

# ANNUAL REPORT 2017/18

DEPARTMENT OF OBSTETRICS &  
GYNAECOLOGY

A YEAR FULL OF SUCCESS



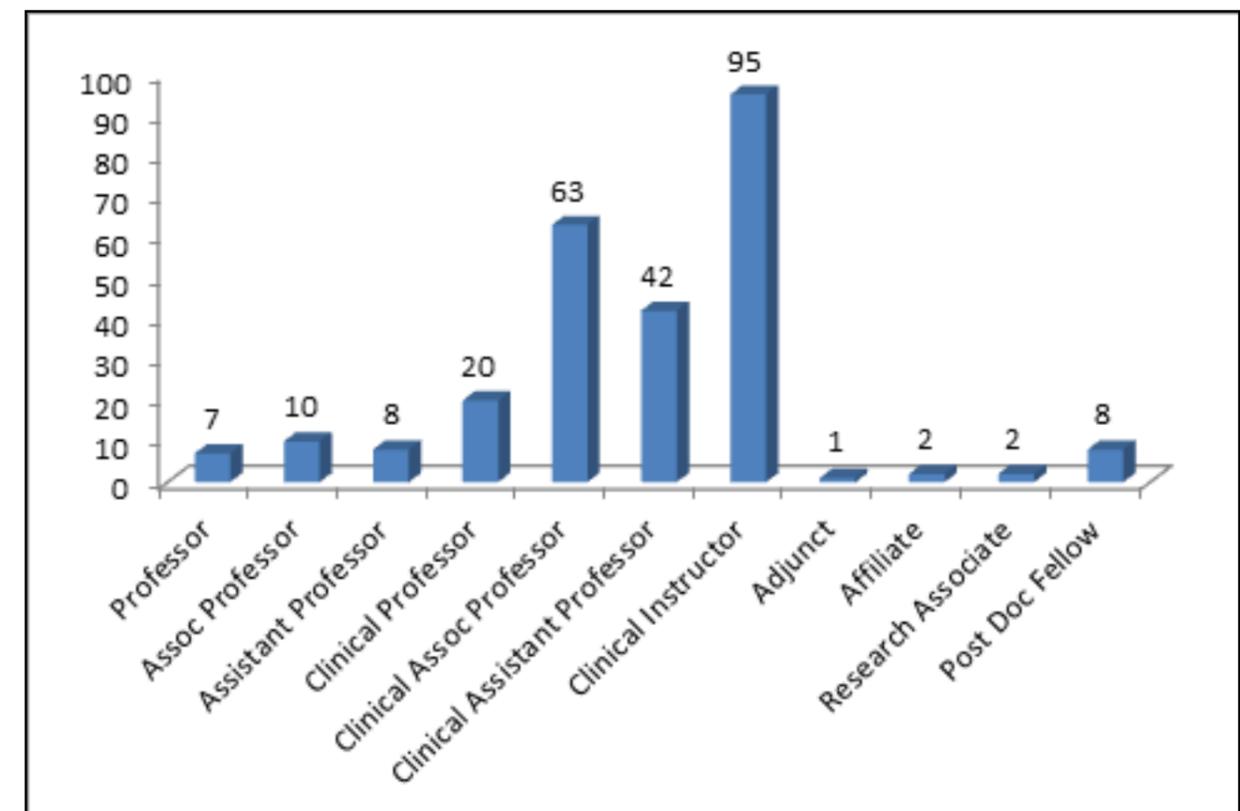
# OBGYN ANNUAL REPORT 2017/18

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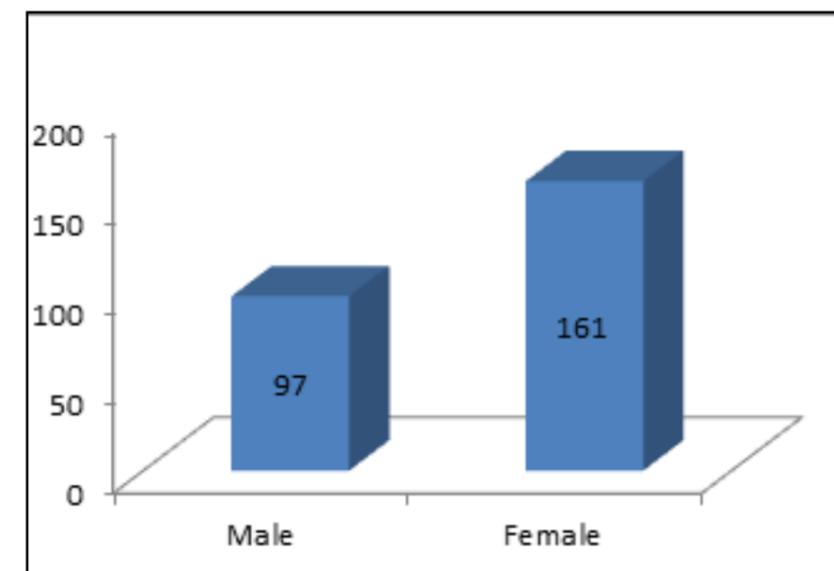
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# DEPARTMENT STATISTICS

208 FACULTY MEMBERS WORKING IN COMMUNITIES ACROSS BRITISH COLUMBIA

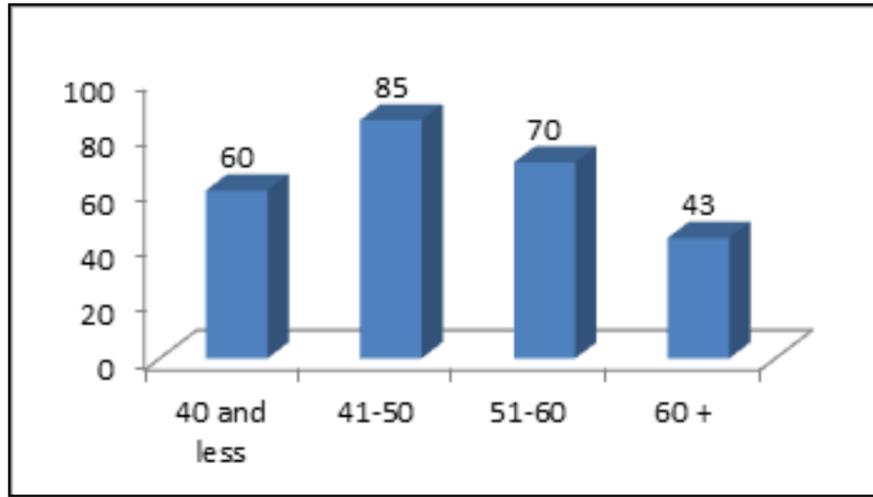


BREAKDOWN OF FACULTY BY RANK

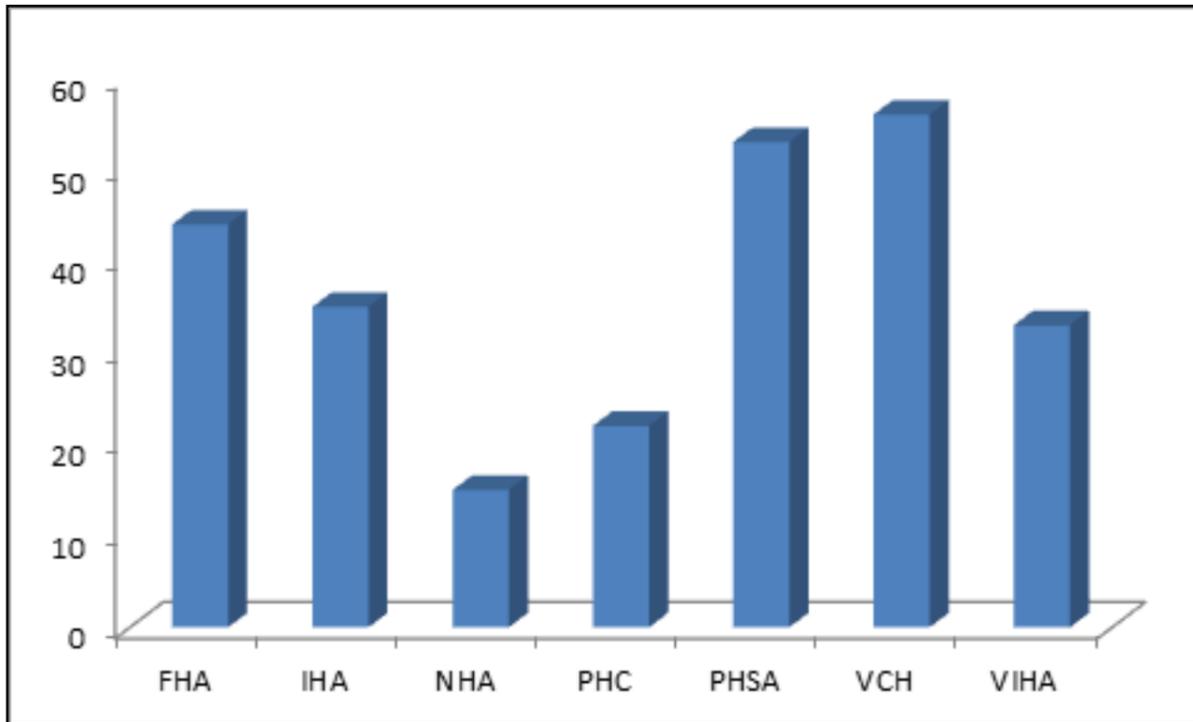
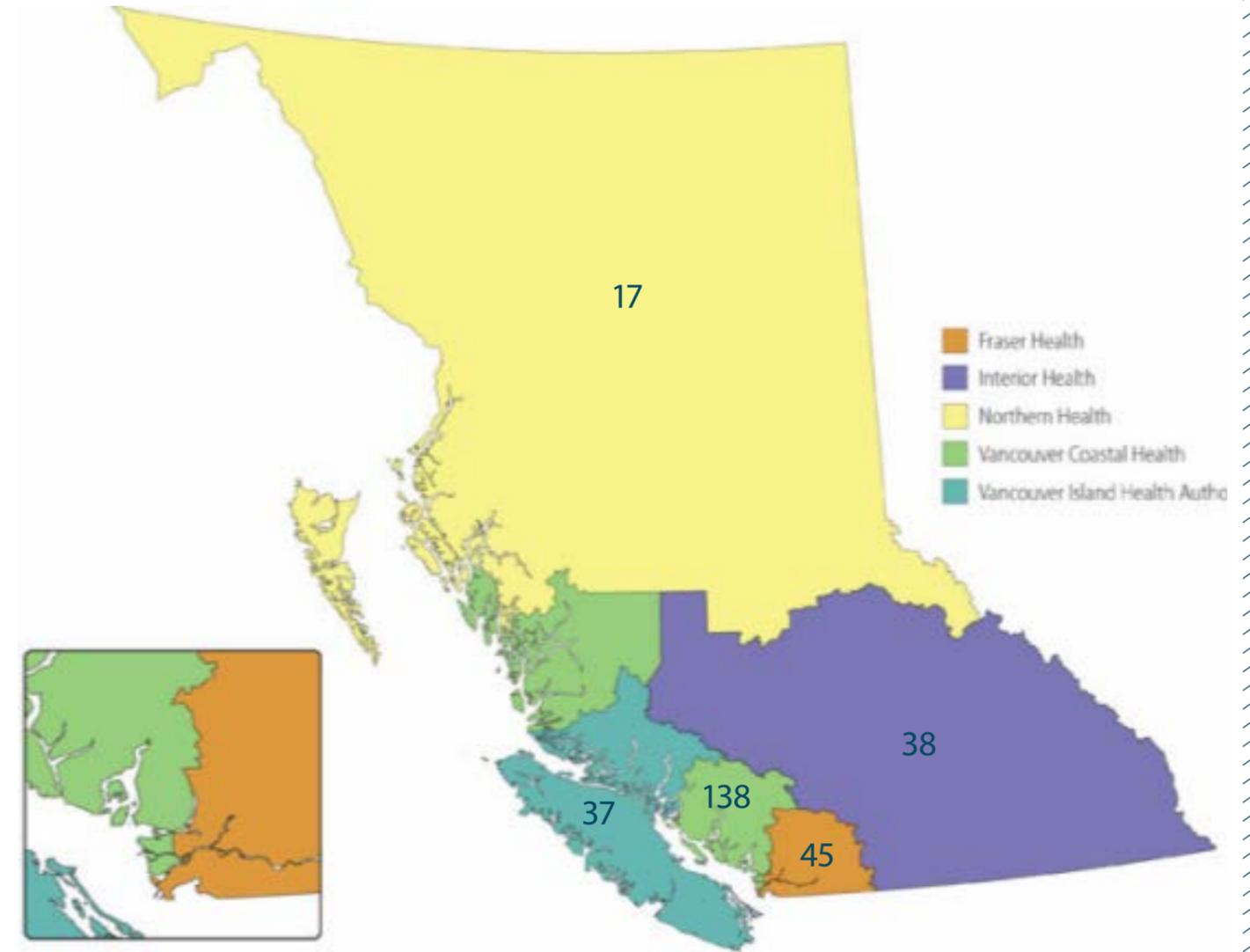


BREAKDOWN OF FACULTY BY GENDER

2017/18



BREAKDOWN OF FACULTY BY AGE



BREAKDOWN OF FACULTY BY HEALTH AUTHORITY



# DELIVERING PROVINCE-WIDE TRAINING

DURING THE PAST TWO DECADES, THE FACULTY OF MEDICINE AND ITS PARTNERS HAVE TRANSFORMED THE EDUCATION LANDSCAPE IN B.C. BY DEVELOPING AN INNOVATIVE MODEL OF TRAINING THAT EXPOSES STUDENTS TO URBAN, RURAL AND NORTHERN COMMUNITIES AND DIVERSE PATIENT POPULATIONS ACROSS THE PROVINCE.

EVERY DAY 4,500+ STUDENTS ARE LEARNING  
IN MORE THAN 80 COMMUNITIES ACROSS  
B.C.

# 80+

TRAINING SITES ACROSS B.C.

# TRAINING MORE HEALTH PROFESSIONALS FOR B.C.

THE FACULTY OF MEDICINE IS TRAINING MORE DOCTORS AND HEALTH PROFESSIONALS ACROSS B.C. THAN EVER BEFORE TO HELP ENSURE THE POPULATION HEALTH CARE OF TODAY AND TOMORROW CAN BE MET.

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MD UNDERGRADS

# 187

 CLERKSHIPS

---

RESIDENTS

# 8

 FIRST-YEAR POSITIONS

---

SUBSPECIALITY TRAINING

# 9

 FIRST-YEAR SEATS

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MASTER'S & PhD STUDENTS

# 37

 FIRST-YEAR SEATS

# WELCOME TO OUR YEARLY ANNUAL REPORT FOR ACADEMIC YEAR 2017/8

Most people work to support themselves and their families. A minority of lucky people find work that goes beyond sustenance to contributing to the greater good. For these people, work is compelling in itself and brings meaning to their lives. And not surprisingly, their commitment to work goes beyond making a living to contributing and moving the agenda forward.

Many of these people work in the UBC Department of Obstetrics and Gynaecology and we are better for it. Our faculty members provide clinical services in every Health Authority across British Columbia. There is something compelling about working as a team to provide excellent care to the women we serve, whether it is maternity care in a rural hospital, or cutting edge sub-specialty care. In this year's annual report we highlight a number of these cutting edge clinical centres and initiatives, including the BC Centre for Vulvar Diseases, the Centre for Pelvic Pain and Endometriosis, and the new the BC Women's Hospital Surgical Gynaecology Optimization Initiative.

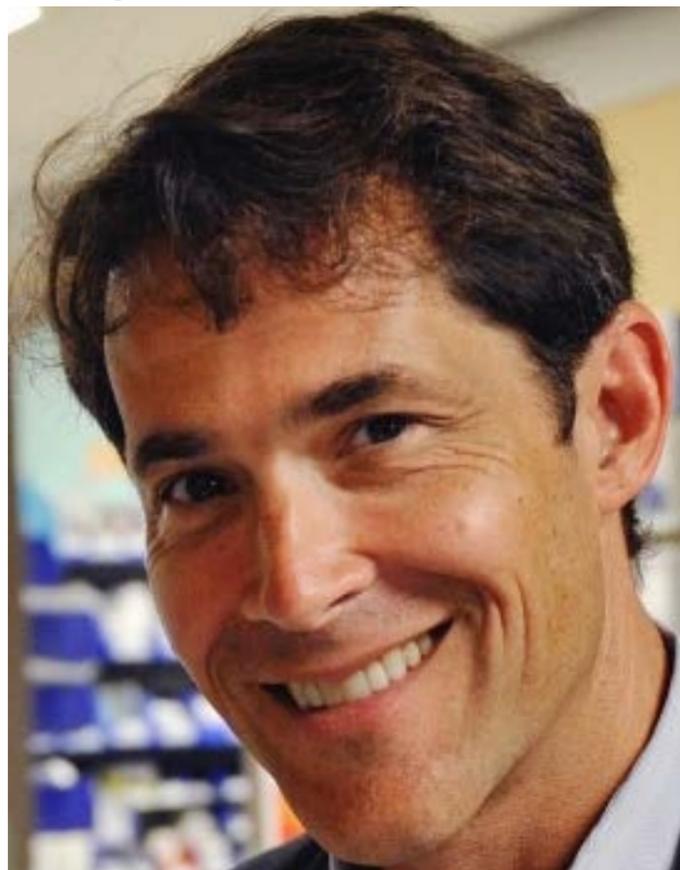
Our faculty members not only get job satisfaction from providing excellent care, but also from teaching the next generation of providers. Our Educational programs span undergraduate students, to graduate students, to postgraduate learners. Many of our programs are unique in Canada, such as the Advanced Training Programs in Family Planning, and Endometriosis, or the Fellowship program in Reproductive Infectious Diseases. And our learners also bring passion to their work, as do the staff that keep all these programs running. We highlight some of these staff whose dedication and enthusiasm push women's health care forward.

And finally, there is our research mission, which allows our faculty members to reach far beyond British Columbia, to define best practices that can enhance women's health care everywhere. Read about our unique research programs, such as the BC Women's Cancer Initiative that aims to cut suffering and death due to gynaecologic cancer by 50% before 2034. And find out about our partners in research, such as the Women's Health Research Institute.

It is not surprising that our staff and faculty get caught up in the fervour of clinical, educational and investigational work as they become integral parts of something bigger.

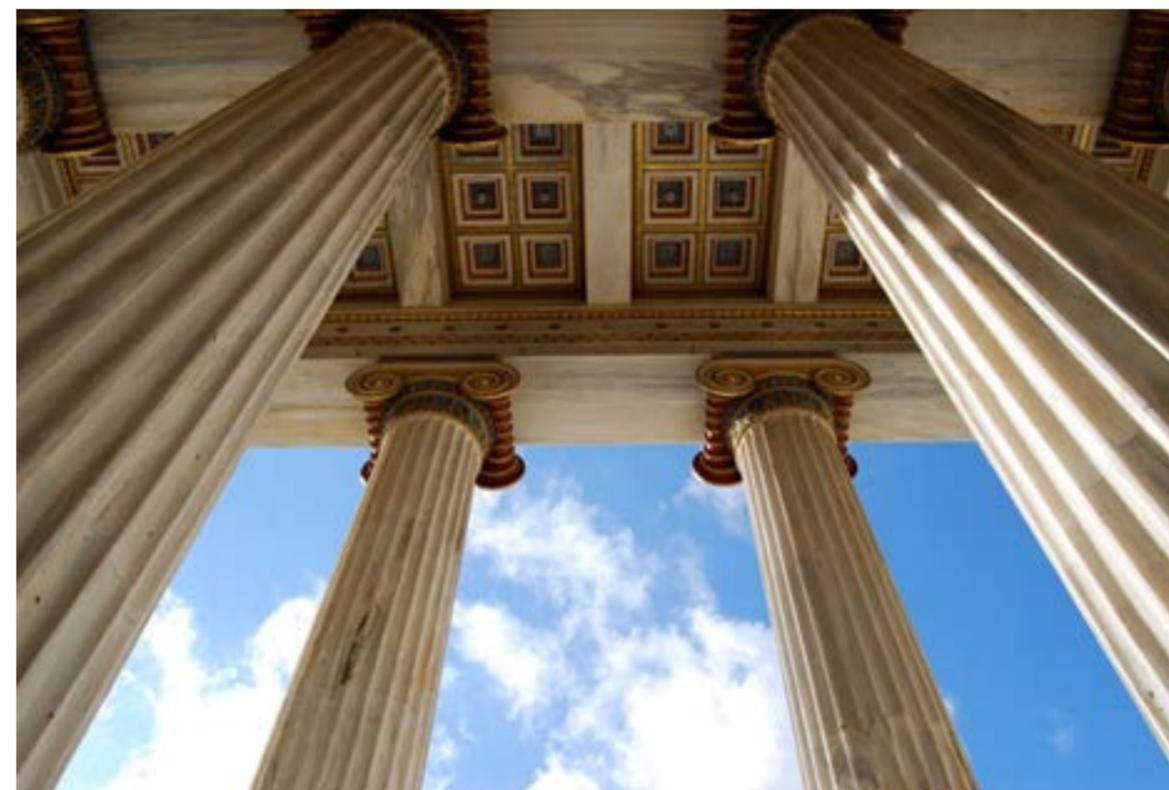
More surprising are the philanthropists who contribute to our success through dedicating time and money to our programs. We highlight several of these amazing people, who often have a prior connection to the department and generously keep giving even after they leave. It is a legacy from the heart.

I hope that you find these stories compelling too and that you can feel the passion and commitment that keep our department moving forward.



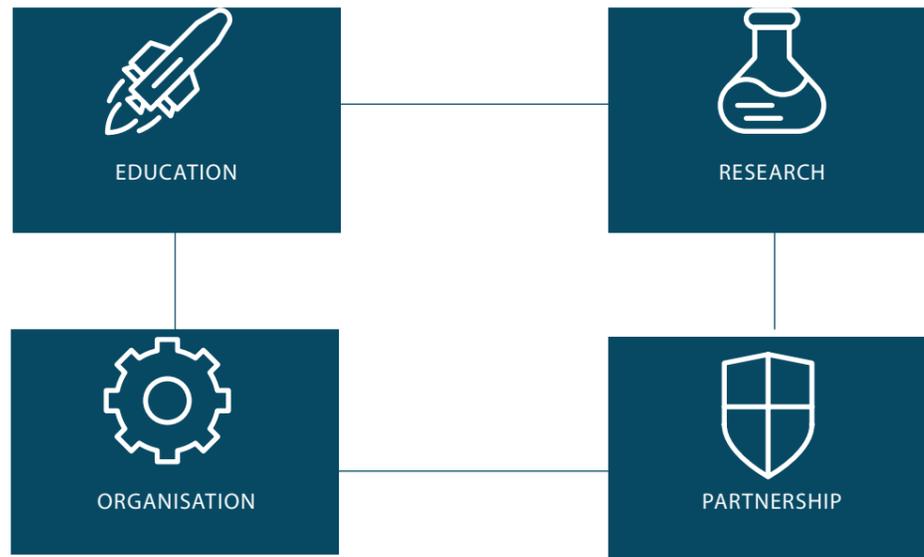
## STRATEGIC PLAN FOR 2017 - 2020

By 2017, our last strategic plan had completed its 3-year span. As a Department, we achieved a great deal of our goals from our previous plan, but feedback from department members across the Province was that the next plan needed meaningful participation and engagement from Department members across the Province. So, in early summer of 2017, as the Department embarked on the development of a new Strategic Plan for 2017-2020, we planned Province wide road shows to pursue better engagement. Key Department members travelled to the distributed sites in May through July, to conduct roadshows to elicit feedback on where faculty members saw the Department going strategically.



The Faculty of Medicine developed a new strategic plan in 2016 that offered an excellent framework for our work. It focuses on four pillars: education, research, organisation, and partnership. We took the cornerstones of that plan and constructed an OBGYN framework into it

# STRATEGIC PLAN FOR 2017 - 2020



Goal 1: Satisfy the needs for Obstetrics and Gynaecology within the province.  
 Goal 2: Promote competency and life-long learning in Postgraduate and Graduate trainees and Faculty.  
 Goal 3: Strengthen the Reproductive & Developmental Sciences (RDS) program to ensure sustainability.



Goal 1: Foster collaborative research.  
 Goal 2: Promote Investigator Initiated Research.  
 Goal 3: Embed capacity for knowledge synthesis and translation.



Goal 1: Strengthen and sustain leadership within the Department.  
 Goal 2: Cultivate and foster productivity and wellness in our workforce.  
 Goal 3: Foster, develop and strengthen our community through communication.



Goal 1: Maintain strong ties with current partners.  
 Goal 2: Develop lasting relationships with new partners to work towards common goals.  
 Goal 3: Leverage aligned groups to enhance initiatives.

# STRATEGIC PLAN FOR 2017 - 2020

The Department is very appreciative of those who took the time to be part of the roadshows in Prince George, Victoria, Kamloops, Vernon and Kelowna as well as closer to home in the Fraser Valley and Vancouver. It was great to connect with the various sites and see first hand the commitment our Department members around the Province have to our learners. We also received some valuable feedback from those who were unable to attend a session but who took the time to review and provide feedback on the process and the draft plan. We have a fine set of goals and how to achieve them in this plan.

After all the work invested we want to be sure that we are successful in accomplishing our new goals, and towards that end we have engaged department members as champions for specific elements of the plan.

What does being a champion involve? Well, firstly, adopting the goal and action and helping the department develop a strategy to pursue it. Additionally, reporting back to the department on a quarterly basis on progress.

Thanks in advance to those who agreed to champion the various pillars:



Alex Beristain, Geoff Cundiff, Yvonne Erskine, Ariadna Fernandez, Sarah Finlayson, KS Joseph, Nikki Koenig, Sarka Lisonkova, Dan Rurak, Jag Ubhi.



Alex Beristain, Lori Brotto, Geoff Cundiff, Yvonne Erskine, Ariadna Fernandez, Gillian Hanley, David Huntsman, KS Joseph, Nikki Koenig, Wendy Norman, Gina Ogilvie, Dan Rurak, Gavin Stuart.



Beata Chami, Geoff Cundiff, Andi Martin.



Lori Brotto, Geoff Cundiff, Gillian Hanley, Robin Johnson, KS Joseph, Murette Lee, Dianne Miller, Sheona Mitchell, Deborah Money, Stephanie Rhone; Julie van Schalkwyk, Gavin Stuart, Gina Ogilvie.

If you would like any further information on our plan visit our website or contact Andi Martin, the Administrative Director at [andi.martin@ubc.ca](mailto:andi.martin@ubc.ca).

# RENEWAL OF ACADEMIC HEALTH CARE SITES



## TECK ACUTE CARE CENTRE

The new Teck Acute Care Centre at BC Children's & Women's Hospital opened on October 29, 2017, replacing aging infrastructure and providing space for the larger care teams and new technologies required to treat complex illnesses. It quickly became an integral part of British Columbia's health-care system, providing exceptional specialized care for the most seriously ill children and complex obstetrical patients in BC. The new centre offers spacious, private single-patient rooms with space for family members, as well as convenient access for patients accessing multiple departments. There is new space for Emergency, Medical Imaging, Neonatal ICU (NICU) and High Risk Labour and Delivery, as well as a new ambulatory surgical Units.

# REDEVELOPMENT PLANS AT ST. PAUL'S HOSPITAL

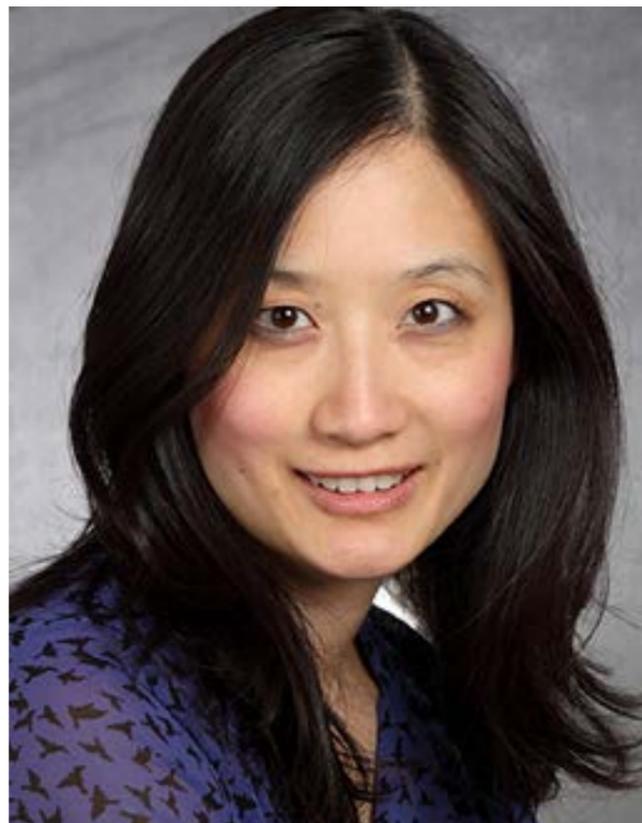


Over the last hundred years, the current St. Paul's Hospital on Burrard Street has been expanded and renovated several times to allow it to meet changing health care needs but the facility is no longer optimal for modern and efficient patient-centred care. Over the last decade, PHC has explored a number of options to rebuild St. Paul's at its current location, but redevelopment on-site is not feasible in terms of meeting health care demands and best practices, and would be a poor investment of health care dollars.

In April 2015, PHC and the provincial government announced plans to establish a new state-of-the-art hospital and health campus on a vacant site on Station Street in the False Creek Flats and redevelopment began. The new St. Paul's responds to the Ministry of Health's strategic priorities, which call for a greater focus on patient-centred care and better coordinated health services, where and when people need them most.

St. Paul's Hospital is an important academic site for the UBC Department for research and teaching. The Faculty members at St. Paul's are an integral part of the teaching and training of medical students, family medicine residents, interns, and obstetrics and gynecology residents. There is also an Advanced Training Program in Female Pelvic Medicine and Reconstructive Surgery. The new site has to accommodate all of our learners, and we are making sure to include this in our plans

SUE KIM, SITE HEAD ST.  
PAUL'S HOSPITAL



St. Paul's Hospital has a unique position in the province of being the referral centre for many complex diseases in pregnancy, such as cardiac disease renal disorders (transplant patients for example), and inflammatory bowel disease. We have multidisciplinary programs in place for these specialized subgroups of women. St. Paul's Maternity and NICU programs service such a broad population of women from low-risk mothers, to the highest-risk, most medically challenging mother who is referred from anywhere in the province and needs the attention of many specialist services. We also have moms who have substance-use disorders, and those who need mental health stabilization.

The redevelopment process is presently in the clinical operations planning phase, with work focused on Maternity and NICU planning. We are planning for a unit with 25 maternal beds, and up to 12 NICU beds. Lots of work went into the clinical scope, functional programming, indicative design, and we are now on the clinical specifications part of the operations plan. This is the fun part! We are trying to anticipate our work flows, room designs, and how we are going to use the allotted space to serve our patients most efficiently, while maximizing the patient care experience. We are committed to staying patient-focused, and we are planning our unit with the principle of keeping the mom-baby dyad together. We are also rethinking room design, as well as keeping the "clinical look" to our rooms at a minimum as there is evidence that this improves birthing outcomes. Another important principle to highlight is that of cultural sensitivity- there are so many different maternal populations including First Nations, immigrants, and refugees who come to Vancouver and need our help.

We did a recent tour of the new Teck Acute Centre, and they were so helpful in trying to help us learn what worked for them, and what types of things to keep in mind to minimize any future regrets. We have a big opportunity here, and we are trying hard to anticipate all of our future needs and those of our patient population. We are trying to tie in our vision and values, and what makes St. Paul's Hospital unique into what we are doing at every step. It's a slow but necessary process to make sure that we get it right! The next big step is to get that approval from the Ministry of Finance, Treasury Board. Apparently, the signals that we are getting are positive, but there has not been a firm approval yet. I'm holding my breath and hoping that this will come soon!

AN  
INTERVIEW  
SERIES

01

JANE  
BRYANS

Jane Bryans is the wife of the Department's first Department Head, Dr. Fred Bryans. Since Dr. Bryans' passing, Jane and the Bryans family have become the Department's most frequent and creative philanthropist. Nearly every year Jane provides a donation, often to support an existing program, but also to create new innovative initiatives. And her philanthropy crosses the academic mission from research, such as the Fred Bryans' Faculty Research Forum, to education, in the Fred Bryans' Master Teacher Program. The Department has benefited many times from the generosity of the Bryans family. We sought her out to see why she believes in the Department:





What is your relationship with the Department and how important is that connection to you?

My relationship to the Department is important to me because of Fred. I really enjoy and appreciate the continuing involvement and being introduced to the next generation and sometimes representing the past.



Why do you think it's important to donate to the Departments initiatives?

It is important to understand and support the initiatives of the Department as new areas of gynaecology are able to be explored and developed. In the past it was assumed that governments or universities would provide money for different initiative but this is no longer the case. It is necessary to seek funds from private individuals.



What do you see as important issues in women's health?

I see an important issue in Women's Health to be the health of indigenous women particularly in the area of cervical cancer, it identification, treatment and prevention. In this year of Truth and Reconciliation, this should be a prime interest.



How do you feel about your decision to contribute to the Department?

Contributing to the department for me is a giving back. Fred felt that he earned his living while at UBC and in the Department and was grateful for the support that continued in periods when he was ill. He was a loyal and dedicated member of the Department, The Faculty of Medicine and the University. Between my involvement with the Department and my role as ta Director of the Molly Towell Perinatal Research Foundation I really feel my life has been enriched and it has allowed me to stay in Fred's chosen field.

# FRED BRYANS FACULTY RESEARCH FORUM

## IMPROVING HEALTH THROUGH BETTER KNOWLEDGE TRANSLATION AND IMPLEMENTATION

The 8th Annual Dr. Fred Bryans Faculty Forum, "Optimizing Impact in Obstetrics and Gynaecology: Improving Health Through Better Knowledge Translation and Implementation" took place on January 25, 2018. With 70 people in attendance, it was one of the largest turn-outs to date. All of our faculty presentations spoke to the theme of the day.

It was inspiring to hear what our colleagues are working on. The forum also provided an excellent venue for sharing knowledge and expertise, and strengthening connections and collaborations within the Department.

In keeping with the theme of the day, we also hosted a workshop on the Basics of Knowledge Translation in Health Research, led by Dr Genevieve Creighton of the Michael Smith Foundation for Health Research. In addition to providing a useful framework to guide our KT activities, she also provided information on MSFHR funding opportunities to support KT.

Wendy Norman and KS Joseph (picutred below) made Faculty Forum history by participating in the first debate - "Researchers have an obligation to carry out knowledge translation". It was certainly a crowd-pleaser, thanks to the passion and drama of both debaters.



We were fortunate to have Jane Bryans join us again this year. She has attended each Forum to-date and we are grateful to her and Dr. Bryans for making this event possible. It has become one of the central research and networking events that our faculty look forward to.



# SURGICAL GYNAECOLOGY OPTIMIZATION INITIATIVE

In 2017 the Regional Department of Obstetrics & Gynecology held a retreat focusing on surgical planning. It was noted that women in the Lower Mainland must navigate a complex web of services in order to meet their gynaecologic needs. Most gynaecologists are sited at multiple hospitals, with poor coordination of services between them. These factors, in combination with changing practice patterns and sub-specialization reduces the efficient delivery of gynaecologic surgical services.

In Vancouver hospitals, ORs are the only resource available for performing gynaecology surgery. Models in other jurisdictions have demonstrated that many gynaecology daycare surgery cases can be effectively performed in less resource-intensive settings under procedural sedation with excellent outcomes (shorter recovery time, safe and cost-effective) and high levels of patient and provider satisfaction. The procedure room and procedural sedation option has been in place for many years within BCWH's CARE Program for pregnancy termination and D&Cs post-miscarriage. This service currently functions independently from the main OR four days a week and patients are managed by the nursing team and attending physician, with adjunct support from counsellors. The team is skilled and has a proven track record of providing daycare surgery in an efficient and safe manner. Approximately 2,500 procedures per year are performed using this model (therapeutic abortions, D&Cs and hysteroscopies).



STEPHANIE RHONE,  
CLINICAL ASSOCIATE  
PROFESSOR

Establishing such an innovative model of care in Vancouver will improve access to gynaecology surgery for all patients, including those who require an OR and a general anesthetic as procedure room cases free up OR space. It will also make procedural sedation a competency of our faculty and residency program. The latter will help to facilitate the movement of gynaecology cases from traditional ORs to procedure rooms across the province, where appropriate.

The BC Women's Hospital Surgical Gynaecology Optimization Initiative will expand capacity at BC Women's Hospital (BCWH) for scheduled gynaecology daycare surgery cases and to transfer scheduled gynaecology daycare surgery cases from across Vancouver hospitals to consolidate them at BCWH. Through the use of innovative low resource models of care, this initiative will free up approximately 175 days per year of OR time across Vancouver hospitals that can be used for surgeries that require the support of a general hospital. It is estimated that at least 50% of gynaecology daycare cases can be moved to this low resource procedure room setting.

Through the use of innovative and less resource-intensive models of care, this initiative will:



Increase efficiency/throughput of gynaecology daycare surgery cases.



Batching similar daycare surgery cases optimizes surgical expertise for repeatable procedures (similar benefits have been observed with other types of surgeries such as hip/knee replacements).



Provide a safe and cost-effective alternative that reduce recovery time



Enable the creation of training in innovative daycare surgery practices for students, residents & fellows.



Provide opportunities to share innovative practices in gynaecology daycare surgery with other providers/hospitals in BC.



Create opportunities for research & dissemination of findings in the area of gynaecology daycare surgery.



Improve the patient experience through more efficient, responsive and streamlined gynaecological care.

The BC Women's Hospital Surgical Gynaecology Optimization Initiative began as a Pilot within the CARE program in 2017. It's success in decreasing surgical waits by more than 50% caught the eye of the Ministry of Health. Support from the Ministry of Health and the BCWH Foundation allowed the expansion of Procedural Sedation Service to the BCWH OR in May of 2018. Moreover, a robust training and mentoring program has been developed to support surgeons transitioning to operating under procedural sedation. The Surgical Gynaecology Optimization Initiative is the first step in the development of a larger visionary plan for a Centre for Specialized Women's Health at BCWH. The goal of the Centre will be to provide seamless care across the lifespan, with enhanced outpatient services focused on the adolescent and mature woman.

The UBC Department of Obstetrics and Gynaecology has encouraged a regional approach to surgical planning, highlighting the opportunity for collaboration across health authorities and among surgeon groups to improve the quality and efficiency of Gynaecologic Surgical Services. As a key stakeholder in the BC Women's Hospital Surgical Gynaecology Optimization Initiative, the endorsement and support of the Department of Obstetrics and Gynaecology has been essential. Continued close collaboration will support meeting the shared goals of delivering outstanding care, enhanced training for established and upcoming surgeons and research in Women's Health.

Dr. Nelly Auersperg became interested in the mechanisms that underlie diseases, their causes and their responses to therapy. In addition to her MD, she also pursued a Ph.D. and became a world renowned researcher. Her research program investigated growth and differentiation of cervical cancer in the 1960s. She developed the first human cervical cancer line with defined differentiation, which led to the discovery of HPV as an etiologic cause of cervical cancer. In the 1970s her focus changed to ovarian cancer and the ovarian surface epithelium. She developed methods to culture ovarian epithelium that helped to define the BRCA1 mutations. Then she focused on ovarian stem cells, early detection markers, and the relationship between tubal and ovarian carcinogenesis. At that time UBC had a requirement to retire at age 65, so she did, becoming an emeritus professor. And that is when she joined the department of Obstetrics and Gynaecology in 1993. Since then she has continued to pursue a scientific career and has mentored more than 60 graduate students. She was one of the first Terry Fox Cancer Research Scientists (1985), and is also a Fellow of the Royal Society of Medicine (UK) since 2008. In 2003, the Nelly Auersperg Award in Women's Health Research was named in her honour. She has had a second scientific career with our department as an Emeritus professor (for no pay).



What is your relationship with the Department and how important is that connection to you?

While I am an emeritus professor, I still feel quite attached to the department and continue to consider myself a member of it. But I contribute little at present – essentially only by contributing chapters to Peter Leung's 2nd and 3rd editions of the book "The Ovary". I liked being part of the Department sufficiently to work there full time for 15 years, without pay (UBC rules at the time required me to "retire" at age 65). During that time I supervised a number of graduate students, postdoctoral fellows and visiting scientists and was author or co-author of over 200 publications.

Why do you think it's important to donate to the Departments' initiatives?

I think that the Nelly Auersperg Award in Women's Health is a good example of how a small contribution can provide a gentle nudge to help young researchers get their career started. It is focused on pilot studies that will help them to get CIHR funding and it has already proven to be successful in jump starting several careers.

What do you see as important issues in women's health?

World-wide accessible birth control; adequate care (medical and otherwise) of pregnant women in underdeveloped countries; HIV control.

How do you feel about your decision to contribute to the department?

Very good. It was an excellent decision. My years with the department were pleasant and productive years. My only regret is that I never managed to collaborate more closely with clinicians.

# ROOPAN GILL GRADUATES AS THE FIRST CANADIAN FAMILY PLANNING FELLOW



It has been a pleasure to be the first fellow in the Advanced Training Program in Family Planning with the UBC Department of Obstetrics and Gynaecology. This fellowship is part of a network of fellowships based in the United States, and the UBC Department's program is the first program based in Canada. It is important to women of British Columbia and beyond because it trains family planning specialists to be experts in complex contraception, abortion provision and early pregnancy management. The program's intent is training academic experts by providing both the clinical and research training to prepare individuals who can inform policies around reproductive and sexual health and reproductive justice for women from a provincial to a national level. Access to safe abortion is an important aspect of care for women in Canada but also globally as there continue to be barriers to access for this essential service for women.

During the last two years, the program provided me with vigorous training to develop as an academic family planning specialist. I have a special interest in research that can lead to impact from a programmatic and policy standpoint and was supported by individuals within the family planning community, but also throughout the Department of Obstetrics and Gynaecology, the Women's Health Research Institute, and UBC. Beyond that, it provided me access to networks and connections amongst family planning experts throughout North America and globally.

The program supports young academic specialists by providing protected research funding from the Society of Family Planning, to develop and execute a research project from developing the concept note, to writing the budget, to developing the research

protocol and completing the study. The department helped me succeed by providing me with mentorship and support to conduct my research, engage with various members of the community and encourage my work as an academic. I have received immense amount of mentorship from female researchers who have spent tremendous amount of time with me to help me with my own research but also next steps for my career. Furthermore, I have had role models who have helped me perfect my skills as a clinician and teacher.

There are so many things that I enjoyed about the program as it trained me to be a competent clinician expert in family planning and supported me in my research endeavours. Moreover, it provided unique opportunities to work within large global organizations such as the Population Council in New York and the World Health Organization in Geneva. I will miss the community of dedicated and committed family planning practitioners who are focused on improving the care of women specifically as it pertains to access to safe abortion and providing guidance on complex contraception. I have been fortunate to work with such amazing nurses, doctors, counsellors and administrators who are all committed to reproductive and sexual health.

In the coming months I will be leaving for a mission with Medecins Sans Frontiers in Nigeria and then will be starting a job as Medical Officer with World Health Organization in Geneva, Switzerland with the Department of Reproductive Health and Research under Maternal and Perinatal Health & Preventing Unsafe Abortion.

## STAFF AWARDS

Our Department employs a talented and dedicated staff throughout our locations in the province, all of whom are integral to the successful activities of the department. While there is widespread appreciation for the staff and all the hard work that they do, there are few public expressions of appreciation or opportunities to recognize staff achievements and outstanding contributions. Recognising individual accomplishments and encouraging recognition in the moment was a goal of our last Strategic Plan, and led to the establishment of the OBGYN Staff Service Awards.

The Staff Service Award is an excellent way for the Department to acknowledge truly outstanding service that goes well beyond the call of duty. The first year of the award we had three awards that covered the three employment groups at UBC. After the first year we realised that we were missing a group of people that were integral to the running of our Department – Health Authority employees. So in 2016 we added in a fourth group. We recognise that we work closely, not just with those employed by the University, but we are also supported by many talented administrative people who are employed by the Health Authorities.

To date the following staff received recognition:

**2015**

**Nikki Koenig  
Roshni Nair  
Anna Nutfield**

**2016**

**Scott Lewis  
Deb Pinchin  
Mary Radmanovic**

**2017**

**Leah Solomon  
Maggie Kinshella  
Ariadna Fernandez  
Gayle Jagpal**

**2017/18**

These awards are presented on an annual basis to staff members whose contributions in areas such as service, administration and leadership have had a significant and positive impact in achieving the strategic priorities of the Department, as defined by the Strategic Plan. The criteria are:



Outstanding and sustained contributions to their unit within the Department.



Improved the value, efficiency and sustainability of the service they provide.

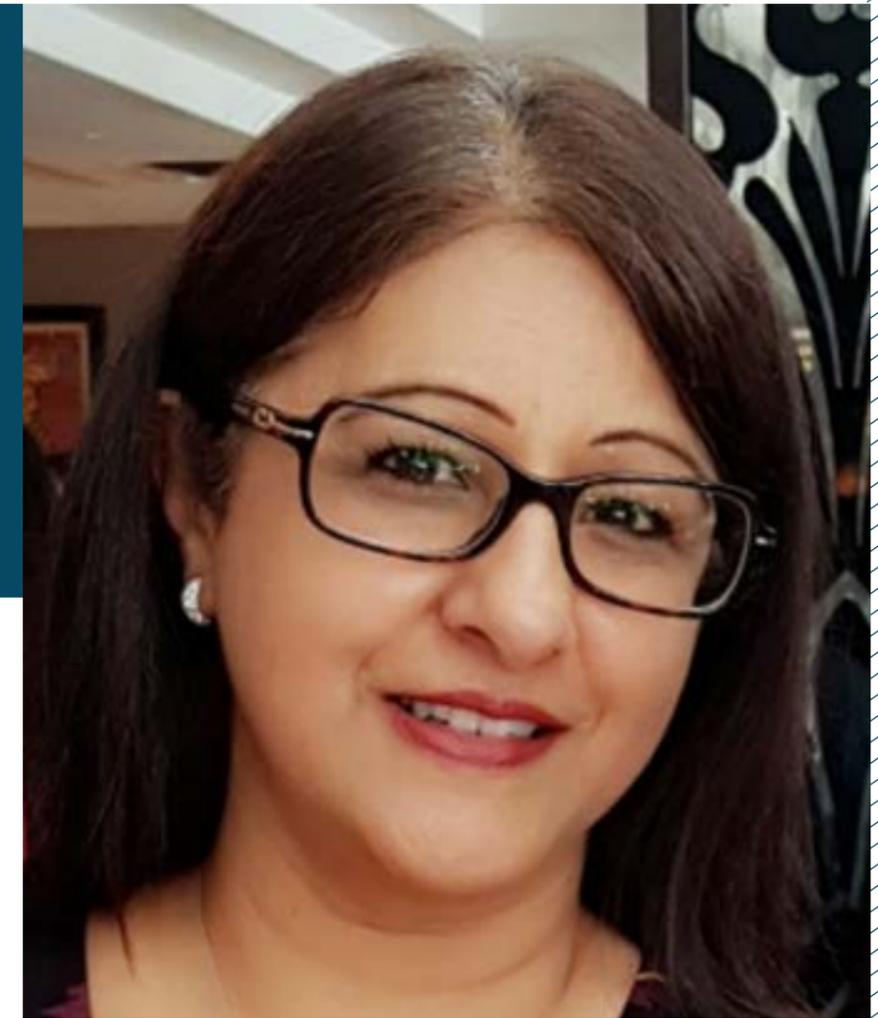


Have positively influenced the perception of the Department in the UBC or local community.

The Department Awards Committee considers the nominations and make a recommendation to the Department Head for up to four winners. We then celebrate their success at the Annual Seasonal Celebration.

We'd like to encourage all Department members to nominate staff they work closely with each year.

## GAYLE JAGPAL CUPE 2950 STAFF AWARD RECIPIENT



I joined the Department of Gyne/Oncology in the year 2003. My role is to find and schedule surgery time for patients that have been booked by the team from various clinics ie: BCCA Vancouver, Kelowna, Fraser Valley, and the Diamond Center. We also pre-book out of town patients who are scheduled to have consults and surgery in one trip to avoid undue stress of making several trips to Vancouver.

I immensely enjoy my position. As women go through the very tough and painful time of comprehending and grasping what has just been told to them, I am usually the next person after the Gyne/Oncologist that speaks to the patient. I try to put their mind at ease and do my very best to start them on the road to recovery, I always try to aim for the earliest date possible according to the diagnosis and benchmarks. Once I have communicated the surgery date, I will keep each individual patient in my mind should a potential earlier surgery date arise, whether it is from a cancellation or any extra surgery time that the department may receive.

The satisfaction that I receive from my position is due to being a part of the patients' journey to recovery. I give the patient the option to call me anytime they need to talk or to simply ask a question, I always will find time to listen and address what I can.

The Gyne/Oncologists have always fully supported me and working together as a team has always been one of the high points of my job. Each one of the Gyne/Oncologists carries their own unique and positive energy and I have learned something different from each one of them. This has helped me to approach each situation in many different perspectives. I couldn't ask to work with a better team. As in any situation, the positive energy is reflected to the patient, who is in need of it the most. I have grown with the department and feel much honor that the Gyne/Oncologists have trusted me in this position. I hope to continue to help as many women as I can in their journey to recover.

## ARIADNA FERNANDEZ NON UBC AWARD RECIPIENT



is relatively unique to our department and it is an excellent model. Research is time consuming and it is not always easy. It is nice for investigators of all persuasions (trainees, tenure track and clinical track) to know that there are supports within the department and that there are people in place to help them find ways to answer the questions that they are passionate about. Of course it was also lovely to be formally acknowledged with a staff service award.

I support, facilitate and promote research within the department. As part of my role, I develop and implement research training for Residents, Fellows and Staff. As well, I support the establishment and development of various programs of research by identifying opportunities for funding, collaboration and training and by helping to navigate research administrative processes such as research ethics approval, data access requests, funding applications and contracts, and so on.

What I enjoy most are the people I work with. I love working with clinician researchers, researchers, and trainees. I admire the passion that they bring to their work. Their research questions are directly guided by clinical and health needs of women. I also love the scope of the work - every day I learn about new areas of women's health and that's something that keeps me excited and engaged in what I do. Finally, I enjoy working with and helping "pure" researchers to navigate the clinical landscape, and working with clinicians to navigate the research environment.

Our researchers are engaged in answering clinical questions relevant to women's health; the questions that they address will guide innovations to support the health and well-being of women throughout their life-span. Knowing that my role supports this work and will directly impact women's health is very rewarding.

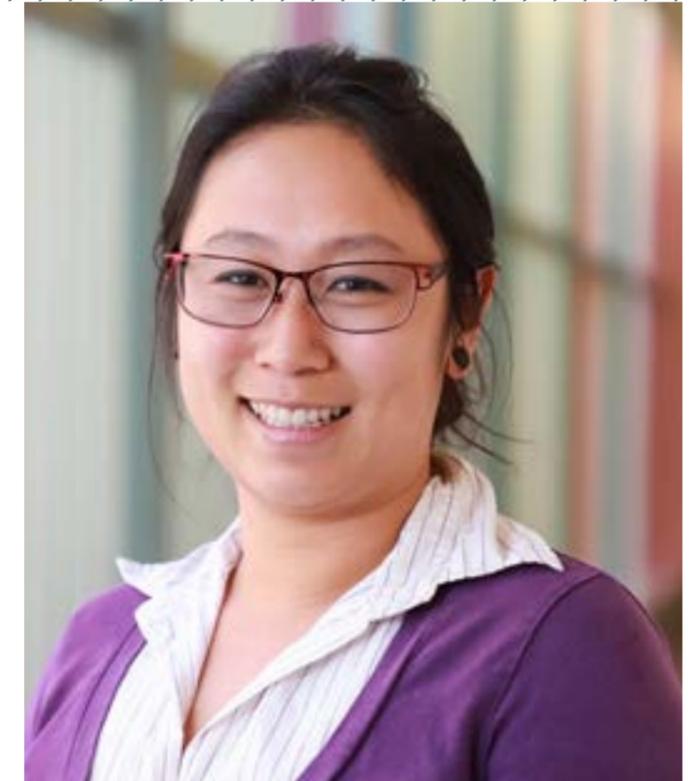
They offered me a job! In seriousness, the department recognized the value of supporting clinicians and trainees to engage in the research process. By acknowledging that research processes take time, knowledge and expertise to navigate, the department created and invested in a role that enables and supports clinicians and trainees to engage in research. I think that is something that

We are also very fortunate to have endowments that are specifically meant to support research – an endowment in the name of Dr. Fred Bryans by Jane Bryans and his family enables us to host a Faculty Research Forum annually. Similarly, the newly created Dr. DA Boyes Research Awards (directed at Residents) and the Division of Gynaecologic Oncology Research Awards enable members of our Department to initiate excellent research programs. These awards serve as stepping stones to larger grants from funding agencies and help frontline clinicians and researchers achieve success in improving women's health.

If resources were infinite there are other research supports that would definitely be most welcome at a department level – data analysis and data collection tool development would be a priority. Assistance with data abstraction would also be a welcomed resource. As it is, we are very fortunate to have access to the wonderful infrastructure provided by the Women's Health Research Institute, the BC Children's Hospital Research Institute, PHSA and the other health authorities. We are fortunate in BC that there seems to be genuine understanding of the value of research.

I'm a task oriented person, so I am looking forward to operationalizing the research goals outlined in the Department's Strategic Plan. Each Faculty member and Division I work with has specific goals and projects they are working on so I hope to see those come to fruition. Also, the 'Women Deliver Global Conference' is coming to Vancouver in 2019 so that is an interesting opportunity for showcasing the research and advocacy work of our Department members. On a personal note, I am hoping to buy a bicycle and try actively commuting to work!

## MAGGIE WOO KINSHELLA NON UNION TECHNICIAN STAFF AWARD RECIPIENT AWARD



I am currently the PRE-EMPT research assistant transitioning to a research coordinator position on the team. With my background in gender, global health and development, it has been so exciting to join the amazing PRE-EMPT team working to reduce the global burden of pre-eclampsia, one of the leading causes of maternal mortality worldwide. I enjoy the research that we are doing, which is grounded in community led efforts in low-to-middle income countries and working closely with local women from the community health workers to the pregnant women themselves. Additionally, our projects also involve male and female decision makers and community stakeholders who influence social norms on care-seeking. My favourite part of my job is the great people I have the privilege of working with from our amazing team in Vancouver to our extended work family around the world.

The World Health Organization (WHO) released staggering statistics that approximately 830 women die from preventable causes related to pregnancy and child birth everyday and 99% of these deaths occur in low-to-middle income countries. It is truly heartbreaking because if complications are identified early and addressed quickly with quality care, then there is a good chance that the mother will survive. Pre-eclampsia is a good example of this. Our principle investigator, Dr. Peter von Dadelszen, has said that detecting and treating hypertension in pregnancy not only prevents complications related to pre-eclampsia but also is a window of opportunity in ensuring quality overall care including good engagement with antenatal care and quality services available.

The department has been very supportive. Even when I arrived with questions or a thick stack of paperwork for them, they always greeted me with a smile. A big thanks to all of the staff in OBGYN department, in particular, Ariadna Fernandez, Rosemarie Garcia, Christiane Burzan and Andi Martin. From the PRE-EMPT team, I cannot thank everyone enough for all of the laughter, support, patience and growth in the past year. The amazing support and leadership of Peter von Dadelszen, Laura Magee and Marianne Vidler has been very valuable in helping me grow within the team and position.

My work-related goals in the upcoming year are to further develop my skills as a research and delve deeper into issues of global maternal and child health. My workplace (but not necessarily work-related) goal is to have more people touch their toes by the end of the year since I teach yoga to our team. My getting-to-work goal is to cycle in more regularly. Lastly, my personal goal is to spend more time with my own creative writing.

## LEAH SOLOMON M&P STAFF AWARD RECIPIENT



I oversee the education programs and their supporting financial accounts for the department. With this role comes a team of 6 program assistants/administrators, 1 undergraduate program, 1 OBGYN residency program, 3 subspecialty residency programs, 3 advanced training programs, and a graduate studies program – totaling over 90 learners! My job is never boring, which is what I love the most about it. On any given day I will find a new challenge, puzzle or process to figure out in one program or another. Finding the answers and improving these processes is very rewarding as it allows learners in the Department of Obstetrics and Gynaecology to easily access high quality training with our highly skilled faculty.

Through our education programs from undergraduate, residency and finally subspecialties, we train and develop not only outstanding obstetricians and gynaecologists, but also the next generation of clinical teachers. Our learners also complete valuable research on subjects integral to the health and well-being of the women of BC, including marginalized populations. UBC's subspecialty training programs recruit the best and brightest OBGYN's from across the country, many of whom remain in BC after their training to provide much-needed services.

I have been very fortunate as the Department is very supportive on this role with its purpose and function. They will ask for my recommendations regarding the various programs, listen to my input, and support initiatives along the way.

My goal is to continue to maintain, develop and enrich best administration practices in the OBGYN education programs. Innovative practices that help to reduce physician administrative burden are key to ensuring that our high quality of training and education in all areas of obstetrics and gynaecology can be maintained. The department's offering of training programs may even increase in the coming year – stay tuned!



# UBC DEPARTMENT ESTABLISHES WORLD LEADING ENDOMETRIOSIS CENTRE



PAUL YONG, ASSISTANT  
PROFESSOR



CATHERINE ALLAIRE,  
DIVISION HEAD OF  
GYNAECOLOGIC

Endometriosis is a common condition that affects ~1 million women in Canada, and is present in 10% of reproductive-aged women. From pelvic pain to infertility, endometriosis affects multiple facets of women's quality-of-life. While endometriosis is a prevalent issue that many women face, the recognition of its importance is only now increasing -- there is still a need to increase awareness amongst the medical field and the public. For example to reduce the delay in diagnosis of endometriosis, which is usually ~5-10 years, that has been shown in many studies worldwide.

Endometriosis-associated pelvic pain includes dysmenorrhea (painful menstrual cramps), dyspareunia (painful sex), dyschezia (painful bowel movements), and chronic pelvic pain. This pain can range from mild, to severe to disabling. The best treatment approach is multifactorial and interdisciplinary: depending on the patient, treatment can consist of hormonal therapy, laparoscopic surgery (in some cases in collaboration with urology, general surgery, or other specialties), pain education, lifestyle changes, physiotherapy, cognitive behavioural therapy, and mindfulness based therapy.

More than ten years ago, our Department developed interdisciplinary clinical programs that combined gynaecologists, pain specialists, physiotherapists, psychologists, and minimally invasive gynaecologic surgeons, like Drs. Catherine Allaire and Christina Williams. Colleagues began to notice that the team-based care was effective and demand outstripped resources. So we initiated an Advanced Training Program to create more capacity. We then recognized an opportunity to build on the clinical and educational success by creating a research program focused on endometriosis. We recruited Dr. Paul Yong, who worked with Dr. Mohamed Bedaiwy, and Dr. David Huntsman in OvCare to build a basic science program investigating the genomics of endometriosis. A clinical database and tissue bank followed, and now our department is recognized around the world as a leading centre for defining best practice and using it in treating our patients and teaching tomorrow's leaders.



CHRISTINA WILLIAMS,  
CLINICAL ASSOCIATE  
PROFESSOR

Department support of physician salaries for academic and research time has been invaluable to allow UBC endometriosis specialists to teach and mentor others, and to pursue state-of-the-art research to better understand the disease process in endometriosis and thus identify potential new treatment targets. Departmental collaborations have been key, such as with epidemiologists, sexual health experts, and OVCARE. The administrative support of the Department has also been important to help sustain our complex and integrated clinical, teaching, and research program.

While we are proud of our successes, it is important we do not stay static, but that our endometriosis program continues to grow. The ongoing encouragement and supportive environment provided by our Department, Hospitals, and Research Institutes, allows us to be bold, take risks, and to innovate. One area where we hope to grow, and would need additional resources, is to take the lead nationally (and internationally) in designing and implementing clinical trials of novel treatments in endometriosis that are based on our research and clinical experience.



**CLAUDINE STORNESS-BLISS  
ADVANCED TRAINING PROGRAM  
PELVIC PAIN**



Our program is the only one offering interdisciplinary care with master surgeons to women who suffer from endometriosis and/or chronic pelvic pain in the province. It provides training for people like me to take the clinical and surgical knowledge to other parts of the province and country. The interdisciplinary model is truly unique and I am privileged to have been trained by them

The department has supported my setting up a practice in a nearby community and in helping accommodate my education while raising a family. I will greatly miss the collegiality and supportive team.

I am joining the obgyn group at surrey memorial hospital. I am also in the process of setting up a pelvic pain clinic as part of the chronic pain clinic at the Jim Pattison Outpatient Care and Surgery Centre.

What I have enjoyed the most about my training in endometriosis is the collegiality. I am always comfortable at work knowing that I am well supported from my mentors but also from all of the other health professionals I work with. I have forged friendships and have colleagues for life. I've also received state of the art surgical training that I know will prepare me for the rest of my career.

**ACCELERATING RESEARCH TO OVERCOME THE BURDEN OF WOMEN'S REPRODUCTIVE CANCERS**

**GAVIN STUART,  
PROFESSOR**



**DAVID HUNTSMAN,  
PROFESSOR**



**MICHELLE WOO,  
PROGRAM  
MANAGER**



There is an unprecedented opportunity here in British Columbia to “turn the page on the burden of women’s reproductive cancers”. We will accomplish this through a concerted, deliberate effort and multimodal, long-term strategy focused on combining the multiple nodes of excellence within our department, and build on the team’s continued research excellence and capacity. Our research priorities span the spectrum of care; these research priorities align across several of UBC FoM’s research priorities including cancer, population health and chronic diseases, as well all three themes and most, if not all, platforms identified in the FoM Strategic Plan.

The team’s vision is to strengthen and integrate the expertise, resources and assets across the University and provincial ecosystem to build a comprehensive and translational research strategy – the goal is to decrease death and suffering from women’s gynaecologic cancers in BC by 50% by 2034.

The BC Gynecologic Cancer Research team’s initiatives are aimed at diving deeper on all fronts of gynecologic cancer research – the breadth of the mandate reflects our commitment to ensure that all women in every region of the province have equitable and standardized health care that meet their individual needs.

This new initiative builds upon the transformative research by the team that have led to a number of British Columbia “first”-made solutions which have effected paradigm shifts in our understanding of gynecologic cancers and changes in policy and practice that have impacted the delivery of care for women not only here in British Columbia but around the world.

## THE FOUNDATION OF OUR PLAN INCLUDES;



Leveraging existing resources at the University and its health sector partners, including the BC Cancer Agency, the Vancouver General Hospital and the BC Women's Hospital & Health Centre



Creating innovative research ideas and collaborations amongst Faculty members across domains of discovery science, translational research, clinical trials, prevention research, health services research, indigenous health, survivorship, education and commercialization



Investing in recruitment of new Faculty members to fill not only existing needs (e.g. gynecologic cancer clinical trials researcher) but who come with new ideas in both research and education; emphasis will be placed on recruiting Faculty where their training is multidisciplinary and/or translational



Building new systems and tools to harmonize vast datasets that are dynamic (e.g. outcomes data, tissue bank, genomic & molecular data); and improving access to these datasets to gynecologic cancer researchers across the province



Partnering with the newly established provincial Academic Health Sciences Network and associated Academic Health Sciences Centre, as well as the BC SUPPORT Unit to advance women-centred research objectives



Establishing new and solidifying existing linkages with BC's indigenous community through stakeholders such as First Nations Health Authority and UBC's Centre for Excellence in Indigenous Health to overcome barriers in caring for women in this population



Shaping educational and training programs that will be comprehensive and cross-disciplinary to ensure that students and trainees graduate with skills beyond those that naturally develop during their research so that they are internationally competitive for both academic and other positions; this is critical if BC is to meet the challenge of being at the forefront of gynecologic cancer research



Enhancing our communications efforts to strengthen our engagement with women, advocacy groups (e.g. Ovarian Cancer Canada), the public and stakeholders

The undertaking's success is rooted in the team's passion, their expertise and leadership. They are pre-eminent national and international leaders in their respective areas of gynecologic cancer research. Through support and investment in this initiative, this UBC team will be at the forefront in this field globally. We look forward to exploring this opportunity in further detail with the University to see how we can collectively improve the trajectory of women with gynecological cancers in British Columbia, regardless of economic, geographic, or other barriers they face.

**Estimated funding goal needed to support this initiative: \$100M over 15 years.** To achieve the funding goal, we are seeking support from the Provincial and Federal Governments that will require matching funds through our institutional partners and stakeholder foundations.

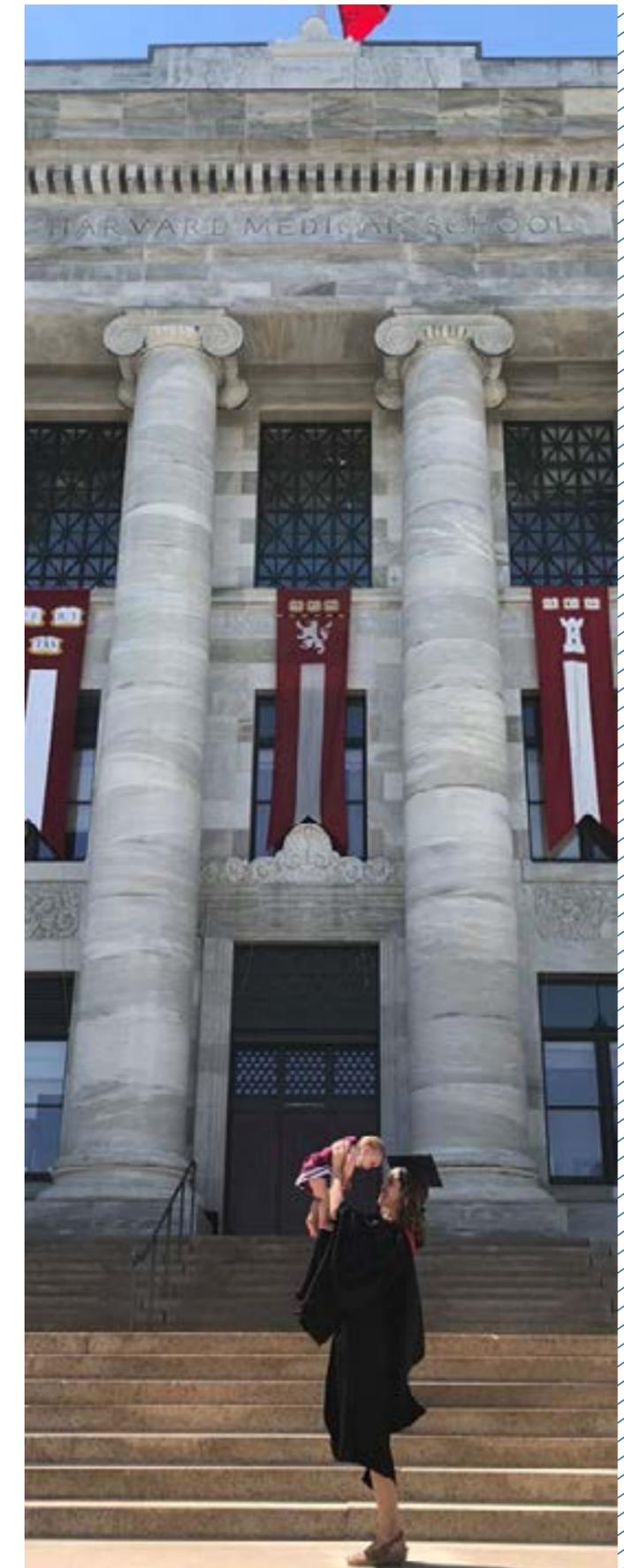
## LILY PROCTOR GYNE ONCOLOGY FELLOW

I am the senior Gynecologic Oncology fellow at the University of British Columbia. What I enjoy most about the program is the diversity of both my surgical and my clinical experiences. In any given week, I am in the operating room performing a multitude of challenging open, laparoscopic and robotic surgeries. Additionally, I am in clinics seeing women from all over the Province. These experiences have given me the confidence to begin independent practice.

The department has been integral to my success. In addition to being a consistent source of mentorship and encouragement, they have supported my academic goals. During my fellowship, I was able to complete a Masters of Public Health in Epidemiology at Harvard University. Additionally, I have received several divisional and departmental grants to explore and develop my research interests.

I will be joining the Gyne Oncology team at Vancouver General Hospital and I look forward to continuing to provide Oncologic care for the women of British Columbia.

LILY PROCTOR



# WOMEN'S HEALTH

# RESEARCH INSTITUTE

The WHRI's primary mandate is to act as the research arm for BC Women's Hospital and Health Centre, working to create "new knowledge and evidence-based solutions that inform and transform the health and health care of women and their families." Guided by the 2013–2018 Strategic Plan, the WHRI's goal is "to communicate research discoveries and successes to researchers, stakeholders and the public," thereby supporting the knowledge to action process, and increasing the active uptake of evidence. To do this, we are committed to facilitating and supporting women's health research, sex and gender based analyses, and explicating sex- and gender-relevant findings in research. We work closely with departments across and beyond UBC to achieve the goals of our 5-year strategic plan.

The WHRI works very closely with the UBC Department of Ob/Gyn to maximize research effectiveness by offering numerous resources and supports to research staff. This includes access to a grants facilitator, biostatistician, space, access to research personnel to assist with ethics applications, clinical trials regulation documents, study design input, and a host of knowledge translation opportunities.

Unfortunately, much of what we know about health and disease is based on male human and animal research. Women have been historically underrepresented in pre-clinical, clinical, and population-level health research. Failing to consider sex and gender in health research because of a mistaken belief that some research is sex or gender neutral, using men's health as a proxy for women's, or by not using sex as a factor in the analysis, effectively leaves women's health to chance, putting women at risk, and preventing society from deriving the most benefit from health research efforts and spending.

Although the past two decades have seen considerable advances for women's health, sex and gender-related health disparities persist. For example, women are more likely to die prematurely from largely preventable illnesses (e.g., lung cancer, cervical cancer), bear a higher burden of chronic illness, and experience higher levels of disability than men, particularly in old age. Women's health research projects are necessary in order to understand differences between women, across sexes, and trajectories across the lifespan, whilst interrogating how sex and gender track across experiences of health.

A key priority for improving women's health includes increasing discovery research for women's health research specifically. Discovery research is needed across topical areas, including poorly understood yet common women's reproductive health conditions, such as endometriosis, infertility, and miscarriage. It is critical to ensure that innovations, such as genomics and precision medicine, are applied to reproductive health conditions as well as women's health in its entirety. Without basic and discovery research, no new treatments are developed, and women's health and wellbeing lags because of it.

One goal for 2017 was to create a **Provincial Women's Health Research Agenda**. To do so, we led a province-wide consultation process whereby we interviewed various stakeholders in the women's health research enterprise with the goal of identifying the current barriers and opportunities to moving the needle in women's health research. We identified three key needs:



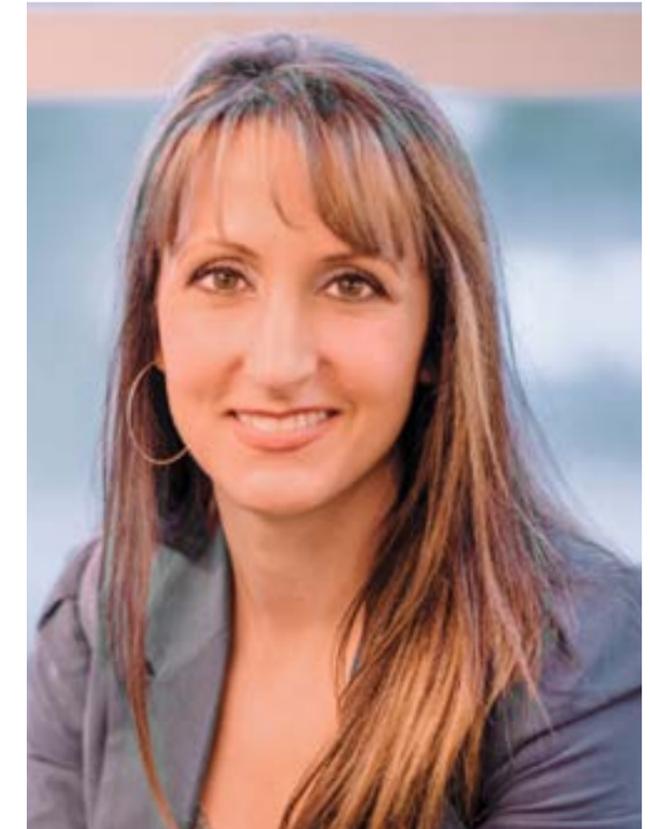
INCREASING KNOWLEDGE & BUILDING CAPACITY



SHIFTING CULTURE. ELEVATE THE CONVERSATION: DISCUSS, AMPLIFY, PROMOTE



FUNDING: INCREASING OPERATIONAL & AWARD FUNDING



LORI BROTTO, DIRECTOR UBC SEXUAL HEALTH LABORATORY

We know with certainty that dedicated women's health research, along with rigorous sex and gender analysis across all research, results in better science by improving research quality, reliability, validity, and innovation. Additionally, women's health research specifically matters to the health and well-being of girls and women, and when women thrive, so do their families and communities. Everyone benefits from advances in women's health research, and conscious attention to sex and gender in research and practice.

Our final Provincial Women's Health Research Agenda, which outlines dozens of ways each of us can support and champion women's health research at the local, provincial, and national level, can be obtained here:

[http://whri.org/wp-content/uploads/2018/05/Womens-Health-Research-Agenda\\_-\\_Final.pdf](http://whri.org/wp-content/uploads/2018/05/Womens-Health-Research-Agenda_-_Final.pdf)

For copies of the report, please contact us at [whri\\_cwbc@cw.bc.ca](mailto:whri_cwbc@cw.bc.ca).

# PUTTING PATIENTS FIRST BEGINS WITH UNDERGRADUATE EDUCATION

SARAH FINLAYSON, PROGRAM DIRECTOR MDUG

In 2015, the UBC MD Undergraduate program launched a renewed curriculum. This was motivated by changes in health care and in society since the 1997 curriculum was first planned. We are witnessing an ageing demographic, increasing burden of chronic disease, increasing Canadian diversity, as well as advances in science and technology, and new models of health care delivery. These changes, combined with changing learning styles of modern learners, will continue to impact teaching and practice of medicine.

It was time for a change to the way we teach medicine! The new curriculum focuses on a longitudinal approach to learning; where content has been reshaped into “spirals” of integrated foundational sciences, themes, systems and clinical experiences. The material becomes increasingly complex and integrated over the 4 years of medical school.

We need to put patients first. Patients deserve physicians that are able to meet the demands of modern medicine. The renewed curriculum has focused on creating life-long learners that are prepared to meet the challenges 21st century medicine.

The Department of Obstetrics and Gynaecology has been engaged with this process since the beginning. Our Faculty members have contributed countless hours in the development of new assessment material, creation of virtual patients, interactive academic session for clerkship, and re-tooling of our teaching weeks in the foundational sciences of years 1 & 2. We have only been successful because of the ongoing commitment of our engaged Faculty to our undergraduate MD learners.

As we continue to adapt and evolve our OBGYN curriculum through future iterations of the curriculum, we will need ongoing engagement of Faculty. Faculty are the engine of the curriculum. Ultimately, we want to create a generation of MD learners who are capable of meeting the needs of patients throughout our province, and beyond. We want to inspire physicians to choose OBGYN as a career and advance the science of our specialty. Resources are required to develop advanced teaching materials, promote faculty participation, and support students interested in our specialty.



LESLIE SADOWNKI, DIRECTOR OF BC CENTRE FOR VULVAR HEALTH

1 in 5 women will suffer from more than 3 months of significant vulvar symptoms during their lifetime. Only half of these women will seek medical help - half will suffer in silence. Diseases affecting the vulva (visible external genitalia) are caused by a number of different medical conditions including: infections, skin conditions, medical conditions, nerve conditions, pre-cancerous and cancerous conditions. Unfortunately many health care providers are not familiar with the broad range of diseases that can affect a woman's vulvar health and thus misdiagnosis and mismanagement of these diseases is common. Even when accurately diagnosed, some of these diseases are chronic and complex, requiring ongoing surveillance and management by experts. Overtime, these diseases, and the treatment of these diseases (example, surgery), can have a significant negative impact on a woman's physical, emotional, sexual, and social well-being.

The BC Centre for Vulvar Health (BCCVH) was created to improve the quality of life of women living with complex and chronic vulvar disorders through women centered care, multidisciplinary care, education, and research. The Centre is the only multidisciplinary vulvar health care centre in North America - it serves as a visible and innovative model of care for women with vulvar diseases that can inform and inspire the development of other similar multidisciplinary programs Nationally and Internationally. Not only does the Centre offer clinical care, including medical and surgical treatments, it also offers; educational interventions, pelvic floor physiotherapy, psychological and sexual therapy to women living with the vulvar disease. The Centre has a vibrant research program that explores the impact of these diseases, and the treatment of these diseases, on a woman's overall quality of life.

This world class Centre would not have been possible without: (1) generous philanthropic donations to the VGH/UBC Foundation (\$600,000 from Mrs. Leslie Diamond Foundation to develop the Multidisciplinary Vulvodysnia Program in 2008; and \$500,000 from Mrs. Judy Hager in 2017 to create the BC Vulvar Health Centre); (2) vital resources (space, equipment, manpower) enthusiastically provided by VCH Acute Care Administration; and (3) the appointment of a new clinical faculty by the UBC Department of Gynaecology in 2017 to work within the Centre 2 days a week. These vital investments has resulted in not only the expansion of clinical services to women in BC but also improved patient outcomes. Further investments are critical to achieve the long term goals of the Centre which include: (1) recruitment of a clinician-scientist to join the administration, health care and research team; and (2) developing community outreach health programs for women, and their health care providers, who reside in rural and or remote communities and cannot access direct care.

# BC CENTRE FOR VULVAR HEALTH

# FACULTY WELLNESS INITIATIVE

This year, the UBC Department of Obstetrics & Gynaecology introduced a Faculty Wellness Initiative. Last summer's strategic planning sessions shed light on the pervasiveness of burnout as commonly experienced by faculty members across the province. The Department leadership decided to develop a program to protect faculty members from experiencing burnout, and provide resources so they can strengthen their resilience in their every day professional practice. Our efforts were facilitated by the successful competition for Strategic Initiative Funding from the Faculty of Medicine to develop and pursue a pilot Faculty Wellness Program. Our goal is to initiate a broad based scalable Wellness program of interest to both the Faculty of Medicine and Health Authorities. Previous research suggests a connection between a medical care provider's level of wellness and productivity. Clearly, Faculty Wellness is a worthwhile pursuit for all parties, in order to maintain the excellent medical care across BC.

Our departmental plan to tackle burnout began with hiring a Program Assistant to facilitate focus groups across all divisions, and to develop a wellness advisory committee. These efforts contributed to the department's direction with regard to the types of programs and resources developed for faculty members. And to measure the problem, we developed and circulated a wellness survey among faculty members that assesses the level of burnout, resilience, and leadership present within our department. The wellness survey will be re-circulated in January 2019 to assess the effectiveness of the initiatives implemented based on feedback from the first survey completed in May 2018.

Based on the survey and focus groups, we developed a robust program and communicate it to faculty via a new wellness section on the departmental website. The website offers resources, like research articles, podcasts, programs, a social events page, and other wellness resources available through our department, UBC, and the medical community.

Faculty members are looking for peer-to-peer support, so we launched the department's very own Virtual Doctor's lounge platform on The Rounds website. The doctor's lounge allows faculty to communicate efficiently, and seek support from their colleagues (near and far) when needed.

Currently, two large-scale pilot programs are in development: a leadership development program and a mentorship program. The 3-day leadership development program is designed for aspiring and current leaders, and offers courses addressing administrative and soft skills training for faculty members. The mentorship program is designed to foster peer-to-peer partnership among faculty, where mentees have the opportunity to explore clinical, research, and academic guidance from their mentors. Both initiatives are to be launched during the fall of 2018.

Lastly, workshops are scheduled throughout the year to address wellness and department-specific information. Partnering with UBC Human Resources, a successful Resilience workshop occurred during the summer of 2018. Currently, a finance course is scheduled for the fall of 2018.

We are excited by the potential of the initiatives begun as part of the Faculty Wellness Program, The resource that is needed for the ultimate success of the UBC OBGYN wellness program is additional funding. Funding would allow the department to facilitate faculty wellness events: hire speakers/presenters to facilitate workshops, provide food for events, and fund other wellness initiatives.



BEATA CHAMI, FACULTY  
WELLNESS PROGRAM  
MANAGER



# OVARIAN CANCER PREVENTION

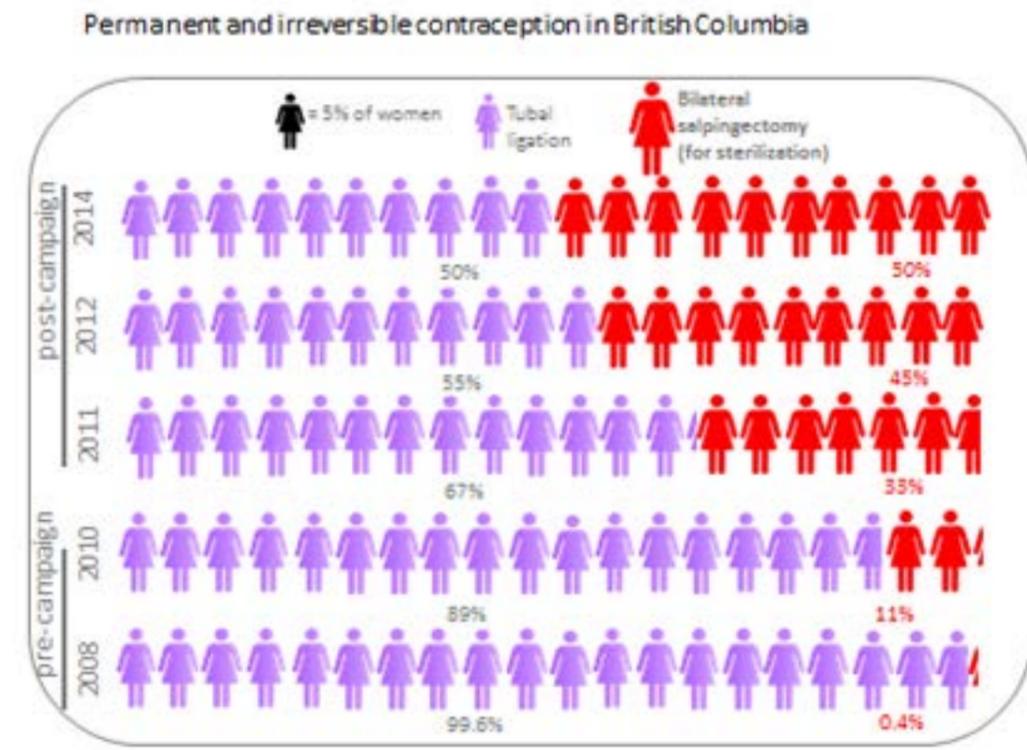
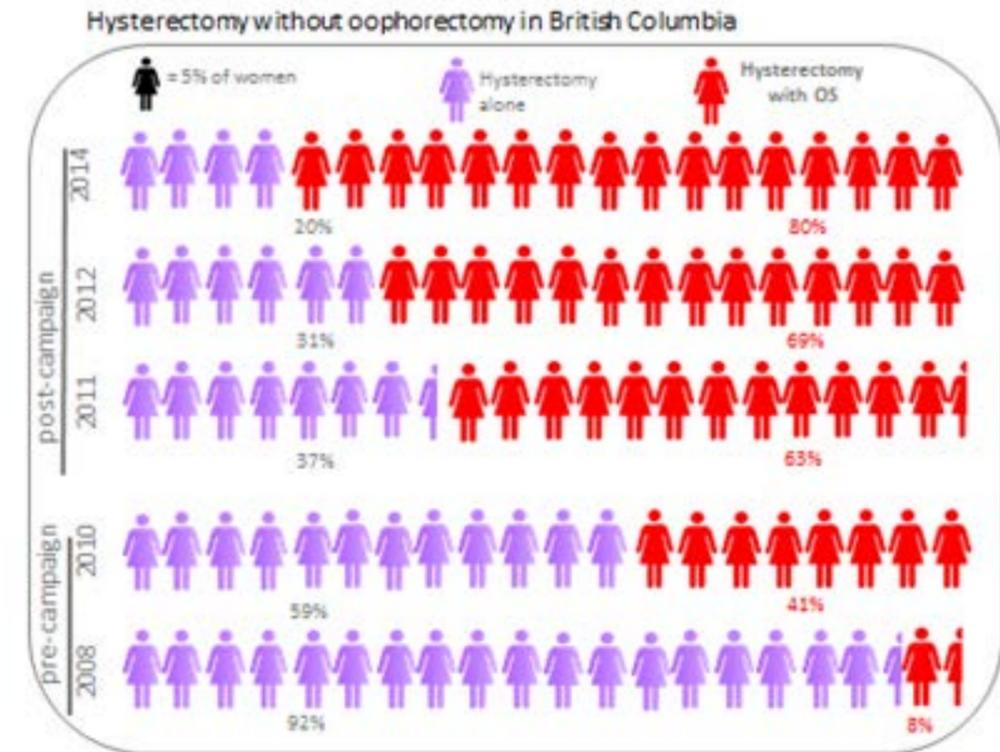


DIANNE MILLER, DIVISION HEAD OF GYNAECOLOGIC



GILLIAN HANLEY, ASSISTANT PROFESSOR

In 2010 the Division of Gynecologic Oncology launched the world's first Ovarian Cancer prevention program based on identification of genetic risk and opportunistic salpingectomy. Knowledge translation was an important aspect of the program and we were fortunate to find a generous donor who funded our knowledge translation program. Since its inception, this program has changed the way the community does a hysterectomy with over 80% of all hysterectomies involving the removal of the fallopian tubes. The recommendation for tubal removal at the time of hysterectomy has been widely accepted internationally and the world waits in anticipation of the results of our population based prevention program. Once again the philanthropic community has stepped up to allow us to put the resources in place to monitor our population based outcomes. This program has the potential to prevent half of all epithelial cancers and save many lives. Dr. Gillian Hanley is monitoring provincial data bases on an ongoing basis. Figure one shows the uptake of our recommendation since the program's inception.



# FACILITATING GYNAECOLOGIC CANCER CARE IN UGANDA AND EAST AFRICA

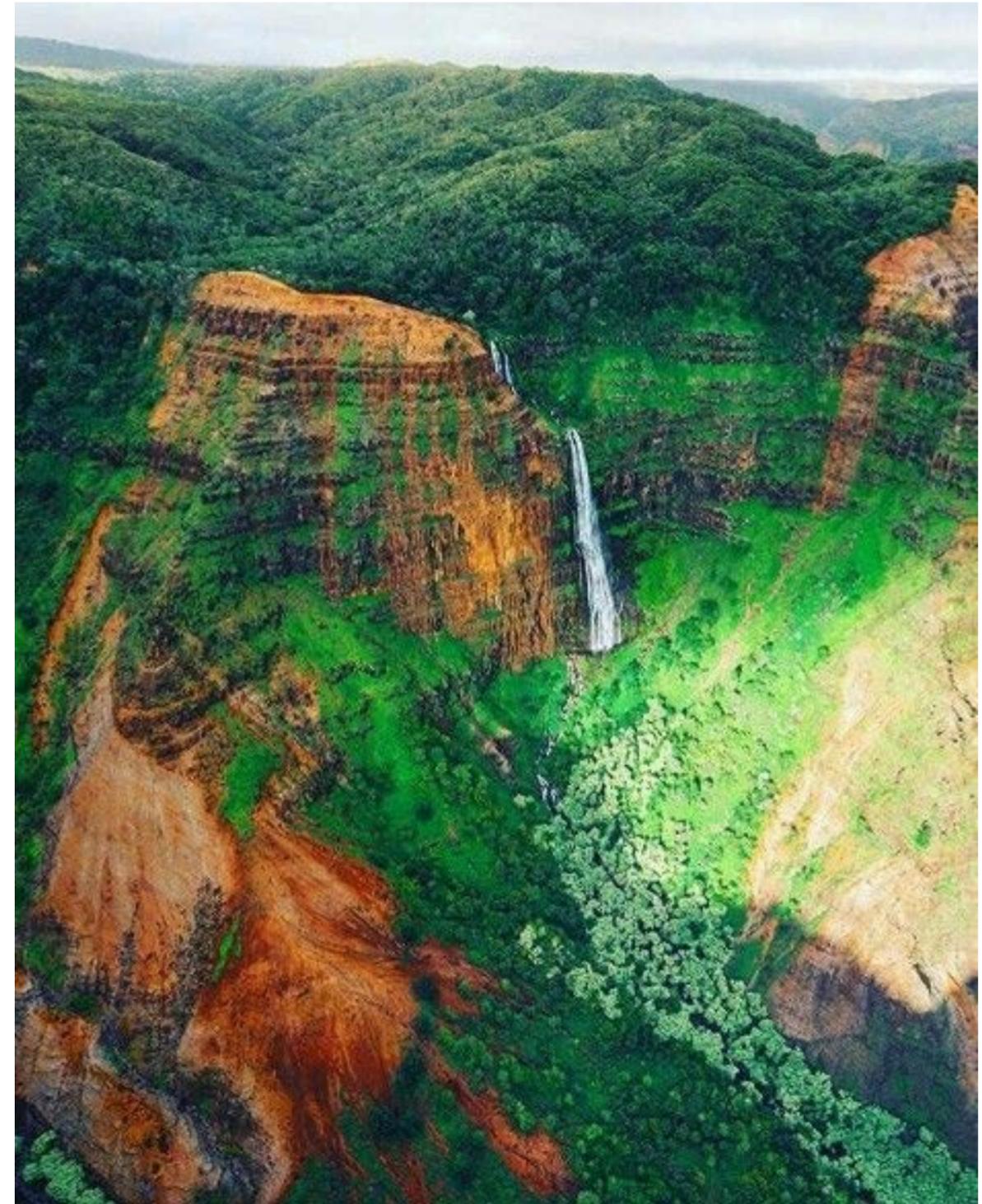
The division of Gynecologic Oncology has partnered with the Uganda cancer Institute to help facilitate the teaching of Gynecologic Oncology Surgery to Ugandan Physicians. We had to start by equipping an operating room facility (shown in the photograph). Through the generosity of donors we have fully equipped an operating facility with high quality instruments, OR tables, surgical lights and anesthesia machines to a value of over \$100,000 dollars. Another donor has generously funded OR nurses (2) and physicians (5) to come to Vancouver for observer ships. Going forward this has evolved into a fellowship training program in collaboration with other North American and European Universities.



THE UCI OPERATING ROOM



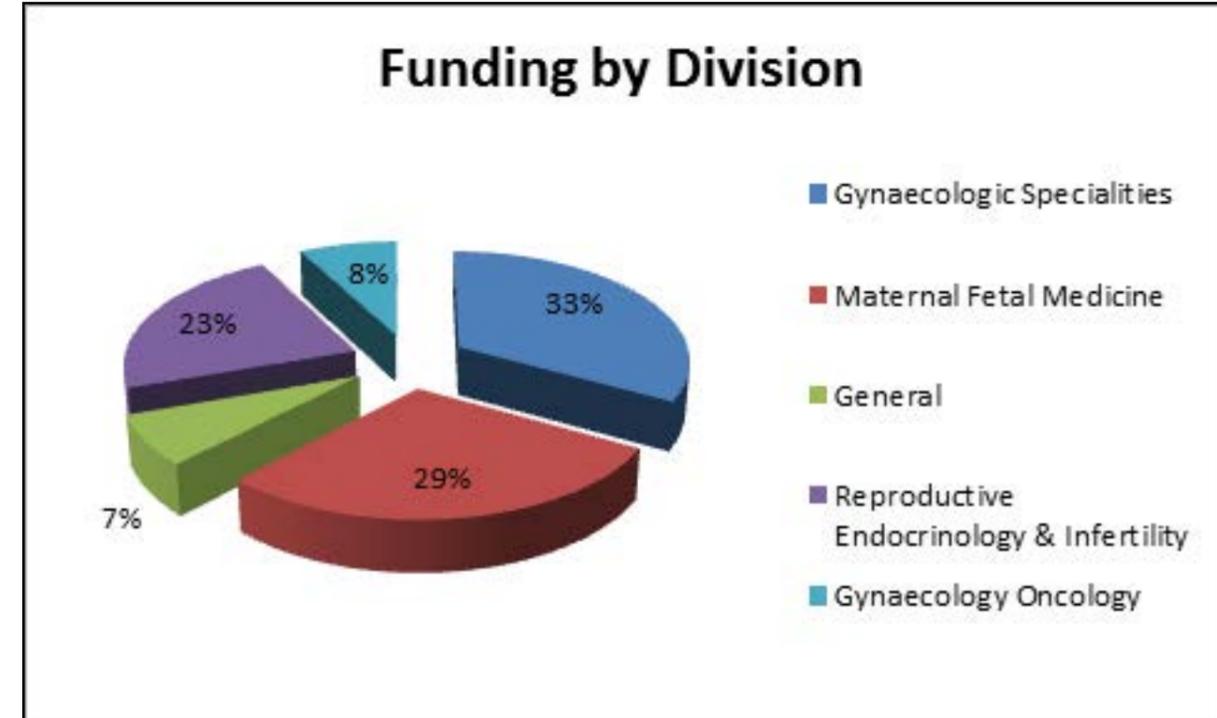
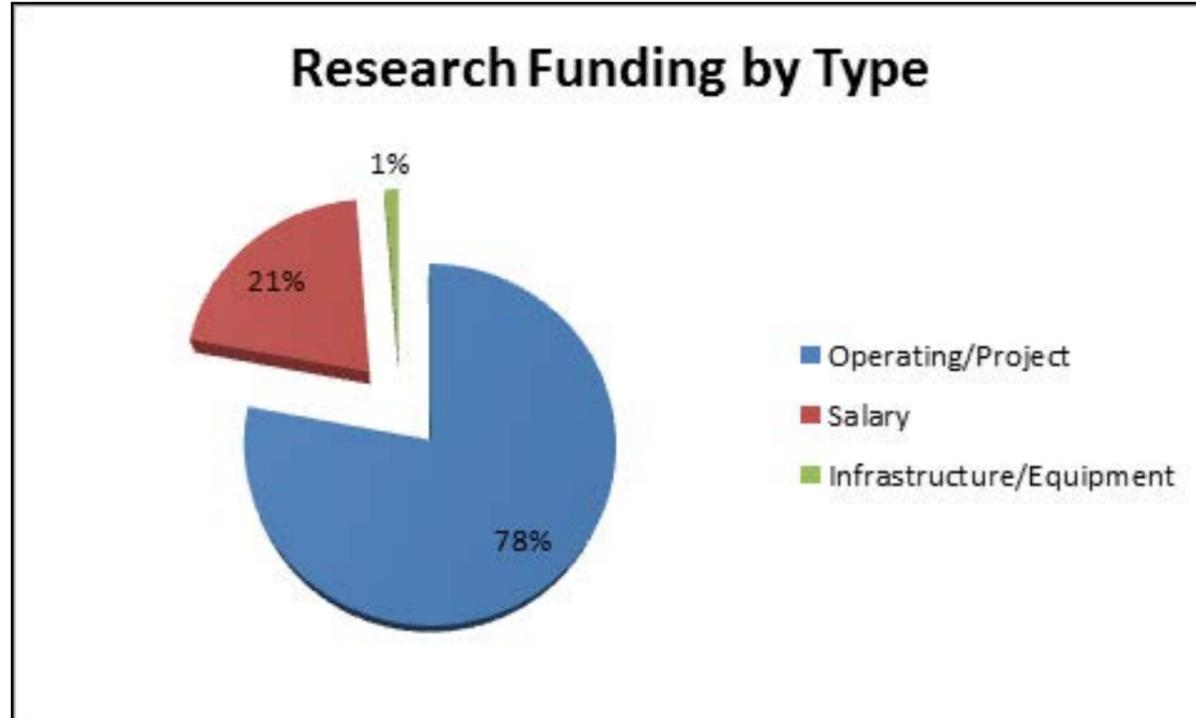
TWO INAUGURAL FELLOWS



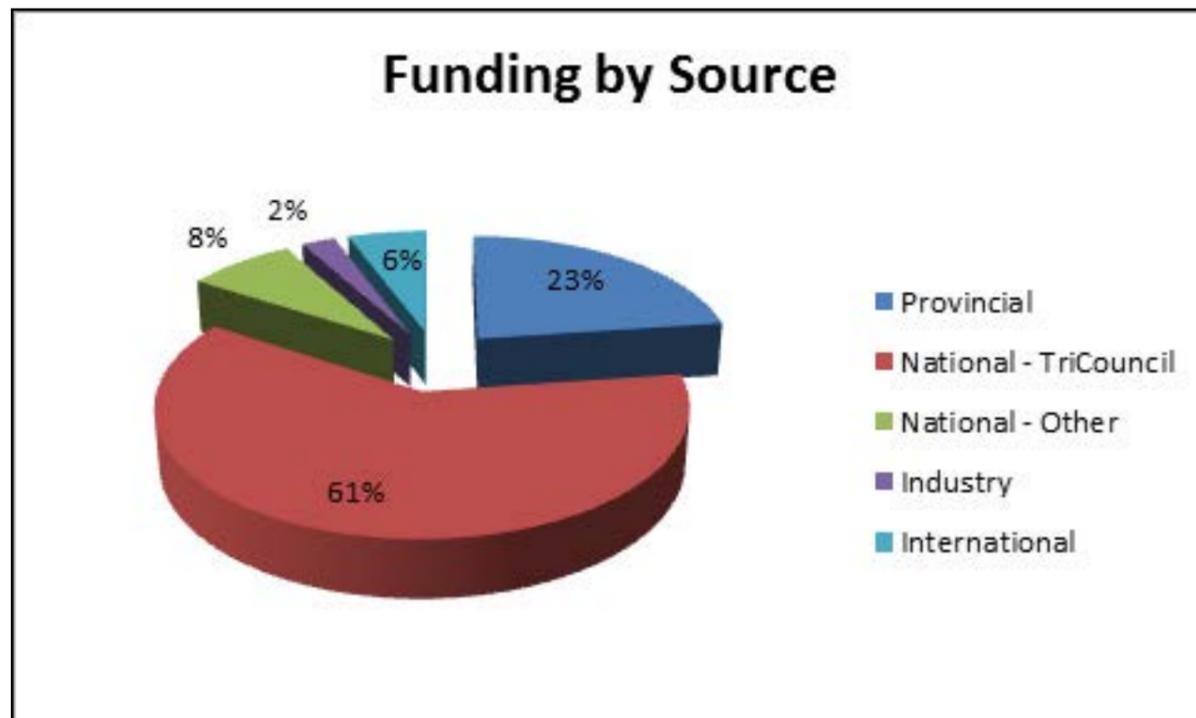
# RESEARCH FUNDING

The Department of Obstetrics and Gynaecology held over \$4 million dollars in research funding in the 2017/18 fiscal year. This including funding for salary, infrastructure and operating.

Funding breakdown by Division 2017/18 (all funding sources and types).



\$3,208,024.80 was held in research operating dollars from 24 different funders. Over 61% of this funding came from via peer-review competitive grants from the Tri-Council Agencies.



# RESIDENCY PROGRAM - COMPETENCY BY DESIGN UPDATE

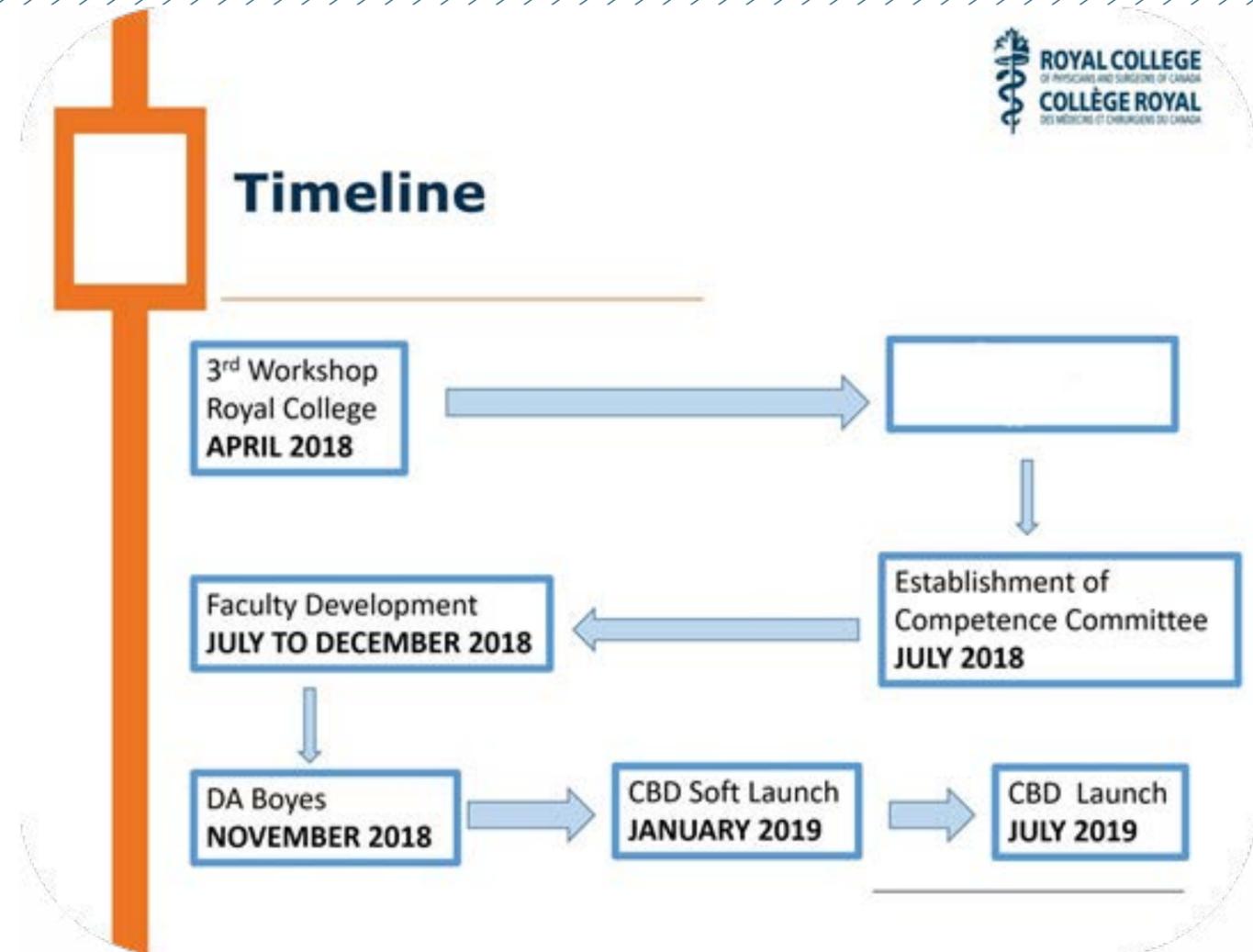
Competency By Design (CBD) is the Competency Based Medical Education (CBME) model put forth by the Royal College of Physicians and Surgeons of Canada. This process is competency based medical education rather than a time based medical education process. Although the teaching experiences are similar, the teaching skills are more explicit and evaluation of skills are similarly more explicit. The CBD is divided into 4 stages: i) Transition to discipline, ii) Foundations of the discipline, iii) Core of the discipline and finally iv) Transition to Practice. In each stage, competency is represented by Entrustable Professional Activities (EPA). An EPA is an activity that a General Obstetrician Gynecologist does in their day to day work. EPAs are made of several milestones. At the present time we have completed 3 workshops at the Royal College. These workshops were attended by representatives from every Residency program in Canada in Obstetrics and Gynecology, Specialty committee members as well as the Royal College examination unit. EPAs have been developed for each stage. The milestones and assessment tools are being evaluated by the specialty committee and are expected to be finalized by the fall of 2018.



JAGDEEP UBHI, PROGRAM  
DIRECTOR RESIDENCY PROGRAM

This is important to the women of British Columbia as graduate from the program will be better prepared to care for women in British Columbia and beyond. The program will also be more flexible so that societal changes can be incorporated into the educational curriculum. Thus evolving needs of patients in the community can be met fully. Residents will be better prepared for lifelong learning thus benefiting communities they are servicing. There will be greater flexibility in the program that'll also play to the strengths of the individual and translates into improved patient care.

The department has hosted grand rounds in March 2018 which was presented by myself. In the past I had a chance to outline the CBD program at DA Boyes. Dr. Pim Teunissen from the Netherlands has been accepted to speak at DA Boyes this year. He is an OBGYN and a Professor of Medical Education at Maastricht University. He completed his residency in the Netherlands and then a fellowship at the Center for Health Education Scholarship at UBC. He will be discussing "Assessment of the resident in the competency based medical education programs". In addition to speaking to the residents as well.



Faculty engagement will be to key to the implementation of Competency by Design. This would include input from residents as ultimately the goal of the residency program is to train future Obstetrician Gynecologists. A timeline has been created to help us in this regard. Eventually the competencies is can be used to build future physician developments even after residency ends. This will dovetail into Continuing Professional Development (CPD) and a help physicians become experts in her clinical fields. By starting on this path of Competency by Design it will ensure lifelong learning.



## MERRY GONG RESIDENCY PROGRAM



The residency program at UBC has provided me with the surgical skills, knowledge and personal connections in order to deliver comprehensive care to women. In particular, my rural community rotations and flexible elective time in my senior years of residency was very valuable in that they helped me to discover my passion and to understand the healthcare needs of women in this province. It is through my rural experience in Nanaimo that I discovered my love of vaginal reconstructive surgery.

My elective time in Urogynaecology helped me to realize the high prevalence of pelvic floor disorders and long wait time to see an urogynaecologist. This motivated me to pursue further training in Urogynaecology to improve both the symptom burden and the quality of life for women with these disorders. None of these could have been possible without the support from the department, my program director and administrators. They help me every step of the way including connecting me with suitable mentors, providing financial assistance for out of town rotations, and organization workshop for career planning.

The department's excellent support for learners is something I will definitely miss after completing residency.

After graduation, I am excited to be starting my Urogynaecology fellowship at St. Paul's Hospital, and take part in clinical work and research to improve women's health.

## JI HUI JAN RESIDENCY PROGRAM



I will say working with the people in our program. The people in our program are truly wonderful: kind, interesting, brilliant, and supportive. I feel privileged to provide care to women in British Columbia with such a fantastic team.

Excellent teams provide excellent care, and I'm sure that is important to women in BC. Sure is to me as a woman living in BC!

The size of the residency program felt just right for me throughout residency. It didn't feel so big that I didn't know everyone, but not too small that I felt like we were training on a secluded island. The learning opportunities from clinical to research certainly played important roles. Finally the flexibility of the training program and Dr. Ubhi and the residency training committee's willingness to tailor training to residents' learning needs/interests were instrumental.

Again the people - I won't see some of the people I worked with basically on a daily basis for months on end in residency as regularly now that residency is completed. But it's a small city, and fun to run into people outside of work! I have to admit, sometimes I don't recognize people outside of the environment that I usually see them in (scrubs, in the hospital) so apologies in advance if I don't recognize you initially!

I will be starting my Gynaecologic Oncology fellowship in the fall here at UBC.



## VANESSA HAN RESIDENCY PROGRAM



One of the things that I appreciated most about the UBC Obstetrics and Gynaecology program was the supportive environment for learners to start a family while in residency, which is not the case in many surgical specialties. The departmental staff and my co-residents were nothing but accommodating, and when I ended up with a high-risk pregnancy, it was my co-residents who encouraged me to cut back on work, even when it meant more call shifts for them.

Once the twins were born, I quickly learned that pregnancy and delivery were the easy part and residency hours paled in comparison to the gruelling sleep deprivation of the newborn stage. I experienced new levels of vulnerability and resilience as we made it through each day in survival mode with plenty of help from family, friends and colleagues. When it came time to return to residency, I could reach out for advice from new graduates with families and gain confidence from their positive experiences and reassurance.

I was welcomed back to the program with encouragement and patience as I regained the muscle memory of the scalpel and the suture. I was grateful for the time I was able to take to bond with my children, but I was very happy to return to a line of work that I truly enjoy. I am thankful to the staff who made this transition easy as I navigated a new work-life balance and dual role of physician and parent.

These compassionate attitudes are so important not only for resident education, but also for the women of BC for whom we provide care. As the topic of physician burnout increasingly makes headlines in both academic and mainstream media, it is apparent that physician wellness is vital for the provision of optimal patient care and a functional healthcare system. Acknowledging and supporting residents, not just as learners and physicians, but as individuals with pursuits outside of medicine, is what makes this department successful at promoting resident satisfaction, well-being, and achievement.

It is difficult to say what I will miss most about the department as I graduate, as it feels as though the relationships that are formed during residency will always make me a part of it. I will be working as a general obstetrician gynaecologist within Vancouver and the lower mainland, so I plan to continue to be involved in medical training and mentorship of future cohorts.



TIM ROWE, ASSOCIATE PROFESSOR

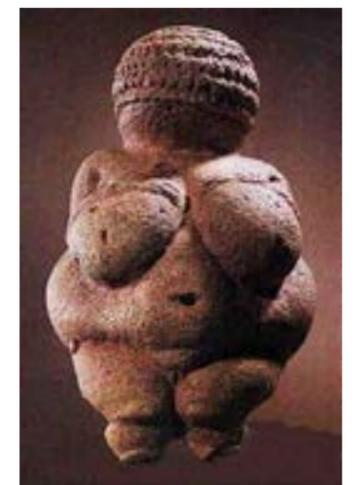
## REI DIVISION A BRIEF HISTORY

Until the 1970s, research in the field of reproduction was limited – most investigative studies in obstetrics and gynaecology were in the fields of pregnancy and gynaecologic cancer. The subspecialty of reproductive endocrinology and infertility (REI) was essentially invisible until the 1980s, but it has come a long way in a short time. The obvious catalyst for accelerated growth was the birth, in June 1978, of Louise Brown – the world's first IVF (“test-tube”) baby. This event, more than any other, focused the world's attention on the basics of human reproduction. It led to an explosion of research into the mechanisms by which reproductive processes can be damaged or inhibited – that is, research in the field of reproductive endocrinology and infertility.

In the UBC Department, two visionaries led the way in transforming how REI was perceived. Victor Gomel was a giant in the field of tubal microsurgery for female infertility, and Basil Ho Yuen's UBC Reproductive Endocrine Laboratory provided the underpinning for programs enhancing women's health and fertility. Under Dr. Gomel's guidance the UBC Department of Obstetrics and Gynaecology formed its own IVF Program in 1982; this Program, led by Dr. Ho Yuen, was responsible for Canada's first IVF baby, Robbie Reid, born in 1983.

Having world-class reproductive services available locally was an enormous benefit for the women of BC. In 1983 the Department's REI services were formalized in the establishment of the Division of REI, which became the third formal Division of the Department. The Division offered annual workshops in tubal microsurgery, and participants came from around the world to attend. After the subspecialty of REI (Gynaecology) was recognized by the Royal College of Physicians and Surgeons of Canada in 1989, fellowship training programs were developed in several Canadian locations, including UBC, and providing postgraduate subspecialty training in REI has been an important Division function ever since. Subspecialists trained in the UBC Division of REI can be found throughout the country and around the world.

Research into the physiology of reproduction is the study of the building blocks of life. The success of in vitro fertilization and embryo transfer has led to study of how the human race is propagated, and how small deviations from normal can lead to adverse outcomes of reproduction or no reproduction at all. Conducting such research not only requires ongoing funding - which can be difficult to acquire, because funding research into curing disease and saving existing lives are always easier to justify – but also requires a fine understanding of ethical boundaries and informed consent. Acquiring funding and recruiting the best personnel are continuing challenges for the Division of REI.



What is your relationship with the Department and how important is that connection to you?

I have played many roles in the department; busy innovative surgeon, mentor, investigator, and for 15 years, Department Head. I have never lost interest in our department and its wellbeing. How could I?

How did you come to UBC?

I came to Vancouver in 1962 to do my last year of training. On the suggestion of Professor Harold Taylor, Head of the Department of Pathology at UBC whom I had met 2 years earlier. I came to Vancouver; and I am still here.

While working in the department of pathology, I attended the weekly rounds of the Department of Obstetrics & Gynecology where I met many faculty members and the Head of the Department. He offered me a year of fellowship in his department and at the end of the year he offered me a position in the department.

Had you ever thought about becoming a Department Head?

Chairing a department was not one of my ambitions. I was involved in activities that I enjoyed: teaching, pioneering work on operative laparoscopy and microsurgery that led to international recognition and invitations, I had an excellent, predominantly surgical practice. I was happy. Subsequent to a departmental review 4 years earlier, and the department under interim leadership, a search was initiated for a new department head. Several candidates applied, and some had already visited, when the Chair of the search committee called me and suggested for me to apply. I told him that I had never considered becoming a department Head and that I would be away for a month. Upon my return, the Chair of the search committee called again relaying the Dean's wish for me to apply. I considered the role for several weeks. I consulted, I listed the assets, the deficiencies and the needs of the department: It was a difficult decision, but there were also opportunities: A new maternity was planned for the Shaughnessy site and a hospital was under construction at the UBC. Increasingly, I saw it as a great challenge and I started developing a plan of action. I told the Chair of the search committee that I wanted to be a candidate and submitted a copy of my plan for the department.



In subsequent negotiations with the Dean and President of the University, I explained that my acceptance was dependent upon the level of support offered to the department. The Dean offered his assurances to give our department fiscal priority and to provide a modest amount in the current fiscal year. I had the job.

There was so much to do; it was very challenging but interesting and satisfying with successive achievements. This task became a very large part of my interest and of my life during 15 years.

I continue to write and publish under the banner of the Department; I have never ceased to be an active faculty member. I stay in contact with many faculty members. I met Geoff even before he started his initial post at St. Paul's Hospital, and we became good friends. In 2012, I was honored by the creation of a Chair in my name. This professorship supports the Head of the Department, which allows the Head to focus Department resources on the rest of the faculty.

You were central to the Department's developing endowments as you opened the initial accounts. Why do you think it's important to donate to the Departments' initiatives?

Belonging to a reputable university department is a great asset personally and professionally. Supporting such an institution, including financially should be natural and expected.

When I started as Department Head, there was no money, not even many pens to be had in the department. We could not progress without money. So, I opened an account in the name of the department at a bank close to the Vancouver General Hospital with \$ 5,000.00 of my own money. This primer permitted us to offer workshops and courses related to pioneering work in microsurgery and operative laparoscopy. They brought attendees from all over the world and the course tuitions brought revenue to the Department.

In addition we were offering clinical services that were not available in many centers and international patients were willing to pay for more than the care, writing cheques to our department. As revenue accumulated, I approached the Vancouver Foundation and opened the "Mother and Child Health Care Foundation" account. The Vancouver Foundation matched the department's deposit, and our first endowment account was opened. The Dean at the time was surprised and pleased with the amount we had collected and suggested endowment accounts within the University. Eventually we created an Obstetric and Gynecology and a Reproductive Endocrinology/Infertility Endowment funds within the University of British Columbia.



What do you see as important issues in women's health?

Proper access to healthcare and this applies to expanding access to general practitioners as well as specialists. This highlights the importance of training and retaining more physicians in the Province. But meeting the needs of patients also requires adequate resources.

As surgeons we know that the patients' best interests are not served when limits on operating room hours force the cancelation of elective cases. This does not provide patient centered care. Meeting patient needs requires innovative approaches to effectively use resources, such as multidisciplinary centers, akin to the Women's Health center which provides a more efficient approach for women with more complex issues.



How do you feel about your decision to contribute to the department?

I certainly feel very well about it. One of the books that greatly influenced me as a very young man was André Gide's "Les nourritures terrestres." translated to English as "The fruits of the earth." I included a sentence of this book "Tout ce que tu ne sais pas donner te possède" above the preface of my book Microsurgery in Female infertility, published in 1983, and translated it as;

*"All that you cannot give possesses you."*

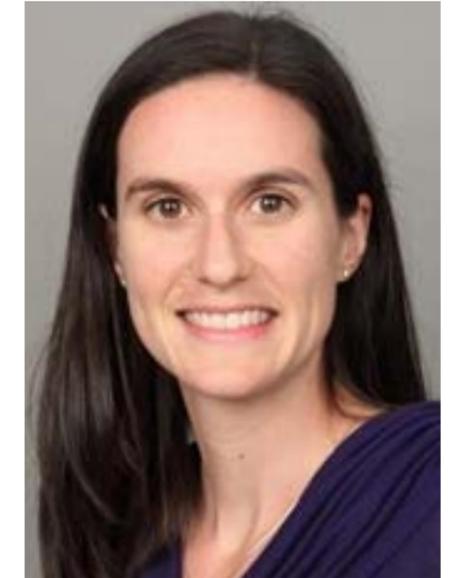
I probably could have written a whole book on this sentence. Obviously it applies to much more than money; I have tried to live by this principle.

# EPIDEMIOLOGY - WHAT IS IT AND WHY IS IT IMPORTANT?

Epidemiology comes from the word "epidemic"-- the study of how diseases occur and spread in populations. Perinatal epidemiology focuses on understanding diseases that occur during pregnancy and early infancy. Whereas a physician will focus on the occurrence of disease in a given woman before him or her, perinatal epidemiologists look at the occurrence of diseases in groups of women, and try to see patterns of why some women have complications or adverse health outcomes during their pregnancies, while others do not.

Looking for patterns at the population level enables perinatal epidemiologists to develop tools that may predict which women may be at highest risk of poor pregnancy outcomes (and so make sure they are monitored more closely during their pregnancy and/or be followed by a specialist) and to test hypotheses about which factors cause poor pregnancy outcomes. Likewise, looking for patterns in population data can also help identify which types of obstetrical practices or policies are associated with best outcomes for mothers and newborns.

Our overall goal is to help reduce the number of adverse pregnancy outcomes for women in BC and beyond. By identifying which types of obstetrical practices or policies are associated with best outcomes for mothers and newborns, we can help promote the adoption of policies or practices that are known to improve outcomes, and avoid those that may be ineffective or have unintended consequences. By trying to better predict which types of women will-- and will not-- be more likely to have pregnancy complications, we can help better ensure that high risk women are monitored more closely, by appropriate specialists, and delivered in hospitals with the necessary degree of support, and that low risk women do not receive unnecessary interventions or monitoring.



JENNIFER HUTCHEON,  
ASSOCIATE PROFESSOR  
DIVISION OF MATERNAL  
FETAL MEDICINE



# SURGICAL TRAINING IN OBSTETRICS & GYNAECOLOGY

The UBC Department of Obstetrics & Gynaecology is committed to providing excellent care to women across BC and beyond in all aspects of health, including gynaecologic surgery.

Hysterectomy is the most commonly performed major gynaecologic surgery for benign disease and therefore the majority of cases are performed by general gynecologists. This core procedure is used as a quality index (Technicity) for women's health, as the benefits of a minimally invasive approach to hysterectomy is well proven not only to the patients but to society and health care systems. However, the skills and experience of the surgeon remain the main limiting factor in choosing a vaginal or laparoscopic approach to hysterectomy.



**FARIBA MOHTASHAMI,**  
**DIVISION HEAD**  
**GYNAECOLOGICAL GENERAL**

The Department is determined to support the gynaecologists all over BC to close these gaps in patient care. In view of this mission, our Division is now organizing a series of carefully designed CPD workshops with emphasis on fundamentals of surgery rather than certain procedures or technology. This is to address provincial, regional and above all, surgeon specific needs, cognisant of the common practice and OR set-ups locally. These advanced workshops are being developed to complement each other in a persistent fashion and to translate into better performance in the OR and ultimately improve surgical outcomes.

Unembalmed cadaveric courses will provide a road map to BC surgeons to comfortably navigate the retroperitoneal spaces; an absolute necessity for a safe journey in the female pelvis. This will be followed by live pig labs in which laparoscopic dissection techniques and judicious use of electrocautery will be choreographed by experienced faculty. A variety of dry labs will be offered alongside the workshops to cement the skills and expand the surgical tool box.

The Department is committed to attracting the best local, national and international faculty in the field to maintain a high-quality learning experience for the participants. The goal is to push the envelope and ensure that every gynaecologist can safely perform the core procedure of the specialty in the best interest of the patient. With Langley Memorial Hospital now achieving a Technicity Index of 93% three years in a row, the Departmental vision is to replicate this positive experience in other centers in BC.

Finally, I plan to visit various Lower Mainland and distributed centers to assess specific institutional and personal needs. Surgical mentorship will be provided and, if requested; specific "homework" on simply-made box trainers will be suggested.



## SURGICAL TRAINING ROADMAP FOR 2018-2019

LIVE PIG LAB (03/NOVEMBER/2018)

UNEMBALMED CADAVERIC ANATOMY WORKSHOP (EARLY 2019)

SURGICAL MENTORSHIP

SURGICAL VIDEOS

ON SITE BOX TRAINERS

# INTERNATIONAL COLLABORATION - ZHEJIANG UNIVERSITY HANGZHOU CHINA

Our collaboration with Zhejiang University began in 1985 (over 30 years ago) when Dr. Fuzhen Zhou, former Chair of the Department of Obstetrics and Gynaecology of the Zhejiang University Women's Hospital (ZUWH) in Hangzhou, China, came to our Department as a World Health Organization fellow. She was engaged in both clinical and biomedical research here under the joint supervision of Drs. Basil Ho-Yuen and Peter Leung. In the years that followed, with the encouragement of our former Chair (Dr. Victor Gomel), Dr. Leung visited Zhejiang University Women's Hospital on numerous occasions to further build on the research and educational relationships.

In 2009, these bilateral academic interactions were expanded with the formal signing of an MOU between the UBC Faculty of Medicine (by Dean Gavin Stuart) and the ZU School of Medicine. In 2014, the UBC Department of Obstetrics and Gynaecology, under the leadership Dr. Geoff Cundiff, signed a separate MOU with Zhejiang University Women's Hospital in partnership with its former President (Dr. Hefeng Huang). In the past 10 years, 6 graduate students had participated in research projects and 1 professor has spent a study leave year in our Department, with over 10 joint papers published. Also, 2 China-Canada health research initiative grants (supported jointly by the Canadian Institutes for Health Research, and the China National Science Foundation) were completed. From our Department, several researchers and faculty members (including Drs. Liston, Hammond, Cundiff, Joseph and Bedaiwy) had visited ZUWH to deepen the research



PETER LEUNG,  
PROFESSOR DIVISION OF  
REI



Zhejiang University is consistently ranked in the top 5 universities in China. Zhejiang University Women's Hospital is recognized as a top academic women's hospital in China and is dedicated to all aspects of women's health that are highly relevant to the mission of our faculty and learners at all levels. To further build on this Zhejiang University Women's Hospital relationship will align well with the international engagement priorities with UBC and our Department. Both the former Department Chair, Dr. Liston, and the current Chair, Dr. Cundiff, have been strong advocates for the collaborations/partnership with Zhejiang University Women's Hospital.

They have taken the time and efforts to travel to Hangzhou to personally deepen the relationships. They both gave lectures there and participated in active discussions with the Zhejiang University Women's Hospital administration about the best strategies to take in terms of educational and research directions. Without such leadership and support, no single faculty member in the Department could have succeeded in this endeavor.

Ultimately, the success of any mission will have to be a team effort. To date, the Zhejiang University Women's Hospital has worked out well in REI, but there are lots of potentials to be explored in the other areas in our specialty. Going forward, I am optimistic that some of these untapped potentials will be realized under Dr. Cundiff's leadership and with the support of the current Zhejiang University Women's Hospital President (Dr. Weiguo Lv).



# ANNUAL ACADEMIC DAY 2018

Our 18th annual Academic Day was held on Wednesday, May 16th, 2018 at the Chan Auditorium in the BC Children's Hospital Research Institute. Fifteen trainees had the opportunity to present their work as an oral presentation, and eight posters were presented and judged in a separate event on May 15th. Faculty abstracts were displayed to showcase the research done in 2017 by the department faculty.

The invited guest speaker was Dr. Lee A Learman, Senior Associate Dean for Graduate Medical Education and Academic Affairs, Professor of Integrated Medical Science, Division of Obstetrics & Gynaecology, Charles E. Schmidt College of Medicine, Florida Atlantic University, who gave the keynote presentation on "Alternatives to Hysterectomy for Noncancerous Uterine Conditions: What Does the Evidence Tell Us".



## ACADEMIC DAY AWARDS

BEST POSTER PRESENTATION – DR SHAINA (JOOHYUN) LEE  
BEST RESIDENT PAPER PRESENTATION – DR RACHEL KIM  
BEST GRADUATE STUDENT PAPER PRESENTATION – JOSHUA HOENISCH  
BEST FELLOW PAPER PRESENTATION – DR ROOPAN GILL  
BEST PUBLICATION BY A RESIDENT AWARD TO DR KRISTY CHO

## TEACHING AWARDS

MIKE TURKO SURGICAL TEACHING – DR. MARK HEYWOOD AND DR FARIBA MOHTASHAMI – A TIE!  
CREOG RESIDENT TEACHING – DR. NADIA BRANCO  
UNDERGRADUATE TEACHING – DR. SUSAN SADEGHI  
APGO TEACHING – DR. NICOLE TODD





# RDS REPORT 2018

It's an exciting time for the Reproductive and Developmental Sciences Program.

This unique program was established in the 1980s and has grown continually over the years. Since its inception, the RDS program has changed substantially in terms of the number of faculty and the research areas and disciplines. What started as a program involving basic scientists alone it has now grown to include clinical faculty and faculty from other Departments including Medical Genetics, Family Practice and Pediatrics.

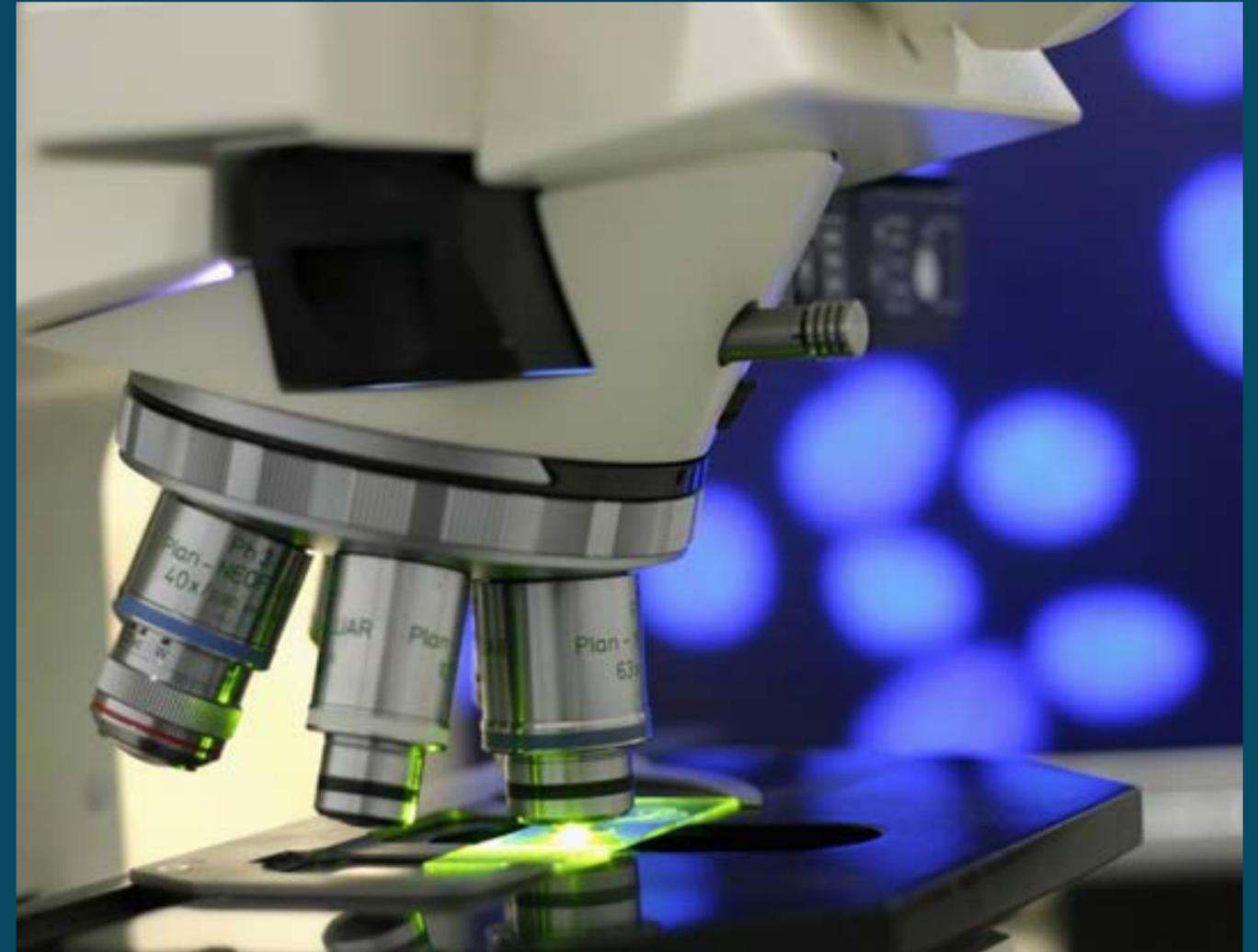
The number of graduate students has increased progressively and now stands at 37 studying for a Master of Science or a PhD.

However in the last year, two developments have occurred that may result in the greatest change in the program since it was established.

The first is a joint venture with our Department with the Department of Pediatrics to create an interdisciplinary umbrella program for graduate student training in Maternal and Child Health. This involves the combination of the RDS program with new graduate initiatives in Pediatric Health and Disease and Global Health to create a multi-stream graduate program under an umbrella program that will offer new courses and new learning experiences for graduate students to better equip them for their future careers. IT should further our efforts to build a graduate program that trains translational scientists. It should also dramatically increase the number of graduate students at the hospital sites.

A new Departmental steering committee has been established. They will oversee the development of the new courses that meet the needs of our current graduates while also ensuring we future proof our offerings for the years to come. The committee has reviewed our current offerings and proposed several new courses including Women's Mental Health, Women's Health, Statistics, Epidemiologic Methods and Surgical Research. They are also looking at ways to better integrate the program across all campuses and regions.

Graduate students and postdoctoral fellows are the engines of the research enterprise as they conduct much of the research of their supervisors. However we must never forget that the primary function of a graduate program is to train and mentor graduate student for their future careers. Since its inception, the RDS program has trained hundreds of students. The planned future developments of the program will enable it to better meet this goal.



## NATASHA ORR GRADUATE STUDENT RDS PROGRAM



I recently completed my Master of Science in Reproductive and Developmental Sciences at UBC, and have started my PhD within the same program. I had an incredible experience during my MSc degree. My research team and the departmental staff were very supportive. I was given many opportunities for academic and professional growth, including conference presentations, mentoring relationship, and teaching assistantships.

The department provided funding to present at conferences, resources for paper formatting and statistics help, and academic classes taught by intelligent professors who make the material fun and exciting! I particularly enjoyed working under the supervision of an incredible mentor, Dr. Paul Yong, who provided me with the resources to develop expertise in my field and will continue to guide me during my PhD. In my PhD dissertation, I will be designing and running an observational longitudinal study examining the role of central sensitization in the etiology of sexual pain in endometriosis. Endometriosis is a condition that affects 1 in 10 women and 50% of these women have pain with deep penetration during sexual intercourse; however, this is under recognized and not often discussed.

My hope is therefore that my future research can benefit women's sexual health in BC and the rest of the world. I am glad to be pursuing this work in the Reproductive and Developmental Sciences program so that I can continue to enjoy the support and opportunities provided by Dr. Yong and the department.

## HOW WE ARE HELPING WOMEN GET PREGNANT

Infertility is a common problem and affects 1 in 6 Canadians. The average age at first pregnancy in BC is 31 years old. This means that secondary infertility (difficulty to conceive after a first pregnancy) beyond this age will also be more common.

The reasons for infertility are multiple: disorders of ovulations, a common condition called endometriosis (for which BCWH hosts a unique multidisciplinary program for this disease which affects both fertility and women's overall health), tubal disorders and 40% of fertility issues also combine male factor.

Today, later age at first pregnancy has a significant impact. The fact is that it takes longer for people to finish their education, establish a career and find a partner.

The field of assisted reproductive technologies helps not only heterosexual couples have families but single parents, many members of the LGBT community and people for who medical disease has interfered with the reproductive processes.

The fellowship program is dedicated to training future physician clinical and research leaders in the field of assisted reproductive technology (ART).

ART is perhaps one of the most progressive in the field of "precision medicine" We can not only "cure infertility", these days with success rates approaching 70% in some cases, but we can prevent the transmission of lethal genetic conditions through preimplantation genetic diagnoses, increase reproductive efficiency through preimplantation genetic screening and effectively preserve fertility through sperm and egg freezing for patients whose fertility is threatened by medical disease or for whom their professional and life circumstances have not yet allowed them to start a family.



**SONYA KASHYUP,  
PROGRAM DIRECTOR REI  
FELLOWSHIP**

UBC was the place of the first birth in Canada from an IVF cycle. So, UBC has a history of leadership in this area. However, over many years it had fallen behind. Today with new leadership and commitment, UBC has the opportunity once again to lead the county in the specialized field. As fellowship program director I trained at Cornell Medical College in NYC which is recognized as one of the preeminent and pioneering IVF programs and I was also a clinician scientist with a CIHR new investigator award and faculty member at UCSF (University of California at San Francisco) which is one of the top IVF programs and medical schools in the US. The division Head Dr Bedaiwy is not only REI (reproductive endocrinology and infertility) trained at the Cleveland clinic but also and advanced minimally invasive surgeon, and he is also a strong researcher. The UBC division of REI is comprised of 4 local IVF programs which provide ample and diverse clinical experience. UBC also hosts a stem cell centre and strong epidemiology program allowing for the type of research necessary to advance the field.

The birth rate in general is dropping and more people experience infertility. I believe that reproductive freedom is essential for women to experience equality both at home and work and that they key to freedom is education. Education about fertility preservation is as important as education about contraception. Also, many individuals and couples still suffer in silence and feel there is a stigma associated with infertility and do not recognize it as a medical disease. Education is important. People also do not yet recognize how much help is available.

To move forward with our work we need research dollars: in particular for both basic and clinical science projects especially in the areas of embryology, stem cell, genetics and epidemiology, clinical dollars: to help fund the clinical tools ( eg 3-d ultrasound; time-lapse embryology) and programs (fertility preservation, non-profit foundations and compassionate care for patients unable to access/ afford treatment, outreach programs to non-tertiary care centres ) and last by certainly not least training dollars: to build an embryology training program with world expertise which would be hosted at UBC.



# AWARDS

## DR PETER LEUNG WINS WESTERN UNIVERSITY ALUMNI OF DISTINCTION AWARD

Dr. Peter Leung was recently recognized by the Schulich School of Medicine and Dentistry at Western University with the prestigious 2017 Alumni of Distinction Award for Excellence in Basic Science Research. Dr. Leung earned his PhD at Western in 1979. He is pictured at the ceremony with his wife Lisa Leung and son, Aden Leung



## DR LORI BROTTO NAMED RESEARCHER OF THE YEAR BY APOG

The Association of Professionals in Obstetrics and Gynaecology awarded Professor Lori Brotto as the Researcher of the Year at the annual meeting December 1.

This is a tremendous honor recognizing her unique contributions in research and knowledge translation. With an educational background in clinical psychology and basic science Dr. Brotto has pursued a impressive array of interdisciplinary research programs on the cutting edge of women's sexual health. Her successful funding support, including operating grants from the Canadian Foundation for Innovation, Canadian Institute of Health Research and Natural Sciences and Engineering Research Council of Canada, have allowed her to be successful in these programs.

She is a prolific writer with 137 peer-reviewed publications, 2 books and more than 100 hundred invited talks. She is a regular contributor to newspapers, magazines and radio shows, underscoring her talent for knowledge transfer.

This is the basis for her numerous honors including election as a Fellow of the Canadian Psychological Association and a Tier II Canada Research Chair and Women's Sexual Health.

## DR SARKA LISONKOVA RECIPIENT OF THE MICHAEL SMITH FOUNDATION SCHOLAR AWARD



On July 17, 2017 the Michael Smith Foundation for Health Research (MSFHR) announced the funding-award recipients for the Scholar Program and Trainee Program. See the MSFHR announcement.

Dr. Sarka Lisonkova was named one of 20 exceptional BC-based health researchers.

The MSFHR Scholar Program focuses on “researchers who are building cutting-edge health research programs, training junior scientists and expanding their potential to make significant contributions to their field.”

Dr. Lisonkova’s Scholar Award is based on her Health Services program of research on “Improving maternal and perinatal health outcomes in high risk mothers”.

## DR DIANNE MILLER AWARDED THE PRESIDENTIAL MEDAL FROM THE SOCIETY OF GYNAECOLOGIC ONCOLOGY OF CANADA

Dr Miller has been awarded the Presidential Medal, the highest recognition from the GOC membership, the Board, and the Executive for her outstanding leadership, making UBC one of the world leaders in gynecologic oncology, her your (inter)national vision and far reaching collaborative spirit, the advancement of treatment for women in Canada and abroad, and the global impact she has created with her team, and shared with GOC.

## DR TRACY PRESSEY RECIPIENT OF TEACHING EXCELLENCE AWARD

The UBC Medical Undergraduate Society is delighted to award Dr Tracy Pressey with the Teaching Excellence Award!

This award arose from nominations from the class of 2021 and was then voted on by all students in the class of 2021. This teaching award recognizes her excellence in teaching during this school year, and is their way of saying thank you for the hard work and effort Dr Pressey put into their medical education.



## DR DAVID HUNTSMAN RECIPIENT OF THE 2018 AUBREY J TINGLE PRIZE

Dr. David Huntsman is the Dr. Chew Wei Memorial Professor of Gynaecologic Oncology, holds the Canada Research Chair (Tier 1) in Molecular and Genomic Pathology, and is a Professor in the Departments of Pathology & Laboratory Medicine and Obstetrics & Gynaecology. He is a Staff Pathologist at the BC Cancer Agency and a Consulting Pathologist at the Vancouver General Hospital.

Dr. Huntsman is a co-founder and Director of BC’s Ovarian Cancer Research (OVCARE) Program, where he leads a multidisciplinary team of over 50 scientists, staff and trainees in the study of ovarian and other gynaecological cancers. He is also co-Director of the Genetic Pathology Evaluation Centre (GPEC) at the Jack Bell Research Centre, VGH and former Medical Director of the Centre for Translational and Applied Genomics (CTAG) at the BCCA.

This award was created in honour of the Michael Smith Foundation for Health Research’s founding president & CEO. It is awarded yearly to a clinical scientist whose work in health research has had an impact on advancing research and improving health.

## DR JAGDEEP UBHI RECIPIENT OF THE CARL NIMROD AWARD

Dr. Jagdeep Ubhi was awarded the 2017 Carl Nimrod Award for Excellence in Education at the Annual Meeting of the Association of Professionals in Obstetrics and Gynaecology.

This award is created to recognize excellence, commitment, innovation, and leadership in education. Past recipients have excelled in one or two of these areas, but Dr. Ubhi excels in all four. He has been a dedicated and highly valued teacher within the UBC Department of Obstetrics and Gynaecology for many years. He has led the Undergraduate Program and is now the Residency Program Director, where he has brought many innovative ideas to improve how we select and orient new residents. Under his leadership, the residency has flourished. This is because, Dr. Ubhi practices Happiness Based Medicine and his attitude is contagious. He is practically a resident wellness program in himself.

## SOGC HONOURS DR TIMOTHY ROWE



The SOGC recognizes the excellence of members, and the outstanding contributions of those who volunteer their time to women's health, with the presentation of annual awards at our Annual Clinical and Scientific Conference in mid-June. The SOGC awards ceremony acknowledges the significant accomplishments of leaders in our Society. Selected by peers, these awards are the highest honours that the SOGC can bestow in recognition of the exceptional contributions of a member. We are delighted to present the 2017 Distinguished Service Award to Dr Timothy Rowe.

## DR KEN LIM RECEIVES GOWN FOR PROMOTION TO CLINICAL PROFESSOR

Dr. Ken Lim, the Head of the Division of Maternal Fetal Medicine, was recognized for his promotion to Clinical Professor at the UBC Faculty of Medicine Academic Gown Reception May 4, 2018. Dean Dermot Kellher presented Dr. Lim with the traditional academic gown in front of a distinguished audience of UBC scholars.

Dr. Lim joined the department in 1997, and has been a major contributor to its academic mission in diverse ways since. His research portfolio, focused on fetal physiology and diagnosis as well as obstetrical ultrasound, has been supported by grants from the BCWH Foundation and CIHR. He is also a generous teacher and has provided years of service to the department, BC Women's Hospital, and National Organizations, like the SOGC, through administrative positions. He is also a model of work life balance, as reflected in his dedication to coaching Little League and his family.



## DA BOYES AWARDS RECIPIENTS

The D. A. Boyes Society, in honor, and memory, of Dr. David Alexander Boyes' lifetime commitment to teaching and engagement announce the recipients of the Memorial Research Award.

The effect of acupuncture on in vitro fertilization outcomes in women undergoing euploid embryo transfer – A pilot study

Principal applicants: **Dr. Riki Dayan and Dr. Justin Tan**

Postoperative biochemical changes following use of normal saline as a distension medium during operative hysteroscopy; are some patients at greater risk?

Principal applicant: **Dr. Catherine Smith**

# HOW CAN YOU HELP THE

# DEPARTMENT'S MANDATE?

Donations to the Department of Obstetrics and Gynaecology have helped us succeed in educating top students and pursuing new knowledge and innovation to provide optimum health for the women of BC.

Your donations allow us to continue to be leaders in our field by giving our faculty and students opportunities that, without your help, would not be possible.

We realise that putting family through school and providing a solid footing for them is most important. But not all donations have to be money and not all donations have to be money now.

If you are a grateful patient who wants to share a story with the larger community we would love to hear from you.

If you are a grateful patient who isn't in the position to give now there are possibilities for you to consider us in the future. Here are just a few ways you can help. Legacy giving, also known as planned giving, is a method of supporting non-profits and charities that enables donors to make significant gifts either in their lifetime or at death as part of their overall financial and estate planning. The fUBC Faculty of Medicine can facilitate gifts made through different legacy giving arrangements, including bequests; gifts of securities, RRSPs, or RRIFs; charitable remainder trusts; and many others. By planning a gift to the UBC Faculty of Medicine, you could make a significant impact on medical research, student support, and the future health of BC.

## GIFTS IN WILLS OR TRUSTS

To leave a gift in your will, your lawyer or notary prepares a new will or adds a codicil to your existing one. As part of this, you decide to leave a Specific Bequest (a specific dollar amount or piece of property) or a Residual Bequest (all or a portion of your estate after debts, taxes, expenses, and other specific bequests have been paid).

## GIFTS OF RRSPs, RRIFs, & PENSION PLANS

Naming UBC as a beneficiary of your RRSP, RRIF, or pension plan means a portion to all of these assets are left to UBC without passing through your estate. In most cases, the taxes owing on your donated RRSPs or RRIFs at death are offset by the charitable tax credits from the donation. These donations are a great way to reduce the deferred tax burden of many RRSPs and RRIFs.

## FUTURE GIFTS WITH TAX BENEFITS NOW

You can make a life insurance gift by donating an existing policy, by transferring ownership of a policy, by establishing a new policy with UBC as the owner and beneficiary, or by naming UBC as the beneficiary of your policy.

When you give future interest in real estate, you continue to own and use the property, and UBC immediately issues a donation receipt. Upon your passing, or after a specified period, UBC becomes the owner.

With a charitable remainder trust, a significant future gift is legally promised to UBC upon your passing, but you receive the income earned by the capital during your lifetime

We are grateful to the many thoughtful people who, by generously leaving gifts in their wills, have helped transform the wellbeing of our community over several decades.



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# ANNUAL REPORT 2017/18

DEPARTMENT OF OBSTETRICS &  
GYNAECOLOGY

A YEAR FULL OF SUCCESS

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Company Contact:

FACULTY OF MEDICINE  
UBC DEPARTMENT OF  
OBSTETRICS & GYNAECOLOGY  
UNIT 930, 1125 HOWE STREET,  
VANCOUVER, BC, V6Z 2K8,  
CANADA