



OBSTETRICS & GYNAECOLOGY
ANNUAL REPORT
2015-2016

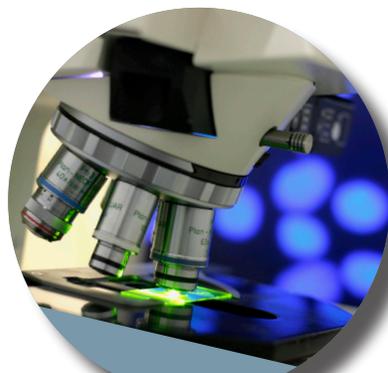


TABLE OF CONTENTS

02 DEPARTMENT HEAD'S REPORT

03 DIVISIONS

- 03 Division of Gynaecologic Oncology
- 07 Reproductive Endocrinology and Infertility (GREI)
- 11 Maternal Fetal Medicine
- 15 General Division of Obstetrics and Gynaecology
- 19 Gynaecologic Specialities

21 KNOWLEDGE TRANSLATION

23 MAIN STORIES

- 23 Family Planning
- 24 Curriculum Renewal
- 25 Residency Changes
- 26 Graduate Program

27 FELLOWSHIP PROGRAMS

- 28 Gynaecologic Oncology
- 28 Maternal Fetal Medicine
- 29 Reproductive Endocrinology and Infertility (GREI)

29 ADVANCED TRAINING PROGRAMS

- 29 Female Pelvic Pain & Reconstructive Surgery (FPMRS)
- 29 Endometriosis, Pelvic Pain & Laparoscopic Surgery

30 FUNDING

31 CONTINUING MEDICAL EDUCATION

- 31-32 Fred Bryans 7 Fred Bryans Faculty Forum
- 32 DA Boyes
- 33 Academic Day
- 34 Continuing Surgical Education

SITES

- 35 St. Paul's Hospital/Providence Health Care
- 35 Vancouver General Hospital/Vancouver Acute
- 36 BC Children's and Women's Hospital

NEWS & NOTEWORTHY

OUR MISSION

We are more than a Department; we are the nexus that unites the province of British Columbia for quality and innovation in care, education, and discovery to optimize the health of women.

REPORT FROM THE

DEPARTMENT HEAD



Dr. Geoffrey W. Cundiff, MD, FACOG, FACS, FRCSC

*Professor, Head and Dr. Victor Gornall Professor of Obstetrics & Gynaecology,
Department of Obstetrics Gynaecology,
University of British Columbia*

Teaching is at the heart of the mission of the UBC Department of Obstetrics and Gynaecology, and our commitment to excellent teaching spans the breadth of medical education from undergraduate to graduate students and postgraduate learners to practicing physicians. Trainees from BCIT, the UBC Midwifery Program, Family Practice, and Nursing, not to mention elective students in both the undergraduate and postgraduate medical programs from across the country and around the world, contribute to the diversity and richness of our educational programs and the learners they serve. Our pedagogical efforts across this spectrum of medical education are realized through the committed educators in our department, and their skill as teachers is clear through the numerous teaching awards that reside within our department.

Medical education is in transformation worldwide, as new pedagogical concepts are embraced, and our department is deeply engaged in this process. The concept of competency based medical education propagated during the last decade, with widespread endorsement by organizations worldwide. This paradigm shift is founded on the concept of preparing physicians for practice based on developing graduate skills or competencies that are founded on the societal and patient needs. By de-emphasizing time-based training, it recognizes the inherent differences in learners and provides a learner centered approach with greater flexibility and accountability. Moreover, the explosion of medical knowledge and increasingly focused individual practice creates a demand for new competencies that go beyond cognitive and motor skills to include communication and teamwork, skills that were not part of traditional medical education.

The undergraduate program within the Faculty of Medicine has integrated these concepts into the curriculum renewal initiated in 2015. As the only medical school in British Columbia, UBC must ensure that our medical graduates are able to meet the full spectrum of current and future health care needs of society, including physicians for rural and remote areas and clinician scientists. The new spiral-based curriculum provides opportunities for concepts to be periodically revisited, reinforced, and built upon so that students can absorb information in a more meaningful way. Happily, the principles that underpin the renewed curriculum neatly align with the UBC

strategic vision to increase flexibility of learning; embed opportunities for inter-professional education with other health profession programs, and move towards a competency-based, educational approach. Dr. Sarah Finlayson the Program Director for the Undergraduate Program expands on the implementation of the program in a later article.

In postgraduate education, our residency program has also re-created itself following the competency-based medical education model. This transformational change initiative focuses on outcomes, asking the question "What abilities do physicians need at each stage of their career?" It organizes physician training around desired outcomes and looks at the needed competencies. The greater goal of this initiative is to enhance patient care by improving learning and assessment across the continuum from residency to retirement. This will ensure that physicians continue to demonstrate the skills and behaviours needed to meet evolving patient needs. Dr. Jag Ubhi will elaborate on this later in his article.

Our department's graduate program in Reproductive and Developmental Sciences expands our educational mission to train the future scientists in our field. With investigator tracks ranging from basic science to epidemiology our program addresses several of the goals of the UBC strategic plan including those related to student learning, research excellence and community engagement.

Lastly, the department is also invested in continuing medical education, both for our faculty members and practicing physicians throughout British Columbia. The department strives to provide continuing medical education that helps our colleagues maintain competence and learn about new and developing areas in their field. These activities include live events, written publications, online programs, audio, video, or other electronic media. Some of these will be covered in greater detail later in this report.

Given this breadth and depth of educational commitment to excellence, our department has truly achieved our goal of becoming the nexus for education in women's health for British Columbia. I am proud of our staff and faculty for their commitment and success in medical education.

OUR DIVISIONS



Dianne Miller, MD, FRCSC
Head, Division of Gynaecologic Oncology

GYNAECOLOGIC ONCOLOGY

Though all members of the Division of Gynaecologic Oncology are heavily involved in medical education at all levels from Undergraduate to CME, I would like to highlight the contributions of two members of our team in this annual report. Both Sarah Finlayson and Janice Kwon have shown a passion and affinity for education since joining our division.

Sarah (*inset, right*) currently leads the charge in both the Undergraduate curriculum for the Department of Obstetrics and Gynaecology and in facilitating the resident rotations in Gynaecologic Oncology. She has been a major player in the curriculum renewal process for the Faculty of Medicine and in this role insuring that Obstetrics and Gynaecology and Women's Health are appropriately and well represented in the education of future physicians. With regard to residents, Sarah is responsive to the individual needs of our future colleagues and endeavors to insure that their individual learning goals are met. Sarah also co-chairs (along with Trevor Cohen) our divisions DA Boyes program committee. The DA Boyes Society meeting is well attended by our community colleagues and the team strives to address educational needs. The success of this program over the last 40+ years is widely admired nationally and allows us to partner with the community to provide excellence in Gynaecologic Cancer Care to the women of British Columbia.



Janice (*left*) is the Fellowship Director for the Gynaecologic Oncology Fellowship Program and on the resident research committee. I believe our fellowship program ranks with the best in the country. The emphasis on excellence and academia has led to all of our graduates being employed in academic institutions across the country from Victoria to Halifax! Janice is a major player in the resident research committee. She has personally supervised many resident projects as well as providing support for many others. She encourages critical thought and excellence in all she does. Janice also co-chairs (along with Anna Tinker med-onc and Carolyn Holloway rad-onc) our multidisciplinary British Columbia Tumor group retreat which brings together scientists, researchers, medical oncologists, gynaecologic oncologists, pathologists and radiation oncologists from across the province annually to discuss new evidence in Gynaecologic Oncology and to design new and revised evidence based treatment protocols which allow our province to continue to be a leader in patient outcomes.



Q & A With Dr. Jessica McAlpine

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

I am not sure I can cite a single moment. I must say I have intense pride in seeing those I have been a clinical or research mentor to who have advanced in their training and are now young colleagues (e.g., undergraduates now in medicine, medical students I had taught PBL to who are now subspecialists down the hall). It is these individuals who often remind me, in the elevator or in passing, of some fun moments from when I taught them, and they shared how they felt a new excitement with the material or how they were able to apply their knowledge in the real world, or how simply they just really liked what they were learning.

Q. Why do you love to teach?

I remember how much I wanted to learn, how little I felt I knew, and how important it seemed to me that I needed to learn more in order to take care of the patient in front of me. It is lovely to see the same interest and desire in others and to be able (even if in a small way) to feed it! We are all so busy in this field of medicine.... but the breakthroughs achieved as we progress in knowledge or skills are so rewarding and watching someone make these leaps (e.g., an easier way to do something/surgical skill, a-ha moments of 'why', putting pieces together in all realms) frankly feels good!

There is no question you connect with some learners more easily and are able to speed things along for these individuals-and observe rapid improvement in surgical skills, growing leadership, etc. This can be especially fun.

Also, there is no question that teaching makes me a better physician. I need to be evidenced based, or at least be able to justify my actions at some level. It is a circular stimulation to continue to learn. Teaching ensures you need to be current/up to date.

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

I can remember big learning epiphanies in my training and the people who helped me achieve these. Consistently they involved individuals who were patient, calm, I felt comfortable with, and who pushed me. But in addition to looking at models who taught me in my training I look to models today, as an attending and how they teach and inspire. I feel I know what works well for me as a learner but have an increasing appreciation that others may learn differently and thus as a teacher I need to pose questions and challenge students/residents/fellows in more than one style. I feel I am still growing as a teacher/mentor and there are many excellent colleagues in our department and across specialties who I will work to emulate.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

Words I can share but also need to continually remind myself as we are always time-limited in our work: that the time invested has a fantastic return.

Q. How would your students describe you as a teacher?

Calm, encouraging, hands on but encouraging independence, prepared.



Q & A With Dr. Gavin Stuart

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

I have a very specific recollection of working with a resident to care for a young woman who was dying of gynaecologic cancer. Initially the resident's management plan was "nothing". The impact that our subsequent discussion regarding care for this patient, had on the resident herself was remarkable; the resident came to appreciate that caring for a dying patient, may include listening, laughing, providing symptomatic relief, touching or just showing compassion. In a surgical discipline like our own, it is these moments of simply learning how to care, that are most memorable.

Q. Why do you love to teach?

Teaching provides an incredible return on investment of time. It allows one to be a part of shaping our profession, it provides an endless source of learning for the teacher, it allows us to be challenged, questioned and engaged. We have all been the beneficiaries of those who have gone before us and thus we have a responsibility to give back.

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

My father was a surgeon and then trained as a gynaecologic oncologist. His passion to share knowledge and experience with me and all those around him was energetic and infectious. He loved to challenge and ask questions. He was passionate about demonstrating the specific details of a surgical technique. Most of all, he never forgot that the patient is the most important person in the room.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

Listen. Learn from your students. Recognize that learning is multi-faceted and complex and varies by individual.

Q. How would your students describe you as a teacher?

Probably pedantic. Probably, that there are always "three things". Probably, that there are always "principles".



Dr. Annick Pina joins our Fellowship in Gynecologic Oncology

Annick graduated from the Obstetrics & Gynecology Residency Program at the Université de Montréal in 2014. Since finishing her residency, Annick started a Masters in Clinical Trials at the London School of Hygiene and Tropical Medicine along with working on her ongoing research in medical pedagogy.



Q & A With Dr. Murette Lee

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

I find it very rewarding to see students of all levels reach a new level of understanding or skill, and to see them inspired to achieve more and learn more.

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

There have been many who were inspirational to me along the way in different ways. One of my early formative mentors was Dr. John Jeffrey, a gynaecologic oncologist from Kingston who just retired. He always sat down to talk to his patients and he was always honest and real in the kindest way.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

Remember all the ways that different teachers have impacted you and learn from how they taught as well as what they taught.

Q. How would your students describe you as a teacher?

Straight to the point; pragmatic; encourage questioning the status quo; evidence based and honest about when there is a lack of evidence



Mohamed Bedaiwy, MD, PhD, FACOG, FRCSC
Division Head

REPRODUCTIVE ENDOCRINOLOGY & FERTILITY

The UBC Gynaecologic Reproductive Endocrinology and Infertility (GREI) research program has experienced significant interest from different parts of the world. In addition to the well-established laboratories of Drs. Sai Ma and Peter Leung, we created a research program that combines both clinical and basic science aspects. Over the past 3 years, we secured a new laboratory space at CFRI along with the chronic pelvic pain and endometriosis program. Graduate students, research fellows, summer students, OBGYN residents, and medical students receive their academic education and conduct their research projects at these research laboratories. We currently have over 25 graduate students, research fellows, technicians and postdoctoral fellows conducting research throughout our three laboratories. The importance of our labs as a hub for education and research was acknowledged by our division's success in acquiring external funding.

Dr. Peter Leung secured a CIHR Foundation grant which will fund Dr. Leung's research for seven years. Dr. Leung's research focuses on improving the treatment of female reproductive disorders, infertility, disorders of pregnancy and gynaecologic cancers by advancing basic and clinical knowledge about the hormonal determinants of women's reproductive health and disease. Building on a distinguished track record in biomedical research, his research program aims to develop translational approaches by capitalizing on knowledge gained by addressing inter-related thematic objectives that are important and timely in reproductive medicine. This research addresses key issues and gaps in the current state of knowledge, and will provide formal interdisciplinary training and educational opportunities for graduate students, postdoctoral fellows and clinician scientists in reproductive medicine. Another member of our division Dr. Sai Ma, secured CIHR funding for the next 5 years to study the genetics of male infertility. This again provides a unique educational platform for students, trainees and clinicians. Moreover a third grant was obtained by combined efforts of Drs. Paul Yong and Mohamed Bedaiwy to study the pathophysiology of chronic pelvic pain in endometriosis. This collective effort will indeed support and enhance our division educational excellence.

GREI has also been very successful at securing, noteworthy multiple collaborators at the national and international level. We continued our well-established collaboration with China. This collaboration is with the Zhejiang University in Hangzhou province. This ongoing, mutually productive collaboration has seen multiple students from this Zhejiang University join the GREI division as visiting scholars or participate in the Graduate program as students to pursue educational goals. GREI also established and expanded new collaborations with countries like Egypt (Universities of Asyut and Sohaj) and The Kingdom of Saudi Arabia (Princess Noura University), as well as the United Kingdom (University of Edinburgh). Collectively, a total of 4 students joined our program on scholarships from their own countries via these collaborations, and the path is paved for more collaborative work, educational opportunities and combined grant applications.

The Division of GREI contributes to a wide spectrum of educational programs. A core clerkship is taken by medical students and internships are offered for local and international medical students. The GREI is accredited for one resident per year for GREI fellowship. This is one of only five similar programs in Canada. Our division continues to attract very competitive applicants for this position. Our division continues to offer equal access to learning opportunities at all levels. There has been increased community-affiliated private practices staff participation. All 4 private fertility centers are heavily involved at all levels. This is a relationship that our division value and will continue to fully support. The GREI research and educational programs, collaborations, as well as the high quality research productivity, have undergone a rapid transformation over the past several years. We believe this will continue to grow in the years to come.

The Division of GREI contributes to a wide spectrum of educational programs. A core clerkship is taken by medical students and internships are offered for local and international medical students. The GREI is accredited for one resident per year for GREI fellowship. This is one of only five similar programs in Canada. Our division continues to attract very competitive applicants for this position. Our division continues to offer equal access to learning opportunities at all levels. There has been increased community-affiliated private practices staff participation. All 4 private fertility centers are heavily involved at all levels. This is a relationship that our division value and will continue to fully support. The GREI research and educational programs, collaborations, as well as the high quality research productivity, have undergone a rapid transformation over the past several years. We believe this will continue to grow in the years to come.



Dr. Jennifer Hilton, REI Fellow

Dr. Jennifer Hilton (*left*) started the subspecialty residency training (fellowship) program in Gynaecologic Reproductive Endocrinology and Infertility in July 2015. Her interest in reproductive medicine started prior to medical school when she completed a Bachelor of Science degree in Physiology and Master of Science in Obstetrics and Gynaecology and Reproductive Sciences both at the University of Saskatchewan, where she also completed her undergraduate medical training in 2003. Following her residency training, in Calgary she joined 2 medical school colleges to open Queen City Obstetrics and Gynaecology in Regina, Saskatchewan. She practiced general obstetrics and gynecology with a special interest in infertility for 7 years. During that time she offered fertility treatments and monitoring for IVF cycles in collaboration with many Fertility Clinics across Canada and the USA. This experience led her to pursue fellowship training in REI. While training in Vancouver, Dr. Hilton continues to work with a provincial committee on a pathway for fertility care in Saskatchewan (<http://www.sasksurgery.ca/patient/fertilitycare.html>).



Q & A With Dr. Jason Hitkari

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

It was definitely when I was asked to come to the Vancouver site Family Practice Graduation Dinner to accept an award for giving seminars to the residents in the program. I try very hard as a teacher to try and understand how the material and topic might best be presented to the group based on their stage of career, the size of the group, etc. It was really satisfying to know that I had been able to teach and reach them and they really appreciated it. Getting that award was really meaningful to me.

Q. Why do you love to teach?

I love to teach because I feel really passionate about making sure the talk and materials are interesting and applicable. Medicine is incredibly interesting and there is no reason why a group of students or doctors can't be entertained and engaged while learning. There really is no better feeling than when you feel the group is deeply interested in the session because that means they will take away what you want them to know and they will appreciate it.

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

In terms of teaching, no, not really. It is almost the opposite situation actually. I went through medical school as part of what we referred to as the "old curriculum" where medical students were made to sit through five to six hours of lectures on many days of the week. It was dull and seemed to be disconnected from actual clinical care and therefore, not effective. It was that experience that made me want to try and make sessions interesting, engaging, and memorable.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

I would say that the most important things are; a) try and anticipate where the learning stumbling blocks will be (which are often the same one you had when learning the material!) and, b) remember what level of student/doctor you are teaching.

Q. How would your students describe you as a teacher?

I hope that they would say that I am engaging, interactive, and that I focus on the important things I think they should know.



Q & A With Dr. Beth Taylor

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

I'm not sure there is one moment, honestly. I'm proud when a resident chooses to pursue an REI fellowship. I'm proud when they emulate my approach around a pelvic exam, I'm proud when they know my treatment plan before I do.

Q. Why do you love to teach?

I teach because I feel a responsibility to give back for all the kind and enthusiastic teachers I've had. I also feel a responsibility to society to make sure the gynecologist they see is well trained. This is what drives my interest in teaching.

Teaching is also a bit selfish: I get to learn from students and am pushed to know more, read more and stay up to date.

There are no downsides!

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

Dr. Robert Liston. He is the reason I am an ob/gyn. As a medical student in Halifax I attended his clinic and helped him with a clinical research project. Dr. Liston loved what he did, he loved talking with patients and he loved spreading his enthusiasm to students. He was (and is) very professional and deeply caring for everyone around him.

I remember one patient refused to have students involved in her care. Dr. Liston explained all the reasons she benefits by having students involved and told her it was not an option to decline a student. He was a real advocate for students.

Finally, it was always clear when you were with Dr. Liston that he was having fun. With humility he saw the meaning and joy in what we do.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

There is uncertainty and insecurity in medicine which students sometimes mask with false confidence. Let them know its ok to be wrong, to not know the answer and to ask "dumb" questions.

Q. How would your students describe you as a teacher?

Enthusiastic. Talks too fast.



Q & A With Dr. Anthony Cheung

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

A PhD student that I once mentored was having a bad start – his experiments were not working out as planned and he was struggling with the whole research process. Coaching him to acquire critical thinking and “tell a story” of his research findings in writing through many hours of discussion were life-changing for him. When he started to challenge me with his own interpretation of the data and propose future studies to overcome existing limitation of the dataset, it was a special moment - for him, he had uncovered his own ability of critical thinking and self-evaluation - for me, it was gratifying that he got it! Not only did he complete his PhD degree, he is now holding a professorial position by his own merits. I had similar proud moments with REI fellows that I mentored - when they started to debate and question my opinions, I knew they had uncovered their own talents!

Q. Why do you love to teach?

Teaching is not just repeating facts but a way to take in existing knowledge in the field, combined with personal observation or experience, linking related and unrelated areas together to add deeper meaning to the topic. To me, this adds perspectives of the past, present and future ...and the cycle reiterates itself with incremental improvement in our understanding of the subject.

To share knowledge and enhance understanding of what we do is I believe a major component of our profession. It is most rewarding to be able to impart a deeper level of knowledge and encourage critical thinking in our students and residents who will be our future leaders. Knowledge transfer to students, residents, colleagues and the public is really an integrated part of our vocation as clinicians, teachers and scientists. In doing so, we in turn gain additional insights in what we do, learn from them and further improve the subject matter.

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

Years ago, I had to participate in a set of compulsory tutorials in “clinical epidemiology” to fulfill the pre-requisite requirements for my MPH candidature (when I was a young OB/GYN resident!). It was a discovery journey for me when we had to critique 2 original research articles on hormone therapy in the menopause published back-to-back in the same issue of the New England Journal of Medicine but with diametrically opposite conclusions. (Remember, clinical epidemiology was still in its infancy in the 1980s!) The course run by the young lecturer (Professor Les Irwig) was inspirational to me and I’ve never looked at published papers or media reports on major medical or scientific breakthroughs the same again! The teacher/mentor that I emulate is Professor B.F. (Peter) Mitchell, former chairman of the University of Alberta - his sincerity, generosity and unfailing support in mentoring myself and others are unmatched.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

I cannot do it any better than to quote Shunryū Suzuki’s book “Zen mind, beginner’s mind” “...In the beginner’s mind there are many possibilities, but in the expert’s there are few...” Once we believe we are experts in what we do, we stop learning and listening.

Q. How would your students describe you as a teacher?

Knowledgeable, interesting, friendly, approachable, challenging, stimulating and encouraging.

MATERNAL FETAL MEDICINE



Ken Lim, MD, FRCSC
Division Head

The Division of Maternal Fetal Medicine of the University of British Columbia includes 20 perinatologists providing consultative care at 4 sites – BC Women’s Hospital, Surrey Memorial Hospital, Royal Columbian Hospital and Victoria General Hospital. There is also outpatient/outreach of services to St Pauls Hospital and Vancouver Hospital. In addition to providing inpatient care at these many sites, division members provide clinical support to maternity care providers across British Columbia and the Yukon Territory through telephone and tele-health consultation. Technological advances permits division members to provide second opinion consultations for medical scans performed at any hospital in the province.

Medical Administration/Leadership is a current strength, with 9 members having formal leadership roles at the hospital, health authority, provincial or national/international level.

Knowledge Translation is strong, with a number of guidelines and updates being authored at the provincial/national level by divisional members.

The divisional research efforts are spearheaded by 4 scientists, who work in collaboration with our clinical faculty. All four (Beristain, Hutcheon, Joseph and Lisonkova) have a strong portfolio of external funding. Dr Hutcheon was recently awarded a UBC early career scientist award. The division supports and mentors many research students at all levels, from undergraduates to post doctoral fellows.

This years annual report celebrates the excellence and commitment of the Division of Maternal Fetal Medicine to education at all levels of educational needs and across many health care disciplines. In particular, many division members hold university, provincial and national academic leadership positions in addition to providing thousands of hours to the educational mission. The divisional educational efforts has been recognized with many Faculty or University Awards for Teaching Excellence in the past year and some of those recipients are featured in this report , such as Dr Amanda Skoll and Dr Nancy Kent, both recipients of UBC Career awards for teaching excellence, and Dr Tracey Pressey, who has been honored with many recognitions and awards for her



Dr. Allison Thiele, MFM Fellow

Dr. Allison Thiele completed her MD degree in 2009 and Obstetrics and Gynaecology Residency at the University of Saskatchewan 2014, after completing a Ph.D degree in the Department of Microbiology and Immunology at the Indiana University School of Medicine. She completed her Fellowship in Maternal Fetal Medicine at the University of British Columbia August 2016. Dr. Thiele is the recipient of numerous awards, including an Honorable Mention for Best Clinical Paper award for “Cervical cerclage in twin gestations: is there a role for rescue

cerclage?” at the 2016 16th Annual UBC Academic Day. Dr. Thiele is currently employed as an MFM consultant at the Lois Hole Hospital, which is part of the Royal Alexandra Hospital in Edmonton.



Dr. Tehila Avitan, MFM Fellow

Dr. Tehila Avitan completed her medical degree at the Hebrew University of Jerusalem, Hadassah Medical School in 2007. Her MD thesis was entitled: “The use of mesh for vaginal prolapse repair: Follow up of 83 patients and review of the literature”, under the supervision of Dr. Y. Lavie and Professor D. Hochner, Dept. of Obstetrics and Gynaecology, Hadassah, Har-Hazofim, Jerusalem, Israel.

Dr. Avitan completed her residency program in 2014 from Shaare Zedek Medical Center, Jerusalem, Israel. Later in July 2014, she joined the Maternal Fetal Medicine Fellowship program at the University of British Columbia and graduated in June 2016. Dr. Avitan is currently a Maternal Fetal Medicine consultant at the Hadassah Medical Center in Israel.



Dr. Kim MacDonald, MFM Fellow

Dr. Kim MacDonald (MD, FRCSC, BSc, MSc) completed his medical degree at the University of British Columbia in 2008 and joined the Residency program at Dalhousie University from 2008 to 2013. After graduating from Dalhousie University, Dr. MacDonald joined the Maternal Fetal Medicine fellowship program at the University of British Columbia, which he completed in December 2015. During his fellowship, Dr. MacDonald participated in undergraduate teaching for medical students, OSCE exams and presented at meetings and workshops both locally and internationally. Dr. MacDonald currently has a mixed practice, working as a general Obstetrician-Gynaecologist for the Department of Obstetrics and Gynaecology at the Squamish General Hospital in BC and as a locum in the UBC Maternal Fetal Medicine Division.



Q & A With Dr. Amanda Skoll

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

It seems I didn't even know it was happening at the time - I only found out about it later. When we moved to UBC in 2001, I became part of the intra-uterine transfusion team here. I was advocating for the inclusion of learners in the procedures because I felt that it was one of the really 'cool' things that we do in our sub-specialty, and we really needed to teach about it. One of my colleagues, Dr. Francine Tessier, spoke up and said "Yes, that is true. Watching Amanda do cordocentesis was what inspired me to go into Maternal Fetal Medicine". I was surprised and thrilled to hear that.

Q. Why do you love to teach?

Because I really love what I do, I love to see a passion ignited in others as well. It also keeps me "on my toes" as learners are always questioning us and obliging us to examine why we do the things we do.

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

I have had the privilege of working with many outstanding teachers through my training and career. My first vivid memory was from my clinical rotation in Medicine as an undergraduate med student. My preceptor, Dr. Ian Holmes, was the ultimate clinician - caring, compassionate and superbly skilled. He taught us the importance of communication and clinical examination in diagnosis - I remember watching him examine a patient's abdomen and thinking I could almost 'see' the information being transmitted through the patient's skin and into his hand.

During my residency, my husband, Dr. Gerald Marquette, was a great mentor - igniting my interest in research and understanding the importance of getting to really know a patient and her situation in order to provide the best care.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

Share your passion. Seek out the knowledge that is already within your learners so that you can learn from one another. Tell/ listen to stories to enrich your teaching. Say "I don't know" if it's true. And inspire your students to reach beyond yourself.

Q. How would your students describe you as a teacher?

I think they would describe me as enthusiastic, and challenging - I am usually probing to see what they can figure out how their own knowledge can illuminate a topic.



Q & A With Dr. Nancy Kent

Q. Describe your proudest moment as a teacher, who was the student(s), and why was it such a special moment.

My proudest moments did not occur when I taught. My proudest moments came from being a Program Director who was able to facilitate a trainee fulfilling their dream of higher academic achievement in the context of their clinical training program. Residents like Sheona Mitchell, Assistant Professor in the UBC Northern Medical Program. Sheona fulfilled her dream of embarking on a career inclusive of Public Health research by working towards a Masters of Public Health at the John Hopkins Bloomberg School of Public Health while undertaking her residency research project in Uganda investigating self-collection of HPV swabs to screen for cervical cancer amongst the poorest women of Kampala. By planning ahead together from early in her residency, she was able to conduct her research in the field. Or Genevieve Eastabrook, Assistant Professor and Associate Scientist in the Schulich School of Medicine and Dentistry at the University of Western Ontario. Genevieve began her bench research into the pathophysiology of preeclampsia as a junior resident. This morphed into a Masters and then a PhD while completing both her Obstetrics and Gynaecology Residency and her Maternal Fetal Medicine Fellowship at UBC. What made these accomplishments special was that by simply allowing them to believe in themselves and their academic dreams, we worked together to find ways to make research a focus of their training.

Q. Why do you love to teach?

I love to teach because of the people I teach. The energy and passion that our students and clinical trainees bring to their learning inspires and invigorates me. The future of our specialty is strong due to our newest colleagues.

Q. Was there someone inspirational to you, and whom you emulate as a teacher/mentor?

The person who made me believe in myself was Rob Liston. He brought out the best in people by making us believe in our strengths and our talents even when we could not see what we had to contribute. He is my role model of a mentor who cares for and is inspired by the most junior learner amongst us. He sees not their flaws but their potential, not their fears but their strengths. Trainees blossom in a welcoming learning environment. That is what inspires me.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

Believe in your learners and support them in their chosen paths. Nurture and inspire them. Know who they are and what ignites their passion. Believe in them and never doubt their ability to succeed and they will always live up to your expectations. We lead by example. Show you care.

Q. How would your students describe you as a teacher?

An advocate for learning. Nurturing and caring. Fair



Q & A With Dr. Tracey Pressey

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

My proudest moment as a teacher was shared with the Faculty of Medicine Class of 2016, who honored me with the Year 4 Teaching Excellence Award and subsequently invited me to give the Words of Wisdom Speech at their graduation ceremony this May. I had the privilege of working closely with this class for their entire journey through medical school- starting with a lecture on pregnancy in their first week, challenging them on the soccer field, chairing Repro Block in second year, supervising a medical education pilot project, and mentoring elective students in their final push for CARMs. Being able to teach and mentor along the continuum of their training, to witness the development of these young physicians, and ultimately share in their successes at graduation was an extremely professionally fulfilling moment.

Q. Why do you love to teach?

My philosophy of teaching is focused more on mentoring and facilitating the learner, and sharing a dynamic learning experience. Most students have heaps of knowledge but need some context, so I try to help them tap into their knowledge and further their critical thinking. I love sharing my passion for medicine and motivating a learner, and I especially love the shared sense of accomplishment we have when the learner has an “ah-ha moment”, and is stimulated to challenge themselves further.

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

I have been fortunate to have many inspiring teachers and mentors, but Dr. Trevor Cohen (GynOnc Victoria) is particularly inspirational. Trevor was my chief resident in Edmonton, and was one of the most inspiring physicians I have been fortunate to work with. No matter how busy the unit was, Trevor made every learner feel valued and respected, and created space for each learner's needs. He was so inspiring that I even followed him to Yellowknife for the month of January (i.e. minus 52)!!*

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

Make the learner feel welcome and valued- take time to get to know their name, depth of knowledge, and goals. Teaching is a dynamic interaction, so making that connection with the learner will help guide your teaching and engage you both in the learning process. Our learners excel when we can create a safe environment to foster their independent thinking, and we will be rewarded with a far more professionally satisfying interaction.

Q. How would your students describe you as a teacher?

Passionate, motivating, approachable, inclusive, dedicated, fun.



Nicole Racette, MD, FRCSC, CCPE
Division Head

GENERAL OBSTETRICS & GYNAECOLOGY

The General Division of Obstetrics and Gynaecology is privileged to have excellent teachers, who pass on knowledge and skills on the core part of our specialty, general obstetrics and gynaecology. In addition, we have many generalists; members who trained with us and went on to acquire additional training in areas of general gynaecology. Their added skills and knowledge benefit our patients, students and faculty.

Our members are committed to excellence in clinical care, and in ensuring continuing professional development, as well as teaching and research in all aspects of women's health.

Members of our Division remain very involved in academic medicine as well as in their practice, whether full-time members of the greater faculty with administrative, teaching and research responsibilities, or practice in the communities throughout British Columbia. Even those Obstetricians working in non-university communities often retain links with our Division in offering elective opportunities to residents and other students. These allow trainees to experience the "real world" away from an academic center and often away from competition with other learners.

This means that the General Division remains active in all aspects of teaching undergraduate (medical students) and post-graduate (residents), as well as providing mentorship to our members who wish to offer new surgical procedures to their patients while maintaining the highest level of patient safety.



Dr. Jag Ubhi is awarded the Patricia Clugston Memorial Award for Excellence in Teaching

We are happy to announce that Dr. Jag Ubhi (*left*) has been awarded the Patricia Clugston Memorial Award for Excellence in Teaching. Since 1984, Resident Doctors of BC has sponsored the annual award for Excellence in Teaching. This award acknowledges an outstanding Clinical Faculty who contributes to medical education in areas such as assessments, bedside and didactic teaching.



Dr. Fariba Mohtashami Receives Best Preceptor Award

Dr Fariba Mohtashami (*left*), Clinical Associate Professor in the Department of Obstetrics and Gynaecology at the University of British Columbia, was awarded the best preceptor award by the Association of Academic Professionals in Obstetrics and Gynaecology of Canada in recognition of her assistance at the Annual APOG Minimally Invasive Surgery Workshop, 2015.

Dr. Fariba Mohtashami is passionate about surgical education with emphasis on fundamentals of surgery and improving the quality of women's health by training competent pelvic surgeons. She is chair, speaker, and faculty in several national and international organizations such as the American Association of Laparoscopic Gynecologists (AAGL), Society of Obstetricians and Gynecologists of Canada (SOGC), and Association of Academic Professionals in Obstetrics and Gynaecology of Canada (APOG). She chairs post-graduate courses on laparoscopic suturing and is invited faculty in AAGL Annual Advanced Workshop on Gynaecologic Laparoscopic Anatomy and Minimally Invasive Surgery Including Pelvic floor Reconstruction. She is a preceptor for advanced laparoscopic surgery through the MIS program in Fraser Health Authority, BC.



Q & A With Dr. Marijo Odulio

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

Whenever learners reach a point where they begin to demonstrably coach and teach each other. Watching residents interact this way, as a result of my instructions (or that of others), fills me with a sense of satisfaction.

Q. Why do you love to teach?

I love to share my passion and enthusiasm for obstetrics and gynaecology. I am rewarded when I spark the interest in others.

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

I remember Dr. Nancy Kent's kindness to me when I was a medical student. She took the time to teach and always made students feel included.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

Show kindness and empathy. Remember what it was like when you were a medical student. Share a bit about yourself and your experiences, because being a mentor is just as important as being an educator

Q. How would your students describe you as a teacher?

Students have described me as enthusiastic, consistent, thorough and strict (but also fair). I have high expectations of my students and always challenge them to be better.



Q & A With Dr. Chris Ng

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

One of my most special teaching moments was with an otherwise bright student who had difficulty with social interactions. I challenged him to break the news of a miscarriage to a patient while focusing only on achieving rapport and supporting her. We reviewed techniques prior to the encounter and I had the chance to observe him directly. This was important for him, as it helped provide him concrete tools to work on his primary weakness and made him realize that this was something he could practice and improve on.

Q. Why do you love to teach?

I love teaching as this is a way for me to not only share my passion for my work but also maintain it. Teaching students reminds us of the importance of what we do, whether its dealing with emergencies or helping patients through difficult times. It is also a way to pay forward all of the time my mentors have spent on me.

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

We all take inspiration from the various mentors we meet along our training. No one is perfect but each of us brings something unique to the table. Whether it's always taking a learner's answer into consideration and asking for their thought process (no matter how seemingly harebrained or silly a response), insisting on excellence not adequacy in surgery or leading by sharing their passion for their work. I hope to take the best from each of my mentors and try to live up to their example.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

You can always teach at any point in your training. There is so much you have learned and words of wisdom to be passed down. It is natural to shrink back and declare as you are not the expert. The best teachers are those who still remember what it was like to be a learner and can guide others along the same path.

Also being present is the greatest gift you can offer as an educator. So many of our learners go through their training without being observed and having timely feedback.

Finally, being an educator is a learned and practiced skill. Take advantage of courses like the Master Teacher certificate program provided for free through most health authorities. Use a validated structured approach to feedback and provide it frequently.

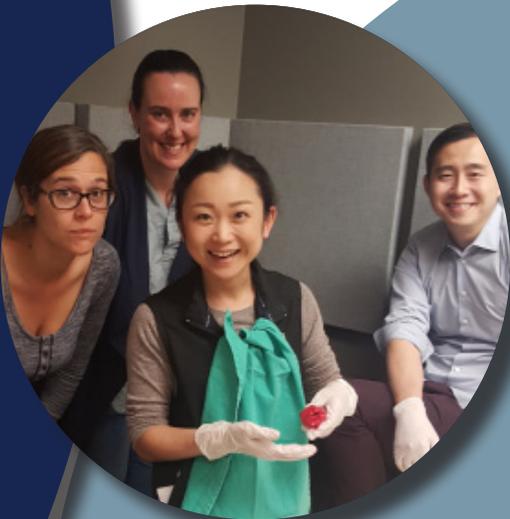
Q. How would your students describe you as a teacher?

My learners and colleagues frequently describe me as a passionate teacher. I love teaching and it provides me with enthusiasm even in the waning hours of a call shift.



Dr. Waterman Receives Clinical Faculty Award

Dr. Douglas Waterman received the Clinical Faculty Award for Excellence in Clinical Teaching. This is a very high honor for him and thus for the Department as there are only 1 or 2 physician chosen per year at UBC. This award is by nomination only and all Residents across the Faculty of Medicine chose Dr. Waterman in recognition of demonstrated excellence in clinical teaching at a Clinical Academic Campus.



PAEDIATRIC & ADOLESCENT GYNAECOLOGY

Residents rotating through Pediatric and Adolescent Gynaecology (PAG) during their Reproductive Endocrinology and Infertility rotation now have access to a formal PAG curriculum. This curriculum is based on the North American Society of Pediatric and Adolescent Gynaecology short and long curriculums. Residents can access sentinel papers, review articles, and PAG modules needed to complete weekly learning objectives. Additionally, PAG simulation developed at the University of Ottawa has been formally integrated into UBC Academic Half Day. Residents now have the opportunity to practice pediatric vulvar exams, collection of vaginal swab in the pediatric patient, vaginal lavage, vaginoscopy, hymenectomy and laparoscopic ovarian de-torsion. Continuing medical education initiatives including staff and resident-lead presentations have generated patient centered collaborations with Pediatric Endocrinology and Pediatric Emergency.

Our goals for the upcoming year include introducing PAG simulation into Pediatric Surgery Fellowship at BC Children's Hospital; modifying NASPAG curriculum for fellows in Adolescent Medicine and Pediatric Emergency.



*Dr. Lori Brotto, PhD, RPsych
Division Head*

GYNAECOLOGIC SPECIALTIES

2015 was another extremely productive and successful year for members of the Division of Gynaecologic Specialties. Collectively, our members brought in 36 new peer-reviewed grants, and 46 peer-reviewed publications. Several members were recognized widely by receiving awards, with Dr. Geoffrion receiving an award from the Association of Faculties of Medicine of Canada Clinical Teacher Award, and I was honoured with a Faculty of Medicine Distinguished Achievement Award for Excellence in Research.

Our members continued to enjoy the informal yet highly interactive format of our Communities of Practice sessions, where our topics for 2015 included: Fundraising; Surgical Teaching; Time Management; and a Development workshop focusing on building relationships with donors.

Several of our members have taken the social media plunge and created Twitter accounts (perhaps inspired by a fabulous talk by Dr. Kendall Ho in which he demystified social media and compelled us with its useful applications in medicine). In addition, most members have links to current projects and/or their research websites available for viewing at <http://obgyn.ubc.ca/divisions/gynaecologic-specialties/>

In addition to on-site, practical training, our residents, have numerous opportunities to develop scholarship in research, teaching and patient care.

We pride ourselves on maintaining an exciting and dynamic program in which to train, and embrace a “culture of discovery” in which we strive both to seek out and impart new knowledge as well as provide our patients with the best medical care available anywhere. In addition to being intellectually stimulating, ours is a supportive program in which the residents and faculty work as a team.

Despite geographic barriers and a dispersion of our members across four hospitals, there continues to be wonderful collaboration among our Division members that I’m very proud of.



*Dr. Deborah Money, BSc, MD, FRCSC
Program Director*

REPRODUCTIVE INFECTIOUS DISEASES FELLOWSHIP

Specialty training in Reproductive Infectious Diseases at UBC is designed as a two-year program developed to parallel the requirements of the Royal College of Physicians and Surgeons of Canada by providing clinical, microbiologic and research training. The future goal will be to have this program certified by the Infectious Diseases Society of Obstetrics and Gynaecology. The program attempts to attract candidates who are strongly motivated toward a career as clinician scientists in academic medicine. This fellowship is enabled by a successful partnership with the Department of Medicine (Infectious Diseases Division), Department of Paediatrics (Infectious Diseases Division), and Department of Pathology and Laboratory Medicine (Medical Microbiology).

The fellowship program provides advanced subspecialty training and education in infectious diseases, with particular emphasis on HIV, Hepatitis C, Hepatitis B and other infections in pregnancy as well as the evaluation and management of gynecologic infections. The program provides opportunities for fellows to expand their knowledge through teaching, research and care, while developing leadership skills in their respective fields.

It has been recognized that expertise in this sub-speciality area is greatly needed, highlighted by the impact of pregnancy of outbreaks of pandemic influenza, Ebola and most recently the Zika virus.

UBC provides an internationally recognized training and is endorsed by the Infectious Diseases Society of Obstetrics and Gynaecology. Overall the stature and success of the individuals in this area is substantive in Canadian Academic Obstetrics and Gynaecology and are leading opinion leaders contributing to national guidelines, and research that is presented and published nationally and internationally

We have been successful in admitting a new fellow in 2016, Dr. Chelsea Elwood, a UBC graduate in Obstetrics and Gynecology with an already established track record in microbiologic research who has been awarded two competitive awards to fund her fellowship, the Allen-Carey Fellowship and the CIHR Canadian HIV Trials Network Postdoctoral Fellowship.



Dr. Pira Korsieporn joins Fellowship in Endometriosis, Pelvic Pain & Advanced Laparoscopy

Dr. Pira Korsieporn (MD, FRCSC) is completing a one year clinical fellowship with the University of British Columbia in Endometriosis, Pelvic Pain & Advanced Laparoscopy at BC Women's Centre for Pelvic Pain & Endometriosis. Dr. Korsieporn received his medical degree from McGill University in Montreal, Quebec where he also completed his Obstetrics and Gynaecology specialist training. He is an accredited gynaecologist with the Royal Surgeons of Canada. His research focuses on gynaecological surgery outcomes as well as pelvic pain treatment outcomes. He is also passionate about clinical and surgical education for medical students and residents.



Q & A With Dr. Neeraj Mehra

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

In obstetrics, junior learners have the opportunity to practice operative procedures (forceps, breech vaginal delivery, or complicated C-section), in simulation exercises; an educational modality I frequently use in teaching.

There was a resident that was struggling with a particular procedure, and understandably feeling dejected. Using simulation models we devoted time to practicing this procedure. Within the week, this resident was excitedly telling me that she had successfully delivered a baby using the very procedures that we had been practicing only the week before.

Seeing such dramatic improvement in learning and skill is one of the reasons that I love to teach.

Q. Why do you love to teach?

I am so grateful for all that my own mentors taught me in residency, fellowship and beyond. The feeling of gratitude that I get from students when I teach, reminds me in turn of the gratitude I have for those those that had the greatest influence on me. To be part of that tapestry of mentorship, now passing on memorable, teaching experiences that may stay with the students for years to come; these are the reasons I love teaching.

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

I am fortunate to have had many great mentors throughout my residency and fellowship. Those mentors have all influenced my teaching style.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

Teach what you are enthusiastic about. Take advantage of any teaching opportunities and ways to advance our teaching skills as early as you can. If those opportunities don't exist, create them.

Q. How would your students describe you as a teacher?

I didn't know how to answer this question so I asked them. They describe me as enthusiastic about teaching, and appreciate the energy I bring, that I willing to listen and help them through areas in which they are struggling.



KNOWLEDGE TRANSLATION

The term knowledge translation (KT) may be a relatively new (and important) term in the fields of medical education and research, but what it describes is a relatively old problem: how do we as educators and researchers properly address the gap between the large volume of research data and its systematic review and implementation by key stakeholders?

The Canadian Institutes for Health Research (CIHR) defines KT as “...the exchange, synthesis, and ethically-sound application of knowledge—within a complex set of interactions among researchers and users—to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system.”

Dr. Lori Brotto, PhD, RPsych

Many funding agencies require that researchers think about how they will integrate KT strategy into their projects, and expect researchers to report back to funding agencies on which strategies they used and were most effective.

In obstetrics and gynaecology, there are only a few poignant examples of strategic knowledge translation. We received a CIHR Knowledge Translation award to carry out this 1-year project. We delivered a series of face-to-face public forums, and online YouTube videos and a webinar in which experts in obstetrics and gynaecology delivered key findings in research. Participants at face-to-face events were more likely to have a personal interest in the topic, that these events are an opportunity to correct health-related myths, and that the interactive nature of the forum allowed women to have their individual questions addressed. In terms of online KT, websites can be an effective and inexpensive way of having a broad reach, that Facebook is an effective way to interact with young, female members of the public, and that Webinars are an inexpensive means of doing KT. A number of lessons were learned that will assist in future strategic delivery of KT in the area of ob/gyn.

Members of the public want to know what new scientific innovations are available that may directly improve their quality of life. Moreover, it is often their taxpayer dollars that fund the tri-council agencies, which provide most of the funding for Canadian health researchers. Oftentimes, researchers believe the publishing their findings in a medical or scientific journal counts as KT; however, it is well known that this narrow scope of KT means that findings are not making their way into the hands of consumers and stakeholders who could benefit the most from knowing the findings. As researchers, we need to think critically and strategically about KT, not just at the end of research projects, but integrated throughout all stages of the project.





Q & A With Dr. Flora Teng

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

My pride in teaching comes from the cumulative progress that each student makes over the time I've worked with them. I can see in small ways that they have taken in my suggestions and it's helped them to improve their skills and gain confidence.

Q. Why do you love to teach?

Because I love what I do, and to see a passion ignited in others as well. It keeps me "on my toes;" learners are always questioning and obliging us to examine why we do the things we do.

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

Dr. Andrew Seal. He modeled a kindness and compassion with patients and students that I have never seen before. He welcomed anyone into his operating room, involved them in the care of the patient, and made them feel that their contribution was important. I try to model my teaching efforts after his example.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

Observe your students carefully so as to give clear, constructive feedback that is specific and actionable. Nothing is more demoralizing than receiving feedback, without a means to improve.

Q. How would your students describe you as a teacher?

My students would describe me as approachable and supportive.



Q & A With Dr. Paul Yong

Q. Describe your proudest moment as a teacher, who was the student(s) and why was it such a special moment.

Any time a student's eyes light-up with enthusiasm, after teaching about endometriosis or pelvic pain or surgery.

Q. Why do you love to teach?

I am passionate about the topic, and want to pass on that passion to others

Q. Was there someone who was inspirational to you, and whom you emulate as a teacher/mentor?

Every surgeon who gave me the privilege of scrubbing with them and who treated me with dignity and kindness in the operating room.

Q. Are there words of wisdom you would like to say to those aspiring to be teachers?

"To reckon all who have taught me this art equally dear to me as my parents, and in the same spirit and dedication to impart a knowledge of the art of medicine to others" – Hippocratic Oath

Q. How would your students describe you as a teacher?

Easy-going

MAIN STORIES



*Dr. Brian Fitzsimmons, MD, FRCSCS, FAGOC
Program Director*

FELLOWSHIP IN FAMILY PLANNING

In the CARE Program we are truly celebrating an important milestone and an important new beginning.

The Fellowship in Family Planning, which started at UCSF 25 years ago, has now been extended to include UBC as the 31st Fellowship site –the only fellowship outside of the USA.

In 2007 Dr. Dorothy Shaw and I began discussing how to bring the Fellowship to Vancouver. Together (and with support from Drs. Kent and Liston) we started with the Ryan Program and focusing on residency training. In 2008, UBC obtained the second Ryan Residency rotation in Canada (Winnipeg being the first); a start-up grant allowed us to purchase 6 ultrasound machines, educational tools, and IUD's for the LARC program.

Within the year we welcomed the first Ryan Program Resident, Dr. Nadia Branco who is now a faculty member on our team, and with the launch of our Fellowship in Family Planning she will be taking over as director of the UBC Ryan Program.

Between 2007 and 2009 we've had at least 8 residents per year on 4-week rotations; 60 trainees since 2009. Our training program has also facilitated training 7 visiting OB/GYN resident & 21 Family Practice trainees. These trainees have gone on to provide clinical services in British Columbia, Newfoundland, Ottawa, Halifax, Edmonton and Toronto. We are now also host to pharmacy, midwifery, and medical students as well. Dr. Regina Renner (Assistant Director) and I welcome Dr. Rooipan Gill as the first fellow to the Program. Dr. Gill completed her Medical training at The University of Toronto, her Residency in OB/Gyn at The University of Ottawa, and while doing her residency, completed an MPH at Harvard. Dr. Gill is an avid researcher, who brings with her enthusiasm and a wealth of ideas.

We have expanded clinical training, and have an excellent opportunity to expand our research with the support of the Fellowship and its underwriting sponsor. Research funding is built into the training program, providing increased opportunity through our extensive network to build on excellent research being done in the fellowship community. With the support of the WHRI team, we have established the Family Planning Research Steering committee; a committee to guide research within our Division. Thanks go to Nicole Prestley, Drs. Deborah Money, Wendy Norman and Gina Ogilvie for their experience and ongoing guidance.

In the future we hope to help other programs expand their residency training and collaborate with research. We wish to thank Dr. Cundiff for his unwavering support and guidance, as well as the team in the department, specifically Leah Solomon for helping to navigate the hurdles of financing and paperwork.



*Dr. Regina Renner, MD, MPH, FRCSC, FAGOC
Assistant Program Director*



*Dr. Sarah Finlayson, MD, FRCS, FAGOC
Program Director*

CURRICULUM RENEWAL

This is an exciting time in Undergraduate Medicine. The advent of complete curriculum renewal is upon us. The last time UBC renewed the curriculum was 1997—the year Princess Diana died, Confederation Bridge was opened, Bill Clinton was President, and I was a third year medical student. Times have changed. Scientific knowledge and technologic innovations have grown at a fast pace. The Association of Faculties of Medicine of Canada recommended a number of changes to the curriculum of Canadian medical schools and UBC has embraced these recommendations. The first medical school class in our new curriculum is set to graduate in 2019.

The renewed curriculum is a suite of integrated courses that spiral content through the 4 years of medical school. The spiral-based curriculum allows material and concepts to be periodically revisited, reinforced, and built upon so that students can absorb and retain information. The days of “learn it and leave it” are behind us. The new curriculum is based on a clearly defined set of medical school Exit Competencies. All aspects of our new curriculum, from year-level milestones, course learning outcomes, and educational activity objectives, all relate to the overall Exit Competencies. This allows faculty to better ensure that students are meeting required competencies and also supports early identification of students who might need additional attention.

What does this mean for Obstetrics and Gynaecology? In the new curriculum we will not be teaching our content in one “Reproduction Block”. Instead, during the foundation learning years, our Department will engage with the 1st and 2nd year students over 5 separate weeks. This will allow learners to visit common themes more than once and permit spiralled reinforcement of our content. Each week has a theme and case-based learning will continue to underpin the week’s learning.

In the 3rd year, clerkship will be divided into 4 blocks. Our Department is housed within the 12 week Women’s and Children’s Health Block. The students will rotate through our service in a similar way, but will share Academic Half Day with students on Paediatrics. The Academic Half Day content is currently being revised by a group of committed Faculty. We will be thrilled to launch this new case-based curriculum on June 5th, 2017.

Interested in Medical Education? Have an hour to spare? We welcome your participation, ideas and engagement. There is room for you at the table. Please join us in making UBC the best medical school in Canada. When we inspire medical students in Obstetrics and Gynaecology, we create future colleagues and advocates for women’s health.





Dr. Jag Ubhi, MD, FRCS
Program Director

RESIDENCY CHANGES

We have all heard the adage, “See one, do one, teach one” as a method of learning in surgical disciplines. This was probably a direct extension of Dr. William Osler’s teaching theory. Prior to Dr. Osler, medical education was largely delivered in the classroom with no patient interaction at all. Dr. Osler stated that in order to learn about diseases and how to treat them, you must encounter the varied presentation in real-life. His famous saying was “He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all.” Although this quote rings true even today it does need re-examination as it was coined more than a hundred years ago. Now in the modern era, we have taken a page from the airline industry where after a series of disasters, simulation was introduced in an attempt to reduce

errors. In the residency program, under the guidance of Dr. Neeraj Mehra we have similarly adopted the same philosophy. The first time a resident plans to perform a procedure they would have had the chance to practice that procedure outside of the operating room. This provides some comfort for the resident performing the procedure. From an educational perspective the resident can demonstrate competence to complete the procedure safely. This not only benefits the resident but also the teacher as well as the patient who is undergoing the operation in a time efficient manner. Simulation relates not only to procedural aspects of the specialty but could be utilized to teach the management rare presentations or management of critical events like management of an Amniotic fluid embolism or Crew resource management in a port partum hemorrhage. The extrinsic roles can also be taught and practiced, for example communication skills, like breaking bad news or disclosure of harmful events. So through simulation the residency will produce better trained physicians. The new paradigm now reads, “See one, simulate the experience multiple times until competency is gained in the lab then do one in the operating room.”

Last year the Royal College of Physicians and Surgeons of Canada released CanMEDS 2015. CanMEDS provides a blueprint of what a physician should be. This blueprint was developed in consultation with multiple stakeholders. Led by physicians, input was included from multiple sources including the public. There are 3 main concepts that are new and embedded into each of the traditional physician roles which include Patient safety and Quality Improvement, Cultural Safety and eHealth Although these three Hot Topics were present previously they have taken a larger role in the new framework. This year we are concentrating on building a curriculum on teaching patient safety which includes identifying risk, disclosure of adverse events and safety reviews to improve outcomes in systems.

The final change in the program has to do with Surgical Foundations. Previously this course was called Principles of Surgery and it involved all surgical specialties except Obstetrics & Gynaecology. This 2 year program provides the basic surgical skills needed by all residents performing surgery. The course also gives other surgical specialties the chance to encounter surgical management of patients that might be pregnant. The best surprise of Surgical Foundation is the development of a close relationship between residents of a variety of surgical specialties These early ties will carry forward into the future when these residents will be working together on wards and ultimately in practice.





Dr. AlKusayer receives Best Basic Science Poster In-Training from American Society for Reproductive Medicine

Dr. Ghadeer M AlKusayer, Clinical Research Fellow & MSc Candidate's abstract "Expression of HOXB4 in Endometrial Tissues from Women With or Without Endometriosis", has been selected by the Scientific Program Committee to receive Endometriosis SIG Prize Paper (Best Basic Science Poster In-Training). These awards are given in recognition of outstanding research.

Dr. AlKusayer is currently enrolled in the Reproductive and Developmental Sciences Master's program supervised by Dr. Bedaiwy and sponsored by the College of Medicine at Princess Nourah bint Abdulrahman University (PNU), Riyadh, KSA.

GRADUATE PROGRAM

The goal of the Graduate Program in Reproductive and Developmental Sciences is to provide students with a broad knowledge of mammalian reproductive and developmental biology, as well as with in depth expertise in at least one area of research, including reproductive and molecular endocrinology, immunology of reproduction, maternal adaptations to pregnancy, women's mental health, fertilization and early embryonic development, perinatal metabolism, fetal/neonatal physiology and pathophysiology and perinatal; epidemiology.

M.Sc. and Ph.D. programs of study are offered, and basic science, clinical or epidemiologic research projects are possible. The MSc program involves both course work and a thesis research

project. The PhD program can involve course work, but this is not always the case. It does, however involve a comprehensive examination and thesis based research which produces new research findings.

In 2015, there were 38 students enrolled in the RDS Program. During the year 4 PhD and 3 MSc students graduated and 2 PhD and 5 Mc students were accepted into the program. We offer our congratulations and best wishes to the graduating students and welcome the new students.



Dr. Dan Rurak, BSc(Honours), MSc, DPhil
Program Director



Asif Khowaja receives Best Student Poster award

The Graduate Program is pleased to announce Asif Khowaja has received Best Student Poster award in an annual symposium organized by Canadian Agency for Drugs and Technology in Healthcare (CADTH) in Ottawa. This poster was related to his PhD research work entitled as "Understanding Cost Drivers for Health Technology Assessment in Low-Income Countries: Lessons from the Community Level Interventions for Pre-eclampsia (CLIP) Trial".

The best student poster was granted based on the research quality, structure and organization of the poster presentation.



FELLOWSHIP PROGRAMS



*Dr. Janice Kwon, MD, FRCSC,
Program Director*

GYNAECOLOGIC ONCOLOGY

The Gynaecologic Oncology subspecialty training program at UBC continues to be a highly competitive program with numerous applications from across Canada and around the world. Our program offers the benefits of a large clinical volume from the entire Province of British Columbia and the Yukon, with a catchment population of over 4.6 million. Our fellows are actively involved in the Provincial Gynaecology tumour group in clinical care, teaching, and research. The academic curriculum involves weekly academic half-day sessions, group conferences, pathology rounds, academic rounds, and quarterly journal clubs. The academic half-day sessions involve faculty in our division, as well as pathology, medical and radiation oncology, general surgery, plastic surgery, urology, BCCA Hereditary Cancer Program, palliative care, and specialized nursing. Our affiliations with these various disciplines also provide a wealth of clinical and research opportunities for our fellows.

The goal remains for this program to be the most sought-after training program in the country. We will continue to strive for clinical and research excellence, and we will select candidates based on their past record and their potential to become complete academic gynaecologic oncologists. We strongly encourage an additional year of academic training to allow our fellows to develop a specialized skillset and have the time to pursue an area of interest, so that they can be competitive in finding a position in an academic centre.

Dr. Laura White completed her 2 years of clinical training and has been recruited to Toronto at Princess Margaret Hospital/University Health Network.

Dr. Annick Pina is now in her 2nd year of clinical training, currently doing a Masters degree in Clinical Trial Development from the London School of Hygiene and Tropical Medicine. Annick received the Surgical Oncology Network Trainee Award for her study on mismatch repair deficiency in endometrial cancer, which she will present at the International Gynecologic Cancer Society meeting in Lisbon, Portugal, in October 2016. She is quadrilingual (English, French, Portuguese, Spanish).

Dr. Lily Proctor (nee Eghdami) started her 1st year of clinical training after completing her residency at UBC. She has also started a Masters degree in Public Health from Harvard, and our fellow-in-waiting is Shaina Lee, who is also completing her residency at UBC.



*Dr. Francine Tessier, MDCM, FRCSC,
Program Director*

MATERNAL FETAL MEDICINE (MFM)

The Maternal Fetal Medicine (MFM) Fellowship Program, is a fully Royal College accredited two-year subspecialty program.

I took on the role of Program Director when, Dr. Nancy Kent stepped down, after almost 6 years. I would like to take this opportunity to acknowledge her dedication and hard work in constantly improving the program, and for handing over a very well-oiled machine.

Our program continues to provide advanced training in high-risk obstetrics and prenatal diagnosis, with excellent clinical exposure and supervised experience in all aspects of the subspecialty. Our fellows participate in basic science and/or clinical research projects. They benefit from protected academic time and instruction in research methodology, statistics, and study design. In preparation for becoming an academic physician, they receive formal instruction on how to teach in the clinical setting, and are encouraged to participate in multidisciplinary and interprofessional committees.

The first fellow to complete his training under my tutelage was Dr. Kim MacDonald, who graduated in December 2015. He has since established his mixed obstetrics/gynaecology and MFM practice in the "Sea-to-Sky Corridor" of British Columbia. I am happy to report that he has not completed "cut the cord", as he has accepted a locum position in our MFM Division.

The other fellows in the program were Dr. Tehila Avitan, from Israel, Dr. Allison Thiele, from Regina, Saskatchewan.

Our program continues to attract a large number of highly skilled individuals, as evidenced by the fact that we interviewed 7 excellent candidates in July 2015 for the 2016/2017 academic year position. We were fortunate enough to be able to accept two of the applicants into our program.

I could not end without acknowledging the hard work accomplished by Ms. Roshni Nair, our senior program assistant, who received one of the first Staff Service Awards from the Department. She earned this recognition partly because "the positive experiences her students talk of in their interactions with her make her a true ambassador for the department in dealing with our learners."



Dr. Jon Havelock, MD, FRCSC
Program Director

REPRODUCTIVE ENDOCRINOLOGY & FERTILITY

2015 has seen significant interest for Gynaecologic Reproductive Endocrinology and Infertility (GREI) across Canada, with nine candidates applying for the one program spot available starting in July 2017. This increased level of interest demonstrates the strength of the program, and the rapidly growing areas of scientific research in the field. We are excited and looking forward to welcoming an ambitious and intelligent

subspecialty resident into the program next year.

As has been the trend in the USA and Canada, many GREI residency programs have relocated much of their clinical training, and some of their research activities away from the university or hospital facilities. For both clinical practice, hospital resource allocation, and residency education, this has many benefits and some challenges. The GREI education for obstetrics and gynaecology (OBGYN) residents and GREI subspecialty residents (and to a limited extent, medical students) at UBC has been decentralized from the hospital due to these changes. While it may result in a geographic distribution of the medical education in this field across the Lower Mainland, with the cooperation of the various freestanding assisted reproductive technology (ART) programs, it has provided for an abundance of educational opportunities and varied learning environments for learners.

The GREI residents, OBGYN residents, and medical students receive their clinical educational experiences at one of the four ART programs in the lower mainland – The Pacific Centre for Reproductive Medicine (PCRM), Genesis Fertility Centre, Olive Fertility Centre, and Grace Fertility Centre. The clinical educational opportunities reflect the practice of GREI in the 21st century. There is an emphasis on gynaecologic endovaginal ultrasound imaging (including 3D imaging of Mullerian anomalies), first trimester obstetrical ultrasound, ART, embryology, genetics (with emphasis on preimplantation genetic testing), male infertility, and minimally invasive gynaecologic surgery. There is exposure to non-fertility reproductive endocrine disorders (polycystic ovary syndrome, hypogonadotropic hypogonadism, premature ovarian failure, pituitary dysfunction), and for the GREI subspecialty residents, additional exposure to pediatric and adult endocrinology.

While there has been the trend towards geographically distributed sites for GREI medical education in the lower mainland, there has been a collaborative atmosphere within the various ART programs with respect to medical education. Weekly academic rounds for the GREI and OBGYN resident education occur at the BC Women's hospital site, with additional monthly research rounds to highlight the research within the various ART programs as well as the GREI basic science research within the UBC Department of Obstetrics and Gynaecology. We have quarterly GREI journal club for the residents that are well attended by the GREI division members. We also look towards increasing the basic science research strength of the GREI residency program, encouraging future applicants to consider research within one of the laboratories conducting GREI research at UBC.

The GREI educational program, as well as the services that the program delivers, have undergone a rapid transformation over the past several years. We believe this has resulted in a well-rounded clinical educational exposure for all learners.

ADVANCED TRAINING PROGRAMS



Dr. Roxana Geoffrion MD, FRCS
Program Director

FEMALE PELVIC MEDICINE & RECONSTRUCTIVE SURGERY (FPMRS)

FPMRS is a two-year postgraduate program dedicated to cultivating academic leaders in the field.

The strength of this program lies in the broad range of available surgical procedures; trainees are immersed in a weekly schedule learning a variety of operative techniques for pelvic reconstruction via open abdominal, laparoscopic and vaginal approaches, in conjunction with multi-disciplinary clinical training from urology, colorectal surgery, sexual medicine, radiology and physiotherapy colleagues.

FPMRS provides an essential balance of academic performance coupled with clinical skill development. Trainees receive instruction in research design, grant applications, statistical analysis, manuscript writing and dissemination of findings at national and international meetings. Bedside and operative teaching of medical students and residents as well as more formal teaching through lectures and participation at inanimate and procedural labs is actively encouraged and supported.

Mentorship is available for both clinical outcomes research and basic research. A flexible curriculum facilitates special research and clinical interests. Candidates are encouraged to pursue concurrent postgraduate studies in Experimental Medicine or a Masters Degree in Health Care Epidemiology or Biostatistics.



Dr. Catherine Allaire, MDCM, FRCS
Program Director

ENDOMETRIOSIS, PELVIC PAIN & LAPAROSCOPIC SURGERY

This unique and innovative one-year program is offered to practicing Canadian gynaecologists who wish to develop an expertise in the assessment and treatment of patients with endometriosis and chronic pelvic pain and develop outstanding laparoscopic skills. The emphasis is on integrated care with a multidisciplinary evaluation and approach in addition to advanced surgical management of complex pelvic disease. The Program is housed at the BC Women's Health Centre in Vancouver, BC where Drs. Allaire, Williams and Yong see approximately 2,000 new and follow-up patients per year with endometriosis and chronic pelvic pain. They have recently received substantial Provincial funding to support the set-up of a formal multidisciplinary clinic to help women with these problems.

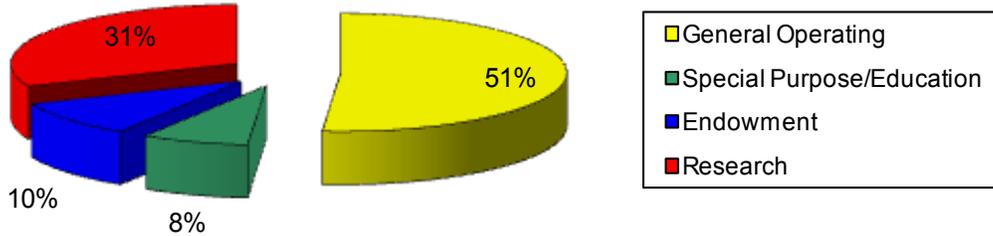
The trainee will spend two days per week in the operating room, performing advanced minimally invasive surgeries, including laparoscopic total and subtotal hysterectomy, myomectomy, excision of deeply infiltrating endometriosis including bowel/bladder disease, ovarian remnants and lysis of extensive adhesions. The clinic time (two days/week) will be spent with members of the clinic team, the two gynaecologists as well as physiotherapist, rehab physician, pain management physician and counselor. There will also be opportunity to spend time with allied physicians, namely gastroenterologists, urologist and in-hospital complex pain team. The successful candidate will also participate in the Multidisciplinary Vulvodynia Program at VGH. The trainee has protected time (one day/week) for research and teaching. The trainee will be involved in teaching residents, both in the operating room and at our state of the art simulation centre (CESEI). The trainee will have time and support to complete an original research project in the field of endometriosis, pelvic pain, advanced laparoscopy or surgical education.

The ultimate goal of the Program is to develop leaders in teaching and research related to chronic pelvic pain, endometriosis and advanced laparoscopic surgery to improve the care provided to Canadian women with this complex problem.

The advanced training program had one post graduate trainee Dr. Pira Korsieporn who graduated in July 2016. Dr. Korsieporn has an appointment at McGill University where he will be joining our previous graduate Dr. Sonja Bodmer-Roy. They are working on developing a pelvic pain clinic within the chronic pain centre at McGill University.

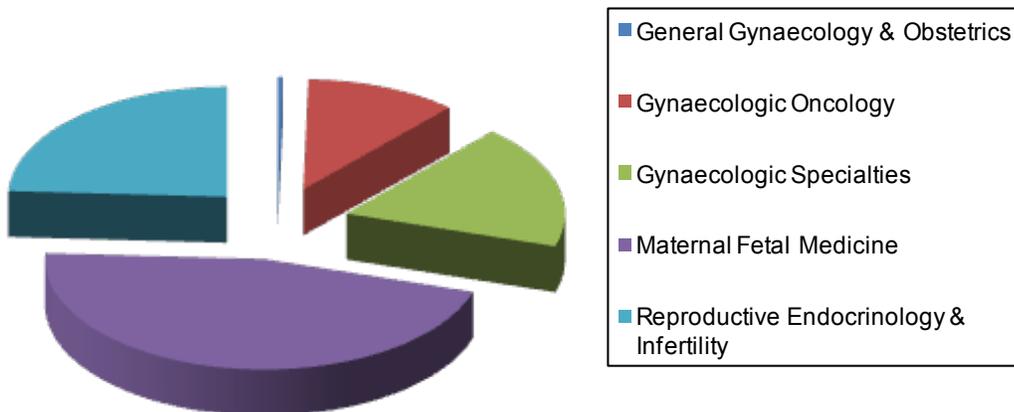
FUNDING

DEPARTMENTAL FUNDS, REVENUES & CARRYFORWARDS 2015/16



	Revenues + Carryforward	Expenses	Balance
Operating MOH / Special Purpose Funds/Education	\$6,577,377	\$5,481,054	\$1,096,323
Endowment	\$975,925	\$949,772	\$26,153
Research	\$1,255,086	\$507,841	\$747,245
	\$4,011,406	\$5,337,153	\$(1,325,748)
Total	\$12,819,793	\$12,275,821	\$543,973

RESEARCH BREAKDOWN 2015/16



General Gynaecology & Obstetrics	16,183.89
Gynaecologic Oncology	483,398.09
Gynaecologic Specialties	778,768.62
Maternal Fetal Medicine	1,976,054.86
Reproductive Endocrinology & Infertility	1,036,416.00
Grand Total	4,290,821.46

CONTINUING MEDICAL EDUCATION



A TEACHING LEGACY DR. FRED BRYANS (1924-2009)

Dr. Bryans (*left*) graduated in medicine from the University of Toronto in the class of 1946, and then from the residency program in obstetrics and gynecology under Dr. D.E. Cannell. Afterwards he completed research at Harvard University, and attended leading cancer treatment centres in Europe.

His professional career was spent as a geographic full-time faculty member in the Department of Obstetrics and Gynaecology at the University of British Columbia. In 1960 he became professor and chairman of the department, a position that he served with distinction until 1978. During his 18 years as department head, he established strong educational, research and clinical programs – many at a Provincial level. He fostered a unique, supportive environment with a friendly, collegial atmosphere among faculty, trainees, and supporting staff members. He retired in 1989, but remained active as a Professor Emeritus in departmental and university affairs until shortly before his death at the age of 85 years.

During his distinguished career as teacher, academic, and practicing obstetrician and gynecologist, he received many important awards. Of some pride to Dr. Bryans, graduating classes of the UBC Medical School repeatedly honored him with Best Educator awards. He taught with humour and kindness. He was also a recipient of the Queen Elizabeth II Silver Jubilee Medal.

Dr. Bryans was an accomplished generalist. His diverse publications include scholarly works on endocrinology, cancer, congenital abnormalities, and urinary incontinence. As testament to the gifted surgeon that he was, complex cases were referred to him by colleagues from all areas of the province. He contributed hugely to the health care of the women of British Columbia in a career that spanned two generations.

At national and international levels, Dr. Bryans served on the council and committees of the Royal College of Physicians and Surgeons of Canada. He was a founding member and president of the Association of Professors of Obstetrics and Gynaecology of Canada, vice president of the Association of Professors of Gynaecology and Obstetrics in the United States, vice president of the Society of Obstetricians and Gynaecologists of Canada, and a Fellow of the Royal College of Obstetricians and Gynaecologists (UK).

Education and research endeavors were supremely important to Dr. Bryans. Thus, his legacy of support for education and research continues with endowments to the Department.

The Fred Bryans Master Teacher Program ...

aims to raise the quality of clinical education by creating a network of clinical teachers and facilitating learning and discussion on effective clinical teaching. Over the course of a year, cohorts meet to work through customized course materials together, while discussing teaching experiences, challenges, and successes.

The Endowment funds are used to continue to build and maintain the Program and its vision to raise the quality of clinical education across the sites of the Faculty of Medicine's distributed medical program by creating a network of outstanding community-based teachers. We plan to include new innovative ways to run the program including video development, online module development, cohort support, and research dissemination.

FRED BRYANS FACULTY FORUM

The Fred Bryans Faculty Research Forum Endowment Fund provides funding for the Department to encourage and sustain research by Faculty members.

The theme for the 2016 Forum held in January 2016 was 'Realizing Evidence Based Medicine in Obstetrics & Gynaecology'. The objectives of the forum were to highlight the spectrum of research by our faculty, cultivate new collaborations across divisions and specialties, and share strategies for knowledge translation and evidence based practice.

Our two keynote speakers were (new) Dean of the Faculty of Medicine, Dr. Dermot Kelleher and Dr. Gina Ogilvie, Professor at the School of Population and Public Health. Dr. Kelleher's presented "Hepatitis C – an example of evidence based medicine", providing an engaging account of developments in Hepatitis C therapy. Dr. Gina Ogilvie, gave an excellent account of STI vaccines and the lessons learned from HPV vaccine implementation. These keynote addresses were followed by several faculty presentations, including Professor David Huntsman's outlining of ongoing OVCARE Research (the highly successful research program in the Division of Gynaecologic Oncology), Dr. Paul Yong discussing his research on chronic pelvic pain, and Dr. Ken Lim discussing birth weight discordance among twin pregnancies and its relationship to adverse perinatal outcomes.

Additional presentations and posters included Drs. Alexander Beristain, Dorothy Shaw, Michael Anglesio, Dan Rurak, and Wendy Robinson.

The faculty presentations at the forum highlighted the diverse streams of excellent research being carried out in the Department and the general discussion at the meeting was engaging. Faculty members left enthused and inspired by the proceedings.



Dr. K.S. Joseph, M.D.
Professor, Division of Maternal Fetal Medicine



DA BOYES

Dr. David Boyes (*left*), former Head of the BC Cancer Agency, along with Dr. H.K. Fidler, developed the first organized program in the world to screen for cervical cancer. By 1960, thanks to his pioneering efforts in training physicians and technologists in the program and promoting it to women, cervical screening became available free of charge to every woman in BC over the age of 20 years. The program led to a decline of over 70% in incidence and mortality of cervical cancer. It was the most successful population screening program anywhere in the world and remains a model for cancer control.

In addition, Dr. Boyes, along with Dr. Michael Turko, was the first in the world to develop the cone biopsy method of investigating and removing the abnormal cells detected through the Pap smear examination. He traveled throughout the world demonstrating the methodology to physicians.

During his 27 years with the BC Cancer Agency, from 1960 to 1987, Dr. Boyes built the Agency into a world-class centre. Under his leadership, the BC Cancer Agency developed the tumour-group team model, as well as a standardized treatment policy manual for each tumour group, for use by all physicians in BC.

Dr. Boyes has been recognized world-wide. Closer to home, a group of gynaecologists and oncologists formed the illustrious "David Boyes Society", which meets annually to discuss various oncology topics. This has now evolved into a meeting dedicated to knowledge translation that attracts a broader audience including generalists in the community and primary care providers in maternity care.

This has now evolved into an interactive and innovative CME-CPD program provides a timely and clinically relevant update on selected topics in all areas of obstetrics and gynaecology including Maternal Fetal Medicine, Reproductive Endocrinology, Gynaecology Oncology and General Gynaecology. Guest speakers are invited from around the world.

The target audience for this event includes Obstetricians, Gynaecologists, Oncologists, Nurses, OBGYN residents and Midwives. Routinely this meeting draws 150 participants from across the province and Canada. 2015 sees the 41st year of this event.

ACADEMIC DAY

Every year, our Academic Day offers learners an opportunity to gain insight into new developments in Obstetrics and Gynaecology, highlighting the diversity of research within the department which spans clinical, population health and basic science research (including PhD and MSc programs), and relate basic science to clinical practice while demonstrating how research, policy and practice interact, while providing invaluable networking opportunities for students, faculty and staff.

Our 16th annual Academic Day was held on Wednesday, March 9th, 2016 at the Chan Auditorium in the Child and Family Research Institute. Twenty trainees had the opportunity to present their work as an oral presentation, and ten posters were presented and judged in a separate event on March 8th. Faculty abstracts were displayed to showcase the research done in 2015 by the department faculty.

The invited guest speaker was Professor Richard S Legro, Professor of Obstetrics and Gynaecology and Public Health Sciences, Penn State University College of Medicine, Hershey, Pennsylvania, who gave an enlightening presentation on “Lifestyle Treatment for Infertility: The Time is Now”.

Academic Day Awards

Dr. Leanne Dahlgren presented the awards to the 2016 Academic Day Best Student Presentations. Our congratulations to the following recipients for sharing their research!

Best clinical paper presentation – Dr Vanessa Han

Best scientific paper presentation – Samantha Wilson

Best clinical poster presentation – Jennifer Clune

Best scientific poster presentation – He (Annie) Ren

Teaching Awards

Dr. Dianne Miller presented the teaching awards to the 2015 winners. Our congratulations to the following recipients for being honoured!

Mike Turko Surgical Teaching – Dr. Barry Sanders

CREOG Resident Teaching – Dr. Stephanie Rhone

Undergraduate Teaching – Dr. Mark Rosengarten

APGO Teaching – Dr. Tracy Pressey





CONTINUING SURGICAL EDUCATION

The Department of Obstetrics and Gynaecology strives to support its faculty members who are trying to acquire new surgical skills that have proven efficacy and safety. Ultimately this leads to better patient care and enhances our educational mission. This must be balanced by our fiduciary responsibility to patients through balancing the development of new surgical techniques with optimization of the quality of patient care. Towards this end, the Continuing Surgical Education Program (CSEP) provides a model of faculty development to assist faculty members pursuing privileges in new surgical techniques.

The Department of Obstetrics and Gynaecology strives to support its faculty members who are trying to acquire new surgical skills that have proven efficacy and safety. Ultimately this leads to better patient care and enhances our educational mission. This must be balanced by our fiduciary responsibility to patients through balancing the development of new surgical techniques with optimization of the quality of patient care. Towards this end, the Continuing Surgical Education Program (CSEP) provides a model of faculty development to assist faculty members pursuing privileges in new surgical techniques.

The CSEP is available to all faculty members of the UBC Department of Obstetrics & Gynaecology across all provincial sites. The institutional CSEP Program at different sites share many common elements, including preceptors and shared framework as the basis of the individual programs.

For those sites with sufficient resources, surgical volume, and demand on the part of faculty members, a formal, scheduled CSEP Program is utilized whenever possible, and enlists standing preceptors and provides recurring scheduled OR time, during which faculty members schedule cases with the preceptor. The frequency of OR preceptor days is commensurate with the demand by faculty members.

SITES



Elizabeth Joa, MD, FRCSC
Site Head, Obstetrics & Gynaecology, St. Paul's Hospital

PROVIDENCE HEALTH CARE(PHC)/ ST. PAUL'S HOSPITAL

At PHC we provide education for many different groups including nursing, mid-wifery, respiratory therapists, medical students, residents and fellows to name a few! We have had undergraduate medical student for a couple of years now and have had some great success enticing them to our specialty and having them be successful applying to our UBC Royal College Program.

We provide the largest number of gynaecologic procedures for our Royal College Ob/gyne residents out of all the academic sites and provide subspecialty training for them in urogyn as well as a specific fellowship program.

We provide training to approximately 11 royal college residents from other programs per year and 14 family practice trainees. During their time with us they obtain the basic knowledge and skills needed in our specialty.

Our faculty regularly win teaching awards and all love to teach!

Our pediatrics program recently switched their call system and have a "doctor of the week" which has been absolutely fantastic for learners allowing them to spend longer periods of time, working closely with one attending. Great to see the team working and learning together.

One recent experience I have myself had with an elective medical student (very early in their career) made me realize how lucky we are to have the opportunity to teach these keen, bright and enthusiastic individual who come through our service. I felt re-energized as I saw our work through her eyes and received a thank you email from her outlining how her experiences with us had changed the way she saw the world (really!). To quote Dr. Diane Miller, "The students they bring out the best in us.". Let us hope we can continue to bring out the in best in them as well.



Mark Heywood, MD, FRCSC
Site Head, Obstetrics & Gynaecology,
Vancouver Coastal Health

VANCOUVER GENERAL HOSPITAL/ VANCOUVER ACUTE

At Vancouver Acute (VGH, and UBCH) we provide education for many different groups of "learners"; mostly medical students, residents (Obstetric and Gynaecology, UBC and visiting, and ER, and Radiation Oncology) and subspecialty residents (Gynaecologic Oncology, Chronic Pelvic Pain Program, and Reproductive Endocrinology and Infertility). Undergraduate medical students as part of their core ob/gyn rotation, and also as elective students, from across Canada and internationally, in Gynaecologic Oncology. We have had significant success in seeing them apply for Ob/Gyn specialty careers, including a number being successful in joining the UBC program. It has been a joy to see some of our overseas Canadian Medical students return to Canadian residency programs following their elective at Vancouver Acute. They too seem thrilled as their thank you emails demonstrate!

Our UBC ob/gyn residents spend much of their core Gynaecology training at Vancouver Acute, and their time in REI, CPP, and Gynaecologic Oncology. The change to a divided gynaecologic oncology experience seems to have been a success for our residents. They are now spending 4 months on oncology, 2 months in third year and 2 in fourth year. It has been a pleasure having them, though it has made it more challenging for non UBC residents to obtain an elective here, which they frequently request when considering a career in Gynaecologic Oncology, a demonstration of the strength of the Gynaecologic Oncology program in Vancouver. This will hopefully be less of an issue next year as the transition from one 3 month to two 2 month rotations should be complete. The CPP subspecialty team appears to be going gangbusters also in training and developing future gynaecologic minimally invasive surgeons.

35 Diamond Health Care Centre continues to allow expedited urgent gynaecology care for patients, reducing ER wait times, and making easy follow up assessment, as well as providing an excellent educational opportunity for medical students and our residents.

We look forward to welcoming our future colleagues again next year.



*Julie van Schalkwyck, MD, FRCSC
Department Head, Obstetrics & Gynaecology,
BC Childrens and Womens Hospital*

BCWH HOSPITAL

On a daily and nightly basis, our department members rarely provide patient care without the presence and engagement of a learner. During the 2015 calendar year, our members reported 1500 teaching units, equivalent to almost 6000 hours of direct student/trainee education.

2015 Tracey Pressey, an active MFM at BCWH is the undergraduate education lead for years 1-2 at UBC medical school. She is intimately involved in the curriculum development and in its delivery. Her enthusiasm and openness have fostered a number of students to seek residency placement in OBGYN.

Hanna Ezzat, a generalist OBGYN at BCWH, is the designated site supervisor for the Year 3 UBC medical student OBGYN rotations. Twelve students rotate through our facility every 6 weeks, totaling 84 per year. Hanna oversees student orientation, lecture scheduling and multidisciplinary simulation. Members of our department are involved in the onsite OSCEs that occur every 6 weeks. In addition, our 20 generalist OBGYN provide 84 preceptor weeks per year to these students, averaging 29 days per department member.

During the 2015-2016 calendar year, 24 Year 4 medical students participated in electives at BCWH which included general OBGYN, GYN OR, Care program, MFM, Oak Tree Clinic, EPAC, RPL and the RID clinic. Michelle Belanger, a generalist OBGYN at BCWH, is the residency education director at BCWH. With a total of 43 residents and a target of 8 new residents per year, approximately 40% of their hands-on education, over a 5 year period, occurs at BCWH. In addition to this, 12 Emergency and Family Medicine residents rotate through out LDR each year, and 2015 saw three rural GPs attain enhanced Cesarean Section skills training at BCWH. Neeraj Mehra, an OBGYN at BCWH, has produced and provided Obstetric Emergency simulation training for the residents, which occurs over a half day every 6 weeks. Nadia Branco, another generalist OBGYN has joined Dr. Mehra to assist with simulation sessions.

Post graduate fellowship training is alive and well at BCWH. It is home to the well-established Maternal Fetal Medicine program, led by Francine Tessier, providing specialist training to 1-2 fellows per year. Deborah Money oversees Reproductive Infectious Disease Fellowship training, the only one of its kind in Canada, having trained 4 fellows over the last 10 years, with another planned to start in 2016. Brian Fitzsimmons, head of the Care program was successful in securing a Family Planning Fellowship housed at BCWH. The first trainee is set to begin in 2016.

NEWS



Dr. Dianne Miller Bringing Clinical Renown to Vancouver Hospital

We would like to congratulate Dr Dianne Miller on receiving the Physician Academic Awards for Bringing Clinical Renown to Vancouver Hospital. This award celebrates outstanding individuals within the Vancouver Acute team for their work in the fields of clinical practice, research, education and administration. These outstanding individuals were nominated by their peers and chosen by our selection committee to celebrate their work.



Dr David Huntsman Awarded Canadian Research Chair & Inaugural Gerald Award

Congratulations to Dr Huntsman for receiving a Canadian Research Chair Tier 1. This award is tenable for seven years and renewable indefinitely, are for outstanding researchers acknowledged by their peers as world leaders in their fields.

David was also awarded the Inaugural Gerald Award for Translational (Cancer) Research and Pathology from Memorial Sloane Kettering Cancer Centre; This award is in honour of the late William L. Gerald, surgical and molecular pathologist, cancer researcher, and Editorial Board member of The Journal of Molecular Diagnostics.

Dr Huntsman was selected for his contributions to gastric cancer an ovarian cancer care and research.



Dr Kelly Smith Wins Nelly Auersperg Award

Congratulations to Dr Kelly Smith in being the recipient of the Nelly Auersperg Award. This award supports pilot studies in women's health which aim to generate preliminary data, test new approaches, methodologies or tools. The funding supports activities that will enable the pursuit of more ambitious studies and foster further funding applications.



Dr. Lori Brotto Awarded Canada Research Chair

Congratulations to Dr Lori Brotto who has been awarded a Tier 2 Canada Research Chair in Women's Sexual Health. The Canada Research Chair is a 5-year salary award for exceptional emerging researchers, acknowledged by their peers as having the potential to lead in their field. In addition to this salary award, Dr. Brotto was awarded with a Canada Foundation for Innovation / John R. Evans Leaders Fund award to expand and renovate her laboratory located in the Diamond Health Care Centre.



Dr. Geoffrion awarded 2016 Clinical Teacher Award from the Association of Faculties of Medicine of Canada

Congratulations to Dr. Geoffrion (*left*) for receiving the 2016 Clinical Teacher Award. The AFMC Clinical Teacher Award was created in 2014. This award aims to emphasize the importance of excellence in clinical teaching and to recognize an individual in Canada who has provided exceptional clinical teaching contribution.

The AFMC Clinical Teacher Award recognizes individuals who have a sustained track record as outstanding teachers to medical students, residents and other health profession students. The award is open to candidates who are clinicians with MD or another professional degree.

The award was presented at the Canadian Conference on Medical Education (CCME), held in Montreal in April, 2016.

Winners of the Inaugural OBGYN Staff Service Awards

In 2015 the Department of Obstetrics and Gynaecology instigated a Staff Service Award. This new award was developed to celebrating the work all of our staff do in the Department and supports Commitment 5 of our Strategic Plan to Realise Individual Potential.

We are delighted to announce the recipients of the inaugural award for staff service in the Department of Obstetrics & Gynaecology.



Anna Hutfield

Anna works as a Research Assistant and has been with the Department since 2013. The nominations that were received for Anna highlighted her dedication to her projects. They also note her generosity of spirit in providing guidance and training to new trainees.



Nikki Koenig

Nikki works as a Research Coordinator at St Paul's Hospital for the last three years. Nikki has shown her dedication to women's health. She works with a number of clinicians at the St Paul's site and has redefined the facilitation of research there. Nikki is instrumental at helping to grow the research portfolio at SPH.



Roshni Nair

Roshni has been with the department since 1991. She currently works as the Program Assistant with the MFM Fellowship and with the RDS program. The positive experiences her students talk of in their interactions with Roshni make her a true ambassador for the department in dealing with our learners.

The Department of Obstetrics and Gynaecology
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