Department Of Anesthesiology, Pharmacology & Therapeutics

Full Department Meeting

September 28, 2022
Agenda

1.0 Welcome and Land Acknowledgement R. Preston
2.0 Approval of Agenda
3.0 New Business:
   1. News R. Preston
   2. New Faculty Position updates:
      Dr. Khaled Abdelrahmen- November 2022
   3. External Review Department Response and next steps
   4. Awards and Recognition
   5. Med C Planning
   6. Workplace Experiences Survey
4.0 Committee Reports
   1. Finance/HR A. Rintoul/R. Preston
   2. Research T. Hackett
   3. Education P. Choi/A. Horne/P.Bernatchez
   4. DARPT M. Ansermino/H. Umedaly
   5. EDI A. Flexman
5.0 Other Business
I acknowledge with gratitude, that as I chair this committee from my home, that I am on the traditional, ancestral and unceded territories of the Musqueam, Squamish and Tsleil-Waututh Nation who have cared for and nurtured the lands and waters around us for all time. I appreciate the care provided by these First Nations to the places that I live, work and play in, and give thanks.
News

• Dr. Lindsay Rawling
• Dr. Ken Turnbull
Dr. Ken Turnbull

Memorial October 2, 2022 @ 1330h
Tsawwassen Springs Golf Course

https://vancouversunandprovince.remembering.ca/obituary/kenneth-turnbull-1086144140
New Faculty

• Dr. Khaled Abdelrahmen
  November 1, 2022
Six Recommendations
Department responses collated and sent to Dean
Presented at Faculty Executive September 13, 2022 and accepted
Process started for Search for new Department Head
RECOMMENDATION #1

• The committee recommends that the Department of Anesthesiology, Pharmacology & Therapeutics remain as a single entity.

• The committee does still see significant concerns in finding pathways to make clinical faculty feel greater partnership in the academic missions of the Department. As one step in this direction, the majority (but not all) of the committee believe that efforts should be made to appoint an anesthesiologist to be the next holder of the Patient Safety Chair when this becomes available.
RECOMMENDATION #2

The committee strongly recommends the development of a consensus-based strategic plan that covers each of the major missions of the integrated Department. This was deferred to deal with governance structures but is now essential to map the key directions of the department moving forward. This plan should include further integration of the Department and plans for sustainability.
RECOMMENDATION #3

The committee recommends development of plans to address issues of sustainability. This includes finding ways to recruit and secure funding for Clinician Scientists to lead and promote the Department’s key areas of cardiac anesthesia, perioperative and pain medicine. It is also essential to examine potential pathways by which clinical faculty who obtain competitive salary and operating funds can transition to academic positions. The Faculty of Medicine also has a role to play in helping to find academic positions to enable the Department to raise its academic profile.
RECOMMENDATION #4

The committee recommends that the Department engage in discussions with the Vice Dean-Education about enlarging the undergraduate pharmacology program. The Program Director believes the program could almost double in size with some logistical and financial support from the Faculty of Medicine. The Vice Dean-Education (also current Acting Dean) assured the committee that he is willing to engage in discussions to make expansion possible.
RECOMMENDATION #5

The committee reiterates the recommendation in the last Report of the Advisory Committee to “enhance the role of the Department Head in search, recruitment and retention of clinical faculty in all health authorities to ensure both clinical and academic deliverable are being met”. The University and FOM should support the opening of discussions between the Department and individual Health Authorities to facilitate this change. The committee believes that the Department must be involved in any discussions regarding alternative payment plans, and that this should be done "department-wide" rather than at individual care sites.
RECOMMENDATION #6

The Committee recommends that the University, FOM and Department further engage with the Ministry regarding its plan to train alternate anesthesia care providers. These proposed changes not only represent an existential threat to the Department of APT as an academic specialty but also will have negative impact on its ability to provide excellent anesthesia care to the population of BC.
DEPARTMENT RESPONSE
FOUR OF THE SIX RECOMMENDATIONS ARE SPECIFIC TO ANESTHESIOLOGISTS – CLINICAL FACULTY
RE: CLINICAL FACULTY ENGAGEMENT

• Clinical faculty CVs to be included in department recently acquired FAD to facilitate:
  • Promotion processes
  • Grant applications
  • Award letters/applications
• Acquiring more academic positions for clinical faculty:
  • complex
  • known interdepartmental inequities in FTE academic: clinical – historical and more recent allocations
• Benefits of the non-anesthesiology academic faculty in the department: strong support system for faculty renewal applications, collaborative research opportunities, mentorship
RE: NEXT PATIENT SAFETY CHAIR JUNE 2024

• The endowment is insufficient @ $3 million to support a senior faculty member
• The department was never provided a new tenure position to support the Chair position
• The Terms of Reference need to be improved: who can apply, expectations
RE: SUSTAINABILITY AND CLINICIAN SCIENTISTS

• Ideal: Academic practice plan with interested clinical sites
• Other Canadian University Departments of Anesthesia have funding support:
  • Provided by Province (Ontario APP), University (Toronto), Health Authority (Manitoba, Saskatchewan)
  • Tithing: amounts vary from $500-$10,000/yr
• ‘Transition to academic positions’ limited entirely by financial concerns. Current budget supports only 5 clinician scientist positions; the options of grant tenure and partner positions need to be explored but noting the risk associated with these
• Current path: faculty renewal competitions
• We need to double the number of academic anesthesiologist positions in order to create a sustainable pattern of research mentorship and productivity. We agree that the Faculty of Medicine needs to support this growth.
RE: UNDERGRADUATE PHARMACOLOGY PROGRAM

• Minimal support from FoM and/or FoS
• The program cannot expand without expansion of the teaching labs and student support space.
• Recent renovation request of the Med C building basement unsuccessful
• Med C is one of the oldest buildings on campus and has received no substantial renovation to the Pharmacology/Therapeutics spaces in the last 2 decades. Other basic science departments in FoM (CAPS, BIOC) have had their undergraduate programs significantly refreshed through improved facilities with the construction/renovation of the Biological Sciences Building. Pharmacology was not included in these plans, and by the time there was consideration to including Pharmacology faculty there was insufficient space to accommodate everyone.
• As Med C is last on the FoM 10-year strategic spaces plan, the Department asks that some investment be made by FoM to allow us to continue to provide appropriate spaces for the department to work in (research and education).
RE: ALTERNATE ANESTHESIA PROVIDERS

- Nurse anesthetists: they do not exist at present in Canada, MOH planning to introduce them
- The UBC department is part of a provincial Anesthesia Council, that has representatives from each Health Authority in BC, the provincial family practice anesthesia lead, and the BC Anesthesiology Society.
  - Formal meetings with the Ministry of Health since January 2021, to discuss how to improve anesthesia services supporting the MOH’s surgical renewal plans. On hold frequently by MOH due to other priorities (COVID, nursing crisis, family medicine crisis)
  - The council has provided a multi-pronged approach: regulation of Anesthesia Assistants, ongoing supported training for AAs, expanding the anesthesiology residency program (done July 2022), continuing with the BC Clinical Anesthesiology Fellowship program that is supported by MOH, and continuing to develop the Anesthesia Care Team model in BC.
  - MOH has continued to work on detailed development for nurse anesthetists with no model supported by the Anesthesia Council; no such model exists elsewhere in Canada and there is little evidence of successful integrated models of physician and autonomous nurse anesthesia practice in high-income countries worldwide.
  - The Anesthesia Council is highly supportive of working with nurse practitioners in providing other aspects of anesthesia service including pre-anesthesia clinics, acute and chronic pain services.
RE: ALTERNATE ANESTHESIA PROVIDERS (2)

• Why does this MOH initiative affect UBC APT?
  • Even without established nurse anesthesia, we are seeing the impact on physician anesthesia recruitment
  • We are reliant in BC on acquiring anesthesia providers from elsewhere in Canada and worldwide to support our anesthesia human resource needs
  • Clinical sites have already noted some late ‘recruitment failures’ from other provinces because of concerns over having nurse anesthetists working in BC
  • At the March 2022 Anesthesiology CaRMS interviews, multiple applicants asked about nurse anesthesia in BC, and expressed concern about training and working in a province with a model of care that includes nurse anesthesia
  • We already have a complex model: FRCPC anesthesia, Family Practice anesthesia, anesthesia assistants
• The School of Nursing has continued to develop an education program for nurse anesthetists despite the lack of support (voiced) or requested engagement by the UBC Department APT. As the School of Nursing does not sit in the Faculty of Medicine, a higher level of leadership, i.e. the Dean of Medicine, needs to re-engage in this process to provide and support the perspectives of the Department
Awards and Recognition
2022 Michael Smith Trainee Awards

- Dr. Efthymios Kyriakis: Postdoctoral Fellowship Award

- Research project entitled “Cryo-EM studies of activators and inhibitors of KCNQ1 and KCNQ1:KCNE1 channel complexes”

- Dr. David Fedida’s lab
2022 Michael Smith Trainee Awards

• Dr. Yashodani Pillay: 3 year Postdoctoral Fellowship

• Research project entitled “Smart discharges for mom+baby: Saving mother-newborn dyads by developing a predictive risk model to identify dyads and guide delivery of post-discharge care”

• Dr. Matthew Wiens and Dr. Mark Ansermino’s lab
FoM Strategic Initiative Funds

• Dr. Anshula Ambasta

• Project: RePORT – Re-purposing the ordering of ‘routine’ laboratory testing in health care systems.

• The goal of Dr. Ambasta’s project is to optimize laboratory testing in clinical medicine. First target: thyroid testing
Med C Planning

1. Med Block C last on the list on the FOM 10 year Strategic Space Planning
   - Opportunity to compete for renovation funds by UBC Central: our proposal NOT successful

2. Ongoing work on cleaning out unused labs
3. Create shared emeritus office and repurpose offices for the new faculty
UBC Workplace Experiences Survey
About the Workplace Experiences Survey

60 core questions, 18 faculty questions

Faculty Support
- Academic Excellence
- Faculty Tenure & Promotion
  - Work Environment
  - Professional Growth
  - Work/Life Integration
- Communications
- Collaboration
- Innovation
- Student Focus
- Immediate Unit Head/Manager
- UBC's Senior Leadership
- Health & Wellbeing
- Inclusion & Respect
- Engagement
Prioritizing Opportunities

- Improving engagement should be focused on dimensions exhibiting a combination of low performance scores and strong drivers.
- Focusing on the lower dimension scores exclusively may not fully address what is needed to target and improve engagement.

High Performance Score (% fav)

- **Maintain: Keep doing well**
  - Better than Benchmark + Weak Engagement Driver

- **Leverage & Expand**
  - Better than Benchmark + Strong Engagement Driver

Weak Engagement Driver

Strong Engagement Driver

Medium/Low Priority

Opportunities for Improvement

Low Performance Score (% fav)

High need for improvement coupled with powerful drivers of engagement.

(TAaLENTMAP)
Top Themes from Open-Ended Comments

Almost 2,000 (one-third) of survey respondents provided a write-in comment. The top comment themes:

1. Competing priorities and limited resources
2. UBC offers a great work environment
3. Respect
4. Remote work
5. UBC's senior leadership
Specific results from APT:

- faculty survey: mix of FT and CF with roles
- central office staff survey
- all other office staff survey
UBC Results Overall

Successful Engagement Drivers:
1. Professional Growth
2. Inclusion and Respect
3. Student Focus

Areas to Focus On:
1. Faculty Support
2. Collaborations
3. UBC’s Senior Leadership
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UBC Results Overall

Successful Engagement Drivers:
1. Professional Growth
2. Inclusion and Respect
3. Health and Wellbeing

Areas to Focus On:
1. UBC’s Senior Leadership
2. Collaborations
Our areas to work on for staff in the ‘non-central office’

• Innovation
• Collaboration
• Communication
Our areas to work on for staff in the ‘central office’

- Engagement
- Health and Well Being
- Inclusion and Respect
- UBC’s Senior Leadership

- Innovation
- Immediate head/unit manager
- Collaboration
- Communication
Committee Reports

• Finance
• Education
• Research
• DARPT
• EDI
Finance Report

Allison Rintoul
## Financial Implications Associated with an Application to the Academic Renewal Program

**Submission: Sept 2022**

**Assistant Professor - Perioperative Rural Health Equity**

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**Salary & Benefits**

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**Total Recruitment Costs net of funding**

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Assumptions
1) January 1, 2024 start date
2) Starting compensation - $140,000 per annum
3) Benefits calculated at 15.81%
4) Salary increases - estimated at 4.5%

Program Provides
FUNDING AMOUNT:
- Units are responsible for 20% of the salary, associated benefits, and future increases (GWI, CPI, and merit). Central will fund 80% of the salary, associated benefits, and future increases.
- Starting salaries are capped at $40K (exclusive of benefits) with units committing to pay 100% of anything above that cap.
- Start-up funding and any renovation costs will be split 50/50 between the hiring unit(s) and Central, with a start-up cap of $200K and a renovation cap of $200K. Units must commit to funding anything above those caps.
- Advertising, recruitment, and relocation costs will be split 50/50 to a total cap of $20K.
- Units may use external funding to cover the 20% of the salary or any other costs associated with the recruitment. However, any external funding committed must still be matched by Central.

Funding Partners
- SPH / Providence Dept of Anesthesia - 10% of Salary/Benefits/Increases + $50,000 for Startup + $25,000 for Down Payment Assistance
- CHSWR - $25,000 for Startup
### Human Resource data @ 2022-08-03

**Faculty**
- Academic: 25
- Clinical: 510
- Adjunct Professor: 9
- Affiliates: 8
- Honorary: 2
- Emeriti: 32
- Clinical Fellows: 20
- Research Associate: 5
- Postdoctoral Fellows: 7

**Staff**
- CUPE 2950: 6
- Management/Professional: 21
- Technicians/Research Assistants: 12
- Student Employees: 21

**678**

- Numbers only reflect appointments under department code – ANAE
- Not included would be any appointments processed through HLI, ICORD, BCMHARI, etc
Staffing updates (Department admin only)

- Residency Program – ANAE
  - Jay Park – new Postgraduate Education Program Manager (started May 2022)
  - We currently in the process of assessing support requirements for the program going forward
  - Program will be hiring 1 – 2 Worklearn students to assist with multiple projects – like digitizing resident files (additional funding provided by the PGME office)

- Med C admin support
  - Current CUPE 2950 admin support person – Sheila Wilson remains on unpaid medical leave. We are at 1 year and counting
  - We will be reviewing the support needs in light of the implementation of Workday

- Project Coordinator
  - We have hired a Ana Sial as a Project Coordinator on an 8 month contract (started Sept 17 2022) (position is being supported through the unused funds from S. Wilson position)
  - Ana will work on various projects contributing to identified priorities projects including gathering information from stakeholders, conducting analyses, preparing project documentation, policies, procedures and templates. She will track progress on projects with the intent to increase the efficient administration, organization and operation of the Department of Anesthesiology, Pharmacology & Therapeutics.
Education Programs

Dr. Peter Choi, Vice-Chair Education
Dr. Andrew Horne, Co-Chair Undergraduate Education Committee
Dr. Pascal Bernatchez, Graduate Program Director
2022W enrolment

- BSc Pharmacology program
  - 3rd year intake: 20 students
  - 4th year: 19 students

- Elective courses
  - PCTH 201: 84 students
  - PCTH 325: 235 students
  - PCTH 305: 17 students

- Thank you to all instructors for your contributions!
All pandemic restrictions lifted on campus (but most medical students are wearing masks after 50 students got COVID in the first two weeks)

Out-of-province clinical electives are permitted again

No out-of-country clinical electives

New anesthesiology clerkship director will be needed in July 2023
Anesthesiology Residency Programs

Now have 20 PGY1/year entering the program (doubled since 2017)

Pinch-point rotations are being worked on cooperatively with non-core sites

FPA program 5 residents/year

Pain Medicine program 2 residents/year

New Anesthesiology Program Director search underway: Dr. Bosma finishing his term December 31, 2022
PCTH Grad Program update

- 6 new grad students
- 19 total grad students (Sept 2022)
- no 4YF candidate eligible
- 3 Doctoral Canada Graduate Scholarship applicants
PCTH tuition awards (GSI)

Funds spent

Funds available
PCTH tuition awards (GSI)

- Please send your grad student to our program
- Financial assistance planned
- New TI Faculty
- New major research funding (CIHR)?
• Request to change the name on the diploma to show APT in full.

• REGISTRAR’S OFFICE: Changing the name of a graduate program requires the approval of the Faculty of Medicine, Senate Graduate Curriculum Subcommittee, Senate Curriculum Committee, and Senate, and may require the approval of the Ministry of Advanced Education. The process is initiated via submission of a Category 1 curriculum proposal. Back Aug 15.

-20 page initial application document
Mission: Our graduate program has for mission to offer a world-class research and learning environment that fosters new talent in the fields of basic and clinical pharmacology, pharmacoepidemiology, anesthesia and pain management research.

Values: We value:

- the highest standards of scientific research, innovation, teaching and academic freedom.
- the growth of a collaborative, multi-disciplinary academic environment.
- maximizing the impact of our research through communication and high profile dissemination.
- state-of-the-art mentoring and ongoing career development.
PCTH 514 grad seminar series

- Good student turnout
- Very low Faculty turnout
- Student morale
Research Committee

Dr. Tillie Hackett, Vice-Chair Research
DARPT Report
REDI Committee

Dr. Alana Flexman Vice-Chair EDI
UPDATE ON APT REDI COMMITTEE

RESPECTFUL ENVIRONMENT, EQUITY, DIVERSITY AND INCLUSION

Alana Flexman MD MBA FRCPC
Vice-Chair, Diversity Equity and Inclusion
Department of Anesthesiology, Pharmacology and Therapeutics
September 28, 2022
ACTIVITIES 2021-2022

• REDI Committee & website
• EDI Lanyards
• RC McLaughlin-Gallie Visiting Professor: Dr. Gigi Osler
• Resident & Graduate Student Academic Day May 2022
• Policies: CaRMS, resident leave forgiveness, research day
• Faculty renewal application: Perioperative Rural Health Equity
ACTIVE PROJECTS

• 2-stage departmental survey → strategic recommendations
  • Diversity survey (November)
  • Climate/Inclusion survey (January)
• Resource package for selection processes
• Review faculty promotion process
• EDI curriculum for trainees
  • EDI Journal Club, grad seminar, academic day
• Visiting professor & faculty seminars
Any Other Business?