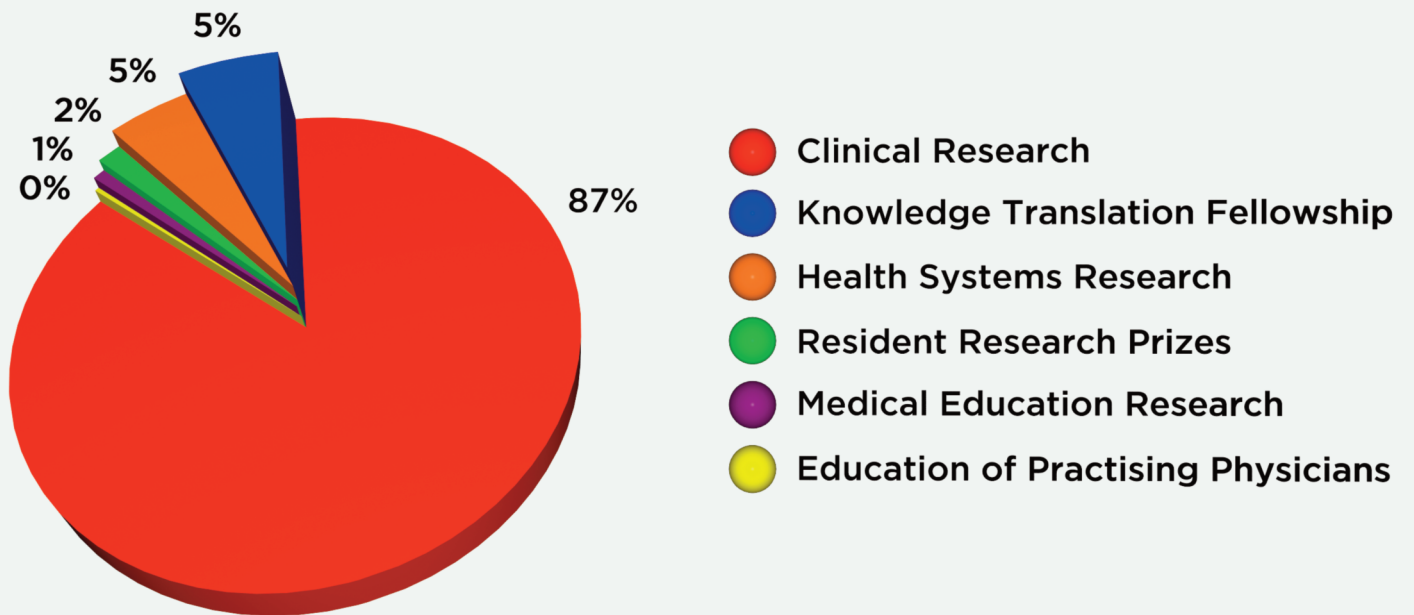
The Foundation believes that it is not exposed to significant credit risk arising from its financial instruments.

Additionally, the Foundation believes it is not exposed to significant liquidity risk as all investments are held in instruments that are highly liquid and can be disposed of to settle commitments.

2013 DISTRIBUTION OF ASSETS AT MARKET VALUE



2013 DISTRIBUTION OF ASSETS AT MARKET VALUE



# PSI FOUNDATION

## GRANTS APPROVED

FOR THE YEAR ENDED DECEMBER 31, 2013

AMOUNT  
APPROVED

### HEALTH SYSTEMS RESEARCH

#### McMaster University

Dr. K. Sabri

Pediatric eye disease video interpretation and diagnosis (PED-VID) study

\$ 109,500

Dr. S.K.P. Shivananda

Care bundle to improve oxygenation in newborns (CBION)

\$ 169,500

#### University of Ottawa

Dr. J. Harrold, Dr. R. Zemek

Epidemiology, risk factors, and characterization of neonatal visits to Ontario emergency departments

\$ 41,000

#### Mount Sinai Hospital

Dr. A.M. Morris

Evaluation of a province wide roll-out of antimicrobial stewardship programs in critical care units: a prospective, stepped-wedge observational study

\$ 81,500

#### Sunnybrook Health Sciences Centre

Dr. C.L. Atzema

Follow-up care after a visit to the Emergency Department: assessing the frequency and timeliness in patients with chronic disease exacerbations

\$ 68,500

#### Toronto General Hospital

Dr. H. Abrams, Dr. C. Bell

The Isolation Project: evaluating the impact of isolation precautions on systems outcomes and cost of care

\$ 162,500

#### Total Health Systems

\$ 632,500

### MEDICAL EDUCATION RESEARCH

#### McMaster University

Dr. D. Orlich\*, Dr. J. Sherbino

Does a just-in-time mobile simulation module improve success and time to completion in surgical cricothyroidotomy?

\$ 2,500

**GRANTS APPROVED**

FOR THE YEAR ENDED DECEMBER 31, 2013 (CONTINUED)

AMOUNT  
APPROVED**MEDICAL EDUCATION RESEARCH (CONTINUED)****University of Ottawa**

Dr. N. Dudek Feedback to supervisors: is anonymity really so important?	\$ 16,000
Dr. J.C. Hakim*, Dr. N. Fleming Health advocacy training in postgraduate obstetrics and gynecology: evaluation of a new curriculum through OSCE's	\$ 7,500

**Mount Sinai Hospital**

Dr. Z. Friedman Challenging authority during a life threatening crisis: the effect of a teaching intervention adapting aviation safety to medicine: using "Cockpit/Crisis Resource Management" for challenging critical errors by a superior	\$ 72,000
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**Western University**

Dr. J.K. Jaswal*, Dr. D.A. Palma Evaluating a novel multidisciplinary approach to teaching Radiation Oncology	\$ 10,500
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**Total Medical Education**

	\$ 108,500
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**CLINICAL RESEARCH****McMaster University**

Dr. M. Bhandari, Dr. P.J. Devereaux HIP fracture accelerated surgical treatment and care track (HIP ATTACK) trial	\$ 168,500
Dr. M.M. Chiavaras Impact of platelet rich plasma over alternative therapies in patients with lateral epicondylitis (IMPROVE): a multicenter, randomized trial comparing autologous platelet rich plasma (PRP) versus autologous whole blood versus dry needle tendon fenestration on pain and quality of life in patients with lateral epicondylitis	\$ 167,500
Dr. D.Cook Probiotics: prevention of severe pneumonia and endotracheal colonization trial (PROSPECT): a feasibility clinical trial	\$ 168,000
Dr. J. Frei*, Dr. L. Giglia Troponin T levels as a marker for cardiac ischemia associated with in utero cocaine exposure	\$ 11,500
Dr. A. Gangji A study of fluid-volume status by bio-impedance analysis in septic ICU patients	\$ 162,500
Dr. C. Lee, Dr. P. Moayyedi A prospective randomized double-blind trial of fresh versus frozen-and-thawed human biotherapy for recurrent <i>Clostridium difficile</i> infection	\$ 169,500
Dr. D.M. Liu*, Dr. V. Belostotsky Fibroblast growth factor-23 (FGF-23) and renal function in children with chronic kidney disease	\$ 500
Dr. J. Neary Colchicine for prevention of perioperative atrial fibrillation in patients undergoing thoracic surgery (COP-AF) pilot trial	\$ 46,000

**GRANTS APPROVED**

FOR THE YEAR ENDED DECEMBER 31, 2013 (CONTINUED)

AMOUNT  
APPROVED**CLINICAL RESEARCH (CONTINUED)****Queen's University**

Dr. B. Bielawska*, Dr. L.C. Hookey Endoscopist factors and risk of perforation in adult colonoscopy: an Ontario population-based study	\$ 20,000
Dr. K. McIntosh, Dr. W. Paterson Is non-cardiac chest pain caused by sustained longitudinal smooth muscle contraction?	\$ 11,000
Dr. A. Tucker* Dr. R. Bicknell Treatment of adhesive capsulitis: a randomized placebo-controlled trial comparing arthrographic joint distention with steroid and local anesthetic versus arthrographic joint distention with local anesthetic alone	\$ 19,500

**University of Ottawa**

Dr. E. Leclair*, Dr. N. Fleming Factors which impact breastfeeding in adolescent pregnancies: a cohort study	\$ 8,000
Dr. L.E. Reid*, Dr. N. Dudek Going places: does the two-minute walk test predict the six-minute walk test in lower extremity amputees?	\$ 11,500
Dr. J. Warman Chardon*, Dr. K. Boycott Evaluating exome sequencing for the diagnosis of limb girdle muscular dystrophy	\$ 18,000
Dr. R. Wu*, Dr. R.P. Boushey The evaluation of a rectal cancer decision aid and the factors influencing its implementation in clinical practice	\$ 20,000

**Hospital for Sick Children**

Dr. L.R. Brandao Fluid accumulation in pediatric post-thrombotic syndrome	\$ 52,500
Dr. M. Carter Investigating the "Two-Hit Hypothesis" for neurodevelopmental disorders associated with recurrent copy number variants 22q11.2 microduplication and 15q11.2 microdeletion	\$ 102,500
Dr. J. Catapano*, Dr. G.H. Borschel Enhancement of nerve regeneration with aminopropyl carbazoles following nerve injury	\$ 20,000
Dr. J. Phillips, Dr. J. Drake Mathematical optimization of pediatric cranial vault remodeling and robotic CO <sub>2</sub> etching of skull contours	\$ 169,000
Dr. K. Schwartz*, Dr. U. Allen Immunogenicity and safety of human papilloma virus vaccine in solid organ transplant recipients	\$ 20,000

**Mount Sinai Hospital**

Dr. E. Fan The importance of spontaneous breathing efforts in mechanically ventilated patients with acute respiratory distress syndrome	\$ 170,000
Dr. N. Ferguson, Dr. E. Fan Strategies for optimal lung ventilation in ECMO for ARDS: The SOLVE ARDS Study	\$ 57,500

**GRANTS APPROVED**

FOR THE YEAR ENDED DECEMBER 31, 2013 (CONTINUED)

AMOUNT  
APPROVED**CLINICAL RESEARCH (CONTINUED)****Princess Margaret Hospital**

Dr. M.C. Sklar*, Dr. D.P. Goldstein Does frailty predict outcomes in elderly patients undergoing major head neck oncologic surgery?	\$ 19,000
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**St. Michael's Hospital**

Dr. N. Goldenberg*, Dr. J. Laffey The role of cystic fibrosis transmembrane conductance regulator and transient receptor potential channels in hypoxic pulmonary vasoconstriction	\$ 19,000
Dr. J.J. Graham, Dr. J. Weinstein Renal denervation for resistant hypertension: renal mechanisms, efficacy and safety	\$ 164,000
Dr. J. Laffey Determination of the therapeutic potential of human mesenchymal stem/stromal cells for sepsis induced ALI/ARDS	\$ 165,000
Dr. D.N. Levin*, Dr. A. Hong A randomized controlled trial of Cesamet (nabilone) for the prevention of postoperative nausea and vomiting in elective outpatient surgery	\$ 19,500
Dr. J. Maguire, Dr. M. Walker Determinants of late preterm birth	\$ 77,500
Dr. M.D. McKee, Dr. E.H. Schemitsch Operative versus non-operative treatment of acute unstable chest wall injuries: a multi centered randomized controlled trial	\$ 126,000
Dr. E. Watts*, Dr. E.H. Schemitsch Endothelial progenitor cells for the biological augmentation of rotator cuff repair	\$ 20,000

**Sunnybrook Health Sciences Centre**

Dr. M.E. Wilcox, Dr. G. Rubinfeld COGWELL: COGNitive outcomes and WELLness in survivors of critical illness	\$ 139,000
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**Toronto General Hospital**

Dr. M.H. Chui*, Dr. B.A. Clarke Genomic analysis of uterine leiomyosarcomas	\$ 20,000
Dr. A.F. Huang*, Dr. H. Clarke Reducing the incidence and severity of post-thoracotomy pain syndrome: a randomized, double blind, study comparing a novel intracostal closure technique to the classical pericostal suture closure technique	\$ 16,000
Dr. S. Husain Comparison of galactomanan in exhaled breath condensate and bronchoalveolar lavage for pulmonary invasive aspergillosis in immunocompromised individuals	\$ 103,000
Dr. L.E. Tile, Dr. A.M.W. Cheung Effect of teriparatide in fracture healing in patients with incomplete atypical femur fractures: a randomized controlled trial (The TAFF Trial)	\$ 170,000

**Toronto Western Hospital**

Dr. E.C. Goligher, Dr. N.D. Ferguson Diaphragm monitoring techniques for muscle-protective mechanical ventilation: evaluating validity, reliability and feasibility	\$ 119,500
Dr. S.R. Johnson Improving the validity of treatment effect estimates from observational data of uncommon diseases. The scleroderma lung transplant survival mode	\$ 169,500



**GRANTS APPROVED**

FOR THE YEAR ENDED DECEMBER 31, 2013 (CONTINUED)

AMOUNT  
APPROVED

## CLINICAL RESEARCH (CONTINUED)

**Women's College Hospital**

Dr. S.A. Jamal, Dr. C. Lok

Exercise in CKD: a pilot study

\$ 56,000

**Western University**

Dr. N. Duggal, Dr. M. Goodale

Neural plasticity associated with the loss and recovery of vision in patients with pituitary tumours before and after medical or surgical intervention

\$ 139,500

Dr. M.H. Livingston\*, Dr. S. Jones

Novel assessment of ingrown toenails treated by excision of the skinfold rather than toenail (NAILTEST): a prospective cohort study of the Vandebos procedure in children and adolescents

\$ 20,000

Dr. S. Petis\*, Dr. E. Vasarhelyi

A randomized trial comparing the direct lateral, anterior, and posterior approach: imaging and clinical outcomes in total hip arthroplasty

\$ 19,500

Dr. P.D. Violette, Dr. H. Razni

A randomized controlled trial assessing the efficacy of antimicrobial prophylaxis for extracorporeal shock wave lithotripsy on reducing urinary tract infection

\$ 102,000

**Total Clinical****\$ 3,277,500****PSI Graham Farquharson Knowledge Translation Fellowship**

Dr. N.A. Jumah

\$ 300,000

**GRAND TOTAL****\$ 4,318,500**

\* Investigators funded under the Resident Research Program

## PSI FOUNDATION

## RESIDENT RESEARCH PRIZES

## FOR EXCELLENCE IN RESEARCH PAPERS 2013

TITLE OF PAPER	AWARDEE	DEPARTMENT
<b>Queen's University</b> Effects of ginger for nausea and vomiting in early pregnancy: a meta-analysis	Thomson, M.	Family Medicine
Risk factors for early colonoscopic perforation include non-gastroenterologist endoscopists: Results of a large multivariable analysis	Bielawska, B.	Internal Medicine
Mitral valve e-point to septal separation: a better way for emergency physicians to assess left ventricular function?	McKaigney, C.	Emergency Medicine
Anatomic distribution of gadolinium by high-resolution magnetic resonance imaging after peribular and retrobulbar injections	Almeida, D.	Ophthalmology
Carotid artery thickness and plaque quantified by carotid ultrasound is associated with angiographic coronary stenosis	Behl, P.	Internal Medicine
<b>McMaster University</b> The effect of distributed and mixed practice on acquisition of ECB interpretation skills	Manolakos, J.	Internal Medicine
Risk of bias in Plastic Surgery clinical trials: a systematic review	Voineskos, S.	Plastic Surgery
A statistical model for estimating total quality defects from two imperfect detectors in a healthcare setting	Daniels, J.	Anatomical Pathology
Peri-operative anti-TNF $\alpha$ treatment and post-operative complications in patients with inflammatory bowel disease	Narula, N.	Gastroenterology
Factors affecting pediatric isotonic fluid resuscitation efficiency: a randomized control trial evaluating the impact of syringe size (The Pediatric FAST Fluid Trial)	Harvey, G.	Pediatrics
<b>Western University</b> Local resection compared to radical resection in the treatment of T1N0M0 rectal adenocarcinoma: a systematic review and meta-analysis	Kidane, B.	General Surgery
Development of a rodent model for the study of abdominal compartment syndrome	Chadi, S.	General Surgery
Intracranial pressure monitors and mortality in pediatric severe traumatic brain injury	Hochstadter, E.	Paediatrics
Statin toxicity from macrolide antibiotic coprescription: a population-based cohort study	Patel, A.	Internal Medicine

**RESIDENT RESEARCH PRIZES**

FOR EXCELLENCE IN RESEARCH PAPERS 2013 (CONTINUED)

TITLE OF PAPER	AWARDEE	DEPARTMENT
The use of “spin” in laparoscopic lower GI surgical trials with non-significant results: an assessment of reporting and interpretation of the primary outcomes	Patel, S.	General Surgery
<b>University of Ottawa</b>		
Association of study quality with completeness of reporting: has completeness of reporting and quality of systematic reviews and meta-analyses in major Radiology journals changed since publication of the preferred reporting items for systematic reviews and meta-analyses statement?	Tunis, A.	Diagnostic Radiology
Finding the ideal biomaterial for aortic valve repair	Toeg, H.	Cardiac Surgery
Looking back, moving forward: an analysis of complaints submitted to a tertiary care radiology department and lessons learned	Robins, J.	Diagnostic Radiology
The association of MR axial skeleton patterns with survival in breast cancer patients with bone metastases	Van der Pol, C.	Diagnostic Radiology
Outpatient treatment of symptomatic pulmonary embolism: a systematic review and meta-analysis	Piran, S.	Internal Medicine
<b>Northern Ontario School of Medicine</b>		
Patients’ preferences for successful methods of smoking cessation	Boissonnault, L. Levesque, A.	Family Medicine
Screening for and identification of the timing of depressive episodes in medical students during their first year at the Northern Ontario School of Medicine (NOSM)	DiMeo, M.	Family Medicine
Critical event training in NOSM’s Family Medicine residency program: graduate perspectives and opportunities	Parker, J.	Family Medicine
Retrospective review of the modified early warning score (MEWS) in critical ill surgical inpatients at a Canadian hospital	Tessier, A.	General Surgery
Factors influencing parental decisions about HPV immunization for their daughters in the Greater Sudbury Area	Wang, x.	Public Health and Preventative Medicine
<b>University of Toronto</b>		
Subcallosal cingulate deep brain stimulation for treatment-refractory anorexia nervosa: a phase 1 pilot trial	Lipsman, N.	Neurosurgery
Reducing antimicrobial therapy for asymptomatic bacteriuria in hospitalized patients: a controlled before-after study	Leis, J.	Infectious Diseases
Late gadolinium enhancement on cardiac MRI predicts adverse clinical outcomes in patients with apical hypertrophic cardiomyopathy	Hanneman, K.	Diagnostic Radiology

**RESIDENT RESEARCH PRIZES**

## FOR EXCELLENCE IN RESEARCH PAPERS 2013 (CONTINUED)

TITLE OF PAPER	AWARDEE	DEPARTMENT
Genomic instability at common fragile sites (CFSs) is associated with less favourable outcome in patients with intermediate-risk prostate cancer (IR-CaP)	Fotouhi Ghiam, A.	Radiation Oncology
Demonstration of anatomical development of the human macula within the first five years of life using Bioptigen Optical Coherence Tomography (OCT)	Alabduljalil, T.	Ophthalmology

## PSI FOUNDATION

RECENTLY PUBLISHED PAPERS  
ON FOUNDATION FUNDED PROJECTS

TITLE	GRANTEE	JOURNAL
eNOS deficiency predisposes podocytes to injury in diabetes	Advani, A.	J Am Soc Nephrol, 2012 Nov; 23(11):1810-23
The endothelium in diabetic nephropathy	Advani, A.	Semin Nephrol, 2012 Mar;32(2):199-207
Rehabilitation of the medial- and lateral collateral ligament-deficient elbow: an in vitro biomechanical study	Alolabi, B. King, G.J.W.	J Hand Ther. 2012 Oct;25(4):363-72
Nerve injury triggers changes in the brain	Anastakis, D.J. Davis, K.D.	Neuroscientist. 2011 Aug;17(4):407-22
Metabolite measurements in the caudate nucleus, anterior cingulate cortex and hippocampus among patients with mitochondrial disorders: a case-control study using proton magnetic resonance spectroscopy	Anglin, R.E. Rosebush, P.I.	CMAJ Open 2013. DOI: 10.9778/cmajo.20120020
Uropathogenic <i>E. coli</i> infection provokes epigenetic downregulation of CDKN2A (p16INK4A) in uroepithelial cells	Bagli, D.J.	Lab Invest. 2011 Jun;91(6):825-36
Evaluating patient values and preferences for thromboprophylaxis decision making during pregnancy: a study protocol	Bates, S.M.	BMC Pregnancy Childbirth, 2012 May 30;12:40
Intensive care unit-acquired weakness: clinical phenotypes and molecular mechanisms	Batt, J.	Am J Respir Crit Care Med. 2013 Feb 1;187(3):238-46
Femoral neck shortening after internal fixation of a femoral neck fracture	Bhandari, M.	Orthopedics. 2013 Jul;36(7):e849-58
The societal costs of femoral neck fracture patients treated with internal fixation	Bhandari, M.	Osteoporos Int. 2013 Sep 27. [Epub ahead of print]
Bias towards dementia: are hip fracture trials excluding too many patients? A systematic review	Bhandari, M.	Injury, 2012 Dec;43(12):1978-84
Effect of the low risk ankle rule on the frequency of radiography in children with ankle injuries	Boutis, K.	CMAJ. 2013 Oct 15;185(15):E731-8
Wean earlier and automatically with new technology (the WEAN study). A multicenter, pilot randomized controlled trial	Burns, K.E.A. Lellouche, F.	Am J Respir Crit Care Med. 2013 Jun 1;187(11):1203-11
Discovery of biomarkers of endometrial receptivity through a minimally invasive approach: a validation study with implications for assisted reproduction	Chan, C. Greenblatt, E.M.	Fertil Steril. 2013 Sep;100(3):810-7

## RECENTLY PUBLISHED PAPERS

## ON FOUNDATION FUNDED PROJECTS (CONTINUED)

TITLE	GRANTEE	JOURNAL
Oxygen desaturation index from nocturnal oximetry: a sensitive and specific tool to detect sleep-disordered breathing in surgical patients	Chung, F.	Anesth Analg 2012 May;114(5):993-1000
Impact of impairment and secondary health conditions on health preference among Canadians with chronic spinal cord injury	Craven, C.	J Spinal Cord Med, 2012 Sep;35(5):361-70
Anemia increases the risk of renal cortical and medullary hypoxia during cardiopulmonary bypass	Darby, P.J. Mazer, C.D.	Perfusion. 2013 Nov;28(6):504-11
Prognosis of delirium in hospitalized elderly: worse than we thought	Dasgupta, M.	Int J Geriatr Psychiatry. 2013 Oct 3. [Epub ahead of print]
Cholecystostomy: a bridge to hospital discharge but not delayed cholecystectomy	de Mestral, C. Nathens, A.B.	J Trauma Acute Care Surg, 2013 Jan;74(1):175-9
A population-based analysis of the clinical course of 10,304 patients with acute cholecystitis, discharged without cholecystectomy	de Mestral, C. Nathens, A.B.	J Trauma Acute Care Surg, 2013 Jan; 74(1):26-30
Microarray meta-analysis identifies acute lung injury biomarkers in donor lungs that predict development of primary graft failure in recipients	dos Santos, C.	PLoS One. 2012;7(10):e45506
Early perfusion computerized tomography imaging as a radiographic surrogate for delayed cerebral ischemia and functional outcome after subarachnoid hemorrhage	Etminan, N.	Stroke. 2013 May;44(5):1260-6
Exploring the age of intracranial aneurysms using carbon birth dating: preliminary results	Etminan, N.	Stroke. 2013 Mar;44(3):799-802
The relationship between localized subarachnoid inflammation and parenchymal pathophysiology after spinal cord injury	Fehlings, M.G.	J Neurotrauma, 2012 Jul 1;29(10):1838-49
High molecular weight hyaluronan reduces lipopolysaccharide mediated microglial activation	Fehlings, M.G.	J Neurochem. 2012 Jul;122(2):344-55
Doing good, feeling good, and having more: resources mediate the health benefits of altruism differently for males and females with lumbar spine disorders	Finkelstein, J.A.	Applied Research in Quality of Life, Sep 2012; 7(3): 263-279
Successful discharge of children with gastroenteritis requiring intravenous rehydration	Freedman, S.B. Parkin, P.C.	J Emerg Med. 2013 Aug 29. pii: S0736- 4679(13)00602-1
Bolus fluid therapy and sodium homeostasis in paediatric gastroenteritis	Freedman, S.B.	J Paediatr Child Health. 2013 Mar;49(3):215-22

## RECENTLY PUBLISHED PAPERS

## ON FOUNDATION FUNDED PROJECTS (CONTINUED)

TITLE	GRANTEE	JOURNAL
The long-term quality of life of living kidney donors: a multicenter cohort study	Garg, A.	Am J Transplant, 2011 Mar;11(3):463-9
Prophylactic antibiotic regimens in tumour surgery (PARITY): protocol for a multicentre randomised controlled study	Ghert, M. Bhandari, M.	BMJ Open, 2012 Nov 28;2(6)
High infection rate outcomes in long-bone tumor surgery with endoprosthetic reconstruction in adults: a systematic review	Ghert, M.	Clin Orthop Relat Res. 2013 Jun;471(6):2017-27
Prophylactic antibiotic regimens in tumor surgery (PARITY) survey	Ghert, M. Bhandari, M.	BMC Musculoskelet Disord, 2012 Jun 7;13:91
Early outgrowth cells release soluble endocrine antifibrotic factors that reduce progressive organ fibrosis	Gilbert R.E.	Stem Cells. 2013 Nov;31(11):2408-19
Early-outgrowth bone marrow cells attenuate renal injury and dysfunction via an antioxidant effect in a mouse model of type 2 diabetes	Gilbert R.E.	Diabetes. 2012 Aug;61(8):2114-25
Culture-modified bone marrow cells attenuate cardiac and renal injury in a chronic kidney disease rat model via a novel antifibrotic mechanism	Gilbert R.E.	PLoS One 2010 Mar 4;5(3):e9543
The prognostic impact of tumour-associated macrophages and Reed-Steinberg cells in paediatric Hodgkin lymphoma	Gupta, S. Punnett, A.	In press
Asthma action plans are highly variable and do not conform to best visual design practices	Gupta, S. Straus, S.E.	Ann Allergy Asthma Immunol. 2012 Apr;108(4):260-5.e2
An asthma action plan created by physician, educator and patient online collaboration with usability and visual design optimization	Gupta, S. Straus, S.E.	Respiration, 2012; 84(5):406-15
Statins and intracerebral hemorrhage: a retrospective cohort study	Hackam, D.G. Kapral, M.K.	Arch Neurol, 2012 Jan;69(1):39-4
Statins and intracerebral hemorrhage: collaborative systematic review and meta-analysis	Hackam, D.G.	Circulation, 2011 Nov 15;124(20):2233-42
Absence of chronic traumatic encephalopathy in retired football players with multiple concussions and neurological symptomatology	Hazrati, L.	Front Hum Neurosci 2013 May 24;7:222
Radiologic outcomes at 5 years after severe ARDS	Herridge, M.S.	Chest. 2013 Apr;143(4):920-6
Hemispheric asymmetry in white matter connectivity of the temporoparietal junction with the insula and prefrontal cortex	Hodaie, M. Davis, K.D.	PLoS One, 2012; 7(4):e35589

## RECENTLY PUBLISHED PAPERS

## ON FOUNDATION FUNDED PROJECTS (CONTINUED)

TITLE	GRANTEE	JOURNAL
The clinical utility of FRAX to discriminate fracture status in men and women with chronic kidney disease	Jamal, S.A.	Osteoporos Int. 2013 Oct 11. [Epub ahead of print]
Osteoprotegerin and fractures in men and women with chronic kidney disease	Jamal, S.A.	J Bone Miner Metab. 2013 Oct 11. [Epub ahead of print]
Nitrates and bone turnover (NABT) - trial to select the best nitrate preparation: study protocol for a randomized controlled trial	Jamal, S.A.	Trials. 2013 Sep 8; 14(1):284
Recruiting postmenopausal women into randomized controlled trials: a patient perspective	Jamal, S.A.	J Women's Health Care 2:127
Wound coverage technologies in burn care: novel techniques	Jeschke, M.G.	J Burn Care Res. 2013 Nov-Dec;34(6):612-20
Work-related burn injuries in Ontario, Canada: a follow-up 10-year retrospective study	Jeschke, M.G.	Burns. 2013 Sep;39(6):1091-5
Perturbed mononuclear phagocyte system in severely burned and septic patients	Jeschke, M.G.	Shock. 2013 Aug;40(2):81-8
Norepinephrine inhibits macrophage migration by decreasing CCR2 expression	Jeschke, M.G.	PLoS ONE 8(7):e69167
XBP-1s is linked to suppressed gluconeogenesis in the ebb phase of burn injury	Jeschke, M.G.	Mol Med 2013 May 20;19:72-8
Genomic responses in mouse models poorly mimic human inflammatory diseases	Jeschke, M.G.	Proc Natl Acad Sci U S A. 2013 Feb 26;110(9):3507-12
The effects of metformin on burn induced hepatic endoplasmic reticulum stress in male rats	Jeschke, M.G.	Mol Med, 2013 Jan 16. Epub ahead of print]
Enteral nutrition support in burn care: a review of current recommendations as instituted in the Ross Tilley Burn Centre	Jeschke, M.G.	Nutrients. 2012 Oct 29;4(11):1554-65
Hyperglycemia exacerbates burn-induced liver inflammation via noncanonical nuclear factor- $\kappa$ B pathway activation	Jeschke, M.G.	Mol Med, 2012 Sep 7; 18:948-56
Propranolol improves impaired hepatic phosphatidylinositol 3-kinase/Akt signaling after burn injury	Jeschke, M.G.	Mol Med, 2012 May 9; J18:707-11
Endoplasmic reticulum stress and insulin resistance post-trauma: similarities to type 2 diabetes	Jeschke, M.G.	J Cell Mol Med 2012 Mar;16(3):437-44



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## ON FOUNDATION FUNDED PROJECTS (CONTINUED)

TITLE	GRANTEE	JOURNAL
Clinical features distinguish eosinophilic and reflux-induced esophagitis	Justinich, C.J.	J Pediatr Gastroenterol J Nutr. 2013 Mar;56(3):263-70
Atopic and non-atopic eosinophilic oesophagitis are distinguished by immunoglobulin E-bearing intraepithelial mast cells	Justinich, C.J.	Histopathology. 2012 Nov;61(5):810-22
Expression of toll-like receptors 2 and 3 on esophageal epithelial cell lines and on eosinophils during esophagitis	Justinich, C.J.	Dig Dis Sci. 2012 Mar;57(3):630-42
Impact of Crohn disease on eosinophilic esophagitis: evidence for an altered T(H)1-T(H)2 immune response	Justinich, C.J.	J Pediatr Gastroenterol Nutr, 2011 Aug;53(2): 213-5
Understanding eosinophilic esophagitis: the cellular and molecular mechanisms of an emerging disease	Justinich, C.J.	Mucosal Immunol. 2011 Mar;4(2):139-47
Antigen presentation and MHC class II expression by human esophageal epithelial cells: role in eosinophilic esophagitis	Justinich, C.J.	Am J Pathol. 2011 Feb;178(2):744-53
Quantification of perioperative changes in von Willebrand factor and factor VIII during elective orthopaedic surgery in normal individuals	Kahlon, A. James, P.	Haemophilia. 2013 Sep;19(5):758-64
Emotional effects of continuity of care on family physicians and the therapeutic relationship	Kerr, J.	Can Fam Physician, 2012 Feb;58(2):178-85
A systematic review and meta-analysis of the prevalence of chlamydia, gonorrhoea and syphilis in incarcerated persons	Kouyoumdjian, F.G.	Int J STD AIDS, 2012 Apr;23(4):248-54
Correlates of saphenous vein graft hyperplasia and occlusion 1 year after coronary artery bypass grafting: analysis from the CASCADE randomized trial	Kulik, A. Ruel, M.	Circulation. 2013 Sep 10;128 (11 Suppl 1):S213-8
Does high-density lipoprotein influence the development of saphenous vein graft disease after coronary bypass surgery?: Exploratory analysis from the CASCADE trial	Kulik, A. Ruel, M.	J Cardiothorac Surg. 2013 Jul 10;8(1):172. [Epub ahead of print]
Healing rates and subscapularis fatty infiltration after lesser tuberosity osteotomy versus subscapularis peel for exposure during shoulder arthroplasty	Lapner, P.	J Shoulder Elbow Surg, 2012 Aug 31 [Epub ahead of print]
Comparison of lesser tuberosity osteotomy to subscapularis peel in shoulder arthroplasty: a randomized controlled trial	Lapner, P.	J Bone Joint Surg Am., 2012 Dec 19;94 (24):2239-4
Influenza infects lung microvascular endothelium leading to microvascular leak: role of apoptosis and claudin-5	Lee, W.L.	PLoS One. 2012;7(10):e47323
Tie2-dependent neovascularization of the ischemic hindlimb is mediated by angiotensin-2	Lekas, M. Stewart, D.J.	PLoS One. 2012; 7(9):e43568

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## ON FOUNDATION FUNDED PROJECTS (CONTINUED)

TITLE	GRANTEE	JOURNAL
Efficacy of admission screening for extended-spectrum beta-lactamase producing Enterobacteriaceae	Lowe, C.F. Muller, M.P.	PLoS One. 2013 Apr 26;8(4):e62678
Pharmacologic reduction of angiographic vasospasm in experimental subarachnoid hemorrhage: systematic review and meta-analysis	Macdonald, R.L.	J Cereb Blood Flow Metab. 2012 Sep; 32(9):1645-58
Cisternal sustained release dihydropyridines for subarachnoid hemorrhage	Macdonald, R.L.	Curr Neurovasc Res. 2012 May;9(2):139-48
Celecoxib increases SMN and survival in a severe spinal muscular atrophy mouse model via p38 pathway activation	MacKenzie, A.	Hum Mol Genet. 2013 Sep 1;22(17):3415-24
Environmental enrichment may protect against hippocampal atrophy in the chronic stages of traumatic brain injury	Mikulis, D. Green, R.E.A.	Front Hum Neurosci. 2013 Sep 24;7:506
Color Doppler US of normal cerebral venous sinuses in neonates: a comparison with MR venography	Miller, E. Shroff, M.	Pediatr Radiol 2012 Sep;42(9):1070-9
Impact of stress on resident performance in simulated trauma scenarios	Nathens, A.B. Harvey, A.	J Trauma Acute Care Surg. 2012 Feb;72(2): 497-503
Infant flow biphasic nasal continuous positive airway pressure (BP- NCPAP) vs. infant flow NCPAP for the facilitation of extubation in infants' $\leq 1,250$ grams: a randomized controlled trial	O'Brien, K. Shah, V.	BMC Pediatr, 2012 Apr 4;12:43
Expression of nuclear receptor coactivators in the human fetal membranes at term before and after labor	Ou, C-W.R. Gibb, W.	Obstet Gynecol Int, 2012;2012:717294
The rationale and design of Insight into Nephrotic Syndrome: Investigating Genes, Health and Therapeutics (INSIGHT): a prospective cohort study of childhood nephrotic syndrome	Parekh, R.S.	BMC Nephrol, 2013 Jan 26;14(1):25. [Epub ahead of print]
Stool substitute transplant therapy for the eradication of Clostridium difficile infection: 'RePOOPulating' the gut	Petrof, E.O.	Mircobiome 2013, 1:3
Improving physician-patient communication through coaching of simulated encounters	Ravitz, P.	Acad Psychiatry. 2013 Mar 1;37(2):87-93
Can ultrasound of the tibial nerve detect diabetic peripheral neuropathy? A cross-sectional study	Riazi, S. Brull, R.	Diabetes Care. 2012 Dec;35(12):2575-9
The myth of informed consent in rectal cancer surgery: what do patients retain?	Scheer, A.S.	Dis Colon Rectum, 2012 Sep;55(9):970-5
Disparities in attendance at diabetes self-management education programs after diagnosis in Ontario, Canada: a cohort study	Shah, B.R.	BMC Public Health, 2013 Jan 30;13:85

## RECENTLY PUBLISHED PAPERS

## ON FOUNDATION FUNDED PROJECTS (CONTINUED)

TITLE	GRANTEE	JOURNAL
Identifying a high risk cardiovascular phenotype by carotid MRI-depicted intraplaque hemorrhage	Singh, N. Moody, A.R.	Int J Cardiovasc Imaging. 2013 Oct;29(7):1477-83
Magnetic resonance imaging of carotid atherosclerosis and the risk of stroke	Singh, N. Moody, A.R.	Curr Cardiovasc Imaging Rep. 2013;6(1):25-33
Chronic carbon monoxide inhalation during pregnancy augments uterine artery blood flow and uteroplacental vascular growth in mice	Smith, G.N.	Am J Physiol Regul Integr Comp Physiol. 2013 Oct;305(8):R939-48
Review of transplantation of neural stem/progenitor cells for spinal cord injury	Tator, C.H.	Int J Dev Neurosci. 2013 Nov;31(7):701-13
Advances in stem cell therapy for spinal cord injury	Tator, C.H.	J Clin Invest, 2012 Nov 1; 122(11):3824-34
Automated quantitative analysis of p53, cyclin D1, Ki6 and pERK expression in breast carcinoma does not differ from expert Pathologist scoring and correlates with clinico-pathological characteristics	Varma, S. SenGupta, S.K.	Cancers 2012, 4, 725-742
Absence of chronic traumatic encephalopathy in retired football players with multiple concussions and neurological symptomatology	Wennberg, R. Tator, C.H.	Front Hum Neurosci. 2013 May 24;7:222
"It gives me a sense of belonging": providing integrated health care and treatment to people with HCV engaged in a psycho-educational support group	Woolhouse, S.	Int J Drug Policy. 2013 Jul 13. pii: S0955-3959(13)00092-3
Development, feasibility, validity, and reliability of a scale for objective assessment of operative performance in laparoscopic gastric bypass surgery	Zevin, B. Grantcharov, T.P.	J Am Coll Surg. 2013 May;216(5):955-965.e8; quiz 1029-31, 1033
Development, feasibility, validity, and reliability of a scale for objective assessment of operative performance in laparoscopic gastric bypass surgery	Zevin, B. Grantcharov, T.P.	J Am Coll Surg. 2013 May;216(5):955-965.e8; quiz 1029-31, 1033

## 2014 GRANTEE ANNUAL MEETING PRESENTERS

**DR. ELAINE PETROF, QUEEN'S UNIVERSITY**

Dr. Petrof is an Assistant Professor in the Department of Medicine and the Gastrointestinal Diseases Research Unit at Queen's University. She also has a cross-appointment to the Department of Biomedical and Molecular Sciences. She completed a M.Sc. in Pharmacology at the University of Ottawa before obtaining her M.D. from the University of Toronto.

Her research focuses on the role of "good" gut microbes during inflammation and stress, and treatments for the management of inflammatory intestinal diseases. She has published in journals such as *Gastroenterology*, *Critical Care Medicine* and *Microbiome*.



Dr. Elaine Petrof

**DR. ANDREA GERSHON, SUNNYBROOK HEALTH SCIENCES CENTRE**

Dr. Gershon received both her M.D. and her M.Sc. in Clinical Epidemiology and Health Care Research from the University of Toronto. She is an Assistant Professor at the University of Toronto and the Research Director of the Division of Respiratory at Sunnybrook Health Sciences Centre. She is also a scientist at Sunnybrook Research Institute and Respiratory Program Lead at the Institute for Clinical Evaluative Sciences.

The Fellowship will allow Dr. Gershon to conduct translational research to develop methods to measure quality of care for people with Chronic Obstructive Pulmonary Disease (COPD). This will be the first step in a program designed to improve the care and health of the hundreds of thousands of people with COPD living in Ontario.



Dr. Andrea Gershon

## 2014 RESIDENT POSTER PRESENTERS

### DR. NAVNEET SINGH, UNIVERSITY OF TORONTO

Dr. Singh is currently a Resident in the Diagnostic Radiology program at the University of Toronto. He received his medical degree from the University of Toronto. Dr. Singh was funded by PSI in 2012, along with his supervisor Dr. Alan Moody. His research project entitled "The ability of routine clinical high resolution 3-tesla MR imaging of carotid intraplaque hemorrhage to identify vulnerable cardiovascular and cerebrovascular patients" resulted in publications in the International Journal of Cardiovascular Imaging and Current Cardiovascular Imaging Reports in 2013.

### DR. DAVIN JOHNSON, QUEEN'S UNIVERSITY

Dr. Johnson is currently a Resident in the Ophthalmology program at Queen's University. He received his medical degree from Queen's University. Dr. Johnson was funded by PSI in 2012, along with his supervisor Dr. Sanjay Sharma. His research project "Systemic absorption of bevacizumab and ranibizumab in humans treated for choroidal neovascularization secondary to age-related macular degeneration" is expected to be published in 2014.

### DR. LUC DUBOIS, WESTERN UNIVERSITY

Dr. Dubois is currently an Assistant Professor of Surgery at Western University in the Division of Vascular Surgery. He completed residencies in General and Vascular Surgery and received his medical degree from Western University. Dr. Dubois was funded by PSI in 2012, along with his supervisor Dr. Thomas Forbes. His research project "APPROPRIATE study: assessing patient outcomes presented in randomized trials of endovascular aortic surgery" resulted in a publication in the Journal of Vascular Surgery, currently in press.

### DR. FIONA KOUYOUMDJIAN, MCMASTER UNIVERSITY

Dr. Kouyoumdjian is currently a Postdoctoral Fellow at the Centre for Research on Inner City Health at St. Michael's Hospital in Toronto. She has a Fellowship from the Canadian Institutes for Health Research. She completed her Residency in Public Health and Preventive Medicine in 2011 and her PhD in Epidemiology in 2012. Dr. Kouyoumdjian was funded by PSI as a resident at the University of Toronto, under the supervision of Dr. Cheryl Main of McMaster University. Her research project "Chlamydia and gonorrhea in male inmates on intake to an Ontario jail" resulted in publications in the International Journal of STD & AIDS in 2012 and the Canadian Journal of Public Health in 2011.

## VISION STATEMENT

### BACKGROUND

When the Foundation was established in 1970 it was agreed that it should primarily be a granting agency rather than an operating agency and it continues to be managed by the physicians of Ontario. It was mandated by the Board of the new foundation, and the participating physicians, that the Foundation's prime objective should be the provision of funds solely within the health field.

To meet this mandate the Board of the new Foundation agreed that a diversified portfolio should be held consisting of equities and income-producing securities to permit a consistent level of granting.

### THE VISION

The Foundation seeks to build upon its unique situation in the health research community, as a physician sponsored granting agency, and is based on the belief that continued support of peer reviewed, innovative research, will bring new and improved benefits to clinical practice.

The vision of the Foundation is to seek to address the unparalleled challenges that will face physicians in providing effective health care for their patients in the years to come.

The essential supporting structure of this vision is to encourage the research efforts of the new investigator, as well as providing funding for the education of practising physicians.



## GET INVOLVED

If you are interested in volunteering with PSI, please consider:

- Becoming a delegate: the House of Delegates meets annually with the mandate of overseeing the Board of Director's actions.
- Becoming a Director: PSI draws most of its Directors from the House of Delegates.
- Joining a committee: PSI has several working committees - including Grants and Finance Committees, for which PSI requires expertise in such areas as medical research and the financial sector.

## DONATE

While PSI does not actively solicit funds, PSI is a registered charity and can provide tax receipts for charitable donations.

Please consider the above while reviewing PSI's accomplishments identified in this annual report.

*Research & Education Funded by the Physicians of Ontario*

