

5 Day Hair Loss Course for Physicians

March 28- April 1, 2016

Division of Dermatology, Women's College Hospital, Toronto, ON Canada

The R.K. Schachter Dermatology Centre at Women's College Hospital is pleased to announce the implementation of a biannual intensive 5 day hair loss course for physicians. The elective course aims to provide course attendees with the necessary tools to properly diagnose and treat hair loss. The small group numbers (limited to 5 attendees) allows for a highly interactive and educational week. Canadian, US and International physicians with an interest in hair loss, including dermatology residents, dermatology fellows, dermatologists and non-dermatologists, are welcome to apply. The course does not accept applications from non-physicians.

The goal of the 5 day course is to provide physicians with concentrated exposure to a variety of commonly encountered and complex/rare hair loss conditions. The next course will be held **Monday March 28 to Friday April 1** at the Women's College Hospital in downtown Toronto and will provide a mixture of didactic lectures, clinics, surgery demonstrations, rounds and workshops. The Hair Course is planned for the Spring and Fall of each year. By the end of the course, the attendee will be able to:

1. Describe the clinical and pathological features of common and rare hair loss conditions
2. Discuss appropriate work-up for patients with hair loss (blood work, biopsy)
3. Select appropriate 1st, 2nd and 3rd line treatments

We will limit the October 2015 course to a maximum of **five attendees**, with acceptance based on the order that applications are received. Applications will be accepted up to **Friday Jan 29, 2016**. Our next course after that is planned for the Fall 2016, with dates released on April 4, 2016.

If you have any questions, please don't hesitate to contact either Monica Khalil, (Coordinator, WCH Hair Course) or me. Our contacts are below. Thank you for your interest.

Yours truly,

Jeff Donovan MD PhD FRCPC
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Women's College Hair Loss Clinic.
Director, Hair Course
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HAIR LOSS COURSE - INFORMATION (PAGE 1 of 4)

WHY WAS THE COURSE CREATED?

Although hair loss is common, concentrated exposure to hair loss problems during residency and/or fellowship training may not be available in all training programs. The course was created to provide concentrated exposure and teaching in all areas of hair loss medicine.

WHAT IS A TYPICAL DAY LIKE ?

Each day is slightly different. Monday, Wednesday and Thursday of the Hair Week are “hair clinic” days and start with either a didactic lecture or patient viewing rounds. The mornings and afternoons are spent in clinic evaluating patients with a variety of scarring and non-scarring hair loss problems. A series of lectures are presented during mid day (lunch) and afternoon. A high yield patient viewing session is held Thursday evening. Tuesday and Friday are “surgical” days with opportunities to observe and discuss hair restoration surgery.

A full schedule of the week can be found in the accompanying page.

WHAT ARE THE ASSOCIATED COURSE FEES?

Fees for the Hair Course are outlined as follows:

LEVEL OF TRAINING/ EXPERIENCE*	FEE (CDN dollars includes 13 % HST tax)
Canadian, US and International Dermatology Residents (core year residents)	No fee
**Dermatology Fellows (completed residency and <i>will still be formally enrolled as a fellow on March 28, 2016</i>):	No fee (letter required)
Practicing Dermatologists (within first year of practice)	\$ 800
<u>OR</u>	
Current dermatology fellows who will finish their fellowship before March 28, 2016	
Practicing Dermatologists (two or more years of practice):	\$ 2, 200
Practicing Non-Dermatologists (hair transplant surgeons, aesthetic/cosmetic medicine specialists)	\$ 2, 200

* Physicians and trainees who do not fit in these above categories are advised to email Dr. Donovan directly.

** Dermatology Fellows will require a letter from their current supervisor indicating that they will still be enrolled in fellowship training in October 2015.

AM I EXPECTED TO COVER COSTS RELATED TO TRAVEL & ACCOMODATIONS

Yes. Expenses related to travel and accommodation are the responsibility of each attendee.

HAIR LOSS COURSE - INFORMATION (PAGE 2 of 4)

ARE THERE ANY SCHOLARSHIPS AVAILABLE TO ASSIST ME?

A variety of opportunities for support are available for trainees. Attendees may wish to review opportunities for support from their own local, national and international organizations. In North America, opportunities may include:

a) North American Hair Research Society – Mentorship Grants

Description: These awards support resident trainees, postdoctoral fellows, scientists and dermatologists in the early stages of their career for short-term projects while they learn about hair disease with researchers experienced in investigation, diagnosis and treatment of hair disorders.

Website: <http://nahrs.org/MentorshipProgram.aspx>

b) Women’s Dermatology Society – Mentoring Awards

Description: WDS Mentorship Awards Program is to promote the concept of mentorship within the WDS by establishing long-term relationships between mentors and their protégés. The Purpose of the Award is to develop mentoring relationships that might not otherwise be possible due to distance or funding availability. The program helps develop leadership potential in candidates who have shown early promise through exceptional activities.

Website: <https://www.womensderm.org/grants/mentorship.php>

c) Canadian Dermatology Association Dr Frederik Kalz Bursary

Description: Dr Zoltan Fekete in 1991 established the Dr Frederick Kalz Fund, the purpose of which is to grant bursaries to Canadian Dermatology Residents to further their expertise in outside centres and to contribute this knowledge to their community.

Website: <http://www.cdf.ca/kalz.php>

ARE ATTENDEES ABLE TO PARTICIPATE IN HAIR LOSS RESEARCH?

Given the schedule of the week, opportunities to participate in hair loss research are generally not available during the 5 day course.

HAIR LOSS COURSE - INFORMATION (PAGE 3 of 4)

IS IT POSSIBLE TO ARRANGE AN EXTENDED VISIT OR PURSUE AND LONGER FELLOWSHIP?

At the present time, attendance in the hair course is limited to one week. Opportunities for extended visits in the hair clinic, clinical hair fellowships or research fellowships with Dr. Donovan are not currently available.

HOW DO I APPLY?

Interested applicants are invited to complete the attached “Hair Course Application” and email to Monica Khalil, Coordinator, Hair Course at Monica.Khalil@wchospital.ca or fax to (416) 981-7404. Please include your curriculum vitae.

In addition, Canadian and US residents and fellows are requested to contact the PGME office to apply for an elective status with the University of Toronto. Details are found below. International physicians, including trainees, are requested to complete the attached “Medical Observership Application”

	WHAT IS NEEDED TO APPLY? (CHECKLIST)
Canadian Dermatology Resident from Ontario	<input checked="" type="checkbox"/> Contact PGME office to apply for formal “elective “ http://www.pgme.utoronto.ca/content/canadians-residency-training-ontario <input checked="" type="checkbox"/> Complete 2 page “Hair Course Application” <input checked="" type="checkbox"/> Provide copy of Curriculum Vitae
Canadian Dermatology Resident from Outside Ontario	<input checked="" type="checkbox"/> Contact PGME office to apply for formal “elective “ http://www.pgme.utoronto.ca/content/canadians-residency-training-us-or-canada-outside-ontario <input checked="" type="checkbox"/> Complete 2 page “Hair Course Application” <input checked="" type="checkbox"/> Provide copy of Curriculum Vitae
US Dermatology Residents	<input checked="" type="checkbox"/> Contact PGME office to apply for formal “elective “ http://www.pgme.utoronto.ca/content/canadians-residency-training-us-or-canada-outside-ontario <input checked="" type="checkbox"/> Complete 2 page “Hair Course Application” <input checked="" type="checkbox"/> Provide copy of Curriculum Vitae
Physician (Non–Trainee) and International Physicians-in-Training	<input checked="" type="checkbox"/> Complete 2 page “Medical Observership Application” <input checked="" type="checkbox"/> Complete 2 page “Hair Course Application” <input checked="" type="checkbox"/> Provide copy of Curriculum Vitae

HOW IS PAYMENT ACCEPTED?

We accept payment from certified cheque/check or money order payable to the “*Women’s College Hospital Dermatology*”

HAIR LOSS COURSE - INFORMATION (PAGE 4 of 4)

WHAT IS THE CANCELLATION POLICY?

Physicians may cancel up to 2 months in advance for a full refund less a \$ 50 administration fee. We do not accept cancellations any closer than 2 months before the start of the course (i.e. August 27, 2014).

AM I ABLE TO EVALUATE PATIENTS MYSELF (TAKE HISTORIES, DO BIOPSIES) DURING THE COURSE?

Canadian and US Dermatology residents will be able to have direct contact during clinic days and take histories, exam patients, and perform biopsies and are required to apply for “elective status.” Individuals with “Observer” status will accompany Dr. Donovan during the evaluation of patients. The course is designed so that physicians with either “Elective” or “Observer” status have an outstanding experience.

	STATUS	“Hands on” contact?	APPLICATION CHECKLIST
Canadian Dermatology Resident (training in Ontario)	Elective	YES	<input checked="" type="checkbox"/> Contact PGME office to apply for formal “elective “ http://www.pgme.utoronto.ca/content/canadians-residency-training-ontario <input checked="" type="checkbox"/> Complete 2 page “Hair Course Application” <input checked="" type="checkbox"/> Provide copy of Curriculum Vitae
Canadian Dermatology Resident (training outside of Ontario but within Canada)	Elective	YES	<input checked="" type="checkbox"/> Contact PGME office to apply for formal “elective “ http://www.pgme.utoronto.ca/content/canadians-residency-training-us-or-canada-outside-ontario <input checked="" type="checkbox"/> Complete 2 page “Hair Course Application” <input checked="" type="checkbox"/> Provide copy of Curriculum Vitae
US Dermatology Resident	Elective	YES	<input checked="" type="checkbox"/> Contact PGME office to apply for formal “elective “ http://www.pgme.utoronto.ca/content/canadians-residency-training-us-or-canada-outside-ontario <input checked="" type="checkbox"/> Complete 2 page “Hair Course Application” <input checked="" type="checkbox"/> Provide copy of Curriculum Vitae
Physician (Non–Trainee) or International Physicians-in-Training	Observer	NO	<input checked="" type="checkbox"/> Complete 2 page “Medical Observership Application” <input checked="" type="checkbox"/> Complete 2 page “Hair Course Application” <input checked="" type="checkbox"/> Provide copy of Curriculum Vitae

5 Day Hair Loss Course for Physicians Outline for March 2016 Course

Monday March 28, 2016

7:30 - 9:00	Lecture 1: <i>Overview of Non Scarring & Scarring Hair Loss</i>
9:00 - 11:30	Hair Clinic 1
12:00 - 1:00	Lunch and Lecture 2: <i>Diagnosis and Treatment of Androgenetic Alopecia</i>
1:00 - 4:00	Hair Clinic 2
4:30 - 5:00	Refreshment Break and Clinic Recap
5:00 - 6:00	Lecture 3: <i>Introduction to Hair Transplantation</i>
6:00 PM	Adjourn for the Day

Tuesday March 29, 2016

7:30 - 12:00	Hair Transplantation: Case 1
12:00 - 1:00	Lunch
1:00 - 3:00	Workshop 1: <i>Androgenetic Hair Loss with PRP demonstration</i>
3:00 - 3:30	Refreshment Break
3:30 - 5:30	Workshop 2: <i>The Diagnosis and Treatment of Hair Loss in Children</i>
5:30 PM	Adjourn for the Day

Wednesday March 30, 2016

7:30 - 9:00	Morning "Patient Viewing Hair Rounds" at WCH
9:00 - 11:30	Hair Clinic 3
12:00 - 1:00	Lunch and Lecture 4: <i>Diagnosis and Treatment of Scarring Alopecia (Part 1)</i>
1:00 - 4:00	Hair Clinic 4
4:30 - 5:00	Refreshment Break and Clinic Recap
5:00 - 6:00	Lecture 5: <i>Diagnosis and Treatment of Scarring Alopecia (Part 2)</i>
6:00 PM	Adjourn for the Day

Thursday March 31, 2016

7:30 - 9:00	Lecture 6: <i>Diagnosis and Treatment of Chronic Telogen Effluvium</i>
9:00 - 11:30	Hair Clinic 5
12:00 - 1:00	Lunch and Lecture 7: <i>Diagnosis and Treatment of Alopecia Areata</i>
1:00 - 4:00	Hair Clinic 6
4:30 - 5:00	Refreshment Break and Clinic Recap
5:00 - 6:00	Lecture 8: <i>The Hair Shaft Disorders</i>
6:00 PM	Adjourn for the Day

Friday April 1, 2016

7:30 - 12:00	Hair Transplantation: Case 2
12:00 - 1:00	LUNCH:
1:00 - 4:00	Workshop 3: <i>Scalp Camouflaging Agents</i>
4:00 pm	Wrap up & Evaluation

Hair Course Application – PAGE 1 of 4

E-mail application with Curriculum vitae to: Monica.Khalil@wchospital.ca
or fax to 1-416-981-7407. Observers must also complete and submit “Medical Observership Application” and dermatology residents must complete application with the PGME office.

PART A. APPLICANT INFORMATION

LAST NAME	FIRST NAME
E-MAIL ADDRESS	BEST PHONE NUMBER TO REACH YOU

ADDRESS INFORMATION

STREET ADDRESS – LINE 1	
STREET ADDRESS – LINE 2	
CITY	COUNTRY
POSTAL CODE	

CURRENT POSITION

NAME OF POSITION (RESIDENT, FELLOW, ATTENDING PHYSICIAN, PRIVATE PRACTICE)	
CURRENT UNIVERSITY TRAINING PROGRAM (IF APPLICABLE)	
CITY	COUNTRY
POSTAL CODE	

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EMERGENCY CONTACT

NAME OF INDIVIDUAL	
RELATIONSHIP (FAMILY, SPOUSE, FRIEND, COLLEAGUE)	
CITY	COUNTRY
TELEPHONE NUMBER	EMAIL ADDRESS

MEDICAL INFORMATION

DIETARY RESTRICTIONS (VEGAN, VEGETARIAN, KOSHER, GLUTEN-FREE, other)
ALLERGIES
PLEASE INDICATE ANY OTHER HEALTH INFORMATION YOU WOULD LIKE US TO KNOW ABOUT.

CONFIRMATION

I wish to apply for the Women's College Hospital Hair Course (October 26-30, 2015). I understand that it is my responsibility to arrange my own travel and accommodations.

Signature

Date

Hair Course Application – PAGE 3 of 4

LEVEL OF TRAINING/ EXPERIENCE*	FEE (CDN dollars includes 13 % HST tax)
Canadian, US and International Dermatology Residents (core year residents)	No fee
**Dermatology Fellows (completed residency and <i>will still be formally enrolled as a fellow on October 26, 2015</i>):	No fee (letter required)
Practicing Dermatologists (within first year of practice)	\$ 800
<u>OR</u>	
Current dermatology fellows who will finish their fellowship before October 26, 2015	
Practicing Dermatologists (two or more years of practice):	\$ 2, 200
Practicing Non-Dermatologists (plastic surgeons, hair transplant surgeons, aesthetic/cosmetic medicine specialists)	\$ 2, 200

* Physicians and trainees who do not fit in these above categories are advised to email Dr. Donovan directly. ** Dermatology Fellows will require a letter from their current supervisor indicating that they will still be enrolled in fellowship training on **October 26 2015**.

Fee Category (Choose category)

- No fee Canadian, US and International Dermatology Residents
- No fee Dermatology Fellow (enrolled as a fellow as of March 2016)
- \$ 800 Practicing Dermatologist (within first year of practice)
- \$ 800 Current Fellow at time of application (but will graduate before March 2016)
- \$ 2, 200 Practicing Dermatologist (two or more years of practice)
- \$ 2, 200 Practicing Non-Dermatologists (hair transplant surgeons, aesthetic/cosmetic medicine specialists)

Method of Payment

- CHECK MONEY ORDER VISA MASTERCARD AMEX

Credit Card Information

NAME	
CARDHOLDER NAME	
CREDIT CARD NUMBER	EXPIRY
AMOUNT AUTHORIZED TO CHARGE	

Hair Course Application – PAGE 4 of 4

Due to generous support, the Hair Course continues to provide **full funding** to trainees and offsets the majority of costs to recent graduates of accredited training programs throughout the world.

- The Hair Course will cover the \$2, 200.00 fees to current dermatology residents
- The Hair Course will cover \$ 1,400 of the \$2, 200 fees to physicians who have recently completed their training or are newly in practice.

In order to qualify for the reduced rate, please complete the section below and have the form signed by your current or previous supervisor.

APPLICANT NAME

FIRST NAME

LAST NAME (FAMILY NAME)

As of **March 28, 2016**, my position will be (check one)

- Canadian, US and International Dermatology Resident

I will complete my residency (enter Month and Year):

(mo/yr)

- Fellow

I will complete my fellowship (enter Month and Year):

(mo/yr)

- Practicing Dermatologist (within first year of practice)

I completed my training program (enter Month and Year):

(mo/yr)

ENDORSEMENT

I have supervised (or worked with) the above individual during his or her training and attest that the above information is correct

SIGNATURE

NAME (FAMILY NAME, FIRST NAME)

DATE

POSITION (SUPERVISOR, FELLOWSHIP
DIRECTOR)

Hotels Near the Women's College Hospital - PAGE 1 of 2

The following is a list of hotel accommodations nearby the Women's College Hospital. All are within walking distance of the hospital. Prices do vary according to travel agent, internet booking website and date of booking so please look for a number of quotes prior to ultimately booking your accommodations. While we do anticipate you would have a good experience at any of these hotels, we are not able to offer any specific recommendations. Please check online reviews for further information.

1. Courtyard by Marriott Hotel Downtown Toronto

ADDRESS: 475 Yonge Street
DISTANCE (time walking): 5 minutes
RATES: \$ 120 – 130 CAD per night
Website: <http://www.marriott.com/hotels/travel/yyzcy-courtyard-toronto-downtown/>
Phone: (416) 924 0611

2. Holiday Inn Midtown Toronto

ADDRESS: 280 Bloor Street West
DISTANCE (time walking): 15 minutes
RATES: \$ 115 - 125 CAD per night
Website: <http://www.hitorontoblooryorkville.ca>
Phone: (416) 968 0010

3. Comfort Hotel Downtown Toronto

ADDRESS: 15 Charles Street East
DISTANCE (time walking): 10 minutes
RATES: \$ 90 – 110 CAD per night
Website: <http://www.choicehotels.ca/en/comfort-hotel-downtown-toronto-hotel-cn228>
Phone: (416) 924 -1222

4. Eaton Chelsea Hotel Downtown Toronto

ADDRESS: 33 Gerrard Street West
DISTANCE (time walking): 10 minutes
RATES: \$ 115 - 125 CAD per night
Website: <http://chelsea.eatonhotels.com>
Phone: (416) 595 1975

5. Holiday Inn “Downtown Centre” Toronto

ADDRESS: 30 Carleton Street
DISTANCE (time walking): 10 minutes
RATES: \$ 110 - 125 CAD per night
Website: <http://www.ihg.com/holidayinn/hotels/us/en/toronto/yyzct/hoteldetail>
Phone: (416) 977-6655

Hotels Near the Women's College Hospital - PAGE 2 of 2

6. Park Hyatt

ADDRESS: 4 Avenue Road
DISTANCE (time walking): 15
RATES: \$ 220-250 CAD per night
Website: <http://www.parktoronto.hyatt.com/en/hotel/home.html>
Phone: (416) 925 1234

7. Four Seasons Hotel

ADDRESS: 21 Avenue Road
DISTANCE (time walking): 10
RATES: \$ 485-500 CAD per night
Website: <http://www.fourseasons.com/toronto/>
Phone: (416) 964-0411

8. Hotel Inter-Continental

ADDRESS: 225 Front Street West, Toronto, Ontario M5V 2X3
DISTANCE (time walking): 10
RATES: \$ 175-250 CAD per night
Website: <http://www.torontocentre.intercontinental.com>
Phone: (416) 597-1400

9. Hazelton Hotel

ADDRESS: 118 Yorkville Avenue
DISTANCE (time walking): 10
RATES: \$ 442 CAD per night
Website: <http://thehazeltonhotel.com>
Phone: (416) 963-6300

10. Howard Johnson Hotel

ADDRESS: 89 Avenue Road
DISTANCE (time walking): 15
RATES: \$ 85-100 CAD per night
Website: <http://www.hojo.com>
Phone: (416) 964 1220

ADDITIONAL STEP FOR LICENSED PHYSICIANS

IF YOU MEET ANY THE FOLLOWING CRITERIA PLEASE COMPLETE THE FOLLOWING **MEDICAL OBSERVERSHIP APPLICATION** AND INCLUDE WITH YOUR YOUR APPLICATION

- A licensed physician from Canada
- A licensed physician from the United States
- A licensed physician from abroad (International visiting physician)

PLEASE NOTE:

Physicians in training (residents, fellows) are not required to complete the medical observership form and will be registered as elective physicians with the University of Toronto. Please contact us for information on how to properly register as an “elective physician”

CONFIDENTIALITY AND THE PROTECTION OF PERSONAL HEALTH INFORMATION

Observer:

I am aware that I am restricted to observing only the supervising physician named in this application. I agree not to engage in patient care or to have patient contact of any kind during this observership. I also agree not to review any patient related documents such as health records, test results, etc., nor take any videos or photographs whatsoever. I also agree not to discuss any information concerning patients, hospital personnel or other privileged hospital information during or after the observership. I am aware that the observership is for the purpose of education only and that I am not entitled to hospital resources such as access to the hospital's computer network and its various clinical databases. Attach copy of signed Confidentiality Agreement.

Signature of Observer

Date

Staff Supervising Physician:

I agree to: (1) be the only person at WCH that this person will observe working; (2) closely monitor the observer and their actions to ensure they comply with all privacy and confidentiality requirements; (3) ensure that all activities engaged in are for educational purposes only; (4) ensure that the **patient** is prepped and fully draped as appropriate before the observer enters the clinic area or operating room; and (5) obtain permission from each patient for the observer to be present.

Signature of Staff Supervising Physician

Date

Note to department processing this application: If the observer is going to spend time with more than one physician while at WCH, a schedule needs to be developed and those physicians need to agree to abide by the above statements and sign-off. Please collect their signature and attach to this application.

Approved by: _____
Department Chief

Date

Approved by: _____
Dr. S. Laredo, Chief of Staff

Date



Women’s College Hospital Confidentiality Agreement

I acknowledge that I understand the WCH policies and procedures on privacy, confidentiality and security (together “the Policies”).

I understand and agree that:

I shall comply with the Policies;

It is a condition of my employment, privileges and/or other affiliation with WCH that I comply with the Policies;

My failure to comply may result in the termination of my employment, privileges and/or other affiliation with WCH and may also result in legal action being taken against me by WCH and others; and

More specifically regarding access codes and devices, I shall keep my computer access codes (for example, passwords) confidential and secure and I shall protect physical access devices (for example, keys and badges) and the confidentiality of any information being accessed. I understand that I have legal responsibility for my access code(s) and device(s) and that I am accountable for all work and/or activity performed under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I shall immediately contact the WCH Help Desk.

I agree that I shall not:

disclose any confidential business and/or other information including but not limited to financial, intellectual property, personal, and/or personal health information (together “Confidential Information”) that I have knowledge of or am in possession of, through or because of my employment or affiliation with WCH, other than when it is necessary for me to do so in order to perform my job responsibilities and only in compliance with the Policies;

under any circumstances communicate Confidential Information either within or outside WCH except to other persons who are authorized by WCH to receive such information;

alter, destroy, copy, disclose or interfere with Confidential Information, except with authorization and in accordance with the Policies; and/or

lend my access codes and/or devices to anyone, nor shall I attempt to use those of others.

Date: _____ / _____ / _____
Year Month Day

Signature: _____

Date: _____ / _____ / _____
Year Month Day

Witness: _____

QUESTIONS? COMMENTS?

Email us at training@donovanmedical.com