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Message from the Chair

Dear Colleagues,

It is with great pleasure that I present the University of Ottawa Department of Anesthesiology and Pain Medicine’s annual report for 2015–2016. We are a leading academic department in Canada, as well as a trailblazer for our work in residency education, especially with regard to our recent advances in competency-based medical education. We have achieved many important advances over the 2015–16 academic period which we continue to build upon, develop and support. With this in mind, our report has been designed to serve as both a record of our departmental activity and a celebration of our successes.

In order to achieve our goals, it is vital to create a roadmap to success. In 2015, several members of our department came together as part of a project team to create a Strategic Plan for 2016–2020. By the end of the year, we had agreed to several goals which we hope to achieve over the course of the five years covered by the strategic plan. As part of that process, it is vital that we provide annual updates in order to gauge our successes and plan for future objectives.

I am delighted to say that we have made significant progress in several areas. We are developing teams in each of our affiliated hospitals to guide initiatives in quality and safety of patient care and, indeed, many of our staff are identified as leaders in several subspecialty areas. Our scientists are recognized nationally and internationally for their work in areas such as stem cell therapy, population-health, knowledge translation, pain medicine and the science of learning. We successfully lobbied to incorporate “Pain Medicine” in the name of our university department to better reflect our significant commitment to both anesthesiology and pain medicine, and two of our hospital departments have since made the same change as well. We are developing a regional strategic plan for pain medicine led by our new Director of Pain Medicine at The Ottawa Hospital, Dr. Peter MacDougall. We have introduced innovative continuing professional development programming, including Point of Care Ultrasound (POCUS) and Advanced Cardiac Life Support (ACLS) courses, as well as a novel faculty-based simulation program. Our Annual Anesthesia Winter Symposium successfully collaborated with McGill University and Queen’s University to form the first annual Lower and Upper Canada Anesthesia Symposium (LUCAS), which was
held in February 2017. Finally, our newly-initiated Global Health program is supporting the education of anesthesiologists in several areas around the world, both in Canada and abroad, thanks to the work of Drs. Jason McVicar, Dylan Bould and other colleagues.

In addition, much effort has gone into increasing transparency and accountability with respect to our valuable university resources and the funds used to support our academic mission. In March 2017, we approved our second annual budget which was guided by the priorities outlined within our strategic plan. Continued accountability will be important in the future to ensure the ongoing success of our university programs.

The achievements of our department in recent years are due to the collective effort of countless individuals who selflessly provide their time and energy to support our academic mission. Many of those individuals will be mentioned within the pages of this report but I am incredibly grateful to all colleagues for our shared success and to the administrative support staff who make our work possible. In particular, I would like to acknowledge the contributions of two individuals who have provided unceasing support and guidance both to me and our department as a whole. First of all, Dr. Earl Wynands has offered much wisdom and encouragement during our occasional discussions over a cup of tea and I consider myself very fortunate for these opportunities to learn from such a renowned and revered member of the international anesthesia community. Secondly, we recently celebrated the 45-year anniversary of Mrs. Lynne McHardy at The Ottawa Hospital, 40 years of which she has served as the backbone of our department. Lynne’s tireless dedication is a testament to her incredible work ethic which serves as a tremendous example to us all.

I would like to thank all faculty, administrative staff and our many trainees for your continued efforts and look forward to sharing a very productive year ahead with you. I hope you will enjoy reviewing the reports within these pages and learning more about the Department of Anesthesiology and Pain Medicine, even (or especially) if you are a faculty member. It is important for us to recognize and share in our successes and I am truly honoured to be at the helm of such a dynamic, hard-working group of colleagues.

Sincerely,

Colin McCartney  MBCHB, PHD, FRCA, FCARCSI, FRCPC
Professor and Chair of Anesthesiology and Pain Medicine, University of Ottawa
Head of Anesthesiology and Pain Medicine, The Ottawa Hospital
Scientist, Ottawa Hospital Research Institute
University of Ottawa Department of Anesthesiology and Pain Medicine Leadership

Chair and Executive

- Dr. Colin McCartney  Department Chair
- Dr. Gregory Bryson  Vice-Chair, Research
- Dr. Alan Chaput  Vice-Chair, Education (until March 31, 2016)

Affiliated Hospitals

- Dr. Colin McCartney  Department Head, Anesthesiology and Pain Medicine, The Ottawa Hospital
- Dr. Dave Ewing  Site Chief, Civic Campus, The Ottawa Hospital (until July 1, 2016)
- Dr. Patti Murphy  Site Chief, Civic Campus, The Ottawa Hospital (effective July 1, 2016)
- Dr. Tammy Barrows  Site Chief, General Campus, The Ottawa Hospital
- Dr. Patti Murphy  Site Chief, Riverside Campus, The Ottawa Hospital (until July 1, 2016)
- Dr. Rejean Gareau  Site Chief, Riverside Campus, The Ottawa Hospital (effective July 1, 2016)
- Dr. Jean-Yves Dupuis  Division Head, Cardiac Anesthesiology, University of Ottawa Heart Institute (until September 5, 2016)
- Dr. Stéphane Lambert  Division Head, Cardiac Anesthesiology, University of Ottawa Heart Institute (effective September 5, 2016)
- Dr. Philipp Mossdorf  Chief, Department of Anesthesiology and Pain Medicine, Children’s Hospital of Eastern Ontario
- Dr. Vincent Landry  Chief, Department of Anaesthesia, Hôpital Montfort (until April 1, 2017)
- Dr. Marc Doré  Chief, Department of Anaesthesia, Hôpital Montfort (effective April 1, 2017)
Undergraduate Medical Education

- Dr. Nikhil Rastogi  Undergraduate Medical Education Director
- Dr. Jennifer Chow  Clerkship Director, Francophone Stream
- Dr. Reva Ramlogan  Undergraduate Coordinator, Civic Campus
- Dr. Michael Szeto  Undergraduate Coordinator, General Campus  (effective September 18, 2016)
- Dr. Sean Dickie  Undergraduate Coordinator, University of Ottawa Heart Institute
- Dr. Marion Gould  Undergraduate Coordinator, Children’s Hospital of Eastern Ontario  (until June 30, 2016)
- Dr. Gail Ryan  Undergraduate Coordinator, Children’s Hospital of Eastern Ontario  (effective July 1, 2016)

Postgraduate Medical Education

- Dr. Leo Jeyaraj  Anesthesiology Residency Program Director
- Dr. Daniel Dubois  Associate Program Director and CBD Lead
- Dr. Catherine Smyth  Pain Medicine Residency Program Director (until April 1, 2016)
- Dr. George Evans  Pain Medicine Residency Program Director (effective April 1, 2016)
- Dr. Anna Wyand  Resident Coordinator, Civic Campus (until July 1, 2016)
- Dr. Claudia Gomez  Resident Coordinator, Civic Campus (effective July 1, 2016)
- Dr. Stéphane Moffett  Resident Coordinator, General Campus
- Dr. Jean-Yves Dupuis  Resident Coordinator, University of Ottawa Heart Institute
- Dr. Amy Roeske  Resident Coordinator, Children’s Hospital of Eastern Ontario
- Dr. Anne Lui  Resident Mentorship Director (until June 30, 2016)
- Dr. Sarika Alisic  Resident Mentorship Director (effective October 1, 2016)
Fellowship Programs

- Dr. George Dumitrascu  Fellowship Program Director, The Ottawa Hospital
- Dr. Sean Dickie  Fellowship Program Director, University of Ottawa Heart Institute
- Dr. Leslie Hall  Fellowship Program Director, Children’s Hospital of Eastern Ontario (until January 2016)
- Dr. Darlene Weekes  Fellowship Program Director, Children’s Hospital of Eastern Ontario (effective January 2016)

Continuing Education and Professional Development

- Dr. Rob Jee  Continuing Education and Professional Development Director
- Dr. Michelle Chiu  Simulation Director
- Dr. Donald Miller  Junior Faculty Development and Mentorship Program Director
- Dr. Dan McIsaac  Journal Club Coordinator
- Dr. Naveen Eipe  Chair, Anesthesia Winter Symposium Planning Committee (until February 2016)
- Dr. Jason McVicar  Lower & Upper Canada Anesthesia Symposium (LUCAS) Co-Chair (effective February 2016)

Research

- Dr. Gregory Bryson  Director of Research, The Ottawa Hospital
- Dr. Dan McIsaac  Research Site Coordinator, Civic Campus, The Ottawa Hospital
- Dr. Sylvain Boet  Research Site Coordinator, General Campus, The Ottawa Hospital
- Dr. Diem Tran  Director of Research, University of Ottawa Heart Institute
- Dr. Kimmo Murto  Director of Research, Children’s Hospital of Eastern Ontario
Department of Anesthesiology and Pain Medicine Committees

Covering July 1, 2015–June 30, 2016

Anesthesiology University Executive Committee

Dr. Colin McCartney (Chair), Dr. David Ewing, Dr. Tammy Barrows, Dr. Patti Murphy, Dr. Jean-Yves Dupuis, Dr. Philipp Mosdorf, Dr. Nik Rastogi, Dr. Vincent Landry, Dr. Greg Bryson, Dr. Daniel Dubois, Dr. Catherine Smyth/Dr. George Evans, Dr. Leo Jeyaraj, Dr. Robert Jee, Dr. Michelle Chiu, Dr. Alistair Smith (Chief Resident), Lynne McHardy (Manager), Alexandra Elms (Recorder)

Research Committee

Dr. Greg Bryson (Chair), Dr. Colin McCartney (Ex-Officio), Dr. Dan McIsaac, Dr. Sylvain Boet, Dr. Kimmo Murto, Dr. Diem Tran (Member-at-Large), Dr. Elizabeth Miller, Dr. Catherine Smyth, Dr. Dylan Bould, Michelle Akimov (Recorder)

Residency Program Committee

Dr. Leo Jeyaraj (Chair), Dr. Dan Dubois (Associate PD), Dr. Desiree Persaud (ADHOC), Dr. Anna Wyand (Resident Coordinator – Civic Campus), Dr. Alistair Smith (Chief Resident), Dr. Jean-Yves Dupuis (Interim Resident Coordinator, Heart Institute), Dr. Amy Roeske (Resident Coordinator, CHEO), Dr. Jose DeWit (Assistant Chief Resident), Dr. Stéphane Moffett (Resident Coordinator, General Campus), Dr. Kelly Au (CHEO Scheduler), Dr. Carly Pulkkinen (Ottawa/NOSM, ADHOC), Dr. Joanne Bleackley (PGY2 Resident Elect), Dr. Elizabeth Miller (Resident Research Representative), Holly Vidego (Program Coordinator), Dr. Rob Anderson (NOSM Resident Coordinator, ADHOC Member), Dr. Simone Crooks (Resident Simulation Education, ADHOC Member), Dr. Kira Tone (ADHOC Resident Elect), Lesley Silver (ADHOC IMG Coordinator), Dr. Colin McCartney (Ex-officio, ADHOC Member), Dr. Nik Rastogi (Undergraduate Director, ADHOC Member), Dr. Greg Bryson (Faculty Supervisor Resident Research, ADHOC Member), Dr. Alan Chaput (Vice-Chair of Education, ADHOC Member), Dr. Spencer Gutcher (ADHOC FPA), Dr. Vatsal Trivedi (ADHOC CBD Resident Rep), Dr. Emma Stodel (ADHOC CBD)

Competency by Design Program Implementation & Evaluation Subcommittee (CBD PIE)

Dr. Daniel Dubois (Chair), Dr. Greg Bryson (Ex-Officio), Dr. Alan Chaput, Dr. Michelle Chiu, Dr. Simone Crooks, Dr. Amy Fraser, Dr. Leo Jeyaraj (Ex-Officio), Dr. Colin McCartney (Ex-Officio), Dr. Donald Miller, Dr. Stéphane Moffett, Dr. Viren Naik, Dr. Amy Roeske, Dr. Emma Stodel, Dr. Anna Wyand, Julie Ghatalia (Recorder)
The Ottawa Hospital Fellowship Leads Committee

Dr. George Dumitrascu (Chair), Dr. Colin McCartney, Dr. Alan Chaput, Dr. Sylvain Boet, Dr. Larry Byford, Dr. Michelle Chiu, Dr. Ioana Costache, Dr. Peter Duffy (ADHOC), Dr. Naveen Eipe, Dr. George Evans, Dr. Ashraf Fayad, Dr. Sylvain Gagné, Dr. Jordan Hudson (ADHOC), Dr. Robert Jee, Dr. Leo Jeyaraj, Dr. Anne Lui, Dr. Marie-Jo Plamondon, Dr. Tom Polis, Dr. Patrick Sullivan, Dr. Michael Szeto, Dr. Calvin Thompson, Dr. Patrick Wong, Elaine Stinson (Recorder)

Visiting Professor Committee

Dr. Colin McCartney (Chair), Dr. Robert Jee, Dr. Donald Miller, Dr. Greg Bryson, Dr. Alan Chaput, Dr. Phil Kruger, Dr. Stéphane Lambert, Amber Devlin (Recorder)

2015–16 Annual Anesthesia Winter Symposium Organizing Committee

Dr. Naveen Eipe (Chair), Dr. Meghan Andrews, Gaby Caporale, Dr. Alan Chaput, Dr. Bernice Duan, Dr. Kaitlin Duncan, Dr. Rob Jee, Dr. Leo Jeyaraj, Julia Lalonde, Charles Mann, Dr. Jason McVicar, Dr. Colin McCartney, Lynne McHardy, Dr. Bill Splinter, Dr. Diem Tran, Dr. J. Earl Wynands, Amber Devlin (Recorder)
Honours and Awards

Covering July 1, 2015–June 30, 2016

University of Ottawa, Department of Anesthesiology and Pain Medicine Awards

- Dr. Jason McVicar  Dave Roberts Memorial Award
- Dr. Jordan Hudson  Rachel Waugh Clinical Staff Annual Teaching Award
- Dr. Rob MacNeil  Undergraduate Teacher of the Year – Civic
- Dr. Michael Szeto  Undergraduate Teacher of the Year – General
- Dr. Raylene Sauvé  Undergraduate Teacher of the Year – Montfort
- Mrs. Lynne McHardy  Inaugural Lynne McHardy Award for Administrative Excellence

Canadian Anesthesiologists’ Society Honour Awards

- Dr. Donald Miller  Gold Medal Award
  In recognition of outstanding leadership and significant contributions as an educator, researcher and practitioner
- Dr. Michael Bourke  Clinical Practitioner Award
  In recognition of excellence in clinical anesthesia practice

Additional Honours and Awards

- Dr. Sylvain Boet  Early Researcher Award
  Ministry of Research and Innovation and Science
  Ottawa, ON
  $140,000 over 5 years

- Dr. Sylvain Boet  2015 Faculty of Medicine Distinguished Young Professor Award
  University of Ottawa
  Ottawa, ON

- Dr. Robert Chen  Dr. Martin Green Academic Award for Individual Excellence in Postgraduate Education
  University of Ottawa Heart Institute Academic Medical Organization (UOHIAMO)
  Ottawa, ON
Dr. Jacques Bradwejn (Dean, Faculty of Medicine), Dr. Sylvain Boet and Dr. Alan Chaput (Assistant Dean, Postgraduate Medical Education)

Dr. Michelle Chiu

Teaching Skills Attainment Award with Distinction
University of Ottawa, Faculty of Medicine
Ottawa, ON

Dr. Christopher Hudson
Dr. Viren Naik
Dr. Emma Stodel

Dr. Emma J. Stodel collected the WFSA Innovation Award at the World Congress of Anaesthesiologists in Hong Kong, in recognition of the online tools developed with Drs. Christopher Hudson and Viren Naik to support the department’s new competency-based medical education program. The WFSA Innovation Awards encourage and support innovation in anaesthesiology that has had—or is likely to have—a positive impact on surgical patient outcomes globally.
• Dr. Dan McIsaac  Mentored Research Award
  International Anesthesia Research Society
  $150,000 USD over 2 years

• Dr. Dan McIsaac  Junior Clinical Research Chair Award
  University of Ottawa, Faculty of Medicine
  3-year salary support
  Ottawa, ON

• Dr. Jason McVicar  In the News Award
  Department of Anesthesiology and Pain Medicine, The Ottawa Hospital
  Ottawa, ON

• Dr. Marie-Jo Plamondon  In the News Award
  Department of Anesthesiology and Pain Medicine, The Ottawa Hospital
  Ottawa, ON

• Dr. Paul Connelly  Just Say It Award
  Department of Anesthesiology and Pain Medicine, The Ottawa Hospital
  Ottawa, ON

• Joel Richard  Just Say It Award
  Department of Anesthesiology and Pain Medicine, The Ottawa Hospital
  Ottawa, ON
Beyond the Mask: Extra-Departmental Leadership Positions

Covering July 1, 2015–June 30, 2016

Boet, S.
• Member, Canadian Anesthesiologists' Society Research Advisory Committee
• Société francophone de simulation en santé (SOFRASIM) 2015 Scientific Committee

Bourke, M.
• Member, Champlain LHIN Health Professionals Advisory Committee (HPAC)

Bryson, G.
• Deputy Editor-in-Chief, Canadian Journal of Anesthesia
• President, Canadian Anesthesiologists' Society Perioperative Medicine Section
• Secretary, Association of Canadian University Departments of Anesthesia (ACUDA) Research Committee
• Co-Chair, Canadian Anesthesiologists' Society—Choosing Wisely Canada
• Member, Editorial Board, Canadian Journal of Anesthesia
• Member, Research Metrics Advisory Committee, The Ottawa Hospital Academic Medical Organization
• Member, Canadian Cardiovascular Society Guidelines Advisory Committee: Care of the Cardiac Patient Undergoing Non-Cardiac Surgery
• Member, Ottawa Hospital Research Institute Centre for Journalology Steering Committee, Introduction to Publication Science: A Workshop on Scientific Writing, Publishing and Peer Review
• Member, Canadian Anesthesiologists' Society Annual Meeting Committee
• Core Member, Canadian Anesthesiologists' Society Research Advisory Committee
• Member, Postgraduate Medical Education Awards Sub-Committee, Faculty of Medicine, University of Ottawa
• Member, Operations Committee, Ottawa Health Sciences Network Research Ethics Board
• Member, Research Ethics Board, Ottawa Hospital Research Institute
Chaput, A.
- Educator and International Accreditor, Royal College International Academy, Royal College of Physicians and Surgeons of Canada
- Assistant Dean, Postgraduate Medical Education, University of Ottawa
- Member, Information Technology Governance Committee, Faculty of Medicine, University of Ottawa
- Co-Chair, Clinical Fellowship Committee, Postgraduate Medical Education, Faculty of Medicine, University of Ottawa
- Member, Area of Focused Competence Accreditation Committee (AFC-AC), Royal College of Physicians and Surgeons of Canada
- CBD Faculty Leads Subcommittee, Royal College of Physicians and Surgeons of Canada

Chen, R.
- Member of Canadian Anesthesiologists' Society Cardiovascular and Thoracic (CAS CVT) Executive Section, as Perioperative Echo Chair
- Member of Canadian Emergency Ultrasound Society, as Anesthesia Certification Chair

Chiu, M.
- Director of Exam Material Development, Royal College of Physicians and Surgeons of Canada Examination Board in Anesthesiology
- Member, Association of Canadian University Departments of Anesthesia (ACUDA) Postgraduate Education Committee
- Simulation Educator, Royal College of Physicians and Surgeons of Canada
- Anesthesiology Lead Simulation Educator, University of Ottawa Skills and Simulation Center (uOSSC)

Crosby, E.
- President, Canadian Medical Protective Association

Dubois, D.
- Specialty Committee and CBD Development Group Member, Royal College of Physicians and Surgeons of Canada

Eipe, N.
- Vice-President (Education), International Society for Perioperative Care of the Obese Patient

Fayad, A.
- Member, Cardiac/Critical Care group, Canadian Anesthesiologists Society Annual Meeting Committee
- Member, Canadian Perioperative Anesthesia Clinical Trials (PACT) group
Fraser, A.
• Director, Portfolio on Core Competencies, Undergraduate Medical Education, University of Ottawa

Gagné, S.
• Member, Ontario’s Anesthesiologists Beyond the Mask Working Group

Lambert, AS.
• Senior Editorial Board & Continuous Professional Development Editor, Canadian Journal of Anesthesia
• Associate Editor – Perioperative Echocardiography, Anesthesia & Analgesia
• President, Medical and Scientific Staff Association, University of Ottawa Heart Institute
• President, UOHI Medical Staff Group, University of Ottawa Heart Institute
• President, Canadian Anesthesiologists’ Society Cardiovascular and Thoracic Section
• Member, Canadian Anesthesiologists’ Society
  Continuing Education and Professional Development Committee
• Society of Cardiovascular Anesthesiologists (USA) International Committee Member

McCarty, C.
• Board of Directors, American Society of Regional Anesthesia and Pain Medicine
• Chair, Research Committee, American Society of Regional Anesthesia and Pain Medicine
• Chair, Gaston Labat Award Committee, American Society of Regional Anesthesia and Pain Medicine
• Member, Canadian Anesthesiologists’ Society Research Committee
• Editor, Regional Anesthesia and Pain Medicine
• Associate Editor, British Journal of Anaesthesia

Miller, D.
• Vice-Chair, Canadian Anesthesia Research Foundation

Moffett, S.
• Anesthesiology Representative, University of Ottawa Faculty Council
• Member, Postgraduate Medical Education (PGME) PGY1 Residents Allocation Committee

Neilipovitz, D.
• Champlain LHIN Critical Care Lead, Eastern Ontario
• Former Chair, Anesthesia Section, Ontario Medical Association

Persaud, D.
• Oral Examiner and Member, Oral Exam Committee, Royal College of Physicians and Surgeons of Canada
Rao, P.
- Foundational Elements of Applied Simulation Theory Director, Department of Innovation in Medical Education, University of Ottawa

Tran, D.
- Member, Canadian Anesthesiologists’ Society Research Advisory Committee

Wyand, A.
- Member, Royal College of Physicians and Surgeons of Canada CBD Development Group (Anesthesiology)

Yang, H.
- Director of Professionalism, Faculty of Medicine, University of Ottawa

Promotions

Covering July 1, 2015–June 30, 2016

- Dr. Sylvain Boet, Associate Professor, May 1, 2016
- Dr. Catherine Smyth, Associate Professor, May 1, 2016

Partners and Affiliates

We are affiliated with four academic health sciences centers:

- Children’s Hospital of Eastern Ontario
- Hôpital Montfort
- The Ottawa Hospital
- University of Ottawa Heart Institute

Our partners include:

- Kuwait Institute for Medical Specialization
- Royal College of Physicians and Surgeons of Canada
Strategic Plan 2016–2020

Photo: Mélanie Provencher
**Mission**

To provide our adult and pediatric patients with the highest quality care in Anesthesiology, Perioperative Medicine and Pain Medicine.

**Vision**

Our clinical care, scholarship and innovation will position us as international leaders in Anesthesiology, Perioperative Medicine and Pain Medicine.
Strategic Plan 2016–2020

Strategic Imperatives:

1. Enable the Best Patient Outcomes

   **The Calling:**
   To provide our patients with the highest quality care in Anesthesiology, Perioperative Medicine and Pain Medicine.

   **Our Strategic Response:**
   Our focus on quality patient care will drive research, innovation, education and delivery of care. Our results in these areas will position our department in the top 10% in North America and enhance our department and university reputations internationally.

   **Strategic Goals:**
   1.1 Make quality of patient care the priority in all of our clinical, education and research endeavours.
   1.2 Develop quality metrics that enable our clinicians to determine patient outcomes, compare our results to local, provincial, national and international standards and change practice to continue to improve outcomes.
   1.3 Engage our specialty teams to innovate and translate best clinical practice to patient care.
   1.4 Expand our capacity and capability to generate high quality outcomes research by appointing and supporting a Knowledge Translation Scientist to analyze patient outcome data and implement best practices.
   1.5 Advance partnerships to bring our department’s innovative clinical, research and education programs to national and international anesthesiology communities.

2. Advance the Full Potential of Anesthesiology

   **The Calling:**
   To move beyond our well-defined intraoperative role, to bring our knowledge and experience to a broader population of patients. The expertise of this profession is vital in perioperative care, in pain medicine, in end-of-life care and in finding safe methods to facilitate quality and efficiency of care. There is a clear calling for the profession to take part in and lead collaborative care delivery models within and outside the walls of the hospital.
Our Strategic Response:
Anesthesiologists will lead perioperative and pain medicine teams that will provide patient care inside and outside the perioperative environment.

Strategic Goals:

2.1 Assume leadership in intraoperative, perioperative and pain medicine teams, both within the hospital and the Champlain LHIN, as well as within national and international organizations.

2.2 Recruit and mentor faculty with the specialized skills and expertise required to achieve this Strategic Plan.

2.3 Pursue emerging partnership opportunities in palliative and end-of-life care, as well as addiction and hyperbaric medicine.

2.4 Enhance the profile of Anesthesiology and the department.

3. Active Stewardship of Team Members

The Calling:
To expand the education, leadership, governance and administrative structures that will enable our team members to thrive both personally and professionally while ensuring the department’s ability to respond to the rapidly changing professional and business environment in which we practice.

Our Strategic Response:
We will leverage our expertise in medical education to bring easily accessible and evidence-based continuing professional development opportunities to all team members, from our most junior trainees to our faculty nearing retirement. We will employ leadership development and succession planning processes to ensure our faculty are prepared to lead in the hospital, the university and our broader professional communities. We will increase our sensitivity and attention to supporting a culture of sustainable work-life balance for our team members.

Strategic Goals:

3.1 Graduate Canada’s first group of Anesthesiology residents trained through the Competency-by-Design methodology.

3.2 Implement a Continuing Professional Development and Mentorship Program to ensure appropriate practice standards for all faculty members.

3.3 Recruit and support an Education Scientist to develop and validate competency-based education for both trainees and faculty.

3.4 Support a culture of sustainable work-life balance for our team members.
4. Responsible Stewardship of Our Resources

The Calling:
Foster the political, organizational and financial acumen required to adapt to the fiscal environment of our province, the health care sector, the University and our hospitals. Our department and its faculty must be knowledgeable, engaged and prepared to adapt to this fluid environment.

Our Strategic Response:
We will operate our department with a strong blend of our passion for quality of patient care and with prudent and agile financial management of our clinical, education and research missions.

Strategic Goals:
4.1 Partner with local, national and international stakeholders to develop innovative care programs that improve patient outcomes, reduce surgical wait times, decrease length of hospital stay and increase operating room efficiency.
4.2 Align our investments in clinical innovation, education and research with our strategic priorities.
4.3 Implement transparent and responsive financial planning that is aligned with departmental priorities.
## Progress to Plan Update

<table>
<thead>
<tr>
<th>Strategic Imperative</th>
<th>Strategic Goals</th>
<th>Status Review Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable the Best Patient Outcomes</td>
<td>1.1 Make quality of patient care the priority in all of our clinical, education and research endeavours.</td>
<td>Identification of QPS Leads at each university-affiliated hospital, with plans to appoint a lead for faculty-wide QPS. Once finalized, QPS Leads at TOH will start presenting regular updates at monthly QPS Committee meetings.</td>
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<td>QPS representation added to TOH Anesthesiology and Pain Medicine Executive Committee membership.</td>
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<td>Development of Terms of Reference for TOH QPS Chair and 5-year QPS plan.</td>
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<td>1.2 Develop quality metrics that enable our clinicians to determine patient outcomes, compare our results to local, provincial, national and international standards and change practice to continue to improve outcomes.</td>
<td>Consideration of developing consensus around site-specific quality metrics and scorecards, to enable consistent reporting based on agreed metrics.</td>
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<td>Dissemination of QPS Recommendations via TOH Community.</td>
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<tr>
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<td>1.3 Engage our specialty teams to innovate and translate best clinical practice to patient care.</td>
<td>Governance structure and Terms of Reference review underway to define &quot;specialty teams.&quot;</td>
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<td>Implementation of corporate fellowship leads at TOH and contemplation of a long-term goal to merge the responsibilities of fellowship and clinical leads within the subspecialties.</td>
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<td>1.4 Expand our capacity and capability to generate high quality outcomes research by appointing and supporting a Knowledge Translation Scientist to analyze patient outcome data and implement best practices.</td>
<td>Deferred to year 3 or 4 of the plan.</td>
</tr>
<tr>
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<td>1.5 Advance partnerships to bring our department's innovative clinical, research and education programs to national and international anesthesiology communities.</td>
<td>Investigation of partnerships within the Ottawa-Shanghai Joint School of Medicine.</td>
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<td>Development of a Strategic Plan in April 2017 for Pain Medicine and Substance Use Disorder services at TOH, with engagement of community stakeholders extending across the Champlain LHIN.</td>
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<td>Collaboration with Queen's University and McGill University to form the Lower &amp; Upper Canada Anesthesia Symposium (LUCAS).</td>
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<td>National partnerships developed through the Canadian Pain Society and CIHR Strategy for Patient-Oriented Research (SPOR).</td>
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<td>Strategic Imperative</td>
<td>Strategic Goals</td>
<td>Status Review Summary</td>
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<td><strong>Advance the Full Potential of Anesthesiology</strong></td>
<td>2.1 Assume leadership in intraoperative, perioperative and pain medicine teams, both within the hospital and the Champlain LHIN, as well as within national and international organizations.</td>
<td>Leadership in pain medicine with the new Director of Pain Medicine at TOH reporting jointly to the Head of Anesthesiology and Pain Medicine, as well as resident representation on the Medical Advisory Committee.</td>
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<td>2.2 Recruit and mentor faculty with the specialized skills and expertise required to achieve this strategic plan.</td>
<td>uOttawa Department of Anesthesiology and Pain Medicine Junior Faculty Development and Mentorship Program adopted at The Ottawa Hospital and University of Ottawa Heart Institute, with consideration of adoption by other sites.</td>
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<td>2.3 Pursue emerging partnership opportunities in palliative and end-of-life care, as well as addiction and hyperbaric medicine.</td>
<td>As Director of Pain Medicine at TOH, Dr. Peter MacDougall has also been tasked with developing a program for managing inpatients with substance use disorder, which will then be integrated into an overall program for pain management at TOH.</td>
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<td>2.4 Enhance the profile of Anesthesiology and the department.</td>
<td>Department names changed to Anesthesiology and Pain Medicine at uOttawa, CHEO and TOH based on our significant contributions to pain medicine and to better reflect our commitment to leading in this area. Name change requests approved by the uOttawa Executive Committee of the Senate in June 2016, by the CHEO Board of Directors in August 2016 and the TOH Board of Governors in December 2016.</td>
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<td>Increased communication of achievements within the university department and affiliated hospitals, as well as at local, national and international levels to a broad range of internal and external partners and stakeholders, as well as to the public at large.</td>
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<td><strong>Active Stewardship of Team Members</strong></td>
<td>3.1 Graduate Canada’s first group of anesthesiology residents trained through the competency-by-design methodology.</td>
<td>Continuation of support for the CBD program and its leadership team in delivering a high-quality program.</td>
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<td>Collaboration with the Royal College and other residency programs at the national level to share ongoing program development.</td>
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<td>Residency programs fully accredited as of November 2016 and external review scheduled for CBD program in May 2017 to provide a high-level summary with recommendations to consider further opportunities for improvement.</td>
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<td>3.2 Implement a continuing professional development and mentorship program to ensure appropriate practice standards for all faculty members.</td>
<td>Development and delivery of faculty simulation-based CEPD program and POCUS course.</td>
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<td>Possible expansion of the uOttawa Department of Anesthesiology and Pain Medicine Junior Faculty Development and Mentorship Program.</td>
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<td>3.3 Recruit and support an Education Scientist to develop and validate competency-based education for both trainees and faculty.</td>
<td>Dr. Meghan McConnell jointly recruited between Anesthesiology and DIME to study various aspects of the CBD program, as well as to support research productivity within the department, overall.</td>
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<td>3.4 Support a culture of sustainable work-life balance for our team members.</td>
<td>Development of a Resident Wellness Program underway.</td>
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<td>Strategic Imperative</td>
<td>Strategic Goals</td>
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<td>Responsible Stewardship of Our Resources</td>
<td>4.1 Partner with local, national and international stakeholders to develop innovative care programs that improve patient outcomes, reduce surgical wait times, decrease length of hospital stay and increase operating room efficiency.</td>
<td>Direction of PainConnect, a continuing professional development program for family physicians in the Champlain LHIN serving to transfer knowledge from the academic pain centre to primary care providers and their patients in the community.</td>
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<td>Family Practice Anesthesia (FPA) program restarting in July 2017 after having been put on hold while the CBD program was launched. Training FPAs helps to support our rural and northern communities, where these practitioners are primarily employed.</td>
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<td>Collaboration with Nunavut to develop mentorship, proctorship and CPD opportunities for the Family Practice Anesthesiologists in Iqaluit.</td>
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<td>4.2 Align our investments in clinical innovation, education and research with our strategic priorities.</td>
<td>Inauguration of annual budget retreats as a means of providing faculty with the opportunity to review our budgets and discuss ideas about modifying them to be more in line with our department’s strategic plan.</td>
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<td>4.3 Implement transparent and responsive financial planning that is aligned with departmental priorities.</td>
<td>Joint budget development between Business Leads assigned to work with Program Directors/Leads to help provide ongoing assistance and oversight for the budget development process, such that groups and individuals “own” their budget.</td>
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<td>Corporate accountant for all uOttawa budgets to provide annual reports to all members of department.</td>
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The Ottawa Hospital, Civic Campus

Report from the Site Chief

Administration

After 6 years as Site Chief, Dr. Dave Ewing handed over the reins to Dr. Patti Murphy, who transitioned from Site Chief at the Riverside Campus as of July 1, 2016. Dr. Rejean Gareau took over as the Riverside Site Chief at that time.

The business group is sponsoring our Scheduling Coordinator, Joel Richard, to take some correspondence courses at Stanford University to further develop his healthcare administration and leadership skills. He also recently completed a certificate program at Cornell University in Executive Leadership for Healthcare Professionals and, in early 2017, was promoted to the position of Office and Scheduling Supervisor at the Civic Campus.

Human Resources

We welcomed Dr. Jennifer Racine on staff in January 2016, with her subspecialty area of interest in Obstetrical Anesthesia. Dr. Manoj Lalu made the transition from Clinical Scholar to staff member in October, with his major area of interest as Stem Cell Research. After 34 years with the department, Dr. Gail Oneschuk fully retired in December. We are anticipating the retirement of Drs. Don Wilson and Pete MacEwen in 2017. Dr. Jordan Hudson is currently on sabbatical in Victoria, BC for 1 year and recently decided to re-locate there permanently.
Education

This year we had fellows in the sub-specialty areas of Regional Anesthesia, Obstetrical Anesthesia, Chronic Pain, Vascular Anesthesia and Perioperative Hemodynamic Echocardiography.

Our staff continues to develop the Competency by Design (CBD) Residency Program. We are currently almost half way through the program of the first cohort of CBD residents, while simultaneously completing the Residency Program of the "traditional" cohort. Both the Program Director and Associate Program Director/CBD Lead are sited at the Civic Campus. This endeavor continues to be a good deal of work and we are proud to report that, again this year, we have been rewarded with full accreditation, thanks to the ongoing level of commitment from the staff.

In addition, we have a plethora of other learners in our environment—respiratory therapists, nurses, medical students on mandatory rotations and pre-CARMS electives, paramedics and off-service residents. Medical student CBL sessions at the university continue to attract Anesthesiologist participation.

Clinical Work

In the summer of 2015, we replaced our fleet of anesthesia machines at all three campuses of The Ottawa Hospital. Included in the new machines is a feature of end-tidal control of volatile agents, plus a default minimum gas-flow feature. This resulted in major savings in volatile drug costs and gases for the hospital, as well as improved titration of anesthetic agents, better retention of heat and moisture of inhaled gases, and less environmental impact. The new machines necessitated an extensive training period for all staff.

Two new state-of-the-art operating rooms were opened to house vascular cases. As vascular moves towards more endo-vascular approaches, the new equipment facilitates these procedures and minimizes radiation exposure to the staff. Room 6, which used to be a vascular room, was converted into an additional block room to allow better access to appropriate equipment for the provision of regional anesthesia.

The volume of cases, particularly emergency work, continues to increase as Ottawa grows and the population ages. To accommodate this increase in volume, we have added a second room on Sunday evenings as a permanent measure and, starting in 2017, we will be expanding that further to include all holidays as well. In addition, our “late” casework has increased, with last-minute recruitment of volunteers to provide care when the volume of emergency work is heavy.
The total number of both elective and emergency cases has increased from the year before in the 2015–16 period. Namely, from July 1, 2014 to June 30, 2015, there were 7,692 elective and 3,125 emergency cases, whereas from July 1, 2015 to June 30, 2016, there were 7,748 elective and 3,291 emergency cases. This represents a 5.3% increase in the number of emergency cases.

Neurosurgery has expanded their number of surgeons, as well as the complexity of their cases. This has resulted in the need for an expanded number of subspecialty neuro-anesthesiologists. To meet clinical demands, we have increased our cohort from 3 to 7 anesthesiologists by instituting an internal mentorship program.

Due to the mobility of our staff, we need our equipment to be in common locations across all our sites of clinical care. Over time, entropy has occurred. We undertook a major re-design of our anesthesia carts and the process of re-organization of all the carts to a standard design is almost completed at two campuses, with the General Campus yet to occur.

Challenges

Over the 2015–16 academic year, a rigorous review was conducted of all clinical, academic and research budgets for the entire department. This entailed a huge amount of work and many changes occurred to re-balance our finances, including reductions to non-clinical time for several of our staff. While this was a necessary and beneficial process to undertake, it also required some overall adjustments during this transitional period.

In July, renovations commenced on the Special Care Nursery, located directly above the department on b4. As a result, we have had to accommodate overhead access by moving out of our offices in sequence, including the temporary re-location of our call room to c4. The estimated project duration was originally 6 months but, like all renovations of this nature, surprises such as asbestos have complicated the initial plan. These moves have been a major disruption but we have worked closely with the various Project Managers involved to ensure the work is done as efficiently and expeditiously as possible.

Compliance with access to emergency time in the OR is less than desired, so the hospital is working with outside agencies to perform another review and see what can be done to improve this.

The question as to whether Fellows are able to bill OHIP under a staff member’s name recently arose at the Ministry-level. For the time-being, no changes will be implemented.

There is currently a fair deal of available-not-booked time due to a combination of factors. The Civic and General Campuses are attempting to coordinate and provide cross-coverage to minimize these days as much as possible.

The Civic Anesthesiologists continue to provide superb clinical care and pursue academic endeavours with enthusiasm.

Patti Murphy  MD, FRCPC
Site Chief, Civic Campus
The Ottawa Hospital
Assistant Professor, University of Ottawa
The Ottawa Hospital, General Campus

Report from the Site Chief

The Department of Anesthesiology and Pain Medicine has significantly expanded at the General Campus since 2015. Our new recruits include: Dr. Wesley Edwards (Obstetrical Anesthesia), Dr. Kristin Gadbois (Regional Anesthesia), Dr. Peter MacDougall (Pain Medicine), Dr. Miriam Mottiar (Pain Medicine and Palliative Care), Dr. Purnima Rao (Simulation), Dr. Marc Stalder (Obstetrical Anesthesia), Dr. Hesham Talab (Perioperative Echo) and Dr. Steven Tremblay (Pain Medicine).

Under the current hiring model, new staff members join at a 0.8 clinical and 0.2 academic FTE level. Under the supervision of Mentorship Director Dr. Donald Miller, our new hires identify a three year plan focusing on research, education and administrative goals to be attained during that period. Regular reviews with Dr. Miller ensure that each individual continues on the pathways set out to success.

As we welcome new staff to our department, we also said goodbye to Dr. Alan Baxter who retired at the end of 2016.

Our administrative staff has also grown. We have welcomed Ms. Sarah Jones (billing), Ms. Nora Windle (billing) and Ms. Deborah Vachon (administration) into our office. They join Ms. Jennifer Huzera who has taken over as Scheduling Coordinator and Ms. Francine Gravel who has moved into the roles of Bookkeeping and Accounts Coordinator and Supervisor of the office staff.
Clinical Initiatives

With an ever increasing volume of surgical patients and expansion of our roles outside the operating room, several new initiatives have occurred since 2015.

In response to the increasing number of patients on the Acute Pain Service, we expanded the role of the daily APS physician. A full day assignment now provides ample time for daily rounding, performance of rescue blocks and therapies, and collaboration with other services on optimal patient management and planning. Dr. Michael Szeto, as the APS Lead, is developing quality care initiatives through data obtained from the updated ACUPAM database.

The Regional Anesthesia program at the General Campus has expanded significantly over the past 2 years. Expansion of home catheter programs, single modality technique in shoulder surgery and ongoing development of ultrasound has made this an exciting program in our department. Under the leadership of Dr. Patrick Wong, an Anesthesia Procedure Room trial was recently undertaken. If successful, it will hopefully lead to increased efficiency in the operating room, maximize case volume and improve patient satisfaction.

Since 2015, clinical departments have looked closely at instituting enhanced recovery after surgery (ERAS) protocols. We have had great success with the Department of Surgery in applying ERAS to colorectal and thoracic surgeries and are looking to expand this to other subspecialty areas.

The Perioperative Echo program at the General Campus has begun development under the careful watch of Dr. Hesham Talab. We have had two fellows go through the program with great success. Not only have we increased the number of intraoperative TEE, we have also expanded to doing perioperative echo in the Pre-Admission Unit (PAU) and with our consult patients on the ward.

Our PAU has continued to flourish under the leadership of Dr. Sylvain Gagné. A commitment to the Choosing Wisely campaign has resulted in streamlining of unnecessary preoperative testing and development of guidelines and resources to improve patient care.

Through careful review of Patient Safety Learning System (PSLS) incidents, our Quality and Patient Safety Committee, led by Dr. Chris Pysyk, has brought about quality improvement initiatives within the operating room and throughout the hospital-at-large.

Obstetric Anesthesia continues to lead the way with changes in epidural pumps and modalities. Use of ultrasound for epidural placement is on the rise. The CARD system, currently used in the main OR during intraoperative cardiac arrest, is now being instituted in the birthing unit.

In the summer of 2015, we introduced a new fleet of anesthesia machines at all three campuses. Significant effort went into trialing and choosing the best model for TOH. Seamless rollout was led at all three campuses by Dr. Paul Connelly, Dr. Greg Krolczyk and Dr. Don Miller. The new machines brought with them enhanced monitoring capabilities and improved cost savings to the hospital.

OR Efficiency teams have developed at our campus over the past two years. We currently have three teams in place for identified cases—thoracic, gynecologic oncology and ENT. By demonstrating success through careful patient selection and a common approach to surgical and anesthesia management, we have been able to increase the number of cases for each of these services.
Our Future

With increasing demands on a strained health care system, our department looks forward to continuing to work on initiatives which increase efficiency and improve health care delivery for our patients, and to becoming important players in research in our specialty. Expanding our roles outside of the operating room has already begun. As many in our department step into leadership roles within the hospital, our ability to affect change and contribute to the ever evolving health care service in our region will only continue to grow.

Tammy Barrows  BSc(Hons), MD, FRCPC
Site Chief, General Campus
The Ottawa Hospital
Assistant Professor, University of Ottawa
The Ottawa Hospital, Riverside Campus

Report from the Site Chief

It has been an exciting and productive year for the Riverside Campus. Before I started as Site Chief in July 2016, the renovation of the Lithotripsy room paved the way for the ability to provide general anesthetics and traditional sedations in that room. In turn, this has allowed the urology program to expand into that space, as well as provided the beginning of what will become a walking wounded program for renal calculi. In addition to our improved lithotripsy suite, the renovation of OR 6 was completed in February 2017 and will improve the size and flow of the urologic operating room.

In the spring of 2016, we also saw the addition of an Anesthesia Assistant to the main OR which has improved our efficiency overall, especially with our ever-expanding regional program. Our patients and staff have benefited greatly from this assistance and it has truly been a step forward for our department, patient safety and quality of care.

Lastly, we recently said farewell to Dr. Gail Oneschuk and Dr. Don Wilson, who retired from The Ottawa Hospital in December 2016 and March 2017, respectively. Their presence in the OR and enthusiasm will greatly be missed but one can rest assured that retirement will keep them both busy.

We are also looking forward to a very busy, productive and efficient year ahead at the Riverside Campus.

Rejean Gareau MD, FRCPC
Site Chief, Riverside Campus
The Ottawa Hospital
Assistant Professor, University of Ottawa
University of Ottawa Heart Institute

Report from the Division Head

The Division of Cardiac Anesthesiology is a team of 15 anesthesiologists fully dedicated to the care of cardiac patients. Its practice model of comprehensive perioperative care is unique in Canada, where anesthesiologists are involved across the perioperative spectrum, from the preoperative preparation of cardiac surgical patients, through to the intraoperative care and echocardiography imaging, to the postoperative care in the intensive care unit. The Division also provides respiratory care to patients in the coronary care unit and anesthesia care to cardiology patients in the catheterization and electrophysiology laboratories.

Manpower

Last year, the Division was sad to see the retirement from active clinical work of two of its founding members and very important contributors over the years, Dr. James Robblee and Dr. Michael Bourke, who were for many years Division Head and Director of Critical Care, respectively. The Division also welcomed four new members:

1. Dr. Robert Chen from St. Michael’s Hospital, a seasoned clinician, an exceptional teacher and a nationally recognized expert in point of care ultrasound (POCUS), who will help to establish our division and department as a national leader on this front;

2. Dr. Louise Sun, a young clinician who, with her enthusiasm and title of Adjunct Scientist with the Institute for Clinical Evaluative Sciences (ICES), has added to our research capabilities;

3. Dr. Vynka Lash from McGill University, who brings to the Division an interest in patient safety and plans to complete a Master’s degree in that field;

4. Dr. Ryan Mahaffey from Queen’s University, who brings skill and dedication as a clinician and as an educator that will greatly benefit our patients and our trainees, both in the cardiac operating room and in the critical care unit. Our team’s vision is to recruit a mixture of young blood and seasoned professionals who want to focus their career to the care of cardiac surgical patients.
In the fall of 2016, the Division also underwent a change in leadership when Dr. Stéphane Lambert took over the role of Division Head from Dr. Jean-Yves Dupuis, who completed the end of his term at that time.

Education
On the education front, our Division continued its involvement in high quality teaching to anesthesia residents in the field of complex cardiac care, as the department transitioned to its new CBD program. On that front the important contribution of Dr. Chris Hudson and colleagues was recognized with a prestigious “Innovation Award of the World Federation of Societies of Anesthesiologists.” Also, the Division continued to run, under the leadership of Dr. Sean Dickie, one of the most popular and successful cardiac anesthesiology fellowships in the country. Finally, our members’ recognized expertise led to several invitations to speak at national and international venues.

Research
The Division has stepped up its efforts to renew its research productivity. Dr. Diem Tran, our Director of Research, has done a comprehensive reorganization of our research infrastructure and secured the help of three full-time Research Assistants. Our Division members contributed as primary authors or co-authors to the publications of 10 scientific articles during the 2015–2016 academic year (listed within the Research and Scholarship section of this report). In addition, they established national and international collaboration with investigators from the United States, United Kingdom and Germany. One highlight of our research program this year has been the $2.98 million grant from the Hecht Foundation, attributed to Dr. Bernard McDonald and his co-applicant, Dr. Darren Hayland from Queen’s University, to conduct the international SUSTAIN CSX (selenium in high risk cardiac surgical patients) trial.
Improving Cardiac Care at the University of Ottawa Heart Institute

The 2015–2016 academic year saw the beginning of a great period of renewal and expansion for our Division. As part of its strategic initiative to reinvent cardiac care, the University of Ottawa Heart Institute began implementing its new multidisciplinary Heart Teams. The Division of Cardiac Anesthesiology is playing an integral role in many of those teams: Complex Arrhythmias (Dr. D. Tran), Complex Revascularization (Drs. R. Chen and J.Y. Dupuis), Women’s Heart Health (Dr. L. Sun), Heart Failure (Dr. L. Sun) and Complex Critical Care (Drs. B. McDonald and S. Lambert).

Cross-Appointments

Dr. Diem Tran and Dr. Louise Sun received cross-appointments to the School of Epidemiology.

Awards, Nominations and Recognitions

1. Dr. Michael Bourke received the 2016 Annual Clinical Practitioner Award from the Canadian Anesthesiologists’ Society, in recognition of his excellence in clinical practice.
2. Dr. Christopher Hudson was a co-recipient along with Dr. Viren Naik and Dr. Emma Stodel of the Innovation Award from the World Federation of Societies of Anesthesiologists for the creation of online tools to support a competency by design anesthesia curriculum.
3. Dr. Stéphane Lambert became Editor of Continuous Professional Development and Senior Editorial Board Member of the Canadian Journal of Anesthesia. He also became Associate Editor of the cardiovascular section of Anesthesia & Analgesia and President of the Cardiovascular and Thoracic Section of the Canadian Anesthesiologists’ Society.

In conclusion, the Division of Cardiac Anesthesiology remains committed to the mission of excellence in clinical care, education and research at the Heart Institute, The Ottawa Hospital and the University of Ottawa. We look forward to the future with optimism and anticipation.

A. Stéphane Lambert, MD, MBA, FRCPC
Division Head, Cardiac Anesthesiology
University of Ottawa Heart Institute
Associate Professor, University of Ottawa
Children’s Hospital of Eastern Ontario

Report from the Department Chief

Administration
The perioperative area at CHEO is currently receiving a face lift with Project Stitch, which began in early 2016. The renovations have included a new recovery room and daycare unit, as well as the addition of two treatment rooms to partially offload procedures from the OR. The original plan expected to increase the number of procedures being done at CHEO by 1,500–2,000. Of course, this would be contingent upon government approval of the functional plan for the increase in human resources which, to-date, has not yet occurred. The renovations are proceeding well and are anticipated to be completed by Winter 2017/2018.

Dr. Kimmo Murto has been appointed to Vice Chief of Staff at CHEO and Dr. David Rosen has been appointed as the lead for the Cardiac Surgery Program at CHEO. Dr. Mossdorf is in the final year of his second term as Chief of Anesthesiology and Pain Medicine at CHEO and the selection process for a new Department Chief is underway.

Human Resources
Dr. Victor Neira left our department in the fall of 2015 for Halifax. He was a member of the cardiac anesthesia group which now functions with only three members. In addition, Dr. Marion Gould retired in June 2016. We have not yet replaced either of these positions since we are still in the selection process for the new Chief. We are also specifically looking for an academically strong pediatric anesthesiologist.
In order to expand clinical operations after the renovations have been completed, we will require an increase in anesthesia staff. A request for funding has been submitted to the government.

We have added a 0.5 FTE position to chronic pain management which is filled by Dr. Christine Lamontagne. In addition, Dr. Lamontagne’s team receives an annual funding of > $800,000 for an effective chronic pain team, with support from the hospital and Ministry of Health.

Since October, we have a full complement of Anesthesia Assistants who participate in a 24/7 call schedule. This significant achievement closes an important gap in patient safety when anesthesia is performed after hours. This initiative is partially funded to a large extent by the Department of Anesthesiology and Pain Medicine at CHEO for the next two years.

**Education**

We currently have two fellows who are training in pediatric anesthesia and have two spots available each year. There has been a significant shift from foreign fellows to Canadian fellows, since Canadian fellows are partially and preferably funded through CHAMO. We also noticed a significant increase in Canadian-trained applicants, presumably due to a decrease in the number of staff positions available across the country.

We also teach a wide spectrum of trainees at the bedside. Apart from our own anesthesia residents and fellows, we have medical students, paramedics and pediatric/ICU residents and fellows. Currently, we provide formal and informal weekly journal club or teaching rounds for the residents and fellows with topics they choose for themselves. In addition, we train paramedics in basic pediatric anesthesia skills.

**Research**

Dr. Dylan Bould is conducting research in medical education at the University of Ottawa Skills and Simulation Centre and is also strongly involved in global health projects. Dr. Kimmo Murto and Dr. Bill Splinter continue to do clinical research.

Dr. Anna Shadrina has also started to do research and quality improvement in regional anesthesia in children. Dr. Christine Lamontagne continues to do quality improvement work and data research in chronic pain in children.

**Clinical**

The volume of cases remains stable with a shift to wait time sensitive cases for elective procedures. We continue to reduce the amount of after-hour cases due to more flexible OR management during regular hours.

We have fully implemented an ambulatory regional anesthesia program for children. As far as we know, this is the only established program in Canada for children.

With a clear governance structure, our perioperative team has resumed its efficiency and quality improvement work by having hospital-funded specialists assigned and funds allocated to various projects. However, due to an overall lack of effective funding, we make little sustainable inroads to decrease wait times.
Challenges

Budgetary restraints at CHEO do not permit us to fill significant gaps in Human Resources requirements, despite our best efforts. We are still missing a nurse position to screen patients preoperatively, which is a statutory requirement by the Ministry of Health and Long-Term Care. However, efforts are currently underway to rectify this. After-hours recovery remains a major problem for anesthesia at CHEO, particularly on weekends. PICU nurses recover our patients on weekends and after 11 PM on weekdays but are not trained to do proper recovery. In addition, PICU occupancy can pose a strain on this, at times.

The overhaul of our emergency surgery booking system presents another challenge. Several years ago, we redesigned the entire OR schedule to allow for more flexibility in accommodating urgent and emergent procedures. The system has worked quite well for the past number of years; however, we still lack the efficiency to address high priority cases on certain days.

Despite these challenges, the Department of Anesthesiology and Pain Medicine at CHEO continues to provide our pediatric patients with the highest quality care in Anesthesiology, Perioperative Medicine and Pain Medicine, and continues towards our vision of positioning ourselves as international leaders in these areas with our contributions in clinical care, scholarship and innovation.

Philipp Mossdorf MD, PhD, FRCPC
Chief, Department of Anesthesiology and Pain Medicine
Children’s Hospital of Eastern Ontario
Assistant Professor, University of Ottawa
Our family has grown again this past year, as Dr. Meghan Andrews joined our team in the spring of 2016 after returning from maternity leave.

We remain very involved with surgical LEAN transformation to our operating room processes. Many members of the department are deeply engaged and will play key roles in this transformation over the next four years.

As for myself, I am currently in my third year as Chief of the department but will be handing over the reins to Dr. Marc Doré as of April 2017. I would therefore like to take this opportunity to thank the incredible members of my department who have helped and supported me during the last three years. It has truly been a pleasure to have served in this position and I wish Marc every success as he enters his new role. I am glad to know that the department will be left in good hands.

Lastly, I would like to extend my best regards to the Ottawa anesthesia community as a whole for a safe and rewarding year ahead.

Vincent Landry MD, FRCP
Chief, Department of Anesthesia
Hôpital Montfort
Lecturer, University of Ottawa
1 Canadian Field Hospital
Anaesthesia Det Ottawa

Report from the Colonel

It is a point of significant pride that our department has several members who provide important contributions to our national defence as part of the Canadian Forces Health Services (CFHS) Group and the Royal Canadian Medical Service (RCMS). These include our current Regular Force members, Dr. Joseph Po (Colonel), Dr. Leilani Doyle (Lieutenant-Colonel), Dr. Daniel Power (Commander) and Dr. Sherissa Microys (Major). Over the past year, this TOH cadre of military specialists has been, and continues to be, deployed to Erbil, Iraq as part of Operation IMPACT, Canada’s contribution to dismantle and ultimately defeat ISIS. Working closely with Canadian Special Forces elements, our team is a key component of the Canadian Role 2 Damage Control Surgical Facility covering our Coalition Forces in Northern Iraq. In addition to this, our team members were also deployed with Canadian Special Operations Regiment (CSOR) to Niger as part of Exercise Flintlock in a capacity-building operation with our African UN Allies in their ongoing struggle with Boko Haram and Al-Qaeda. Our team provides 24/7 coverage of the Critical Care Air Evacuation capability of the Royal Canadian Air Force and is on high readiness for Rapid Deployment missions in support of Special Operations.

Back at home, in addition to working with our colleagues at both the Civic and General Campuses of The Ottawa Hospital in the OR and ICU, we cover the military operating room at the Montfort Hospital as part of daily in-garrison care to our troops. Educationally, we are deeply involved in training our combat medical personnel as part of the Acute Medical/Trauma Resuscitation Program (AMTRP) in Vancouver and Montreal two to three times a year, as well as apart of the Critical Air Evacuation Course (CCA) held regularly at CFB Trenton.
The cadre maintains combat readiness with annual Individual Battle Training Standard (IBTS) training and twice yearly Field Exercises with 1 Canadian Field Hospital in Petawawa.

Internationally, the cadre is deeply involved with the NATO Centre of Excellence for Military Medicine (MILMED COE) in Budapest, Hungary and participates in the bi-annual Brigade Level NATO medical exercise Vigorous Warrior, which focusses on high level combat medical interoperability with NATO allies and Chemical Biological Radiologic and Nuclear (CBRN) response. We currently have three Anesthesia Residents, Dr. Ramzy Abdel-Galil (Major), Dr. Graeme McBride (Major) and Dr. Leigh Nickerson (Lieutenant-Commander).

In terms of human resources updates, it is with great pleasure that I announce the recent promotions of Dr. Dan Power to the rank of Commander and Dr. Leilani Doyle to the rank of Lieutenant-Colonel, this year. However, it is with regret that I announce Dr. Robert Johnston’s (Lieutenant-Colonel) departure from the cadre, as he will now be working at higher headquarters in the CFHS after 20 years of dedicated service.

We thank the Department of Anesthesiology and Pain Medicine for their continued support of the Canadian Armed Forces and, in particular, their military colleagues. We are very proud to be a part of this department and of the work that we do.

Joseph Po MD, FRCPC
Colonel, Canadian Armed Forces
Anesthesiology Specialist Advisor to the Surgeon General
Consulting Anesthesiologist, The Ottawa Hospital
Assistant Professor, University of Ottawa
Clinical Care & Quality
Clinical Care & Quality

Report from the TOH Quality and Patient Safety Committee Chair

Since its inception in 2011, the Quality and Patient Safety (QPS) Committee for the Department of Anesthesiology and Pain Medicine at The Ottawa Hospital (TOH) has been active on many fronts. Our multidisciplinary committee membership includes representation from Anesthesiology Staff, Residents, Anesthesia Assistants, Respiratory Therapists, Nursing (Operating Room, Post-Anesthesia Care Unit and Pre-Admission Unit), Pharmacy and Patient Advocacy across the Civic, General and Riverside Campuses. Meeting on average 11 times per year, the committee reviews Patient Safety Learning System (PSLS) reports with an emphasis on identifying system-level opportunities for improvement. In 2016, the committee received 281 PSLS reports, with a range of 9 to 33 cases discussed at the monthly meetings. The list of PSLS-initiated projects coming from the committee continues to grow thanks to dedicated QPS Committee members, as well as those who have taken the time to complete a PSLS report within the department and beyond.
At the risk of excluding many of our undertakings, a brief list includes:

- Positioning Task Force led by Dr. Lucie Filteau
- Electronic Difficult Intubation Flag and Report on Oacis
- Modifications to the Surgical Safety Checklist
  - Prompts for anticoagulation discussion when epidural planned post-op
  - Local anesthesia dosing
- Eye Pain Management Protocol for non-Ophthalmology patients in PACU and the ward
- Anaphylaxis kit in main OR
- Removal of look-a-like spinal needles
- Intraoperative Handover Checklist
- Guidelines:
  - Critical Incident Management
  - Reporting Criteria for PSLS submissions
  - Volatile Anesthesia in ICU for Status Asthmaticus/Epilepticus
- Modifications to SIMS Pre-Op and Anesthesia Manager Software
- Education and process changes to minimize anticoagulation with epidural catheters
- Dental Trauma Management Protocol
- Infection Control Practices involving the Anesthesia Workstation, led by Dr. Chris Wherrett

In addition to these projects, the PSLS events reviewed by the committee are considered for QPS Rounds (formerly known as Morbidity & Mortality Rounds) based on system and cognitive matters for which a learning or improvement opportunity may be possible. The QPS Rounds are videoconferenced across TOH’s three campuses at least four times per year and continue to provide a popular and insightful educational venue that generates dynamic discussion for improving practice and conduct of patient care.

The committee also serves as a platform to address matters of quality and safety surrounding the Acute Pain Service (APS), Surgical Information Management System (SIMS), the Surgical Safety Checklist (SSCL) and the Annual Anesthesiologist Performance Scorecard.

As with any large Department, knowledge dissemination and timely access to relevant QPS communications present an ever evolving challenge. During the monthly meetings, the committee discusses what information should be made available in an email update for the department.

Going forward, integration of more resident and staff anesthesiologists into the committee’s activities is one of our plans to improve the clinical care and experience of our patients.

On behalf on the QPS Committee,

Chris Pysyk  MD, FRCPC
Chair, Quality and Patient Safety Committee
Assistant Professor, University of Ottawa
Medical Education
Report from the Assistant Dean

The Department of Anesthesiology and Pain Medicine has a long history of excellence in education and it was my sincere honour to lead the education group during the 2015–2016 academic year as the Vice-Chair of Education. As you will see from the reports in each of the education sections to follow, our department is a leader in education both at the University of Ottawa and at a national level. We should be extremely proud of the many accomplishments of our education leadership.

The role of Vice-Chair, Education is an extremely important one. The existence of this position demonstrates that, as a department, we value education as a core part of who we are. While occupying the position, I was provided not only with the mandate, but also with the ability to better synchronize education-related activities across medical students, residents, fellows and faculty to foster increased collaboration among these various groups in order to maximize learning opportunities and move forward in carrying out the education-related mission and vision of the department; to advocate for education within the hospitals and the university; and to develop best practices by working with Vice-Chairs of Education in other departments.
Of the many successes in the realm of education, I would like to highlight the following:

- An ever increasing involvement of our faculty in undergraduate education, as both active teachers and leaders (e.g. ePortfolio coaching, mentorship, case based learning, pain curriculum)
- The successful implementation of the CBD Anesthesiology residency program in July 2015 and the successful approval and roll out of the Pain Medicine residency program in July 2015 (only the second Pain Medicine residency program in the country at that time)
- The development of a PGME Clinical Residency Fellowship Committee to oversee all fellowship programs at the University of Ottawa, bringing in policies to help guide training as well as a common fellowship contract. This committee will also oversee more formalized fellowship programs called Areas of Focused Competence, an application for which will likely be made in the coming years by Cardiac Anesthesiology at the University of Ottawa
- More focus on continuing education and professional development and how it best supports the educational endeavours of the department (e.g. Grand Rounds on assessment, evaluation, giving feedback)
- An extremely successful Annual Anesthesia Winter Symposium with world class speakers, and the transition to a new regional multi-university collaborative anesthesia conference, the Lower & Upper Canada Anesthesia Symposium (LUCAS)
- The design and delivery of continuing professional development courses in Point of Care Ultrasound (POCUS) and faculty-based simulation sessions
- Leadership in the role out of a standardized residency simulation curriculum (CanNASC)

These highlights are just a few of the many accomplishments to be celebrated by the Department of Anesthesiology and Pain Medicine. Going forward, we will continue to support the many education leaders in our department and promote the great work that they do.

Alan J. Chaput  BScPHM, PHARMD, MD, MSC, FRCPC
Vice-Chair of Education (2014–2016)
Department of Anesthesiology and Pain Medicine
Staff Anesthesiologist, The Ottawa Hospital
Assistant Dean, PGME
Associate Professor, University of Ottawa
Undergraduate Medical Education

Report from the Program and Clerkship Directors

The Department of Anesthesiology and Pain Medicine has been strengthening and building its role in Undergraduate Medical Education at the Faculty of Medicine over the past few years. We have a lot to teach medical undergraduates, whether they plan to enter Anesthesiology or another clinical specialty. Our faculty draws on expertise from the varied practices that we have as acute and chronic care physicians practicing in operating theatres, intensive care units, post-surgical wards and pain clinics. We strive to ensure that every medical graduate has a competent understanding of pain management, airway maintenance and resuscitation, and that those who choose Anesthesiology as a career path are ready for residency. We deliver this curriculum in 3rd year to our core clerkship students in both the Anglophone and Francophone streams, and also help to guide about 50 final year elective students as they consider Anesthesiology as a future career.

Our role in medical school undergraduate curriculum continues to expand. In 2015, the Association of Canadian University Departments of Anesthesia (ACUDA) surveyed the participation of anesthesiologists in undergraduate medical education (UGME) at all Canadian medical schools and compared this to the previous survey done in 2000. Their conclusion was that, although participation has increased over the last 15 years, more could be done and that more faculty engagement in teaching would improve our standing with other colleagues and avert a threat to our profession.

We are pleased to report that we have had a steady increase in the participation of faculty members at all levels of undergraduate curriculum. A total of 56 members participated in the past year. Over the last three academic years, we have seen participation rise from 2.8 hours to 4.3 hours annually, per full-time equivalent. As anesthesiologists, our work style does not lend itself very easily to teaching activities outside of the operating room because it is difficult to cover our clinical duties for short periods in the day. Nevertheless, the department has overcome this challenge and made teaching a priority through our mentorship program for junior faculty members,
UGME Teaching Hours: 2015–2016

- Case Based Learning: 218
- ePortfolio: 82
- Clerkship: 63
- Pain Curriculum: 48.5
- Physical Skill: 30
- Total: 441.5

Teaching Hours per Full-time Equivalent: 2013–2016

- 2013–2014: 3 hours
- 2014–2015: 4 hours
- 2015–2016: 5 hours
in the hopes of engaging staff early in their careers. Many of our faculty have been committed teachers throughout their whole careers. The majority of our participation in the pre-clerkship level has been in Case Based Learning (CBL) tutorials. We have had faculty and fellows from all of the university affiliated hospitals participate in this activity, with most considering this to be a rich and satisfying component of their academic career.

The department also continues to deliver a strong and relevant pain curriculum to students as they enter their clerkship year. This is led by Dr. Shona Nair with the addition of Dr. Steve Tremblay as the Francophone lead. The content is delivered by staff and fellows and addresses the basics of acute and chronic pain management, as well as the role of cannabinoids and the current opioid crisis.

The university recently started a longitudinal reflective curriculum known as ePortfolio. Dr. Amy Fraser became the lead for this program and, as of September 2015, has been the Director for Core Competencies as well. The department is well represented in the rank of ePortfolio coaches in both the Anglophone and Francophone streams, and we congratulate Dr. Lucie Filteau as the recipient of the 2015–2016 Coach of the Year award for the Francophone stream.

Our Simulation faculty and fellows deliver an enriching approach to crisis management in the OR for our Anglophone students at the beginning of their core rotation, while both Anglophone and Francophone streams benefit from an airway assessment and management workshops. In addition, Dr. Hesham Talab recently developed a Point of Care Ultrasound workshop to introduce students to bedside assessment.

Medical education in Canada is following the lead of our post-graduate residency programs and will be implementing a competency-based curriculum. This is currently in the early stages of development with the examination of Entrustable Professional Activities. We will definitely benefit in this regard from the leadership taken by our own Competency by Design Anesthesiology Residency Program.
Our achievements in undergraduate medical education could not have been attained without the dedication of our faculty, fellows and residents. In particular, we would like to acknowledge the efforts of our Site Coordinators at the Civic and General Campuses, Dr. Reva Ramlogan and Dr. Michael Szeto, as well as our Administrative Coordinator, Ms. Amber Devlin.

Nikhil Rastogi, BSc, MD, FRCPC
Program Director, UGME (Anglophone Stream)
Department of Anesthesiology and Pain Medicine
Staff Anesthesiologist, The Ottawa Hospital
Assistant Professor, University of Ottawa

Jennifer Chow, MD, FRCPC
Clerkship Director, Francophone Stream
Department of Anesthesiology and Pain Medicine
Staff Anesthesiologist, Hôpital Montfort
Lecturer, University of Ottawa
I am honoured to present this report of the Anesthesiology Residency Training Program’s accomplishments from the 2015–16 academic period. Our program has undergone several important changes during this time, not least of which being the introduction of a competency-based curriculum which runs concurrent to our traditional program. We welcomed our first CBD cohort of residents in July 2015 and were proud to be the first Anesthesiology program in Canada to do so. At the same time, there was a change of guard as Dr. Desiree Persaud came to the end of her term and I took over as the Program Director. Soon after, Dr. Daniel Dubois joined us as the Associate Program Director in September 2015. We have benefited from the guidance of a CBD Advisory Committee, who met for the first time in February 2016, and continue to receive excellent administrative support from Ms. Holly Videto, Senior Administrator for both the Anesthesiology and Pain Medicine Residency Programs, and from Ms. Julie Ghatalia, Program Administrator responsible for PGME, CBD and Academic Activities and Social Media.

Among our various achievements, I am especially pleased to report that our program was fully accredited in November 2016, after having submitted the Pre-Survey Questionnaire in May 2016. In addition, our PGY5 residents achieved a 100% success rate in passing the 2016 Royal College exams. Both of these accomplishments are a testament to the tremendous effort and dedication of numerous people, including an outstanding education leadership comprised of representatives from all of our affiliated teaching hospitals. In particular, I would like to commend the Residency Program Committee (RPC) for being the pillar of our program. The core business of a residency program is high-quality teaching by a dedicated faculty and our residents are brand ambassadors of just that. Our RPC has representatives from both the CBD and traditional cohorts and the Department Chair, Dr. Colin McCartney, takes an active interest and is heavily invested in the success of our residency program.
We continue to be one of the most sought after residency programs in Canada for both CMGs and IMGs through CARMS. In addition, we have ties with the Canadian Armed Forces as one of our residents in training is a representative from the Department of National Defence. Our program is ready to welcome “visa residents” from Kuwait in the next academic year and, in the future, we hope to increase our recruitment and placement of more residents from the Middle East. As a more long-term goal, we also hope to start offering observerships to IMGs.

More imminently, efforts are underway to restart the Family Practice Anesthesia (FPA) program for the next academic year and much progress has been made by working closely with Dr. Spencer Gutcher, FPA Program Director. This initiative will allow us to truly meet the needs of remote and rural communities such as Baffin Island and Nunavut.

Similarly, our residents play an active role in areas such as global health outreach, with two globally-minded individuals having travelled to Zambia for an overseas elective in February 2016. Going forward, we hope to support more research and global health initiatives for residents who are keen to pursue these opportunities. Residents are also encouraged to gain exposure at the local-level by playing an active role and serving as members on various committees at TOH (e.g. MAC), PARO, CAS and uOttawa (PGME and UGME), as well as by attending conferences including our own Anesthesia Winter Symposium. In order to continue supporting our residents in this regard, our goal is to increase the funding available to sponsor their registration. Naturally, there would be added incentives for those presenting scholarly work as well.
Over the past year, residents have been duly rewarded for their academic contributions with nominations, grants and prizes from various professional bodies. Research is strongly encouraged through our research leads, through Research in Progress Rounds and by having a resident research representative sit on the RPC. In addition, mentorship and resident wellness have received a renewed focus and attention, with activities such as a Resident Wellness Retreat recently approved by our University Executive Committee, as supported by the RPC.

Looking towards any challenges which might lie ahead, we are beginning to implement plans to prepare a double cohort of residents for their Royal College exams in 2019. Beyond that, we also help all of our residents to consider career placement opportunities and offer guidance in the face of increasing competition for staff positions. In terms of increasing funding during tight economic times, we hope to identify additional areas of revenue-generation to help meet the rising demands from the CBD program. Luckily, none of these challenges are insurmountable; in fact, some even offer the opportunity to continue improving and expanding a program which has already achieved so much and we look forward to rising to the occasion.

On a personal note, it is with a heavy heart that I recently stepped down from the position of Program Director effective July 2017, for personal reasons. As such, I would like to thank Dr. McCartney, the RPC, the program’s administration (Holly Videto, Julie Ghatalia and Lynne McHardy, in particular) and all residents for their support, as well as for the honour of having served in this role for what will have been two years by July 2017. I truly enjoyed every minute of it; I learnt so much and benefitted both personally and professionally in my role as PD and had the unique opportunity to travel and meet great people who are heavily invested in education. I will be helping my successor, yet to be appointed, to ensure a smooth handover and transition, and look forward to working with you all still as a faculty member of this great department.

Thanks and regards,

Leo Jeyaraj MBBS, MD, FRCA, EDRA
Program Director, Anesthesiology Residency
Department of Anesthesiology and Pain Medicine
Staff Anesthesiologist, The Ottawa Hospital
Assistant Professor, University of Ottawa
Postgraduate Medical Education

Report from the Pain Medicine Residency Program Director

It is my distinct privilege to provide this report as Program Director for the new Pain Medicine Residency at the University of Ottawa. We welcomed our first Pain Medicine resident, Dr. Sarika Alisic, in July 2015. At that time, Ottawa was only the second approved program in the country, thanks to countless hours of hard work by my predecessor, Dr. Cathy Smyth. I took over as Program Director in May 2016 and have been busy ever since fine tuning what was already a highly regarded training program, as well as preparing for the recent accreditation which took place in November 2016. The months leading up to this were especially busy but it was well worth the reward, as our program was fully accredited along with the Anesthesiology residency program.

In July 2016, we welcomed our second trainee, Dr. Kay Chawla. He is a Royal College-certified Physical Medicine & Rehabilitation physician who brings a wealth of pain training and knowledge to the program. He is currently working on an outcome study on the effectiveness of genicular nerve ablation for chronic knee pain. Dr. Alisic is in the midst of finishing her second year of training and has been working with other Canadian training programs, as well as with our local uOttawa Skills and Simulation Centre, towards developing a National Pain Medicine Ground School to take place here in Ottawa. We are also looking forward to welcoming our third Pain Medicine resident, Dr. Erica Stone, who will be starting in July 2017.

Our residents have benefitted from the opportunity to rotate through other training programs and this interdisciplinary support has been greatly appreciated. National Pain Residency lectures are also currently videoconferenced on a bi-monthly basis. Between the Program Directors, much work has been done at the national-level to share educational resources and start working towards the implementation of a Competence by Design (CBD) program, which is planned for 2020. Several CBD modules have already been developed for the Pain Medicine residency training program and colleagues in Ottawa have provided valuable mentorship on how to prepare this type of curriculum. To-date, reception from trainees on module-based learning
has been positive. A Pain Medicine-specific Clinical Case Assessment Tool (CCAT) has been developed in order to help better evaluate trainees, who will have this completed weekly in addition to monthly One45 rotation evaluations.

In addition, I recently attended a national meeting of Pain Residency Program Directors. It was very productive and I am hopeful that there will be some slight changes to selective rotations in the residency program which will help to improve the education of future trainees.

Sincerely,

George Evans  
MD, FRCPc  
Program Director, Pain Medicine Residency  
Department of Anesthesiology and Pain Medicine  
Staff Anesthesiologist, The Ottawa Hospital  
Assistant Professor, University of Ottawa
## 2015–2016 Residents

### Anesthesiology

<table>
<thead>
<tr>
<th>PGY6/7</th>
<th>Sarika Alisic</th>
</tr>
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<tbody>
<tr>
<td>PGY5</td>
<td>______________________ ______________________ ______________________</td>
</tr>
<tr>
<td>Karim Abdulla</td>
<td>Braden Dulong</td>
</tr>
<tr>
<td>Amir Bouzari</td>
<td>Denis Goguen</td>
</tr>
<tr>
<td>Eugene Choo</td>
<td>Asadollah</td>
</tr>
<tr>
<td></td>
<td>Mir Ghassemi</td>
</tr>
<tr>
<td>PGY4</td>
<td>______________________ ______________________ ______________________</td>
</tr>
<tr>
<td>Arun Anand</td>
<td>Jose De Wit</td>
</tr>
<tr>
<td>Colleen McFaul (Daly)</td>
<td>Kelvin Kwan</td>
</tr>
<tr>
<td>PGY3</td>
<td>______________________ ______________________ ______________________</td>
</tr>
<tr>
<td>Kelly Au</td>
<td>Bernice Duan</td>
</tr>
<tr>
<td>Joe (Florimond) Desreux</td>
<td>Kaitlin Duncan</td>
</tr>
<tr>
<td>PGY2</td>
<td>______________________ ______________________ ______________________</td>
</tr>
<tr>
<td>Joanne Bleackley</td>
<td>Gavin Hamilton</td>
</tr>
<tr>
<td>Evan Cole</td>
<td>Nicholas Mendis</td>
</tr>
<tr>
<td>Vincent Fruci</td>
<td></td>
</tr>
<tr>
<td>PGY1</td>
<td>______________________ ______________________ ______________________</td>
</tr>
<tr>
<td>Ramzy Abdel-Galil</td>
<td>Natalie Cho</td>
</tr>
<tr>
<td>Adele Budiansky</td>
<td>Deric Diep</td>
</tr>
<tr>
<td>Xiao (Cathy) Chen</td>
<td>Kendra Derry</td>
</tr>
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Implementation of Competence by Design (CBD) Program

Report from the Associate Program Director and CBD Lead

In 2015, our department undertook a leap of faith and redesigned the postgraduate residency program in anticipation of the upcoming changes being implemented by the Royal College of Physicians and Surgeons of Canada (RCPSC). Under the provision of a Fundamental Innovations in Residency Education (FIRE) project, we established the first Anesthesiology Competence by Design (CBD) residency training program in Canada, and only the second CBD program, overall. The ability to lead this transition has given us the opportunity to revolutionize our curriculum with novel programming, teaching and assessment methodologies. In the following report, I hope to highlight the foundations of the CBD program.

Curriculum

Critically analyzing each component of our traditional program and cross-referencing them against the new Entrustable Professional Activities (EPA) of our specialty, we chose to remove the basic clinical training year off-service rotations. In doing so, we incorporated the off-service objectives in our own Anesthesia training environment, thereby ensuring that assessments will be met and observed by trained faculty. As part of this transition to a more efficient and flexible curriculum, we anticipate that the training period can be decreased from the five years of the traditional program to four.

The stages of residency align with the RCPSC CBD initiative. The Transition to discipline stage helps prepare our residents for the transition from medical school and the normalization of a heterogeneous group. We ensure that all residents are familiarized with the protocols of the department, hospital and university. To help with the transition to life as a physician anesthetist trainee, the Foundations of discipline stage is geared towards basic clinical competencies and the science of Anesthesia. During this second stage of training, we focus on advancing the safety and competence of our residents through an intensive
three-month bootcamp. Following the bootcamp, residents enter into three months of generalized clinical anesthesia practice with formalized OR schedules, ensuring they get a broad range of clinical exposure. We utilize specific assessment forms and an Objective Structured Clinical Examination (OSCE) to evaluate whether junior residents are ready to then Transition to Independent Call (TIC). The third stage of training, Core of discipline, forms the bulk of our residency program and is designed into a modular-based spiral curriculum which exposes the residents to sub-specialty anesthesia training. Lastly, the Transition to practice stage will allow us to critically assess readiness to practice through graded independence in the OR.

Longitudinally, we have three separate curriculums which run parallel to the stages noted above. These include the Scholar program led by Dr. Dan McIsaac, the CanMEDS series run by our CanMEDS coaches (listed below) and the Simulation curriculum led by Drs. Michelle Chiu and Simone Crooks.

Assessments

To improve the evaluation process, we developed an electronic daily assessment tool: the Clinical Case Assessment Tool (CCAT). The creation of the CCAT supports regular resident self-assessment and encourages frequent assessment and documentation by faculty members as well. Feedback and next steps for learning are documented in the CCAT to promote accountability for both residents and staff. This has also enabled us to exponentially increase the amount and quality of feedback for each resident. Specifically, over the course of the 2015–2016 academic year, we had approximately 4,704 CCAT evaluations submitted which incorporated qualitative and quantitative feedback for residents. The following video provides more information about how the CCAT works: https://www.youtube.com/watch?v=k6-Gj8ZDjhs. Drs. Chris Hudson, Viren Naik and Emma Stodel were recognized by the World Federation Of Societies of Anaesthesiologists (WFSA) with an Innovation Award for their work in developing the CCAT, which was presented at the 2016 World Congress of Anaesthesiologists in Hong Kong.

The learning cases are designed to help residents achieve the defined milestones and entrustable professional activities (EPAs) required of anesthesiologists. These self-directed learning cases have replaced the Royal College’s mandated core academic half-days. The residents choose their topics and review them at their own pace; once ready, they are required to demonstrate their knowledge to faculty mirroring a flipped-classroom. There will be 150 learning cases in our system by the end of Core 2. For more information about how the learning cases work, please refer to the following video: https://www.youtube.com/watch?v=OLirP-QjFQA.

The coaching platform is designed to support residents in their development of the Intrinsic CanMEDS competencies by reflecting on their roles as Communicators, Collaborators, Leaders, Health Advocates, Scholars and Professionals. Residents are expected to make at least one posting related to each role during each stage of training but are encouraged to do more. Posts are reviewed by the CanMEDS coaches and a conversation is initiated. For more information about how the coaching platform works, please refer to the following video: https://www.youtube.com/watch?v=NqS9nMH1H8&feature=youtu.be.

Our simulation program is the most extensive in the country and helps us to teach residents the management of rare perioperative life-threatening events, as well as other non-technical anesthesia skills. It begins with our weekly partial task training and high-fidelity scenarios in the immersive Foundations bootcamp. These sessions continue in the later years as bi-annual formative assessments of crisis resource management skills. Summative assessment comes in the form of the ACLS milestone and the successful completion of the Canadian National Anesthesia Simulation Curriculum (CanNASC) scenarios.
**Faculty Development**

Our education team has expanded considerably since the development and implementation of the new curriculum. Roles have been carved out and new committees have been established to serve the need for the continuous quality improvement of our residents and the curriculum.

**Education Managers for the Core Stage of Training**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Manager(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APS</td>
<td>Dr. Claudia Gomez and Dr. Steven Tremblay</td>
</tr>
<tr>
<td>PAU</td>
<td>Dr. Anna Wyand and Dr. Sylvain Gagné</td>
</tr>
<tr>
<td>OBS</td>
<td>Dr. Marc Stalder and Dr. Jennifer Racine</td>
</tr>
<tr>
<td>Airway</td>
<td>Dr. Alan Lane</td>
</tr>
<tr>
<td>Thoracics</td>
<td>Dr. Stéphane Moffett</td>
</tr>
<tr>
<td>Vascular</td>
<td>Dr. MJ Plamondon</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Dr. Jean-Yves Dupuis</td>
</tr>
<tr>
<td>Regional</td>
<td>Dr. Reva Ramlogan and Dr. Patrick Wong</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>Dr. Shona Nair</td>
</tr>
<tr>
<td>Neuro</td>
<td>Dr. Gregory Krolczyk and Dr. Jelka Lujic</td>
</tr>
<tr>
<td>Remote</td>
<td>Dr. Ilia Charapov</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Dr. Amy Roeske</td>
</tr>
<tr>
<td>Complex Surgery and Clinical Pharmacology</td>
<td>Dr. Sanjiv Gupta</td>
</tr>
</tbody>
</table>

Education managers are responsible for monitoring the progress of each resident by demonstrating achievement of the EPAs or independent milestones within their module. Each sub-specialty team has developed assessment strategies and learning cases which touch on relevant clinical practice related to their sub-specialty and the national curriculum. By synthesizing the results from multiple assessments and observations, they sign off on milestones and help the site lead complete the monthly ITERs.

**CanMEDS Coaches**

<table>
<thead>
<tr>
<th>Role</th>
<th>Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicator</td>
<td>Dr. Jocelynne McKenna</td>
</tr>
<tr>
<td>Collaborator</td>
<td>Dr. Manoj Lalu</td>
</tr>
<tr>
<td>Health Advocate</td>
<td>Dr. Jason McVicar</td>
</tr>
<tr>
<td>Leader</td>
<td>Dr. Viren Naik</td>
</tr>
<tr>
<td>Professional</td>
<td>Dr. David Rosen</td>
</tr>
<tr>
<td>Scholar</td>
<td>Dr. Daniel McIsaac</td>
</tr>
</tbody>
</table>

Point leads for each of the CanMEDS Intrinsic roles were introduced to help guide residents' knowledge
Point leads for each of the CanMEDS Intrinsic roles were introduced to help guide residents’ knowledge of the 2015 CanMEDS framework. Coaches support the residents to deepen their reflections and develop competence in the Intrinsic CanMEDS roles through Foundations workshops and coaching via the online platform. We are also introducing a CanMEDS seminar series to include sessions on hot topics such as Quality Improvement/Patient Safety, led by Dr. Lucie Filteau, and formalized ethics curriculum, led by Dr. Miriam Mottiar.

Clinical Competency Committee
The Clinical Competency Committee reviews and makes decisions related to the progress of residents who are enrolled in the CBD program by following residents longitudinally as they develop and advance through the program. The committee is chaired by the Associate Program Director and members include the Academic Coaches: Drs. Jean-Yves Dupuis, Simone Crooks, Stéphane Moffett, Claudia Gomez and Amy Roeske. Progress is based on the attainment of specific EPAs, Milestones and Professional activities as written in the Royal College FIRE grant. Ultimate decisions for promotion and increased graded independence are made through committee consensus and are based on the evaluations noted above. The purpose is to ensure that residents completing the program have the skills, knowledge and attitude to provide competent, safe patient care.

Summary

Dr. Leo Jeyaraj with the first CDB cohort of residents
Photo: Mélanie Provencher
We are very proud of Ottawa’s strong leadership in the field of Education in Anesthesiology. I look forward to our ongoing involvement in the transformational change occurring throughout post-graduate medical education in Canada. Along with the bold steps towards adopting CBD, developing innovative assessment tools and creating a shortened program comes great responsibility. We want to ensure that any changes we have made have improved and benefited our training program, overall. Looking back over the past two years, we should be very proud of the accomplishments we have made in laying out the groundwork for the CBME curriculum. Looking towards the future, our residency program will undoubtedly face challenges with the implementation and ongoing maintenance of such a robust assessment system. Also, by focusing on demonstration and attainment of competence, we need to ensure that we are not leading the specialty down a technical route and, instead, ensure that we are training physicians who are capable experts in the field of perioperative anesthesiology and pain medicine. We are confident that our residency management team, together with our excellent faculty, will strive towards ensuring that all residents in the program continue to receive the highest quality education possible.

Daniel Dubois MD, FRCPC
Associate Program Director - CBD Lead
Department of Anesthesiology and Pain Medicine
Staff Anesthesiologist, The Ottawa Hospital
Lecturer, University of Ottawa
Fellowship Program, The Ottawa Hospital

Report from the Fellowship Program Director

It is with great pleasure that I share the details of another successful year for The Ottawa Hospital Department of Anesthesiology and Pain Medicine’s Fellowship training programs. As the saying goes, “no man is an island” and, in my view, neither is a training program so allow me to start by expressing our gratitude for the support we received throughout this year from the leadership of the Department as well as the University of Ottawa’s PGME Office in fulfilling our mission and in bringing our vision closer to fruition.

Our mission, simply stated, is to enhance the development and experience of our learners while continuing to provide quality patient care. Every year, in designing changes to our curriculum, we start by asking ourselves: have we achieved that and, if yes, can we do it better?

Our vision is to seamlessly integrate the training of our fellows in the continuum of education that starts with the first year of medical school and ends with well-rounded clinicians who become leaders in their respective subspecialties. Historically, fellowship training has relied exclusively on talented and dedicated experts in academic centers who shared their knowledge with each generation of fellows on an individual basis, to the best of their abilities. Our vision is to take this wealth of expertise and goodwill and expand it through the use of innovative educational experiences, proven to be successful at other levels of training, such that all of our trainees benefit from a similar, top-of-the-line educational framework.

On a more concrete level, we were again successful in recruiting high quality national and international candidates. The results of their work were reflected in posters and presentations at numerous national and international subspecialty meetings, as well as at our own Annual Gary Johnson Research Day. Both our fellows in Perioperative Echocardiography in Non-Cardiac Surgery, a fellowship that only our department offers in Canada, have passed their National Board of Echocardiography TEE exam. Just as importantly as the recognized accomplishments of our fellows, I am particularly proud of their solid clinical acumen and the research know-how that all our graduates have taken to their future positions.
I can think of no better advertisement for our program than the performance of our graduates who I have no doubt will become the leaders of tomorrow in their respective fields.

On an organizational level, the University of Ottawa's PGME Office underwent an accreditation in 2016 and, for the first time, the Fellowship training programs were considered as a separate entity from the Residency training programs and underwent their own specific accreditation. Our department played a significant role within this process and our Fellowship training programs were all fully accredited. This is the first step down a long road leading to the standardization of training strategies for fellows across all departments at the University of Ottawa.

In terms of planning for the future, the recent exit interviews we conducted with our graduating fellows revealed an avid interest in transitioning to practice and in being challenged by urgent and emergent cases characteristic of a tertiary level academic center. As a result, we have created the opportunity for our fellows to work on-call while under supervision during the weekends from 08:00 to 20:00, starting in July 2017. Another imminent change is our active alignment with the University's mission to have one Director coordinating fellowship training activities across all hospitals affiliated with the department.

During this period of growth and advancement, we are all very excited to soon be welcoming a new generation of fellows in the upcoming academic year, as we say farewell to those who will be graduating and beginning their careers as ambassadors of our program.

George Dumitrascu MD, FRCPC
Fellowship Program Director
The Ottawa Hospital
Assistant Professor, University of Ottawa
Fellowship Program,  
University of Ottawa Heart Institute

Report from the Fellowship Program Director

Since 2007, we have trained 25 consultant cardiac anesthesiologists who are actively practicing in Canada and abroad. In fact, in the last 10 years, 92 percent of all our graduates have achieved active academic appointments in Canadian teaching hospitals. We have also successfully expanded our reputation at a national level. At the conclusion of this academic year, we will have recent graduates spanning from coast to coast, inclusive of almost all academic centers in Canada. Based on the teaching reputation of our faculty members, our commitment to ongoing excellence in clinical care and the successful integration of our recent graduates here and abroad, we are arguably the most competitive and respected Cardiac Anesthesiology Fellowship Program in Canada.

Our trainees have enjoyed many successes over the years. We continue to have a perfect pass rate on the National Board of Echocardiography (NBE) advanced perioperative TEE exam, with the large majority of our graduates scoring in the 90th percentile overall. To that end, with the addition of Dr. Robert Chen, an internationally recognized expert in point of care ultrasound (POCUS), we have strengthened our perioperative echocardiography teaching curriculum. Our Fellowship has expanded to include formal POCUS teaching in the operating theatre and critical care setting and, eventually, will be expanded to include all of our future resident trainees.

From an academic perspective, our clinical fellows have been quite productive. Within the last 5 years, our fellows have given 12 poster presentations at the Society of Cardiovascular Anesthesiologists Annual General Meeting. Dr. Marie-Eve Chamberland was also invited to partake in the Society of Cardiovascular Anesthesiologists’ Super Echo panel relating to her work on 3D analysis of the aortic valve. She was the only fellow on the panel and continues to lecture on the topic internationally. Having been an invited speaker at the 2015 Aortic Valve Repair Summit (AVRS) in Brussels, she will return to Ottawa to present this summer at the
AVRS which is being hosted outside of Brussels for the first time. Dr. Matthew Cameron’s co-authored research on postoperative atrial fibrillation (POAF) prediction models has been accepted for publication in Anesthesia and Analgesia. Dr. Adam Dryden was recently nominated as a Raymond Martineau Prize finalist at the 2016 Canadian Anesthesiologists’ Society Meeting for his work on intraoperative BIS monitoring values and patient outcomes. In addition, Dr. Dryden was the recipient of the prestigious Dr. Wilbert Keon Award as the top clinical trainee at the University of Ottawa Heart Institute in 2016. Dr. Dryden will be returning to the University of Ottawa as staff, following his 1-year commitment to the Mazankowski Alberta Heart Institute.

Not to rest on our laurels, Canada is embarking on a new era of Cardiac Anesthesiology Fellowships. The cardiovascular section of the Canadian Anesthesiologists’ Society is applying to the Royal College of Physicians and Surgeons of Canada to have Cardiac Anesthesiology recognized as an Area of Focused Competency (AFC), which will include standard criteria for fellowship training. Once these criteria are defined, we will aim to exceed them with the assurance that our current program already goes beyond standard requirements in many aspects. With this new Canada-wide initiative, we will have the unique opportunity to impart our knowledge and expertise on other programs across the country to ensure we elevate the new national standard. This will both unify programs and recognize that Cardiac Anesthesiology has become a unique and challenging sub-specialty of Anesthesiology. Our shared expertise will allow our profession to keep pace with the rapidly evolving and innovative changes in cardiac surgery and structural interventional cardiology.
The new AFC program will continue to meet all of our departmental strategic imperatives. We are innovators in the field of perioperative echocardiography and will continue to evolve with emerging technologies such as percutaneous valve replacements and repairs, minimally invasive cardiac and vascular surgery and robotic surgery. By training the next generation of cardiac anesthesiologists, we will continue to ensure the best in clinical care and patient outcomes. With a new AFC curriculum in Cardiac Anesthesiology, we will ensure that all patients enjoy the benefits of a standardized, national training program. Both our current and future national training curriculums will include intraoperative care and postoperative critical care training to ensure complete perioperative management of the cardiovascular patient. When coupled with our local expertise in both advanced perioperative TEE and perioperative POCUS, a recognized national standard, we will continue to advance the full potential of the practice of Cardiac Anesthesiology.

Sean Dickie MD, FRCPC
Fellowship Program Director
University of Ottawa Heart Institute
Assistant Professor, University of Ottawa
Fellowship Program, Children’s Hospital of Eastern Ontario

Report from the Acting Fellowship Director

CHEO’s Department of Anesthesiology and Pain Medicine continues to offer a one year clinical or combined clinical/research fellowship for those considering a subspecialty career or wishing to pursue an academic career. Our fellowship program continues to attract both national and international anesthesia graduates.

We emphasize one-on-one teaching in the OR, particularly with complex and/or neonatal surgical cases. Our fellows also participate in our daily Acute Pain Service morning rounds and have the opportunity to teach non-anesthesia residents in the operating room.

Dr. Deborah Mervitz with Dr. Yuri Koumpan, Resident on rotation from Queen's University
Photo: CHEO Media House
Fellows are offered protected non-clinical time to pursue their research and education interests and develop their academic career.

Antoinette Corvo, MD, FRCPC
Acting Fellowship Director
Anesthesiologist, Children’s Hospital of Eastern Ontario
Assistant Professor, University of Ottawa
Continuing Education & Professional Development
The fall of 2015 was a period of considerable change for our department, following the introduction of the new Competence by Design (CBD) residency program. From a faculty development perspective, there was considerable interest in how this would impact day-to-day activities for faculty members. Some of the main areas identified for faculty development were assessment, feedback and evaluation. In light of this, a three-part Grand Rounds series was organized. This included lectures from Dr. Alan Chaput with an introduction to CBD, as well as lectures from Drs. Nancy Dudek and Samantha Halman on assessment and evaluation of residents and giving feedback. As a follow-up to Dr. Dudek’s lecture, a workshop was organized to help ‘train the trainer’ to provide effective assessments for learners. Additional faculty development resources were also made available in the form of online modules through the Faculty of Medicine, as well as eBooks focusing on the Intrinsic CanMEDS Roles.

As part of the CEPD umbrella, I am now looking after Grand Rounds for both the Civic and General Campuses of The Ottawa Hospital (TOH). As you can imagine, there is now more demand than ever for Grand Rounds timeslots. Between Journal Club, NSQIP, QPS, Fellow, Visiting Professor and Interprofessional Grand Rounds, there is very little flexibility in the schedule to allow our own faculty or guest faculty to present. Prior to 2015–2016, considerable difficulty was encountered with the requirement that our traditional stream residents present Grand Rounds at both the Civic and the General, in addition to Journal Club. With the start of the CBD residency, it was unlikely that we would be able to accommodate everyone. With this in mind, we reduced the requirement at TOH from two Grand Rounds to one for traditional stream residents. For CBD residents, they now have two presentations at TOH during their residency, led by Dr. Dan McIsaac in the Scholar Role. During their first two years of the program,
they present Critical Appraisal Rounds (effectively replacing Journal Club) and, during their last two years, they will present a systematic literature review of a particular topic. This satisfies curricular needs for our residents and, ultimately, will allow for more flexibility in our Grand Rounds scheduling.

In April 2016, we offered an ACLS recertification tailored to Anesthesiology faculty in partnership with Dr. Brian Weitzman from the Department of Emergency Medicine. This was a very popular course (limited to 20 registrants) which filled up in all of three days. We had representation from the University of Ottawa Heart Institute, TOH and l’Hôpital Montfort. There is clearly great demand for courses of this nature and I will be exploring options for this to be provided on a more regular basis, going forward.

Considerable planning was undertaken during the later half of the 2015–2016 academic year for our 2016 Faculty Development Day. Faculty needs assessment from 2015 surveys revealed that there was a great interest in Point-of-Care Ultrasound (POCUS). As a result, preparations were made with Dr. Rob Chen from the Heart Institute, in conjunction with Drs. Ashraf Fayad and Hesham Talab from TOH, to offer a full day section three accredited POCUS course. This course has been accredited for three years from the University of Ottawa’s Office of Continuing Professional Development and will continue to be offered, including at our inaugural 2017 Lower and Upper Canada Anesthesia Symposium (LUCAS).

In early 2016, I assumed the position of Chair of the Visiting Professor Committee. We had a great series of Visiting Professors in 2015–2016. Dr. Feroze Mahmood, Associate Professor of Anesthesia at Harvard Medical School and Director of Vascular Anesthesia and Perioperative Echocardiography at Beth Israel Deaconess Medical Center in Boston, delivered our J. Earl Wynands Endowed Lectureship in Cardiac Anesthesiology in September 2015. In October, we welcomed Dr. Admir Hadžić, Director from the New York School of Regional Anesthesia, as the Visiting Professor for our David Power Memorial Lecture. In January 2016, the Rachel Waugh Memorial Lecture was presented by Dr. Santhanam Suresh, Chair of the Department of Anesthesiology at Ann & Robert H. Lurie Children’s Hospital of Chicago and Arthur C. King Professor of Anesthesiology and Pediatrics at Northwestern University’s Feinberg School of Medicine. Finally, in April 2016, our John Wrazej Memorial Lecture Visiting Professor was Dr. Chris Hayes, Critical Care Physician and Medical Director of Quality and Performance at St. Michael’s Hospital and Assistant Professor at the University of Toronto. While our Visiting Professor program continues to be popular amongst faculty and residents, we were observing a considerable drop in faculty attendance over the last several years at the evening lectures for both the David Power and John Wrazej Visiting Professors. In light of this, these two evening lectures were discontinued for the 2016–2017 academic year. Faculty will be surveyed following the 2016–2017 academic year to determine how we should proceed in future.

Many thanks to all those who remain supportive of, and engaged in, continuing education and faculty development. I look forward to working with you in future and am always open to any suggestions for future CEPD programming.

Robert Jee MD, FRCPC
Director, Continuing Education and Professional Development
Staff Anesthesiologist, The Ottawa Hospital
Assistant Professor, University of Ottawa
### 2015–2016 Visiting Professors at a Glance

<table>
<thead>
<tr>
<th>Month</th>
<th>Visiting Professor</th>
<th>Department/university</th>
<th>Lecture Title</th>
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<tbody>
<tr>
<td>September</td>
<td>J. Earl Wynands</td>
<td>Dr. Feroze Mahmood Harvard Medical School and Beth Israel Deaconess Medical Center (Boston, MA)</td>
<td>Transesophageal Echocardiography and Anesthesiologists Echocardiographers to Echocardiologists</td>
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<tr>
<td>October</td>
<td>David Power</td>
<td>Dr. Admir Hadžić New York School of Regional Anesthesia (New York, NY)</td>
<td>Introducing Standards to the Practice of PNBs: Liposome Bupivacaine—Pharmacology, Current and Future Uses</td>
</tr>
<tr>
<td>January</td>
<td>Rachel Waugh</td>
<td>Dr. Santhanam Suresh Northwestern University, Feinberg School of Medicine and Ann &amp; Robert H. Lurie Children's Hospital of Chicago (Chicago, IL)</td>
<td>Safety and Efficacy of Regional Anesthesia in Children; Neurotoxicity with Exposure to Anesthesia in Infants and Children: Do we have the answers?</td>
</tr>
<tr>
<td>April</td>
<td>John Wrazej</td>
<td>Dr. Chris Hayes University of Toronto and St. Michael's Hospital (Toronto, ON)</td>
<td>Highly Adoptable Improvement, Achieving Sustainable Improvement: At the Hospital and System Level</td>
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2016 Anesthesia Winter Symposium

Report from the Planning Committee Chair

The City of Ottawa’s Winterlude Festival is also one of most spectacular times of the year to be in the nation’s Capital with the skating on the canal, ice sculptures and other great events for visitors to enjoy. For just over two decades, the department has hosted our Annual Anesthesia Symposium in conjunction with this Winterlude Festival. The University of Ottawa’s 22nd Annual Anesthesia Symposium was held on January 30th and 31st, 2016. The theme of the 2016 Symposium was “Perioperative Pharmacotherapy—What’s New, What’s Next?”

Over two hundred delegates attended this accredited national-level Continuing Medical Education-Continuing Professional Development (CME-CPD) program which offered a nice assortment of topics—all contemporary, most cutting edge and some even controversial! With an overall focus on anesthetic pharmacology, internationally renowned speakers were joined by our faculty to present plenary sessions dedicated to General Anesthetics, Regional Anesthesia and Pain Management. The 2016 keynote J. Earl Wynands Lecture was delivered by a pioneer in the field of enhanced recovery, Prof. Henrik Kehlet from Denmark. And in keeping abreast with the recent legislation on Physician Assisted Death, there was a special lecture by the past President of the Canadian Medical Association, Dr. Chris Simpson.
This was followed by a thought-provoking panel discussion where Dr. Simpson was joined by experts from the Canadian Medical Protective Agency (CMPA), Canadian Anesthesiologists’ Society (CAS) and others. Apart from the lectures and returning by popular demand were the small group learning sessions with both the visiting faculty (Meet the Expert) and our own university faculty (Problem Based Learning).

In 2016, the Symposium was once again privileged to welcome the Chairs of the Association of Canadian University Departments of Anesthesia (ACUDA) from across the country, as well as office bearers of the CAS for their winter retreat. In addition, for the first time, the national Anesthesiology research think-tank, Perioperative Anesthesia Clinical Trials (PACT), also held their winter meeting in tandem with this Symposium. These associations have not only brought wider participation to our meeting, but have also increased the visibility of the University of Ottawa’s Department of Anesthesiology and Pain Medicine, which extends widely and lasts long after the event.

Naveen Eipe  MD
Chair, 2016 Anesthesia Winter Symposium Planning Committee
Staff Anesthesiologist, The Ottawa Hospital
Assistant Professor, University of Ottawa
Top: Dr. Chris Simpson
Bottom-left: Dr. Ted Crosby
Bottom-right: Dr. Colin McCartney presenting Dr. Naveen Eipe with an award in recognition of his years of service as the Anesthesia Winter Symposium Chair

All Photos: Mélanie Provencher
A Look Ahead: 2017 Inaugural Lower & Upper Canada Anesthesia Symposium (LUCAS)

Report from the Planning Committee Co-chair

After the 22nd Annual Ottawa Winter Anesthesia Symposium was held in 2016, it amalgamated into a single conference with the McGill Anesthesia Update and planning began for the upcoming year. In collaboration with Queen’s University’s Department of Anesthesiology and Perioperative Medicine, the University of Ottawa Department of Anesthesiology and Pain Medicine and McGill University Department of Anesthesia formed the Lower & Upper Canada Anesthesia Symposium (LUCAS); the 23rd Ottawa Winter Anesthesia Symposium and the 57th McGill Anesthesia Update.

With a strong history of delivering a well-recognized conference in Whistler for the past 17 years, this partnership with Queen’s University was readily welcomed and designed to enhance the relationship between all three institutions. Each one continues to deliver their outstanding educational experiences within this new collaborative approach. The conference will rotate between host cities and continue to draw participants from across Canada and the world at-large.

Jason McVicar MD, FRCPc
uOttawa Co-Chair, 2017 LUCAS Planning Committee
Staff Anesthesiologist, The Ottawa Hospital
Assistant Professor, University of Ottawa
Simulation Program

Report from the Director

The landscape of simulation has shifted over the last few years with the advent of our new Competence By Design residency training program. Its consequent ripple effects are felt not only in what we are teaching and assessing in our trainees, but also in the scholarly activity of our simulation faculty members. Our simulation sub-specialty group is composed of 10 faculty with experience in teaching and/or research in simulation: Drs. Michelle Chiu (Simulation Director), Meghan Andrews (Montfort), Sylvain Boet (TOH), Dylan Bould (CHEO), Simone Crooks (TOH), George Dumitrascu (TOH), Amy Fraser (TOH), Dan Power (Canadian Armed Forces), Purnima Rao (TOH) and Amy Roeske (CHEO). Our faculty members are recognized for their expertise in simulation and medical education, with many presentations at national and international conferences and a successful track record in education research (listed in the Research and Scholarship section of this report).

“I will say that hands down, this was the best ½-day I have EVER spent on MOCOMP and I think the lessons will be useful on a longer term than any conference lecture or workshop. So the value for the dollar is outstanding. Five stars.”

— Participant, Faculty Simulation CEPD

“It was a safe and comfortable environment, the material was highly relevant and it was a valuable opportunity to interact with colleagues in a simulated clinical setting in a manner that is rarely encountered in day-to-day practice.”

— Participant, Faculty Simulation CEPD
Highlights of our departmental simulation activities over the last year include major changes to our Anesthesiology residency simulation curriculum and the launch of our faculty simulation-based CEPD program:

**Simulation in Anesthesiology residency training program**

Our simulation curriculum for anesthesia residents continues to evolve. We have made significant changes to accommodate our transition to a competency-based residency training program, while maintaining an excellent, well-rounded simulation-based educational experience for our existing trainees in the traditional cohort.

First-year CBD residents participate in our 12-week Foundations Boot Camp, which is situated in the first half of the Foundations of Discipline Phase of training and is tailored to accelerate acquisition of skills needed to function independently in the clinical environment. Aside from multiple workshops using part-task trainers (i.e. epidural insertion models), residents participate in theatre-based (mannequin) simulation scenarios. Following Foundations Boot Camp, the residents then take part in our Global Simulation Curriculum, which involves all of our trainees. Residents also partake in simulation-based education at CHEO.

We conduct ongoing curriculum renewal to curate our Global Simulation program, which cycles over four years. Our goals and curricular developments are summarized in the table below:

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<tr>
<th>Goals</th>
<th>Curricular Developments</th>
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<tr>
<td>To include scenarios that help meet the educational requirements of the CBD modules</td>
<td>Work with our CBD Module Leads to modify existing or create new scenarios to teach/assess our residency program Milestones.</td>
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<td>To longitudinally teach the Intrinsic CanMEDS roles of Communicator, Collaborator, Leader, Professional and Health Advocate</td>
<td>Collaborate with our Physician, Nursing and Anesthesia Assistant colleagues to develop inter-disciplinary and inter-professional scenarios with a focus on the Intrinsic CanMEDS roles. Approximately 70% of our global simulation curriculum is now inter-disciplinary (involving general/vascular/thoracic/neurosurgery, ENT, orthopedics, urology, OB/Gyne, emergency medicine and radiology) and/or inter-professional (involving Anesthesia Assistants and OR, ER and Obstetrics nurses).</td>
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<tr>
<td>To provide simulation-based assessment of competence</td>
<td>In addition to formative assessment following every simulation scenario, we have introduced three simulation-based summative assessments into the residency training program:</td>
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<td></td>
<td>1. Foundations Objective Structured Clinical Exam (OSCE): 10 station exam conducted at the end of the Foundations of Discipline Phase; contributes to the assessment of knowledge, skills and behaviours of Foundations-level residents</td>
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<td></td>
<td>2. ACLS Milestone: conducted during residency; one or several unexpected assessments of ACLS skills using in situ simulation</td>
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<tr>
<td></td>
<td>3. Canadian National Anesthesiology Simulation Curriculum (CanNASC) scenarios: delivered to senior residents; assesses ability to manage complex clinical situations considered necessary for competence as a practicing anesthesiologist</td>
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Faculty Simulation-Based CEPD Program

Our newest initiative is our faculty simulation-based CEPD sessions, which we launched in October 2016. This program was developed in response to department-wide needs assessment surveys, which identified that simulation-based CEPD opportunities were valued and desired by our faculty. The program also aligns with our Departmental 2016–2020 Strategic Plan to provide “accessible and evidence-based continuing professional development opportunities to all team members, from our most junior trainees to our faculty nearing retirement.”

The half-day workshop offers faculty members the opportunity to practice the application of knowledge, skills and behaviours used to effectively manage perioperative crises. Each session is limited to three participants, ensuring that each faculty member has the opportunity to be the team leader in a scenario. Operating room nurses have also participated, which provides participants valuable inter-professional team training.

These Royal College MOC Section 3 accredited sessions were offered to all faculty at The Ottawa Hospital and University of Ottawa Heart Institute, with plans for expansion to CHEO and l’Hôpital Montfort in the near future. All 18 spots were filled by November 2016 and results from feedback surveys have been very positive.

We will continue to offer multiple sessions in 2017–2018 and look forward to seeing you at the Simulation Center!

Michelle Chiu
MD, FRCPC
Director, Simulation Program
Department of Anesthesiology and Pain Medicine
Department of Innovation in Medical Education
Staff Anesthesiologist, The Ottawa Hospital
Assistant Professor, University of Ottawa
Simulation Educator, RCPSC
Research & Scholarship

Photo: Mélanie Provencher
Research and Scholarship

Report from the Vice-Chair of Research

In November 2015, our faculty approved a strategic plan to advance the academic and clinical missions of the Department of Anesthesiology and Pain Medicine. Research in Medical Education, Pain Medicine and Perioperative Medicine underlies all our strategic priorities and has had an exceptional year.

One key priority was the recruitment and hiring of a medical Education Scientist to enhance our research in this field and “develop and validate competency-based education for both trainees and faculty.” In September 2016, we were pleased to welcome Dr. Meghan McConnell to an Assistant Professor position shared between our department and the Department of Innovation in Medical Education (DiME). Dr. McConnell joins us from the Department of Clinical Epidemiology and Biostatistics at McMaster University where she worked with their Program for Educational Research and Development. Her research program explores the psychometric properties of various types of assessments and evaluations of competency, factors that modulate learning and knowledge transfer, and the role of emotions and moods in the training, assessment and performance of healthcare professionals. She has extensive experience in mentoring graduate students and clinician faculty and chaired McMaster University’s Competency Based Education Committee.

2016 also saw the publication of the Canadian National Anesthesiology Simulation Curriculum by a team of national medical education leaders led by Dr. Michelle Chiu. The development of this program, from needs assessment to implementation, is documented in the Canadian Journal of Anesthesia (DOI: 10.1007/s12630-016-0733-8) and represents years of work under Dr. Chiu’s guidance. On the international front, Drs. Chris Hudson, Viren Naik and Emma Stodel received a World Federation of Societies of Anaesthesiologists’ Innovation Award at the World Congress of Anesthesia in Hong Kong for their work, “Online tools to support a competency-based anesthesiology residency program.”

Our Pain Medicine research team, led by Dr. Patricia Poulin, played an important role in the successful award of a CIHR Strategy for Patient-Oriented Research award for the Canadian Chronic Pain Network. This 5-year $12.45 million dollar grant (PI Dr. Norm Buckley, McMaster) will fund multiple projects and team infrastructure for a nation-wide research agenda. In her role as co-principal...
investigator, Dr. Poulin leads initiatives in patient engagement within the network. Established Pain Medicine research programs in mindfulness-based pain management and co-management of chronic pain in the community continue to produce new funding and publications. Dr. Calvin Thompson, working with gynecologist Dr. Sony Singh, was recognized as Best Innovation in Patient Safety and Quality of Care for their “Planned Early Discharge after Laparoscopic (PEDAL) Hysterectomy Study” by the Academic Physicians of Ontario Innovation Fund Provincial Oversight Committee. This work epitomizes our strategic goal of “assuming leadership in intraoperative, perioperative and pain medicine teams.”

Diverse research agendas continue to expand the horizons of Perioperative Medicine. Dr. Daniel McIsaac’s frailty research garnered the International Anesthesia Research Society’s Mentored Research Award. This USD $150,000 award will improve risk identification and management of our most vulnerable and fastest growing patient population. Dr. Manoj Lalu secured funding for two projects that evaluate pre-clinical research methods. CIHR funding will support a Delphi process to bring standardization to outcome measurement in animal research models. Dr. Lalu also partnered with researchers from OHRI on a BioCanRx-funded project to improve our ability to predict which 10% of promising drugs in the lab will become useful clinical therapies.
Dr. Homer Yang’s "Post-Op Home Monitoring after Joint Replacement (POHM)" project was recognized as the Most Innovative, Transformative and Adoptable Program in Chronic and Patient-Centered Care. Finally, building on his 2015 Canadian Anesthesiologists’ Society Career Scientist Award, Dr. Sylvain Boet received a $150,000 Ontario Early Researcher Award from the Ministry of Research, Innovation and Science for his work using medical education to foster improved translation of medical knowledge to bedside care. These programs emphasize our strategic goal of "advanc[ing] partnerships to bring our department’s innovative research and education programs to national and international anesthesiology communities."

In addition, it is essential that we recognize the work our researchers contribute outside their department. Drs. Diem Tran, Louise Sun and Dan McIsaac were granted cross appointments with the School of Epidemiology, Public Health and Preventive Medicine. Dr. Manoj Lalu was appointed as an Associate Scientist in both the Regenerative Medicine and Clinical Epidemiology Programs at the Ottawa Hospital Research Institute. Drs. Sylvain Boet, Dan McIsaac and Colin McCartney were appointed to the Faculty of Graduate and Postdoctoral Studies and Dr. Boet was also awarded the University of Ottawa, Faculty of Medicine's 2015 Distinguished Young Professor Award. Dr. Dylan Bould was appointed Chair and President of the Canadian Anesthesiologists’ Society International Education Foundation, bringing his anesthesia education program in developing countries to national and international attention.

Mark Twain once said, “Supposing is good, finding out is better.” Researchers at the Department of Anesthesiology and Pain Medicine have taken the initiative of our strategic plan to find questions and problems in Medical Education, Pain Medicine and Perioperative Medicine. We look forward to sharing those answers and solutions with you again next year and in the years ahead.

Gregory L. Bryson
MD, FRCPC, MSC
Vice-Chair, Research
Anesthesiologist, The Ottawa Hospital
Associate Professor, University of Ottawa
2016 Annual Gary Johnson Research Day

Report from the Gary Johnson Research Day Coordinator

The University of Ottawa’s Department of Anesthesiology and Pain Medicine held its 45th Annual Gary Johnson Research Day on May 6, 2016. This year’s event saw 20 abstracts presented by undergraduates, medical students, residents and fellows.

Prize winners included:

**Duncan McLuckie, MD (Fellow)**
Challenging Authority During An Emergency—The Effect Of A Teaching Intervention

**Karim Mohamed, MD (PGY3)**
Investigating the Effect of Formative Assessment in the Prevention of Peri-Operative Hypothermia

**Karim Abdulla, MD (PGY5)**
The Association of Delayed Emergency Surgery with In-Hospital Mortality

Several weeks later, we were excited to learn that Dr. Karim Abdulla’s presentation on delays in emergency surgery was also awarded first prize at the Canadian Anesthesiologists’ Society Resident Research competition in Vancouver.
Gary Johnson Research Day also saw the announcement of the winners of our uOttawa Anesthesiology and Pain Medicine Research Operating Grants.

This year’s winners shared a total funding pool of $250,000 and were widely distributed among hospitals [CHEO (2), UOHI (2) and TOH (4)], as well as among research programs. These awards are highlighted in our list of departmental grants. We are fortunate to have the robust support of our colleagues for this important program.

The event wrapped up with a thought-provoking lecture from Visiting Professor Dr. Ramani Moonesinghe, entitled, “From Measurement to Improvement: Using Data to Improve Perioperative Care.” Dr. Moonesinghe’s message was echoed in many of our trainees’ presentations and in our strategic goal of “develop[ing] quality metrics that enable our clinicians to determine patient outcomes ... and change practice to continually improve outcomes.”

Gregory L. Bryson MD, FRCPC, MSC
Vice-Chair, Research
Anesthesiologist, The Ottawa Hospital
Associate Professor, University of Ottawa
Grants

2015 Grants


11. McHardy P, Choi S, McCartney CJ. Comparison of the effects of perineural versus systemic dexamethasone on low dose interscalene brachial plexus block: a randomized trial. PSI Foundation. $86,000 (Jan 2015–June 2016)


14. McDonald B, McIsaac D, van Walraven C. A Population-Based Analysis of Critical Care Utilization Post Cardiac Surgery in Ontario: Resource Utilization & Long Term Outcomes. uOttawa Anesthesiology Research Grant. $25,842 (May 1, 2015)


19. Poulin P. Improving chronic pain care for all Canadians: a patient engagement project to identify research priorities. Canadian Institutes of Health Research 344017. $15,000 ($15,000 + $30,000 in matched funding awarded. March 1, 2015–Feb 28, 2016)


22. Tran D. Validating a Model to Predict Atrial Fibrillation After Cardiac Surgery. UOHiamo. 
$25,000. (March 2015–February 2016.)


2016 Grants


2. Boet S, Duncan K, Moussavi Z, Chandy G. Safer Sleep: A Diagnostic Accuracy Study Evaluating Breath Sound Recordings and STOP-Bang In Screening For Obstructive Sleep Apnea While Awake. The Ottawa Hospital Academic Medical Organization and the Innovation Fund. $100,000 (March 2016)


8. Bould MD, Mumbwe M, Duncan K, McFaul C, Boet S. Challenging authority in the operating room: A qualitative study exploring the authority gradient in the University Teaching Hospital in Zambia. uOttawa Anesthesiology Research Grant (uOAR) $19,000.00 (May 2016–April 2017)

10. Kimmelman, J, Fergusson D, McCabe C, **Lalu M**. Improving the quality of judgement in cancer therapeutics development. **Biotherapeutics for Cancer Treatment.** $534,846 (July 2016–July 2018, funding allocated equally each year)

11. **Lalu MM**, Stewart D. Mesenchymal stromal cell exosomes as a therapy for microvascular hyperpermeability in sepsis. **CIHR Canadian Vascular Network.** $100,000 (June 2016–June 2018, $50,000 per year).


13. **McDonald B**, Heyland D. Sodium SeleniTe Administration IN Cardiac Surgery (SUSTAIN CRx-Trial)—multicenter RCT. Hecht Foundation. $2,980,000 (Jan 1, 2016 - August 2020: 2016 = $375,000, 2017 = $800,000, 2018 = $800,000, 2019 = $750,000, 2020 = $ 258,447)

14. **McIsaac DI**. **Enhancing the Care of Frail Elderly Surgical Patients: Stage 1—Implementation of Routine Preoperative Frailty Assessment.** TOHAMO. $99,535 (Apr 2016–Mar 2017, one year all funding)

15. **McIsaac DI**. A **PSH for the Frail Elderly (Phase 3): Prehabilitation of Frail Elderly.** International Anesthesia Research Society (IAR8). $149,967.36 (Jan 1, 2017–June 31, 2018, split evenly between calendar years)


17. Radhakrishnan D, Katz S, **McIsaac D**, To T, Machusky I, Tuna M, **Murto K**, Godzyra P. Disparities in access to polysomnography among children in Ontario. CHEORI Internal competition “Research Growth Award.” $29,971.50 (August, awarded over 1 year)


20. **Murto K**, Butz S, Joshi GP. A survey and consensus statement on which children are appropriate to undergo elective adenotonsillectomy in an ambulatory setting. **uOttawa Anesthesiology Research Grant (uoAR).** $29,002.79 (May 2016–April 2017)


27. Tran D, Mansour C. Strategies to Optimize Postoperative Atrial Fibrillation: Prophylaxis. Earl Wynands Summer Studentship in Anesthesiology. $5000 (June 1–August 31, 2016)
Peer-Reviewed Publications

July 1, 2015–June 30, 2016


57.
Book Chapters

Covering July 1, 2015—June 30, 2016


Abstracts and Posters

Covering July 1, 2015—June 30, 2016


Atrial Fibrillation Ablation does not Increase Operative Risk when Added to Coronary Artery Bypass Grafting and Aortic Valve Replacement. Al-Atassi T, Kimmaliardjuk DM, Dagenais C, Lam BK, Bourke M, Rubens F. STS 52nd Annual Meeting, Phoenix, AZ, Jan 2016.


Presentations, Lectures and Workshops

Covering July 1, 2015–June 30, 2016

Andrews, M. and Rao, P.
Tic-tac-teamwork: Teaching teamwork through games
• Banff, AB (Nov 2015)
• Royal College Simulation Summit
• Co-presenters: Dr. Nicholas Robillard, Dr. Terry Varshney, Dr. Erika Fowler

Chiu, M., Crooks, S., Fraser, A., Andrews, M. and Rao, P.
Boot camp for boot camp: Build a foundational module for competence-based residency training.
• Vancouver, BC (October 2015)
• International Conference on Residency Education (ICRE)

Boet, S.
Etat des lieux et perspectives de la recherche en simulation.
• Clermont-Ferrand, France (Mar 2016)
• 5ème colloque francophone de simulation en santé

Compétences non techniques : De quoi parle-t-on ? Sont-elles les mêmes pour tous les professionnels de santé ? Sont-elles les mêmes pour toutes les situations (de l’urgence aigüe à la maladie chronique) ? Pourquoi les mesurer ? Comment ?
• Clermont-Ferrand, France (Mar 2016)
• 5ème colloque francophone de simulation en santé

Feedback to improve practice: from simulation to the OR black box
• Ottawa, ON (Apr 2016)
• The Ottawa Hospital Research Institute Rounds

Improving care and outcomes for surgical patients through knowledge translation: summarizing the evidence and assessing practices
• Ottawa, ON (Apr 2016)
• University of Ottawa Department of Anesthesiology

Bryson, G.
Writing and Reviewing for the Canadian Journal of Anesthesia: What Does the Editor Want to See?
• Vancouver, BC (June 2016)
• Canadian Anesthesiologists’ Society Annual Meeting
Canadian Anesthesiologists’ Society—Choosing Wisely Canada. Where Does CAS-CWC Go From Here?
  • Vancouver, BC (June 2016)
  • Canadian Anesthesiologists’ Society Annual Meeting

Preoperative Assessment: More than the Sum of its Parts?
  • Montreal, QC (May 2016)
  • McGill Anesthesia Update

Case Discussions: Evidence Based Preoperative Evaluation
  • Montreal, QC (May 2016)
  • McGill Anesthesia Update

Case Based Learning: Evidence Based Preoperative Assessment
  • Toronto, ON (April 2016)
  • Toronto Anesthesia Symposium

Evaluation of the Cardiac Patient Before Non-Cardiac Surgery
  • Toronto, ON (April 2016)
  • Toronto Anesthesia Symposium

Open Season. What’s New in Academic Publishing?
  • Toronto, ON (April 2016)
  • Grand Rounds, Toronto General Hospital Department of Anesthesiology

Academic Publishing Workshop: Peer Review of Manuscripts
  • Ottawa, ON (Feb 2016)
  • University of Ottawa, Faculty of Medicine Office of Continuing Professional Development

From PDF to Practice: The gap between what we know and what we do
  • Toronto, ON (Nov 2015)
  • 2015 David Fear Memorial Lecture, Toronto Interactive Anesthesia Symposium

Chaput, A.

CBD Anesthesia – Background, design, implementation
  • Ottawa, ON (Oct 2015)
  • Grand Rounds, University of Ottawa Heart Institute

CBD Anesthesia – Background, design, implementation
  • Ottawa, ON (Oct 2015)
  • Grand Rounds, The Ottawa Hospital

Workshop for new program directors—The resident in difficulty
  • Vancouver, BC (Oct 2015)
  • International Conference on Residency Education (ICRE) pre-conference workshop

Program Director Workshop—CanMEDS and accreditation
  • Jeddah, Saudi Arabia (Nov 2015)
Chen, R.
Lecture: Epicardial Echo, POCUS course demonstrator
• Toronto, ON (Nov 2015)
• Toronto General Hospital Echo Symposium

Chiu, M.
A Canadian National Anesthesiology Simulation Curriculum (CanNASC)
• Montreal, QC (April 2016)
• Canadian Conference on Medical Education
• Co-presenters: Tarshis J. et al. on behalf of the CanNASC Task Force

Development of the Foundational Elements of Applied Simulation Theory (FEAST) Curriculum
• Montreal, QC (April 2016)
• Canadian Conference on Medical Education
• Co-presenters: Posner GD, Humphrey-Murto S.

Plenary: Integrating simulation into competency-based anesthesiology residency training
• Kathmandu, Nepal (March 2016)
• 17th National Conference of the Society of Anesthesiologists of Nepal

Workshop: CanMEDS—a Canadian example of an integrated competency-based framework
• Kathmandu, Nepal (March 2016)
• National Center for Health Professions Education

Workshop: Essential skills for education leaders: educational design
• Kathmandu, Nepal (March 2016)
• National Center for Health Professions Education
• Co-presenter: Brien S.

Workshop: Helping your students learn: how to create a receptive environment for feedback
• Kathmandu, Nepal (March 2016)
• Tribhuvan University Teaching Hospital
• Co-presenter: Brien S.

Workshop: An approach to resident assessment in the era of competency-based education
• Kathmandu, Nepal (March 2016)
• Tribhuvan University Teaching Hospital
• Co-presenter: Brien S.

Crosby, E.
Medical Aid in Dying: A medical-legal perspective
• Ottawa, ON (Feb 2016)
• Anesthesia Winter Symposium, University of Ottawa Department of Anesthesiology and Pain Medicine
Dubois, D.

Competence by Design and Effective Feedback Strategies for CBME
• Kingston, ON (June 2016)
• All Residents Retreat, Queen’s University Department of Anesthesia

Lecture: Geriatric Anesthesia
• Ottawa, ON (Jan 2016)
• PGY 2-4 Core Program, Department of Anesthesiology and Pain Medicine, University of Ottawa

Workshop: Curriculum Mapping and Assessment for Competency-Based Learning
• Toronto, ON (May 2016)
• University of Toronto Faculty of Medicine CBME Workshop
• Co-presenter: Stodel, EJ

Dupuis, JY.

Is opioid respiratory depression a problem after cardiac surgery at the University of Ottawa Heart Institute?
• Ottawa, ON (Feb 2016)
• Patient Safety Rounds, University of Ottawa Heart Institute

Case reports, randomized trials, databases and the challenges of evidence based medicine in critical care.
• Ottawa, ON (May 2016)
• Rick Hodder Critical Care Day, University of Ottawa

Cardiac surgery in the high-risk patients: why do we do it?
• Ottawa, ON (Aug 2015)
• University of Ottawa Heart Institute (CSICU residents)

Lecture: Invasive cardiovascular monitoring in the ICU
• Ottawa, ON (Sept 2015)
• University of Ottawa (Critical Care Medicine residents)

Eipe, N.

Dexmedetomidine in Bariatrics.
• Surrey, London, UK (Nov 2015)
• Visiting Professor, Ashford and St. Peter’s NHS Trust Bariatric Group

Lecture: IV Lidocaine for Acute Pain
• London, UK (Nov 2015)
• South Thames Acute Pain Group

Lecture: Pregabalin
• Dublin, Ireland (Nov 2015)
• Irish Pain Nurses and Midwives Society Annual Meeting

Lecture: Acute Pain in Obesity
• London, UK (May 2016)
• Society for Obesity and Bariatric Anaesthesia
**Gadbois, K.**

Pro-Con Debate: Rectus and TAP blockade is a viable alternative to epidural analgesia for postoperative analgesia in the ERAS patient
- Vancouver, BC (June 2016)
- Canadian Anesthesiologists’ Society Annual Meeting

**Gagné, S.**

CWC Transfusion Medicine: From Recommendation to Practice in Perioperative Medicine
- Brockville, ON (April 2016)
- Canadian Blood Services & Ontario Regional Blood Coordinating Network (CBS/ORBCON) 11th Annual Transfusion Medicine Education Videoconference Symposium

Lecture: Perioperative Pacemaker Management
- Ottawa, ON (Nov 2015)
- Lunch and Learn for Nurses, The Ottawa Hospital

MS1 Lecture: Introduction aux respirateurs, CPAP, BIPAP
- Ottawa, ON (Feb 2016)
- University of Ottawa

CBD Lecture: Preoperative Assessment
- Ottawa, ON (Aug 2015)
- University of Ottawa

Cardiac CBLs
- Ottawa, ON (Jan-Feb 2016)
- University of Ottawa

Pain Week CBLs
- Ottawa, ON (May 2016)
- University of Ottawa

Lecture: Preoperative Assessment for Urology
- Ottawa, ON (June 2016)
- University of Ottawa

**McCartney, C.**

Lecture: Where are we now with education in regional anesthesia
- London, UK (July 2015)
- London Society of Regional Anaesthesia

Lecture: Outcomes in regional anesthesia: what should we be measuring?
- London, UK (July 2015)
- London Society of Regional Anaesthesia

Lecture: Defining the Outcomes that Matter for Perioperative Pain Medicine
- San Diego, CA (Oct 2015)
- American Society of Anesthesiologists Annual Meeting
Lecture: Enhanced Recovery and Regional Anesthesia: Do We Need Regional?
- Rochester, MN (Nov 2015)
- Visiting Professor, Mayo Clinic

Lecture: Enhanced Recovery and Regional Anesthesia: Do We Need Regional?
- New York, NY (Dec 2015)
- Visiting Professor, Hospital for Special Surgery

Lecture: Enhanced recovery using regional anesthesia
- New York, NY (Dec 2015)
- BJA-Sponsored Panel, New York State Society of Anesthesiologists
- PostGraduate Assembly in Anesthesiology

Optimizing Pain and Rehabilitation after Knee Arthroplasty
- New Orleans, LA (April 2016)
- American Society of Regional Anesthesia and Pain Medicine Annual Meeting

Workshop: Upper Extremity Blocks
- New Orleans, LA (April 2016)
- American Society of Regional Anesthesia and Pain Medicine Annual Meeting

Lecture: Education in regional anaesthesia: past, present and future
- Dublin, Ireland (May 2016)
- College of Anaesthetists in Ireland Annual Congress of Anaesthesia

Keynote Lecture: Does regional anaesthesia have a place in modern perioperative care?
- Dublin, Ireland (May 2016)
- College of Anaesthetists in Ireland Annual Congress of Anaesthesia

Lecture: Regional Anesthesia in Improving Outcomes
- San Francisco, CA (May 2016)
- International Anesthesia Research Society Annual Meeting

Lecture: Defining Value of Regional Anesthesia
- San Francisco, CA (May 2016)
- International Anesthesia Research Society Annual Meeting

Defining Value of Regional Anesthesia in the Context of Current Practice: What Are and Who Defines the Outcomes?
- San Francisco, CA (May 2016)
- International Anesthesia Research Society Annual Meeting

Lecture: Does regional anaesthesia have a place in modern perioperative care?
- Philadelphia, PA (June 2016)
- Visiting Professor, University of Pennsylvania

Research in Progress Lecture: Education in Regional Anesthesia: Past, Present and Future
- Philadelphia, PA (June 2016)
- Visiting Professor, University of Pennsylvania
Mervitz, D.

Endoscopic Craniosynostosis Repair
• Ottawa, ON (April 2016)
• M&M Grand Rounds, Children's Hospital of Eastern Ontario

Lecture: Acute Pain Management
• Ottawa, ON (April 2016)
• Academic Half Day for General Surgery Fellow and Residents

Lecture: Pain Management
• Ottawa, ON (May 2016)
• Academic Half Day for General Surgery Fellow and Residents

Lecture: Acute and Chronic Pain
• Ottawa, ON (June 2016)
• Pediatrics Academic Half Day for Pediatric Residents

Naik, V.

• Visiting Professor: Peking University First Hospital, Beijing, China (Aug 2015)
• Visiting Professor: Kuwait Institute of Medical Specialization (Sept 2015)
• Visiting Professor: Alfaisal University, Riyadh, Saudi Arabia (April 2016)
• Visiting Professor: Renji Hospital and Sixth People's Hospital, Shanghai Jiao Tong University, Shanghai, China (April 2016)

Lecture: Medical Assistance in Dying
• Almonte, ON (June 2016)
• Almonte General Hospital

Lecture: Getting Access to Performance Data: Expectations of Healthcare Institutions
• Ottawa, ON (May 2016)
• Royal College CPD CBD Summit

Workshop: The Unintended Consequences of Competency Based Education
• Toronto, ON (May 2016)
• Competency Based Training Workshop

Workshop: Lessons Learned from uOttawa Anesthesia
• Toronto, ON (May 2016)
• Competency Based Training Workshop
• Co-presenters: Dubois D, Stodel E

Lecture: Using Simulation for Interprofessional Education
• Shanghai, China (April 2016)
• Shanghai Jiao Tong University

Lecture: Communication Training to Improve Quality
• Shanghai, China (April 2016)
• Shanghai Jiao Tong University
Lecture: Challenges of Academic Governance in the Era of Evolving Healthcare Systems
- Riyadh, Saudi Arabia (April 2016)
- Saudi International Medical Education Conference
- Co-presenters: Imrie K, Zeind CS, Artez HT

Lecture: Facility Design Considerations
- San Diego, CA (Jan 2016)
- International Meeting on Simulation in Healthcare
- Co-presenters: Seropian M, Davies JL

Lecture: Peering Beyond the Horizon: Envisaging the Role of Simulation Within the Context of CPD
- Banff, AB (Nov 2015)
- Simulation Summit
- Co-presenters: Hamstra SJ, Bhanji F, Cooke L

Lecture: Points of Influence: Physicians in the Healthcare System
- Ottawa, ON (Nov 2015)
- Residents as Leaders

Leading Innovation to Stay Relevant in the 21st Century
- Montreal, QC (Nov 2015)
- Canadian Anesthesia Practice Symposium

Lecture: Pro Con Debate: Simulation MANDATORY to Improve Quality and Safety for Patients?
- Toronto, ON (Oct 2015)
- Sunnybrook Education Conference
- Co-presenter: Brydges R

Lecture: Building Research into Your Simulation Program
- Beijing, China (Aug 2015)
- Chinese Conference on Residency Education

Lecture: Using Simulation to Teach Crisis Resource Management and the Intrinsic CanMEDS Roles
- Beijing, China (Aug 2015)
- Chinese Conference on Residency Education
- Co-presenter: Chiu M

Lecture: How to Build/Develop a Simulation Centre (Program)
- Beijing, China (Aug 2015)
- Chinese Conference on Residency Education
- Co-presenter: Lachapelle K

Lecture: Evidence that Simulation is Effective for Learning
- Beijing, China, August 2015
- Chinese Conference on Residency Education
Neilipovitz, D.

Airway Management & Case Reviews
• Edmonton, AB (July 2015)
• 14th National ACES Program

Penning, J.

Workshop: Perioperative Pain Challenges: How the Primary Care Physician can Help!
• Ottawa, ON (Nov 2015)
• Ottawa Pain Day Symposium

Acute Pain PBL Session: Anything but Opioids?
• Ottawa, ON (Jan 2016)
• Annual Anesthesia Winter Symposium, University of Ottawa, Department of Anesthesiology

Persaud, D.

Workshop: Upper Extremity Blocks for the Non-Specialist in Regional Anesthesia
• Vancouver, BC (June 2016)
• Canadian Anesthesiologists’ Society Annual Meeting

Plamondon, MJ.

TEAM Course: Trauma Evaluation and Management: Early Care of the Injured Patient
• Ottawa, ON (July 2016)
• University of Ottawa Course for 3rd year medical students

Lecture & Workshop: Rural Trauma Team Development Course
(developed by the Rural Trauma Committee of the American College of Surgeons Committee on Trauma)
• Cornwall, ON (Nov 2015)
• Cornwall Community Hospital

Lecture: Approach to the Trauma Patient
• Ottawa, ON (Sept 2015)
• PGY1 Core Program, University of Ottawa, Department of Anesthesiology and Pain Medicine

Lecture: Acute Pain in the Trauma Patient
• Ottawa, ON (Nov 2015)
• All Residents Trauma Journal Club, University of Ottawa, Department of Surgery, Division of General Surgery

Lecture: A Case of Mitral Stenosis
• Ottawa, ON (Jan 2016)
• Residents AM Teaching Rounds, University of Ottawa, Department of Anesthesiology and Pain Medicine
Ramlogan, R.
Workshop: Interscalane and Supraclavicular Nerve Blocks
- New Orleans, LA (April 2016)
- American Society of Regional Anesthesia and Pain Medicine Annual Meeting

Rao, P.
Simulation Skills: Applying Debriefing to Small Group Coaching
- Ottawa, ON (Nov 2015)
- University of Ottawa Undergraduate Medical Education Faculty Development Workshop

Roeske, A.
Airway Emergencies
- Ottawa, ON (June 2016)
- M&M Rounds, Children’s Hospital of Eastern Ontario

Tran, D.
Association between low BIS values and patient outcomes in cardiac surgery
- Vancouver, BC (June 2016)
- Oral Poster Presentation, Canadian Anesthesiologists’ Society Annual Meeting
- Co-presenters: Dryden A, Bourke M, McDonald B

Postoperative Atrial Fibrillation in Cardiac Surgery Patients
- Vancouver, BC (June 2016)
- Oral Poster Presentation, Canadian Anesthesiologists’ Society Annual Meeting
- Co-presenters: Abboud J, Rashidian H, Newton E, Thommandru M, Winch D

Watson, J.
Core Program Lecture: Drug Interactions and Allergy
- Ottawa, ON (Oct 2015)
- University of Ottawa, Department of Anesthesiology

Wong, P.
Workshop: Ultrasound-Guided Regional Anesthesia
- San Diego, CA (Oct 2015)
- American Society of Anesthesiologists Annual Meeting

Workshop: Ultrasound-guided Regional Anaesthesia
- Vancouver, BC (June 2016)
- Canadian Anesthesiologists’ Society Annual Meeting
Yang, H.

Professionalism à la CanMeds 2015
- Ottawa, ON (March 2016)
- Pathology Staff and Residents, University of Ottawa

Professionalism and the Legal System: Negligence; Patient Confidentiality and Mandatory Reporting
- Ottawa, ON (March 2016)
- MS4 Back to Basics Lectures, University of Ottawa

Professionalism and Patient Boundaries
- Ottawa, ON (Nov 2015)
- Foundations of PGME Series, University of Ottawa

Professionalism Web Report Form: a progress report
- Ottawa, ON (Sept 2015)
- Faculty Council, Faculty of Medicine, University of Ottawa

Professionalism: why, what and how?
- Ottawa, ON (Sept 2015)
- Annual Pathology Residency Program Retreat, University of Ottawa

Professionalism: a progress report
- Ottawa, ON (Sept 2015)
- Meeting of the Dean and Hospital CEOs

Professionalism at the Faculty of Medicine
- Ottawa, ON (July 2015)
- On-boarding session to all new residents
Global Health

Photo: CHEO Media House
Global Health

Report from the Program Director

There has been a growth in the number of staff and trainees with an interest in supporting global health initiatives predominantly through clinical work in low- and middle-income countries. The Lancet Commission on Global Surgery recognizes the global burden of surgical disease. The department has established successful links to existing global health initiatives (e.g. in Zambia and through the Canadian Anesthesiologists’ Society International Education Fund—CASIEF); however, the department currently does not have a coordinated way of leveraging its expertise in clinical anesthesia, research and education, leaving staff to pursue global health opportunities on their own. Also, there has not previously been a strong focus on working with disadvantaged populations in Canada. To capitalize on our ongoing successes and interests, a coordinated approach is needed to optimize our departmental impact and outputs. For this reason, a new Director of Global Health position was recently created within the Department of Anesthesiology and Pain Medicine.

Our program will focus on improving anesthetic care for disadvantaged populations in Canada and around the world through a departmental program that focuses on improving clinical care, research and advocacy. Our approach will emphasize a need for our global health program to leverage existing expertise within the department for providing world-class clinical care and education, pain management and perioperative medicine.

Several global health initiatives already exist across Canada and within the University of Ottawa, including the Faculty of Medicine’s partnerships with universities in Lyon and Shanghai. Our approach will therefore involve extending expertise and capacity from within the department and university to our global health program and drawing on existing programs and expertise that our department can complement, rather than creating another new parallel initiative.
The Roof of Africa: Kaitlin Duncan with Geoff Clarke and Scott Duncan

We will develop collaborations and partnerships to advocate for comprehensive perioperative care in Canada and around the world, specifically supporting our colleagues and patients in Nunavut.

We will advocate for policy discussions locally, nationally and internationally, drawing on our experience and credibility from our programs and with our patients, to help inform the development of sustainable surgical programs in the areas where we work. Finally, our initiatives will be rigorously evaluated and published in peer-reviewed journals, thereby establishing ourselves as a global health research and implementation group.

Jason McVicar MD, FRCPC
Director, Global Health
Staff Anesthesiologist, The Ottawa Hospital
Assistant Professor, University of Ottawa
Human Resources
Faculty

Covering July 1, 2015–June 30, 2016, with recent new hires denoted by start date. For a full list of our faculty members, including biographical information, please refer to our website at http://med.uottawa.ca/anesthesiology/.

Children’s Hospital of Eastern Ontario

- Dr. Dylan Bould
- Dr. Antoinette Corvo
- Dr. Marion Gould
- Dr. Leslie Hall
- Dr. Jarmila Kim
- Dr. Phil Kruger
- Dr. Christine Lamontagne
- Dr. Deborah Mervitz
- Dr. Philipp M ossdorf
- Dr. Kimmo Murto
- Dr. Joanna Nawrocka
- Dr. Gillian Ramsey
- Dr. Amy Roeske
- Dr. David Rosen
- Dr. Gail Ryan
- Dr. Robert Schwartz
- Dr. William Splinter
- Dr. Anna Shadrina
- Dr. Lesley Silver
- Dr. Darlene Weekes

The Ottawa Hospital – Civic Campus

- Dr. Cindy Basran
- Dr. Paul Bragg
- Dr. Gregory Bryson
- Dr. Larry Byford
- Dr. Alan Chaput
- Dr. Ilia Charapov
- Dr. Michelle Chiu
- Dr. James Conway
- Dr. Michael Curran
- Dr. Daniel Dubois
- Dr. George Dumitrascu
- Dr. Naveen Eipe
- Dr. George Evans
- Dr. David Ewing
- Dr. Ashraf Fayad
- Dr. Lucie Fitleau
- Dr. Amy Fraser
- Dr. Rejean Garea u
- Dr. Susan Goheen
- Dr. Claudia Gomez
- Dr. Sanjiv Gupta
- Dr. Richard Hladkowicz
- Dr. Shawn Hicks
- Dr. Jonathan Hooper
- Dr. Jordan Hudson
- Dr. Leo Jeyaraj
- Dr. Gregory Krolczyk
- Dr. Manoj Lalu (October 1, 2016)
- Dr. Anne Lui
- Dr. Jelka Lujic
- Dr. Peter MacEwen
- Dr. Robert MacNeil
- Dr. Colin McCartney
- Dr. Daniel McIsaac
- Dr. Patti Murphy
- Dr. Viren Naik
- Dr. Howard Nathan
- Dr. David Ne lippowitz
- Dr. John Penning
- Dr. Desiree Persaud
- Dr. Marie Jo Plamondon
- Dr. Tomasz Polis
- Dr. Jennifer Racine
- Dr. Reva Ramlogan
- Dr. Patrick Sullivan
- Dr. Caroline Tallmadge
- Dr. Anna Wyand
- Dr. Linda Wynne
- Dr. Homer Yang
- Dr. Ian Zunder
The Ottawa Hospital – General Campus

• Dr. Tammy Barrows
• Dr. Alan Baxter
• Dr. Sylvain Boet
• Dr. Paul Connelly
• Dr. Ioana Costache
• Dr. Simone Crooks
• Dr. Edward Crosby
• Dr. Peter Duffy
• Dr. Wesley Edwards
• Dr. Holly Evans
• Dr. Kristen Gadbois
• Dr. Sylvain Gagné
• Dr. Catherine Gallant
• Dr. Yvette Goddard
• Dr. Robert Jee
• Dr. Alan Lane
• Dr. Peter MacDougall (September 5, 2016)
• Dr. Colin McCartney
• Dr. Jocelyne McKenna
• Dr. Jason McVicar
• Dr. Donald Miller
• Dr. Stéphane Moffett
• Dr. Miriam Mottiar (October 1, 2015)
• Dr. Shona Nair
• Dr. Nadira Naraine
• Dr. Jane Prud’homme
• Dr. Christopher Pysyk
• Dr. Purnima Rao
• Dr. Nik Rastogi
• Dr. Dennis Reid
• Dr. Gary Skidmore
• Dr. Catherine Smyth
• Dr. Marc Stalder
• Dr. Michael Szeto
• Dr. Hesham Talab
• Dr. Calvin Thompson
• Dr. Steven Tremblay (July 1, 2016)
• Dr. John Watson
• Dr. Patrick Wong
• Dr. Christopher Wherrett

The Ottawa Hospital – Riverside Campus

• Dr. Gail Oneschuk
• Dr. Donald Wilson

University of Ottawa Heart Institute

• Dr. Michael Bourke
• Dr. Charles Cattran
• Dr. Robert Chen
• Dr. Sean Dickie
• Dr. Jean-Yves Dupuis
• Dr. Chris Hudson
• Dr. Mark Hynes
• Dr. Stéphane Lambert
• Dr. Vynka Lash (April 1, 2016)
• Dr. Ryan Mahaffey (December 1, 2016)
• Dr. Bernard McDonald
• Dr. Donna Nicholson
• Dr. James Robblee
• Dr. Ben Sohmer
• Dr. Louise Sun
• Dr. Diem Tran
• Dr. Peter Wilkes
• Dr. John Earl Wynands (Emeritus)
Hôpital Montfort

- Dr. Meghan Andrews
- Dr. Łukasz Bartosik
- Dr. Jean Blier
- Dr. Sandra Bromley
- Dr. Alexandre Cawadias
- Dr. Roxanne Chartrand
- Dr. Jennifer Chow
- Dr. Ingrid Custeau
- Dr. Janie Des Rosier
- Dr. Marc Doré
- Dr. Samir Ghatalia
- Dr. Camille Goure
- Dr. Ruth-Ann Green
- Dr. Tammy Henderson
- Dr. Angela Hogan
- Dr. Vincent Landry
- Dr. Stéphane Légault
- Dr. Christine Parent
- Dr. Raylene Sauvé

Education Scientist

- Dr. Meghan McConnell

Administrative Staff

Department of Anesthesiology and Pain Medicine

- Lynne McHardy
  Department Manager
- Alexandre Elms
  Executive Assistant

UGME and CPD

- Amber Devlin
  Program Coordinator,
  UGME and CPD

Residents

- Holly Videto
  Senior Resident Program Administrator,
  Anesthesiology and Pain Medicine
- Julie Ghatalia
  Residency Program Administrator: PGME,
  CBD & Academic Activities and Social Media

Fellows

- Elaine Stinson
  Fellowship Program Coordinator
  (Canadian Medical School Applicants)

Research

- Michelle Akimov
  Research Office Administrator
Children’s Hospital of Eastern Ontario

- Jennifer Borup
  Administrative Coordinator

- Carrie Haffner
  Administrative Assistant and Billing Clerk

The Ottawa Hospital – Civic Campus

- Joel Richard
  Office & Scheduling Supervisor

- Kelsey Rice
  Scheduling Assistant & Billing Clerk

- Elaine Stinson
  Senior Administrator

- Michelle Akimov
  Administrative Assistant

The Ottawa Hospital – General Campus

- France Greenwood
  Office Manager (on leave)

- Francine Gravel
  Supervisor, Office Staff, Bookkeeping and Accounts

- Jennifer Huzera
  Scheduling Coordinator

- Deborah Vachon
  Administrative Assistant

- Sarah Jones
  Billing Clerk

- Nola Windle
  Billing Clerk

University of Ottawa Heart Institute

- Angie Ross
  Administrative Coordinator

- Cheryl Alie
  Administrative Assistant
In Memoriam

Dr. Ian Frost
March 2, 1946–July 18, 2015

Dr. Ian Frost was born in Halifax and raised in Ottawa. He completed both medical school and his anesthesia residency at the University of Ottawa before joining the Riverside Hospital in 1977 as a staff physician, where he practiced for 38 years. “Frosty,” as he was known, was famous for his “bad” jokes and renowned for his love of motorcycles.

Tragically, Ian was killed while riding his motorcycle south of Ottawa on a beautiful summer day. He is survived by his sister, Anne, and his nephew, Daniel. Ian is greatly missed at the Riverside Campus of The Ottawa Hospital and by his colleagues across the department.