



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Anesthesiology & Pain Medicine

ANNUAL REPORT 2014/15

Department of Anesthesiology & Pain Medicine

OVERVIEW

The foundation that we have built the Department on:

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

These are the values we embrace to make our vision and mission a reality.

- Transparency
- Accountability
- Respect
- Professionalism
- Learning
- Innovation
- Workforce Satisfaction
- Wellness

CHAIR'S MESSAGE

THE STAFFING CHALLENGE – The Edmonton Zone was a busy place for anesthesiologists in 2014/15: more than 104,000 operative procedures, 174,000 endoscopies and 19,000 deliveries in 11 facilities.

On top of that anesthesiologists provided services to 6 pre-anesthesia clinics (PAC) a day, acute and chronic pain services, non-hospital surgical facilities, research and teaching, and administrative demands that ensure it all happens!


The biggest challenge we manage on a daily basis is how to staff more than 100 service demands per day... on average! Add to that mandatory forced days off following a night call assignment.

On the supply side, almost 190 anesthesiologists (Royal College and FPA) are appointed in the zone. On an individual basis each anesthesia provider commits between 0.4-1.0 as an FTE proportion (2 days/week-5 days/week, plus call).

On the surface it looks as though staffing this number and variety of commitments would be simple, and it would be if the demand never varied; and the supply was steady. However, neither of these is true. This is a fact of life in all large systems. It would be ideal if there was never an OR unstaffed, and never an anesthesiologist forced to take a day off because there was no work. Obviously, the trade off is 'underhiring vs overhiring'.

While AHS and the zone department work to identify a systematic method to more finely tune short, intermediate and longer term anesthesiologist HR management, that tool is still some time off. In the meantime, the zone through the site chiefs works hard to always meet the demand, without promising revenue generating work that does not exist.

Understanding 'who we are' can assist in predicting how the supply side equation works over time!



Michael F. Murphy MD, FRCPC

Chair, Department of Anesthesiology & Pain Medicine
Zone Clinical Chief Anesthesia, Edmonton Zone

SO, WHO ARE WE?

The following tables paint a picture of who we are as a department. This is important because it assists in understanding how many will transition out of practice assisting us in predicting how many to recruit, though it is an imprecise science.

APPOINTMENTS

The vast majority of anesthesiologists limit their practice to adults; 17 identify themselves as pediatric anesthesia specialists, the vast majority working at the Stollery.



GENDER BREAKDOWN

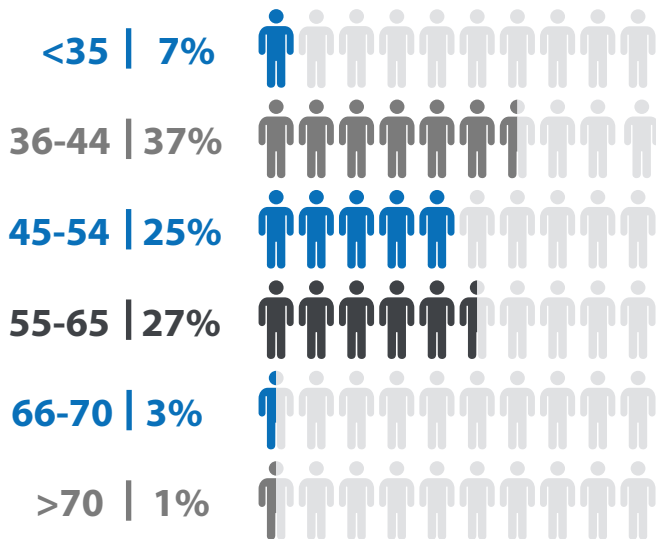
Three quarters of our 188 staff is composed of males. Our workforce gender split is 75% male and 25% female.



NOTE: Gender data was *not* available for 1 provider.

CHAIR'S MESSAGE

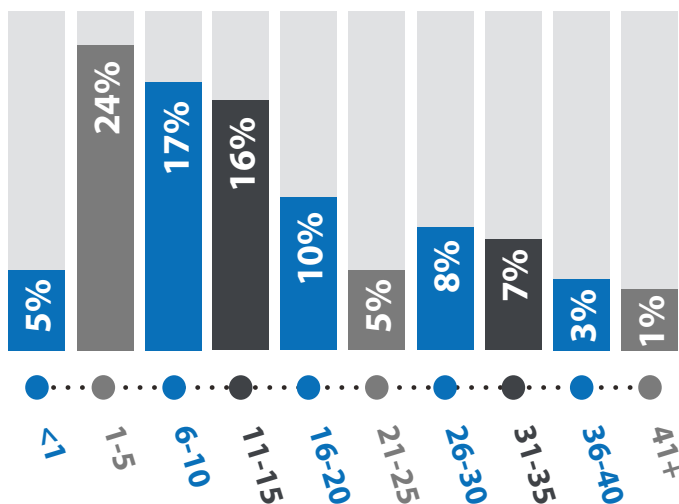
AGE BREAKDOWN



More

- **58** of the 190 providers are **over the age of 55** (almost 1/3)
- **8** are **over the age of 65**

LENGTH OF SERVICE



More

- **44** providers have been appointed in the Edmonton Zone for **over 20 years**
- **24** appointed **more than 30 years**
- **2** providers have been appointed for **more than 40 years**

NOTE: Data was not available for 7 (4%) Physicians.

SUMMARY

2014/15 was particularly stressful for department members as many provided more service than their commitment, gave up days off and vacation, and maneuvered to meet the demand for service. It has not gone unrecognized!

“ It has not gone unrecognized!

Neither the supply or the demand is entirely predictable. It would be preferable if the demands from Covenant and AHS were consistent and reliable. Neither is the case. Surges and cuts to save money are constant threats and realities. Short notice of list cancellations by surgeons and patients plague us. On the other hand it would be ideal if hiring exactly matched departures, both in timing and numbers. And therein lies the contest, and the goal!



OUR LEADERSHIP

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

Coordinator, Simulation and Mentorship

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 Ban Tsui

Cross Cancer Institute

Dr Laszlo Torok-Both

Fort Saskatchewan Community Hospital

Dr Timothy Yeh

University of Alberta Hospital

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



The Office of Patient Safety has continued to diligently pursue the agenda of safer peri-operative care throughout Edmonton zone. We remain committed to our goal of culture change and promotion of the development of a state of continuous improvement in both patient safety and quality of care throughout AHS Edmonton zone.

We continue to receive daily reports of near misses and hazards throughout the zone. An increase in the number of reported events year over year reflects progress towards

“ [We have] continued to diligently pursue the agenda of safer peri-operative care throughout Edmonton zone.

incorporation of the culture and agenda of Patient Safety into the daily work of our consultants and allied professionals at all sites throughout the zone. The process of entering reports into RLS has been streamlined and feedback from colleagues in unit, program and service management has increased correspondingly. We will continue to work towards closing the loop of communication on as many events as possible and make necessary systemic changes in concert with AHS management. It is hoped that with diligent reporting of hazards, close calls and events from all sites throughout the zone that

the Office of Patient Safety will be able to facilitate a continuous dialog with AHS on behalf of all anesthesiologists in Edmonton zone regarding identified safety issues.

To that end, a revised blue card is now available at all anesthetizing locations in Edmonton zone with a scheduled debut of October 2015. In response to requests from our AHS management colleagues we have added space for patient identifying information to facilitate tracking. In addition, we aim to improve data gathering by beginning to capture selected peri-operative quality indicators as proposed by the Anesthesia Quality Institute (www.aqihq.org) into the event reporting system. Sentinel events in anesthesia will form the basis of modelling a morbidity and mortality report for the zone. We further hope that this information will be readily available for site leads or committee members to utilize in developing specific projects to improve safety and quality aided by the Office of Patient Safety at a zone level.

On the quality side, the committee will be undergoing a restructuring as a result of anesthesia receiving program designation by the Integrated Quality Management team at AHS. The composition and focus of the quality work will be changing and evolving going forward and managing this change will surely represent a major challenge in the upcoming year. The integration of standard use of Tranexamic Acid into the arthroplasty care map has been successfully completed. The office is hoping to have data available for release shortly. We continue to work to improve the care of patients with Obstructive Sleep Apnea throughout all phases of care, particularly the postoperative period. In addition, in collaboration with the Division of Thoracic Surgery we have initiated the development of an interdisciplinary care map for patients undergoing esophageal surgery.

Amongst our other accomplishments this year has been successful implementation of National Surgical Quality Improvement Program (NSQIP) at the University of Alberta hospital pilot site. We continue to aid the integration of Quality Improvement into the academic curriculum of the residency program and look forward to continuing to act in our role as ongoing support, advocate and point of contact for anesthesiologists throughout Edmonton zone.

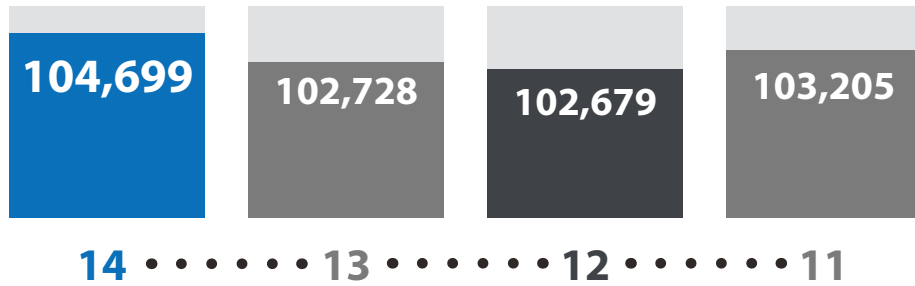
Dr Matthew R. Cohen

CLINICAL OVERVIEW

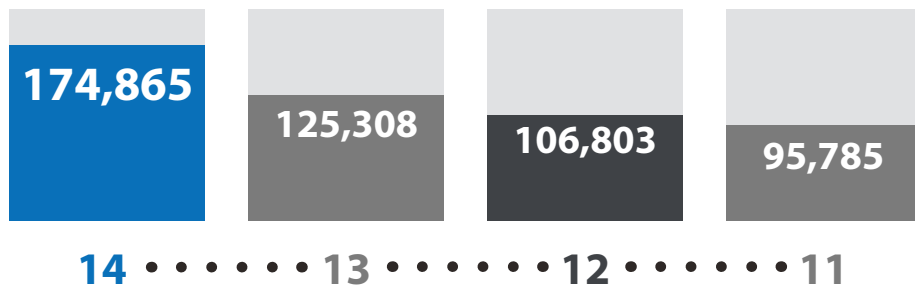
DEPARTMENT TOTALS



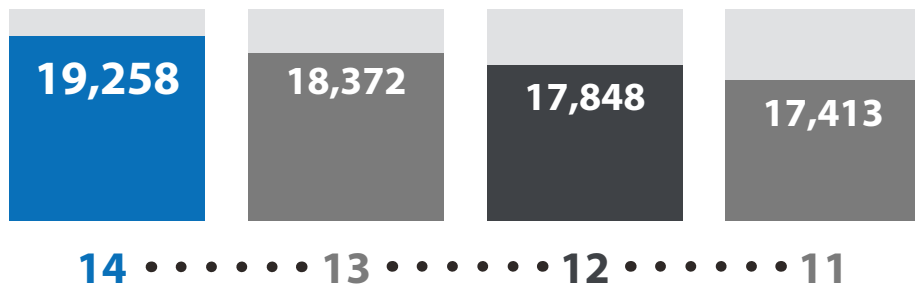
OPERATING PROCEDURES






ENDOSCOPY PROCEDURES



OB DELIVERIES



ZONE BREAKDOWN

	 Operating Procedures	 * Endoscopy	 OB Deliveries
FSCH	3,249	6,858	126
GNH	16,900	36,337	5,903
LCH	2,207	4,111	N/A
MIS	19,309	23,909	2,768
RAH	32,359	52,845	5,877
SCH	5,967	10,937	2,693
STO	9,482	N/A	N/A
UAH	13,457	31,704	N/A
WHC	1,769	8,164	N/A

* 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

SITE CHIEF REPORT

CROSS CANCER INSTITUTE | Dr Ban Tsui

This year we performed a total of 754 cases – 541 adult and 213 pediatric. 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. In the past year, the CCI trialed a telehealth program for pre-admission anesthesia consult. This program is offered to individuals who would otherwise have to travel several hours to the consult. The implementation of this program saved patients time and travel obligations, and the telehealth technology allowed successful assessment of patients prior to admission for surgery.

To date, both patients and staff have found the telehealth program convenient and helpful, and it will continue to be used where necessary in the future.

FORT SASKATCHEWAN | Dr Laszlo Torok-Both

We have continued to try and increase our Surgical program with the embarkation of a gyne surgical Service. We interviewed for this in 2013 with 2 successful candidates but have had several road blocks that we needed to overcome. This is now behind us and a clinical position will start in January 2016 with a second to follow. In order to fill the time already allocated we have several surgeons from the inner city rotating through our OR. This is in addition to our four FRCS surgeons that are resident. They provide 24/7 emergency services along with Gyne emergency, ENT emergency as well

as foot and ankle emergency services that is provided by a orthopedic trained American Board Certified Podiatric trained surgeon. These people are unable to get regular OR time in Lamont for elective time. Endoscopy is very active in the Fort running 5 days/week. Our Cataract surgery is extremely busy running with 3 ophthalmologists. Despite all the activity we are still able to increase our OR time by about 50% with increased day surgery hours and resources for increased nursing and development of our empty OR for increased endoscopy.

SITE CHIEF REPORT

MISERICORDIA COMMUNITY HOSPITAL | Dr Brian Knight

The Misericordia faced a number of challenges this year.

Manpower continues to be a problem with the retirement of Dr Don Jolly after a long and successful career. In addition Drs Kranjevic and Nadeau who worked part time have also retired. This has been combined with some reductions in FTE by staff leaving us short. Recruitment has been hampered by a nation-wide shortage, the perception that other hospitals have better remuneration, and by concern over the state of the Misericordia's physical structure. We have recently recruited Dr Jennifer Tse and Dr Joel Pash and have some locums.

Despite a manpower shortage, we continue to be frustrated by surgeons closing or not booking rooms on short notice. This has been an ongoing problem which has been made worse by the fact that we often have scrambled to ensure that all 10 rooms are staffed.

Our anesthetic machines after several extensions by the manufacturer will not be serviceable at the end of this year. 3 years ago in recognition of this a process to replace all the machines was initiated and money was budgeted. During this time Covenant Health decided to shuffle its administration, leaving us with no Director of Surgery for almost a year and the money seems to have disappeared and Covenant claims to not have any funds.



ROYAL ALEXANDRA HOSPITAL | Dr Neil Klassen

This last year has been a staffing challenge due to multiple factors. This necessitated the closing of over 300 OR days. We have since had the return of our maternity leave personnel as well as hiring 6 staff into permanent positions and 2 more locums. This brings us up to normal staffing complement but we will still face retirements and explosive growth in the need for our services particularly in high risk obstetrics and out of OR locations.

The Enhanced Recovery After Surgery program was introduced later last year for one colorectal surgeon. This year it has expanded to most of the colorectal Surgeons at our site and will be expanded into other surgical areas.

We have started working on a solution to the problem of having all of the intraocular instruments and machines at only one site, RAH, while any pediatric cases would be done by RAH anesthesiologists that are becoming less familiar with pediatric Anesthetics.

Working with GOR management, Ophthalmology, and Dr John Koller, Chief of Stollery Children's Hospital Anesthesia, we are organizing one day per week of pediatric cases and the Stollery is also sending over a pediatric Anesthesiologist for that list. The early days of this are promising.

Dr Laurie Nadwidny has taken the position of Director of Medical Education at RAH.

STOLLERY CHILDREN'S HOSPITAL | Dr John Koller

Our division is comprised of 17 Pediatric Anesthesiologists and one Fellow. 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. We welcomed Dr Liz Hoepfner to our group and two residents from our training program (Drs Fang and Kreitz) are destined to complete Pediatric Anesthesia Fellowships over the next two years and return as staff.

This September, Stollery Pediatric Anesthesiology support has been organized for Pediatric Ophthalmology lists at the Royal Alexandra Hospital outpatient treatment center on a weekly basis. Collaboration with all stakeholders will continue to refine this outreach effort in the Zone.

The Stollery Operating Room Redevelopment Project Phase One is halfway finished, on time and within budget. By summer of 2016, five new operating rooms, a procedure

room, an endoscopy suite, new recovery facilities and dayward with 23 hour admission capabilities will be ready for our patients. All areas will be child and family friendly. Alberta Health and Alberta Infrastructure are studying the plans and business case for Phase Two which will double capacity 2-3 years after Phase One opens. This will enable us to provide a much needed trauma and emergency room daily, expand services and address growing waitlists.

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. Other activities supported by members of our group are Pediatric Acute Pain, Palliative Care, clinical pediatric anesthesia research, Pediatric Intensive Care, presentations at national and international level anesthesia meetings, Zone administration, Motorsports Medicine and anesthesia trainee education.



SITE CHIEF REPORT

STURGEON COMMUNITY HOSPITAL | Dr Douglas DuVal

Over the past year, members of the Department of Anesthesiology at the Sturgeon Community Hospital, under the local leadership of our Director of Regional Anesthesia Dr Mike Hogan, and with support from the University of Alberta Regional Anesthesia program under the directorship of Dr Ban Tsui, have continued to provide regional anesthesia services in support of upper extremity orthopedic surgery. Virtually all orthopedic surgery at Sturgeon is devoted to the upper extremity, as a result of strategic decisions on the part of the Edmonton Zone orthopedics program, which have led to targeted recruitment of subspecialists and selective case referral.

Our obstetric volume continues its gradual expansion, with deliveries in excess of 250 per month occurring with increasing frequency. There is a proposal for future institutional upgrade to a Level 2 nursery. Potential additional OR time is being explored for scheduling additional elective Cesarean sections, which would, as an added benefit, accelerate the training of Labor and Delivery nurses to scrub for Cesarean sections. At present, we are the only obstetric facility in the Edmonton Zone where all Cesarean sections are performed in the main OR, staffed by OR nurses. This results in increased after-hours OR nursing costs, which would be reduced if instead, nurses from Labor and Delivery could support all Cesarean sections.

The general surgery program at Sturgeon appears to be relatively poorly supported within the Edmonton Zone, with surgeons utilizing aging and suboptimal equipment, some of which, particularly for minimally invasive surgery, is approaching obsolescence. There has been no support from the Zone to initiate ERAS.

Anesthetic equipment is also a concern, with four anesthetic machines and six Post Anesthesia Recovery Room monitors currently at "end of life", and a Glidescope, which also needs replacing.

All surgical services are affected by Sturgeon's ongoing problem with variable and uncertain availability of Clinical Associates and surgical assistants, which presents a constant threat to the ability of the OR to function.

Anesthesia staffing has been stable over the past year, with no departures from, or recruitment to our usual staff complement. We have, however, been privileging and utilizing when necessary a number of locum anesthesiologists. These may become an essential resource to us as we endeavor to maintain clinical service in the face of an ongoing Zone-wide shortage of anesthesiologists.

Our department continues to provide clinical instruction in airway management to students and practitioners in a number of clinical disciplines. We perceive that our available clinical resources are currently utilized to the point where accommodation of additional trainees may jeopardize the educational experience.

In August of 2015, the Sturgeon Community Hospital operating rooms underwent essential maintenance and upgrade to their ventilation system. This required complete shutdown of all elective and emergency surgery (with the exception that one OR was kept available for emergency Cesarean sections) for three weeks. As well, "gear down" and "gear up" measures demanded an additional one-week period before and after total shutdown, during which elective surgery was reduced by 50%.

UNIVERSITY OF ALBERTA HOSPITAL | Dr Timothy Yeh

The Department of Anesthesiology & Pain Medicine at the University of Alberta Hospital provides tertiary-level care in a variety of programs, to patients from Alberta, and referred from the surrounding provinces and territories. Our services include cardiac and pulmonary surgery at the Mazankowski Alberta Heart Institute (MAHI), DaVinci robotic assisted surgery, living-related and donated organ transplantation, regional blockade day-surgery for orthopedics and plastic surgery, major reconstructive head and neck cancer surgery, complex spine and orthopedic procedures, Firefighters' Burn Unit debridement and reconstruction, and radiology guided interventional therapies (neurovascular and cardiovascular). We participate in managing major trauma patients for the Northern Alberta zone, and are team leaders in the Acute Care Emergency Surgery (ACES) program. Our Multidisciplinary Chronic Pain division helps many patients with effective and evidence driven therapies, based in the Kaye Edmonton Clinic.

The Enhanced Recovery After Surgery (ERAS) program continues to grow, with incorporation into additional surgical services. The improved care of patients from hospital entry to discharge has been a top priority, with contributions and input from the ERAS team of nurses, surgeons, and anesthesiologists.

The Healthcare 2030 Planning sessions over the year have utilized ideas and efficiencies developed by the many stakeholders to provide the blueprint for Alberta's next generation of health care needs. The Level Three Operating rooms are projected to improve patient flow and short-term monitored beds to increase the overall needed operative capacity.

In this time of population growth and increased service demands in Alberta, our specialty has risen to meet the challenge. Quality initiatives have improved many aspects of our daily practice, and are one of our key missions.

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. The Robert James Kelly Memorial award for Global Health was bestowed on one of our resident doctors, Dr Jalal Nanji for his volunteer work in Tanzania. We look forward to the challenges of the upcoming year!

WESTVIEW HEALTH CENTRE | Dr Jack Stonehocker

Over the past year, we have continued to provide GP anesthesia for all endoscopy. This has allowed us to manage 14-16 procedures per day in order to cope with the increased numbers of FIT positive patients that require screening. We have also finally replaced our glydescope after 10 years with funds raised by our from the hospital auxiliary.

Dr James Patterson Bacon has started his anesthesia training so that he may transition onto our team as we have 2 GP anesthetists preparing for retirement in the next few years.

We continue to report , review all near misses, and other minor concerns of any OR staff so as to improve quality in the department

EDUCATION

During the academic year of 2014/15 the Education Committee focused on the priorities outlined in last year's report which arose from the departmental education mandate. This included activities in the following programs: undergraduate, family practice anesthesia, postgraduate, continuous professional learning and fellowship. The following activities were completed:

1. The mentorship program was moved from the Office of Education to the Office of Wellness where it was felt to be more appropriate.
2. Job descriptions for all education leaders in the department were finalized. A search for an assistant residency program director is underway.
3. All directors of educational programs have support as needed from the Office of Education.
4. A successful Faculty Educators' Development Day to enhance teaching skills was held on Nov 11, 2014. As the timing of the event posed challenges to attendance, no further sessions have been planned to this point.
5. The simulation program for residents had an exceptional year under the leadership of Dr Kate Doyle.
6. A new director for the Family Practice Enhanced skills program in Anesthesiology has been identified - Dr Will Flexer.
7. Dr Kearney completed her 5 year term as Assistant Chair, Education, for the Dept. and has stepped down.

Priorities for the coming year include:

1. Planning an on-going professional development education event for all faculty.
2. Further development and integration of simulation activities at all levels of education.
3. Development of a plan to increase faculty engagement in teaching activities.
4. Exploring ways to provide protected time for teaching.

Dr Ramona Kearney

POSTGRADUATE

The Postgraduate Medical Education program in the Department of Anesthesiology and Pain Medicine had another successful year for 2014/15.

We had 29 residents in our Royal College of Physicians and Surgeons of Canada Residency program, and 1 Family Practice Anesthesia program trainee. Our program once again sent residents to developing nations; this year to Ecuador and Rwanda. We are working hard to prepare for the move to Competency-based Education, scheduled for July of 2017.

WHERE ARE THEY NOW?

Dr Adam Dryden – Cardiac Anesthesia Fellowship at the Heart Institute Ottawa

Dr Amy Fang – Pediatric Anesthesia Fellowship at the Children’s Hospital of Philadelphia

Dr Brendon Chung – Locums at the UAH/MIS

Dr Jen Tse – Staff at the MIS

Dr Russell Quapp – Staff at the RAH

Dr Neethling van den Heever – Staff at the RAH

Dr Jeffrey Campbell - Staff at the RAH

Dr Ohood Tulbah – Pediatric Anesthesia Fellowship at the Hospital for Sick Children Toronto

In the next year we will be introducing more Quality Improvement education initiatives into our curriculum; this will include resources such as the Choosing Wisely Canada campaign and the Institute for Healthcare Improvement.

Dr Jason Taam

EDUCATION



POSTGRADUATE STATISTICS



31

Residents



8

Recent
Graduates

PGY5 | 8



PGY4 | 5



PGY3 | 6



PGY2 | 6



PGY1 | 5

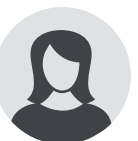


FP-A | 1



19

Male



12

Female

More

The gender split for our postgraduate program is **61% male** and **39% female**.

FELLOWSHIP TRAINING

We continue to offer exceptionally competitive fellowships in cardiac anesthesia, liver/solid organ transplant anesthesia, pain medicine, pediatric anesthesia, regional anesthesia and a MSc / research fellowship.

The subspecialty fellowship directors continue to do a first class job of selecting the best applicants and improving their fellows' educational experience. I wish to mention just a few points.



The CV anesthesia fellowship under the leadership of Dr Mas Yukawa with its 80% academic / 20% clinical service split is proving to be highly successful both educationally and financially viable; so much so that the program is prepared to look at accommodating two fellows.



Dr Graham Steel is now the new pediatric fellowship director and all credit to the pediatric group for running both a general pediatric and cardiac anesthesia fellowship. Judging by the applications we receive there is clearly an appetite for both.



The regional fellowship program remains oversubscribed.



The two year chronic pain residency is now getting off the ground in a number of centres across Canada but we believe that there is still an appetite for a one year program which we will continue to offer.

Despite a more favorable job market out there and huge licensing hurdles for IMGs we continue to receive impressive numbers of excellent applications domestically and from abroad.

Dr Mark Simmonds

2015 was a good year for research within the Department of Anesthesiology and Pain Medicine.

Newly appointed GFTs Dr Stephane Bourque and Dr Ferrante Gragasin were each awarded highly competitive operating grants from the Canadian Institutes of Health Research (CIHR). Dr Ban Tsui also received high honours for his research accomplishments at this year's CAS meeting in Ottawa. Dr Tsui was this year's recipient of the Research Recognition Award from the society.

The Office of Research continues to instill within our residents the importance of research in the field of Anesthesiology

As the national and provincial research funding continues to move toward the funding of larger scale projects that encompass teams of scientists and clinicians, a major goal for the Department of Anesthesiology & Pain Medicine will be 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 cross appointments of Dr Michael Zaugg, Department of Pharmacology, Dr Stephane Bourque, Department of Pharmacology and Dr Bradley Kerr, Department of Psychiatry. The Department is also poised to make a strong contribution to the newly established Neuroscience and Mental Health Institute by continuing to host the annual, Hugill Memorial Lecture for Pain Research as well as the active participation in research and leadership roles with the Institute. An initiative is underway to build a cross discipline "Pain Group" that will bring together clinical faculty with members from across the Faculty of Medicine with an interest in the underlying causes and treatment of pain. These collaborative links will enable greater collaboration across disciplines and create research partnerships that are mutually beneficial for generating high quality, comprehensive research strategies.

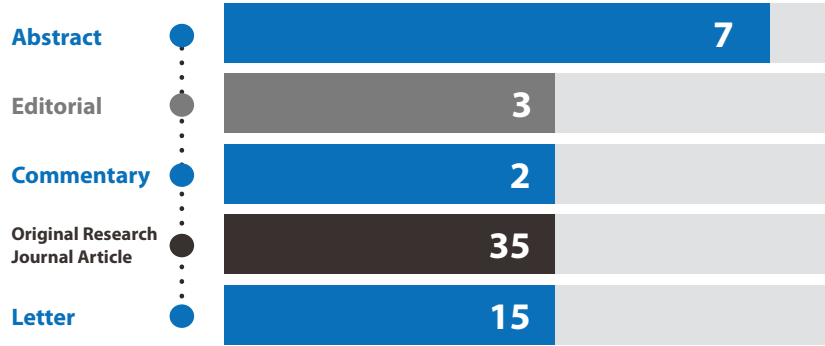
The office of research continues to instill within our residents the importance of research in the field of Anesthesiology. Dr Ferrante Gragasin is spearheading the implementation of a 'fellowship' format to the MSc graduate program in the Department that we hope will promote growth in our intake of graduate students in the coming years.

Dr Bradley Kerr

RESEARCH STATS



62
PUBLICATIONS



33
GRANTS



Note: The above research statistics *only* include UofA Geographical Full-time Faculty

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MULTIDISCIPLINARY PAIN CENTRE

The Multidisciplinary Pain Centre (MPC) continued to advance its three core missions of clinical care for chronic pain patients, education and research in 2014/15.

While the retention of chronic pain as one of the core interests of an anesthesiology department may seem like a pointless anachronism to some, any Zone anesthesiologist can attest to the growing numbers of these patients presenting for surgery, and to having had to grapple with their post operative pain management (As an aside, all Zone anesthesiologists should know that they are always welcome to consult informally with one of us in the difficult peri-operative setting through the switchboard at UAH).

The chronic pain landscape is changing fast, and our pain specialists (physician and otherwise) make it their business to keep up with the latest developments in order to give good consultative advice. The societal backlash against therapeutic opioid use is gathering strength. Changes at the College mean that prescriptions for codeine and benzodiazepines are now tracked centrally, which may result in the creation of a large cohort of orphan pain patients as their GPs get skittish. MPC staff are active participants in a CPSA initiative to try and understand the circumstances surrounding patients who consume truly massive doses of opioids chronically (oral morphine >5000 mg/day): The days of such prescribing, if they were ever really here, are now gone for ever. We have always regarded, and continue to regard chronic pain as a multi-system disease that goes far beyond nociception to include the patient's mind and circumstances. As the years go by, research seems to support our position more strongly. Changes in allied fields, (such as the growing use of suboxone as treatment for addiction) can have enormous clinical implications for anesthesiologists, in the same way as the arrival of new oral anticoagulants has done.

“ “ The chronic pain landscape is changing fast, and our pain specialists make it their business to keep up with the latest developments in order to give good consultation advice.

Change of a positive nature may also be coming on the organizational side. Staff at the MPC, along with anesthesiologists from other sites have been key players in an initiative



to try and place chronic pain within the portfolio of a designated member of the Zone executive. Nobody is promising any more funding for the psychologists, physiotherapists and others that we need to treat our patients properly, but it would be nice to know whose job it would have been to deliver them. Watch this space.

Our residents and students continue to give us kind and positive feedback for our teaching. We continue to fly the flag at the RCPSC, regional and national meetings. Our research contributions continue to grow. We also have the best social event calendar of any division in the Department. Come by for rounds on by any Monday at 4pm. Odds are, you'll get a piece of chocolate cake!

Dr Saifee Rashid

MULTIDISCIPLINARY PAIN CENTRE

'14 MPC STATS



534

New Consults



4,124

Follow Up Visits



8,153

Phone Interactions



891

Psychology Visits



604

Education Course Visits



308

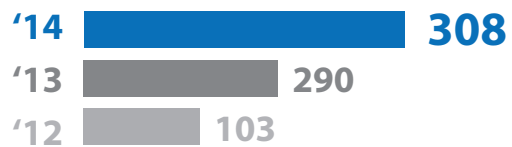
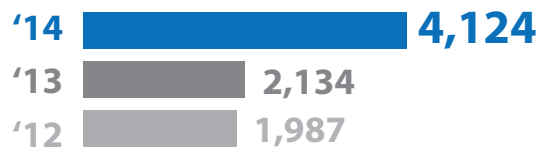
Physiotherapist Visits



422

Yoga Class Attendances

COMPARISON



STAFF WELLBEING

We have been in existence for about 4 years. Over this time, “wellness” has been established as a core value of the Department and an educational program was established.

This year we sent out a survey to assess the Office. We had over 10% response rate. The results showed physician health was valued, but more interactive and site specific topics were desired. Now, we are encouraging each site to embrace the educational process and the Office will provide assistance with this if desired. We also will be changing the organizational structure to that which resembles a working group. The administrator role will be deleted and the Office will consist of site representatives, the mentor program coordinator, and the resident wellness seminar coordinator. Finally we will send out a survey on workplace health needs to pin point site specific desires.

Dr Teresa Eliasson



ADMINISTRATION

The relocation of the academic department space this year took a lot of coordination and time and I am happy to advise that we are all extremely happy with the new space.

Many clinical staff have come to visit and we encourage those who have not to do so. Another successful Gelfan and Bell Continuing Education and Research Symposium was held on May 8, 2015 spotlighting the research efforts of our residents and fellows. We are thankful for the administrative support that goes into this annual planning.

 **We continue to work together to find creative and innovative ways to solve problems...**

Budget challenges are ongoing at the university level, and as always, we continue to work through them as best we can. The constant changes within Alberta Health Services, Alberta Health and Wellness and the Provincial Government keep us readjusting as necessary. We continue to work together to find creative and innovative ways to solve problems and we are thankful that our fellowship program continues to provide a dedicated source of revenue to keep us afloat.

The Faculty of Medicine & Dentistry has recently rolled out a new strategic plan that focuses on education, partnerships, innovation, research, funding, governance and people. As an academic department under the faculty, we share this plan with our academic and administrative staff and encourage feedback at all levels.

We strive to provide a high level of administrative support from the Chair's office to all our members both academically and across the clinical zone and continue to provide communication through our web site, communications messages and other means.

Jacqueline Jubinville

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