CCSA BOARD MEETING

SUNDAY, OCTOBER 26, 2014
17:30-19:30 PM PT

TELECONFERENCE DIAL-IN INFO:
1-888-875-1833
PARTICIPANT CODE: 393602
HOST: 4197837

FAIRMONT WATERFRONT HOTEL
900 CANADA PLACE WAY
PRINCESS LOUISA ROOM
VANCOUVER BC
Report To: CCSA Board Members
From: Robert Sheldon
Date: October 26, 2014
Re: Agenda Approval and Identification of Other Business
Agenda Item: 2.0

PROPOSED MOTION:

THAT the October 26, 2014 CCSA Agenda be approved.

NOTES:

Attached is the October 26, 2014 CCSA Agenda. The CCSA Board is asked to review and approve or amend as required.

Attachments: 2.0i October 26, 2014 CCSA Agenda
2.0ii CCSA Board Members
# CCSA Board Meeting Agenda

**Sunday, October 26, 2014**  
5:30 – 7:30 P.M. (Pacific Time)  
**Princess Louisa Room**  
Fairmont Waterfront Hotel, 900 Canada Place Way

<table>
<thead>
<tr>
<th>Time</th>
<th>Section</th>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>17:30</td>
<td>Dinner</td>
<td></td>
</tr>
</tbody>
</table>

**17:45**  
1.0 Call to Order and Welcome – R. Sheldon  
2.0 Agenda Approval and Identification of Other Business – R. Sheldon  

**Consent Agenda**  
3.0 **Consent Agenda Approval- R. Sheldon**  
3.1 June 12, 2014 Board Minutes  
3.2 Trainee Report  
3.3 Have a Heart Bursary Update  

**Business Agenda**  
4.0 **Finance- V. Huckell**  
4.1 Financial Statement at August 31, 2014 and Year end Forecast  
4.2 Investment Report  
4.3 Presenting Finances to Membership – R. Sheldon/A. Ferguson  
4.4 CCSA Guidance on Use of Investment Funds – R. Sheldon  

5.0 **Programs**  
5.1 CCSA Programs Review WG Update – B. Potter  
5.2 Fundraising WG Update – V. Huckell  

6.0 **Governance**  
6.1 CCS Strategic Planning Report- H. Ross  

**19:20**  
7.0 Other Business- R. Sheldon
# 2013 – 2014 CCSA Board Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Institution/Address</th>
<th>City, Province</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Sheldon</td>
<td>President</td>
<td>2C2.50 Walter Mackenzie Hlth Sciences University of Alberta</td>
<td>Edmonton, AB T6G 2B7</td>
<td>2015</td>
</tr>
<tr>
<td>Bibiana Cujec</td>
<td>Past President</td>
<td>Dept of Medicine HSC-1635 3330 Hospital Dr NW Calgary, AB T2N 4N1</td>
<td>Calgary, AB T2N 4N1</td>
<td>2015</td>
</tr>
<tr>
<td>Victor Huckell</td>
<td>Secretary/Treasurer</td>
<td>University of Calgary 3330 Hospital Dr NW Calgary, AB T2N 4N1</td>
<td>Calgary, AB T2N 4N1</td>
<td>2015</td>
</tr>
<tr>
<td>Michael Froeschl</td>
<td>Member</td>
<td>University of Ottawa Heart Institute 40 Ruskin St. Ottawa, ON K1Y 4W7</td>
<td>Ottawa, ON K1Y 4W7</td>
<td>2014</td>
</tr>
<tr>
<td>Gabor Gyenes</td>
<td>Member</td>
<td>University of Alberta 8440 112th St. Edmonton, AB T6G 2B7</td>
<td>Edmonton, AB T6G 2B7</td>
<td>2014</td>
</tr>
<tr>
<td>Mr. Edmund King</td>
<td>Member</td>
<td>103 Richmond St E., Suite 400 Toronto, ON M5C 1N9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blair O'Neill</td>
<td>Member</td>
<td>Cardiology University of Alberta Hospital/Mazankowski Alberta Heart Institute 8440-112 th Street; Room 2C2.36 Edmonton, AB T6G 2B7</td>
<td>Edmonton, AB T6G 2B7</td>
<td>2014</td>
</tr>
<tr>
<td>Heather Ross</td>
<td>Member</td>
<td>NCSB11-1203 Toronto General Hospital 585 University Ave Toronto, ON M5G 2N2</td>
<td>Toronto, ON M5G 2N2</td>
<td>2016</td>
</tr>
<tr>
<td>Mario Talajic</td>
<td>Member</td>
<td>Institut de Cardiologie de Montréal 5000 Bélanger St Montréal, QC H1T 1C8</td>
<td>Montréal, QC H1T 1C8</td>
<td>2016</td>
</tr>
<tr>
<td>Christopher Simpson</td>
<td>Member</td>
<td>Kingston General Hospital 76 Stuart St FAPC Level 3-76 Kingston, ON K7L 2V7</td>
<td>Kingston, ON K7L 2V7</td>
<td>2014</td>
</tr>
<tr>
<td>Brian Potter</td>
<td>Trainee Representative</td>
<td>Boston, MA</td>
<td></td>
<td>2014</td>
</tr>
<tr>
<td>Anne Ferguson</td>
<td>Executive Director</td>
<td>Canadian Cardiovascular Society 222 Queen Street, Suite 1403 Ottawa, ON K1P 5V9</td>
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</tbody>
</table>
CCSA BOARD MEETING MINUTES
THURSDAY, JUNE 12, 2014
DRAFT

PRESENT: Victor Huckell  Bibiana Cujec  Mike Froeschl  Gabor Gyenes  Edmund King  Heather Ross  Mario Talajic
REGRETS: Blair O’Neill  Chris Simpson  Bob Sheldon  Brian Potter  Danielle Graham
STAFF: Anne Ferguson  Linda Palmer  Andrea Lee

1.0 Welcome and agenda additions

V. Huckell welcomed everyone to the meeting.

2.0 Agenda Approval and Identification of Other Business

The agenda was reviewed and the presentation from R. Sheldon under Other Business was deferred.

Motion June 14-01
Moved by M. Talajic, seconded by E. King and unanimously agreed to approve the June 12, 2014 CCSA Board Agenda as amended.

3.0 Approval of the Consent Agenda

V. Huckell presented the Consent Agenda.

It was noted that the minutes of the February 27, 2014 Board meeting should be amended on page 8, item 4.5 to read, “the report from the Working Group will be brought to the Board meeting in October.”

Motion June 14-02
Moved by E. King, seconded by G. Gyenes and unanimously agreed to approve the minutes as amended.

The balance of the Consent Agenda from items 3.2 to 3.5 were reviewed and approved.

Motion June 14-03
Moved by M. Talajic, seconded by E. King and unanimously agreed to approve the Consent.

4.0 Finance

4.1 Approval of 2013-2014 Draft Audited Financial Statement

V. Huckell reviewed each section of the report, developed by Marcil Lavalléem the CCSA auditor. The year end operating surplus was $46,631, primarily due to realized gains on investments and unbudgeted donations for the Trainee Day.
Motion June 14-04
Moved by E. King, seconded by B. Cujec and unanimously agreed to approve the 2013-2014 Draft Audited Financial Statement as presented.

4.2. Investment Review

The Investment Review was deferred until R. Sheldon was available to present at a subsequent meeting.

5.0. Governance

5.1 Nominations Committee Report

B. Cujec presented the report of the 2014 CCSA Nominating Committee.

In 2014, the terms for both Mike Froeschl and Gabor Gyenes as members of the CCSA Board are up in October. The call for CCSA Board nominations went out February 24, 2014 and ended May 14, 2014. No nominations were received.

The CCSA Nominating Committee met on April 7, 2014 and agreed that a two-year term is often too short to fully contribute to the organization. The committee asked Dr. Froeschl and Dr. Gyenes to consider serving a further two year term. Both members advised of their willingness to continue as CCSA Board members for another two years.

The Board agreed to put forward Drs. Gyenes and Froeschl and to present them as part of a slate to the membership for a formal vote at the CCSA Annual General Meeting on October 27th, 2014 in Vancouver:

List of proposed CCSA Board Members October 2014 – October 2016 (pending successful election)

| Robert Sheldon | Bibiana Cujec |
| Vic Huckell    | Heather Ross  |
| Mario Talajic  | Gabor Gyenes  |
| Mike Froeschl  | Cathy Kells   |
| Ed King        | Sanjog Kalra  |
| Ken Gin        |

Motion June 14-05
Moved by E. King, seconded by M. Talajic and unanimously agreed to approve the proposed slate of CCSA Board members:

| Robert Sheldon | Bibiana Cujec |
| Vic Huckell    | Heather Ross  |
| Mario Talajic  | Gabor Gyenes  |
| Mike Froeschl  | Cathy Kells   |
| Ed King        | Sanjog Kalra  |
| Ken Gin        |
5.2 CCS Strategic Plan Update

M. Talajic and H. Ross gave a review of the CCS strategic planning sessions held 5-6 June including the information from the member interviews and the member survey. Items discussed include:

- Re-thinking the structure of Congress, including stabilizing the financial structure and giving the affiliates a more active role in the meeting;
- The development of affiliate organizations within CCS;
- The role of CCS in health advocacy;
- The relationship with external partners, including the Heart and Stroke Foundation, the Royal College and international associations such as the American College of Cardiology.

The face-to-face strategic planning sessions identified broad themes but did not discussed any theme in enough detail to identify objectives and goals for the next three years. Next steps include the strategic planning consultant reviewing the minutes from the strategic planning sessions and consolidating information on the four major themes. The consolidated information from the consultant will be used by CCS in small working groups that will formulate the ideas into a draft strategic plan to be brought to the CCS Council in October. The timeline for a completed strategic plan is April 1, 2015. CCS is considering using a page in the CJC to keep members completely abreast of the established strategic goals.

Once the strategic plan is finalized with deliverables and a timeline for each deliverable, the CCS will bring forward to CCSA any new directions or initiatives for the CCSA that come out of the CCS strategic plan. The CCSA will then need to meet to discuss what elements need to be in place to finance any new initiatives.

6.0 Other Business

In earlier meetings there was discussion on hosting a public lecture at Congress in 2014. R. Sheldon, B. Cujec and A. Ferguson met by teleconference on May 13th and it was decided to put the idea on hold until the CCC strategic planning exercise was completed.

Meeting adjourned at 5:46 pm.

*Motion February 14-06*
*Moved by E. King seconded by V. Huckell and unanimously agreed to adjourn the June 12, 2014 CCSA Board Meeting.*
Report To: CCSA Board Members
From: Brian Potter
Date: October 26, 2014
Re: Trainee Program Report to CCSA Board
Agenda Item: 3.2

NOTES:

Please find attached the CCS Trainee Program Report to the CCSA Board for Board Member review.

CCS undertakes trainee programs on behalf of the CCSA.

Attached are updates and reports on the following programs:

Attachments: 3.2i Trainee Committee Report
            3.2ii 2014 Trainee Day Program
Report To: CCSA Board Members
From: Brian Potter
Date: October 26, 2014
Re: Trainee Committee Report to CCSA
Agenda Item: 3.2i

The following highlights the work of the Trainee Committee since the last report to Council dated June 12, 2014.

13th Annual Cardiovascular Trainee Day
Saturday, October 25, 2014
08:00 – 17:00
Vancouver, BC

Planning for the 2014 edition is complete. This year’s theme is THE ROAD AHEAD. Attached is the 2014 Trainee Day Program.

CIHR has partnered (pilot for this year) in the planning of this year’s research track at Trainee Day and this has been greatly welcomed.

In addition, CIHR contributed $10,000 in support of Trainee Day.

2014 Trainee Day Planning Committee Members
- Sanjog Kalra, Dalhousie University, Academic Co-Chair
- Matthew Chamberlain, Dalhousie University, Halifax, NS, Community Co-Chair
- Sonya K. Hui, University of Toronto, Toronto, ON, Past Co-Chair
- Ala H. Al-Lawati, University of British Columbia, Vancouver, BC
- Preeti Anand, McGill University, Montreal, QC
- Laura J. Banks, University of Toronto, Toronto, ON
- Debraj Das, University of Alberta, Edmonton, AB
- Christina Luong, University of British Columbia, Vancouver, BC
- Judy Luu, University of Calgary, Calgary, AB
- Valerie Rodgers, University of Montreal, Montreal, QC
- Abhinav Sharma, University of Alberta, Edmonton, AB

Target Audience: Cardiovascular trainees from research and clinical cardiovascular streams are encouraged to participate in Trainee Day.
Learning Objectives:

- Provide a networking opportunity for trainees in both professional and social forums
- Share your experiences with your peers and gain practical skills
- Identify strategies for succeeding as a trainee regardless of ultimate career choice
- Develop practical solutions to career-establishment challenges after training

New this year!

Two drop-in skills labs featuring cutting edge cardiovascular simulation technology and an interactive negotiations skills session with active participation and mentoring.

Extended Networking lunch – opportunity to interact with:

- CCS Council
- CCSA Board Members
- Division chiefs and program directors
- CV research principal investigators
- Presidents of CCS affiliates
- And more. . .

Jeopardy session challenge

Again this year, there will be 4 teams of 3 trainees participating in the Trainee Day Jeopardy challenge. Trainees will test their CV knowledge and win great prizes!

This year, there will once again be a $25.00 registration fee to attend Trainee Day.

Below is attendance information for the last two years and registration numbers (as of September 22) for this year’s program.

<table>
<thead>
<tr>
<th>Training Stream</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>Adult Cardiology</td>
<td>84</td>
<td>79</td>
<td>80</td>
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<tr>
<td>Pediatric Cardiology</td>
<td>10</td>
<td>5</td>
<td>7</td>
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<tr>
<td>Cardiac Surgery</td>
<td>30</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>Research Trainees</td>
<td>38</td>
<td>31</td>
<td>26</td>
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<tr>
<td>Internal Medicine</td>
<td>31</td>
<td>43</td>
<td>31</td>
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<tr>
<td>Medical Students</td>
<td>22</td>
<td>26</td>
<td>18</td>
</tr>
<tr>
<td>Other – Nursing, etc</td>
<td>14</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>229</td>
<td>223</td>
<td>184</td>
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</table>

Fundraising for Trainee Programs

Sanjog Kalra has been successful at receiving verbal commitment from Servier in the amount of 5K towards trainee programs. Discussions with AstraZeneca have recently taken place and an answer regarding their support is pending.

All donations are unrestricted and will be made to the CCSA. The companies will be recognized based on CCSA’s current donations guidelines.
Trainee Review Programs 2015

The 10th Adult Cardiology TRP is scheduled for April 24-26, 2015, location is still to be determined. The Chair for the Adult Program is Dr. Michael Froeschl from Ottawa.

Planning will be underway shortly.

The 8th Cardiac Surgery TRP is scheduled for March 2015 in Montreal. The planning will be underway shortly. Again this year the program will be open to 5th and 6th year cardiac surgery residents. The Chair for the Cardiac Surgery program is Frederic Jacques.

The 9th Pediatric Cardiology TRP is tentatively scheduled for early May 2015, location to be determined. The Chair is Dr. Kenny Wong from Halifax.

A good luck message has been sent to trainees before each of the Royal College of Physicians and Surgeons of Canada exams. A post-exam survey will be sent to all trainees to determine if the TRP was beneficial to their exam preparation, and to collect feedback about how the TRP can be improved.

Communications

Social Media
Debraj Das has been charged with updating the Facebook Page and Twitter account for Trainee Day. New postings providing information about Trainee Day presenters and exciting new features of Trainee Day have been posted on a weekly basis.

Trainee News
The Trainee Newsletter continues to be a much valued communication tool to keep trainees abreast of CCS programs and services, and for information sharing. A French language version of Trainee Newsletter has also been re-instituted.

Trainee Section of CCS’ website
The Trainee Website working group met over the summer and reviewed the Trainee Section of the CCS website and made recommendations on ways to improve the site’s content. The working group developed a wish list of resources and in the coming months will be contributing content for the trainee section on the CCS newly designed website. The Trainee Website is a work in progress and we will be featuring some of its new content at CCC and shortly after CCC.

Section 1: Trainee Day
Links to the Trainee Day Facebook and Twitter
Trainee Day information

Section 2: Science
Links to other societies
Articles of interest, including research published by our trainees and presentations done by trainees

Section 3: Fellowships
Fellowship page
How to get a fellowship in Canada
Residency program requirements
List of mentors from different institutions
Basic science and designated trainee

Section 4: Research and grants
List of grants, scholarships, bursaries and awards
Research opportunities

Section 5: Exam preparation
TRPs
Tutorials (EKG, typical exams questions, caths examples, etc.)
Royal college exam preparation page (study notes, documents, powerpoints)
List of trainee reviews

Section 6: Congresses
List of congresses with deadlines for submission

Section 7: News and picture gallery
News, picture gallery, discussion forum

Canadian Journal of Cardiology

Trainee & Early Career Section

A focus group was struck to develop a proposal to the CJC for the establishment of a permanent “trainee” section. The focus group consisted of the trainee representatives to CJC, Dimitrios Tsirigotis and Andrew Chen, as well as Brian Potter, Sanjog Kalra, and Bill MacIntyre. The group’s proposal, which calls for regular content specifically targeted to trainees and early career members, was ratified at the last Trainee Committee meeting and will be presented to the CJC Committee at Congress.

The Trainee Committee has met once since June. The Trainee Committee is scheduled to meet face to face at CCC on Monday, October 27th. In addition, there have been many subcommittee meetings to move the various initiatives along.

It would be my pleasure to answer any all questions regarding this report or the activities of the Trainee Committee during the CCSA meeting or at any other time.

I would like to take this opportunity to thank CCSA and CCS for their ongoing support for educational activities throughout the year. The TRPs continue to be the most valuable offerings, followed by Trainee Day at CCC. I feel privileged to have served on the CCS Council, CCSA Board and various committees during the past two years and have enjoyed working with everyone. It is with mixed emotions that I leave this role. However, I am excited and there is no doubt that trainees will be well served and will be in good hands with Sanjog Kalra, the incoming trainee representative. Thank you!

Respectfully submitted,

Brian J. Potter, MDCM MSc FRCPC
Chair, CCS Trainee Committee

Attachments:
- Trainee Day Program
13th Annual Cardiovascular Trainee Day at CCC 2014

THE ROAD AHEAD

SATURDAY, OCTOBER 25, 2014 • 08:00 TO 17:00
FAIRMONT WATERFRONT • VANCOUVER, BC
Trainee Day consists of a series of meet-the-experts workshops, hands-on skills labs and a plenary session catering to trainee’s specific interests given by world-class clinicians and research scientists. Plan to attend!

Register early to guarantee your spot in the sessions you want to attend!

Register at www.cardiocongress.org

Join us on Facebook
Annual Cardiovascular Trainee Day

Follow our tweets
@SCC_CCS_Trainee #CCCvan
Target Audience

Cardiovascular trainees from research and clinical cardiovascular streams are encouraged to participate in this year’s Trainee Day.

Learning Objectives

• Provide a networking opportunity for trainees in both professional and social forums

• Share your experiences with your peers and gain practical skills

• Identify strategies for succeeding as a trainee, regardless of ultimate career choice

• Develop practical solutions to career-establishment challenges after training
Trainee Day Planning Committee

Sanjog Kalra, MD, MSc, Academic Co-Chair
Matt Chamberlain, BSc, MD, Community Co-Chair
Sonya Hui, MSc, Past Co-Chair
Ala Al-Lawati, MD
Preeti Anand, MD, MBA
Laura Banks, PhD
Debraj Das, BMSc, MD
Christina Luong, BSc, MD
Judy Luu, MD
Valérie Rodgers, MD
Abhinav Sharma, MD
Top 5 Reasons you Should Attend this Year's Trainee Day

1. Learn practical tips and gain insight on how to succeed in the first years of your career.
2. Get first-hand advice on how to manage debt.
3. Listen and interact with world-class clinicians and research scientists.
4. Interact and get advice from professionals in the field of negotiations and finances.
5. Test your skills by trying one of our interactive teaching labs and much more.
# Program Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 – 09:00</td>
<td><strong>PLENARY: How to Succeed in the First 3-5 Years of your Career</strong> - Kim Connelly</td>
<td></td>
</tr>
<tr>
<td>09:10 – 10:10</td>
<td><strong>Maximizing Mentor Relationships: Finding the Right Fit</strong></td>
<td>Mark Haykowsky and Phyllis Billia</td>
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<td></td>
<td><strong>Money Matters: Tips/tricks for Cardiovascular Professionals</strong></td>
<td>Greg Lee Son</td>
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<td></td>
<td><strong>Focus on Negotiation: The Basics</strong></td>
<td>Callie Bland with Mansoor Husain, Stuart Smith, Heather Warren, Brian Clarke, Maral Ouzounian, Simon Jackson, Daniel Wong, Viet Le, Matthew Bennett, Catherine Kells and Tara Sedlak</td>
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<tr>
<td></td>
<td><strong>ECG: Beginner</strong></td>
<td>Philip Podrid</td>
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<td></td>
<td><strong>Cardiac Cath</strong></td>
<td>Kevin Bainey and Neil Fam</td>
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<td></td>
<td><strong>Echo: Drop-in</strong></td>
<td>Jasmine Grewal and Miriam Shanks</td>
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<td></td>
<td><strong>Surgical Skills: Beginner</strong></td>
<td>Peter Skarsgard</td>
</tr>
<tr>
<td>10:20 – 11:20</td>
<td><strong>The Nuts &amp; Bolts of Starting up your Practice</strong></td>
<td>Jean-Bernard Masson</td>
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<td><strong>Find a New Niche: Emerging Subspecialties in CV Medicine and Research</strong></td>
<td>Donald Palisaitis</td>
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<tr>
<td></td>
<td><strong>ECG: Advanced</strong></td>
<td>Philip Podrid</td>
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<tr>
<td></td>
<td><strong>Echo: Drop-in</strong></td>
<td>Jasmine Grewal and Miriam Shanks</td>
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<tr>
<td>11:30 – 13:00</td>
<td>Networking Lunch</td>
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<td>13:10 – 14:10</td>
<td><strong>Finding an International Clinical/Research Fellowship</strong></td>
<td>Jayan Nagendran</td>
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<td><strong>Academic vs. Community Practice: Which One is Right for you?</strong></td>
<td>Charles Lefkowitz</td>
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<tr>
<td></td>
<td><strong>Focus on Negotiation: The Basics</strong></td>
<td>Callie Bland with Mansoor Husain, Stuart Smith, Heather Warren, Brian Clarke, Maral Ouzounian, Simon Jackson, Daniel Wong, Viet Le, Matthew Bennett, Catherine Kells</td>
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<td></td>
<td><strong>Surgical Skills: Advanced</strong></td>
<td>Peter Skarsgard</td>
</tr>
<tr>
<td>14:20 – 15:20</td>
<td><strong>Take a Different Road: Non-Traditional Career Paths</strong></td>
<td>Simon Pimstone and Michael McLaughlin</td>
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<td></td>
<td><strong>Don't survive, Thrive! Skills for Early Career Success</strong></td>
<td>Ed O'Brien</td>
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<td></td>
<td><strong>ECG: Advanced</strong></td>
<td>Philip Podrid</td>
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<tr>
<td></td>
<td><strong>Echo: Drop-in</strong></td>
<td>Jasmine Grewal and Miriam Shanks</td>
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<tr>
<td>15:30 – 17:00</td>
<td>Jeopardy and Closing</td>
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</tbody>
</table>
Alright – you’ve finished your training and landed your first job. Now what? Success early in your career can be challenging especially when transitioning into a new role, overcoming obstacles, establishing yourself, and steep competition from your peers. Dr. Kim Connelly, clinician-scientist from the University of Toronto, guides us through his experiences and provides insight on how to land that first job with both feet on the ground. Trainees from all backgrounds are encouraged to attend.

The Canadian Institute of Health Research has recently identified the importance of mentorship for advancing a trainee’s career in cardiovascular science and medicine. Two invited speakers, Dr. Mark Haykowsky and Dr. Phyllis Billia, will share their own experiences about what is needed to make academic supervision thrive and how to get the most out of your mentor relationships. Don’t miss this dynamic workshop intended for a broad audience of clinical and basic science trainee.

Don’t let your finances scare you any longer! Greg Lee Son will demystify the art of investing from TFSAs and RESPs to buying your first home. He will show you how to manage your debt whether you have student loans or a growing line of credit. He will also walk you through the process of incorporation and delve into risk management. This session is open to all trainees.
Focus on Negotiation: The Basics
Callie Bland, Drs. Stuart Smith, Mansoor Husain, Heather Warren, Brian Clarke, Maral Ouzounian, Simon Jackson, Daniel Wong, Viet Le, Matthew Bennett, Tara Sedlak and Catherine Kells

Congratulations! You have finished your training and are now being considered for a prestigious job position. You are about to sit down with your prospective employer and you realize something: you have absolutely no idea how to negotiate for the things you want. How much money can you, or should you, ask for? What about vacation time? Clinic space or research laboratory space? How much time per year will you spend doing clinical duties versus administrative, research, and/or teaching, if applicable? When and how will you be considered for promotions?

This unique workshop is intended to give trainees an introduction to the concept of negotiation, led by experts in this art, followed by small group interactions where trainees will negotiate specific components of a contract and be guided by experienced facilitators who can offer feedback and advice. Do not miss this unique learning opportunity!

Enrolment to this workshop will be limited. Preference will be given to senior trainees (both clinical and research). Junior trainees are encouraged to register and will be accommodated if space permits. Registration will be limited to 20 trainees per session.

The Nuts and Bolts of Starting up your Practice
Dr. Jean-Bernard Masson
10:20 – 11:20

This session is essential to any clinical trainee who has questions about the technical aspects required at the end of their training (licenses, insurances, hospital privileges, etc.). Dr. Masson, from the University of Montreal, is an interventional cardiologist who not only very successfully started his practice, but also started a structural interventions program. He will walk you through the steps to start your practice effectively.

Find a New Niche: Emerging Subspecialties in CV Medicine and Research*
Dr. Donald Palisaitis
10:20 – 11:20

This seminar will explore the various paths available to trainees, from the ones already recognized by the Royal College (and what that implies) to the newer booming ones. Dr. Palisaitis, from the University of Montreal, is an interventional cardiologist who sits on the Royal College committee, will give you his insight on the matter. He will be followed by a scientist who will speak about the emerging fields in cardiovascular research. This workshop is aimed at all the cardiovascular (clinical and research) trainees.

*Presented in partnership with CIHR
Finding an International Clinical/Research Fellowship*
Dr. Jayan Nagendran
13:10 – 14:10

Academic vs. Community Practice: Which One is Right for you?
Dr. Charles Lefkowitz
13:10 – 14:10

Take a Different Road: Non-Traditional Career Paths
Drs. Simon Pimstone and Michael McLaughlin
14:20 – 15:20

Discovering, organizing, and funding research fellowships is a complex process – especially when outside of Canada. Dr. Jayan Nagendran, Cardiac Surgeon, walks us through his journey in obtaining an international Fellowship. Dr. Nagendran will provide expert insight and advice in how to secure an International Fellowship. Trainees from all backgrounds are encouraged to attend, particularly those involved with Basic and/or Clinical Research.

*Presented in partnership with CIHR

The choice between an academic or community practice is not a simple one. Nonetheless, it is one of the most important questions every trainee will have to answer since it will determine the day to day work we will do throughout our career. Trainees are mostly exposed to academic hospitals, making it hard to really grasp the implications and the differences between the two options.

This session is targeted for clinical trainees planning their future practice.

Join these two world-renowned powerhouses as they review non-traditional career options for physicians and researchers. Dr. Pimstone is a clinician scientist and founder of Xenon Pharmaceuticals, one of Canada’s leading privately owned biotechnology companies focused on genetics-based drug development. He is also a consultant physician, Chairman of the Providence Healthcare Research Institute, and Director on the Board of Life Sciences British Columbia.


Whether you are thinking of pursuing an alternative medical career or looking for tips on opportunities that go along with your current practice, this session is for you. The workshop will cover the challenges associated with transitioning to alternative medical careers and how to deal with them.

Join us to explore this rarely spoken about subject in residency and fellowship.
As the current Chief of Cardiology in Calgary, Dr. Ed O’Brien also serves as the Director of Research for the Libin Cardiovascular Institute of Alberta and holds a CIHR / Medtronic Research Chair for his studies in vascular biology. With a wealth of experience, Dr. O’Brien will lead the discussion on the changing landscape in today’s funding environment and the critical skills required to achieve early career success. This seminar is applicable to trainees at all levels, including basic and clinical science students, residents, and fellows.

*Presented in partnership with CIHR

### INTERACTIVE TEACHING LABS

#### ECG Beginner
**Dr. Philip Podrid**
09:10 – 10:10 and 13:10 – 14:10

This skills lab will introduce basic concepts in ECG acquisition and interpretation. Lead placement, signal generation, as well as the standard approach to ECG interpretation, including rate, rhythm, axis, waves, and segments will be reviewed. Specific cases will be used to illustrate this approach. No prior knowledge of electrocardiography or ECG interpretation is required.

#### Cardiac Catheterization
**Drs. Brian Potter, Akshay Bagai, Kevin Bainey and Neil Fam**

Cardiac catheterization involves an assessment of cardiac structure and function, hemodynamics and coronary anatomy as well as access for percutaneous coronary intervention. Attendees of this session will be divided into two groups (beginner and advanced) based on previous exposure and knowledge of cardiac catheterization. Using a technologically advanced, high fidelity simulator, beginner attendees will be introduced to basic catheter visualization, manipulation and coronary selection. Standard angiography views and images will also be reviewed. No prior knowledge of cardiac catheterization will be required for this group. Advanced trainees with prior knowledge of coronary angiography (advanced trainees in either cardiology or cardiac surgery) will be introduced to advanced diagnostic angiography, guide catheter and wire selection as well as the basic steps involved in percutaneous coronary intervention.

This is an all day, drop-in skill lab.
Cardiac echocardiography provides non-invasive information on cardiac anatomy, ventricular and valve function, as well as cardiac hemodynamics. This all day, drop-in skill lab is open to trainees of all backgrounds and levels (trainees will be directed to beginner and advanced stations based on previous echo experience). This year’s new format has been designed to accommodate as many trainees as possible to this highly rated and sought-after learning event. Objective: Trainees will gain an understanding of scanning modes including 2D, Doppler colour flow, continuous wave and pulsed Doppler acquisition, and standard echo views. Advanced trainees will also have the opportunity to assess LV function, valvular pathology and hemodynamics.

The Beginner Surgical Skills Lab is targeted primarily at junior surgical trainees. This session will focus on surgically relevant mitral valve anatomy and principles of mitral valve replacement. Basic surgical technical skills and general cardiac anatomy will also be reviewed. Participants will learn the technical aspects of how to implant a prosthetic valve in the mitral position. They will also be given the opportunity to perform the procedure on porcine hearts. This is an excellent opportunity to review all the basic aspects of mitral valve surgery.

This skills lab will be predominantly case-based and focus on challenging rhythm assessment, including tachycardias, blocks, and paced rhythms. Experience in ECG interpretation is required for this lab.

The Advanced Surgical Skills Lab is targeted primarily at senior surgical trainees. This session will focus on the principles of reconstructive techniques used in mitral valve repair. Given the advanced nature of this session, emphasis will be placed on attention to technical detail, avoidance of complications and technical decision making. Participants will have the opportunity to work on porcine hearts and perform various types of mitral valve repair.
The Annual Cardiovascular Trainee Day is a program of the Canadian Cardiovascular Society Academy. This year we are pleased to partner with the Canadian Institute of Health Research (CIHR)’s Institute of Circulatory and Respiratory Health (ICRH) on the development of the Trainee Day Research Track.

Register early to guarantee your spot in the sessions you want to attend!

Register at www.cardiocongress.org

Join us on Facebook
Annual Cardiovascular Trainee Day

Follow our tweets
@SCC_CCS_Trainee #CCCvan
Report To: CCSA Board Members
From: B. Sheldon
Date: October 26, 2014
Re: Have a Heart Bursary Program Update
Agenda Item: 3.3

Notes:

Last October we reported that we had noted a significant decrease in the number of applications received for the Have a Heart Bursary Program.

We are pleased to report that this year we received over 70 applications vs 38 applications in 2013, which is more in line with the 2012 and 2011 participation numbers.

Leading up to the closing of this year’s call, much effort was placed on increasing awareness of the program in the hopes of yielding more applications and the strategies were successful. These are the initiatives that were undertaken:

- Promoted the program to post-graduate education directors
- Sent notices to Assistant and/or Associate Deans of general medicine
- Promoted the program on the CCS website, as well as the CCC website
- Promoted the program at this year’s Young Investigator Forum (YIF) and on their website
- Promoted the program via CCS communication vehicles including, CCS online, Trainee News and advertisements in the Canadian Journal of Cardiology (CJC).

2014 Have a Heart Bursary reviewers were:

- Blair O’Neill – CCS Past President (2013-2014) - AB
- Isabelle Nault (2014-2016) - QC
- Gary Lopaschuck (2012-2014) - AB

This year’s winners - Attached is the list of the 2014 Have a Heart Bursary Recipients and demographic information.

2015 Have a Heart Program - The 2015 Have a Heart Bursary Program will open in early February 2015.

2015 Reviewers

- Mario Talajic – CCS Past-President (2015-2016), Montreal, QC
- Isabelle Nault (2014-2016), Quebec, QC
- TBD (Basic Scientist – 2015-2017)

Attachment: 3.3i List of 2014 Have a Heart Bursary Recipients with demographics
- 3.3ii Have a Heart Bursary Ad
## 2014 Have a Heart Bursary Recipients

### Agenda Item 3.3

<table>
<thead>
<tr>
<th>Prefix</th>
<th>FirstName</th>
<th>LastName</th>
<th>Applied before?</th>
<th>City</th>
<th>Prov</th>
<th>Gender</th>
<th>TRAINEE TYPE</th>
<th>INSTITUTION</th>
<th>DIRECTOR</th>
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<td>Maihemuti</td>
<td>Abulajiang</td>
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<td>Quebec</td>
<td>QC</td>
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<td>LAVAL</td>
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<td>Program Supervisor</td>
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<tr>
<td>Dr.</td>
<td>Winnie</td>
<td>Chan</td>
<td>No</td>
<td>Hamilton</td>
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<td>MCMASTER</td>
<td>Shariq Haider</td>
<td>Colleague</td>
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<td>Ms.</td>
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<td>Cowan</td>
<td>No</td>
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<td>ON</td>
<td>Female</td>
<td>STUD_GRAD</td>
<td>QUEENS</td>
<td>Robert Ross</td>
<td>Colleague</td>
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<tr>
<td>Dr.</td>
<td>Barbara</td>
<td>Doumours</td>
<td>No</td>
<td>Toronto</td>
<td>ON</td>
<td>Female</td>
<td>INTERNAL</td>
<td>TORONTO</td>
<td>Dr. Heather McDonald-Blumer</td>
<td>Colleague</td>
</tr>
<tr>
<td>Mr.</td>
<td>Eric</td>
<td>Duong</td>
<td>No</td>
<td>Edmonton</td>
<td>AB</td>
<td>Male</td>
<td>STUD_GRAD</td>
<td>MCGILL</td>
<td>Stanley Nattel</td>
<td>Colleague</td>
</tr>
<tr>
<td>Mr.</td>
<td>Mehroz</td>
<td>Ehsan</td>
<td>No</td>
<td>Toronto</td>
<td>ON</td>
<td>Male</td>
<td>STUD_GRAD</td>
<td>TORONTO</td>
<td>Dr. Subodh Verma</td>
<td>Colleague</td>
</tr>
<tr>
<td>Mr.</td>
<td>Alec</td>
<td>Falkenham</td>
<td>No</td>
<td>Halifax</td>
<td>NS</td>
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<td>RES (PhD)</td>
<td>DALHOUSIE</td>
<td>Jean Francois Legare</td>
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</tr>
<tr>
<td>Dr.</td>
<td>Tamryn</td>
<td>Law</td>
<td>No</td>
<td>Toronto</td>
<td>ON</td>
<td>Female</td>
<td>INTERNAL</td>
<td>TORONTO</td>
<td>Dr. Heather McDonald-Blumer</td>
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</tr>
<tr>
<td>Miss</td>
<td>Sylvie S. L.</td>
<td>Leung Yin</td>
<td>No</td>
<td>Montreal</td>
<td>QC</td>
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<td>Louise Pilote</td>
<td>CCS Website</td>
</tr>
<tr>
<td>Ms.</td>
<td>Alison</td>
<td>Li</td>
<td>No</td>
<td>Burnaby</td>
<td>BC</td>
<td>Female</td>
<td>RES (PhD)</td>
<td>SIMON FRASER</td>
<td>Dr. Glen Tibbits</td>
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</tr>
<tr>
<td>Dr.</td>
<td>Rebecca</td>
<td>Mathew</td>
<td>Yes</td>
<td>Sault Ste. Marie</td>
<td>ON</td>
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<td>INTERNAL</td>
<td>MCMASTER</td>
<td>Dr. Shariq Haider</td>
<td>Colleague</td>
</tr>
<tr>
<td>Dr.</td>
<td>Hassan</td>
<td>Mir</td>
<td>No</td>
<td>Mississauga</td>
<td>ON</td>
<td>Male</td>
<td>INTERNAL</td>
<td>MCMASTER</td>
<td>Dr. Shariq Haider</td>
<td>CCS Website</td>
</tr>
<tr>
<td>Ms.</td>
<td>Hannah</td>
<td>Nicolas</td>
<td>No</td>
<td>Ottawa</td>
<td>ON</td>
<td>Female</td>
<td>RES (PhD)</td>
<td>OTTAWA</td>
<td>Frédérique Tesson</td>
<td>CCS Website</td>
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<td>Ms.</td>
<td>Nour</td>
<td>Qa'aty</td>
<td>No</td>
<td>Etobicoke</td>
<td>ON</td>
<td>Female</td>
<td>STUD_GRAD</td>
<td>TORONTO</td>
<td>Dr. Aleksander Hinek</td>
<td>CCS Website</td>
</tr>
<tr>
<td>Mr.</td>
<td>Inderjeet</td>
<td>Sahota</td>
<td>Yes</td>
<td>Calgary</td>
<td>AB</td>
<td>Male</td>
<td>STUD_MD</td>
<td>CALGARY</td>
<td>Dr. Robert Sheldon</td>
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</tr>
<tr>
<td>Mr.</td>
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<td>Tadevosyan</td>
<td>No</td>
<td>Montreal</td>
<td>QC</td>
<td>Male</td>
<td>RES (PhD)</td>
<td>MONTREAL</td>
<td>Dr. Stanley Nattel</td>
<td>Program Supervisor</td>
</tr>
<tr>
<td>Mr.</td>
<td>Derrick</td>
<td>Tam</td>
<td>No</td>
<td>Windsor</td>
<td>ON</td>
<td>Male</td>
<td>STUD_MD</td>
<td>QUEENS</td>
<td>Dr. Anthony Sanfilippo</td>
<td>CCS Website</td>
</tr>
<tr>
<td>Dr.</td>
<td>Nigel</td>
<td>Tan</td>
<td>No</td>
<td>Toronto</td>
<td>ON</td>
<td>Male</td>
<td>INTERNAL</td>
<td>TORONTO</td>
<td>Dr. Andrew T. Yan</td>
<td>Program Supervisor</td>
</tr>
<tr>
<td>Ms.</td>
<td>Schuchita</td>
<td>Tiwari</td>
<td>No</td>
<td>Saskatoon</td>
<td>SK</td>
<td>Female</td>
<td>RES (PhD)</td>
<td>SASK</td>
<td>Dr. Joseph Fomusi Ndisang</td>
<td>Program Supervisor</td>
</tr>
<tr>
<td>Dr.</td>
<td>Erik</td>
<td>Van Oosten</td>
<td>No</td>
<td>London</td>
<td>ON</td>
<td>Male</td>
<td>INTERNAL</td>
<td>WESTERN</td>
<td>Dr. Sheri-Lynn Kane</td>
<td>Program Supervisor</td>
</tr>
</tbody>
</table>
Congratulations
to our future cardiovascular leaders!

Félicitations'à nos futurs chefs de file
en médecine et en recherche cardiovasculaire!

The CCSA is proud to offer 20 promising individuals the “Have a Heart” bursary to attend CCC 2014.

Visit www.ccs.ca to find out more about the CCSA.

L’ASCC est fière d’offrir une bourse à 20 jeunes individus à l’avenir prometteur afin qu’ils puissent assister au CCSC 2014.

Visit www.ccs.ca pour en découvrir davantage sur l’ASCC.

Our recipients
Nos récipiendaires

Maihemi Abulajiang, (Québec, QC)
Winnie Chan, (Hamilton, ON)
Theresa Cowan, (Kingston, ON)
Barbara Doumouras, (Toronto, ON)
Eric Duong, (Edmonton, AB)
Mehroz Ehsan, (Toronto, ON)
Alec Falkenhayn, (Halifax, NS)
Tamryn Law, (Toronto, ON)
Sylvie S. L. Leung Yinko, (Montréal, QC)
Alison Li, (Burnaby, BC)
Rebecca Mathew, (Sault Ste, Marie, ON)
Hassan Mir, (Mississauga, ON)
Hannah Nicolas, (Ottawa, ON)
Nour Qa’aty, (Etobicoke, ON)
Inderjeet Sahota, (Calgary, AB)
Artavazd Tadevosyan, (Montréal, QC)
Derrick Tam, (Windsor, ON)
Nigel Tan, (Toronto, ON)
Schuchita Tiwari, (Saskatoon, SK)
Erik Van Oosten, (London, ON)
NOTES:

Attached are the August 31, 2014 Financial Statements for the fiscal year end 2014-2015. The CCSA is forecasting a net operating loss of $41,058 which is $17,527 lower than budgeted.

The primary reasons for the projected decrease in the operating loss are as follows:
1. Trainee Day is expecting additional registration of 20 Trainee's @$25 each.
2. CIHR contributed an unbudgeted $10,000 towards Trainee Day as they were involved in the development of the Research Track at Trainee Day.
3. Expense savings in implementing the Finance Review Program.

Attachments: August 31, 2014 Financial Statements
FINANCIAL STATEMENTS
August 31, 2014
Canadian Cardiovascular Society Academy
Académie de la Société canadienne de cardiologie
Financial Statements
For the period ending August 31, 2014

Contents

Financial Statements

Balance Sheet 2
Statement of Changes in Net Assets 3
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Notes to 2014-2015 Approved Budget 6-7
Notes to 2014-2015 Variance 8-9
# Canadian Cardiovascular Society Academy
## Balance Sheet

**Académie de la Société canadienne de cardiologie**

**Balance Sheet**

<table>
<thead>
<tr>
<th></th>
<th>31-Aug-14</th>
<th>31-Mar-14</th>
<th>31-Mar-13</th>
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<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
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<tr>
<td><strong>Current</strong></td>
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<td></td>
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<tr>
<td>Cash</td>
<td>$64,951</td>
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<td>Sales taxes receivable</td>
<td>$1,097</td>
<td>4,227</td>
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<tr>
<td>Due From CCS A/R</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Prepaid Expenses</td>
<td>3,500</td>
<td>3,500</td>
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<tr>
<td>Accounts receivable</td>
<td>-</td>
<td>100</td>
<td>-</td>
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<tr>
<td>Current Portion of Promissory note</td>
<td>15,100</td>
<td>15,100</td>
<td>14,500</td>
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<td><strong>Total Current Assets</strong></td>
<td>$84,548</td>
<td>$143,756</td>
<td>$202,469</td>
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<td><strong>Non-Current Assets</strong></td>
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<tr>
<td>Notes Receivable from CCS</td>
<td>199,209</td>
<td>206,695</td>
<td>221,829</td>
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<td>Investments</td>
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<td>1,723,756</td>
<td>1,566,125</td>
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<td><strong>Total Non-Current Assets</strong></td>
<td>$1,997,327</td>
<td>$1,930,451</td>
<td>$1,787,954</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>$2,081,875</td>
<td>$2,074,207</td>
<td>$1,990,423</td>
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<tr>
<td><strong>Liabilities and Net Assets</strong></td>
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<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
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<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$25,800</td>
<td>$4,309</td>
<td>$4,010</td>
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<tr>
<td>Deferred Revenue</td>
<td>$10,000</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Due to Canadian Cardiovascular Society</td>
<td>-</td>
<td>32,143</td>
<td>15,115</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>$35,800</td>
<td>$36,452</td>
<td>$19,125</td>
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<td><strong>Net Assets</strong></td>
<td></td>
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<tr>
<td>Unrestricted net assets</td>
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<td>$2,037,755</td>
<td>$1,971,298</td>
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<tr>
<td><strong>Total Net Assets</strong></td>
<td>$2,081,875</td>
<td>$2,074,207</td>
<td>$1,990,423</td>
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On behalf of the Board:

______________________________
## Statement of Changes in Net Assets

For the period ending August 31, 2014  

<table>
<thead>
<tr>
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<th>31-Aug-14</th>
<th>31-Mar-14</th>
<th>31-Mar-13</th>
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<tr>
<td><strong>Balance, beginning of year</strong></td>
<td>$2,037,755</td>
<td>$1,971,298</td>
<td>$1,960,124</td>
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<tr>
<td><strong>Adjustment to financial instrument</strong></td>
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<td><strong>Excess of revenue over expenses (expenses over revenue)</strong></td>
<td>$13,321</td>
<td>$66,457</td>
<td>$11,174</td>
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<td><strong>Balance, end of year</strong></td>
<td>$2,051,076</td>
<td>$2,037,755</td>
<td>$1,971,298</td>
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# Statement of Operations

## For the period ending August 31, 2014

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<th>2014-2015</th>
<th>08/31/14 Actuals</th>
<th>03/31/15 Forecast</th>
<th>Variance</th>
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<td>Donations - Membership (Note 1)</td>
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<td>$17,675</td>
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<td>5,250</td>
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<td>Loan Interest (CCS) (Note 6)</td>
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<td>9,300</td>
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<td>Trainee Day Registration</td>
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<td>$4,250</td>
<td>$4,250</td>
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<td>CS Trainee Review Registration</td>
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<td>0</td>
<td>$4,875</td>
<td>$4,875</td>
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<tr>
<td>Adult Trainee Review Program Registration</td>
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<td>$19,750</td>
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<td>Pediatric Trainee Review Program Registration</td>
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<td>Bank Interest (Note 7)</td>
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<td>285</td>
<td>$500</td>
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<td>Realized gains (losses) on investments (Note 8)</td>
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<td>54,748</td>
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<td>Miscellaneous Revenue</td>
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<td>Total Revenue</td>
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<th>08/31/14 Actuals</th>
<th>03/31/15 Forecast</th>
<th>Variance</th>
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<tbody>
<tr>
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<td>Board Meeting (Travel, Teleconference) (Note 10)</td>
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<td>25</td>
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<td>General Office and Administration Expenses (Note 11)</td>
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<td>Publications/Reports (Printing, G. Design, trnslns) (Note 12)</td>
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<td>Audit fees (Note 14)</td>
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<td>Legal fees (Note 15)</td>
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<td>Investment Mgmt Fees (Note 16)</td>
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<td>Insurance (Directors &amp; Officers Liability)</td>
<td>1,200</td>
<td>1,115</td>
<td>$1,200</td>
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<td>Have a Heart Bursary program (Note 17)</td>
<td>34,000</td>
<td>0</td>
<td>$34,000</td>
<td>$0</td>
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<tr>
<td>Trainee Initiatives (Trainee Day) (Note 18)</td>
<td>50,650</td>
<td>1,756</td>
<td>$49,550</td>
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<td>$5,671</td>
<td>$71</td>
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<td>-61</td>
<td>$14,250</td>
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<td>Miscellaneous</td>
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<td>Total Expenses</td>
<td>$248,885</td>
<td>$100,746</td>
<td>$272,833</td>
<td>$23,948</td>
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- Excess of operation revenue over expenses (expense over revenue)      
  - $58,585

- Investments
  - Unrealized Gain/Loss on Investments (Note 24) 1,221 1,221

- Excess of operation expenses over revenue
  - $58,585 $13,321 -$39,838 $17,527
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<td>$7,820.00</td>
<td>$16,230.00</td>
<td>$35,552.20</td>
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<td>Donation in marketable securities</td>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$3,018.00</td>
<td>$18,848.00</td>
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<td><strong>Total Donations</strong></td>
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<td><strong>$101,980.00</strong></td>
<td><strong>$74,914.00</strong></td>
<td><strong>$113,052.20</strong></td>
<td><strong>$61,783.00</strong></td>
<td><strong>$115,289.00</strong></td>
<td><strong>$634,211.00</strong></td>
<td><strong>$81,053.00</strong></td>
<td><strong>$103,050.00</strong></td>
<td><strong>$133,142.00</strong></td>
<td><strong>$38,175.30</strong></td>
<td><strong>$1,598,473.25</strong></td>
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Membership Donations Only: % increase for donations from previous year

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<tr>
<th></th>
<th>28.4%</th>
<th>107.5%</th>
<th>119.1%</th>
<th>30.4%</th>
<th>25.5%</th>
<th>-3.3%</th>
<th>35.4%</th>
<th>27.8%</th>
<th>-4.4%</th>
<th>-81.0%</th>
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Membership Donations Only: % increase from 2004-2005

<table>
<thead>
<tr>
<th></th>
<th>166.6%</th>
<th>483.9%</th>
<th>661.6%</th>
<th>855.9%</th>
<th>824.9%</th>
<th>1151.9%</th>
<th>1499.6%</th>
<th>1429.7%</th>
<th>190.3%</th>
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</thead>
</table>

Notes: Donations for the last 10 years fiscal years
Notes for 2014-2015 Approved Budget

**REVENUE**

Note 1: Membership Donations - based on 2013-2014 forecasted numbers
Note 2: Donations - Non Member: $5K- Intertask, $500 Misc - $5,000 deferred from 2013-14 to cover Trainee Day Winners
Note 3: Donations by Securities - $0 budgeted
Note 4: Fundraising Revenue - 0 budgeted
Note 5: Miscellaneous Revenue: $10,000 ICRH funding - TBD
Note 6: Loan Interest (CCS) - interest revenue is due quarterly (July, October, January and April)
Note 7: Bank Interest
Note 8: Realized Gain and Interest on Investments: Best guess with the market improving (Based on agreement)

**EXPENSES: All Expenses included 50% of GST and 18% of PST**

Note 9: Secretariat Fees: As approved at the March 2011 CCSA Board Meeting $ 50,000
Note 10: Board meeting: $3,00 for the following:
- October face-to-face meeting in Vancouver (meeting expenses for president except travel)
Note 11 Office Expense: Base on 2013-2014 forecasted numbers plus 2% and credit fees for donations
Note 12: Publications/Reports - Based on 2013-2014 forecasted numbers plus 2%. Printing Annual Report
Note 13: CCSA Recognition - Costs incurred by the Academy for gifts/plaques for CCSA donor recognition.
Note 14: Audit Fees are estimated to be $4200 ($3400 to prepare audit, $800 for investments)
Note 15: Legal Fees: $ 1,000 (Review of CCS/CCSA Service agreement re new CRA changes governing Charities, etc)
Note 16: Investment Mgmt Fee - Based on 2013-2014 forecasted numbers, plus 2%
Note 17: Have A Heart Bursary Program: $34,000; 20 winners; CCC 2013 Registration, travel, accommodations
Note 18: Trainee Initiatives: $45,650

**Revenue:** $3,750 (150 Trainees at $25.00 registration fee)

**Expenses:** $49,600
- Casual Labour $ 500
- Supplies $2,500
- Photocopying $ 1,500
- Printing $1,000 Program brochures and posters
- Graphic Design $500 Program brochure and posters
- Teleconference $400
- Translation: $1,200
- Honoraria $7,000 Honoraria and Travel – these are contingency line items. In the past the planning committee have, and include 2013 Trainee Day Winners. contacted international speakers to take part. And these funds may be required.
- Audio Visual $20,000
- Food function $17,000 For Trainee Day only – approx. 150 delegates plus 50 guests(breakfast, lunch and two breaks)
- Travel $2,500 for faculty non-members

**Revenue:** $ 20,000
- Registration: 60 attendees (50 X $325.00 and 10 x $375.00)

**Expenses:** $ 47,650
- Professional Fees $1,300 patients, cots, registration system, photographer
- Supplies $1,000
- Photocopying $ 500
- Postage and Courier $450
- Printing $900
- Graphic Design $100
- Teleconference $100
- Translation $300
- Translation $500
- Audio Visual $10,000 Rental of Laptop computers for Graphic OSCE stations
- Food Function $15,000 Trainee, faculty and staff
- Meeting Room Rental $6,000
- Travel/Accommodation $12,000 12 faculty and staff

Note 19: Adult TRP: $27,650
Note 20: Pediatric TRP: $5,600

**Revenue: $3,500**

Registration: 11 x $325

**Expenses: $9,100**

Supplies $250
Postage and Courier $100
Printing $100
Graphic Design $100
Teleconferencing $50
Audio Visual $500
Food $3000 Trainees and faculty
Travel $5,000

Note 21: Cardiac Surgery TRP: $9,375

**Revenue: $4,875**

Registration: 15 x $325

**Expenses: $14,250**

Supplies $500
Photocopying $50
Graphic Design $100
Teleconferencing $50
Audio Visual $1,000
Food Functions $5,000 Trainees and faculty
Meeting Room Rental $1,550
Travel $6,000

Note 22: CCS Journal Subscription Fee

<table>
<thead>
<tr>
<th>Year</th>
<th>450</th>
<th>2014 $65 @ 530 for 9 months</th>
<th>$21,937.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>450</td>
<td>2015 $65 @ 530 for 3 months</td>
<td>$7,312.50</td>
</tr>
</tbody>
</table>

Note 23: Young Investigator Forum: $3,500

Note 24: Unrealized Gain: This value is the difference between Book Value and Fair Market Value at a specific date
Notes for 2014-2015 Variances

REVENUE

Note 1: Membership Donations - based on 2013-2014 forecasted numbers
Note 2: Donations - Non Member:$5K- Intertask, $500 Misc - $5,000 deferred from 2013-14 to cover Trainee Day Winners
Note 3: Donations by Securities - $0 budgeted
Note 4: Fundraising Revenue - 0 budgeted
Note 5: Miscellaneous Revenue: $10,000 ICRH funding - TBD
Note 6: Loan Interest (CCS) - interest revenue is due quarterly (July, October, January and April)
Note 7: Bank Interest
Note 8: Realized Gain and Interest on Investments: Best guess with the market improving

EXPENSES: All Expenses included 50% of GST and 18% of PST

Note 9: Secretariat Fees: As approved at the March 2011 CCSA Board Meeting $ 50,000
Note 10: Board meeting: $3,00 for the following:
October face-to-face meeting in Vancouver (meeting expenses for president except travel)
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Note 12: Publications/Reports - Based on 2013-2014 forecasted numbers plus 2%. Printing Annual Report
Note 13: CCSA Recognition - Costs incurred by the Academy for gifts/plaques for CCSA donor recognition.
Note 14: Audit Fees are estimated to be $4200 ($3400 to prepare audit, $800 for investments)
Note 15: Legal Fees: $ 1,000 (Review of CCS/CCSA Service agreement re new CRA changes governing Charities, etc)
Note 16: Investment Mgmt Fee - Based on 2013-2014 forecasted numbers, plus 2%
Note 17: Have A Heart Bursary Program:$34,000; 20 winners; CCC 2013 Registration, travel, accommodations
Note 18: Trainee Initiatives: $45,650

Revenue: $3,750 (150 Trainees at $25.00 registration fee). Registration is up 20 more trainees expected.
Expenses: $49,600
Casual Labour $ 500
Supplies $2,500
Photocopying $ 1,500
Printing $1,000 Program brochures and posters
Graphic Design $500 Program brochure and posters
Teleconference $400
Translation: $1,200
Honouraria $7,000 Honoraria and Travel – these are contingency line items. In the past the planning committee have,
and include 2013 Trainee Day Winners. contacted international speakers to take part. And these funds may be required.
Audio Visual $20,000
Food function $17,000 For Trainee Day only – approx. 150 delegates plus 50 guests (breakfast, lunch and two breaks)
Travel $2,500 for faculty non-members

Note 19: Adult TRP: $27,650

Revenue: $ 20,000
Registration: 60 attendees (50 X $325.00 and 10 x $375.00)
Expenses: $ 47,650
Professional Fees $1,300 patients, cots, registration system, photographer
Supplies $1,000
Photocopying $ 500
Postage and Courier $450
Printing $900
Graphic Design $100
Teleconference $100
Translation $300
Translation $500
Audio Visual $10,000 Rental of Laptop computers for Graphic OSCE stations. Increase costs in A/V by $ 4,457
Food Function $15,000 Trainee, faculty and staff
Meeting Room Rental $6,000. Cost $5046 for a saving sof $954
Travel/Accommodation $12,000 12 faculty and staff. Costs were $9,169 for a savings of $2,831.
Note 20: Pediatric TRP: $5,600

Revenue: $3,500
Registration: 11 x $325. Only 8 members registered for PTRP therefore Revenue is down.

Expenses: $9,100
Supplies $250
Postage and Courier $100
Printing $100
Graphic Design $100
Teleconferencing $50
Audio Visual $500
Food $3000 Trainees and faculty. Food costs were down by $1,790
Travel $5,000, Travel costs came in at $4,290 for a savings of $710

Note 21: Cardiac Surgery TRP: $9,375

Revenue: $4,875
Registration: 15 x $325

Expenses: $14,250
Supplies $500
Photocopying $50
Graphic Design $100
Teleconferencing $50
Audio Visual $1,000
Food Functions $5,000 Trainees and faculty
Meeting Room Rental $1,550
Travel $6,000

Note 22: CCS Journal Subscription Fee

<table>
<thead>
<tr>
<th>Year</th>
<th>2014 $65 @ 530 for 9 months</th>
<th>2015 $65 @ 530 for 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$21,937.50</td>
<td>$7,312.50</td>
</tr>
<tr>
<td>Total</td>
<td>29,250.00</td>
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</tr>
</tbody>
</table>

Note 23: Young Investigator Forum: $3,500

Note 24: Strategic Planning: removed from 2014-2015 budget

Note 25: Unrealized Gain: This value is the difference between Book Value and Fair Market Value at a specific date
Report To: CCSA Board Members
From: Victor Huckell
Date: October 26, 2014
Re: Investment Report
Agenda Item: 4.2

NOTES:

Attached please find the CCSA portfolio valuation as of October 1, 2014 that is currently managed by MD Private Investment Management Inc.

The current market valuation of the portfolio is 1,791,437.64. The book value of the portfolio is 1,716,902.95 resulting in an unrealized (not materialized through a sale) gain of $74,534.69.

The portfolio is split between cash holdings, fixed income (bonds) holdings and equity holdings at 3.52%, 37.46% and 59.02% respectively. This structure is in line with the CCSA's investment policy of moderate risk.

It is forecasted that the MD Management-held portfolio will generate an $80,000 return in dividend and investment income and capital appreciation for the 2014-2015 fiscal year. Of course, this may change depending on the market performance.

Attachments: October 1, 2014 Investment Report
## Portfolio Valuation

**CAD**

As of settlement date 2014-10-01

### 399194301 - Canadian Cardiovascular Society Academy - Corporate Investment Account

<table>
<thead>
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<th>Quantity</th>
<th>Security Description</th>
<th>Book</th>
<th>Market</th>
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<td></td>
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<td>Unit Cost</td>
<td>Total Cost</td>
</tr>
<tr>
<td><strong>Cash &amp; Equivalents</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Unclassified</td>
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<tr>
<td>Sub-total:</td>
<td>Cash &amp; Equivalents</td>
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<td></td>
</tr>
</tbody>
</table>

| Fixed Income |
| Mutual/Pooled Funds |
| Unclassified |
| MDPIM Canadian Bond Pool | 10.6513 | 356,446.16 | 10.91 | 365,104.50 | 54.40 | 20.38 | 7,411.62 | 8,658.34 | 2.03 |
| 33,465.12 | MDPIM CDN Long Term Bond Pool | 10.6271 | 292,747.75 | 11.11 | 306,049.47 | 45.60 | 17.08 | 10,313.87 | 13,301.72 | 3.37 |
| 27,547.21 | | | | | | | | | |
| Sub-total: | Mutual/Pooled Funds | 649,193.91 | 671,153.97 | 100.00 | 37.46 | | 21,960.06 |  |
| Sub-total: | Fixed Income | 649,193.91 | 671,153.97 | 100.00 | 37.46 | | 21,960.06 |  |

### Equities - Canadian

| Mutual/Pooled Funds |
| Unclassified |
| MDPIM Dividend Pool | 11.5308 | 518,527.35 | 11.66 | 524,339.58 | 100.00 | 29.27 | 24,172.05 | 5,812.23 | 4.61 |
| 44,969.09 | | | | | | | | | |
| Sub-total: | Mutual/Pooled Funds | 518,527.35 | 524,339.58 | 100.00 | 29.27 | | 5,812.23 |  |
| Sub-total: | Equities | 518,527.35 | 524,339.58 | 100.00 | 29.27 | | 5,812.23 |  |
| Sub-total: | Equities - Canadian | 518,527.35 | 524,339.58 | 100.00 | 29.27 | | 5,812.23 |  |

### Equities - US

<p>| Mutual/Pooled Funds |
| Unclassified |
| MDPIM US Equity Pool | 7.7325 | 100,854.28 | 11.07 | 144,385.65 | 100.00 | 8.06 | 1,978.08 | 43,531.37 | 1.37 |
| 13,042.97 | | | | | | | | | |</p>
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<th>Book</th>
<th>Market</th>
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<td>Equities</td>
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<td>336,668.82</td>
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<tr>
<td>Sub-total:</td>
<td>Equities - International</td>
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<td>336,668.82</td>
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<tr>
<td><strong>Equities – Emerging Markets</strong></td>
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<tr>
<td>Unclassified</td>
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<td>Sub-total:</td>
<td>Equities – Emerging Markets</td>
<td>53,590.00</td>
<td>51,821.53</td>
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<td><strong>Total CAD for:</strong></td>
<td>399194301 - Canadian Cardiovascular Society Academy - Corporate Investment Account</td>
<td>1,716,902.95</td>
<td>1,791,437.64</td>
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</tbody>
</table>

Due to rounding, data in this report may not add to sub-totals and totals.
Report To: CCSA Board Members
From: Victor Huckell/B. Sheldon
Date: October 26, 2014
Re: Presenting Finances to Membership – R. Sheldon
Agenda Item: 4.3

NOTES:

Attached is a power point presentation circulated in July to Board members. The power point outlines the current and a proposed flow of funds for the organization.

Currently, the CCSA uses revenue for operations from the following sources:
- donations from individuals and organizations
- dividends and investment income
- interest from CCS loan
- sale of capital when there is a shortfall between revenue and expenses.

The CCSA Board is asked to review the document as agenda item 4.4 is a proposed policy use of the CCSA invested funds.

Attachments: 4.3i CCSA financial template 2014
Canadian Cardiovascular Society Academy
Financial Statement Interpretation

March 31 2014
The problems we face

We have two distinct roles

• We have an *investment account* that spins off cash from interest, dividends, sales, cash withdrawals, capital gains, and accrued but not crystallized capital gains

• We have an *operational side* that manages our programs, and receives donations

Our audited financial statements roll up all the income from investments, whether dividends (real money) or accrued capital gains (theoretical money)

The statements are written such that we could deplete our cash account and deplete our investments, run in the red, but for some time appear to be doing well
Two solutions

We need a tool for in-house review and eventual reporting to our members that is:

• Simple
• Accessible
• Crystal clear
• Aligns words with meaning and policy

We need a policy about spending or reinvesting our income:

• Donations
• Interest and dividends
• Realized capital gains
• Withdrawals from cash account (won’t be an issue soon)
• Sales of investments
• Accrued capital gains
## INVESTMENTS

<table>
<thead>
<tr>
<th>WHERE</th>
<th>WHAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD Management</td>
<td>1,723,756</td>
</tr>
<tr>
<td>CCS promissory note</td>
<td>206,695</td>
</tr>
<tr>
<td>Total</td>
<td>1,930,451</td>
</tr>
</tbody>
</table>
INVESTMENT ASSETS
What we have left at the end of the year

<table>
<thead>
<tr>
<th>YEAR</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1,787,944</td>
</tr>
<tr>
<td>2014</td>
<td>1,930,451</td>
</tr>
<tr>
<td>CHANGE</td>
<td>+142,507</td>
</tr>
</tbody>
</table>
UNRESTRICTED ASSETS
What we have left at the end of the year, after we pay what we owe and keep the balance

<table>
<thead>
<tr>
<th>YEAR</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>1,971,298</td>
</tr>
<tr>
<td>2014</td>
<td>2,037,755</td>
</tr>
<tr>
<td>CHANGE</td>
<td>+66,457</td>
</tr>
</tbody>
</table>
### OPERATING EXPENSES
What we actually spent

<table>
<thead>
<tr>
<th>YEAR</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>231,287</td>
</tr>
<tr>
<td>2014</td>
<td>261,932</td>
</tr>
<tr>
<td><strong>CHANGE</strong></td>
<td><strong>+30,645</strong></td>
</tr>
<tr>
<td>Raised by trainees</td>
<td>30,000</td>
</tr>
<tr>
<td><strong>NET CHANGE</strong></td>
<td><strong>+645</strong></td>
</tr>
</tbody>
</table>
INCOME
Our total income from donations and investments

<table>
<thead>
<tr>
<th>YEAR</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>180,032</td>
</tr>
<tr>
<td>2014</td>
<td>308,563</td>
</tr>
<tr>
<td>CHANGE</td>
<td>+128,531</td>
</tr>
</tbody>
</table>
## INCOME SOURCES
What we raised, and what we made from investments

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments</td>
<td>175,421</td>
</tr>
<tr>
<td>Donations</td>
<td>133,542</td>
</tr>
<tr>
<td>TOTAL</td>
<td>308,563</td>
</tr>
</tbody>
</table>
INVESTMENT INCOME
We can only count on dividends + interest

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dividends + interest</td>
<td>65,421*</td>
</tr>
<tr>
<td>Capital gains</td>
<td>110,000*</td>
</tr>
<tr>
<td>TOTAL</td>
<td>175,421</td>
</tr>
</tbody>
</table>

*Estimated breakdown between capital gains and other
### INVESTMENT INCOME

**Whence did our income arise?**

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD Management Dividends + interest</td>
<td>56,217*</td>
</tr>
<tr>
<td>CCS promissory note</td>
<td>9071</td>
</tr>
<tr>
<td>Capital gains estimated</td>
<td>110,133**</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>175,421</strong></td>
</tr>
</tbody>
</table>

*MDMA estimate for 2014

**Estimated from the rest
OPERATIONAL CASH
What we spent, compared to predictable income

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent</td>
<td>261,932</td>
</tr>
<tr>
<td>Donations + dividends + interest</td>
<td>(198,963)</td>
</tr>
<tr>
<td>SURPLUS (DEFICIT)</td>
<td>-(62,969)</td>
</tr>
</tbody>
</table>

Other than unpredictable capital gains, we operated at a net deficit of $62,969
THEORETICAL FLOW

CCSA

INVESTMENTS

OPERATIONS

CAPITAL GAINS

EXPENSES

DIVIDENDS & INTEREST

DONATIONS
## PROJECTED INCOME
What we think we can spend next year

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dividend + interest 2015, est</td>
<td>65,421</td>
</tr>
<tr>
<td>Donations</td>
<td>133,542</td>
</tr>
<tr>
<td>-(2014 extraordinary expenses)</td>
<td>-10,000</td>
</tr>
<tr>
<td>TOTAL AVAILABLE</td>
<td>208,963</td>
</tr>
</tbody>
</table>
2014-2015
What we think we can spend this year

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational expenses 2013-14</td>
<td>261,932</td>
</tr>
<tr>
<td>Anticipated predictable income</td>
<td>208,963</td>
</tr>
<tr>
<td>Anticipated operational deficit</td>
<td>52,969</td>
</tr>
</tbody>
</table>
PROPOSED MOTION: the CCSA Board is asked to approve the CCSA Policy Guidance for Use of Invested Funds.

NOTES:

The CCSA has taken several investment management decisions over the past 10 years which are in minutes of the various meetings. However, these decisions do not reside in one place in a defined guidance document making it challenging as board members change.

It is proposed that the CCSA have an investment guidance document that is reviewed periodically (that period to be determined) and updated as needed. This document would contain an overview of the strategic priorities and investment fund use policy of the organization.

Attached is a draft of such a guidance document. The CCSA board members are asked to review the document.
Proposed CCSA Policy Guidance for Use of Invested Funds
Effective October 26, 2014

Current strategic focus

The CCSA is the charity associated with the Canadian Cardiovascular Society. Although its mandate is quite wide, including research and knowledge translation, its primary focus is on supporting trainee programs for early career success. Its strategic significance for the CCS is that an investment in valued programs for trainees now means future active regular CCS members. The CCSA is a significant member recruitment initiative for the CCS.

CCSA fund policy: The CCSA has agreed that it will maintain or slightly grow the invested fund so that it can be used by future members. (October 17, 2013 CCSA Board meeting). A minimum time horizon for the fund is 20 years.

Investment policy-PIMS fund

As of June 2014 the current market value of the invested portfolio is $1.798 million. The portfolio has grown since March 2009 from $1.226 million.

The CCSA follows a moderate risk investment strategy with MD Private Investment Management (PIM pool) to generate dividend and interest income. A secondary objective is capital appreciation, intending to have the portfolio grow modestly over time.

The portfolio target return (dividend+ interest income+ capital appreciation (loss)) is $80,000 per year.

Realized and unrealized capital gains are not intended to be used to cover operating expenditures but should be re-invested to grow the fund.

Dividend and interest income will be used for operations on an annual basis. MD Management will pay out dividend and interest income to the CCSA every six months on an estimate basis.

In years where there is an operating deficit, a board motion is required to sell investments to cover the shortfall.

In years where there is an operating surplus, the surplus is added to the existing investment fund.

Investment policy-other initiatives

The CCSA holds a promissory note for $250,000 from the CCS for funds to purchase the Canadian Journal of Cardiology from its previous publisher. The interest rate is 4% paid quarterly with a 15 year amortization (term ending 2026). The amount outstanding on the note is approximately $200,000.
Notes:

Last October, the Canadian Cardiovascular Society Academy (CCSA) Board formed a working group to review the ongoing value of CCSA supported programs, in terms of achieving participants and organizational objectives.

The Program Review Working Group - consisting of Bibiana Cujec, Heather Ross, Brian Potter, Sanjog Kalra (incoming Trainee Representative), Anne Ferguson and Linda Palmer - met on August 20th.

The Working Group reviewed the documentation presented at the meeting, which included:
- Post-evaluation summaries of each trainee program;
- Data from the 2004, 2009 and 2014 CCS Member Needs Surveys;
- Reviewed CCS and CCSA initial objectives, developed when the Trainee Programs were established.

After review, it was determined that it was difficult to ask Trainees to prioritize the programs being offered, as each program provides benefit to different segments of the CCS trainee population. For example, the Trainee Review Programs (TRPs) are of high importance to clinical trainees, the Have a Heart Bursary Program is of high importance to potential future cardiovascular trainees (research and clinical) and to those who have won a bursary in the past in helping them make career decisions, whereas Trainee Day and the Canadian Journal of Cardiology (CJC) are of high importance to clinical and research trainees. The usage and benefit of each program varies for each segment.

It was also established that the trainee benefits and organizational objectives are different for each program.

Attached are slides which outline the trainee and organizational objectives/views of each program being offered. These slides also contain information on how the suite of programs has helped CCS and CCSA achieve their organizational objectives.

The CCSA Board is asked to discuss the report.

Attachment: 5.1i CCSA Program Review Presentation
Trainee Review Programs

Have a Heart Bursary

Cardiovascular Trainee Day

Canadian Journal of Cardiology

Program Review

October 2014
In 2004, the CCS Member Needs Initiative indicated that the membership base was in jeopardy.

Members-in-Training communicated a clear hesitation towards becoming paying Regular Members of the CCS. At the time, 71.4% of trainees were unsure if they would become Regular Members of CCS after completing their training.
The CCS and the CCSA quickly recognized that Canada’s cardiovascular trainees represented the lifeblood of both organizations.

**ACTION TAKEN:** In 2005, the Trainee Committee was tasked with exploring means by which the CCS might be better able to provide Canada’s trainees with unique programs and services that would be of high value to them.

**GOAL:** Enhance Trainee engagement and improve intentions of becoming full members of CCS
Identified (Combined)
CCS & CCSA Organizational Objectives

• To enhance the Trainee experience and relationship with CCS and CCSA by offering programs of specific value to Trainees
• Introduce new trainees to both CCS and CCSA
• Offer programs that donors are interested in supporting
• Increase the transition rate of Members-in-Training to Regular Members

Support of Trainee Programs was deemed an ideal initiative for the CCSA to direct, in keeping with its stated charitable mission.
# CCS/CCSA Established Programs

<table>
<thead>
<tr>
<th>Programs</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Cardiology Trainee Review Program (Formerly NATICON)</td>
<td>Ongoing since 2006</td>
</tr>
<tr>
<td>Pediatric Cardiology Trainee Review Program</td>
<td>Ongoing since 2007</td>
</tr>
<tr>
<td>Cardiac Surgery Trainee Review Program</td>
<td>Ongoing since 2008</td>
</tr>
<tr>
<td>Annual Cardiovascular Trainee Day at CCC</td>
<td>Ongoing since 2002</td>
</tr>
<tr>
<td>Have a Heart Bursary Program</td>
<td>Ongoing since 2002</td>
</tr>
<tr>
<td>Trainee Luncheon at CCC (another lunch which took place on Sunday during CCC)</td>
<td>No longer offered. (Now part of Trainee Day)</td>
</tr>
<tr>
<td>Free Subscription to CJC</td>
<td>No longer offered</td>
</tr>
<tr>
<td>“Free” Subscription to CJC</td>
<td>Since 2011 – Per subscription cost agreement between CCS, CCSA and new publisher Elsevier</td>
</tr>
<tr>
<td>Career Center</td>
<td>No longer offered</td>
</tr>
<tr>
<td>Financial Management</td>
<td>Although identified as important at the time, unsuccessful in reaching an agreement with a financial institution; not pursued.</td>
</tr>
<tr>
<td>Mentorship</td>
<td>Models explored (AHA and ACC), but not pursued further.</td>
</tr>
</tbody>
</table>
## Program Review

### Annual Cardiovascular Trainee Day at CCC

<table>
<thead>
<tr>
<th>Participant Objectives</th>
<th>Organizational Objectives</th>
</tr>
</thead>
</table>
| - To acquire additional education of value to their career – above what trainees get in their individual trainee programs<br>  
- To acquire complimentary and supplementary education<br>  
- To network and meet others in their area of focus and prospective mentors/employers | - To enhance the trainee experience at CCC<br>  
- To introduce trainees to CCS and CCSA<br>  
- To have programming that donors are interested in supporting |

* >75% of Trainees attending Congress attend Trainee Day.*

In 2013, 88% were satisfied to extremely satisfied with the 2013 edition of Trainee Day.

Approximately 200 Trainees attend Trainee Day annually.*
# Program Review

## Trainee Review Programs

<table>
<thead>
<tr>
<th>Participant Objectives</th>
<th>Organizational Objectives</th>
</tr>
</thead>
</table>
| - To test their exam writing skills in preparation of Royal College Exam  
- To help trainees identify knowledge gaps in training/knowledge. | - To offer a highly valued program and help future cardiovascular specialists succeed so they will think positively about the CCS and increase the potential of becoming Regular Members in the future.  
- To create additional touch-points for trainees and program directors during the year.  
- To have programming that donors are interested in supporting |

All trainees who have taken part in the program have said that the program was highly valuable in preparing for the exam and would highly recommended next years’ trainees attend.

= Indispensable?

### Attendance Rates

- **Adult Cardiology** has 98% attendance rate
- **Cardiac Surgery** has 95% attendance rate
- **Pediatric Cardiology** has 95% attendance rate
Program Review

Have a Heart Bursary Program

<table>
<thead>
<tr>
<th>Participant Objectives</th>
<th>Organizational Objectives</th>
</tr>
</thead>
</table>
| - To learn more about cardiovascular sciences and medicine by participating in the annual Canadian Cardiovascular Congress (CCC).  
- To meet mentors and key opinion leaders.  
- Participation at a national medical meeting. | - To interest the brightest young minds to consider a career in cardiovascular sciences or medicine.  
- Ensure a strong cardiovascular workforce in the future.  
- To have programming that donors are interested in supporting. |

CCSA gives out 20 HAH Bursaries Annually

194 Bursaries have been awarded since 2002

67% of Have a Heart Bursary recipients are still connected with CCS

“Yes, I would recommend others to apply for the HaHB Program. It was a wonderful opportunity to attend the conference, participate in trainee day and for those interested in a career in cardiology, network with some wonderful people.” 2013 Bursary recipient
# Program Review

## Canadian Journal of Cardiology

<table>
<thead>
<tr>
<th>Trainee Views (from 2014 Readership Survey)</th>
<th>Organizational Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Keep abreast of new information for free</td>
<td>- Increase awareness of the CCS’ Journal.</td>
</tr>
<tr>
<td>- Useful for research</td>
<td>- Increase the submission rates of articles and manuscripts to CJC</td>
</tr>
<tr>
<td></td>
<td>- Enhancing closer ties to the community</td>
</tr>
<tr>
<td></td>
<td>- Seeking new ideas to keep the CJC fresh</td>
</tr>
<tr>
<td></td>
<td>- We provided the CJC for free to trainees to be inclusive of trainees in CCS Member benefits</td>
</tr>
<tr>
<td></td>
<td>- Brand Awareness opportunity of CCS 12/year</td>
</tr>
<tr>
<td></td>
<td>- To gain recognition of CJC as a place to publish their work.</td>
</tr>
</tbody>
</table>

Approximately 585 Trainees receive a free subscription to CJC

A focus group has recently been struck to develop a proposal to the CJC for the establishment of a permanent “trainee” section in CJC. The working group will be presenting their proposal to the CJC Committee at the upcoming CCC.
Are the Programs meeting CCS/CCSA Objectives?
From the 2014 Member Needs
Trainees identified the following as the top 3 reasons to continue to be a CCS Member:

• To be an active participant in my professional community (59.4%)
• To cultivate/maintain professional relationship with colleagues across the country (43.8%)
• CCS is a valued source of professional information (43.8%)

In 2009 76% of Members-in-Training said yes they would join as Regular Members vs 29% in 2004.

This year 91 Trainees have transitioned to Regular Membership. These are individuals who according to our records have completed their training in the last two years.
CCS has seen Membership Growth

- There has been an increase of 57% in Regular Members since 2004.
- There has been an increase of 85% in Members-in-Training since 2004.
- Between 2004 and 2011, 43% of Trainees have converted to Regular Membership.
Trainee engagement in our activities

Much effort has been made to increase member engagement by providing Members-in-Training the opportunity to join CCS Committees and Working Groups. This has proven to be a very beneficial platform to raise trainees’ profile and enhance their leadership skills.

Number of donors and donation has increased

Member donations to the CCSA have risen from 43 donors in 2004 to over 200 donors in 2014. Dollars have increased from $6,089 in 2004 to $93,142 in 2014.
Discussion
Report To: CCSA Board Members
From: V. Huckell
Date: October 26, 2014
Re: Fundraising Working Group Update
Agenda Item: 5.2

Notes:
CCSA Fundraising Working Group Members
Victor Huckell
Heather Ross
Sanjog Kalra
Anne Ferguson
Linda Palmer

Over the summer, the CCSA Fundraising Working Group informally discussed via email exchange various potential initiatives that could generate funds from sources not currently used.

They reviewed the current policies regarding donations, sponsorship and fundraising. It was determined that the CCSA requires guidelines for acceptable and unacceptable fundraising activities and organizations that can be approached for support.

In addition, the CCSA requires a strategy that includes fundraising goals and timelines.

There was an immediate need to provide fundraising parameters to the Trainee Day Planning Committee for their fundraising efforts this year, which are as follows:

**Fundraising Parameters for 2014 Trainee Day Planning Committee**

The 2014 Trainee Day Planning Committee (TDPC) is permitted to fundraise up to an amount of $30,000. The 2014 TDPC is able to use 50% of the funds raised for the following activities during Trainee Day.

- AV
- Food
- Speaker travel/honoraria (based on CCS current policy)
- Prizes for Jeopardy

**Companies that can be approached** - Any national organization may be approached for a donation to the CCSA. However, current CCS sponsors such as pharmaceutical industry or medical device companies can only be approached for a donation on a local level.

**Donor Recognition** - All donations will be recognized using CCSA’s current donor recognition structure.

**Next Meeting:** To take place just before CCC and will be reported on at the CCSA Board Meeting.
NOTES:

The CCS has been actively working on the development of their 2015-2018 strategic plan. The CCS Council and invited guests including Bob Sheldon, CCSA President, participated in a 1.5 day retreat June 5-6, 2014. This retreat included presentation of the results of the CCS Member Needs Survey 2014, the in-depth interviews of key leadership members by the facilitating consultant and a strategic planning session to articulate the organization’s vision, mission and strategic priorities.

Over the past few months the retreat participants have been working in smaller groups to refine the outputs from the June 5-6 meeting. H. Ross will present an overview of the plan to date to the CCSA following a discussion at CCS Council on October 24th.

For the past several years, the CCS has worked with the CCSA on a common focus on students and trainees and their success as they make career decisions. This will continue to be a focus of the CCS given the importance of this segment to the organization now and in the future. The CCS will be asking the CCSA to consider their continued support and focus in this area as well as it considers its’ work for the 2015-2018 period.

Heather Ross, Chair, CCS Strategic Planning 2015-2018
Mario Talajic, President, CCS

Attachment: 6.1i  CCS Strategic Priorities Diagram
CCS Strategic Priorities 2015-2018 Overview

DRAFT

- Relationships and Partnerships that Matter: A Proactive & Critical Focus
- Canadian Cardiovascular Congress: Review, Assess and Transform
- Evolve the Organization Financially: Secure a Sustainable Future
- Advocacy for Quality Care: Sustained Influence on Cardiovascular Health Policy and Practice
- Membership: Revisiting Our Current Models

Agenda Item 6.1i