

## ▶ PAIRO and OCOTH ratify agreement

Kevin Lefebvre, Chair, PAIRO Negotiating Committee

In case word has not yet reached you, on October 17th, both PAIRO and OCOTH ratified the 2002-2005 Collective Agreement.

The retroactive monies and increases shall be paid to residents by the third full pay period after October 17th. The \$400 signing bonus is to be paid by the fourth full pay period after October 17th.

A reminder, as outlined in the mailing describing the deal, that the meal amount increase is effective January 1, 2003 and the chief and senior admin bonus increase is effective July 1, 2003. The benefit improvements are effective for expenses incurred on or after January 1, 2003.

The PAIRO Negotiating Committee would like to thank the PAIRO General Council for working hard to get the ratification vote done so quickly enabling the increases and retro monies and stipend to be paid quickly. We also thank the individual members who emailed/telephone, stopped us in the halls, to express their

support of this new Agreement. Once the new agreement is available it will be mailed out to the membership in an updated PAIRO Members' Manual. Reminder: in the meantime a copy of the memorandum of settlement can be found on the PAIRO website at [www.pairo.org](http://www.pairo.org).

## ▶ President's message: Payback with backpay

*We have been waiting for it, fighting for it, negotiating it, and even dreaming of it. And now, IT is finally here. The new contract...*

Each of you have received full details of **THE DEAL** in a previous mailout. A salary increase of over 9%, but when combined with the new stipend (which finally recognizes that the work and hours of residents is far different from other hospital employees) is closer to 14%.

Not to mention the "signing bonus". There will be no trading for future considerations, but you can feel like a free agent when that bonus cheque comes your way.

And don't forget the backpay. The first year's increase is retroactive to April 2002, so you can expect another financial infusion in backpay. Just in time for the holidays.

There is also the recognition that home call can be arduous, and in certain situations allow the resident to go home post call.

Effective January 1, 2003, our benefits have also been significantly increased; better vision benefits and lots of paramedical coverage. Enjoy your massage; enjoy many of them...

These are just a few of the great changes to the PAIRO-OCOTH Agreement. Thanks to all of those on the negotiating team, especially our Chair, Kevin Lefebvre, and our legal counsel Steven Barrett. Residents appropriately feel that they are often undervalued. This contract goes some way to recognize the tremendous contribution that residents make to health care in this province. Feel valued, it's payback time, and you deserve it.

### Congratulations

to the following Prize Winners who attended the 2002 Health Professionals Recruitment Tour!

Golf for Four at  
Hockley Valley Resort:  
**George Linn, Kingston**

Blue Jays Tickets for two:  
**Heather McLeod, Hamilton**  
**Eileen Sacks, London**  
**Dayna Plewman, Ottawa**  
**Gerald Wolff, Kingston**  
**Hansa Gupta, Toronto**

We look forward to seeing you all at the 2003 Health Professionals Recruitment Tour, making next year's a greater success!

Joe

[joseph\\_mikhael@pairo.org](mailto:joseph_mikhael@pairo.org)

## ▶ PAIRO files grievance with OCOTH

PAIRO has initiated a grievance with OCOTH with regard to visa residents on approved temporary work authorization, who are not currently receiving all the benefits under the Collective Agreement. Grievances are heard by a three party board (one nominee by each party, a third jointly agreed to). Our grievance hearing is scheduled to be held on December 13th. If you know any residents affected by this, please encourage them to get their contact information into the PAIRO office.

### Notice to Toronto Residents

There are still outstanding GC positions in the following specialties:

**Anaesthesia Grouping**  
**Pathology Grouping**

If you are interested, please contact the PAIRO Office.

## ▶ Home by noon: new out-of-hospital call application

*The new PAIRO-OCOTH Agreement also has an important expansion that further explains a resident's right to go "home by noon".*

The new agreement will include section 16.4 (c) that states:

For clarity, the right to be relieved of duties by 1200 hours in 16.4(b) applies to a resident on out-of-hospital call in either of the following two circumstances:

- (i) a resident who commences work in the hospital after midnight but before 6 a.m; and,
- (ii) a resident who works for at least four (4) consecutive hours at least one hour of which extends beyond midnight.

### Vacation deadlines

You are entitled to four weeks paid vacation during the academic year. All residents are to submit written requests at least four weeks prior to the proposed vacation date and no later than February 15th (people taking certification exams shall have until one month prior to the date of the examination to make a written request for one week of his/her vacation entitlement). The service must respond to your request within two weeks, with either permission or an alternate time agreed to by both parties. Where the hospital department rejects the vacation request, it will do so in writing and include the reasons for rejecting the original vacation proposal.

## Contract capsule

### Meal amounts

As of January 1, 2003 meal amount rate will increase to \$8.25 per meal (current rate is \$7.80).

Reminder: residents who are on call for 24 hours or more (i.e. a weekend call) are entitled to **three** meal amounts. Those on call for periods of 12 hours but less than 24 are entitled to **two** meal amounts. Those on call for less than 12 hours but more than 4 hours (home call in some instances) are entitled to **one** meal amount. For example, at the new rate, a resident doing 7 nights of call (2 of those calls being weekend call) would be entitled to \$132 that month!

### Christmas and New Year's Holidays

The Agreement stipulates that all housestaff shall be entitled to at least 5 consecutive days off over the Christmas holidays. The five days off should include either Christmas and Boxing Day or New Year's Eve and New Year's Day. For scheduling purposes, please note that a post-call day is not counted as one of the 5 days off.

These five days off are to account for the three statutory holidays (Christmas Day, Boxing Day and New Year's Day) and two weekend days.



When you need to talk...

When you need help...

We're here 24 hours a day.

**PAIRO 24HR**

toll free

**HELPLINE**

**1 866 HELP DOC**

*100% confidential and anonymous*

*All calls are answered by Distress Centre volunteers who are from non-medical backgrounds and not affiliated with PAIRO or any universities*

# Health Professionals Recruitment Tour recap

Thank you to all who attended the the 24th Annual and PAIRO's first Health Professionals Recruitment Tour, which travelled to the five academic health science centres in the province the week of September 30 – October 4, 2002. This Tour is co-sponsored by the Ministry of Health and Long-Term Care and the Ministry of Northern Development and Mines. This year's Tour was a great success and saw an increase in both the number of communities participating in the Job Fair and in health care professionals in attendance.

The Job Fair is a valuable forum for representatives from Ontario's communities to meet and promote lifestyle and employment opportunities to health care professionals in the medical and rehabilitation fields. Thank you also to the following communities/organizations who participated in this year's Tour:

*Aboriginal Recruitment Coordination Office (ARCO) Alexandria; Alliston; Amherstburg; Atikokan; Aylmer; Barrie Bracebridge; Brant County; Brockville; Leeds-Greenville Callender/Township of North Himsworth; Central Algoma (Bruce Mines); Centre Hastings (Madoc); Centre of Wellington (Fergus; Elora); Chatham – Kent; City of Kawartha Lakes (Bobcaygeon, Woodville, Kirkfield); Cornwall; Deep River Dryden; Ear Falls; Elliot Lake; Engleheart; Fort Frances Georgetown-Halton Hills; Geraldton; Greater Peterborough Area (Havelock, Otonabee, South Monaghan); Grey Bruce County; Grimsby – Lincoln; Guelph; Haldimand; Health Sciences North; Hearst; Huron/Perth; Ignace; Ingersoll Kapuskasing; Kemptville; Kinmount; Kirkland Lake; Kitchener-Waterloo Leamington; Longlac; Manitoulin Health Centre (Little Current, Mindemoya); Manitouwadge; Marathon; MD Management; MICS Group of Health Services (Matheson, Iroquois Falls, Cochrane); Milton - Halton Hills; Ministry Of Health and Long-Term Care; Ministry of Northern Development and Mines; Minto / Mapleton (Drayton); Mississauga - Kingsbridge Medical Centre; Moose Factory/Moosonee; New Liskeard; Niagara Health System; Niagara Region; Nipigon; Norfolk County (Simcoe, Waterford, Delhi, Port Dover, Port Rowan); North Oshawa; North Simcoe (Penetanguishene & Midland); Northeastern Ontario Medical Education Corporation (NOMECE); Ontario Medical Association Placement Services (OMAPS) Orangeville (Dufferin Caledon Health Care); Parry Sound; Pembroke; Perth and Smith Falls; Pickle Lake; Quinte Health Care Corporation; Red Lake; Rural Ontario Medical Program; Sarnia & Lambton; Sault Ste Marie; Sioux Lookout Meno-ya-win South Bruce Grey Health Centre (Kincardine, Chesley, Durham Walkerton) Southeast Community Development Office; Southwestern Ontario Rural Medicine (SWORM); St. Thomas, Elgin; Sudbury; Tavistock; Terrace Bay; Thunder Bay Tillsonburg; Timmins; Town of Georgina; Township of Norwich; Trent Hills (Campbellford); West Nipissing and Sturgeon Falls; Winchester - Township of Dundas; Windsor; Wingham; Woodstock.*

If you would like details regarding the communities who attended **Recruiting for Healthy Communities**, a booklet entitled "*Community Profiles-Job Opportunities*", is available in hard copy or pdf format. Please contact Kelly Kernohan, Tour Co-ordinator via email at [kelly\\_kernohan@pairo.org](mailto:kelly_kernohan@pairo.org) or at the PAIRO office at 1 877-979-1183.



Health professionals register and check out displays at the Portsmouth Olympic Harbour in Kingston on October 1.

# Service to Education Balance

As PAIRO, we sit on the Postgraduate Education Committee of the Council of Ontario Faculties of Medicine (PGE:COFM). We produce policy documents, such as the cross coverage document that we published last year. The PAIRO Committee has met several times before it was adopted at the last meeting of PGE:COFM. The purpose is to better define the implementation. Special thanks to all of those who helped out!

## Background

Clinical services provided by residents are an essential component of postgraduate medical education and health care delivery. In this context, residents play several roles simultaneously. Their two primary roles are of service provider and trainee. While these twin roles are intricately linked, there can be conflicts at the interface between service requirements and ensuring that residents obtain appropriate educational support, including active bedside teaching.

Teaching hospitals and other medical sites depend on the services provided by residents. It is clearly necessary to strive for an appropriate balance to ensure that both service and educational roles can be fulfilled. Defining an appropriate "service to education balance" (SEB) is difficult.

## Purpose

To explore the issue of service to education balance, and to develop recommendations directed at maintaining this balance.

## Overall Principle

Recognition of the appropriate balance between resident service and education lies in an understanding of the unique nature of postgraduate medical education in Canada. Service provision, part of the dual nature of residents as licensed physicians, is an essential learning modality. Learning occurs through service, and service through learning. If both ends are to be met, however, services should be relevant to the educational value for each residency.

## Spectrum

Different models of residency training exist. An unacceptable model is that of "indentured servitude" where service obligations overwhelm any reasonable notion of learning opportunity and capacity. The presence of intimidation or punitive measures is unacceptable. Inappropriate tasks, often described as "scut" work, are comprised of services provided that are not considered a normal part of doctoring.

In a preferable model, the resident is providing service while simultaneously learning along side their staff, and the service obligations are not allowed to overwhelm reasonable opportunities for learning activities separate and apart from service. The resident, thus, functions as a learning professional.

## Balance

It would be impossible to generate a specific list of activities that should characterize programs that maintain the balance.

1. **Specific activities that encourage a balance.**  
Certain activities should exist in a program to ensure that residents have access to adequate educational resources and time to review material to produce an environment of learning.
2. **An overall atmosphere of balance.**  
The culture in the program should foster a supportive and protected educational time allowing residents to complete their work of work must still allow the resident time for learning.

## Evaluation

There are several potential methods of evaluation that can be used to assess the four principles of Family Medicine. Specific methods of evaluating the service to education balance are being explored.

## Location and Volume

It is apparent that residents learn differently, and the mix of inpatient and outpatient exposure must be evaluated to ensure residents objectives to be met must be evaluated.

## Responsibilities

Obtaining an appropriate service to education balance requires educators to create and maintain an atmosphere where residents are afforded learning opportunities and roles as professionals. They are expected to take advantage of educational opportunities, striving for excellence.

## Recommendations

1. Programs should recognize the importance of service to education balance.
2. Resident work should be objectives based.
3. Service must not subvert a resident's ability to learn.
4. The location of resident rotations, namely inpatient and outpatient, must be evaluated to ensure residents objectives to be met must be evaluated.
5. Residency programs should protect time for learning.
6. Programs, hospitals, and residents should work together to ensure a balance.
7. The SEB should be evaluated on an ongoing basis regarding the balance.

J. Mikhael, S. Verma, D. Davis, J. Kronick, M. Urowitz, P. Dagg, K. Harris, B. Ferguson, B. Steele  
Professional Association of Internes and Residents of Ontario and the Council of Ontario Faculties of Medicine

COFM) with the Postgraduate Deans and the CPSO. We jointly promote Resident Education (CORE) worked hard on revising this document "service to education balance", and develop some guidelines of

entage or hourly figure to describe the ideal balance between service and education. Two features are:

facilitate resident education, both formal and informal. This would include commitment to an academic half day, and support of research and educational events. Teaching faculty must use their experience, resources, and medical knowledge to facilitate learning.

ance. It is not sufficient to have scheduled educational sessions – they must also be supported in practice through teaching and participation. The same concept must also apply on a day-to-day basis in regular patient care. The volume of cases, reflection, reading, and consolidation of knowledge. This is necessary to produce a well-rounded learning environment.

the suitability of a program's service to education balance. One method is the success of CANMEDS based objectives, or learning objectives should be set for each rotation, reviewed on an interim basis, and upon completion of the rotation. Objectives will involve patient interactions and service provision, but should not be subverted by excessive workload. Other factors include the accreditation process, the program residency training committee, and peer review.

their education is best served at varying levels of the service to education spectrum. The setting in which residents train – should appropriately match the location of comprehensive patient care. Furthermore, the volume of cases necessary for a resident to read around and research them must be factored in.

Balance requires active participation of all stakeholders. There is a responsibility of all to be conducive to education. Mentors and staff should play a supervisory role, ensuring residents must be prepared to meet their program objectives, and fulfill their own active role in their own education: self-directed learning, advocating for education, their own clinical care, and evaluating their program.

of the service to education balance both in principle and in practice.

to meet their program objectives. Exposure to both inpatients and outpatients, should respect an appropriate balance. Study, reflection and preparation for practice. In collaboration to facilitate the best SEB for the optimal learning of the resident. On a day-to-day basis; programs must have a process in place to resolve disputes or complaints.

## CONCLUSIONS

An appropriate service to education balance is possible to achieve in post-graduate medical education. Residents can simultaneously be service providers of excellent health care, educators and learners in a training program. To ensure that this is accomplished, there should be a commitment from programs, staff and residents to optimize the service to education balance. An appropriate service to education balance should foster development of reflective practitioners who will be life-long learners.

## Site visits

PAIRO will once again be conducting site visits to meet with members. Like last year, most of the site visits have been timed to coincide with pre-scheduled academic half-days at each of the sites.

### Ottawa

Wed. November 20th, 8:00am  
Room 2022, Guindon Hall, Faculty of  
Medicine Building  
(prior to beginning of scheduled  
academic half-day)

### Queen's

Wed. November 20th, approx. 3:00pm  
Richardson Labs Amphitheatre  
(at end of scheduled academic half-day)

### Western

Wed. November 27th, approx. 12:00pm  
Monsignor Roney Centre,  
Shuttleworth Auditorium  
(at end of scheduled academic half-day)  
PAIRO will be providing lunch.

### McMaster

Wed. December 4th, 1:30pm  
Liuna Station, 360 James Street North  
(at beginning of scheduled  
academic half-day)

### Sudbury

Wed. January 15th, 12:00pm  
*Location to be determined*

### Thunder Bay

*To be announced*

Even if you are not attending the half-day itself, please come out for the PAIRO portion.

## CONGRATULATIONS

**New PAIRO Executive Members**  
On October 4th, two new PAIRO Executive members were elected:

**Dr. Michael Curry** of Toronto,  
Board of Directors, CFPC trainee

**Dr. Crispin Richards** of Hamilton,  
Board of Directors, RCPSC trainee

## Ottawa internal reviews

Internal reviews of programs at the University of Ottawa will be taking place this fall and winter in the programs listed below.

A resident representative is required as each of these reviews (only requirement is that you cannot review your own program nor have done many rotations in that program. If you are able to attend any of these scheduled reviews, or if you are interested in participating as the PAIRO rep in a future review contact the PAIRO office at [paipro@paipro.org](mailto:paipro@paipro.org) or 416-979-1182.

**Paediatric Emergency Med**  
Monday, November 18 2002,  
13h to 16h30

**Orthopedic Surgery**  
Tuesday November 19 2002,  
8h30 to 16h

**Dermatology**  
Thursday, December 5 2002,  
13h to 16h30

**Medical Oncology**  
Wednesday, December 11 2002,  
8h30 to 12h00

**Obstetrics & Gynaecology**  
Wednesday, February 19 2003,  
8h00 to 3h30

## CONGRATULATIONS

At the October OMA Section of Internes and Residents Meeting the following Section reps to OMA Council were elected:

Dr. Joseph Mikhael  
Dr. Leslie Buckley  
Dr. Christopher Jackman  
Dr. Kevin Lefebvre  
Dr. Priya Khanna

## PAIRO history byte: 1974

*In 1974 Ontario housestaff received recognition of the dual status of internes and residents as employees of teaching hospitals and as postgraduate trainees within universities.*

*This dual status has been reconfirmed through arbitration awards and remains an important point for all of us to remember.*

## Attention PGY3s in medicine!

As you well know, you have recently experienced the R4 match for subspecialty positions. As last year's representative to the Canadian Association of Internal Medicine Program Directors (CAIMPD), I am trying to accumulate information as to how it went. As Ombudsman, I received several calls from residents who were frustrated by inappropriate questions, offers, and under the table negotiations. I am hoping to catalogue these to provide feedback to the organisers of the match.

If you have ANY feedback regarding the match, PLEASE contact us. You can call the PAIRO office, email us at [paipro@paipro.org](mailto:paipro@paipro.org), or email me directly at [joseph\\_mikhael@paipro.org](mailto:joseph_mikhael@paipro.org).

[www.paipro.org](http://www.paipro.org)

# Sick leave and long term disability

## Your coverage during residency training...and beyond.

PAIRO believes strongly in the value of long-term disability (LTD) coverage. LTD coverage protects your income should you become disabled due to injury or illness and are unable to work. You are entitled to the salary continuation benefits under the Collective Agreement and the LTD benefits under the group plan, because under the terms of the Agreement your participation in the group plan is mandatory, reflecting PAIRO's firm belief in the importance of this coverage. This has both minimized the cost and ensured that all medical residents in Ontario are protected.

Should you become sick or disabled and cannot work, your regular salary is guaranteed to continue for 6 months or up until the end of the appointment year, whichever

comes first. This means there is no elimination period. In other words, you are not without income. If after that time, you are still unable to work, you will be covered under the group LTD Plan. This is the only benefit you pay for and the premiums are deducted from your salary. The plan offers automatic coverage, regardless of your health history and provides you with 70% of your pre-disability income, which is non-taxable, as you have paid the premiums from your net income.

Benefits are payable for total disability up to age 65, or for partial disability as part of a rehabilitation program. For a group plan, it is extremely well priced\* (far below that of any other professional group), but the coverage ended when you finished your residency. It was then necessary for you to seek an alternate LTD plan.

However, last year, PAIRO explored the options for access to guaranteed income protection coverage at the end of residency, when membership in PAIRO ceased. This resulted in the *Essentials Program*, which was designed in co-operation with the Ontario Medical Association (OMA) and Sun Life Financial. If you would like more details on the *Essentials Program*, call the OMA at 1-800-268-7215 (Ext. 2918) or 416-340-2918 or e-mail at [insurance\\_services@oma.org](mailto:insurance_services@oma.org)

In the upcoming issues of Progress Notes, we will discuss the *Essentials Program* and what you should look for in an LTD Plan.

*\*For example, a PGY1 pays \$25.79 per month in premiums for their coverage, based on a rate of 0.742% of salary.*

# PSI Foundation research grants

## Resident research grants for the 2nd & 3rd quarters of 2002.

In the six month period ended September 30, 2002, the Foundation approved 12 grants for resident research projects, totalling \$214,700.

The awards approved by the Foundation during the past two quarters bring the total contributions toward resident research for the year to date, to \$308,100.

The Foundation's granting policies permit applications from residents seeking operating funds to undertake clinical research if a physician supervises the project. Projects must not extend beyond a twelve-month period and the maximum amount that will be provided per project is currently \$20,000.

The maximum the Foundation feels that it can award in any one year

for all resident research is \$300,000 but as these applications are in competition with all others, the maximum amount expended could obviously be less depending on the Foundation's available funds.

Applications can be obtained from the Foundation: 5160 Yonge Street, Suite 1006, Toronto, Ontario M2N 6L9, 416-226-6323, and are also available from the website, at [www.psifoundation.org](http://www.psifoundation.org). The successful grant recipients (resident is listed first followed by the supervisor) for the period under review are:

INVESTIGATOR	PROJECT	AWARD
Dr. R. Sidhu Dr. K.W. Johnston University of Toronto	Perception of three-dimensional structure from two-dimensional images in endovascular training.	\$20,000
Dr. D. Hwang Dr. J. Butany Toronto General Hospital	Is C-reactive protein present in stenotic aortic valves?	\$19,500
Dr. C. O'Blenes Dr. J. Lipa Toronto General Hospital	Ischemic preconditioning of human skeletal muscle.	\$20,000
Dr. J. Rucker Dr. J.A. Fisher Toronto General Hospital	Cerebral oxygen delivery in humans during and after exposure to carbon monoxide.	\$19,300
Dr. T. Asano Dr. R.S. McLeod Mount Sinai Hospital	The doctor-patient relationship and colorectal cancer screening.	\$20,000
Dr. D. Campbell Dr. E. Kelly Mount Sinai Hospital	High flow versus infant flow continuous positive airway pressure (CPAP) in facilitating extubation of premature infants.	\$6,500
Dr. A. Dueck Dr. D.S. Kucey Sunnybrook and WCHSC	Predictors of survival after ruptured aortic aneurysm in Ontario.	\$16,200
Dr. N. Fam Dr. D.J. Stewart St. Michael's Hospital	A study to determine the effect of myocardial ischemia on the expression of components of the newly discovered angiotensin system in patients undergoing surgical revascularization for stable and unstable coronary syndromes.	\$15,000
Dr. R. Avram Dr. J.R. Bain McMaster University	Characterization of axonal regeneration in the terminal spinal cord of adult dysmyelinated rats.	\$19,700
Dr. S. Kasper Dr. J. DeBeer McMaster University	Effects of steroid injection on osteoarthritic hips and subsequent total hip arthroplasty.	\$20,000
Dr. S. Payne Dr. M. Sivilatti Queen's University	Acetaminophen-induced hepatotoxicity in chronic alcohol abusers.	\$19,000
Dr. K. Dervaitis Dr. R. Gagnon University of Western Ontario	ST-waveform analysis of the fetal electrocardiogram plus electronic fetal heart rate monitoring in Ontario labour: The relationship to umbilical cord arterial blood gases.	\$19,500

## CAIR EXECUTIVE FOR 2001-2002

*At the October CAIR Board meeting the 2002/2003 CAIR Executive was elected.*

**President:** Dr. James Clarke,  
(Maritime Provinces)

**Vice-President:** Dr. Monica Penner (Alberta)

**Secretary:** Dr. Todd Raine (Saskatchewan)

**Treasurer:** Dr. Chris Rudnisky (Alberta)

### **Members at large:**

Dr. Warren Davidson (British Columbia)

Dr. Amy Gillis (Alberta)

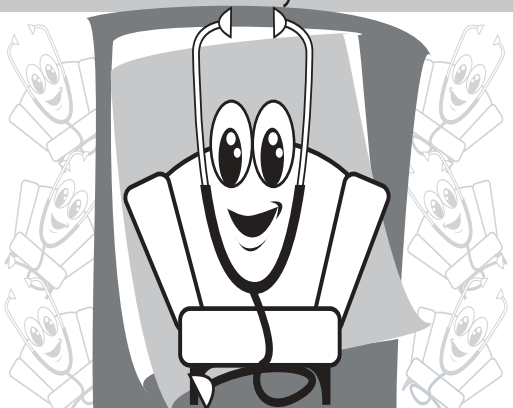
Dr. Tonja Stothart (Ontario)

## ► Locum and permanent job opportunities in Ontario

**Attention Family Docs and Specialists looking for Ontario job opportunities!!**

The Fall Resident Placement Program interviews are under way. The response this year has been GREAT!! If you missed out on the first set of interviews, never fear, you can sign up for the Winter 2003 interviews or arrange for a telephone interview at convenient time for you.

Find a Home for your Career.



**Connecting New Doctors and Communities**

Contact us for an interview at:  
1-877-979-1183 or [rpp@pairo.org](mailto:rpp@pairo.org),  
[www.pairo.org](http://www.pairo.org)



## Committees at a glance

### **Committee on Resident Education (CORE):**

Chairs: Joseph Mikhael, Hasan Zaidi

### **Community Physician Resource and Health Policy Development:**

Chairs: André Michon, Eileen deVilla, Tammy Leon

### **PAIRO Communications and Member Benefits Committee:**

*The newly created Communications and Member Benefits Committee will work to enhance communication with membership via Progress Notes and the PAIRO website. This committee will also be responsible for all future reviews and enhancements of benefits such as Long Term Disability, etc.*

### **Resident Well-Being Committee:**

Chairs: Laura Musselman, Heather MacDonnell

### **Workload and Contract Compliance Committee (WACCC):**

Chairs: Kevin Lefebvre, Geoff Hung

## ► 2002 Canadian Research Awards for specialty residents

The Canadian Research Award for Specialty Residents is co-sponsored by the Royal College of Physicians and Surgeons of Canada, the Canadian Society for Clinical Investigation and the PAIRO Trust Fund.

The award, which was first offered in 1992, was established to provide national recognition for original work by postgraduate trainees enrolled in residency programs accredited by the RCPSC. Two awards are available each year, one for each of the Divisions of Medicine and Surgery.

Dr. Chaim Bell of the University of Toronto was chosen as this year's winner in the Division of Medicine for his submission entitled "Mortality among patients admitted to hospitals on weekends as compared with weekdays".

Dr. Subodh Verma of the University of Toronto is the winner of this year's award for a specialty resident in the Division of Surgery for his research entitled "Exaggerated endothelin production mediates perioperative reperfusion injury in diabetic patients undergoing coronary artery bypass graft surgery".

As recipients of the awards, Drs. Bell and Verma each received a cash prize of \$2,000 and a certificate. They were presented with these at the convocation ceremony held during the Royal College's annual conference in Ottawa on September 27, 2002

**Progress Notes is published by  
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Your comments are always welcome. Please send them to  
[progressnotes@pairo.org](mailto:progressnotes@pairo.org)