



a place of mind



Obstetrics & Gynaecology | THE UNIVERSITY OF BRITISH COLUMBIA

2011
Annual Report

MISSION STATEMENT

GOAL | Optimum health for the women of BC and their offspring.

VALUES | To achieve our vision, we will be guided by the principle . . .

... everyone's a teacher, everyone's a learner.

TABLE OF CONTENTS

SPECIAL ANNOUNCEMENTS	2
DEPARTMENT HEAD'S REPORT	3
A NEW ORGANIZATIONAL STRUCTURE FOR THE DEPARTMENT	5
RESEARCH ACTIVITY REPORT	7
RESEARCHER OF THE YEAR	8
EDUCATION PROGRAM REPORTS	
UNDERGRADUATE PROGRAM	9
POSTGRADUATE PROGRAMS	10
Residency Program	10
The Reproductive and Developmental Sciences (RDS) Program	11
Fellowship in Female Pelvic Medicine and Reconstructive Surgery.....	13
Fellowship in Gynaecologic Oncology.....	13
Fellowship in Maternal Fetal Medicine.....	14
Fellowship in Endometriosis, Pelvic Pain and Advanced Laparoscopic Surgery	15
Fellowship in Reproductive Endocrinology and Infertility	16
BUSINESS & FINANCIAL REPORT	17
DIVISION REPORTS	
General Obstetrics & Gynaecology	19
Gynaecologic Oncology	21
Maternal Fetal Medicine	23
Reproductive Endocrinology & Infertility	26
SITE REPORTS	
BC Women's Hospital	28
St Paul's Hospital	31
Vancouver General Hospital	33

SPECIAL ANNOUNCEMENTS



NEW PROFESSORSHIP HONOURS A CARING PHYSICIAN

A new professorship in gynaecologic oncology has been created at UBC in tribute to the late Chew Wei, a Hong Kong physician.

Dr Chew, who retired to Vancouver in 1988 and died in 2009, practiced Obstetrics & Gynaecology for 38 years, and came to be dismayed by the prognosis for his patients who developed ovarian cancer. Though not a cancer specialist himself, he was determined to do what he could — even posthumously — to improve outcomes for women faced with the disease.

His family and friends wanted to honor those intentions by donating \$3 million to the Faculty of Medicine to endow the Dr Chew Wei Memorial Professorship in the Department of Obstetrics & Gynaecology.

Born and raised in Malaysia, Dr Chew earned his medical degree and specialist degrees at the University of Hong Kong and the University of London. Upon returning to Hong Kong, he was a lecturer at the University of Hong Kong and served as acting Head of the Department of Obstetrics & Gynaecology before going into private practice. He also served as President of the university's medical society.

"UBC's Faculty of Medicine is enormously grateful for the generosity of Dr Chew's family and friends," says Gavin Stuart, Dean, Faculty of Medicine and Vice-Provost, Health at UBC. "I remain in my clinical role as a member of our ovarian cancer team here in BC, and I know that this gift will help cement our place as a world leader in ovarian cancer research and treatment, hastening the day when this disease no longer poses the threat that it does today."

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LIFETIME ACHIEVEMENT AWARD TO DR NELLY AUERSPERG

Dr Nelly Auersperg is a pioneer of gynecological cancer research who has focused her career on advancing the medical community's ability to detect ovarian cancer at its early stages. In 1974, when she received the first of many research grants from the Canadian Cancer Society, few others were studying the disease. This dearth of research meant that Dr Auersperg needed to develop many of the tools used to study the cancer in vitro herself, leading to discoveries that have increased our understanding of the disease and led to promising new possibilities for treatment and survival.

Throughout her career, Nelly has been a prolific researcher and author, with more than 190 refereed journal articles and more than 11 book chapters to her name. She has also been a remarkable teacher, mentoring more than 60 graduate and post-graduate students over the years. Many of those who benefited from her tutelage have forged successful research careers of their own.

Nelly's incredible achievements have not gone unrecognized by her peers or society at large. In 2008, Simon Fraser University awarded her with an honorary degree and in 2007 she received the UBC Faculty of Medicine Lifetime Achievement Award. In 1985 she was named a Terry Fox Research Scientist and in 2003 the BC Women's Hospital established the Nelly Auersperg Award in Women's Health Research.

Nelly's work continued long after her official retirement from UBC in 1994. In fact, she held research grants and carried out experiments for another 15 years, and published her most recent article in early 2011. She remains an honorary professor of Obstetrics & Gynaecology at UBC, a trailblazing figure in ovarian cancer research, and a trusted mentor to a new generation of researchers.

MATERIAL PROVIDED BY UBC ALUMNI AFFAIRS.

DEPARTMENT HEAD'S REPORT

Geoffrey Cundiff, MD, FRCS, FRCOG, FACS
Professor & Head, UBC Department of Obstetrics & Gynaecology



If you were asked to envision a cutting edge, province-wide department of obstetrics and gynaecology, no doubt the first images that would come to mind would be of wired classrooms, bustling hospitals with high-tech operating rooms, and expansive laboratories.

In fact, our department does benefit from such resources throughout British Columbia, but this is not what defines our success. The asset that has allowed our department to embrace the distributed model, develop innovative educational programs, and become an internationally recognized leader in investigation, is our people. We are rich in human resources. Our faculty members are pushing the envelope in many areas of science ranging from basic science to epidemiology. Our clinicians span the full spectrum of women's health care as do our educational programs. Moreover, our faculty members and staff have taken on leadership roles throughout the health care system. To celebrate this valuable resource, this report focuses on people. As you read through, you will find inset stories of the people and their successes. For example, our cover shows a newborn child — reflecting one of our missions in women's health care. This infant is James, the new son of Dr Elisabet Joa, our Postgraduate Program Director.

Recognizing our people as our greatest resource, the department is striving to create an environment in which our people will flourish. This requires an organizational structure that embraces our diverse yet linked goals in education, research, and clinical care. It must be flexible enough to span the different sites across the province and should empower faculty members rather than hamper their efforts. To accomplish this, the department has embraced a new governance structure that is introduced later in this report.

Equally important to an empowering organizational structure is a sound and sustainable financial plan. Like many academic departments, the recent recession challenged the department's financial position. Coupled with the increasing need for physician leaders and staff to support them in order to meet our expanding scholastic goals, our department has found itself in a challenging financial environment. We have, therefore, made

financial stability a priority and we have taken on initiatives that will help the department achieve financial security and sustainability.

One such initiative is a campaign to increase the department's endowments. This approach fortifies our most important asset, our people, by providing base funding for successful faculty members. Our department was very lucky this year to benefit from the generosity of the family of Dr Chew Wei. Dr Chew practiced Obstetrics & Gynaecology for 38 years and was disturbed by the prognosis of his patients with ovarian cancer. He recognized the need for further research into this disease, and to honor those intentions, his family and friends donated \$3 million to create the Dr Chew Wei Memorial Professorship in the Department of Obstetrics & Gynaecology. Following a competitive process, the department has chosen Dr David Huntsman as the first Dr Chew Wei Professor. Dr Huntsman and his colleagues at OvCare are leading research in ovarian cancer. His team, which includes many members of our Division of Gynaecologic Oncology, has shown that up to two thirds of high grade ovarian cancers begin in the fallopian tube. Using this information they have designed new programs to prevent ovarian cancer, and are exploring new ways to treat the disease. Dr Huntsman's expertise in the field and his established collaboration with our department members made him the logical choice for this professorship and we are very pleased to have him in the department.

The importance of the Dr Chew Wei Professorship cannot be understated. It has secured an important area of departmental research and will permit continued growth. The department will strive to shore up other vulnerable programs through development of additional professorships. Presently, we have initiated a campaign to raise funds for the Dr Victor Gomel Professorship in Obstetrics & Gynaecology. Dr Gomel is a world renown pioneer in reproductive medicine and operative laparoscopy, but

DEPARTMENT HEAD'S REPORT



Departmental visit to Northern Medical Program: Drs Snadden, Thomson, Joa, and Cundiff, along with James Joa.

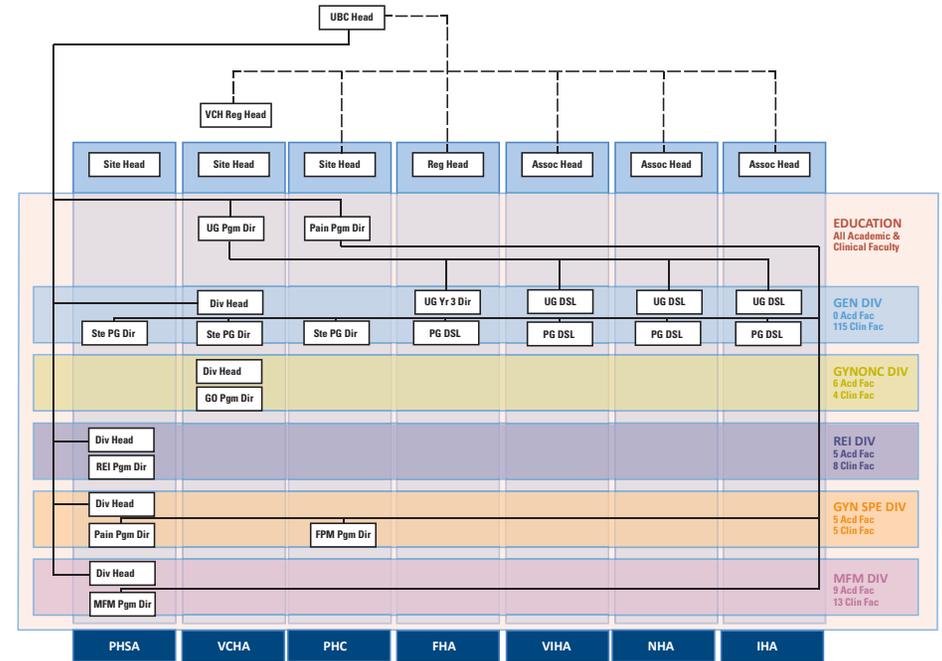
was also a visionary head of our department between 1978 and 1993. To acknowledge Dr Gommel's formative contributions to the Department and further his vision, the Department in collaboration with the Faculty of Medicine plans to establish a \$3 million endowment to support the Dr Victor Gommel Professorship in Obstetrics & Gynaecology.

Engagement of the distributed sites remains a departmental priority. More than simply expanding capacity, the distributed sites provide unique learning environments that expand learners' opportunities. This applies to both undergraduate and postgraduate learners. Maximizing these unique and valuable opportunities was one of the goals of the governance change. But equally important is a mutual understanding between sites of plans, needs, and opportunities. Towards this end, the department has initiated visits to distributed sites. With a focus on education, Dr Thomson, Director of the Undergraduate Education Program, and Dr Joa, Director of the Postgraduate Program, have accompanied me on visits to Vancouver Island Health Authority (VIHA), Northern Health Authority (NHA), and have a trip planned to the Interior Health Authority (IHA) in October. Our trip to VIHA, included a visit to Nanaimo, where a popular com-

munity rotation for the residency program, and Victoria General Hospital, an important site for undergraduate and PGY1 rotations. We also visited with members of the Department of Obstetrics & Gynaecology, and Dr Oscar Casiro, Regional Associate Dean for the Island Medical Program (IMP) within VHA. When we visited the Northern Medical Program (NMP) within NHA in Prince George, we met members of the department, including Dr Marijo Odulio, who serves as the Director of the Undergraduate Program, and Dr Brian Galliford, who serves as the Director of the Postgraduate Program. We also met with Dr David Snadden, Regional Associate Dean, NMP.

The visits to the distributed sites helped to underline the department commitment to embracing new learning methodologies, especially those based on sound educational research. A major educational focus this year has been the development of a competency based curriculum for our residency program. Happily, Dr Roxana Geoffrion received a Royal College Education Grant for a prospective study to investigate the effectiveness of a competency-based curriculum in Urogynaecology. This example of developing an innovative educational curriculum, while critically evaluating its value is a model that we hope to continue in the future.

A NEW ORGANIZATIONAL STRUCTURE FOR THE DEPARTMENT



The existing organizational structure of the Department was established along a divisional model several decades ago. The divisional structure was organized according to the Obstetrics & Gynaecology sub-specialties recognized by the Royal College of Surgeons of Canada, an approach that embraces established collaborations across clinical, educational and investigational endeavors.

Gynaecologic Oncology, Maternal Fetal Medicine, and Reproductive Endocrinology/Infertility are sited at the academic health care centres in the lower mainland. This arrangement has concentrated members of the divisions facilitating significant success in clinical, educational, and investigational pursuits. In contrast, the Division of General O&G has had very little scholarly output, and historically even had problems coordinating clinical endeavors. In part, this reflects the much larger size of the division and the geographical dispersion of its members across multiple hospitals and health authorities, as well as a much less focused clinical mandate.

During the last 3 years, strong leadership, including the Division Director, Dr Nicole Racette, and her Executive Committee, allowed the Division of General Obstetrics & Gynaecology to make significant gains in building collegiality, coordinating service across sites, and delivering educational programs. Nevertheless, success in cultivating scholarly productivity remains elusive. The Department has certainly benefited from the scholarly activity within many non-accredited subspecialties, but with the exception of FPMRS, these faculty members have aligned themselves with other divisions, presumably, because they provide the academic support necessary for success.

In addition to internal stressors, there are factors external to the Department that strained our present governance structure. One is the UBC Faculty of Medicine's distributed medical school. Establishing the distributed program has required enlisting faculty members across the province, yet these new faculty members are not

DEPARTMENT FACULTY AND ORGANIZATIONAL STRUCTURE

presently represented within our department governance structure. The distributed program has also focused attention on the value of the generalist to both undergraduate and postgraduate education, yet our department has not fully embraced the need to support and train generalists.

A New Governance Structure

The new governance structure is developed in recognition of the Department's need to address the deficiencies in our existing organizational structure. It invokes a matrix organization to recognize the provincial mandate of the Department. Towards this end, the academic health care sites are expanded to represent the health authority in which they are located and the health authorities of the Distributed sites are added. The health authorities are the first dimension of the matrix. To provide the health authority representation, the site heads from the existing sites will be part of the Department Executive Committee, and we will add representatives for the health authorities outside the Lower Mainland. The Regional Head will represent Fraser Health Authority and we will seek representatives from the others. Towards this end, the UBC Department has initiated a joint recruitment of a Head, Department of Obstetrics & Gynaecology for VIHA, with the intent that the successful candidate will sit on the Executive Committee of the UBC Department. We hope to roll out this model in the health authorities of the other distributed sites in the near future.

The second dimension of the matrix structure is the Divisions. The Divisions cross all health authorities in recognition of our department's and the divisions' provincial mandate, as well as to engage sub specialists outside the Lower Mainland. The third dimension is Education, which crosses all Divisions and health authorities. The Education dimension includes the undergraduate and all postgraduate programs.

To address the unmet needs of generalists, both in Vancouver and the distributed sites, the Division of General Obstetrics & Gynaecology will refocus its mandate on educational and operational issues of the generalist. The department has already begun an initiative to recruit those clinical educators at distributed

sites not presently associated with the Department into clinical appointments within the Generalist Division. The executive of the General Division will also be expanded to include the distributed sites. Beyond representation, the Division will strive to maximize the use of generalists in our undergraduate and postgraduate educational programs. Optimizing faculty development, especially at distributed sites, will be a priority. The General Division has excelled in quality assurance and clinical operational issues and will continue working in these arenas in support of the generalists.

To address the needs of the academicians in non-accredited subspecialties, we will establish an additional division, the Division of Gynaecologic Specialties. This division will include Chronic Pelvic Pain, Family Planning, Female Pelvic Medicine and Reconstructive Surgery, Female Sexual Dysfunction, Infectious Diseases, Pediatric and Adolescent Gynaecology, and Vulvar diseases. Concentrating these academicians together in one division will help to support scholarly endeavors by providing mentorship, encouraging collaboration, and creating a sustainable research infrastructure through economies of scale.

The new governance structure will help the Department engage faculty members at the distributed sites, and meet its responsibility to represent these physicians in departmental planning. It will enhance our educational mission by embracing a provincial scope and highlighting the role of the generalist. It will also create a sustainable environment to cultivate scholarship in areas of expertise outside the accredited sub-specialties in our field. The existing sub-specialty focused divisions will remain intact to permit continued clinical and scholarly success.

However, the Department will also use the new structure to reassess how departmental staff members are allocated, insuring equity across divisions. Secretarial support will be provided, as per the collective agreement, to support the scholarly efforts of tenure track physicians. We will also use an equitable formula to determine staffing needs for administrative positions, including Division Directors, Program Directors, and Site Heads. Redefining the staff support structure should insure equitable use of departmental resources and support of the academic missions of the department.

RESEARCH ACTIVITY REPORT

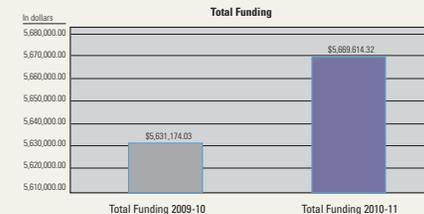
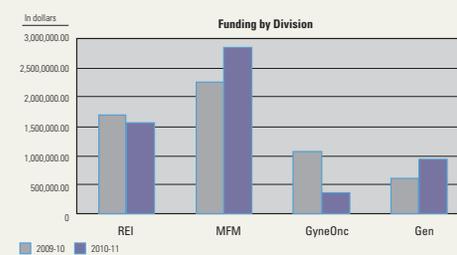
Research in the Department of Obstetrics & Gynaecology spans from bench to bedside and beyond. Our faculty are involved in biomedical, clinical, and population health research that covers the spectrum of women's lifespan. Through cutting edge research and mentorship (including PhD and MSc programs with the UBC Reproduction and Developmental Sciences Graduate Program), we strive to contribute knowledge, policy and practice that leads to optimum health for the women and their offspring.

The 2010-11 year was a very successful year in the research program; we saw an overall increase in funding, thanks in part to Dr Peter von Dadelszen's success in securing \$7 million dollars of funding for the PRE-eclampsia-Eclampsia Monitoring, Prevention and Treatment (PRE-EMPT) program of research. The total research revenue for the 2010-11 fiscal year was over \$5 million. Over \$3 million came from granting agencies, approximately \$900,000 from charitable foundations, \$700,000 from hospital/university, \$300,000 from industry, \$30,000 from government contracts and approximately \$80,000 from other sources.

The graph below shows funding sources, comparing the 2009-10 fiscal year to the 2010-11 fiscal year.



Below is a breakdown of funding by division.



Ariadna Fernandez
Manager, Research Program



FAST FACTS 2010-11

The bulk of funding for our research program comes from peer review funding agencies, followed by charitable foundations, hospital/university and industry sponsorship.

We pride ourselves on our collaborative and multidisciplinary approach. Our research strengths include endocrine control mechanisms during pregnancy and parturition, endocrine regulation of reproduction and fertility, fetal diagnosis and therapy, genetic and epigenetic aspects of male infertility and ART outcomes, hypertensive disorders of pregnancy, international women's health, placental function/dysfunction, pre-term birth, reproductive infectious disease, HPV, and sexuality and sexual function.

Some are top-funded researchers our outlined below.

NUMBER OF PUBLICATIONS (for the 2010-11 academic year)	167
NUMBER OF TRAINEES Graduate Students in Reproductive and Developmental Sciences Program	25
Research Associate	1
Postdoctoral Fellows	6
NUMBER OF AGENCIES that contributed to External Research Funding	2
NUMBER OF RESEARCH STAFF including Research Assistants, Research Coordinators, Research Managers, and Data and Statistical Staff	29
NUMBER OF INVESTIGATORS holding External Research Funding	26

RESEARCHER OF THE YEAR

Dr Hutcheon, while working as a nutritionist, often found herself trying to counsel pregnant women with diabetes on how to manage their blood sugar through diet. "I would go to the literature for answers," she says. "But often there were none."

Determined to answer the questions herself when no one else had done so, she went off to earn a doctorate in epidemiology and biostatistics at McGill University. Upon arriving at UBC's Department of Obstetrics and Gynaecology as a post-doctoral fellow, Dr Hutcheon was party to a departmental discussion about the optimal timing of delivery for women with pre-existing high blood pressure.

It's a question that hangs over every obstetrician dealing with higher-risk pregnancies, whether caused by maternal hypertension, obesity, advanced age or multiple births: When does the risk of continuing the pregnancy, which could result in stillbirth, outweigh the risk of delivering the baby early, which could result in complications for the baby, especially respiratory problems?

There is no definitive data to guide the mothers or their physicians. Not surprisingly, clinical practices vary for mothers with pre-existing high blood pressure, with some physicians recommending delivery at 36 weeks, some preferring to await spontaneous onset of labour, and everything in between. "You would just think that we would have a good answer for that somewhere," says Dr Hutcheon, who became an Assistant Professor and a Scientist at the Child and Family Research Institute in March. "But the studies just haven't been done, because huge sample sizes are needed to study rare, serious outcomes like stillbirth or neonatal death." This time, however, Dr Hutcheon — recipient of fellowship awards from the Canadian Institutes of Health Research and the Michael Smith Foundation for Health Research — had the skills and expertise to find the answer herself.

Jennifer Hutcheon, PhD



Using a decade's worth of US¹ birth records, she was able to assemble a large enough collection of data of stillbirths (about two in every 1,000 deliveries) to make solid conclusions about the trade-off. Her analysis, published in November in the British Journal of Obstetrics & Gynaecology, revealed that the risk of stillbirth increases sharply in the 39th week, while the risk of complications decreases fairly dramatically between 36 and 38 weeks.

So delivering in the 38th or 39th week would minimize the number of stillbirths as well as the number of neo-natal complications and Caesarian deliveries. Her findings are now being applied at BC Women's Hospital and Health Centre.

A month after that publication, Dr Hutcheon published a study in the same journal on a far more uncommon condition, but one that had been encountered at BC Women's — diaphragmatic hernia diagnosed in utero.

A previous large-scale study indicated that earlier delivery, at 37 or 38 weeks, would lower the rate of stillbirths among infants with that condition. But Dr Hutcheon, using a different methodology, found that delivery at 39 to 40 weeks was associated with better outcomes.

"We don't want to be changing practice so all of these babies are delivered at 37 weeks, when in fact it could be causing harm," Dr Hutcheon said. "Let's wait until we get a proper answer to this question before making changes to clinical practice."

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EDUCATIONAL PROGRAM REPORTS

UNDERGRADUATE PROGRAM

Sydney Thomson, MD, FRCS
Director, Undergraduate Education Program



The Undergraduate Education team in the Department of Obstetrics & Gynaecology is strong thanks to the departmental leadership and participation of faculty members across all four years of the UBC Medical School curriculum. Importantly, this support of academic and clinical faculty to implement the curriculum occurs across the province in our distributed model. There are many who deserve acknowledgment and it is an important initiative by the Department to ensure this is happening. An important method is to ensure our clinical faculty members are getting adequate support. The Department has undertaken the Fred Bryan's Master Educator Program, a faculty development program designed specifically for distributed sites. Dr Leslie Sadownik has brought her expertise in faculty development to this project, which will roll out in the coming year.

Members of our department participate in all four years of the UBC Medical School curriculum. In year one of the undergraduate program, Drs Sydney Thomson and Lori Brotto work within a multidisciplinary team from psychiatry/sexual medicine, nursing, counseling and psychology, to present the clinical skills curriculum around taking a sexual history. These skills are a natural transition for year two students, whom receive pelvic examination teaching sessions. Our department not only provides many of the teachers for these sessions, but also organizes them. Many of our faculty members have become regular tutors within this course, allowing them to develop teaching relationships with the Clinical Teaching Associates that enhances the sessions. These sessions routinely receive outstanding feedback from the students as they truly feel very well supported.

One of the core basic science teaching blocks in year two is Reproduction. Drs Tracy Pressey and Jason Hitkari head up this block and chair two of the four weeks. Drs Sarah Finlayson and Sydney Thomson are week chairs for the remaining two weeks. The chairs appreciate the excellent lectures contributed to the Reproduction block by all divisions. Dr Jason Hitkari also deserves special mention for his recognition by the class of 2012 as Outstanding Educator of the year. [see inset on page 27] This is an outstanding achievement for a young clinician early in his teaching career.

Dr Jag Ubhi heads up year three, which is a huge undertaking. In this year, the students take their basic science knowledge and apply it to clinical practice. This requires the dedication of many department members who provide the teaching on the wards in the surgical, labour and delivery suites, the private offices and specialty clinics as well as the didactic teaching. As the curriculum becomes distributed throughout the province, we increasingly rely on the more distant sites to help provide the core teaching. Special thanks to Dr Glen Benoit who has taken on the Undergraduate Rotation in Kelowna, Dr Joelle Dennie who has assumed this role in Victoria and Dr Marijo Odulio who fills this role in Prince George.

Year four is largely dedicated to elective rotations for the students. We have a tremendous representation of department members through the province with 21 electives offered. Last year, these electives hosted 56 UBC students and 16 visiting students. I would like to acknowledge Dr Gerry Marquette who provided leadership until this past fall. He has helped with the initial planning for the elective choices and been unfailing in his devotion to teaching.

The departmental administrative staff holds the team together particularly in the third and fourth years. Dr Negar Bayat is the Year 3 student educator. Ms Stella Yan is the Undergraduate Program Administrator. They are a dedicated team that allows the program to succeed.

This coming year will be filled with curriculum renewal. The plan is to review the present Reproductive Undergraduate Medicine curriculum to ensure complete exposure to the key learning objectives, to ensure all objectives are kept up to date with evidence based medicine, and to support the student's achievement of exit outcomes and competencies based on the CanMeds Physician Roles Framework.

EDUCATIONAL PROGRAM REPORTS

POSTGRADUATE PROGRAMS Residency Program

Elisabet Joa, MD, FRCSC

Director, Postgraduate Education Program



This has been a busy year for the Postgraduate Program. While the residency program is functioning quite well, we are always striving for improvement and have instituted several changes to the curriculum to accomplish this. We have also recognized the unique learning opportunities at the department's distributed sites and began an initiative to determine how to maximize them.

Our most tangible successes are the graduating chiefs – Drs Erin Adams, Hanna Ezzat, Stephanie Johnson and Paul Yong who all passed their Royal College Exam. There is no doubt that they will become leaders who will go on to provide outstanding care in women's health. We will miss their contributions to the Postgraduate Program, but happily, we have added eight new residents while saying goodbye to our chiefs. We did well in the CARMS match. Of our top 10 candidates, six matched with our program. We are also happy to have four new residents from UBC, which is a testament to the success of our Undergraduate Program at cultivating an interest in our specialty and department.

The new residents will benefit from changes as this year will be the first that our PGY1 will come to Vancouver in April to join us and "gear up" for PGY2 through academic days. They will also benefit from a NICU rotation at RCH instead of general Pediatrics, which is anticipated to better meet the competencies of the program. All PGY1 will now do 4 weeks of NICU/SCN in place of the previous 8 weeks of general Pediatrics.

This will permit an expansion of General Medicine rotation to 8 weeks instead of only 4, although they will continue to do the 4 weeks of ICU. All excellent changes – allowing them to make the most of their PGY1 year to lay the groundwork for the upcoming years. Thanks to all the sites for the flexibility to accommodate us at the Victoria Hospitals, Royal Columbia Hospital (RCH) and St Paul's Hospital.

Starting this year, all residents will participate in the Fundamentals of Critical Care Support Course (FCCS). The PGY2-5 residents will be taking this course in July, while all PGY1 will take it in April, May or June prior to starting PGY2. Currently, residents in all other surgical programs do the FCCS, which provides excellent skills for our residents. We are also hoping to add the Fundamentals of Laparoscopy Course to the curriculum in the future and are considering an online course in cultural competence that may be a suitable way to address aboriginal health in our curriculum.

Another big initiative this year is the reorganization of Academic Day. Academic Day has been moved to Wednesday 2:00-5:00pm to maximize the resident's OR exposure. There had been conflicts with certain specialized clinics running at the same time, but residents have been able to negotiate around this. We also have a fantastic new site at VGH (thanks to Tariq and Scott for arranging!) and the food is back which is a big plus for the residents. The new topic Block structure has really increased faculty involvement and the quality of the sessions has increased exponentially. Fewer sessions have been cancelled than in the past years. Thanks to Dr Geoffrion, Dr Finlayson and the Gyne Onc team for placing the bar so high.

Journal Club also has a new format which is topic-based. Seminal papers are selected and the most recent data is discussed. This has made the journal club evenings much more interactive and useful for all who attend. A very enjoyable way to get some CME credits. Thank you to Drs Butler and Dahlgren for their ongoing commitment to Journal Club.

To better understand the strengths and needs of our community sites, we have made several visits. This included a visit to Nanaimo, which has a base of very dedicated teachers. While continuing to send residents to this site, we will respect Nanaimo's limitations on numbers and certain dates, thus allowing this to be an excellent site for post graduate training. Victoria is currently undergoing leadership transition but is also interested in having some postgraduate electives. We look forward to sending residents there in the future. We had a similarly productive trip to Prince George, which also offers an excellent community rotation. We are looking forward to a planned trip to Kelowna and Kamloops in the fall.

I am grateful to all our clinical faculty for your commitment to in-depth resident evaluations. Much more pertinent information is being documented and forwarded to the Site Heads and myself. I think this is greatly benefiting the residents. Thank you for your commitment. I know it is difficult especially during busy clinical schedules.

In closing, I want to highlight that we are currently looking for an Associate Program Director. This individual should have some interest in curriculum design and quality improvement initiatives.

POSTGRADUATE PROGRAMS The Reproductive and Developmental Sciences (RDS) Program

Geoffrey L Hammond, PhD

Professor, UBC Department of Obstetrics & Gynaecology

Tier 1 Canada Research Chair in Reproductive Health

Director, Reproductive and Developmental Sciences (RDS) Program



The Reproductive and Developmental Sciences (RDS) Program, offered through the Department of Obstetrics & Gynaecology, is home to 26 graduate students and 16 principal investigators. The breadth of our research covers all areas of mammalian reproductive and developmental biology, and research methods ranging from bench work to clinical investigations. Current projects underway at the moment include: roles of steroid-binding proteins in reproduction, gametes and early embryonic development, cell adhesion molecules in the reproductive tract, genetic and epigenetic aspects of reproduction, reproductive and molecular endocrinology, fetal and neonatal physiology and metabolism and research into the hypertensive disorders of pregnancy.

The RDS Program within the Department of Obstetrics & Gynaecology is located off-campus at BC Women's Hospital, run by Dr Geoffrey Hammond and Roshni Nair, Senior Program Assistant. The main research activities of the program are carried out at the Child and Family Research Institute (CFRI), which is located adjacent to the Children's and Women's hospitals and the Children's and Women's Health Center. CFRI is committed to world-class research spanning a wide range of health concerns for children and their families. Recently renovated and upgraded, the CFRI provides RDS students with access to state of the art technologies and well-equipped labs to conduct their research. As well, the close proximity of the basic science laboratories and the hospitals allow for communication between researchers and clinicians – an important bridge needed for research to translate findings from bench to bedside. The Department also organizes a yearly Academic Day, where projects by residents and graduate students are showcased, further increasing the communication between scientist and clinician. As well, our students are also able to take advantage of the many continuing education opportunities hosted by CFRI and the Department. Seminar series, journal clubs, professional development presentations, weekly hospital rounds and networking events enrich the learning experience of all our trainees.

The RDS program continues to expand and attract high-calibre students from across Canada and internationally.

COURTESY OF SAMANTHA BENTON, GRADUATE STUDENT REPRESENTATIVE



Graduating Residents: Dr Erin Adams, Dr Paul Yong, Dr Hanna Ezzat, and Dr Stephanie Johnson.

EDUCATIONAL PROGRAM REPORTS



Reproductive and Developmental Sciences (RDS) seminars are held weekly at the Child & Family Research Institute for students and researchers with the Institute's Reproduction & Healthy Pregnancy cluster. Pictured at left is Dr Geoffrey Hammond, Program Director.

The Reproductive and Developmental Sciences Program has 19 Full Members and 3 Professor Emeritus.

The following is a breakdown of the trainees in the program:

Phd	=	19 trainees
Msc	=	12 trainees
PDF	=	4 trainees
Visiting Scholars	=	1 trainee

AWARDS:

Best Graduate Student Paper:
2010 Mr York Hung Ng
2011 Ms Samantha Benton

CIHR/STIRRH Award:
Dr Junling Cheng
Mr Jung-Chien Cheng
Mr In Sun Hong
Mr Man Tat Lau
Ms Song Ling Poon
Mr Wai Kin So
Ms Jiadi Wen

EDUCATIONAL PROGRAM REPORTS

POSTGRADUATE PROGRAMS Fellowship in Female Pelvic Medicine and Reconstructive Surgery

Roxana Geoffrion, MD, FRCSC

Co-Director, Fellowship Program in Female Pelvic Medicine and Reconstructive Surgery



Dr Roxana Geoffrion is the newest recruit of the Centre for Pelvic Floor Competence located at St Paul's Hospital. She is a fellowship-trained urogynecologist and has recently become the Co-Director of the Fellowship Program in Female Pelvic Medicine and Reconstructive Surgery. The aim of this fellowship is to cultivate academic leaders in the field. It is a collaborative program between the Departments of Urological Sciences and Obstetrics & Gynaecology.

Academic research performance and clinical skill development are given equal importance. The fellowship is open to applicants who have completed residency in either specialty. We recently applied for accreditation from the American Board of Obstetrics & Gynaecology. Board certification will ensure educational standards are met and will invite competitive applications from both Canada and the United States. In 2010, our first fellow, Dr Kris Cvach completed her training and returned to Australia to practice. Dr Boris Friedman, our second fellow, is expected to complete training in 2012 and return to Israel to a female Urology practice. We are excited to announce that our first Canadian-trained fellow, Dr Momoe Hyakutake from Edmonton, will be joining us in 2012 for a two-year training period.



Dr Boris Friedman and his 3 daughters.

Dr Geoffrion is also actively involved in research for the Department. She is currently supervising two residents with research projects and has recently been awarded a three-year medical education research grant from the Royal College of Physicians and Surgeons of Canada to develop and implement standardized modules for the teaching of urogynecologic surgery to residents within the department. This is an ambitious and exciting endeavour which ultimately aims to implement a standard national curriculum for surgical teaching in gynaecology across Canada.

POSTGRADUATE PROGRAMS Fellowship in Gynaecologic Oncology

Janice Kwon, MD, FRCSC

Director, Fellowship Program in Gynaecologic Oncology

We are proud to report on the academic productivity of our fellows in the Gynaecologic Oncology Program. Dr Marette Lee completed her 2 years of clinical training in June, and has been accepted to the Johns Hopkins Bloomberg School of Public Health to pursue a Masters of Public Health. Dr Shannon Salvador completed her Masters in Epidemiology at Stanford University during the first year of her fellowship. She won the prize for best clinical paper at the 2011 UBC Ob/Gyn Academic Day. Both Marette and Shannon presented oral papers at the 2011 Annual Clinical meeting for the Society of Gynaecologic Oncologists of Canada (part of the SOGC annual meeting). Our current first year fellow is Trevor Cohen, an obstetrician/gynaecologist from Victoria, who comes with a remarkable surgical skill set and perspective to his training.



Dr Shannon Salvador at her wedding reception – presenting Dr Janice Kwon with a convocation “hood.” Shannon had her convocation at Stanford University the week before, where one of the Stanford traditions is to pass on the convocation “hood” to the person(s) who encouraged the graduate to attend Stanford in the first place. Dr Kwon accepted the hood on behalf of the UBC Division of Gynaecologic Oncology.

EDUCATIONAL PROGRAM REPORTS

POSTGRADUATE PROGRAMS Fellowship in Maternal Fetal Medicine

Nancy Kent, MD, FRCSC
Director, Fellowship in Maternal Fetal Medicine



The Maternal Fetal Medicine (MFM) Fellowship, within the Postgraduate Program, continues to be a vibrant and popular fellowship for the specialty. The recent academic year saw one of our busiest yet, with four fellows at various stages in the program and a brief period where there were five! It was wonderful to have so many bright young faces in the Division.

Dr Shannon Dwinell successfully passed the RCPC MFM Fellowship exam in September and completed her fellowship in February 2011, joining the Division as a locum shortly thereafter. She has recently obtained a position with the MFM Division at Foothills Hospital in Calgary. Dr Carmen Young entered her second year and has been an excellent senior fellow for our team. Carmen has accepted a position with the MFM Division at the University of Alberta in Edmonton upon completion of her fellowship. Drs Genevieve Eastabrook, Yasser Sabr and Vreni Kuret (our newest fellow joining us in January 2011) all rounded out the program as first year fellows.

The year saw new collaborative initiatives incorporating the expertise of Drs Ken Seethram and Keith Still at Pacific Centre for Reproductive Medicine and Surrey Memorial respectively. The MFM unit at Surrey Memorial continues to be a very popular rotation and changes were made to maximize the time fellows spent there.

MFM fellows participated as presenters at the annual DA Boyes meeting and at the departmental Academic Day. A number of very successful workshops were held in our Academic Half Day addressing non-Medical Expert CanMEDS roles. These included "mock" Root Cause Analysis and RPIW (the principles of IMPROVE) sessions, a lively discussion with Dr Gurdeep Parhar, the Associate Dean of Equity and Professionalism, and with Dr Ross Berringer of the CMPA. We also added a new Communications workshop given by a former fellow, Dr Beth Waterman. The Fellowship Training Committee continues to work to make fellows' feedback vital to addressing concerns and effecting change.

All in all, ours is a fantastic program that is never dull and is a pleasure to direct. Many thanks to all members of the Division of MFM – the sonographers and clinical staff with whom we work, and who without – the program could not exist. Also a special thanks to Ms Roshni Nair who keeps all of us on track.

EDUCATIONAL PROGRAM REPORTS

POSTGRADUATE PROGRAMS Fellowship in Endometriosis, Pelvic Pain and Advanced Laparoscopic Surgery

Catherine Allaire, MDCM, FRCSC
Director, Fellowship in Endometriosis, Pelvic Pain and Advanced Laparoscopic Surgery



This unique and innovative one year Fellowship is offered to Canadian gynaecologists who wish to develop an expertise in the assessment and treatment of patients with endometriosis and chronic pelvic pain. Given its role in treatment of endometriosis, the fellowship also offers an opportunity to develop outstanding laparoscopic skills, including laparoscopic total and subtotal hysterectomy, myomectomy, excision of deeply infiltrating endometriosis, including bowel/bladder disease, ovarian remnants and lysis of extensive adhesions. The emphasis is on integrated care with a multidisciplinary evaluation and approach, in addition to advanced surgical management of complex pelvic disease. There is also an opportunity to spend time with allied physicians, namely gastroenterologists, urologists and our in-hospital complex pain team. The Fellow will also participate in the Multidisciplinary Vulvodynia Program at VGH.

The Fellowship is housed at the BC Women's Centre for Reproductive Health in Vancouver, British Columbia, which has recently received substantial provincial funding to support the set-up of a formal multidisciplinary clinic to help women with these problems.



The ultimate goal of the fellowship is to develop leaders in teaching and research related to chronic pelvic pain/endometriosis and advanced laparoscopic surgery towards improving the care of Canadian women with this complex problem. Fellows are therefore involved in teaching residents, both in the operating room and at our state of the art simulation center (CESEI). Fellows are also expected to pursue original research in the field of endometriosis, pelvic pain, advanced laparoscopy or surgical education.

In 2010, the Program accepted its first Fellow, Dr Anne Timmermans from the Netherlands, who completed a 6-month training program. In July 2011, Dr Paul Yong was the first Fellow to undergo a formal one-year training program.

EDUCATIONAL PROGRAM REPORTS

POSTGRADUATE PROGRAMS Fellowship in Reproductive Endocrinology and Infertility

Anthony P Cheung, MBBS, MPH, MBA, FRANZCOG, FRCS
Director, Fellowship Program in Reproductive Endocrinology & Infertility



The Reproductive Endocrinology and Infertility (REI) Fellowship Program is a two year program with a curriculum that prepares fellows for an academic career in REI. It includes the full clinical scope of our sub-specialty, from microsurgery to In Vitro Fertilization. However, it also includes training in research design, and provides opportunities for experience in a wide range of investigation. While our fellowship has been around for more than 20 years, this year has brought changes both for our program and for the sub-specialty.

Nationally, the Royal College of Physicians and Surgeons of Canada has formally recognized the subspecialty of REI, including establishing certification through examination to be introduced in 2012. Dr Cheung has been recognized as a founder member of the REI subspecialty and was appointed a rotating member of the Gynaecologic Reproductive Endocrinology subspecialty board of examiners of the RCPSC.

Locally, we have made changes to our curriculum to insure that our fellows are properly prepared to meet this new expectation. A major change is the creation of a city-wide partnership for the fellowship that includes the Pacific Centre for Reproductive Medicine and Genesis Fertility. This partnership will provide the fellows greater exposure in a city-wide training program with Dr Jon Havelock and Dr Beth Taylor kindly taking on the role of coordinators at these two sites, respectively.

Weekly seminars specifically for fellows were added. These weekly sessions provide an exciting forum for fellows to discuss topics related to our sub-specialty including integrating basic sciences, clinical practice, epidemiology and public health, as well as relevant ethics and societal issues. Residents rotating through the REI service and graduate students are also invited. These sessions will also serve as an important medium to prepare for the GREI sub-specialty examination.

REI Division rounds were restructured early in 2011. Specifically, Quality Assurance rounds and Ethics rounds now occur quarterly. These are required learning activities mandated by the GREI sub-specialty committee. Dr Bethan Everett is an integral part of the Ethics rounds and REI faculty members have assumed responsibility for presenting some of these rounds.

There have been a number of personnel changes within the program. Dr Sheila Pride stepped down as Program Director in December 2009 and Dr Timothy Rowe was the interim Program Director until May 2010 when Dr Anthony Cheung assumed the helm. Dr Pride's dedication and commitment to the program are greatly appreciated. We also lost Denise Torresan, who served as Administrative Coordinator for our program for many years. She will be missed. Adrienne Stubbs joined the program as Administrative Assistant in July 2010.

Dr Saleh AlAsiri, from Saudi Arabia, started his training in November 2009 and will be completing his fellowship in October 2011. We have two new fellows starting in the 2011 academic year: Dr Ghadeer Akbar from Kuwait, and Dr Niamh Tallon from Saskatchewan. We would like to offer a warm welcome to our two new fellows and wish Dr AlAsiri much success in his future as an REI specialist!

BUSINESS & FINANCIAL REPORT

Maureen Conlon, BScOT, MHA
Director, UBC Department of Obstetrics & Gynaecology



This past year has been one of change. The most obvious change is in our department leadership. Dr Robert Liston, having completed his second term as the Head of the Department, has passed this position on to Dr Geoffrey Cundiff, who was welcomed to this position in November 2010. With change comes opportunity and as the executive and management teams regroup, we are focusing on communications and the use of technology to enhance the Department's financial position and clerical efficiency. We look forward to this renewed direction and future accomplishments going forward.

Effective communication is essential to the success of the Department but is challenging given the geographical dispersion of our department across multiple sites and health authorities. As a first step to maximize our effectiveness, the Department adopted new communication guidelines. A key aspect of this initiative is to transition from inundating faculty members with information through mass emails to the development of a useful source of departmental information that is reliably available when needed. Helen Davies, who now serves the department as the Systems Analyst, has achieved this goal through a major facelift to the department website. The new site adopted the new UBC design, with improved navigation and access to valuable resources. It also displays departmental news and notable achievements in publications, grants, and awards. Helen has also increased confidence in the department Education Database through expansion of the types of teaching activities recorded and improved efficiency and transparency.

The Faculty of Medicine continues to develop systems and methods that assist the Department's accountability in the management of accounts and business processes. As technology offers more solutions to the complexity of distributed sites, we hope to continue to find solutions to enhance efficiency and access.

The recession and correction of the equity markets in 2008 marked a difficult year for the department. Overall, the Department's financial status appears more solid on several fronts. Our endowments have regained ground

and our operating and designated purpose funds are stable. Research accounts are on track and overall research funding has increased this year. Educational funds allocated for undergraduate and postgraduate teaching, resident educational activity, and educational program infrastructure, have been stable and have enabled us to administer these programs effectively.

The Department's CTAA committee is tasked with allocating postgraduate teaching funds to eligible clinical faculty. These distributions are based on input from the postgraduate Dean's Office, and the office of clinical faculty affairs who has documented Ministry of Health (MOH) guidelines on the distribution of these funds for administrative support, program directors, trainee educational support, teaching, and participation in departmental committees. All of these parameters contribute to the financial acknowledgement of those faculty members who contribute to the Department's education programs and I have enjoyed working with the CTAA committee. An audit is currently underway by the Faculty of Medicine on the management and distribution of Postgraduate Medical Education funds. We look forward to the results of this analysis, which we hope to use to improve our stewardship of these funds.

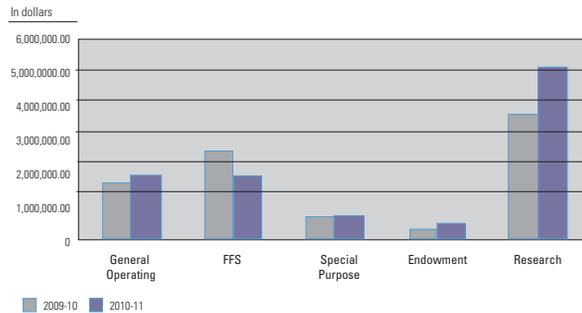
Ariadna Fernandez and the team of research coordinators and assistants ably manage the administration of the department research program. The complexity of the research portfolio continues to increase as the number of projects, students and staff continue to grow across our multiple sites. Achievements are notably the departmental inaugural Faculty research forum held in February 2011, the revised research orientation manual, and the research promotion plan.

In closing, I want to thank each of our administrative/management staff at the various sites and within our programs for their commitment to the UBC Department of Obstetrics & Gynaecology.

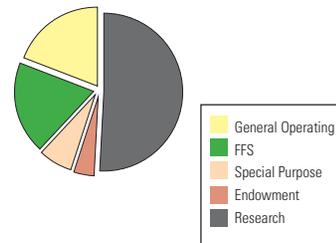
BUSINESS & FINANCIAL REPORT

	2009/10			2010/11		
	Income	Expenses	Variance	Income	Expenses	Variance
General Purpose Operating	\$ 1,802,831.00	\$ 1,753,638.00	\$ 49,193.00	\$ 2,059,254.27	\$ 2,061,612.44	\$ (2,358.17)
<i>Carry forward over expenditure</i>		(170,128.00)			(72,613.00)	
			(120,935.00)			(74,971.17)
Fee For Service/MOH	2,911,009.00	2,828,071.00	82,938.00	2,075,847.52	1,915,532.38	160,315.14
<i>Carry forward over expenditure</i>		(97,834.33)			(280,383.15)	
			(14,896.33)			(120,068.01)
Special Purpose Funds/ MOH Education	793,868.00	706,199.00	87,669.00	729,439.00	665,524.00	63,915.00
Endowment Income	359,505.43	153,324.43	206,181.00	407,354.00	116,484.00	290,870.00
<i>plus carry forward</i>						
Research	4,173,119.24	4,173,119.24	0.00	5,669,614.00	5,669,614.00	0.00
Total	\$ 10,040,332.67	\$ 9,346,389.34	\$ 158,018.67	\$ 10,941,508.79	\$ 10,075,770.67	\$ 159,745.82

Department Funds – Income Comparison
2009/2010 and 2010/2011



2010/2011 Department Funds



Administrative Staff News

In the administrative support portfolio, we welcome Colleen Egli to a newly created position of Executive Coordinator. She brings exuberance and expertise and we look forward to working with her. I extend a huge thank you to Marlies Wagner for keeping Dr Cundiff on track during this transition and to the site administrators for working so efficiently with her. On the educational program front, Stella Yan was promoted to the administrator position for the Undergraduate Program and Lisa Chow was hired as the assistant to the program. Many thanks to Scott Lewis for coordinating staff issues over the past 9 months and his coordination and standardization of education program procedures. Other additions to the administrative support team include Adrienne Stubbs to the Division of REI and REI Fellowship Program. We also bid farewell to Lee Smith and Barb Remin who left the department during the past year. The administrative support and management team continue to partner on core initiatives such as the department website, education database and annual review procedures.

DIVISION REPORTS

Division of General Obstetrics & Gynaecology

Nicole Racette, MD, FRCS

Head, Division of General Gynaecology and Obstetrics



A Wide Spectrum of Programs and Services

The General Division is the largest of the Department's divisions, with just over 30 members practicing at BC Women's, St Paul's, Vancouver General and UBC hospitals, and another 85 faculty members at distributed sites across the province. The majority of Division members practice the full spectrum of Obstetrics & Gynaecology, and they represent an invaluable resource for our undergraduate and postgraduate educational programs. In contrast, other members of our division are involved in specialized and multidisciplinary programs and services that also provide outstanding care to women and their families. These programs include Early Pregnancy Assessment Clinic (EPAC), Rapid Access Gynaecology Clinic, Centre for Pelvic Floor Competence, Comprehensive Abortion and Reproductive Education (CARE), Pediatric Gynaecology Clinic and the Oak Tree clinic to name a few. The multidisciplinary approach of Gynecology & Obstetrics care is well displayed as a model of care that serves patients with unique needs.

Educational Programs

The Division of General Obstetrics & Gynaecology shoulders a large proportion of the Department's educational responsibilities. Generalists in the Lower Mainland, and increasingly at the distributed sites, provide much of the undergraduate clerkship teaching. The distributed sites offer unique opportunities for students to experience the challenges and rewards of practicing rural medicine. The Postgraduate Residency Program also relies heavily on the Generalists, who provide much of the surgical and obstetrical teaching. Many residents have recognized the unique educational opportunities offered in community medicine rotations at our distributed sites in Naniamo, Kamloops, and Prince George. Our division also has two Postgraduate Fellowship Programs, including the Fellowship in Female Pelvic Medicine and Reconstructive Surgery, a multidisciplinary program with the Department of Urological Sciences, and the new Fellowship in Chronic Pelvic Pain.

The Division not only provides a large volume of teaching, but is also recognized for its excellence in education. Teaching awards presented to members of the division reflect this excellence. Each year, the Association of Academic Professionals in Obstetrics & Gynaecology (APOG)

bestow the Carl Nimrod award for Education to recognize excellence, commitment, innovation and leadership in teaching knowledge, attitudes, and skills to the next generation of practitioners. This year, Dr Matthew Garrey received the Carl Nimrod Award for Education recognizing him for his work as a clinical teacher and the Residency Site Director at St Paul's Hospital. Dr Jagdeep Ubhi was awarded the Excellence in Teaching Award for the American Professors of Obstetrics & Gynaecology. The departmental Mike Turko Surgical Teaching Award also went to a division member, Dr Geoffrey Cundiff.

Research

The Division of General Obstetrics & Gynaecology has a diverse research portfolio. On the forefront, Dr Deborah Money is leading the Vaginal Microbiome Project, a research project funded by the Canadian Institutes of Health Research (CIHR) through the Canadian Microbiome Initiative and Genome BC. There are also funded projects in education, including the PROMOTE project to look at competency-based surgical education – led by Dr Roxana Geoffrion. The St Paul's site presently has eight clinical studies underway, including funded trials in obstetrics, female pelvic medicine and reconstructive surgery, and surgical education.

Executive Committee

Given the size and diverse geographical locations, clinical programs, and scholarly activity within the division, representing all of these interests in administrative planning is challenging. The Executive Committee of the Division was developed towards this end. The terms of reference for the Executive Committee were recently updated and will be posted on the departmental website once approved by the General Division Members. The members are selected to represent the membership and include, Dr Nicole Racette (Chair, Division Head and representative of VGH Head), Dr Ellen Giesbrecht (Head Obstetrics BCWH), Dr Sue Kim (SPH representative of SPH)

DIVISION REPORTS

Head), Dr Elizabet Joa (Residency Program Director and representative of SPH members), Dr Stephanie Fisher (representative of BCWH/SPH members), Dr Henry Woo (representative of BCWH/VGH members), Dr Brian Fitzsimmons (representative CARE and BCWH/VGH members).

Our members gave the Executive Committee a clear mandate to replace all retiring physicians in order to maintain quality and access to care for our patients, as well as to fulfill our teaching mandate. We will continue to pursue the goal of recruiting individuals with high academic standards and aim to fill gaps in areas where patients have to wait the most.

In July 2010, we welcomed Dr Deborah Money as a member of our Division. Dr Money is well known for her clinical and research accomplishments locally and internationally [see inset below]. Her practice and research focus is on Reproductive Infectious Disease. The long-term goal is to develop a fellowship program in Reproductive Infectious Disease.

Dr Kellie Whitehill joined the Division in October 2010. Kellie has completed extra training in Family Planning and has joined the CARE program in addition to her clinical practice in Obstetrics & Gynaecology. We are currently advertising for an obstetrician gynecologist (clinical position) with projected starting date in the fall of 2011.

Quality Initiatives

Quality assurance is being advanced at all hospital sites, but frequently without coordination between sites. The General Division has an opportunity to bridge the health authority divisions. The ultimate goal is the establishment

of monitoring systems of quality of care indicators for both Obstetrics & Gynaecology, at all sites. The National Surgical Quality Improvement Program (NSQIP) scheduled for VGH and SPH, will be a tremendous achievement towards this goal.

We have moved towards an integrated call and OR electronic scheduler for BCWH, VGH and UBCH. The operating room schedules at BCWH, VGH and UBCH as well as the gynaecology call schedule at VGH and obstetrics call schedule at BCWH are now integrated in an electronic scheduler. The goal is to reduce scheduling conflicts in our multi-hospital environment and improving the quality of work life for our members. The resource allocation model (RAM) for allocation of operating room time has expanded from the St. Paul's site to all lower Mainland sites. This patient centered model distributes operating room time based on patient wait lists and set BENCH times for their diagnosis.

The General Division website page as been updated and links clinical, educational and research activities in the division. It also provides links to referral forms and patient education. The list of all members and contact information is also linked to the page.

Future Directions

We continue to be challenged by the geographic distribution of our hospitals, clinics and offices. In the coming year, we will work towards integrating our many sites, especially the distributed sites. One step will be integrating Grand Rounds at all sites. By making them accessible to all sites with video-conferencing, our members and residents will be able to attend with less time waste on the road.



Professor Deborah Money

In May of this year, Dr Deborah Money was promoted to Full Professor of Obstetrics & Gynaecology. Attaining the rank of Professor is a pinnacle of the academician's career, and in Dr Money's case, a most deserved accomplishment. For years, she has been one of the most prolific investigators in the Department. Her productivity can be measured in newly awarded grants and contracts totalling \$2,492,180, or in publications with six peer reviewed reports and four published abstracts this year. But these metrics do not fully describe Dr Money's contributions to our department and specialty, for she also excels as a mentor. She has a long history of mentoring developing researchers. Presently, she is working with undergraduate students, graduate students, residents, fellows and junior faculty members, including one who has moved on to become an Assistant Professor and Canada Research Chair at Simon Fraser University. Her mentoring is also geographically dispersed with trainees ranging from Makerere University in Uganda, to Utrecht University in the Netherlands. But while her expertise is sought after in distant places, her biggest impact is in her role as Director of the Women's Health Research Institute (WHRI) at BC Women's Hospital and as a member of our department. Congratulations!

DIVISION REPORTS

Division of Gynaecologic Oncology

Dianne Miller, MD, FRCSC

Head, Division of Gynaecologic Oncology



Division Mandate

The Division of Gynaecologic Oncology provides gynaecologic cancer consultation services and care to the women of British Columbia. In addition, leadership in cervical cancer screening, as well as diagnosis and treatment pre-invasive gynaecologic cancer is also an important part of our mandate.

Divisional activities occur at the Vancouver General Hospital, the Victoria General Hospital and at the four sites of the BC Cancer Agency (Vancouver, Surrey, Kelowna and Victoria). Learners are present at all of the sites.

It is the policy of the Gynaecology Tumour Group to have all new patients assessed by a multi-disciplinary Gynaecologic Oncology team. The Gynaecology Tumour Conference is currently routinely video linked with the Vancouver Cancer Centre, Fraser Valley Cancer Centre, Vancouver Island Cancer Centre and the Cancer Centre of the Southern Interior. In addition other centers can link in on request. This facilitates patient consultation and discussion of difficult clinical problems by the multi-disciplinary group. At this clinic, the patient's history, physical findings, laboratory reports and pathology slides are reviewed and discussed by members of the group. A treatment decision is arrived at and recommendations made to the patient and the referring physician. A Gynaecologic Oncology opinion is available and is recommended even if it is anticipated that treatment is to be given entirely in the patient's own community. This insures uniform standards and quality of care throughout the province.

Education

Members of the Division are active participants in teaching at all levels of education. The Undergraduate program is well represented, with Dr Sydney Thomson as the Reproduction Block Chair, and Week 2 Chair (Menopause). She is the Co-Coordinator of the clinical skills that runs through the second year of medical school. Dr Sarah Finlayson is Week 4 Chair (Aging and Neoplasia). The Division also offers a 4th year elective program, which is always over subscribed not only by students from UBC, but also national and international medical schools.

In Postgraduate education, the Senior residents in Obstetrics & Gynaecology spend three months on the gynaecologic oncology service. Chief residents also have the opportunity to be further trained in colposcopy and treatment of the lower genital tract lesions.

The Gynaecologic Oncology Fellowship Program, a Royal College accredited program, is a two-year funded Clinical Fellowship, with the option of a third research year (which can be funded through various mechanisms, such as the UBC Clinical Investigator Program). Both our graduating fellows were successful at the Royal College exams.

Members of the Division are also actively involved in Continuing Medical Education. We continue to be involved in the DA Boyes Society Meeting, with the 36th Annual Meeting held in October 2010. The DA Boyes Society began in the division of Gynaecologic Oncology and we continue to honour the tradition of inducting residents successful in their Gynaecologic Oncology rotation into the Society.

Research Activities

The Division of Gynaecologic Oncology continues to be actively involved in basic and clinical science and this has resulted in numerous breakthroughs and publications. There is a very productive research group focused on Ovarian Cancer at OvCare, and another research group focused on cervical Cancer. The Division also benefits from researchers focused on epidemiology and sexual dysfunction.

The Team

The Division benefits from a broad based faculty that includes Gynaecologic Oncologists, clinical psychologist and gynaecologists. In addition to our clinical roles many division members have other service responsibilities. This includes Dr Tom Ehlen, who serves as the Head of the

DIVISION REPORTS

Provincial Colposcopy Program, Dr Mark Heywood, who serves as the Site Head for Vancouver Acute, Dr Janice Kwon, who serves as the Fellowship Director, Dr Dianne Miller who serves multiple roles including the Head of the Provincial Tumour Group, Acting Chair of Surgical Oncology Network and Acting Provincial Program Leader for the BC Cancer Agency, and finally Dr Gavin Stuart, who serves as Dean of the Faculty of Medicine.

Highlights for this year include the hiring of Dr Mona Mazgani to a permanent position at the Victoria Cancer Clinic. Dr Mazgani is heavily involved in both the research and clinical programs of both the Department and division. We are also proud of the Dr Chew Wei endowed Professorship in Gynaecologic Oncology. This endowed research professorship was made possible through a generous donation from Dr Chew's family and friends.

The Division in collaboration with OvCare, launched the British Columbia Ovarian Cancer Prevention Project. This project has the potential to decrease the incidence of high grade serous tumours of the pelvis in women by up to 50%. It has received much international attention and is currently being rolled out across the country. Dr Sarah Finlayson is the education lead on this project.

In global health, the Division has also embarked on a cervical cancer collaboration with Makerere University, in Kampala, Uganda. Dr Bong Garcia visited the Division from the Philippines as part of the Gynaecologic Oncologists of Canada international health program.



The Gynecologic Oncologists: Back (L-R): Drs Jessica McAlpine, Mark Heywood, Dianne Miller, Tom Ehlen, Sarah Finlayson, Mona Mazgani, Mark Carey; Middle (L-R): Drs Elissa McMurrrie, Janice Kwon; Front (L-R): Our fellows: Vickie Martin, Tiffany Wells, Marett Lee. Missing: Dr Gavin Stuart



Dr Sarah Finlayson Leads Provincial Campaign for Salpingectomy

When BC's Ovarian Cancer Research Program, OvCaRe, realized they had new knowledge to share, they weren't content to let the word get out through those usual channels. It was just too important. Their discovery — that at least two-thirds of high-grade serous tumours in the ovaries have actually originated in the fallopian tubes — had huge implications. It meant that removing the fallopian tubes, either in women who carry a genetic predisposition to such cancer or in women already undergoing a hysterectomy or tubal ligation, could reduce the incidence of such cancers by as much as 50%.

The potential for lives saved compelled OvCaRe to launch a campaign to promote routine removal of the fallopian tubes when performing hysterectomies or tubal ligations, led by Sarah Finlayson, an Assistant Professor in the Department of Obstetrics & Gynaecology. Changing ingrained practices is a slow process, even if the change is backed by evidence. OvCaRe's article, published in 2009 in the International Journal of Gynecological Cancer, would not typically be read by the OB-GYNs who are best positioned to act on it. Taking advantage of their role as the sole ovarian cancer group for the province, and their ability to communicate directly with most of the province's gynecologists, the OvCare group, led by Dr Finlayson, produced an educational DVD that was sent to all of BC's 250 obstetrician-gynecologists. It is also available at the OvCaRe website: http://ovcare.ca/news_practice%20changes.php It was also a major focus of the DA Boyes Annual Meeting in 2010.

"These articles go to press, it adds to the knowledge that's out there, but there's not always an immediate change in patient care," Dr Finlayson says.

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DIVISION REPORTS

Division of Maternal Fetal Medicine

Amanda Skoll, MD, FRCSC

Head, Division of Maternal Fetal Medicine



A Provincial Mandate

The Division of Maternal Fetal Medicine of the University of British Columbia includes 20 perinatologists providing consultative care at 5 sites – BC Women's Hospital, Surrey Memorial Hospital, Royal Columbian Hospital, Victoria General Hospital, and Prince George Regional Hospital. Perinatologists in the Division provide care over the full range of fetal and maternal complications of pregnancy. A significant focus is fetal diagnosis through ultrasound imaging and invasive testing. Division members also manage maternal medical conditions, either pre-dating or arising during pregnancy. This aspect of our mission was promoted by the recruitment this year of Dr Emmanuelle Paré from the University of Pennsylvania in Philadelphia. She has particular interest and expertise in maternal medical complications of pregnancy, which has made a great addition to the MFM team.

We continue to develop our provincial mandate. At present, our major focus is the support and expansion of the Maternal Fetal Medicine service in the Fraser Health Authority (FHA), recently enlarged at Surrey Memorial Hospital. There is a dynamic exchange between PHSA –based physicians and the current MFM's in Fraser, with a group of seven perinatologists from BC Women's providing clinical care in Surrey, and the two Fraser-based perinatologists spending approximately one day a week providing services in Vancouver. An MFM clinic service has now been established one day per week at St Paul's Hospital as well. Future plans include involvement in the recruitment of at least one more perinatologist to the Surrey Memorial/Jim Pattison Outpatient Centre, with cross appointment and some clinical service at BC Women's Hospital.

One of the major thrusts of the provincial mandate of the Division is to increase the use of Telehealth to enable women to access sub-specialty perinatal care without leaving their home community. Division members provide clinical support to maternity care providers throughout the province and into the Yukon Territory through telephone, Telehealth consultations, and coordination of maternal transports. Forty-nine consultations were provided through this mechanism this year, and we expect this number to continue to rise.

Education

The Division continues to play a significant role in the education of medical students, residents, and sub-specialty fellows, as well as students in associated disciplines including midwifery, perinatal epidemiology and infant transport team. Dr Tracy Pressey is the Chair for the Reproduction Block in year 2 of the MD Undergraduate curriculum, and number of MFM division members tutor in various blocks throughout year 1 and 2. MFM members provide a large proportion of the seminar teaching to third year medical students during their clinical year. There are three elective courses for fourth year medical students, which are consistently filled by UBC and out of province students. Five division members provide formal teaching in the perinatal epidemiology course as well, through the School of Population and Public Health.

In terms of the Maternal Fetal Medicine Fellowship Program, this remains a highly successful and in-demand program. During the current academic year, there were a total of five sub-specialty trainees in the program, one of whom is currently pursuing a combined MFM/PhD program through the Clinical Investigators program. As part of the accreditation cycle, the Fellowship underwent an internal review through UBC and completed this successfully.

At the national level, members of the Division hold key leadership positions in the Specialty training programs for both Obstetrics & Gynaecology and Maternal Fetal Medicine. Dr Amanda Skoll completed a four year mandate as the Chair of the Examination Board in Obstetrics & Gynaecology for the Royal College of Physicians and Surgeons of Canada, and went on to the Evaluation Committee of the same organization. Dr Gerald Marquette founded and continued as Chair of the Examination Board in Maternal Fetal Medicine for the Royal College.

DIVISION REPORTS

In terms of continuing medical education throughout the province and across the country, the Division members were particularly active this year, both at the departmental level at the DA Boyes meeting, and at the Annual Meeting of the Society of Obstetricians & Gynaecologists of Canada Annual Clinical Meeting where they were active on the planning committee and served in key roles as postgraduate course coordinators and speakers.

Research

The Division had a successful year in the research arena, marked by a major grant from the Bill & Melinda Gates Foundation to Dr Peter von Dadelszen for the PRE-Empt project. This study aims to reduce maternal mortality from hypertensive disorders in developing countries. The award for over \$7,000,000 enables the establishment of a worldwide network to predict maternal morbidity and mortality based on clinical signs that can be applied in low-resource settings.

Other projects around hypertension and pregnancy continue to bring together both clinical and basic researchers, in collaboration with the CFRI. The BCW campus is the coordinating site for the CHIPS trial, a multi-centre collaboration funded by the CIHR.

Another focus of research for the Division is population Health and perinatal epidemiology, supported by the very strong perinatal epidemiology group. One of the projects completed by Dr Carmen Young, a MFM fellow with this group, won the prize for best study at the Western Perinatal Research Meeting.

A major thrust for the research activity in the Division is the formation of the RAFT group (Research in Advanced Fetal Therapy), which includes investigators interested in fetal diagnosis and therapy, based primarily on ultrasound. Although the group has yet to obtain significant outside funding, there are a number of funding applications currently under consideration, as well as regular meetings for brainstorming and critique of research proposals. Recruitment of a half-time research

coordinator for this group has been extremely helpful for the investigators.

Overall, the Division has published 37 manuscripts this year, and has received payment of over \$2,000,000 in grant funding.

Engagement

One of the priorities of the Division leadership is the engagement and satisfaction of division members in all roles. A strategic planning review re-emphasized the importance of these aspects this year, and a number of activities were carried out in this regard. Administrative staff participated both in their own engagement activities, and in combined meetings with the physician division members. These activities include both social/personal gatherings as well as meetings where individuals can express their ideas and their suggestions for improvement in the Division's methods of functioning.

One of the characteristics of the members of the Division that has been most notable this year, has been their flexibility. Whether as a result of illness, maternity leaves, or significant research opportunities, sudden demands have been placed on individuals to perform clinical work or administrative work outside of their usual allotment. Members have unfailingly stepped in with willingness to work as a team, and this makes for a stronger and more collegial working atmosphere. Members are to be congratulated!

Future Challenges

One of our major priorities as we go forward is to increase our provincial role. We continue to work with health authority officials to improve funding for Maternal Fetal Medicine services. Ideally, we would love to be able to offer on-site clinics on a regular basis in the Interior Health Authority as well as in the North. However, in the meantime, we want to continue to push for increased Maternal Fetal Medicine resources in the most populous parts of the province, as well as to increase our ability to provide Telehealth consultations where appropriate.



Professors Cundiff and von Dadelszen at the celebration announcing the Bill & Melinda Gates Foundation-funded PRE-EMPT grant.

Professor von Dadelszen tapped by Bill & Melinda Gates Foundation

When the United Nations laid out its Millennium Development Goals in 2000, number 5 on the list was reducing maternal deaths. Progress has been slow — with only four years left to go before the 2015 deadline, the maternal mortality ratio has declined by 34 per cent, less than half of the UN's target.

One of the main obstacles is pre-eclampsia, the sudden onset of high blood pressure during pregnancy. It's the second-leading cause of maternal death worldwide, resulting in 76,000 women dying a year — almost all of them in lower- and middle-income countries.

A woman can be spared the dangers of pre-eclampsia, which include seizures (eclampsia), stroke or failure of the lungs, kidneys or liver. It doesn't take a lot of medical wizardry: She must be transported to hospital, where her blood pressure can be managed, her seizures prevented and her delivery induced, which ultimately is the only sure treatment.

But in much of the developing world, identifying women who are at-risk or already have pre-eclampsia — and getting them to a facility that can provide proper care — simply doesn't happen.

"It really is a social equity issue," says Peter von Dadelszen, a [Professor] in the Department of Obstetrics & Gynaecology. "If you really want to make an impact on maternal health, we must focus on countries where women routinely deliver their babies at home, or live far away from medical facilities."

If Dr von Dadelszen sounds like he has a plan, that's because he does. And the Bill & Melinda Gates Foundation has signed on to it.

The foundation has given Dr von Dadelszen and his team \$7 million to test a battery of new strategies to monitor, prevent and treat pre-eclampsia. To increase the chances of its scalability, it will unfold in a broad number of countries in Africa (Mali, Nigeria, South Africa, Uganda and Zimbabwe), South Asia (Bangladesh, India and Pakistan), Asia-Oceania (China and Fiji) and Latin America (Brazil).

The Gates' grant will also fund the creation of "a treatment pipeline" that extends from remote villages to properly-equipped medical facilities in urban centres.

"We're dealing with different cultures, different expectations, different barriers and different facilitators," says Dr von Dadelszen, Co-Director of the Reproduction & Healthy Pregnancy research cluster at the Child & Family Research Institute. "We have to be respectful of what the issues are in each place."

One component of Dr von Dadelszen's project is a clinical trial in South Africa and Zimbabwe to test the efficacy of calcium supplements for women with low calcium intake and at high risk for pre-eclampsia in their next pregnancy.

Another component will test a method developed by Dr von Dadelszen for diagnosing pre-eclampsia and assessing the degree of risk, based either on the woman's symptoms, clinical examination and simple lab tests, or without any lab tests whatsoever.

The Gates grant will also fund the creation of "a treatment pipeline" that extends from remote villages to properly-equipped medical facilities in urban centres. Community health workers will be trained to use Dr von Dadelszen's diagnostic and risk-assessment tool, and to administer an anti-hypertensive drug (to prevent strokes), and magnesium sulfate (to prevent seizures). The pipeline will include a protocol for transporting women to hospitals that provide more elaborate care.

"Many women are moribund, or dead, by the time they are seen by someone who can help," Dr von Dadelszen says. "The idea is to reach into the community to make a difference."

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DIVISION REPORTS

Division of Reproductive Endocrinology and Infertility

Timothy C Rowe, MB, BS, FRCOG, FRCSC

Head, Division of Reproductive Endocrinology & Infertility



The Division of Reproductive Endocrinology and Infertility must be expected to strive for and achieve excellence in patient care, teaching and research, as these relate to the subspecialty. Historically it has been a leader nationally and internationally.

Core Divisional Activities

In 2010, the *UBC In Vitro Fertilization Program* completed 27 years of continuous service. In September 2010, the ownership of the Program was transferred from UBC to the Provincial Health Services Authority, and the Program was renamed the *BC Women's Hospital In Vitro Fertilization Program*. The change in governance had no effect on the clinical functioning of the Program, and the activities of Division members within the Program have continued unchanged. The Program provides a full complement of assisted reproductive services, including in vitro fertilization, intracytoplasmic sperm injection, the Ovulation Induction Program, preimplantation genetic diagnosis, and insemination services. The pre-existing functional relationships with IVF programs in Vancouver, Calgary, Bellingham and Seattle have been maintained, to allow the widest possible range of services to patients while ensuring the highest possible level of safety.

As with the UBC In Vitro Fertilization Program, the ownership of the *UBC Centre for Reproductive Health* transferred from UBC to the Provincial Health Services Authority in September 2010, and the Centre was renamed the *BC Women's Hospital Centre for Reproductive Health*. The Centre provides a location for the ambulatory clinical services of Division members sited at BC Women's Hospital, including assisted reproductive technology clinical reproductive endocrinology and infertility management, clinical andrology, the Pelvic Pain Program, and the andrology and gamete laboratories.

The *Pelvic Pain Program*, established by Drs Catherine Allaire and Christina Williams within the Centre for Reproductive Health, provides a tertiary level service with multi-disciplinary approach to the management of chronic pelvic pain. The Program has broadened the multidisciplinary activity, with the addition of Dr William Craig. The sustainability of the Pelvic Pain Program was fortified this year through open-ended provincial funding in June 2011.

The UBC Gyn-Endocrine Laboratory, established under the direction of Dr Basil Ho Yuen in 1978, provides rapid assays seven days per week in support of the IVF and Ovulation Induction Programs. The laboratory also offers a range of hormone assays as a provincial service for the investigation of endocrine disorders.

Educational Activities

In addition to the Fellowship Program, the Division provides educational activities for residents, undergraduates, and visiting trainees. Division members are quite actively involved in the UBC Undergraduate curriculum, especially in Phase 2 (preclinical) problem-based learning and in Phase 4 (clerkship) activities in ambulatory and hospital-based care. In addition, four undergraduates have undertaken selectives with Division members in 2010/11. Dr Jason Hitkari has served as the Reproduction Block chair, as well as a lecturer, and was so well received by the undergraduate students that the Class of 2012 awarded him the Outstanding Educator Award. [see inset]

Residents in the Department of Obstetrics & Gynaecology spend three-month rotations within the Division, attending clinics in each of the ART programs in the Lower Mainland, making regular presentations at the weekly Division Rounds and participating where possible in research activities. The current Director of Resident Training within the Division is Dr Beth Taylor.

The Division's Fellowship Program is a two-year structured program accredited by the Royal College of Physicians and Surgeons of Canada. The Current Program Director is Dr Anthony Cheung, with Dr Sheila Pride acting as Associate Program Director. The Program underwent



an internal accreditation review in February 2011, with the external accreditation review scheduled for early in 2013.

The 2008-2010 Fellow, Dr Manda Ghahremani, completed her program in July 2010. The 2009-2011 Fellow, Dr Saleh Al Asiri, began his program in November 2009 and will complete training in October 2011. We are welcoming two new Fellows for the 2011-2013 program: Dr Ghadeer Akbar from McGill and Dr Niamh Tallon from Saskatoon.

Divisional activities in Continuing Medical Education have been centred on the Division's presentations at the DA Boyes Society Annual Meeting. Individual members have also participated in CME activities associated with the Canadian Fertility and Andrology Society, the Society of Obstetricians & Gynaecologists of Canada and with the American Society for Reproductive Medicine. Dr Anthony Cheung chairs the Reproductive Endocrinology and Infertility Committee of the Society of Obstetricians & Gynaecologists of Canada. The Division is indebted to our faculty members at off-site locations for their large contributions to the educational responsibilities of the Division.

Research

The Division's research activity encompasses basic and clinical research, in addition to collaborative multidisciplinary activities. Four members of the Division currently hold funding for research projects, and Division members have generated numerous papers in peer-reviewed and other journals. Individual members have presented original work at meetings of the Canadian Fertility and Andrology Society, the Society of Obstetricians & Gynaecologists of Canada, the North American Menopause Society, and the American Society for Reproductive Medicine, and have participated significantly in the development and publication of Clinical Practice Guidelines under the auspices of the Society of Obstetricians & Gynaecologists of Canada.

In January 2010, Dr Rowe was re-appointed as Editor-in-Chief of the *Journal of Obstetrics & Gynaecology Canada* for a second five-year term. The Editorial Offices of JOGC are located within the Division of Reproductive Endocrinology and Infertility.

Future Directions

The transfer of the Division's ambulatory clinical activities to the Women's Hospital has allowed some rationalization of services, and has facilitated interaction with the numerous Women's Hospital programs. Integration of

services and databases will improve the efficiency and safety of clinical services provided and will enhance research opportunities. The proximity of research foundations on the Women's Hospital site has led to plans for translational research activities, particularly in genetic and molecular aspects of reproduction and in bioethics, which will expand the mandate of both existing Women's Hospital and Research Centre research and the academic productivity of the Division. However, to fully realize these opportunities in research, to continue to meet our educational responsibilities, and to maintain the clinical programs at BC Women's Hospital, the Division will need to focus on recruiting additional faculty members for the BC Women's Hospital Site.



Dr Jason Hitkari Awarded the Inaugural Outstanding Educator Award

The UBC undergraduate medical class of 2012 initiated the Outstanding Educator Award, to be awarded to the tutor, lecturer, week or block chair who demonstrated extraordinary commitment to teaching and in doing so made a significant contribution to the learning of the class. Student nominations from all three sites were accepted from any block in the second semester and the class council voted on the final selection of the award recipient.

The students of the 2012 class nominated Dr Hitkari for his role as Reproduction block chair and lecturer. Individual comments about Dr Hitkari's effectiveness as a teacher noted, a dynamic lecture style that was interesting and engaging, lectures that emphasized key concepts, and appreciation for accessibility for questions.

Dr Hitkari is a graduate of the UBC School of Medicine, and also pursued residency training in the department. He then completed a fellowship in Reproductive Endocrinology and Infertility at Mt Sinai Hospital in Toronto, before returning to Vancouver. He is presently a Clinical Assistant Professor in Obstetrics & Gynaecology at UBC, and the Co-director of Genesis Fertility Centre.

SITE REPORTS

BC Women's Hospital

Ellen Giesbrecht, MD, FRCSC

Site Head, Department of Obstetrics & Gynaecology
BC Women's Hospital Human Resources/Clinical Service



Clinical Programs

The Department oversees a broad range of clinical services at BC Women's Hospital. This includes general obstetrics, and ambulatory gynaecologic surgery, provided by members of the Division of General Obstetrics & Gynaecology, Perinatology, provided by the members of the Division of Maternal Fetal Medicine, reproductive endocrinology, infertility, and chronic pelvic pain offered by Members of the Division of Reproductive Endocrinology and Infertility. There are also a number of specialized services. The CARE Program offers family planning, and has benefitted this year from the addition of Drs Kellie Whitehill, and Gerry Doersam. The Women's Health Centre also provides service to women with early pregnancy loss through the EPAC clinic, and there is an active Adolescent and Pediatric Gynaecology service.

Quality Initiatives

The General Obstetrics call group continues to function in a single call group with shift assignments. Recently, a general call group executive was elected to manage the ongoing business and communication issues of the call group. Dr Debra Millar, Dr Stephanie Fisher and Dr Kellie Whitehill will form the initial executive, together with Dr Ellen Giesbrecht as Site Head, and Dr Nicole Racette will participate as Division Head. The call group is continually revising and reviewing the call arrangements in order to maintain a safe provision of service to our patients.

One of the key clinical projects at BC Women's Hospital has been the Caesarean Section Task Force. Dr Dale Steele has represented our department on that committee. The key initiatives this year were the VBAC Clinic and the management of breech at term. The committee and the work has been multi-disciplinary with obstetrics taking a key clinical role. The Breech Clinic (ECV, management of breech vaginal birth) developed guidelines under the lead of Dr Dena Bloomental with engagement of all members of the Department. The VBAC consent and counseling clinic and the ECV and Breech clinics are staffed by Drs Steele, Bloomental, Unger, Woo, Belanger, Rosengarten and Whitehill.

The goals of the Best Birth Clinic are to promote safe VBAC to all eligible patients, as well as provide the opportunity for ECV for all breech patients as well as discussion for

possible breech birth in the appropriately selected patients.

In July of 2011, the hospital instituted scalp lactate testing to enhance the evaluation of abnormal fetal heart rate tracings. We are still on the learning curve, but have already had success in avoiding operative birth through the use of the technique and close observation.

Over the years, Dr Petra Selke has been responsible for much of the quality work in our department. This year, she stepped down from her role as Quality Lead, but continues to chair the Perinatal Mortality Review Committee. The New Quality Lead is the Site Head who is aided by a Quality Committee including Dr Amanda Skoll, Dr Nancy Kent, Dr Stephanie Rhone, and Dr Jacqueline Purcell. Dr Purcell has taken on the role of Obstetrics representative at the BP Management team, which reviews all critical events. The members of the quality committee not only participate in the ongoing quality initiatives of the department but also in the Hospital Wide In-depth Critical Patient Safety Reviews for high level critical incidents that occur at BC Women's.

Another major quality project requested by the hospital administration is an in-depth review of caesarean section rates at our institution. Caesarean section rates continue to climb world-wide, but the goal is to optimize natural birth at BCWH. We will do both a retrospective review looking at recent increasing trends as well as a prospective data collection to look for modifiable factors that may be addressed.

PHSA has embraced imPROVE, and BC Women's has an undertaken an institutional initiative to employ Lean management strategies towards improving the delivery of health care in an efficient and safe manner. These weeklong projects have resulted in some excellent improvements and efficiencies. In the last year, Drs Ken Lim, Alain Gagnon, Ellen Giesbrecht, Barry Sanders, and Stephanie Fisher have all participated in week long events



with others participating for parts of these projects.

Education

The general obstetrics call group at BC Women's continues to play a significant role in the education of medical students and residents, as well as students in associated disciplines including midwifery and nursing. The Department of Obstetrics & Gynaecology at BC Women's is responsible for coordinating and accrediting the weekly Grand Rounds for the entire site. There is active involvement in the planning, presentation, and attendance by all division of Obstetrics (MFM, REI, General) as well as Family Practice, Midwifery, Anaesthesia, Specialized Women's Health, Internal Medicine, and the Perinatal Epidemiology Group.

Research

Some of the Department's most active researchers and programs are located at BC Women's Hospital. This includes Dr von Dadelzen, the RAFT group, the Contraceptive and Reproductive Trials (CART) group, and the Perinatal Epidemiology group. The strengths in research reflect the supportive environment. The Women's Health Research Institute (WHRI), headed by Dr Deborah Money, provides research support for new investigators as well as funding for projects. Currently, the WHRI have multiple funded projects in collaboration with all aspects of Women's Health from HIV, perinatal addictions, infections diseases and the Care Program and advanced family planning. The proximity and support of the Child & Family Research Institute (CFRI) are also paramount to our department's success. The CFRI and its Reproduction & Healthy Pregnancy research cluster provide lab space and



research support for many members of our department, including the Graduate Program in Reproduction and Development.

Engagement and Service

The Department at BC Women's Hospital benefits from a faculty that is engaged in hospital business at many levels. Members of the Division of MFM, REI and General Obstetrics & Gynaecology provide leadership in clinical programs, quality initiatives, and in administrative roles at all levels, from the hospital to the provincial level. Even the President of the hospital is a member of the Department.

This year saw another member of the Department take on a key hospital position, as Dr Dorothy Shaw was chosen to be the new Vice President of Medical Affairs. [see inset on page 30]

Future Challenges

Several challenges face us in the next five years. One is ongoing recruitment and replacement as some members are contemplating either retirement or reduced work weeks. We require a minimum of 18 and probably could sustain 24 members to cover the general OB call both for our own primary care as well as to provide consultative care. As the role of Midwifery and Family Practice expand, the need for consultative care, both in the office setting and at the hospital, is increasing. A longtime goal has been to have an outpatient based Obstetrical consultative practice on site to provide responsive OB consults.

A second challenge is the ability to provide evidence-based care in a consistent and safe manner. While there are understandable differences in styles, we continue to work on developing consensus for management of complicated labour. A revised second stage of labour guideline was developed and will roll out this fall with a commitment to audit and evaluate the guidelines.



Maternity Service at St Paul's Hospital Honoured with PHC Mission Award

With the theme "Making a Difference," Providence Health Care's annual community meeting on June 15th celebrated the past-year achievements of staff, physicians, and researchers.

The main highlight of the celebration of PHC people through is the presentation of the 2010 Mission Awards and the Faye Meuser Memorial Leadership Award.

The Mission Awards are presented in three categories: acute care; residential care; and team excellence – they recognize those who truly represent how we continue to live the mission and values of the Sisters who founded our organization. This year the mission award for team excellence, also known as the 2011 Foundress Mission Team Award was awarded to the St. Paul's Hospital Maternity Services Program, including Nursing, Family Physicians, Midwives, Obstetricians and Operations Leader.

At the event, the team was represented by Jennifer Duff, Operations Leader, and Dr Geoff Cundiff, Head, Department of Obstetrics & Gynaecology; Cheri Jeffs, Registered Nurse, Maternity; Jenna Baumgartner, Registered Nurse; and Dr Antoinette vanden Brekel, Pediatrician. The award recognized the significant accomplishments of the team in establishing a multi-disciplinary program focused on quality and patient satisfaction.

The Maternity service was honoured again, when Operations Leader, Jennifer Duff was awarded the Faye Meuser Memorial Leadership Award. Faye Meuser was an exceptional nursing leader at Providence Health Care. In recognition of her contributions to PHC and her strong leadership, this award was established in her memory. Jennifer Duff was nominated for being a highly respected, visionary leader with a solid reputation as a mentor, role model, colleague and change agent.

Dr Dorothy Shaw Appointed VP Medical Affairs, BC Women's Hospital



Dr Dorothy Shaw was recently appointed VP, Medical Affairs, at BC Women's Hospital & Health Centre. Dr Shaw is internationally recognized for her advocacy efforts to advance women's rights and improve the health of women, newborns and children.

She recently completed a term as Senior Associate Dean, Professional Affairs at UBC. Other leadership roles at UBC include Associate Dean, Equity for the Faculty of Medicine and Acting Associate Vice President, Equity, for UBC. In 2010, Dr Shaw was named as Canada's spokesperson for the G8/G20 by the Partnership for Maternal, Newborn & Child Health, a global health partnership to improve the health of women, newborns and children. The Women's Executive Network recognized her as one of Canada's 100 most powerful women in 2008. Dr Shaw was included in the category of "Trailblazers and Trendsetters," for being the first woman president of the International Federation of Gynaecology and Obstetrics (FIGO), and the youngest person at the time to ever lead the Society of Obstetricians & Gynaecologists of Canada.

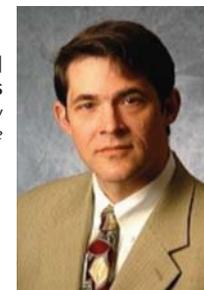
Dr Shaw received her medical degree from the University of Edinburgh in 1972 and her Fellowship in Obstetrics & Gynaecology in 1978. She joined the UBC Department of Obstetrics & Gynaecology in 1979 after a fellowship in Perinatal Genetics with a cross appointment in Medical Genetics. Her sub-specialty is Maternal Fetal Medicine. She currently holds an appointment as a clinical professor in the Department of Obstetrics & Gynaecology and Medical Genetics at UBC.

Dr Shaw is internationally recognized for her advocacy efforts to advance women's rights and improve the health of women, newborns and children.

SITE REPORTS

St Paul's Hospital

Geoffrey Cundiff, MD, FRCS, FRCOG, FACS
Site Head, Department of Obstetrics & Gynaecology
Providence Health Care



The St Paul's Hospital site has been a vital educational site for the UBC Department of Obstetrics & Gynaecology for years, but this year has become the primary office location for the UBC department. The office of the new Department Head, Dr Geoffrey Cundiff, as well as the Director of Postgraduate Education, Dr Elisabet Joa, and support personnel for the department have moved to the St Paul's Hospital campus. This coincides with a move of the SPH department from the historical Comox building to a new adjacent location on the eleventh floor of the Hornby Tower. We are pleased to have this new space and look forward to the Ambulatory tower planned for the old Comox site.

Clinical Programs

The Department of Obstetrics & Gynaecology has progressed considerably over the last few years but we have not lost our primary clinical focus of general Obstetrics & Gynaecology. This is well exemplified by the Maternity Service. Under the leadership of our department, the Maternity Service has evolved into a multi-disciplinary patient focused service. Primary care obstetrics is available through a variety of models of care, from Midwives, Family Physicians, or Obstetricians, but all models are dedicated to the same high standard of quality, and all services, including nursing, work together towards this goal.

When the needs of the patient are more complex, programs are in place to address these needs as well. This includes maternity care for women with cardiac disease through the PACH Clinic, and women with renal disease through our multi-disciplinary perinatal renal group. The department has embraced our designation as a tertiary centre for sick mothers and we have established close working ties and care paths with the ICU, the Cardiac Program, and the Departments of Medicine, Surgery, Urology, and Radiology. Nursing leadership is paramount, and a new position, Clinical Nurse Specialist was established to facilitate the care of these complex patients across services. We are also happy to finally have a part-time perinatologist, Dr Duncan Farquharson, and look forward to a larger

MFM presence in the future. Happily, others have recognized the efforts of the Maternity Service to become a model of multi-disciplinary team-based care, with the result that our department and our partners in the Maternity service received the PHC Mission Foundress Mission Award.

In addition to excellence in obstetrical care, the Department at St Paul's also offers a broad range of gynaecologic services. Several years ago, we embraced minimally invasive surgery and established a mentoring program to help faculty members develop these skills. These efforts have allowed us to increase the number of surgeries performed from a minimally invasive approach, either laparoscopic or vaginal. For example, our minimally invasive hysterectomy rate has risen from 10% in 2007 to 50% this year, despite decreasing our overall rate of hysterectomy. The benefits to patients of a brief hospital stay and more rapid return to work are huge. But it also has implications for our learners, who now have a much larger classroom for learning these technical skills.

St Paul's Hospital is also the location for our program in Female Pelvic Medicine and Reconstructive Surgery. The Department has three surgeons offering diagnosis and treatment for women with urinary and fecal incontinence and other issues of pelvic floor dysfunction. *The Centre for Pelvic Floor Competence* now has a certified Nurse Continence Advisor, Jinder Sandhu, who provides among other things a full service pessary clinic. This is also a resource for learners in the department.

Education

The faculty at St Paul's Hospital continues to embrace teaching as a primary scholastic endeavor. The Department has postgraduate learners in Obstetrics & Gynaecology as well as junior residents in Family Medicine.



Dr Marketa Gogela-Spehar has assumed the role of Residency Director for Obstetrics & Gynaecology, and is maintaining an excellent curriculum that provides residents with broad learning in our specialty.

Dr Jennifer Oakes continues as the director of the Family Medicine Program. To ensure that the junior residents receive consistent content and quality, she established 7 standardized clinical lectures for the Junior residents that are presented by members of the SPH Faculty. Dr Roxana Geoffrion is the director of the Urogynaecology rotation for Obstetrics & Gynaecology residents, and has made this a very clinically useful rotation with lots of surgical experience. She is also the Fellowship Director for the Fellowship Program in Female Pelvic Medicine and Reconstructive Surgery.

Clinical teaching requires daily dedication and patience, and is rewarded by witnessing the success and confidence of our learners as they realize their potential. While this is reward enough, it is always nice to be recognized for excellence in teaching. St Paul's Hospital has a history of teaching awards, and this year is no exception. Dr Matt Garrey, the former Residency Director, received the Carl Nimrod Education Award from the Association of Professionals in Obstetrics & Gynaecology, and Dr Geoffrey Cundiff received the Turko Surgical Teaching Award.

Research

Increasingly, maintaining excellence in teaching requires analysis of what teaching methodologies work best, and this has been one of the investigational focuses of the St Paul's faculty. Dr Roxana Geoffrion completed a multi-centered randomized trial investigating mental imagery as an aid to learning surgery, and will present the results of this work at the Annual Meeting of the American Urogynecologic Society this fall. She has received further funding through a Royal College Educational Grant for the PROMOTE study, which will develop and test competency-based learning modules for Urogynaecology.

In addition to educational research, the St Paul's department has ongoing studies in obstetrics and urogynaecology. Dr Lynn Simpson presented her landmark work on outpatient induction using Dinoprone at last year's SOGC meeting, and published that work this year. This work continues through a generous grant she received from Ferring to pursue a larger but more focused cohort. Drs Geoffrion and Cundiff have a half dozen clinical trials underway to evaluate new urogynecologic techniques as well as studies to determine how to avoid and optimize the management of complications.

While the St Paul's Department has been a site for investigation for several years, this year the Department undertook a new approach to optimizing research at Providence Health Care. The Providence Health Care New Investigator Award in Women's Health is start-up grant, funded by the department. The bi-annual award will provide start-up funds for new investigators at PHC to pursue work in Women's Health. The first successful new investigator will be named this fall.

Quality Assurance

Providence Health Care has been a pioneer in safety and quality and the SPH Department of Obstetrics & Gynaecology has tried to set an example for that focus. Over the past few years, our efforts to establish a multi-disciplinary quality structure for retrospective and prospective reviews have allowed us to critically appraise our work. We have pioneered individual balanced score cards to help physicians recognize their strengths and areas for improvement. We have embraced care paths and used them to implement evidence based care. For example, we led the region in establishing deep vein thrombosis prophylaxis, both for obstetrical and gynaecologic patients. We have also set an example for team-based care on the Maternity Service. And we have partnered with other organizations to develop a larger quality structure. This includes providing leadership in the regional *Perinatal Coordinating Council* and the provincial *Perinatal Services BC*.

The St Paul's department is fortunate to have strong support from PHC. We have a broad-based, quality driven clinical practice, with dedicated and effective teachers, and a growing research program.

SITE REPORTS

Vancouver General Hospital

Mark Heywood, MD, FRCS

Site Head, Department of Obstetrics & Gynaecology
Vancouver General Hospital



With the retirement from Gynaecology of Dr Wally Unger the General Division went through a recruitment process. The Division and Department welcomed Dr Kellie Whitehill in October of 2010. She joined the Crossroads Group.

Following up on a Quality Improvement initiative, Drs Beth Taylor and Brian Fitzsimmons have been working on placement of IPAS in the Emergency Department at VGH, so that women with early pregnancy loss may be treated in a more timely fashion. This was agreed to be implemented in June, as of writing actual implementation is not quite there yet!

The multidisciplinary vulvodynia program at the Diamond Health Care Center continues to gain kudos and recognition as the best way to serve this underrecognized community of patients. Funded by a donation from Leslie Diamond and VGH and lead by Drs Sydney Thomson, Leslie Sadownik, and Lori Brotto. As well as presenting at various national and international meetings, many papers have been published.

The Gynaecologic Oncology Division and General Gynaecology Division continue to be the main focus at VGH/UBCH. Thanks to Drs Dianne Miller and Nicole Racette for all their assistance. Please see their separate Divisional reports. I won't duplicate the division's individual contributions, clinically, educationally, and academically.

At Vancouver Acute, after years of discussion, Resource Allocation Methodology (RAM) went through final calculations and negotiations with implementation for September 2011. Gynaecology remained relatively neutrally affected. This will be evaluated on an ongoing basis.

Dr Mark Heywood Named President of the S.O.G.C.

Dr Mark Heywood was officially inaugurated as 68th president, of the Society of Obstetricians & Gynaecologists of Canada (SOGC) at the Annual Clinical Meeting held in Vancouver in June 2011.

Dr Heywood currently serves as Site Head of Gynaecology at the Vancouver General Hospital and is President of the Medical Staff. Outside of clinical practice, Dr Heywood is active in various areas of medical politics. He has served as an executive of the Board of the Manitoba Medical Association from 1996 to 2000 and as President in 1999 and 2000.

Dr Heywood was also involved in the Canadian Medical Association's Council of Health Policy & Economics from 1996 to 1999, and sat on the Board from 2000 to 2003. During his career, he also assumed the presidency of the University Medical Group (UMG) in 2002 and 2003. In addition to these achievements, Dr Heywood was involved with the Royal College Specialty Examination Board in Obstetrics & Gynaecology from 2001 to 2008, the Nucleus Committee from 2004 to 2008, and the Society of Gynecologic Oncology of Canada (GOC) as Program Committee Chair for the AGM during this same time period.

Dr Heywood has been a member of the SOGC since 1993. For almost two decades, he has assumed leadership roles within the Society as an active member of the Gynaecology Guidelines Committee, the Finance Committee, Council as Central Region Alternate Chair and as Treasurer and finally on the Executive Committee.

In his inaugural speech, Dr Heywood emphasized the SOGC's past and ongoing commitments to Aboriginal Women's Health acknowledging recent successes such as the completion of the new policy statement on Aboriginal sexual health and rights, the launch of the new aboriginalsexualhealth.ca website, as well as the development and delivery of CME sessions on culturally-safe care.

"We will continue to move forward in our goal of advancing the health of First Nations, Inuit and Métis women, their families and communities."



a place of mind

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