VISION

To be recognized as a group of people who embrace exceptional patient care, leading edge research and education

MISSION

Leading in Patient Care, Leading in Science, Leading in Education

VALUES

The values we embrace to make our vision and mission a reality are:

- Transparency
- Accountability
- Respect
- Professionalism
- Learning
- Innovation
- Workforce Satisfaction
- Wellness
As a natural optimist I find this year’s message to be a mixed one… some good and some bad.

Firstly some good news. Just over 3 years ago we articulated a strategic plan that identified issues important to us as an integrated clinical and academic department. We have executed on all of those fronts:

• We have a communications system that works
• Offices of Education, Safety and Quality, Research, and Staff Wellbeing have been organized
• A Governance Structure has been struck and is functioning
• Zone leadership has forged relationships with government, the AMA, provincial anesthesia zone, key leaders in AHS and others
• We have articulated an approach as to how we might subspecialize and why

In short, we have addressed all 8 of the Strategic Goals we articulated in September of 2011 and I am pleased.

And now, some of the challenges. The relentless cuts to our academic budget year over year have amounted to some $200,000 over the past 3 years meaning we have had to struggle to sustain important leadership, educational and research activities as an integrated Academic and Clinical University Department of Anesthesia. Additional delays in implementing a clinical information system (CIS generally; Anesthesia Information Management System or AIMS specifically) has now put us a quarter of a century behind in this area. Anesthesia safety continues to struggle in an AHS culture and structure that is seemingly oblivious to the real threats this exposes our patients to. And so it goes.

However, I believe that these form the core objectives of our strategic plan for the next five years. Specifically:

• How do we deal with relentless cuts to budgets while at the same time growing our research and educational programs?
• How do we position ourselves to be an early adopter when AIMS does indeed come down the pike?
• How do we create the environment for change so desperately needed to improve safety at the ‘coal face’?
• What Governance Structure reflects the thinking that we are indeed a federation of sites, where the sites retain responsibility for service delivery and human resources; while the zone membership collaborates on issues that all sites have in common such as acute pain, PAC, safety and quality, ERAS, and others.

Nearing the end of a five year term as Chair and Zone Chief change is afoot. We have a new Premier, new Minister of Health and a new AHS CEO. This next year will bring both a federal and provincial election. The design of our Health Care System is a defining element of who we are as Canadians, and there are bound to be changes.

Change is both good and bad, particularly if it is destabilizing… too early to tell what these changes in particular, and others in the offing, will bring. This presents an additional challenge that we need to address. In fact, it is precisely this kind of uncertainty that emphasizes the importance of forging stability within the zone Department. It is my view that this ‘stability’ has various dimensions:

• Clearly articulating who we are and what we value
• Creating robust governance structures that reflect how we operate
• Identifying key objectives that we wish to accomplish
• Positioning ourselves to respond nimbly yet deliberately to changing agendas of society, medicine, government, university and the health system

So, we have lots of work to do. These are the dilemmas we will tackle in our November planning exercise this year.

I am reminded of the Chinese word for ‘crisis’: Wei Ji. It is actually two words: danger and opportunity. As an optimist, I am enthusiastically charging ahead to deal with the opportunities. On the other hand, I am no fool and need to be cognizant of the dangers!

Michael F. Murphy MD, FRCPC
Chair, Department of Anesthesiology & Pain Medicine
Zone Chief, Anesthesiology
OUR LEADERSHIP

Department Leadership

Dr Michael Murphy
Chair, Anesthesiology & Pain Medicine; and Zone Clinical Chief, Anesthesia Edmonton Zone

Dr Matthew Cohen
Deputy Zone Chief; Chair, Patient Safety & Quality; and Assistant Chair, Clinical

Dr Ramona Kearney
Assistant Chair, Education

Dr Saifee Rashiq
Chief, Multidisciplinary Pain Centre; and Assistant Chair, Administration

Dr Bradley Kerr
Assistant Chair, Office of Research

Dr Richard Bergstrom
Chief, Cardiac Anesthesia

Dr Hugh Devitt
Director, Continuing Education and Professional Development

Dr Kate Doyle
Director, Simulation Education

Dr Teresa Eliasson
Administrator, Office of Staff Wellbeing

Dr Ferrante Gragasin
Postgraduate Research Director

Jacqueline Jubinville
Administrative Professional Officer

Dr Edward Lazar
Program Director, Family Practice Anesthesia

Dr Sarah Nickolet
Coordinator, Undergraduate Medical Education

Dr Jason Taam
Program Director, Postgraduate Medical Education

Dr Mark Simmonds
Director, Fellowship Training

Site Chiefs

Dr Douglas DuVal
Sturgeon Community Hospital

Dr Neil Klassen
Royal Alexandra Hospital

Dr John Koller
Stollery Children's Hospital

Dr Brian Knight
Misericordia Community Hospital

Dr Edward Lazar
Grey Nuns Community Hospital

Dr Les Scheelar
Leduc Community Hospital

Dr Jack Stonehocker
Westview Health Centre

Dr Laszlo Torok-Both
Fort Saskatchewan Community Hospital

Dr Timothy Yeh
University of Alberta Hospital

Dr Ban Tsui
Cross Cancer Institute

Administration

Lorraine Nowak
Executive Assistant, Dr Murphy

Vanessa Collins
Secretary, Reception

Susan Beisel
Financial and Human Resources Assistant

Marilyn Blake
Program Administrator, Postgraduate Medical Education

Darci Chaba
Administrative Assistant, Medical Education

Heather Clark
Secretary, Patient Safety & Quality Committee

Mike Fehr
Information Coordinator

Phoebe Hugo
OR Scheduling

Laura Kruzenga
Fellows Billing/Research & Events

Ingrid Rutz
Secretary/Scheduler, Pediatric Anesthesia
PATIENT QUALITY & SAFETY

DR MATT COHEN

Over the last year the Office of Patient Safety and Quality and the interdisciplinary patient safety and quality committee have continued to make demonstrable progress on our mandate to improve patient safety in anesthesia care throughout the AHS Edmonton zone and to develop a culture and system to continuously improve safety and quality of peri-operative care throughout the zone.

Data Collection and Management
Through our “Learning from Event Reporting” initiative, we continued to collect reports from anesthesia staff in all Edmonton Zone facilities on hazards, close calls, and adverse events. We received our highest number of reportable events to date in the past year. This system is getting noticed throughout AHS as anesthesia in the Edmonton zone grapple with every day when obstacles practicing anesthesiologists in providing high quality care. The continued vigilance of practicing anesthesiologists in Edmonton zone has permitted us to identify issues both large and small that illustrate a need to change not only multiple points within the process of care delivery but also the CULTURE of peri-operative care. We have grouped these concerns from reports into several themes that we hope to improve upon going forward. Your reports have consistently demonstrated that far too frequently, we are forced to deal with:

- Poorly trained and inadequately skilled assistance
- Incorrectly assembled and maintained anesthesia machines
- Anesthesia machines that have become contaminated with mold or other pathogens
- Poorly maintained airway equipment and infusion pumps
- Lack of availability of anesthesia technicians at all times and places
- Recurrent issues with stocking of anesthesia supplies
- Medications stocked incorrectly in drug trays
- Changing of medication dosages and providers with little advance notice leading to confusion

We will work with the Chair and AHS to improve upon our systems process to address these consistent issues.

Continuous Quality Improvement
We have developed a method for integrating quality measures into the reporting system. We hope to begin to capture several peri-operative “sentinel events” that will aid us in addressing structural issues where patients may be harmed. We are working with site leads and committee chairs throughout the region to support initiatives in improving management of patients with Obstructive Sleep Apnea in both the preoperative and postoperative phase of care. In addition, we are hoping to complete a major quality initiative and cost analysis in collaboration with the Department of Surgery on the use of Tranexamic acid in joint arthroplasty and major spine surgery.

Communication
We will begin to send out regular newsletter updates to all department members shortly after each safety and quality sub-committee meeting. Site based representatives now have access to the hazard, close call, and adverse event reports in the Reporting and Learning System so they can bring forward the local discussions that are key to our approach to patient safety. We are asking that each facility based anesthesia department devote some time to a patient safety and quality update in each department meeting to help foster the much needed discussion.

Education
Our committee collaborates on the planning of educational opportunities with the Department’s Continuing Education and Professional Development Committee. Representatives from the residency program are full members of our committee. We have successfully integrated discussion of quality, safety and systems improvement into the academic portion of the residency. Our hope is that as we continue to develop quality initiatives we can support both our resident and consultant colleagues to complete their own PDSA cycles leading to multiple zone wide initiatives aimed at improving quality.
### 2013/14 Department Statistics

#### Department Clinical Activity Totals

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#### 2013/14 Multidisciplinary Pain Centre Statistics

- **New Consults**: 611
- **Education Course Visits**: 604
- **Follow-up Visits**: 2,134
- **PT Visits**: 290
- **Telephone Care Episodes**: 9,489
- **Yoga Visits**: 318
- **Psychology Visits**: 598

*Endoscopy Procedure - if there is more than one procedure done on the same event, for example gastroscopy and colonoscopy, the procedure is counted once under gastroscopy and once under colonoscopy.

Data Sources: Endoscopic Procedures: AHS Activity and Costing; Operative Procedures/OB Deliveries: AHS Data Integration Measurement and Reporting.
Adult Cardiac Anesthesia

The last year has seen significant growth within cardiac care. An increase in CVICU beds has allowed for fewer cancellations, yet, the growing number of referrals is over 200. The number of lung transplants has increased and random flurries of donations has been taxing to the whole group. One new surgeon with interest in heart failure was hired last year and a new surgeon with interest in aortic work will start in October.

To meet the demand for increased cases, with no anesthesiologists retiring, our newest recruit is Dr. Angela Neufeld who is a graduate of the UofA and has completed her fellowship at The Mayo Clinic, Rochester, Minnesota. Dr. Adam Dryden has applied and been accepted for a cardiac fellowship in Ottawa and will return in 2015.

Dr. Richard Gardner completed his fellowship and is now practicing in Victoria, British Columbia and our new fellow, Dr. Lorrie Tremblay, comes to us from Laval, Quebec.

In addition to the regular cardiac cases, we continue to have a presence in the TAVI, adult congenital OR and interventional arenas. These will continue to both grow and diversify as percutaneous valve implantation and adult congenital work increases.

The immense hard work and dedication to teaching, clinical work and advancing care has been the highlight of the year. This is an amazing group of people to work with. Our challenge will be, as always, to deliver better care tomorrow and invest wisely, strengthen teams and develop better quality processes.

Dr. Richard Bergstrom

Cross Cancer Institute

This year 795 cases were performed at the Cross Cancer Institute (CCI), most of which were day surgeries. Procedures currently performed at the CCI include:

- Ocular brachytherapy
- Prostate brachytherapy
- Breast surgery (ranging from simple biopsy under local anesthesia to total mastectomy under general anesthesia)
- Melanoma biopsy/excision
- Thyroid/parathyroidectomy
- Perineum CO2 laser surgeries (cervix, vagina/vulvar/anal)
- Gynecological surgeries (LEEP, excision for biopsy, cone biopsy)
- Colonoscopy
- Recovery of sedated children for RT therapy

Currently, the CCI operating room runs 10-12 days per month; this includes SDCU (pre/post-op), PARR, and the OR itself. Six FTE RNs and one FTE OR tech are currently employed. Fifteen anesthesiologists from the University of Alberta Hospital work at the CCI on a rotating basis.

This past year, the CCI acquired and set up a second anesthesia machine, giving the facility two fully functional machines. The second machine will be valuable for backup and may allow more cases to be handled at the CCI in the future if need be.

Dr. Ban Tsui

Grey Nuns Community Hospital

As expected, it has been a year of continued growth for us at the GNH. The scope of our anesthesia services has continued to expand. In September 2014, our services for endoscopy sedation were so well received that we expanded our role in (not into) the GI Endoscopy department. We now provide an additional anesthesiologist to cover approximately 80% of sedations in the second endoscopy theatre.

Annual obstetrical volumes have climbed into the range of the mid 6,000 deliveries per year, and are expected to keep climbing to 7,000 in the near future. This is stretching the resources of the obstetrical unit, and we are working towards alleviating weekday pressures by moving some elective c-sections into the weekend.

One of our new anesthesiology staff members is pursuing ECHO training and will be bringing those skills back to assist in the intraoperative management of vascular patients. We look forward to incorporating his expertise into our practice.

We are situated in the fastest growing region in Edmonton, and as such, expect our caseload to continue to increase. Looking forward to another banner year!

Dr. Edward Lazar
The major event for 2014 remains the flood which caused cancellations of elective surgery and re-direction of most emergency surgery for a week as well as shifting of endoscopy to UAH for all of the summer. I was most impressed with the professionalism exhibited by our staff facing the challenges set by this event. The Misericordia is an older, not that well constructed, building which has been slated to be rebuilt for many years. Despite the recent events there has still been no commitment from the government to rebuild the hospital.

Our hospital shuffled its administration in the last year which meant we were without a Director of Surgery for many months. In addition we have had changes and vacancies in some lower level administrative positions. In addition to the loss of relationships that had been established in the past this has made it difficult for us to move forward with necessary changes to enhance patient care.

After what has seemed like many months of early patient care, we have had changes and one anesthesiologist from RAH rode as a team in the 2014 MS Bike Tour. In addition to having a great time we raised over $10,000 for MS. Staff from other hospitals are selected by the department as vice-chair.

Dr Dorothy Hardy who served as site leader for many years and then vice chair under Drs Gregg and myself, stepped away from that role and Dr Ambrose Ng was selected by the department as vice-chair.

Anesthesiologists from our department, their spouses and one anesthesiologist from RAH rode as a team in the 2014 MS Bike Tour. In addition to having a great time we raised over $10,000 for MS. Staff from other hospitals are welcome to join us in 2015.

Dr Brian Knight

I took over as site chief at Royal Alexandra Hospital as of April 1, 2014. This year we have had several departures, one a retirement, and one returning home to New Brunswick. We have managed to hire two locums to help fill in, but are facing increasing service requirements in most areas, in particular Obstetrics, and cancer surgeries in gynecology and Thoracics.

Our site is the Northern referral centre for Thoracics, High Risk obstetrics, Gynecologic cancer, Bananitary surgery, and Ophthalmology. We also house large programs for Spinal Surgery, Total Joint replacements, Gynecology, and Minimally Invasive General Surgery. As such we are running 25 to 26 ORs daily, as well as supplying Anesthesia support for endoscopy. Our Main and Women’s ORs are at full capacity 5 days a week, and we only have a small amount of OR space that we can expand in ENT/Ophthalmology, and we have only one more room in the Orthopedic Surgery Centre. Currently we have also added an elective Caesarean Section room.

Dr Neil Klassen

Our division is comprised of 17 Pediatric Anesthesiologists and Fellows. We provide anesthesia care in all sub-specialty Pediatric disciplines. We have experienced continued growth this past year in both surgical and diagnostic/procedural cases. Two residents from our training program (Drs Paula Holinski and Riley Boyle) completed fellowships in pediatric anesthesiology and have joined our group.

The Stollery Operating Room redevelopment project is finally under way. Within two years five larger and more functional OR’s will be established. The second phase of redevelopment should follow thereafter creating a total of 10 pediatric operating rooms, a dedicated endoscopy suite, a procedure room and block room. Support areas such as recovery room, dayward, pre-admission and short stay units will all be renovated and expanded.

Other division projects include establishing an Anesthesia Information Management System, evaluating new anesthesia machines suitable for pediatrics and collaborating with our PICU colleagues to enhance patient safety and quality care.

Dr John Koller
Westview Health Centre

This past year at WHC, we have focused on improving the quality of service, and safety for our patients. Our biggest accomplishments were the establishment of the Quality Improvement Committee – includes members from all OR areas - and the implementation of the modified "blue card system" – to capture near misses which are reviewed by quality improvement group. We also saw changes in paramedic airway management teaching, they must now complete a form that capture their skill level and previous experience in the past year.

In staff related news, we had 4/5 of our GP anesthesiologists complete their periodic review and we added a new OR nurse manager. We also implemented a self-scheduling system for GP anesthesiologists on the Westview Primary Care network website. It has been also been recommended that we recruit a part time ER/GP anesthesiologist within the next 18 months.

Dr Jack Stonehocker

University of Alberta Hospital

The Enhanced Recovery After Surgery (ERAS) program was incorporated into General Surgical practice at the University as part of a six-hospital expansion into Alberta this past year. The improved care of patients from hospital entry to discharge has been a top priority, with contributions and input from the ERAS team.

Other top goals have been a commitment to staff well-being, with regular communication and resources made available (thanks Dr Teresa Eliasson); and a focus on quality and safety in the anesthetizing environment, with the right team and equipment made available to "do the job".

Modern Fasting guidelines and anesthesia equipment improvements have also been introduced as part of the evolution of anesthesia practice, anticipating the needs of the Health care 2030 Plan.

In this time of population growth and increased service demands in Alberta, our specialty has risen to meet the challenges encountered by a realization that anesthesia assistance improves efficiency and quality in many areas of patient care. Our department is dedicated to excellence, teaching and mentorship, in both general and sub-specialty anesthesia. We organize an annual Anesthesia Research day, and have a commitment to weekly rounds and lectures. One of our awards is the Robert James Kelly Memorial award for Global Health, and we have a sponsorship program for our Recovery Room nurses for conference assistance. Our goal is to have an exemplary group devoted to advancing medical and anesthesia practice.

Dr Timothy Yeh

Sturgeon Community Hospital

Sturgeon orthopedics is focused primarily on upper extremity pathology, as a result of strategic decisions which have been made by the orthopedics program for the Edmonton Zone. Upper extremity orthopedics is often associated with regional anesthetic techniques which are intended to enhance post-operative analgesia and facilitate early discharge or outpatient surgeries. Several members of our Department are proficient in these techniques, and we maintain an affiliation with the University of Alberta Department of Anesthesiology & Pain Medicine in order to ensure that we continue to provide a high quality of service in this area.

Obstetrics is gradually increasing in volume, and currently averages 200 to 250 deliveries per month. The Sturgeon Community Hospital has long held a local reputation within the Edmonton Zone for pioneering minimally-invasive techniques in gynecologic surgery.

There have been no significant changes in anesthesia staffing at Sturgeon over the past year. Dr Sarab Singh has taken on new responsibilities for anesthesia scheduling.

The Sturgeon Community Hospital now has a new Medical Staff Lounge, thanks to the lobbying efforts of Dr Michael Hogan who is the Sturgeon’s Director of Regional Anesthesiology and President of the Medical Staff. This initiative was supported financially by donations from the Medical Staff and others, as well as by a generous contribution from the Sturgeon Hospital Foundation.

Dr Douglas DuVal

Dr Jack Stonehocker

Dr Timothy Yeh
During the academic year of 2013/14, the Education Committee focused on the priorities outlined in last year’s report which arose from the departmental education mandate.

This year the following activities were completed:

1. Created an organizational chart for the Office of Education
2. Drafted job descriptions for education leaders (undergraduate education and continuous professional learning)
3. Defined administrative assistant support for each education office
4. Identified space for debriefing/confidential discussions with learners in most sites
5. Identified an educational events manager
6. Secured webmaster services to facilitate communication re: educational events
7. Organized a Faculty Educators’ Development Day to enhance teaching skills – Nov 11
8. Identified a new director of simulation – Dr Kate Doyle
9. Identified a new director for undergraduate education – Dr Sarah Nickolet

Priorities for the coming year include:

1. Complete job descriptions for all educational program directors
2. Define space at all sites for confidential feedback to learners
3. Plan an on-going professional education event for all faculty
4. Further develop and integrate simulation activities at all levels of education
5. Develop a plan to increase faculty engagement in teaching activities
6. Explore new ways to provide protected time for teaching

The Postgraduate Medical Education program had another successful year for 2013/14. We had 29 residents in our Royal College of Physicians and Surgeons of Canada Residency program, and 2 Family Practice Anesthesia program trainees. This year two of our residents went to Ecuador to participate in care in a developing nation; one with CAMTA and another with Operation Esperanza. Our program also successfully passed our Internal Review completed by the University, which puts us in good position for our Royal College Accreditation in 2017.

In the next year we will be updating our Academic Half Day curriculum and the Simulation Education component of our program. The residency program has been working closely with ACUDA as we prepare for CanMEDS 2015 and the introduction of Competency Based Medical Education. Anesthesia has been chosen to be in the next cohort of postgraduate training programs to develop new training standards, as part of the Competency by Design initiative by the Royal College of Canada. We look forward to the challenge.

Dr Jason Taam

Where are they now?

Dr Jag Gill – Obstetrical Anesthesia Fellowship at the University of Manitoba
Dr Eric Chou – Locum at RAH
Dr Ken Hawkins – Locum at RAH
Dr Tammam Abulhamayel – ICU fellowship at the University of Alberta
Dr Logan Lee – staff at Royal Jubilee Hospital, Victoria, BC
Dr Michelle Theam – Pediatric Anesthesia Fellowship at the Alberta Children’s Hospital, Calgary, AB
Dr Ronelle Theron – Locums at RAH and in Vancouver
We continue to offer exceptional training in our fellowships in cardiac anesthesia, liver/solid organ transplant anesthesia, pain medicine, pediatric anesthesia, regional anesthesia; all based in the following locations: University of Alberta Hospital, Stollery Children's Hospital, Mazankowski Alberta Heart Institute and the Cardiovascular Anesthesia Research Laboratory.

Each program is lead by a subspecialty fellowship director who works closely with the individual fellows. The role of the subspecialty director is to facilitate a satisfactory and successful completion of the agreed program and additionally to explore and implement program developments. As fellowship director I oversee the various programs, liaise closely with the directors and continue in my role reviewing and screening the numerous applications that we receive.

There have been specific program developments. The cardiac anesthesia fellowship for the last fellowship year has moved to a 80% academic/20% clinical service split (from its previous 50:50 split). Based on the experience of our most recent fellow, despite a few hiccups, this seems to be working well from an educational perspective and is fiscally manageable. Dr Masaru Yukawa is to be congratulated for crafting an excellent program that will make this particular fellowship very competitive in North America. The current volume of applications reflects this.

The liver/solid organ transplant fellowship under the leadership of Dr Ed Bishop is evolving and diversifying into a challenging and competitive solid organ transplant program which will be far more demanding of our future fellows than previously.

The chronic pain team has carefully deliberated over the proposed new Canada-wide two year residency in pain management and after much painstaking discussion has decided to postpone introducing this residency to the University of Alberta. This decision was not taken lightly and was made for a number of good reasons. For the time being the one year fellowship will continue. The team will wait to hear back from other centres in Canada who will be going ahead with the new residency.

The pediatric anesthesia fellowship continues to be very popular and is under the leadership of Dr Lucy Entwistle. The program has often accommodated up to two fellows at one time. For a number of reasons for the time being this is not thought to be sustainable. The fellowship continues to offer excellent clinical training in very highly specialized tertiary-care pediatric anesthesia.

The regional anesthesia program continues to grow under the leadership of Derek Dillane and constantly attracts high quality fellows, often from overseas. The fellows finish the program not only with excellent skills in ultrasound-guided regional blocks and acute pain medicine but also with a number of academic projects completed and personally equipped with managerial skills to direct a program of their own. We remain deeply impressed with the exemplary academic output from the regional fellows. The fellowship council has agreed that the research agenda within each fellowship is paramount and that the education we offer should not be distilled to a 'clinical apprenticeship'.

The most recent exciting development has been that of a two year research fellowship resulting in a MSc. This initiative has been the inspiration and work of Dr Ferrante Gragasin and team. The fellowship will combine independent clinical practice with a research project under the supervision of an experienced faculty member. The current areas of investigation in basic science laboratories in the department include:

1. Mechanisms of vascular function and hemodynamic regulation
2. Myocardial and organ protection strategies
3. Cellular mechanisms of neuropathic pain.

We continue to receive a large volume of applicants for all programs. The fellowships continue to be self-funded along the lines of 50% academic time plus 50% clinical fee-for-service time (with the exception of the CV fellowship). Any other practical funding solutions continue to elude us.

We are receiving an increased number of applications from individuals who have completed or near-completed Canadian residency training.

We still receive a substantial number of impressive applications from hardy international medical graduates, who despite the required 6-month assessment process for Canadian licensing, the need for the LMCC evaluating exam, plus the huge volume of paperwork and hassle are still willing to come. I believe this is a testimony to the excellence of our programs, facilities and dedicated teachers who put in a huge, often unrewarded effort.

Our portal to the world is most often word of mouth but the department website attracts a lot of interest and we represent ourselves at the annual CAS Fellowship Fair.

Dr Mark Simmonds
This year, research within the Department has continued to grow. The Department welcomed a new GFT, Dr Stefan Bourque who is a bench scientist working in the area of cardiovascular biology. Dr Bourque is cross-appointed to the Department of Pharmacology and will help to build upon the already strong links between our two departments. We also plan to build on our strengths in pain research by adding a second GFT position in the basic sciences in the coming years.

Both national and provincial research funding continues to move toward the funding of larger scale projects that encompass teams of scientists and clinicians. In response to these changes, a major goal for the Department of Anesthesiology and Pain Medicine is to continue to build and strengthen the Department's relationships with other departments in the Faculty of Medicine such as Pharmacology, Physiology, Pharmacy and Psychiatry. These interdepartmental relationships are well under way with the recent cross appointment of Dr Michael Zaugg to the Department of Pharmacology and Dr Bradley Kerr in the Department of Psychiatry. The Department is also poised to make a strong contribution to the newly established Neuroscience and Mental Health Institute by hosting the annual, Hugill Memorial Lecture for Pain Research as well as the active participation in research and leadership roles with the Institute. These collaborative links will enable greater collaboration across disciplines and create research partnerships that are mutually beneficial for generating high quality, comprehensive research strategies.

Another major goal of the office of research will be to continue to instill within our residents the importance of research in the field of Anesthesiology. This past year, Dr Ferrante Gragasin has helped to implement a ‘fellowship’ format to the MSc graduate program in the Department. We think that with this new program and the addition of basic science labs to the Department that we will see growth in our intake of graduate students in the coming years.
The Multidisciplinary Pain Centre at the University Hospital had another very productive year.

Encounter numbers are up, although our chronic inability to return treated patients to primary care for ongoing management means that the proportion of new consults has fallen. We continue to expand the amount of care and consultation that we provide by telephone and telehealth. Our psychology service, which has hitherto been consult-based, is positioning itself to be able to offer psychological screening to all new referrals. We hope to offer Mindfulness-Based Stress Reduction, a proven psychological method for the treatment of chronic pain (and many other illnesses) as a core service in 2015, having appointed two additional psychiatrists with expertise in the area to our staff.

Our inpatient consult service, one of the few in the country, continues to be in high demand at University Hospital for its input into the care of complex illness and its attendant pain component. Our interventional pain medicine practitioners continue to set the standard in terms of combining the judicious use of these modalities with the wholistic context that is often lacking in other pain treatment facilities in the region.

New inroads are being made by Centre faculty into the undergraduate curriculum, where, it is hoped, the didactic teaching of pain and pain treatment to medical students will be improved. Trainees from our own residency program and others continue to give their rotations through the Centre high marks for educational value. While we have deferred our application to host a RCPSC residency program in Pain Medicine for logistic reasons, Centre faculty members continue to play active roles in the development of that training pathway for medical specialists.

We published more research papers, abstracts, conference submissions and academic reviews than in any previous year.

Significant challenges remain, most notable the absence of Chronic Pain from the Organizational Chart of the AHS. Nonetheless, I hope to be able to report continued productivity in the new fiscal year. Judging by the number of infants born to Centre members or their spouses in the past 12 months, this is a message that our staff certainly seem to have taken to heart!

The Office of Staff Wellbeing has been in existence now for 3 years.

Over the last year we have had several presenters at our Grand Rounds. Topics included physician resilience, technology and healthy usage, burnout and mindfulness. We added several resources to our web page as well. This year we are hoping to increase our profile by more visual advertising and will be covering more wellness topics which will include – workplace health, common mental illness in physicians and mentorship.
Another year has passed and the administrative staff continues to provide a high level of support to our academic and clinical departments.

The 3rd Annual Gelfan and Bell Continuing Education and Research Symposium was held on May 9th, 2014 and was a great success and the fall lineup of educational rounds has started up again. The success of all our events and the day to day operations of the Department would not be possible without a team of very dedicated staff who continue to learn and grow themselves.

The financial challenges of budget reductions continue to be a concern. Departments will be required to generate their own revenue to cover the costs of merit increments and cost of living allowances going forward. This will put a strain on our current fellows program which already generates many of the department operating expenses. The success of this revenue generating program is imperative and with clinical positions in short supply, fellowships are encouraged not only for the department but also to bring added value to the clinical sites.

This coming year will also see a relocation of our academic department to the 2nd floor of the Clinical Sciences Building. Whenever there is a major change, the change needs to be managed and we will ensure that this is the case as we take our staff through this transition.

Finally, communication remains a key element within the academic department and across the zone. This is an area we have dedicated a lot of time to and have done a great job in communicating both academic and clinical news from the Chair’s office.