Annual Report Division of Dermatology Department of Medicine - Jewish General Hospital April 1, 2009 – March 31, 2010

I. Highlights of the Past Year

The Division of Dermatology has continued to see an increasing number of patients visits in consultation, from:

- a) Emergency room referrals
- b) Referrals from oncology
- c) Infectious disease
- d) Rheumatology
- e) Hertzl family medicine

It is the busiest hospital clinic at the Jewish General Hospital with the most patient's visits per capita of physicians

II. Evaluation of the Past Academic Year

1. Teaching activities

There are 14 full-time McGill dermatology residents who rotate through dermatology and dermatological oncology on a regular basis.

There were 86 electives, including family medicine, internal medicine and medical students and 1 fellowship. They work full-time and are taught on every clinical and cosmetic case seen, 50 hours per week, X 46 weeks per year, for a total of 2300 hours. Participation in the lecture series "Introduction to Clinical Sciences" (2nd year McGill medicine) is a regular event; Dr. Billick, Dr. Singer and Dr. Pehr participate. Second year medical students, rotate through the Division of Dermatology in their introduction to medicine and 3rd and 4th year medical students do electives and a re-introduction to office practice. The total amount of students per year that attend these sessions is approximately 120 per year. Elective students participate in a 1 month rotation in the Division of Dermatology (sometimes this is shortened because of other commitments). The total numbers of electives students and medical residents is approximately 90.

The total numbers of clinical teaching hours for both residents and students mixed, outpatient department is 1350 hours (30 hours per week X 45 weeks). The total number of consultations is 2600 consults for the year from other referring physicians (at least 10 consultations per day now, 5 days a week that for 52 weeks). There have been dermatological grand medical rounds with a presentation by Professor Dr. Neil Shear on "The use of I.V.I.G in cutaneous bullous disorders" and Dr. Kim Pap discussing "Biologics and Psoriasis." Dr. Billick presented at Endocrinology Rounds in January

2010.

2. Research

No primary bench research, however, research is done in conjunction with Dr. Wilson Miller in the department of oncology in studying cutaneous metastasis of breast cancer and assisting in their evaluation of this important disease. Primary research is currently being planned to study melanoma, BCC and SCC in relation to T cell population and infiltration

3. Clinical Activities

Dr. R. Billick's total private office (GFT) visits is: 8399

Malignancies removed: 486 Basal Cell Carcinoma: 259 Squamous Cell Carcinoma: 92

Melanomas: 16 MOHS Surgery: 119

Dr. M. Khanna total private office visits: 5665 Dr. G. Fortier-Riberdy private office visits: 1497

Clinics visits:

Dr. Nguyen: 314 Dr. Billick: 3964 Dr. Pehr: 1116 Dr. Potoker: 618 Dr. Rubinstein:1767 Dr. Singer: 591 Dr. Yanofsky: 1540

Residents Clinic/Dr. Billick: 605 Total Clinic Visits: 10,515

Dr. Thomas Kohn, Dr. Manish Hanna and Dr. Genevieve Fortier-Riberdy do not participate in the dermatology clinics.

4. Academic Staff

Dr. Osama Roshdy has received approval to commence at least a 1-year stage as a "professeur sélectionné." This will be a great asset to the Division of Dermatology. Dr. Roshdy is an exceptional teacher with novel teaching techniques. It is anticipated that he will devote at least 50-60 % of his time to research, 25% to teaching and 25% to clinical care. Hopefully primary bench research and will commence at the Jewish General hospital

5) Consulting activities

No consulting activity outside of the Jewish General Hospital is performed by the divisional staff.

6) Honors, awards and Prizes

Dr. Billick has completed 30 years of practice full-time at the Jewish General Hospital

III. Objectives and Priorities

The priority remains to reconfigure the existing space in dermatology as the current office space is:

#1: inadequate, not healthy for the employees;

#2: ventilation is terrible, it is hot all year around, there is no purification of the air in dermatology;

#3: space is limited, therefore making working conditions humanly unacceptable.

The reconfiguration of the dermatology department is urgently needed, because of the vast number of patients coming through dermatology and the working conditions in which the employees have to work in.

It is anticipated that the Mohs micrographic surgery unit will be moving to the 8th floor of the new Oncology Department.

With the addition of Dr. Roshdy, the department's ability to teach and do primary research will be markedly improved.

Respectfully submitted,

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