



# Annual Report 2023

Department of Obstetrics & Gynecology



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# Territorial Land Acknowledgment

The University of Calgary, located in the heart of Southern Alberta, both acknowledges and pays tribute to the traditional territories of the peoples of Treaty 7, which include the Blackfoot Confederacy (comprised of the Siksika, the Piikani, and the Kainai First Nations), the Tsuut'ina First Nation, and the Stoney Nakoda (including Chiniki, Bearspaw, and Goodstoney First Nations). The City of Calgary is also home to the Métis Nation of Alberta (Districts 5 and 6).

The University of Calgary is situated on land Northwest of where the Bow River meets the Elbow River, a site traditionally known as Moh'kins'tsis to the Blackfoot, Wíchîspa to the Stoney Nakoda, and Guts'ists'i to the Tsuut'ina. On this land and in this place we strive to learn together, walk together, and grow together "in a good way."

The Department of Obstetrics and Gynecology and the University of Calgary are committed to meaningful reconciliation with Indigenous peoples and communities.



# Message from Department Head

Dear Colleagues & Friends,

As 2023 draws to a close, it's clear that theme of this year has been that of change. In the first months of the year there were a number of shifts in Leadership, including the start of my term as Department Head, the addition of a Deputy – Obstetrical Operations position, new Site Leads at both Rockyview General Hospital (RGH) and Foothills Medical Centre (FMC), as well as selection of a new Residency Program Director. The summer marked the annual change in our trainees, where we were able to celebrate the success of the PGY5 residents who all successfully passed the Royal College examination. Their success is a testament to the dedication and excellence that defines our training program. As the PGY5's left our program to begin the next phases of their careers, we welcomed a new cohort of PGY1 residents to our Department and begin again the cycle of getting to know and mentor an exceptional group of new physicians through their educational journeys.

The last year also brought with it the final Wave of Connect Care in Calgary Zone, bringing all adult hospitals on to a unified informatics system. While the system has brought some fantastic new changes to patient care, I know we are all struggling with the increased demands of the system and the ways it has blurred the lines between the hours we spent and work and at home each day.

In the autumn, we again found ourselves facing changes on a broader scale within Alberta Health Services with the announcement of organizational restructuring. While this has brought about a level of uncertainty about the future, I am reminded that opportunity “is made when there are cannons in the harbour, not violins in the ballroom.” I hold firm in my belief that amidst these changes lies the potential for new and exciting opportunities in the delivery of female reproductive health in Calgary.

In reviewing the highlights submitted by our Department's leaders, I was filled with pride in what we have achieved. While undoubtedly the year was filled with challenges, together our Department members have assisted in 17,375 deliveries and provided medical and surgical reproductive health care to thousands of patients in Calgary Zone. We have contributed to the education of 150 medical students through clerkship and electives, as well as 17 midwifery students who complete clinical hours under the guidance of Obstetricians (OBGYNs). Our Department's commitment to advancing knowledge and pushing the boundaries of research has resulted in a year of remarkable amount of research funding and number of papers published this year. As all of you know, research is a particular passion of mine and so it was with great pride that the year was ended by successfully recruiting a new PhD Scientist to the department who will undoubtedly contribute to the innovative research spirit that defines this Department.

In closing, I want to express my gratitude to each member of our department for your hard work, dedication, and unwavering commitment. Here's to a future filled with continued success, innovation, and the delivery of outstanding healthcare to the patients that we serve.

Sincerely,

Erin Brennand, MD, MSc, FRCSC

Academic & Zone Clinical Department Head  
Department of Obstetrics & Gynecology  
Cumming School of Medicine, University of Calgary  
Alberta Health Services – Calgary Zone



# Department of Obstetrics & Gynecology Mission

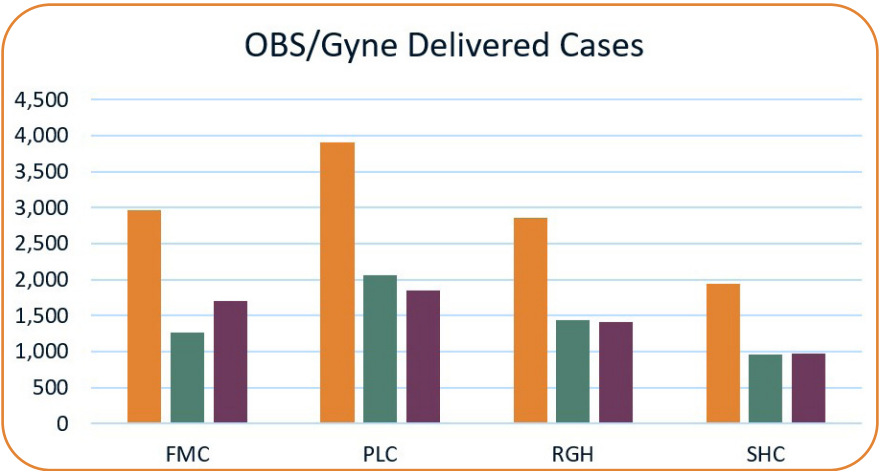
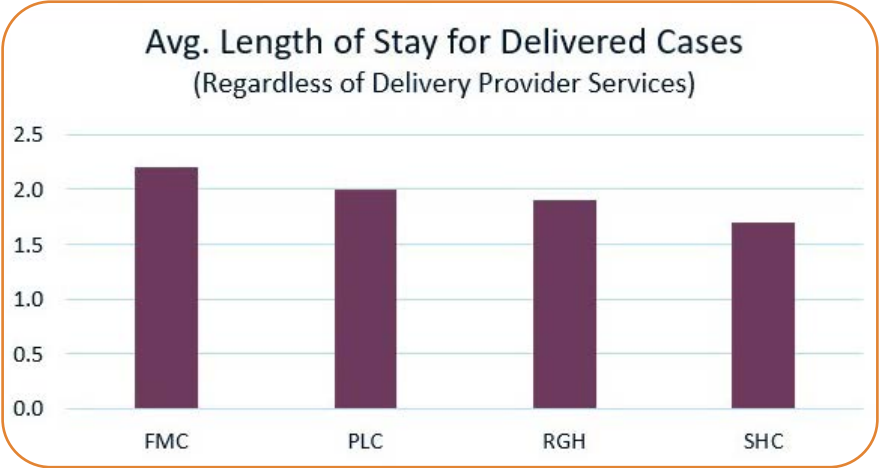
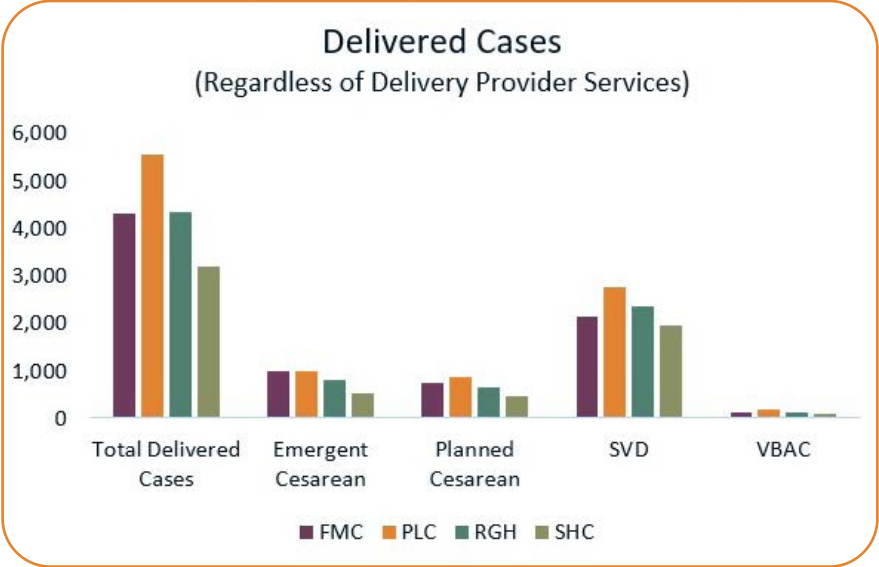
## Our Vision

To be a nationally recognized leader in health care education and research for female and women's reproductive care across the lifespan.

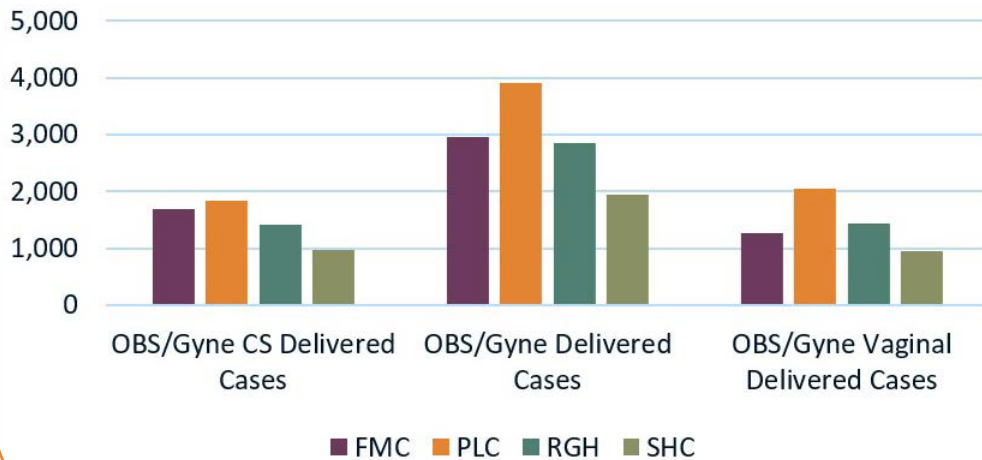
## Our Mission

To provide accessible and coordinated care to women in Calgary and surrounding areas by prioritizing partnerships and collaboration, investing in provider wellness and education, and innovating health care services to be responsive to patients, their families and caregivers.

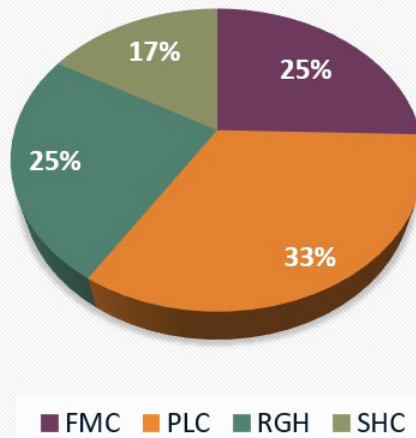
# By The Numbers



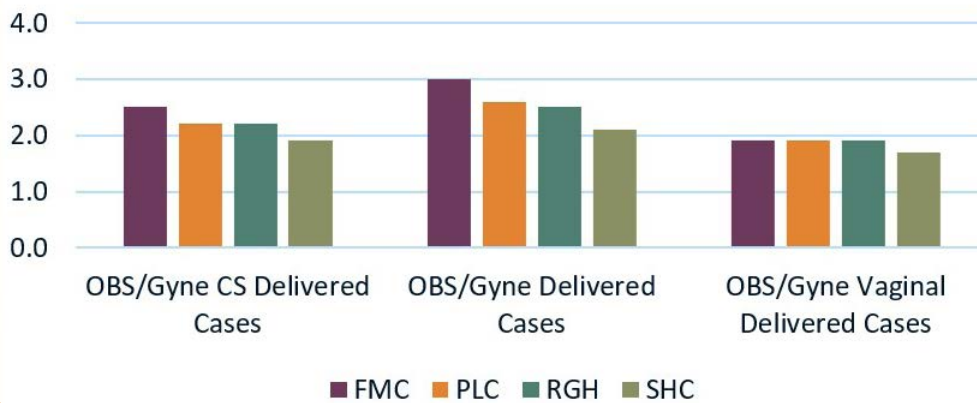
### OBS/Gyne Delivered Cases



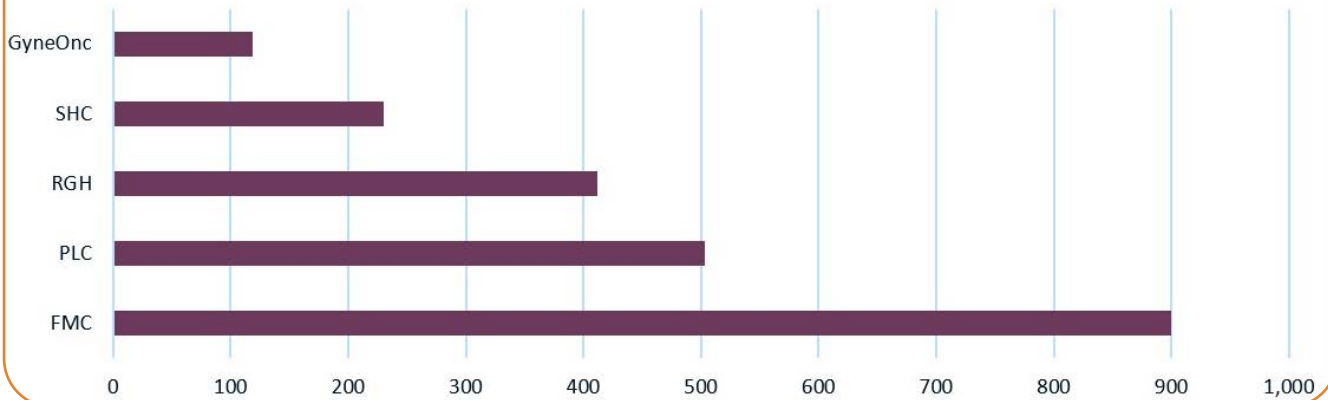
### OBS/Gyne Delivered Cases Average



### OBS/Gyne Delivered Cases Avg. Length of Stay - Days



### Inpatient and Day Surgery Non-Obstetrical Hysterectomies



### Inpatient, Emergency Dept, and Day Surgery Cases Calendar Year 2023

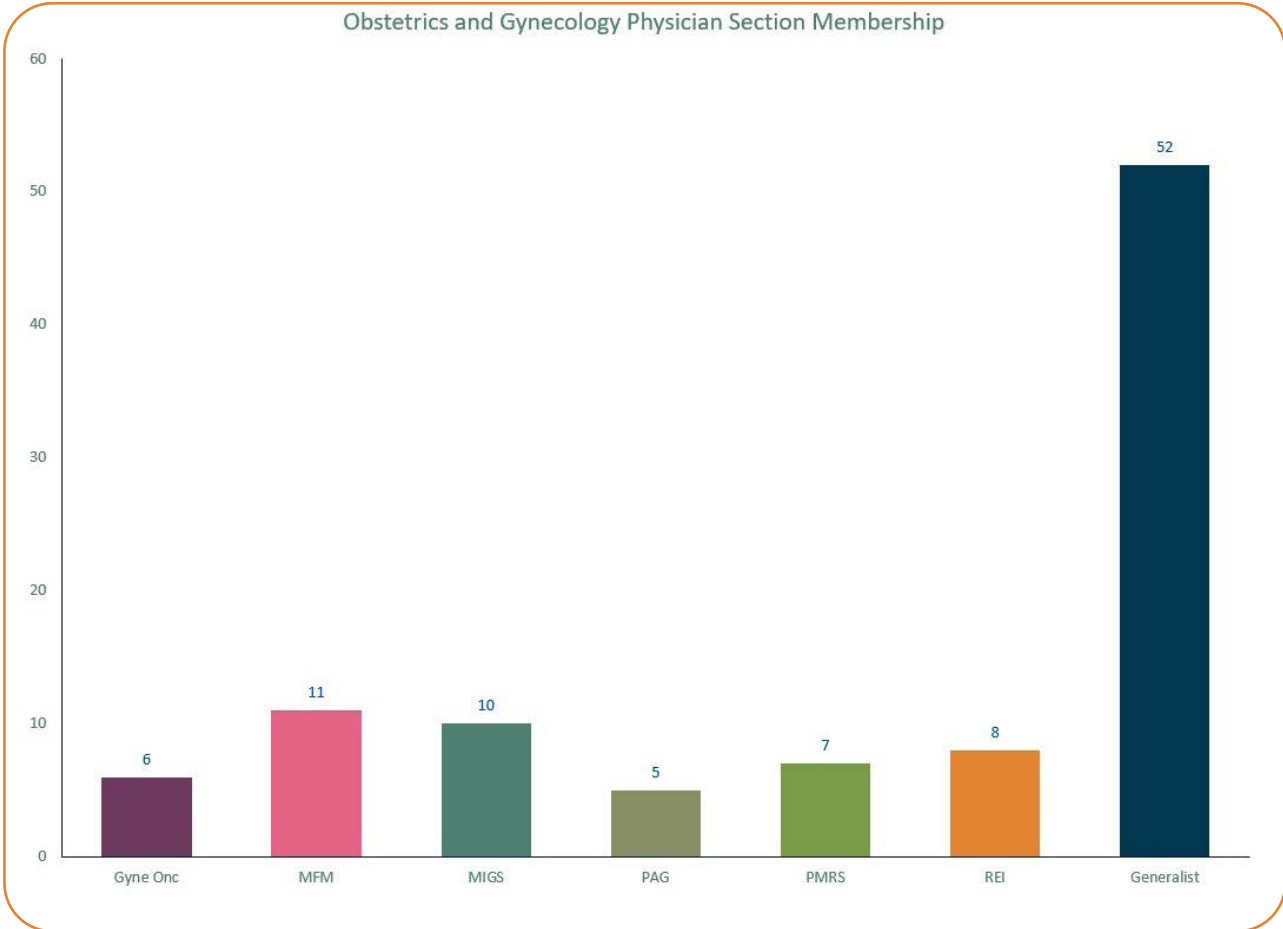
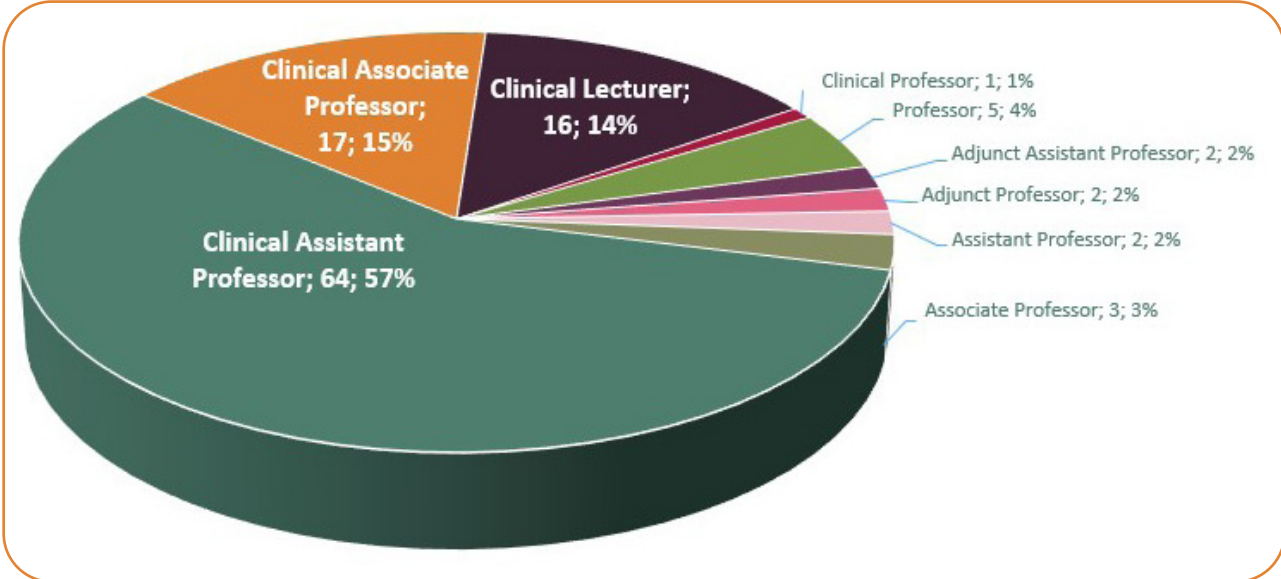
	SHC	PLC	FMC	RGH	Total
Cases with Gynecologic Procedure	1,350	3,155	5,259	2,654	12,418

### Inpatient, Emergency Dept, and Day Surgery Cases Cases with Gynecologic Intervention Calendar Year 2023

Female Genital Organ	SHC	PLC	FMC	RGH	Total
Therapeutic Interventions on the Cervix	21	41	176	36	274
Therapeutic Interventions on the Fallopian Tube	351	778	746	577	2,452
Therapeutic Interventions on the Female Genital Tract NEC	1				1
Therapeutic Interventions on the Ovary	94	229	251	132	706
Therapeutic Interventions on the Ovary with Fallopian Tube	114	187	996	227	1,524
Therapeutic Interventions on the Perineum	8	10	35	16	69
Therapeutic Interventions on the Uterus and Surrounding Structures	635	1,608	2,031	1,435	5,709
Therapeutic Interventions on the Vagina	70	167	789	120	1,146
Therapeutic Interventions on the Vulva	56	135	235	111	537



# Department Statistics





# Site Updates

# Foothills Medical Centre

## Accomplishments and Highlights

### Foothills Medical Centre Early Pregnancy Assessment Program

Foothills Medical Centre (FMC) Early Pregnancy Assessment Program (EPA) has had a successful year. The FMC site must acknowledge Dr. Phillipa Brain and Dr. Stephen Wood for their vision and development of the Early Pregnancy Assessment Program over twenty years ago. Until this year, they and the FMC North Tower MDs have diligently supported the program. The Foothills EPA had a big year of changes in 2023 led by Dr. Baranowski. Support to the program is now a shared responsibility of the generalist OB/Gyn group, and a few MFMs as well.

### Connect Care

The launch of Connect Care enabled the development of a new process which has created a convenient and reliable method of Registered Nurse (RN) to Medical Doctor (MD) communication, virtual patient visits and the incorporation of Mife/Miso dosing. The FMC program is on the cusp of expanding scope to include referrals for more complicated miscarriage experiences (non-resolution, retained products of conception). Following that, the program will work toward becoming the referral hub for Emergency Room (ER) MDs, community General Practitioners (GPs), and midwives for all early pregnancy challenges (pregnancy of unknown location, stable ectopic, molar). There will be ongoing discussion about RN and MD roles, which cases stay within the EPA Program and which are adopted by MDs and managed independently, and which cases that are best transferred out of EPA to the Gynecologist on call. Discussion and process development will be driven by the principles of providing ideal service to patients and the community MDs helping them, dissolving system barriers to care, efficiency, and safety.

### Improvement in Gynecology Consult wait times in the FMC Emergency Department.

This can be attributed to all staff gynecologists taking first call from the emergency physicians and seeing patients in a timely manner. The Emergency Department Site Lead has expressed their appreciation for this improvement, and we will continue to work together to expedite consults, safely and efficiently.

### FMC Abnormally Invasive Placenta

FMC Abnormally Invasive Placenta team led by Dr. Sexter continues to expand by ongoing training of more surgeons and the extension of the program to the PLC as a satellite site. The number of cases are increasing while patient length of stay and blood transfusions decrease. 2023 has seen the busiest year with 36 cases and 12 of them in November, alone. The team looks forward to the analysis of the collected data to improve patient care and outcomes.

### Education

I am happy to report that the FMC staff have worked hard on improving their support of Resident's education and experiences. This has been reflected in positive feedback from the RPC. Currently, there are no major concerns at the FMC regarding the residents.

### Birth Tourism/Non Insured Program

The Birth Tourism/Non Insured Program keeps improving with Dr. Brar's efforts to streamline care for these patients. Dr. Birch has also been active in education around Birth Tourism with Society of

Obstetricians and Gynecologists of Canada (SOGC) and Rural Surgical and Obstetrical Networks of Alberta (RSONA).

### Handover- Connect Care

The handover of Connect Care has been active at the FMC for over one year and despite the frustrations, the FMC Obstetrical team has started consistent use of the handover tool which is especially useful for the complex antepartum patients. Also, having all antepartum, labor and delivery and postpartum charge nurses and Neonatal Intensive Care (NICU) staff present at handover has improved communication and promotes efficient flow.

## Challenges

Capacity continues to be ongoing challenge on our Obstetrical wards due to the loss of the Antepartum ward. Even more challenging is the lack of NICU capacity. An operational based capacity transfer algorithm has been developed which takes the burden of informing patients of their need for transfer off of the Obstetrician alone. Operations and the obstetrical team are working together to triage transfers but the moral burden of transferring patient is underestimated. Unfortunately, there is no imminent solution, especially with the lack of nursing staff and beds in the FMC NICU.

Operating Room (OR) access is major issue for all surgeons at the FMC, but especially for the endometriosis and chronic pelvic pain Minimally Invasive Gynecologic Surgery (MIS) surgeon. Efforts have been made to pick up emergent time, but it is not always possible on short notice. Gynecological surgeons have been encouraged to take responsibility in ensuring that their allocated OR time is not given away unless it is on an emergent basis. It is also challenging to recruit surgeons to the FMC when OR time is limited and current surgeons already have long wait lists.

The FMC general gynecologists are also unable to meet the demand for consults and wait times are over six months to one year for non-urgent consults. Despite redirection of consults to specialty clinics such as Complex Contraception and Menopause, there is still a high demand for care. Hiring more gynecologists is a priority at this time and the expansion of specialty clinics to include post-menopausal bleeding and minor procedures is needed.

## Workforce Planning

- Dr. Albrecht will not be returning to Calgary after her Maternal-Fetal Medicine (MFM) fellowship is completed. Hopefully, she will return to us with all her MFM wisdom after three years of practice in the United States. The plan will be to hire two 0.5 FTE MFM Alternative Relationship Plans (ARP) positions at the FMC inpatient clinic.
- Hiring is planned for July 2024 to include a 0.67 FTE, and a 1.0 FTE generalist position. Dr. Brain, Dr. Baranowski and Dr. Coughlan will reduce their clinical practice. Dr. Brain will be focusing on her Pediatric and Adolescent Gynecology (PAG) practice. Additional hiring is anticipated, and the goal is to hire a MIS endometriosis surgeon with a role in research.
- Dr. Wood will be on a well-deserved sabbatical from Jan 2024 to July 2024. He has not indicated his plans on his return. If he decides to continue part-time, then consideration will be made for hiring another position.
- Dr. Ambacher will have completed her probationary period and has had an excellent review. She will be removed from probationary status.

## Quality Assurance / Quality Improvement and Innovation

Dr. Brain is the Chair FMC OBGYN QAC Aggregate working committee which meets monthly to review FMC cases and she is a member of the HIE working group.

She has also been involved in the following QI projects both at the FMC site and provincially:

- Reducing type and screen at Elective section
- Using allowable blood loss to reduce pp anemia
- Overview of referral to PAG at Alberta Children's Hospital (ACH) and reducing wait times. (supported by ACH QI)
- Novel SIMS Educational Fetal monitoring program to reduce HIE
- Coordinating with Specialist link to develop pathways of care for PAG: Abnormal uterine bleeding, ovarian cysts (going live Jan 2024) which will reduce FMC gynecology consults during nights and weekends and streamline care for assessment with a pediatric gynecologist. The FMC adult gynecologists still take pediatric gynecology first call during off work hours.

## Future Directions and Initiatives

1. The FMC Obstetricians are hopeful for a triage ARP that will allow for a second in house Obstetrician (OB) during weekdays. This second in house OB will be responsible for triage, urgent OB consults, inductions, surgical assists, and improvement of flow.
2. The FMC gynecologists are keen to work with the Department to secure an outpatient minor procedure clinic that would take stress off the main OR for minor cases.
3. FMC Culture and Wellness initiative for the OB call group has moved beyond the assistance of Medical Affairs to engage a consultant from the Physician Support Program to help improve psychological safety, accountability, and ultimately patient safety.
4. One last thing, the FMC OB group purchased a Peloton that lives in the call room with the goal of improved fitness for 2024!



Dr. Aisling Mahalingham  
FMC Site Lead

The FMC site must acknowledge Dr. Phillipa Brain and Dr. Stephen Wood for their vision and development of the Early Pregnancy Assessment Program over twenty years ago

# Peter Lougheed Centre

## Highlights

### Gynecology Access Operation Room

Our Gynecology Access Operation Room (Gyne Access Room) continues to be a huge success. We started a Gyne Access Room in 2022. Every Friday, we have an OR allocated to urgent gynecology cases seen through clinic, emergency/ward consults. Cases include cesarean sections requiring main OR time, prophylactic/emergent cerclages, urgent hysteroscopy D&Cs, missed SA, emergent TOAs, infected stage four endometriosis, infected or ruptured endometriomas. This has helped alleviate wait times and avoided booking these cases in the evenings and weekends.

### Perinatal Substance Use in Pregnancy

Dr. Kale has teamed up with our Low-Risk Maternity Group and ARCH at PLC to form a group of physicians that will provide compassionate, culturally sensitive and trauma informed medical care for all pregnant persons. With a special interest in assisting people who are using substances or experiencing substance use disorders while pregnant, and supporting them through labour, delivery and beyond. Outpatient prenatal care and gynecological care are also provided at the Alex Youth Clinic by Dr. Paw.

### Refugee Health

Dr. Kale has joined Dr. Ekwilanga to continue to provide both obstetrical and gynecological care to our growing refugee population.

### Termination of Pregnancy

As of 2023, PLC has joined the list of hospital sites in Calgary where TOP via induction can occur organized through MFM. These services will be provided on top of the services already provided by the Women's Health Centre at the PLC.

## Challenges

Our biggest challenges on L&D have been our workload. Our delivery numbers continue to increase as our population in Calgary grows. With significant hiring of nursing staff over the last year, we have substantially improved our nursing support. However, we are struggling to get our booked workload (C-Sections and inductions) done in a timely fashion. We are having ongoing discussion with leads in OB, anesthesia and surgery as well as our ED to try and help resolve some of these issues. We are trying to get increased funding to be able to use our closed labour rooms on our L&D unit and be able to use the unit to its full potential. There is also discussion on having a separate OB/Anesthesia team to complete our booked C-Sections.

The PLC OR initiated nighttime closures from 23:00 to 07:00 in 2021. With these closures, it has been difficult to complete urgent D&Cs or emergent cerclages in a timely manner. We are seeking to complete these procedures now in our L&D OR. We are currently waiting for some further supplies, but our hope is to start completing these procedures in the L&D OR by early 2024.

Our current MIGS colleagues at the PLC have a substantial waitlist and surgical wait times for advanced gynecological procedures.

With Dr. Iwanicki retiring end of 2023 and the announcement of Dr. Cenaiko planning on retiring by July 2025, we will have a substantial decrease of urogyn services at the PLC.

## Workforce Planning

The PLC plans on recruiting two more 1.0 FTE at PLC in 2024. One position will be for a MIGS trained OB/GYNE and the second will be for a generalist OB/GYNE with special interest in vaginal surgery. Both positions will be expected to help with OB coverage.

### Appointments:

We are pleased to announce Dr. Mruganka Kale has started her position with the PLC group on July 2023. She will be completing a fellowship in vulvar health from Jan 1 to June 30, 2024. During her fellowship we have Dr. Larissa Padayachee completing a locum for her.

### Retirements/Resignations

Dr. Cenaiko has announced he plans on retiring by July 1, 2025. One year prior to this date, he hopes to start slowing his practice and share his position with a new recruit over the period of one year.

## Education

Our site provides excellent medical education for all levels of learners. We contribute to the following directly onsite the PLC:

- Midwifery training (outpatient clinic, L&D)
- UME Clinical core (pre-clerkship) during Course 6
- UME pre-clerkship (shadowing, Med 440, electives)
- UME OBGYN clerkship
- PGME FM R3 (OB/women's health extra training)
- PGME EM residency (PGY 1 or PGY 3 OBGYN rotation)
- PGME FM residency (OBGYNE electives)
- PGME OBGYN residency (Mandatory rotations for PGY Jr Gyne, PGY 2 OB, PGY 3 Jr Gyne, PGY 4 Sr Gyne, PGY 4 MIS, PGY 5 Chief Resident)
- PGME OBGYN Women's Health Clinic elective (done with WHC staff)
- PGME OBGYN residency elective rotations

Members at our site also contribute to the following medical education opportunities off-site:

- UME Course 6 (small groups, lectures, physical exam session, anatomy)
- PGME EM residency Academic half day teaching
- PGME OBGYN residency Academic half day teaching
- PGME MFM fellowship teaching

Members at our site contribute to education leadership in the following roles:

- Dr. Jadine Paw is the Deputy Head of Education for the Dept of OBGYN
- Dr. Liane Belland is co-program director for the MIGS fellowship in Calgary
- Dr. Jaime Schachar is the assistant Program Director for MFM fellowship in Calgary

Our members are nominated for teaching awards every year at the UME and PGME levels.

This past year, Dr. Dorothy Igras and Dr. Jadine Paw both received the PGME Clinical Teaching Award in its inaugural year. This annual award recognizes outstanding resident teaching in all clinical disciplines at

the Cumming School of Medicine. Recipients are identified using anonymous resident feedback submitted using the PGME Teaching Assessment Form in the prior academic year.

### Ongoing Projects

- AAGL Practice Guideline: Mitigating Blood Loss at the Time of Minimally Invasive Myomectomy
- SOGC Practice Guideline: The Management of Uterine Leiomyomas
- QI Project (Calgary): Opioid use following benign hysterectomy (with Serena Wang & Jackie Thurston)

### Quality Assurance / Quality Improvement and Innovation

NSQIP - We are working with the PLC surgical initiative to reduce surgical site infections at our site.

### Future Directions and Initiatives

#### Goals for the next year:

1. Dr Mruganka Kale will be returning after her 6-month fellowship in Vancouver in vulvar health in July 2024. She will bring back a wealth of knowledge with a goal to resume a lead resident vulvar clinic (previously led by Dr Elisabeth Wagner) at the PLC.
2. We are getting closer to be able to complete D&Cs and cerclages in the L&D OR for urgent E0- E2 D&Cs and emergency cerclages that present to triage or the emergency department. Nursing training has been completed and once we have obtained all necessary equipment, we will implement these new procedures on L&D early in 2024.
3. Having a stronger urogynae presence at the PLC to improve our urogynae services in NE Calgary.
4. Improving access to advanced gynecology procedures and reduction in wait times for our patients to see a MIGS colleague at the PLC.

#### Goals beyond the next year:

1. We often encounter overcapacity issues on our L&D unit. Our L&D unit has labour rooms that are not being utilized due to lack of funding. It would be great to use our L&D unit to its full potential.
2. Working with our Anesthesia colleagues, we are hoping to support patients going to postpartum with working epidurals to help with pain control especially in our patient population with a history of substance use disorders.
3. It has been difficult to get our prenatal patients into our Day Medicine Unit at PLC for IV iron infusions. It would be great to set up a nursing run clinic 1-3 days a week where many prenatal patients can receive iron infusions simultaneously in a timely manner.



Dr. Claudia Naber  
PLC Site Lead

Our Gynecology  
Access Operation  
Room continues to be  
a huge success.



# Rockyview General Hospital

The Rockyview Group continues to provide excellence in clinical care while contributing to the leadership and activism through the University of Calgary, AHS and globally. We are proud of several of our members taking on new large administrative roles this year.

Our site, as a part of Launch 6, successfully transitioned to connect care in the May of this year. A considerable amount of work was done by Dr. Leung to ensure the success of CC implementation and we thank her immensely. We continue to work in collaboration with our low risk providers (Midwifery in particular) and this has increased the volume of deliveries significantly at our site. The Ob/Gyne group at RGH has lead a quality improvement initiative to ensure venofer infusions are administered to the appropriate obstetrical patients.

## Individual highlights:

- Dr. Wynne Leung has taken the role of Chief of Surgery at RGH this year and continues to provide her leadership through her quality improvement lens. In addition to everything she does clinically and administratively, she has also successfully completed her executive MBA.
- Dr. Katherine Lo has taken over the role of site lead for the RGH OB/Gyne group from Dr. Leung and continues to be co-fellowship director of the MIGS fellowship program.
- Dr. Le Jour continues her work at the Alberta Obesity Centre and her collaborative work has helped roll out a program to enhance weight loss in the pre-operative setting in anticipation of gynecologic surgery.
- Dr. Jago is on maternity leave and gave birth to a beautiful baby girl this year. She continues her work at the chronic pain clinic and has been quite busy with other roles:
  - RGH surgical QI champion as of April 2023
  - Lead for ERAS CS pilot project at RGH
  - Invited speaker at SOGC annual clinical meeting on chronic pelvic pain in endometriosis
- Dr. Mattatall continues to do her fierce advocacy work:
  - Invited speaker for Care of transgender patients at CanSAGE
  - Invited speaker on Women's Health for the Standing Committee on Health, House of Commons
  - Interviewed regarding an article published in CMAJ regarding gender gap in medicine
  - Host interviewer for author Dr. Cat Bohannon at Wordfest
  - Sits on planning committee for the sexual assault course and Alberta gender confirmation working group within AHS
- Dr. Kristensen presented rounds on her scalp lactate project and her tireless work to implement this in Calgary Zone has finally come to fruition (albeit met with delays secondary to supply deficiencies). Dr. Kristensen has led the more OB team at the RGH for many years and has transitioned the role to Dr. Donnelly. She has done some amazing simulation work with our allied health professionals over the years.

- Dr. Mannerfeldt sits on CPSA council as Vice-Chair of council. She also continues her international work:
  - "HAY! - Healthy Adolescents and Young People" - A reproductive health project located in Uganda and is a partnership project between the University of Calgary and Mbarara University of Science and Technology in Mbarara. She participated in May 2023 for two weeks participating in various reproductive health/IUD camps
  - Participated in partnership project with the University of Calgary and CUHAS (Catholic University of Health and Allied Sciences) to help a build laparoscopic surgery program within the Department of Obstetrics and Gynecology in Mwanza, Tanzania

### Education Highlights

- Dr. Gail Lam has taken over the role of Residency Program Director of the Ob/Gyne residency program at University of Calgary and Dr. Dhea Wallace-Chau will be taking over as assistant PD of the residency program.
- Dr. Jago was surgical boot camp coordinator for MIGS fellows across Canada as part of CanSAGE FMIGS Division. She also has participated in resident education through simulation sessions as well as received the Dean's letter of excellence for clinical core on the UME level.
- Dr. Fiona Mattatall has begun her work as a Pre-clerkship Educator for the RIME curriculum at the University of Calgary Medical school. She received the Associate Dean's Letter of Excellence for lecturing (UME), for Clinical Core (UME), Bronze Award (UME), Gold Star Clerkship Award (Medical students). She also received the Carl Nimrod Award from SOGC.
- Dr. Kovid Lee was on the honor roll for clerkship awards and received the golden speculum award for teaching from the residency program.
- Dr. Ingrid Kristensen will be taking over as lead resident preceptor from Dr. Gail Lam who has run the lead resident clinic at RGH for the last 16 years. We thank Dr. Lam for her many years of mentorship and education.
- Dr. Harris-Thompson continues her work as clerkship coordinator.
- Dr. Matt Grossi has taken over as RGH RPC representative for Dr. Lo who served on RPC for ten years.
- Dr. Mannerfeldt has been on two global health initiatives to educate low risk providers on Obstetrical care.

### Research Highlights

Dr. Jago was clinical and expert advisor for Alberta RQE consortium project "Acute health outcome comparisons between robot-assisted vs laparoscopic and open surgical approaches among those with cancer who had a total hysterectomy in Alberta. She is also collaborator/knowledge user for project: "understanding the association between chronic pelvic pain and interpersonal trauma through patient and provider narratives: A mixed-methods study to improve clinical gynecologic care" (received CanSAGE grant \$5000).

## Challenges

We continue to be limited by our OR access and several members of our group have wait lists >1 year long.

The site struggles with the increase in OB volume largely secondary to midwifery. This has caused some strain on our site affecting nursing and low risk providers. We will be performing an audit of the number of midwifery patients requiring consultations and transfer of care to the Obstetrical service. Due to large increases in triage visits and thus wait times in triage for obstetrical patients, we will be looking for solutions to help reduce wait times (consideration to NP or PA support).

## Future Directions

### Goals for Next Year and Beyond

We are working towards improving access for our patients and reducing wait lists.

1. We have implemented OR days which are designated as access days for benign gyne cases to be done by designated surgeons to help reduce wait times for those with long surgical wait lists. We currently have access days for our oncology cases and will be auditing these processes.
2. We are hopeful that a proposal for an operative hysteroscopy suite at the Holy Cross will be accepted to help further improve access for our patients to have hysteroscopic procedures done under physician led sedation. This proposal also includes formation of an early pregnancy loss clinic and urgent gyne care in this space which would help patients presenting to RGH ED with pregnancy loss care and subacute gynecologic concerns at our site.
3. From a main OR standpoint, we are also looking towards accessing robotics to help improve access to OR time.

We are undergoing a recruitment which will be completed in 2024 as several of our members have dropped FTE to help accommodate new administrative roles. We anticipate a large number of applicants to this position and are hopeful that we can grow our OB team in a way that aligns with our own and the departments values.

We are hoping to work with the department to have a departmental approach to consistent quality improvement reviews in obstetrics as well as gynecology. We will re-start our work with the department of radiology at RGH by having interdisciplinary rounds in 2024 as a means of quality improvement. We will look to doing something similar with our anaesthesia department as well.



Dr. Katherine Lo  
RGH Site Lead

The Rockyview Group continues to provide excellence in clinical care while contributing to the leadership and activism through the University of Calgary, AHS and globally.

# South Health Campus

## Accomplishments and Highlights

In May, we welcomed Larissa Wegren, Nurse Practitioner, to our esteemed Obstetrics and Gynecology Team. Since joining, Larissa has seamlessly assumed a lead role within our comprehensive Early Pregnancy Assessment Program, showcasing her expertise and dedication. Additionally, she has become an invaluable asset on our bustling Family Maternity Place unit, offering essential clinical support.

Larissa's journey to become a Nurse Practitioner is marked by her previous experience as a Registered Nurse, where she served as a travel nurse across various locations in Canada. Her primary focus was in Labour/Delivery/Recovery in Kamloops, Red Deer, Edmonton, and St. Albert, and she also made significant contributions in the Emergency Department at South Health Campus (SHC).

The speed at which Larissa has integrated into our dynamic team at SHC is commendable, reflecting not only her professional prowess but also her ability to connect with colleagues. We are fortunate to have Larissa on board, contributing to the enhancement of patient care and the overall success of our department.

With invaluable support from Public Health, we successfully initiated a pilot program aimed at offering crucial assistance to patients grappling with postpartum hypertension. This innovative initiative allows for the safe discharge from hospital with remote monitoring of patients from the comfort of their homes, reducing the need for prolonged hospital stays.

As we conclude a year of dedicated programming, we eagerly anticipate sharing the noteworthy successes of this program with our counterparts at other sites. The collaborative efforts and achievements achieved through this initiative stand as a testament to the positive impact that can be made through strategic partnerships and forward-thinking healthcare solutions.

Exciting changes are underway at the Family Maternity Place as we embark on a renovation project to integrate our Obstetrical Triage and Early Pregnancy Assessment Clinic spaces directly into our obstetrical unit. Previously separate, these crucial areas are now being seamlessly incorporated, enhancing the overall efficiency and accessibility of our maternity services.

As a result of this renovation, some labour rooms are currently serving as temporary triage spaces, and a few call rooms have found permanent relocation. Undoubtedly, the construction



process, with its accompanying sounds and adjustments, has been a temporary but necessary aspect of this transformative journey, spanning approximately six months.

Anticipation is high as we eagerly look forward to stepping into our revamped spaces in the early days of the New Year. This reimagined

setting promises to elevate the quality of care we provide and create a more integrated and streamlined experience for both our patients and healthcare professionals.



In December, Lisa Teitelbaum joyfully welcomed her daughter into the world, and we extend our warmest congratulations to her. Looking ahead, we anticipate another joyful arrival early in 2024, as Christine Osborne is set to welcome her newest addition. Embracing these precious moments, we affectionately welcome these OBGYN ducklings into our community, celebrating the expansion of our family.

Sarah McQuillan will be temporarily stepping away from clinical duties for a period of seven months to embark on an enriching journey. During this time, she will be fully engaged in the Executive Program in Strategic Leadership and Program Development. We look forward to witnessing the knowledge and insights she gains during this program and eagerly anticipate her return to contribute her enhanced expertise to our team.

## Challenges

This year, we mourn the passing of a cherished colleague and friend, Dr. Bruce Allan. Serving as the physician lead for South Health Campus from 2011 to 2020, Dr. Allan's visionary thinking, innovative spirit, and exemplary leadership played a pivotal role in the inception of a program whose enduring legacy will be remembered for years to come.

Beyond the walls of the South Health Campus, Dr. Allan's unwavering commitment to patient care illuminated spaces such as the Allan Centre for Women and the Kensington Clinic within the community. His profound impact on these institutions stands as a testament to his dedication and compassionate approach to healthcare.

Dr. Allan leaves behind a void that will be keenly felt by all who had the privilege of working alongside him. As we reflect on his remarkable contributions, we acknowledge the indelible mark he has left on the medical community, and his memory will continue to inspire us. He will be deeply missed.

Connect Care, launched in May this year, has brought about several adjustments, particularly in transitioning from Centricity Perinatal. Even eight months post-implementation, we find ourselves in a continuous phase of adaptation and eagerly anticipate an improvement in workflow and patient care.

Regrettably, ongoing shortages in anesthesia staff, stemming from staff losses, have led to the daily closure of operating rooms (ORs). We foresee the necessity of these closures persisting well into 2024. Despite these challenges, our dedicated team is actively exploring alternatives to maintain operational continuity in the ORs.

In response to the imperative need for surge capacity during the influenza/COVID-19 season, Day Surgery will undergo a temporary relocation. This transformative measure is taking place amid a sustained hospital capacity of 150%, indicative of the evolving normality in our healthcare landscape.

To close, we bid our amazing Perinatal colleagues' goodbye as they move off-site in 2024. While their departure signifies a significant loss for our site, we extend our heartfelt best wishes as they continue addressing the healthcare needs of the broader zone.



Dr. Meriah Fahey  
Site Lead SHC

With invaluable support from Public Health, we successfully initiated a pilot program aimed at offering crucial assistance to patients grappling with postpartum hypertension.



# From the Sections and Fellowships

# Gynecologic Oncology

## Division Overview

The section of Gynecologic Oncology is composed of six members who are active in clinical gynecologic oncology, research, education and service. Dr. Gregg Nelson is Section Head of Gynecologic Oncology and also Medical Director of Colposcopy. Dr. Prafull Ghatage is Gyn Tumour Group Lead, and also serves as Deputy Section Head. Dr. Pamela Chu is Associate Dean, Office of Professionalism, Equity, and Diversity at the Cumming School of Medicine. Dr. Sarah Glaze is PGME Chair of Quality Improvement and Accreditation at the Cumming School of Medicine. Dr. Anna Cameron is Program Director for the Gynecologic Oncology fellowship program.

Division Statistics	
Number of Staff	6
Number of Publications	39
Number of Grants (Total Current)	\$4,345,120
Number of Grants (New in 2023)	\$93,609
Number of Presentations	15
Number of Textbooks/Book Chapters	3

## Clinical Highlights

Our team provides comprehensive gynecologic cancer care to patients across Southern Alberta. We are recognized as national leaders in the areas of radical abdominal debulking for ovarian cancer and HIPEC (heated intraperitoneal chemotherapy). We have officially started our program in Sentinel Lymph Node mapping for endometrial, and cervical cancers. We are working with donors to fund a robotic gynecologic oncology program.

## Research Highlights

From a research standpoint, our division was very active over the last reporting period with 39 peer-reviewed manuscripts published, \$4,345,120 in total grant funding held, and 15 presentations.

## Training Program

Our Royal College approved fellowship program attracts high quality applicants from Canada and abroad. We currently have five fellows in our program: Dr. Jennifer Mateshaytis, Dr. Kristin Black, Dr. Sean Zhu, Dr. Hesham Sait, and Dr. Rachel Grant.



### Textbook Chapters (3)

Nelson G, Mateshaytis J, Warring SK, Dowdy SC. Perioperative considerations and Enhanced Recovery After Surgery (ERAS), in Textbook of Minimally Invasive Gynecologic Surgery, 1st Edition, CRC Press, 2023

Fotopoulou C, **Nelson G**. Perioperative care in gynaecological oncology, in ESGO Textbook of Gynaecological Oncology, 6th Edition, European Society of Gynaecological Oncology, 2023

Nelson G, Iniesta M, Ramirez PT. Enhanced Recovery After Surgery in Gynecologic Oncology Surgery, in Textbook: Principles of Gynecologic Oncology Surgery, 2nd Edition, Elsevier, 2023

### Presentations/Invited Addresses

#### Dr. Gregg Nelson (12)

Updates & Controversies in ERAS Guidelines 2023 (International Gynecologic Cancer Society, Annual Global Meeting, November 5, 2023, Seoul, South Korea)

ERAS 2023 Gynecology Guidelines Update (Australia-Asia-Pacific ERAS+ Conference, Oct 26-29, 2023, Melbourne, Australia)

Systemwide implementation of ERAS in Alberta, Canada: Successes and Challenges (Australia-Asia-Pacific ERAS+ Conference, Oct 26-29, 2023, Melbourne, Australia)

ERAS Alberta journey – successes, challenges and future directions (Ariadne Labs, Harvard T. H. Chan School of Public Health/Brigham and Women's Hospital, Oct 17, 2023, Boston, Massachusetts)

Indigenous cancer care – can we do better? (Plenary session, Society for Integrative Oncology 20th International Conference, Sept 15, 2023, Banff, Alberta)

Enhanced Recovery After Surgery (ERAS): Standard of Surgical Care in Obstetrics & Gynecology (Department of Obstetrics & Gynecology Grand Rounds, Sept 8, 2023, University of Alberta, Edmonton, Alberta)

Prehabilitation and the Implementation of ERAS Perioperative Protocols to Everyday Practice (Annual Convention of the Society of Gynecologic Oncologists of the Philippines, August 4, 2023, Manila, Philippines)

The effect of transversus abdominis plane block on postoperative opioid use in gynecologic oncology surgery (Special Highlight Session, 71st Annual Meeting of the Society of Pelvic Surgeons, July 5, 2023, Milan, Italy)

Reconstructive procedures in the radiated pelvis – What are the limits? Keys to success? (Discussion Leader, 71st Annual Meeting of the Society of Pelvic Surgeons, July 5, 2023, Milan, Italy)

Feasibility and effectiveness of systemwide ERAS implementation (13th Annual Conference of the American Delirium Society, June 13, 2023, Providence, RI)

What I expect from my professional colleagues (9th World Congress of the ERAS Society, June 1, 2023, Lisbon, Portugal)

ERAS in Obstetrics & Gynecology – How does your practice compare? (Department of Obstetrics & Gynecology Grand Rounds, May 17, 2023, Emory University, Atlanta, Georgia)

#### Dr. Sarah Glaze (2)

Fatigue Risk Management (PGME Retreat, Cumming School of Medicine, University of Calgary, Dec 2023)

Accreditation Process (PGME Retreat, Cumming School of Medicine, University of Calgary, Dec 2023)

#### Dr. Anna Cameron (2)

Contemporary evidence mandates contemporary guidelines: opportunistic BSO at benign hysterectomy (Society of Obstetricians and Gynaecologists of Canada, Annual Clinical And Scientific Conference June 2023)

Finally Progress for Endometrial Cancer (University of Calgary, Department of Obstetrics and Gynecology Grand Rounds Oct 6, 2023)

#### Dr. Steven Bisch (1)

ERAS advances in OBGyn (9th World Congress of the ERAS Society, June 1, 2023, Lisbon, Portugal)

## Gynecologic Oncology Fellowship

### Achievements and Highlights

The program went through the Royal College Accreditation process in the Fall of 2022 and the accreditors are returning in 2025 to reassess the program. There have several Areas for Improvement that have been identified through this process. The educational program has moved to a continuous quality improvement process to ensure iterative improvements and enhancements to the education program and the delivery of clinical care.

The following major changes have been implemented with an ongoing PDSA (Plan-Do-Study-Act) cycle to ensure that any changes made are improving the program.

1. There had been no safe call room for the residents. A PGME infra-structure grant was obtained and the construction of the call room has now been completed in a secure area of the TBCC offices.
2. Academic half day is now from 11 a.m. to 1 p.m. on Wednesday and is protected from clinical duties. The staff on call covers the residents' pagers during this time.
3. There is a 2-year rotating curriculum for AHD, the first year is tumor site based, the second year is discipline-based (surgical techniques, palliative care, chemotherapy, radiation etc). The curriculum has been designed by the program director to address the Royal College objectives of training for gynecologic oncology. The faculty is present at all academic half day sessions and are responsible for delivering 50% of curriculum topics.
4. Within the new curriculum, there are also three simulation/cadaveric labs per year. These simulation labs are made possible by a PGME grant. This allows for the residents to work on their advanced surgical skills in a lower stakes environment.
5. Due to new Connect Care processes we have had to re-evaluate the chemo ordering process to ensure both patient safety and proper resident support to learn how to order chemotherapy. Chemotherapy is now only ordered in clinic under the supervision of faculty.

6. Increasing patient volumes have created very busy follow up clinics. There were patient and resident safety concerns with the way these clinics were run. In November of 2023, we have had nursing support to re-configure the structure of the follow up clinics. This new structure has allowed for more rooms to see patients, better resident supervision and support and better morale during these clinic days.
7. The first CBD resident started in October of 2022. The transition to CBD has gone quite well. We now have two residents on the EPA evaluation system. Time-based residents can request EPAs through the One45 system to also get more timely lower stakes feedback.

## Challenges

The Gynecologic Oncology program went through external accreditation in the Fall of 2022. The Preliminary Accreditation Review Report recommended that the Gynecologic Oncology Program is an Accredited program on notice of intent to withdraw accreditation with a follow-up by external reviewers in two years.

There have been four retreats with faculty and fellows to start to address the areas for improvement (AFIs) noted in the accreditation documentation. In addition, RPC meetings are now occurring monthly to address the implementation of new initiatives and to re-evaluate all new procedures. As listed in the highlights the program has changed quite significantly to address the AFI for accreditation but also to ensure an improved learning environment for the residents.

## Workforce Planning

There have been no new faculty appointments in the last year and Dr. Jill Nation retired at the end of 2022. The following residents have completed their training in 2023: Drs. Ali Bassi, Lawrence Woo and Jennifer Mateshaytis. Dr. Hesham Sait started his fellowship off-cycle in October of 2022. Dr. Rachel Grant started her research fellowship year in September 2023. The Program did not match a Canadian resident for the July 2024 start. Across the country there were only five applicants for gynecologic oncology positions in 2023. We are noticing a trend of fewer applicants for our sub-specialty program, in 2022 there were four applicants across Canada. We will continue to recruit IMG applicants; we are working to ensure that these potential applicants come for a skills assessment with our group to best assess their aptitude and their fit in our program. In the Fall of 2023, we did interview five applicants from Saudi Arabia. Two applicants were successful and Drs. Musab Almatrafi and Dr. Saud Alshaimi will be starting residency on April 1, 2024.

As noted in the highlights to the program, we are working on adapting our educational and clinical program for the smaller number of trainees.

## Education

Please see the section on highlights for the changes that are ongoing with the Gynecologic Oncology Program.

## Future Directions and Initiatives

### Goals for the next year

The goals for the next year are to ensure that the program is meeting the educational requirements of the residents. This will ensure that the Areas for Improvement noted in the Accreditation report will be addressed and remediated. PGME is running a mock accreditation for our program in April 2024 to help identify and remedy any AFIs prior to the Royal College accreditation in 2025.

In the process of building a more robust educational program for the residents, we will be restructuring our program to ensure that educational opportunities are retained and strengthened.

### Goals beyond the next year

The Royal College 2-year external review will be in the Spring of 2025. By this time, it is anticipated that all AFIs will be addressed through an iterative change management plan to ensure continuous quality improvement. This will confirm that we will retain our accredited Gynecologic Oncology training program.



Dr. Gregg Nelson  
Deputy Department  
Head  
Governance and  
Professionalism



Dr. Prafull Ghatage  
Gynecologic Oncology  
Deputy Division Head



Dr. Pam Chu  
Associate Professor



Dr. Sarah Glaze  
Associate Professor



Dr. Anna Cameron  
Clinical Assistant Professor



Dr. Steven Bisch  
Clinical Assistant Professor

# Maternal Fetal Medicine

## Highlights

- All procedures done at FMC, as day cases. Dec 2022 to Nov 2023 inclusive reported.
- RFA: 2 procedures. Since 2017: 15/18 live born or ongoing.
- Shunts: 0 procedures on 0 patients. Since 2017: 10/12 live born or ongoing. Two not live born had been found to be incompatible with life following shunt insertion. One live born had care withdrawn at two months of life due to poor prognosis. One (LUTO) live born at 37 weeks died day four from pulmonary hypoplasia. One (T21) live born at 23+ week's, NND eight days.
- IUT: 30 procedures / 10 patients. One fetus died following delay in blood availability and subsequent very difficult transfusion at 23 weeks (anti-Kell, 3 IUT from 19 wk's); One fetus died at 28 weeks with hydrops due to T21 complicated by congenital leukemia (single IUT for diagnosis). 100% of non-hydronic fetuses survived.

## Challenges

- Lack of a dedicated space for these procedures means we can only do them prior to 8 a.m. on a Mon—Fri, after 5 p.m. on weekdays, or weekends, and are held hostage to staffing and workload on the Delivery Unit. This resulted in one demise of twins in 2019 when we could not do a procedure Friday a.m., and the fetuses had died before we could intervene in the evening.
- Relatively few cases means we need to maintain skills and train others to join the team. This remains challenging. Dr. Scachchar is performing uncomplicated IUT independently. Dr. O'Quinn is performing uncomplicated RFA and IUT independently.
- Manufacturer issued recall for shunts in the fall 2020. In conjunction with colleagues internationally we have ordered a different, though slightly inferior, product. We have not placed a shunt since 2021.
- Anesthetic staffing means they can no longer routinely support procedures out of hours, and in hours can be delayed by other cases. We are working to get our nurses trained to give midazolam.

## Workforce Planning

Continue to upskill Dr O'Quinn and Dr Schacher as work load allows

Retirements/resignations: none

## Quality Assurance / Quality Improvement and Innovation

All cases are followed up through to delivery and the neonatal period, with annual audit and reporting of outcomes to stakeholders to ensure the program results are acceptable.

IUT – Provincial Program successfully launched in 2014

RFA – Program successfully launched in 2017

Shunts – Program successfully launched in 2017

Working well with colleagues in Edmonton to care for their patients.

Working well with OB Anesthesia to provide conscious sedation where indicated.

## Future Directions and Initiatives

### Goals for the next year:

1. Dr. O'Quinn to become independent at shunt placement.
2. Dr. Schacher to start RFA.
3. Be able to give conscious sedation without anesthesia.

### Goals beyond the next year:

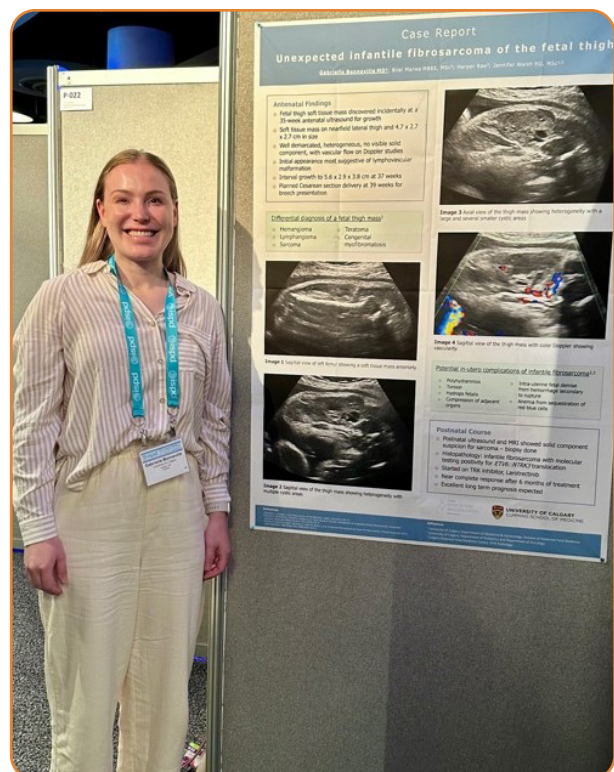
1. Team of three advanced proceduralists to achieve full coverage for these procedures year round with good quality of life.
2. We would like to offer services to Saskatchewan patients – need to establish appropriate agreements between health authorities.

## Maternal Fetal Medicine Residency Program: Highlights and Accomplishments

The University of Calgary Maternal Fetal Medicine is proud to announce our two most recent graduates Dr. Patrick O'Farrell and Dr. Genevieve Quesnel successfully completed their residency programs and their Royal College Examinations this fall. Dr. O'Farrell has accepted a position and is working in Montreal at the Jewish General hospital. Dr. Quesnel has also accepted a position and is working at the Centre Hospitalier Universitaire de Sherbrooke, in Sherbrooke, Quebec. We wish them the best of luck in their future careers.

Presently we have one resident in our program, Dr. Gabrielle Bonneville who is graduating in July 2024. She will be our first Competence by Design (CBD) graduate. She is concurrently working on a master's degree in Precision Health: Quality and Safety Leadership at the University of Calgary. In 2023, she had

the opportunity to present at two international conferences. In June she presented a poster entitled "Case Report: Unexpected Infantile Fibrosarcoma of the Fetal Thigh" at the 27th International Conference on Prenatal Diagnosis and Therapy in Edinburgh, Scotland. During that trip she also found time for some castle exploring and a hike up Arthur's Seat.



In October, she presented an abstract titled “Third trimester growth scan after COVID-19 infection: Is it Time to Stop?” at the 33rd World Congress on Ultrasound in Obstetrics and Gynecology in Seoul, South Korea.

The program Maternal Fetal Medicine program received full accreditation in 2023. The program has had success in adopting and adjusting to the CBD curriculum. Dr. Nancy Soliman continues to be our competency committee chair.



Dr. Roggensack stepped down from her role as program director and in November 2023, Dr. Candace O’Quinn became the interim program director and Dr. Jaime Schachar the deputy interim program director.

### Challenges/Future Directions

In adopting the new CBD curriculum, we continue to explore ways to help ensure opportunities for meeting the required EPAs. Having one resident has allowed for increased flexibility with scheduling which is helping with this.

We were unable to participate in the match this spring/summer for the 2025 start year due to unforeseen circumstances. We are optimistic about participating in the match for the 2026 start year.



Dr. Candace O’Quinn  
Maternal Fetal Medicine Program Director



Dr. David Somerset  
Maternal Fetal Medicine Lead

# Minimally Invasive Gynecology

## Accomplishments and Highlights

The section of Minimally Invasive Gynecologic Surgery (MIGS) is composed of eight members. Dr. Chandrew Rajakumar is the section head; Dr. Jackie Thurston is the quality lead; Drs. Liane Belland and Katherine Lo co-direct the fellowship program; Drs. Alese Wagner, Michael Secter, Ari Sanders and Caitlin Jago are active clinically, in research, education and peer-to-peer mentorship. A major highlight our educational footprint was advancement of the MIGS fellowship to accept two fellows. There are few programs across the country that have this capacity. With Dr. Craig Morton outgoing to Atlantic Canada, we look forward to Drs. Lauren Andrew and Monique Marguerie.

## Challenges

In 2023, a major challenge has been OR time allocation and timely access to care. With shortages in anesthesiologists and operating room nurses, OR time has been reduced overall. Unfortunately, already lengthy wait lists have expanded leaving many patients' surgeries being performed out-of-ACATS-window. We continue to advocate for expanding OR resources. To date, many of these procedures are not listed for non-hospital surgery centers and we continue to work with the AMA on this matter. Division members work with the section of OBGYN, AMA to develop health service codes to reflect advanced pelvic surgery procedures not otherwise captured in the current schedule of medical benefits.

## Workforce Planning

We continue to advocate for a second MIGS trained surgeon at Foothills Medical Center. Currently Dr. Secter is at this site while there are 2-3 MIGS specialists at the other three adult hospitals. Given the lengthy waitlist for consultation and surgery in Alberta for advanced stage endometriosis, numerous and large fibroids and other complex gynecologic pathology, recruitment and retention of advanced pelvic surgeons is a clear need.

Within the section, we strive to formalize sectional roles, responsibilities and terms to more equitably distribute responsibilities temporally.

## Education and Research

Dr. Lauren Andrew has coordinated multidisciplinary rounds between the MIGS section and Diagnostic Imaging. Herein cases are presented surgeon and radiologist presenters highlighting interesting findings and demonstrating the advantages in the collaboration. Drs. Wagner, Thurston and Rajakumar's clinic has purchased a new Fujifilm Sonosite Ultrasound. This has allowed for high-resolution, real-time, pelvic imaging at the bedside in clinic of endometriosis lesions, sliding sign evaluation and US guided injections/blocks for pain management. This has proven to be an incredible teaching tool in resident and fellow education.

Dr. Rajakumar, Dr. Suen (UBC) and Dr. Papillon-Smith (McGill) developed the competency-based curriculum for the Canadian Society for the Advancement of Gynecologic Excellence (CanSAGE). This body accredits Canadian fellowship programs in MIGS. This year all National fellowship programs adhered to this curriculum. Going forward this group will develop competency standards for fellow and fellowship program assessment.



Dr. Jago is the CANSAGE Surgical Bootcamp coordinator and invited speaker at SOGC Annual Clinical Meeting.

Dr. Rajakumar was an invited instructor at the National Gyn Course in Sept 2023. This course is meant for gynecologic surgeons who are within their first five years of practice. With full registration and very positive feedback, Dr. Rajakumar has been asked to chair and host the course in 2024.

### Grants and Awards

Dr. Chandrew Rajakumar leads the PGME simulation-based education program wherein OBGYN residents receive hands on technical skills training in areas of MIGS: laparoscopy, hysteroscopy, advanced pelvic anatomy, etc. This year his application was awarded \$22,191 from the Infrastructure and Simulation Grant.

Andrew, L: Helios UCMG Post Fellowship Training Award (2022-2024), University of Calgary Cumming School of Medicine

Drs. Jago and Rajakumar were both awarded the Associate Dean's Letter of Excellence (UME)

### Future Directions and Initiatives

Dr. Thurston has outlined a plan to pilot an electronic quality improvement dashboard amongst the MIGS section membership. This will evaluate perioperative outcomes and provide rapid non-punitive feedback to surgeons on patient outcomes.

Dr. Jago has accepted the role of RGH Surgical Quality Committee Surgeon Champion.



Dr. Chandrew Rajakumar  
MIGS Section Head

Within the section, we strive to formalize sectional roles, responsibilities and terms to more equitably distribute responsibilities temporally.

# Minimally Invasive Gynecology Fellowship

## Highlights

The Minimally Invasive Gynecology (MIGS) Fellowship prospered in 2023 with the transition to having two fellows in training at once.

Dr. Craig Morton completed his 1-year clinical Fellowship on April 31, 2023, and returned to his position in St. John, New Brunswick

Dr. Lauren Andrew, who started her Fellowship on September 1, 2022, progressed to her second year of surgical training following a summer of learning at Harvard where she is completing a Master of Public Health in Clinical Effectiveness, Harvard T. H. Chan School of Public Health (2022-2024). She remained heavily involved in prior research projects started in her residency and attended international conferences to present published data.

Dr. Monique Marguerie was the incoming 2-year academic Fellow starting her training on September 1, 2023. She completed two months of training prior to taking a nine month maternity leave with an anticipated return to training on September 1, 2024.



The MIGS Fellowship again participated in the CanSAGE match along with 13 other Canadian programs. This year was a low volume year of with lower numbers of applicants to MIGS noted. Interviews were held, but Calgary withdrew the position for the 1-year position and did not match to the 2-year position which was fortuitous given the deferment of the training by Dr. Marguerie.

The MIGS Fellows continue to lead along with the senior Gynecology rotation resident for the “BAG” rounds (Better At Gynecology) which take place virtually on a monthly basis at the PLC with attendance by all residents at that site in addition to PLC MIGS staff. Through the direction of the MIGS Division Lead, the MIGS Fellows participate in all aspects of simulation half days for the residents.

The MIGS Fellow provide outstanding and independent Gynecology call at the PLC for departmental support as needed. There is also ample Obstetrical call exposure which does not interfere with Fellowship duties.

All Fellows continue to lead their own clinic with graduated and progressive independence over the Fellowship. In the second year, clinics with other faculty are coordinated to expand the exposure to complex gynecologic presentations based on the goals of the senior Fellow.

Fellows now attend the Chronic Pain Clinic under the supervision of Dr. Caitlin Jago and Dr. Magali Robert on a limited basis and based on career goals. This has proven to be very valuable and integrates principles relevant to endometriosis care.

### Presentations/Videos:

Morton C, Sanders A. Repeat Lysis of Adhesions for Severe Asherman Syndrome (Video presentation). CanSAGE Conference 2023, Toronto, ON

Andrew L, Belland L. Total laparoscopic hysterectomy in a patient with severe scoliosis: An individualized approach to complex anatomy.

Video presentation at the Canadian Society for the Advancement of Gynecologic Excellence Conference 2023; Toronto, ON

- People's Choice Award (Research or Video), CanSAGE Conference 2023
- Top Video Award (Wild and Wonderful Category), CanSAGE Conference 2023

Andrew L, Garven A, Taylor T, Roggensack A, McCarthy C, Dubois S, Duffett L, Malinowski AK, El-Chaar D, Donnelly J, Ni Ainle F, Chan WS, Chauleur C, Buchmuller A, Ganzevoort W, Wiegers H, Middeldorp S, Bates SM, Rodger MA, Skeith L. Understanding patients' perspectives and barriers to postpartum clinical trial participation: A qualitative substudy of the pilot PARTUM trial.

Poster presentation at the International Society for Thrombosis and Hemostasis Congress 2023; Montreal, QB

Andrew L, O'Leary M, Belland L. Endometriosis-Associated Ascites: A practical approach to an uncommon presentation.

Poster presentation at the World Congress on Endometriosis 2023; Edinburgh, UK.



### Other Awards:

Andrew, L: **Helios UCMG Post Fellowship Training Award (2022-2024)**, University of Calgary Cumming School of Medicine



## Challenges

This was the significant period of overlap with two fellows training in parallel. Although anticipated, there were no significant issues with having two Fellows training concurrently given our high surgical load, ample MIGS consults on the wards and significant numbers of cases with high complexity. It allowed an opportunity for the senior Fellow to guide the more junior Fellow. Ensuring protected research time continued to be difficult with several strategies in place to address this in the future. That pressure was alleviated by having two fellows.

## Workforce Planning

Fellowship positions will be held at two Fellows for the foreseeable future with only one academic Fellow in training at one time to allow for ample time to meet all curriculum objectives. Strict adherence to the eligibility criteria for the 1-year clinical Fellowship will be followed with no exceptions.

## Quality Assurance / Quality Improvement and Innovation

Dr. Jackie Thurston has the necessary expertise to guide Fellows interested in QI/QA research. There is a plan at the MIGS level to develop this within the section and potentially involve an interested Fellow in generating this data. Journal Clubs to be scheduled with inclusion of QI/QA focus.



## Future Directions and Initiatives

- Reconciliation of CanSAGE Curriculum objectives with training received at each evaluation meeting with the Fellow to ensure requirements are met to allow graduation of Fellow.
- Dedicating a MIGS staff with a focus on research to coordinate the MIGS Fellows research will be essential as the Fellowship grows. This can be incorporated into succession planning for MIGS overall.
- Assisting CanSAGE to develop a standardized and validated evaluation tool for Fellow evaluation.



Dr. Liane Belland  
MIGS Clinical Fellowship Program Director



Dr. Katherine Lo  
MIGS Clinical Fellowship Program Director

# Pediatric and Adolescent Gynecology

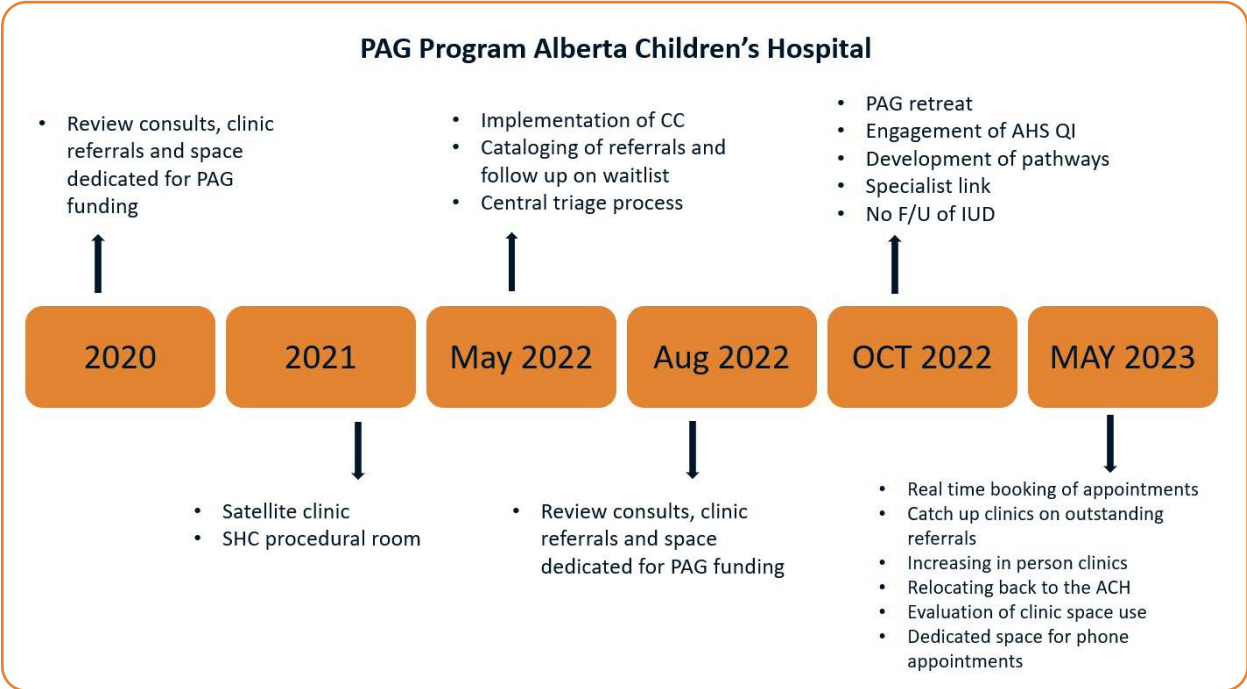
## Accomplishments and Highlights

### Administration highlights:

### Pediatric and Adolescent Gynecology (PAG) Retreat: Formal AHS sponsored QI QA process mapping of clinic flow and review and update of referral process Nov 2023

Lead by Shauna Langenberger RN MN  
 Calgary Zone Integrated Quality Management – Clinical Quality Improvement  
 Quality Consultant: Alberta Children’s Hospital

The PAG team, including operations, Clerical, Nursing and the Physician team, met to review the progress in reduction of wait times for both follow ups and referrals. Many initiatives had been implemented. A formal process mapping of clinic visits was started to improve efficiency in the clinic and length of clinic visits.



<h2>Sept 2023</h2> <ul style="list-style-type: none"> <li>Extra in patient clinic Gen surgery area</li> <li>Consolidation of Dr. Brain’s adult gyne clinic to Atypical Anatomy and Transgender care</li> </ul>	<h2>Dec2023</h2> <ul style="list-style-type: none"> <li>Go live PAG tab specialist link</li> <li>Induction IUD clinic ACH</li> <li>Referral realignment to STAFF and better use of smartphrases and specialist link</li> <li>IUD follow up deferral letters</li> </ul>
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## Other Administrative Highlights

- Development of Clinical pathways in specialist link for AUB and Ovarian cysts in the adolescent.
- PAG has own tab in specialist link separate from OBGYN for ready access to information.
- Development of Fertility Sparing Program for children exposed to chemotoxic therapies for malignant and non-malignant indications. (Dr. Shu Foong is the dedicated Reproductive Endocrinology and Infertility (REI) for this program)
- Consolidating with other subspecialties with dedicated PAG colleagues: Dr. Michael Sector Minimally Invasive Gynecologic Surgery (MIS), Dr. Anna Cameroon Gynecology Oncology, Dr. Deepak Bahyana Diagnostic Imaging (DI), Dr. Caroline Fermin Pediatrics Urology (Peds Urology)
- Development of multidisciplinary complex case rounds with Peds Urology and pediatric general surgery with enhanced early involvement with children with complex development of sexual disorders.

Despite a climate of fiscal restraints and a global pandemic we have successfully progressed our program by:

- An extra clinic for new referrals in General Surgery area
- Development of sedation intrauterine device (IUD) insertion under Entonox in induction room in OR at ACH.
- Increased clerical support specific to Pediatrics Gynecology (Peds Gyne) (0.5 FTE): Provides support for OR booking and follow up appointment bookings. Clerical on site at clinic on Thursdays
- Implementation of CC to PAAG clinic SHC

## Transgender Care

- Consolidation of adult gynecological clinic for atypical anatomy and trans care

## Ongoing Research Projects

- The Calgary PCOS Algorithm: A Quality Improvement Study The protocol for all of the patients meeting the criteria of irregular bleeding, hirsutism, or query PCOS from the family MDs has been applied. All patients were sent back blood work to be entered into the study. Peggy and I then have gone through each patient chart and referred them to Gyne vs Endo. 49 patients currently enrolled in the study
- Nelson KL, McQuillan SK, Brain, PH, Osborne, CO; Preoperative Vaginal Dilation Prior to Surgical Management of Transverse Vaginal Septums". Ongoing
- Pediatric and Adolescent Gynecology Transfer of Care in North America RedCap survey went out to NSPAG 60 people have filled out a survey. Current Status: Start of Data Collection from RedCap
- Osborne, C McQuillan SK A Quality Improvement Study: Addressing Fertility Preservation in Female Pediatric Oncology Patients in Calgary, Canada.
- Osborne C The Role of Men in Family Planning: Rethinking Masculinity
- Nelson KL, McQuillan SK; "Pediatric and Adolescent Gynecology Virtual Appointments for

- Children with Developmental Delay- Family Perspectives”. Ongoing
- Whitty, Robin, Osborne, Christine: Evaluation of referrals for cosmetic labial abnormalities.
- Surgical innovation: Philippa Brain: Development of novel vaginal stent: “Vagtek vaginal stent: A business case”
- Jaelene Mannerfeldt: Technical Team Member for the ‘HAY! Healthy Adolescent and Young People in Uganda’. Travelled to Mbarara, Uganda and worked with the team for May 7 – 21, 2022. There are on-going meetings with the Project leadership at the University of Calgary and the Healthy Child Uganda team throughout the year.
- Survey of Chronic pain assessing for anxiety and catastrophizing in adolescents with dysmenorrhea: Drs Sarah McQuillan and Kristina Arion.

## Teaching

- Teaching Sessions given to OBGYN Residents:
  - Abnormal Vaginal Bleeding
  - Developmental Delay and Gyne issues
  - Normal physiology of puberty,
  - Precocious and Delayed Puberty,
  - Pediatric General Surgery,
  - Amenorrhea,
  - Adolescent sexuality and contraception,
  - Abnormalities of the Repro Tract,
  - Genital Trauma and Sexual Abuse
  - Pediatric Urology,
  - Disorders of Sexual Differentiation, Mullerian Anomalies
- Teaching Sessions given to Pediatric Residents:
  - Pediatric Chief teaching session on Pediatric and Adolescent Gynecology, Dr Kayla Nelson, Dr. Christine Osborne
  - Contraceptive Clinic for PGY-2 OB/GYNE residents, 4 hours each scattered throughout the year for 4 O&G residents, Jaelene Mannerfeldt
- Undergraduate Teaching:
  - Jaelene Mannerfeldt:
    - Lecture: 1. Amenorrhea (1 hour)
    - 2. Pediatric/Adolescent Gynecology (1 hour)
  - Small Groups:
    - 1. Contraception(2 hours)
    - 2. Menstrual Abnormalities (2 hours) University of Alberta Medical School: November 18, 2022, Panel Member, Reproductive Health and Ethics, Reproductive Course, 2nd year medical students, Jaelene Mannerf

## Workforce planning

### PAG Providers:

Dr. Christine Osborne maternity leave starting Jan 2024

Dr. Brain returned from sabbatical July 2022

Dr. Sarah McQuillan full-time staff

Dr. Kayla Nelson returned from maternity leave July 2023

Dr. Jaelene Mannerfeldt full-time staff

We anticipate needing to recruit a full-time PAG in 2024/2025

Fellowship program is part of the North American match:

Successful candidates: Kristina Arion, Genvieve

**Prolonged wait times:** Will continue to address this area with evaluation of program with adjustments as stated above and development of “urgent access to contraception” clinic SHC clinics.

**Transgender Program:** The formal request for a transgender program was halted with the UCP government. Drs. McQuillan and Brain provide care for the postop trans females returning from Montreal and have requested a joint transgender clinic at SHC. The funding of gender reaffirming surgeries in Montreal is ad hoc and lacks coordination leading to last minute referrals and difficulty if postop complications arise. At the very least funding for a Transgender coordinator with timely referral for postop care as well as knowledge of care providers would greatly enhance the care for this population.

Coordination of adult transgender program for gynecology.

## QA/QI and Innovation

See Administrative Highlights:

## Future Directions and Initiatives

### Application for an alternate funding Plan:

An expression of interest for an AFP for Pediatric and Adolescent Gynecology is underway for full proposal in 2023. It is anticipated that this will enhance the recognition both financially and academically of the program at ACH and improve access to clinic space and funding.

Application for complete funding of Fertility care for adolescents requiring ovarian toxic therapy for cancerous and non-cancerous diagnoses.

### Ongoing development of PAG Networks:

The Calgary program has developed a strong network of PAG providers in Western Canada. Monthly journal clubs include PAG providers in Vancouver, Victoria and Winnipeg. Joint research projects between Vancouver and Calgary PAG programs are already being developed, for example, fertility preservation



in patients requiring chemotoxic agents as well as the Disorders of sex development (DSD) group developing a position statement on timing of gender corrective surgery in patients with DSD.

The Calgary PAG program is actively involved in the fellowship teaching sessions which include all PAG fellowship programs in North America.

All members of the PAG team are members of the North American Lit Serv connecting PAG experts in North America to discuss challenging clinical cases.

Canadian Paediatric and Adolescent Gynaecology and Obstetricians (CANPAGO) providers are connected through CANPAGO with twice yearly national rounds. CANPAGO is reviewing access to these rounds through the SOGC website and local university websites providing PAG care.



## Appendix 1: PAG Data For clinic appointments

RE: 2006-2022 data for stats

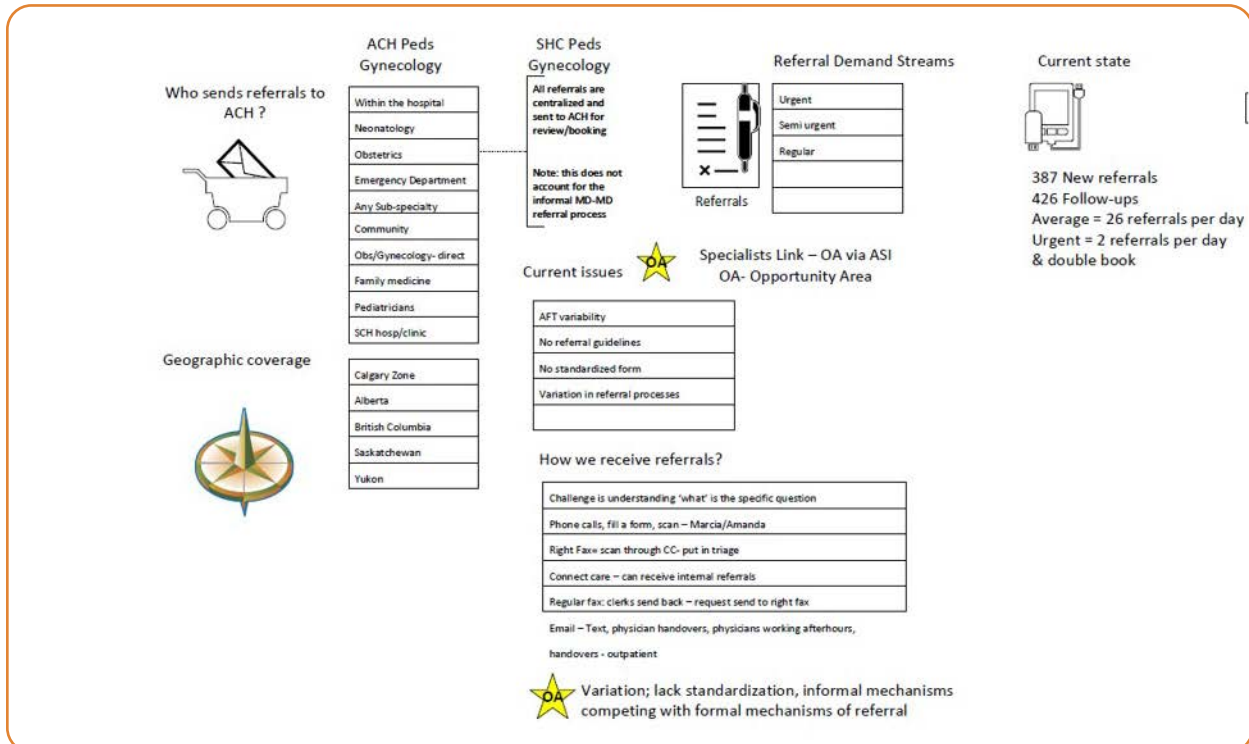
YEAR	NEW	Fellow	Clean up clinic	TOTAL SEEN	NO SHOW/CANCELLATIONS	No show %	# of clinics	# of clinic days	Pending referrals
2006	34			64	1	0.76%			
2007	121			227	27	11.80%			
2008	135			253	28	11.00%			
2009	156			317	32	10.00%			
2010	179			347	45	15.60%			
2011	203			383	44	11.40%			
2012	207			424	21	4.95%			
2013	216			461	50	10.80%	43		
2014	280			616	50	8.11%	55		
2015	267			573			59		
2016	311			664			67		
2017	381			745			70		
2018	324			689			66		147 ( 55 semi urgent)
2019	354			692					
2020									
YEAR	NEW	Fellow	Clean up clinic	TOTAL SEEN	NO SHOW/CANCELLATIONS	No show %	# of clinics	# of clinic days	Pending referrals
2021	351	247	37	1100	145	13%		53	don't have this data
2022	380	101	100	1117	76	6.67%		62	end of 2022 410

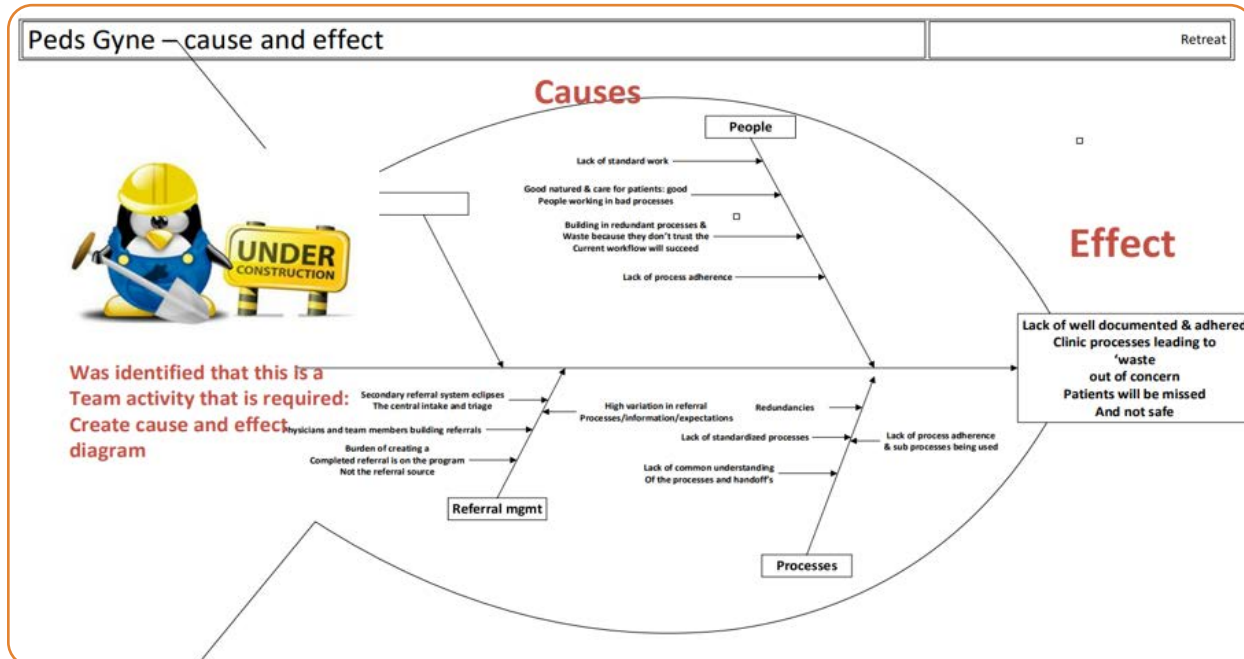
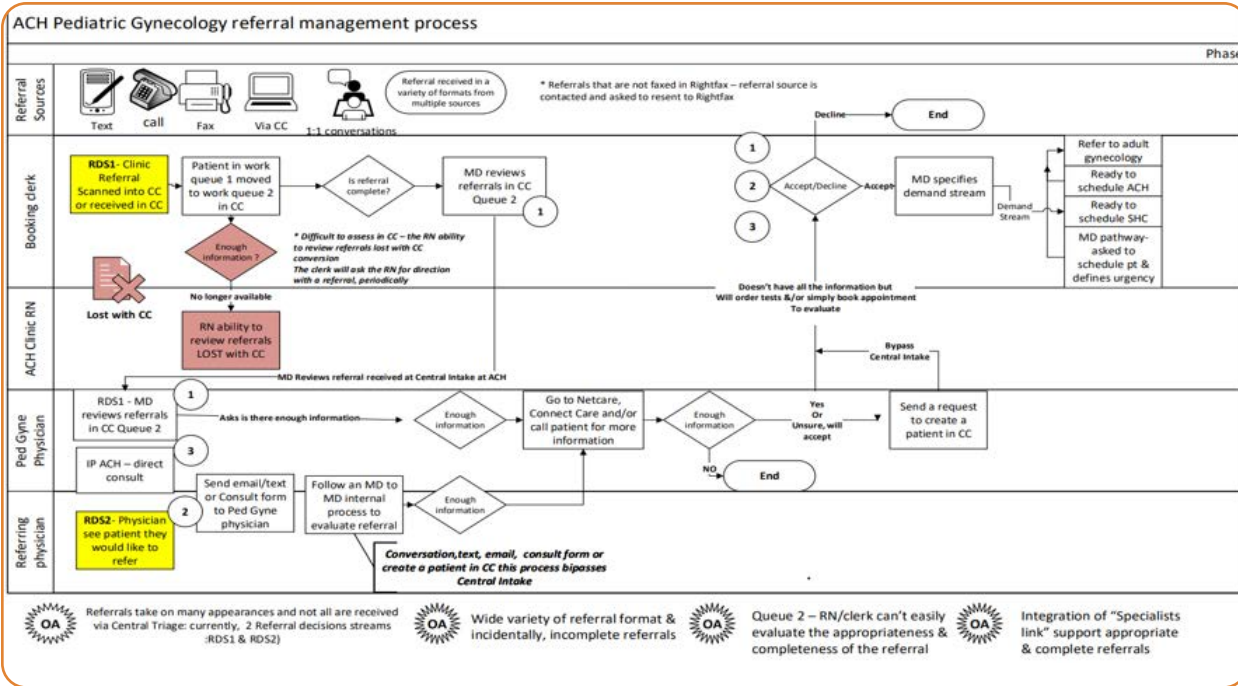
IUD inserted in clinic 9  
Nexplanon inserted in clinic 4

YEAR	NEW	Fellow	Clean up clinic	TOTAL SEEN	NO SHOW/CANCELLATIONS	No show %	# of clinic days	Pending referrals
2021	351	247	37	1100	145	13%	53	don't have this data
2022	380	101	100	1117	76	6.67%	62	end of 2022 410

Clinic days refer to the Thursdays and the extra phone clinics added for clean up.

## Appendix 2 :QI/QA initiative:





## 8 Wastes

The 8 Wastes are eight types of process obstacles that get in the way of providing value to the customer.

**Defects**  
Efforts caused by rework, scrap, and incorrect information.

**Overproduction**  
Production that is more than needed or before it is needed.

**Waiting**  
Wasted time waiting for the next step in a process.

**Non-Utilized Talent**  
Underutilizing people's talents, skills & knowledge.

**Transportation**  
Unnecessary movements of products & materials.

**Inventory**  
Excess products and materials not being processed.

**Motion**  
Unnecessary movements by people (e.g., walking).

**Extra-Processing**  
More work or higher quality than is required by the customer.

**All current process need to be evaluated apply the 8 wastes**

### Parking Lot

- Standardized referral processes with providers
- Review physician to physician consult process – should move to a centralized process (creating a second unmanaged referral pathway)
- Need a standardized referral form
- CC smart phrase for referral declines
- What happens if we decline?
- Centralized referral pathway
- Increased knowledge – Gaming the system
- Review Connect Care Roles – Pathway (Role delineation)
- How do you communicate post referral? Adding smart phrase?
- Different resources between the sites
- Text Reminders
- ASI – how can they best support? Need to follow-up
- Infor back to referral pool

### Appendix 3: Specialist Link Data

## Call Volume

Quarterly Report Quarter 3 22-23

Department of Pediatrics					Surgery				
Specialty	Oct-2022	Nov-2022	Dec-2022	Total	Specialty	Oct-2022	Nov-2022	Dec-2022	Total
Community Pediatrician	81	120	98	299	Colorectal Surgery	4	2	2	8
<b>Total</b>	<b>81</b>	<b>120</b>	<b>98</b>	<b>299</b>	Endocrine Surgery	1	1	2	4
<b>Obstetrics &amp; Gynecology</b>					General Surgery	19	19	17	55
Specialty	Oct-2022	Nov-2022	Dec-2022	Total	Orthopaedic Surgery	154	109	118	381
Child & Adolescent Gynecology		4	8	12	Otolaryngology	60	77	48	185
Maternal Fetal Medicine	10	8	25	43	Pediatric Otolaryngology	10	7	8	25
Obstetrics Gynecology	150	143	148	441	Pediatric Urology	5	12	3	20
<b>Total</b>	<b>160</b>	<b>155</b>	<b>181</b>	<b>496</b>	Podiatric Surgery	18	11	15	44
<b>Other Specialty Services</b>					Spinal Surgery	32	25	33	90
Specialty	Oct-2022	Nov-2022	Dec-2022	Total	Surgical Oncology	8	9	8	25
Chronic Pain	24	30	21	75	Upper GI Bariatrics				1
Palliative Care	14	10	9	33	Urology	67	61	51	179
<b>Total</b>	<b>38</b>	<b>40</b>	<b>30</b>	<b>108</b>	Vascular Surgery	21	14	36	71
					<b>Total</b>	<b>399</b>	<b>347</b>	<b>342</b>	<b>1,088</b>



## **Division Members:**

### **Dr. Philippa Brain**

Division Head Pediatric and Adolescent Gynecology  
Co-Chair CANPAGO (Canadian Pediatric and Adolescent Gynecology Organization SOGC)  
Chair FMC QAC OBGYN  
Co-Chair Provincial PPQAC (Maternal and Perinatal Morbidity and Mortality Committee)  
Member National Maternal Mortality Committee SOGC  
Member Regional QI committee

### **Dr. Sarah McQuillan**

PAG fellowship director  
Western Rep CANPAGO  
Assistant Program Director Dept OBGYN  
CBD lead for OBGYN/Surgical Foundations

### **Dr. Jaelene Mannerfeldt**

Director, Office of Resident Affairs and Physician Wellness for PGME at the Cumming School of Medicine.  
In this role I am also Chair, Accommodations Assessment Committee for PGME  
CPSA (College of Physicians and Surgeons of Alberta)  
Council Member – re-elected for an additional 3-year term, 2022 – 2025  
Vice-President, Executive Committee, CPSA Council 2022

### **Dr. Christine Osborne**

Coordinator and scheduler PAG

### **Dr. Kayla Nelson**

Pre-clerkship Evaluation Chair  
Clerkship Evaluation Chair  
RIME PCE position for new RIME curriculum  
Member Residency Program Committee OBGYN

### **Marci Rosen RN**

### **Dr. Kristina Arion: Fellow**

### **Dr. Nada Warreth: Fellow**



Dr. Philippa Brain  
Division Head Pediatric and Adolescent Gynecology



Dr. Sarah McQuillan  
PAG Clinical Fellowship Program Director

# Reproductive Endocrinology and Infertility

## Clinical Activity

### Consultation and Medical Appointments

The Reproductive Endocrinology and Infertility (REI) division is comprised of six physicians subspecializing in Reproductive Endocrinology and Infertility and one Obstetrics/ Gynecology physician. The physician team is supported by a staff of 27 administration personnel, 42 Nursing, 18 Embryology/ Andrology and eight pharmacy professionals.

A total of 5487 referrals were received in 2023. This represented a growth of 2% compared to the previous year. This generated a total of 4098 new consultations, 12591 follow-up visits, 2430 hysterosalpingogram appointments and 1330 sonohysterogram appointments. In addition, there were 367 reproductive surgery cases, 114 managed internally by Dr. Raguz and 253 referred to other gynecologists in the region.

Clinic appointments are a hybrid of virtual and in-person appointments depending on the scenario, location of the patient, access barriers (e.g. language, hearing impairment, etc).

The average wait time for new consultation or follow-up visit is 4-6 weeks. The average wait for hysterosalpingogram/ sonohysterogram testing is approximately two months.

Once the initial evaluation and testing is completed, there is no wait to initiate therapy with intrauterine insemination (IUI) or in vitro fertilization (IVF).

### Intrauterine Insemination (IUI)

A total of 1680 IUI cycles (1425 from partner and 255 from donor sperm sources) were completed in 2023. 2023 Q1 IUI pregnancy rates (all age groups) were 9.4% and 11.0% for partner and donor sperm, respectively.

Following restrictions during the COVID-19 pandemic, 2023 saw a successful return in the ability to offer all patients requiring IUI treatment immediate access without any waitlist.

### In vitro fertilization

A total of 1114 IVF including 116 oocyte banking cycles with 580 fresh embryo transfers were completed in 2023. Intracytoplasmic sperm injection (ICSI) was performed in 84% of IVF cycles. Overall fresh embryo pregnancy rate (per embryo transfer) was 43.8% and overall high prognosis fresh embryo pregnancy rate (per embryo transfer) was 54.5%. 1220 frozen embryo transfers including 18 gestational surrogacy cycles were done with an overall frozen embryo pregnancy rate of 59.3%/ET.

Additionally, IVF cycles were also completed for genetic testing (n=183), oncofertility (n=17), anonymous vitrified egg donation (n=57), known egg donation (n=7), reciprocal IVF in same-sex relationships (n=9), known sperm donation (n=7) and anonymous sperm donation (n=87).

There has continued to be an increase in IVF cycles performed for elective fertility preservation and preimplantation genetic testing for aneuploidy (PGT-A).

### Diagnostic Semen Laboratory

4816 semen analyses were completed by the Diagnostic Semen Laboratory (DSL) in 2023, including 2411 semen analyses performed for Regional Fertility Program patients.

A total of 2405 semen analyses was performed for Calgary zone. The contract to perform semen analyses for Calgary Zone has also been renewed for the upcoming year.

Additional tests included 2443 post vasectomy analyses, 1680 IUI preparations, 186 IVF preparations, 11 ICSI preparations, 22 DNA fragmentation tests and 11 retrograde semen analyses.

37 surgical sperm retrievals (PESA/TESA) were performed with 32 resulting in cryopreservation.

168 semen samples were cryopreserved.

### Highlights and Accomplishments

1. The Regional Fertility Program successfully received Full Accreditation in 2023 from the College of Physicians and Surgeons of Alberta for:
  - Non-hospital Surgical Facility (NHSF)
  - Diagnostic Semen Laboratory
2. RFP has fully launched the Directed Gamete Donor program, enabling the processing of known oocyte and sperm donation according to the Safety of Sperm and Ova regulations. The program successfully received a “Compliant” rating with Health Canada following the most recent inspection.
3. Multidisciplinary collaborations: The REI division’s clinical goal for 2023 was to strengthen collaboration between Departments in Calgary Zone to provide the best of multidisciplinary care for our patients. Highlights of goals that were achieved include:
  - a. Collaboration with Department of Urology
    - i. Dr. Joshua White was recruited as the first full-time Urologist with specialty training in Male Infertility. He conducts clinics at the Regional Fertility Program to offer patients the full options of medical and surgical management of male infertility.
  - b. Collaboration with Department of Medical Endocrinology
    - i. Specialized clinics dedicated to Reproductive Endocrinology concerns have been initiated in the Calgary zone staffed by Dr. Lorraine Lau and Dr. Amita Mahajan
    - ii. The pulsatile GnRH program for hypothalamic hypogonadotropic patients has been re-established offering patients greater treatment options beyond assisted reproductive technologies
  - c. Collaboration with Pediatric Gynecology and the Pediatric Bone Marrow Transplant program
    - i. Ovarian tissue cryopreservation is currently available for prepubertal patients. Referrals include patients residing in Alberta and also Saskatchewan.

## Academic Activity

### Research Dr. S Foong

1. Reducing the bURden of Breast cancer in Young women (RUBY) Study
  - a. sub-project co-investigator of SPOKE (Surgeon and Patient Oncofertility Knowledge Enhancement) and GYPSY (Giving Young women with breast cancer Predictors of Sterility post-chemotherapy)
  - b. Canadian Institutes of Health Research and the Canadian Breast Cancer Foundation. 2015 - present. Co-investigator
2. Reproductive Hormones and Cardiovascular Risk in Males with Chronic Kidney Disease. Kidney Foundation (2022) Co-investigator
3. Exogenous hormone administration and cardiovascular and kidney health outcomes in females treated with controlled ovarian stimulation (2023) Co-investigator
4. The Effect of Controlled Ovarian Stimulation on Kidney Health Outcomes: A Pilot Study. CFAS SEED Grant. Co-investigator
5. Oncofertility among adolescent and young adult cancer survivors in Alberta: a mixed methods study. Canadian Institutes of Health Research (Mar 2020 – Mar 2024). Co-investigator
6. Sickle Cell Transplant Evaluation of Long Term and Late Effects of Transplant Registry (STELLAR). National Institutes of Health (NIH). Member of the Reproductive Health Working Group and Co-Investigator
7. Elective Fertility Preservation: A Survey Among Surgical Residents in Alberta (2023, Ethics submission in progress). Principal Investigator

### Professional Dr. S. Foong

1. Examiner - Royal College International and Kuwait Institute of Medical Specialties
2. Member - Board of Directors of the Canadian IVF Medical Directors incorporation
3. Executive Member - Canadian Fertility and Andrology Society Fertility Preservation Special Interest Group

### Professional Dr. Min

1. Member - Canadian Fertility and Andrology Society Clinical Practice Guideline Committee



## Goals and Challenges Ahead

RFP has implemented a new electronic medical record as of Dec 4, 2023. Advantages of the new EMR include the ability to communicate with patients more efficiently with the use of patient portals and secured e-communication channels. However, it is anticipated that the new EMR will result in reduced efficiencies as compared to the previous completely customized EMR. Anticipated reduction in patient volume is projected to be ~20-30% in the initial few months, with some hope for recovery in the long run. Unintended consequences include the need for greater human resources and its associated costs, as well as longer wait times for patients seeking care.

There has also been a growth in employee Extended Health Benefits including coverage for assisted reproductive technologies. It is therefore anticipated that there will be greater uptake in the demand for fertility care in the region. A goal for the upcoming year would be to improve access to care for patients, not only in the Calgary zone, but also outreach to neighbouring smaller communities with the development of satellite programs.

The Regional Fertility Program has also been working on a Quality Management System for the past several years. The goal is to fully launch a Quality Management System with integrated document control and compliance checklists to meet the standards of Health Canada and the College of Physicians and Surgeons.



Dr. Shu Foong  
Reproductive Endocrinology and  
Infertility Division Head



Dr. Nikolett Raguz



Dr. Jennifer Hilton



Dr. Jason Min



Dr. Benjamin Wong



Dr. Nicole Paterson  
Division of Reproductive  
Endocrinology and Infertility



Dr. Tom Gotz  
Medical Director,  
Diagnostic Semen Laboratory

# Urogynecology

## Accomplishments and Highlights

### Awards

**Erin Brennand - Calgary Area Medical Staff Society (CAMSS) Advocacy Award**

**Erin Brennand - Distinguished Alumni Award - Women's Resource Centre, University of Calgary**

This award recognizes women for outstanding leadership in their personal and professional lives and how they have made their communities a better place for all; recipients exemplify wisdom, resiliency, and compassion in the face of adversity.

**Jena Hall - Golden Speculum Award (Fellow Category)**

University of Calgary, Department of Obstetrics and Gynecology Residency Program – Award given annually to a fellow who has shown outstanding commitment to resident education. Award determined by the resident group.

**Jena Hall - FMC MSA Physician of the Year Award (Resident/Fellow Category)**

Foothills Medical Center Medical Staff Association – Nominated by colleagues for provision of exemplary patient care, maintenance of a safe and collaborative work environment, fostering the development and growth of learners and of one's department, and contribution to education and research.

## Educational Activities

In 2023, we welcomed two new fellows into our Clinical Fellowship in Pelvic Medicine and Reconstructive Surgery. Dr. Ann Rowan is a graduate of University College Dublin, Ireland and arrived in Canada in August. Aside from adjusting to her clinical responsibilities in fellowship, she has been working with Dr. Carter Ramirez on the CoABPT study. She has also started skiing lessons at Winsport and is looking forward to a her first “real” winter.

In November of this year, we also welcomed Dr. Rebecca Manion as a new fellow. She and her husband Chris moved to Calgary after she finished her residency in OBGYN at University of Ottawa. Her research interests include investigating how menopausal status affects postoperative outcomes in pelvic floor reconstructive surgery. As an original Calgarian, she has already been back on the slopes this year.





Dr. Christina Yang continues in fellowship with us and is working on her research project investigating associated factors in Chronic Pain experiences, under the supervision of Dr. **Magali Robert**. While busily planning her wedding on the side, she remains focused on her educational goals and is expected to graduate in Fall 2024.

In 2023, Dr. Jena Hall graduated from her fellowship. During this year, she was also successful in completing recruitment for her LAPRO study. She was an invited speaker at the International Conference on Residency Education 2023 and also presented at the same conference on “Resident Education Committee: A novel approach to co-creation in residency training”. The Section was also pleased to report that Dr. Hall will be joining our Section as a Faculty member in January 2024. She was also appointed as the Program Director of the Clinical Investigator Program in PGME at the University of Calgary. We anticipate that Dr. Hall will be able to continue contributing to the Section, Department of OBGYN and Cumming School of Medicine through her research in medical education with the support of Department members who have complimentary interests and training related to Med Ed and Competency By Design.

We have had 11 residents rotate through the Section in 2023. This was our first year implementing an official “junior” urogynecology block in PGY3 as well as continuing with the traditional senior block in PGY 4/5. The feedback thus far has been positive as we introduce fundamentals of urogynecology earlier on in residency.

Our Section also ran a Vaginal Hysterectomy Simulation Day for the residents in January 2023. This was generously supported by the DEAR Fund for supplies including plastic bony pelvises and the OR department which supplied the instrument pans. We spent hours re-creating the soft tissue structures of the female pelvic under the instruction of Dr. Robert. Dr. Hall's husband donated his time and skill





in building the models for the SimVAHT (Simulated Vaginal Hysterectomy Trainers), created by Dr. Kim-Fine. We are looking forward to hosting a wet lab in March for our residents on prevention, recognition and repair of OASI.

Our fellows Drs. Yang and Hall lead the OBGYN Rapid Review for LMCC I for the Undergraduate Medical Education, Cumming School of Medicine as well as facilitated OBGYN Simulation Teaching sessions for medical students.

## Research

Research has continued to be productive within the Section, with a number of local and multi-center studies underway, encompassing the breadth of bedside to big data inquiries.

Dr. Brennand continues to lead the HUPPS (Hysterectomy vs Uterine Preservation Prospective Study) with ongoing recruitment and data collection. These projects have created new collaborations and opportunities for trainees within the Dept of O&G, as well as graduate students from other departments. In addition to providing peer review to six scientific journals, Erin Brennand continued her longitudinal experience as a reviewer for the CIHR's POR Transition to Leadership program and looks forward to additional review activities for this exceptional program in 2024.

Dr. Carter Ramirez won a funding competition for the POWURS study, which is an AHS initiative with an aim to encourage multidisciplinary collaboration. This qualitative study is investigating patient perspectives on pre- and post-operative experiences with patient education. She is also continuing with ongoing data collection and statistical analysis for the COABPT study investigating postoperative outcomes of peri-urethral bulking for stress urinary incontinence.

Dr. Kim-Fine continues to lead the PoRS Study (Postoperative Return to Sexual Activity), which is funded in part by the Patty Brisben Foundation and the DEAR fund. This is a multi-center study ten other sites in the United States.

Dr. Robert also won a CIHR funding competition for her research in Patient Engagement in Research and Health System Transformation: The Alberta Pain Strategy Experience, and continues to collaborate within, and beyond the University of Calgary in pushing the body of science to improve health outcomes for all patients.

## Administrative Responsibilities

Erin Brennand: transitioned into position of Head of Department of Obstetrics and Gynecology Feb 2023, transitioned out of Fellowship Program Director Feb 2023

Colin Birch: transitioned out of position of Head of Department of Obstetrics and Gynecology January 2023, Chair of Rural Surgical Obstetrics Network of Alberta, Chair of First Trimester Screening Committee (Alberta) RSONA

Alison Carter Ramirez: Medical Director of Ambulatory Botox in Pelvic Floor Clinic, Director of Urogynecology Resident Rotation, writing committee member of SOGC OASI guideline, writing committee member of AUGS Clinical Practice Guideline on Uterine Preservation in POP Surgery

Shunaha Kim-Fine: Medical Director of Pelvic Medicine and Reconstructive Surgery, Head of Section of Pelvic Medicine and Reconstructive Surgery, transitioned into Fellowship Program Director, Member of Scientific Committee of Canadian Society of Pelvic Medicine, Local Planning Committee of 2023 Annual Meeting of Canadian Society of Pelvic Medicine, Member Education Committee of Canadian Society of Pelvic Medicine, Associate Chair of Collaborative Research of Pelvic Surgery Consortium, Society of Gynecologic Society, Member Society of Gynecologic Surgery Research Committee

Magali Robert: appointed as **Medical lead of the Alberta Virtual Pain Program** (2023 onwards), Chair FIGO Urogynecology Committee (2023 onwards), Committee member Canadian Guideline for Pain Intervention (2023 onwards), Medical Director of Calgary Chronic Pain Program, Member of Faculty of Graduate Studies, Member of Neutral Chair Committee, Leader in Global Health Initiative, Medical Director of Calgary Chronic Pain Centre (April 1 2019- ongoing). Member of Executive Committee of Department of Anesthesia (Sept 2020-ongoing), Chair Quality Council, Calgary Chronic Pain Centre (Oct 2019-ongoing). Chair Chronic Pain program Clinical ARP committee (April 2019-ongoing). Co-Chair of Outcomes Committee, Alberta Pain Strategy (Sept 2019-ongoing), Bone and Joint Health SCN Core Committee (Nov 2019-onwards), Advisor for Alberta to Canadian Task Force on Chronic Pain (Oct 23, 2019)

Jena Hall: Resident Research and Scholarly Pursuits Director, University of Calgary, Obstetrics and Gynecology Residency Program, PGME, Member on the AUGS Social Media Committee American Urogynecologic Society, Fellow Representative on the CSPM Medical Education Committee, Canadian Society for Pelvic Medicine, Member on International Conference on Residency Education Program Advisory Board, Royal College of Physicians and Surgeons of Canada

## Reviewerships

Magali Robert: Member of College of CIHR peer reviewer of the Gender, Sex & Health (GSH) committee for the Project Grant.

Erin Brennand: Green Journal reviewer, IUJ reviewer

Shunaha Kim-Fine: IUJ reviewer, FPMRS, reviewer of submitted research to the Annual Meeting of the Society of Gynecologic Surgeons 2023

Jena Hall: Medical Education Online (2023-present), Canadian Medical Education Journal (2020-present), Reviewer of submitted research to the International Conference on Residency Education 2017-Present

## Presentations

Colin Birch: SOGC 2023, "Update on Rural Surgical Obstetrics Network of Alberta"

Colin Birch: SOGC 2023, "Birth Tourism"

Colin Birch: Physician Learning Program, "Surgical Management of PPH"

Jena Hall: Resident Education Committee: A novel approach to co-creation in residency training Banwell A, Trier J, Hall J, Curtis R, Dagnone JD International Conference on Residency Education

Jena Hall: I don't feel safe. Psychological safety and feedback: Does it have to be one or the other? Wicked Problem Workshop, facilitated with Dr. Paul Brand International Conference on Residency Education

Shunaha Kim-Fine: "Intracrinology and what's new in GSM?" Grand Rounds, Dept OBGYN, November 2023

Shunaha Kim-Fine: "Tips and Tricks for Vaginal Hysterectomy", Resident Half Day, January 2023

Shunaha Kim-Fine: "Review of transurethral bulking procedures for stress urinary incontinence", Section of Pelvic Medicine and Reconstructive Surgery, Fellow Simulation Day

Shunaha Kim-Fine: "Treatment for GSM for with SERMs", Fellow's Day at Canadian Society of Pelvic Medicine April 2023

Murphy M: 9th Annual Meeting of the VELA Academy - Use of Erbium intraurethral laser for chronic urethral pain syndrome

Magali Robert: Urinary Incontinence. Indigenous Circle of Wisdom (Dec 6, 2023)

Magali Robert: Chronic Pelvic Pain - It is not all Endo: A systematic approach to managing chronic pelvic pain Rural Virtual Conference Series 2023-2024

November 28, 2023 (106 attendees)

Magali Robert: Urogynaecology and Pelvic Floor Disorders, as Committee Chair, FIGO 2023, Oct 2023, FIGO Conference, Paris, France <https://www.youtube.com/watch?v=nR1P39UaixQ&list=PLd5-sFzQ4LOcJ7bUDE9U4r7NPYfAe5v5H&index=3&t=28s>

Magali Robert: Disentangling Pelvic Pain (Alberta Pain Society Meeting), Oct 13, 2023, Edmonton, Alberta

Magali Robert: Tailoring treatment for Overactive Bladder: from pharmacological management to neuromodulation, FIGO, October 9, 2023, FIGO Conference, Paris, France

Magali Robert: Recurrent Prolapse, FIGO, October 9, 2023, FIGO Conference, Paris, France

Magali Robert: Vaginal Apical Suspension, FIGO, Oct 11, Paris France

Magali Robert: Overactive Bladder, Co-chair, FIGO, Oct 11, Paris France

Magali Robert: A Clearer Path Toward Improving Painful Bladder Syndrome; Patient outcomes. Calgary Urogynecology and Urology sections, Calgary, Alberta May 17, 2023

Magali Robert: Prolapse, Obstetrics & Gynaecology Academic Half Day, Women's Health Centre, Foothills Hospital, Calgary, Alberta Feb 17, 2023

Magali Robert: Hysterectomy, Resident Half Day, University of Calgary, Foothills Medical Centre, Calgary, Alberta, Jan 27, 2023

## Challenges

- COVID -19 restrictions on in person care, as well a total number of patient visits in AHS facilities
- Lack of ORs and learning opportunities in first (and second wave) for trainees
- Loss of funding for the NP in the Pelvic Floor Clinic, which means wait list continues to grow

## Workforce Planning

- Three current fellows: Dr. Yang anticipated graduation Oct 2024, Drs. Rowan and Manion anticipated graduation 2025
- Interviewing for one fellow in June 2024 to start in 2025 Fall
- Dr. Robert closed urogynecology practice in Fall 2023 but continues to see the closed waitlist for Complex Pain referrals through the Pelvic Floor Clinic
- New NP hired for Pelvic Floor Clinic to see routine, non-operative urinary incontinence
- Planning to recruit for Family MD to join Pelvic Floor Clinic Medical Staff
- Dr. Hall starting January 2024

## Quality Assurance / Quality Improvement and Innovation

- Design and implementation of Ambulatory Botox Program in the Outpatient Cystoscopy Suite of the Pelvic Floor Clinic. This was generously supported by the Alberta Surgical Initiative and has resulted in moving 90% of the surgical volume out of the Day Surgery and OR, with the accompanying savings in nursing and facility costs while improving patient experience, efficiency and reduction of any systemic anesthetic
- Piloting RN Prescribing role for vaginal estrogen
- Piloting RN Prescribing role for first line medical therapies for overactive bladder

## Future Directions and Initiatives

1. Evaluating pilot project outcomes for Sacral Neuromodulation and possible application for ongoing funding
2. Evaluating metrics of access for patients after trial of RN prescribing roles for vaginal estrogen and OAB
3. Evaluating patient wait times, patient experience, safety outcomes with Ambulatory Botox program



Dr. Shunaha Kim-Fine  
Urogynecology Head





# Reports



# Antenatal Community Care Program

## Accomplishments and Highlights Overview

The Antenatal Community Care Program (ACCP) provides prenatal care and clinical observation in the community for pregnant clients with fetal and maternal complications, who might otherwise need to be admitted to an antepartum unit at any of the four Calgary hospitals. While maintaining a similar level of patient care, ACCP over the years has saved the health system significant costs. The program operates in Calgary Zone including various rural areas (Airdrie, Strathmore, Okotoks, Cochrane). Referrals are accepted from obstetricians, perinatologists and family physicians. A similar ACCP program operates in Edmonton Zone and we continue to collaborate with Edmonton to share efficiencies and client care strategies.

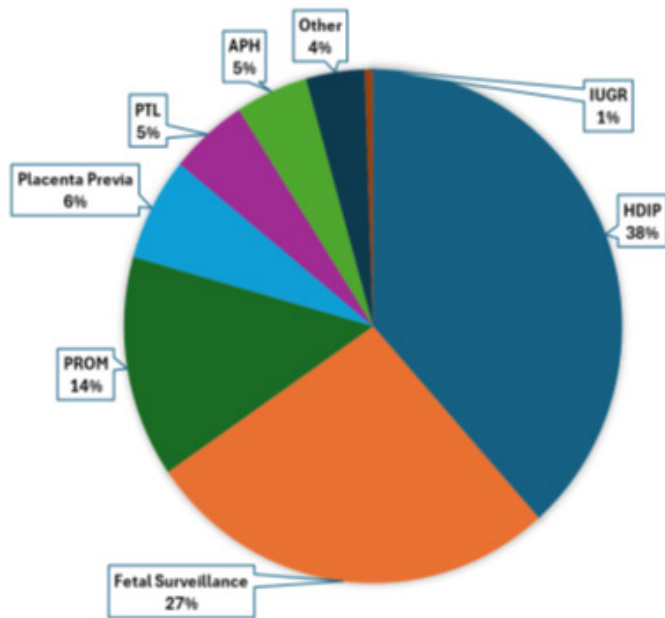
ACCP supports clients with high-risk pregnancies with one of the following diagnoses:

- Hypertensive disorders in pregnancy (HDIP);
- Preterm labour (PTL);
- Premature rupture of membranes (PROM);
- Placenta previa;
- Antepartum hemorrhage (APH);
- Fetal Surveillance; and
- Intrauterine growth restriction (IUGR).

Primary Reason for Referral 2023 – % of cases	
Hypertensive Disorders in Pregnancy	38%
Fetal Surveillance	27%
PROM	14%
Placenta Previa	7%
Preterm Labour	5%
Antepartum Hemorrhage	5%
Intrauterine growth restriction	1%
Other	4%

This report captures data from the annual year period, 2023. ACCP Stats by Client Reason for Referral – % of cases.

The highest primary diagnosis for admissions this year continued to hypertensive disorders in pregnancy at 38% (this is less than in 2022 – 40% and 2021 – 51%). The next most frequent requests for follow-up include fetal surveillance, premature rupture of membranes, and placenta previa.



Clients are discharged from the program once they are at a safe gestational age, the physician deems the client to be medically safe for discharge, or if the client goes into early labour. There are very few non-accepted clients, only those who:

- Do not fit the above diagnostic categories
- Are unable to be contacted
- Have moved out of the Calgary area
- Declined services

By Acute Care Sites	
FMC	32%
PLC	29%
SHC	18%
RGH	20%
Other	1%

#### Client Admissions and Referrals

During 2023, ACCP admitted 520 clients, this was a 20% increase compared to 2022. The average length of stay on the program was 21 days, with the average gestational age at intake being 31 weeks.

All ACCP referrals are facilitated through the Alberta Referral Directory (ARD). The referral form and home visit order set have been revised provincially and are accessible through the Alberta Referral Directory and through the Connect Care referrals process.

### Highlights

1. Connect Care: ACCP will be part of Connect Care Launch 8 (May 4, 2024). In preparation for launch we have been working closely with the Connect Care implementation team to help ensure a successful transition and connectivity in a community environment. The new software system chosen to link fetal monitoring within Connect Care is determined as OBIX. ACCP nurses will be receiving OBIX training to enable them to use this capability when out in a community setting.
2. Updating of the Prenatal Nursing Manual for Public Health: The nursing manual used across Calgary Zone Public Health Prenatal Programs was updated to reflect current practices, including aligning with inclusive language and Connect Care Terminology.
3. Updating of the PPROM Admission criteria: to provide additional clarity, the criteria for PPROM admission was updated and is now reflected in the Alberta Referral Directory.

## Challenges

1. Capacity: 2023 saw an increase of 20% admission rate compared to 2022. This challenged program capacity at times and occasionally resulted in a delay in admission to ACCP by one to two days. To mitigate this increase in workload ACCP added to its casual pool of nurses. However, ACCP continues to welcome more referrals from obstetrical providers so that clients can be in their home environment receiving care.
2. Complex casework: we continue to observe many clients struggling with social and economic challenges. We access social work support from prenatal teams and offer key referrals in addition to reviewing other ways to connect these families to support systems.

## Workforce Planning

ACCP has 6.62 RN FTEs (full-time equivalent) which has been consistent for a number of years. We work continuously to review capacity, workload, and geographic coverage for clients. Our program RN FTE remains consistent at this time, however we have orientated a number of additional casual nurses to ACCP.

From a physician workforce perspective, we have benefitted from our Medical Director support; Dr. Chadha has supported the raising of awareness of the Program and helping with problem-solving and clinical consultation as well as staff education.

## Future Directions and Initiatives

- Public Health continues as a member in the MNCY Maternal Fetal Newborn Standing Committee and will support the prenatal pathway review and updates.
- Connect Care will enhance access by obstetrical providers to relevant ACCP patient information for their patients.

Carrie Collier, Director Public Health Programs

Carolyn Campbell, Area Manager, Prenatal and At-Risk Programs

Sheila Hemminger, Care Manager, Prenatal and At-Risk Programs



Dr. Rati Chadha  
Medical Director

In preparation for launch we have been working closely with the Connect Care implementation team to help ensure a successful transition and connectivity in a community environment.

# Clerkship

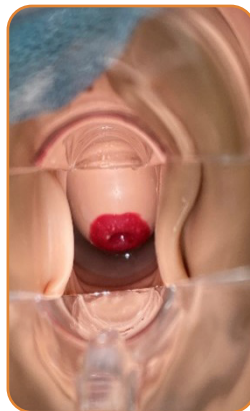
## Highlights

With the Class of 2024, we continued our longitudinal model of Obstetrics and Gynecology (OB) clerkship with a four-week inpatient block and two-week outpatient/clinic block. Despite this carrying a large administrative burden, overall, it was a very successful transition in 2023 with improved ratings in the rotation this past year.



**One of our biggest strengths continues to be our upfront immersive teaching through cases, simulation and high-fidelity models.** Additionally, **the workbook with its clearly laid out expectations and forced daily feedback has been recognized as a model for other clerkships**, enough so that we have received requests for information from other clerkship programs such as the University of Alberta.

The four weeks block starts with two days of hands-on teaching including SVD, perineal tear repair, a simulation case using Noelle for hypertension and eclampsia management, expanded physical exam practice including ARM and PROM model, and review of high yield topics such as PPH, shoulder dystocia, postpartum complications and pre-term labour.



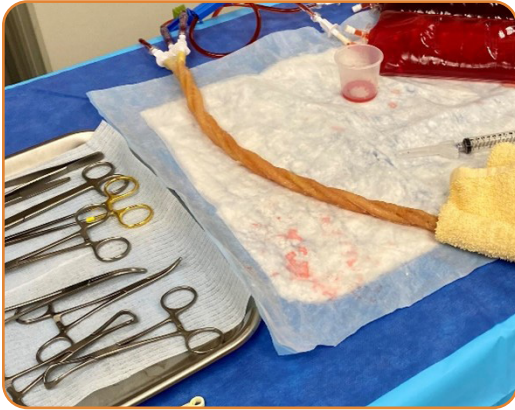
Skills practiced during the two-week block include pelvic examination (pap, STI testing), IUD insertion, and cervical exam for Bishop score. We have been reviewing AUB/PMB and GDM/prenatal care to springboard their learning. This allows the students to start the clinic rotation feeling less intimidated by the content.

Our success in the teaching is highly due to the core teaching team! By creating a

small group of dedicated individuals, they can get to know the cases really well and repeatedly teach the same concepts. The repetition allows for a smooth, efficient teaching style with consistency across each block of learners, supporting evidence-based practice and preparing students for their clinical time and examination.

**Thank you to the core teaching team** including: **Dr. Ingrid Kristensen, Dr. Kathryn Kenny, Dr. Kayla Nelson, Dr. Kyle Lafreniere, Dr. Kimber Thornton, Dr. Dhea Wallace-Chau and Dr. Harris-Thompson.** New additions to our team include **Dr. Kristin Ambacher and Dr. Mruganka Kale.** Their ongoing dedication to teaching is much appreciated and a major part of why the orientation teaching is so well reviewed. We are always looking for extra teachers if someone is interested.

Unique to our rotation, **Dr. Kathryn Kenny** also provides a formative exam review in the middle of the rotation, which not only allows students to get direct feedback about concepts they are struggling with, but also provides helpful tips for MCQ exam taking in general.



**Our faculty is small but mighty when it comes to amazing teachers!** Each year students at the end of clerkship recognize their favorite teachers from the entire clerkship year, and this year's **GOLD STAR awards** went to: **Dr. Igras-Kulach at PLC, Dr. Kimber Thornton at FMC, Dr. Jennifer Soucie at FMC, and Dr. Kovid Lee at RGH.** Additionally, our residents have also been recognized with Gold Stars with representation across the years from **Dr. Rebecca Carrigan, Dr. Danielle Chang, Dr. Sarah Kent, Dr. Monique Marguerie, Dr. Leah Rusnell, and Dr. Cindy Xue.** Congratulations on being recognized for your teaching!

**Thank you also to the clerkship committee:** Dr. Weronika Harris-Thompson (Clerkship Director), Dr. Kayla Nelson (Evaluation Coordinator), Dr. Kimber Thornton (FMC rep), Dr. Paul Henning (RGH rep), Dr. D Igras (PLC rep), Dr. Kyle Lafreniere (SHC rep), Dr. D McCubbin (Medicine Hat rep), as well as our resident reps Dr. Shannon Fitzpatrick, Dr. Paxton Ting, Dr. Danielle Chang, and student reps Alice Ko, Jaclyn Anderson, and Julia Chai.

We could not make the rotation run without administrative help! **Thank you to Katiane Ummels** in our department for her support over the last few years; she has moved on to new roles within the department.

**We welcome Louise Gofton** to the role of OB clerkship support. **Tania Pander** at UME is our anchor to the medical school, so a big thank you for her support!

Last year, **Dr. Weronika Harris-Thompson** was also recognized for her contribution to medical education through the SOGC Carl Nimrod Award.

## Challenges

One of our biggest challenges remains accommodating a large number of learners within a relatively small faculty. Due to increasing medical school class sizes, we made the difficult decision to **pivot to a four-week rotation that has a mixture of inpatient and outpatient care.** This is because with the current model of 4+2 (or even if it were a six week straight rotation, which was not an option with UME), we would have completely saturated our teaching resources. By switching to a four-week block, the hope is that students will continue to achieve solid baseline clinical knowledge in obstetrics and gynecology,

while creating space for elective students who want to enhance their learning or are interested in a career in obstetrics and gynecology. We have attempted to disperse students as evenly as possible across the sites. Constructive feedback is welcome throughout the year.

Unfortunately, it seems there continue to be budget cuts, resulting in less funding to allocate back to our teachers and to faculty stipends to reimburse the work of evaluation. We are continuing to prioritize fair reimbursement of teachers so that they are valued for their contribution and not as penalized financially when they miss clinical time by teaching.

We are monitoring how many elective students we are able to take and whether switching to the four-week model will help with this. Dr. Jadine Paw, our fearless education lead, continues to look for other options within the subspecialties, but this remains an ongoing challenge. We expect to see increased demand for visiting electives this year.

Finally, there was a lot of turnover with administrative support at UME, having a new administrative person each year for three years straight! This was partly from re-allocating individuals with the new RIME model, and turnover in general in their administrative department. Thankfully, Tania Pander has been able to stay with this clerkship profile and this will allow us to focus on streamlining and improving the administrative process moving forward. Certainly, all the changes from a six-week rotation, to four-week in hospital rotation during COVID-19, then 4+2 week rotation this past year has been challenging and we all hope for some consistency over a couple of years so our energy can be directed towards other aspects of the rotation!

## **Workforce Planning**

Further interest for core clerkship teaching group will be taken into account with candidates who demonstrate additional interest in teaching (e.g. through CME program such as TEP or simulation training). No current plan to change appointments but this may evolve through the year. If someone has a strong interest in medical education, please come participate in some teaching and let us know your goals. Motivated individuals are always welcome!

## **Education**

Ongoing encouragement for faculty to attend educational teaching courses such as the Teaching Excellence Program or simulation training through the UME.

New summer resident half day focus on education including an overview of the rotation and how to support clerkship learning as a resident.

Aim to focus on feedback with a resident session in the summer and potentially including a discussion in grand rounds in the upcoming year with Dr. Kayla Nelson for the faculty.

Increase exposure to new rotation structure through faculty emails, posting of objectives and references and core document on department website, and quarterly updates via email.

Continuing goals for the next year include ongoing updates of our curriculum, and continuous improvements towards applying gender inclusive language throughout our teaching material and approaching it through an EDI lens. We were able to review our exam last year and make these updates where appropriate, but it is always a work in progress.

Our curriculum changes are focused on increased case-based self-directed learning (as opposed to didactic), with a transition towards clinical encounters tested through the online CARDS format to reinforce material.

We are also in need to update the website for clerkship and make it more user friendly for the students. Considerations include changing the platform we use or grouping materials differently.

### **Future Directions and Initiatives**

As we trial the new four-week rotation, we will also track our ability to increase elective students throughout the year. We will increase our intake of visiting electives by creating “in hospital only” elective options so that students can have the opportunity to visit our city, meet some of the faculty and residents (since preceptor-based clinic time is not always available during busy clerkship times).

We hope to continue to streamline our teaching resources in line with the current understanding of learning theory and cognitive load by making shorter presentations that emphasize a few key points with supplementary reading material and CARDS to test understanding and retention.

### **Final Comments**

We could not make the rotation so successful without each individual's contribution to clinical teaching. You are all valued and appreciated for your participation in helping shape our future physicians – the same physicians that will likely be caring for many of us in the future.

Thank you everyone for your ongoing support of clerkship learners!

Best Wishes in 2024.



Dr. Weronika Harris-Thompson  
Clerkship Director

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# Out of Country Maternity Central Triage and Connect Care

## General Operations updates

Generation of an operationally directed patient transfer process for capacity concerns:

- Currently being utilized primarily at the FMC where there is the greatest need with investigation as to zonal use

Zonal NICU/OB retreat - excellent discussion around extreme prematurity and the OB and NICU workflow ongoing work includes development of standardized documentation and checklists.

## Birth Tourists

The Birth tourist program had some bumps this year due to changes in the central administrative body (Medi-Com Consulting Inc.). We are hoping that the bulk of this has passed.

We continue to advocate for government support in deterring birth tourism as it continues to strain our already strained system. The process was re-reviewed this year with CMPA, CPSA, AHS legal and HIROC to ensure there are no inconsistencies. We hope to bring the uninsured documented patient into a similar type of processing.

Birth Tourist Program taken over on October 1, 2022 To Date					
Total Birth Tourist	Birth Tourist Paid Deposit	Non-Birth Tourist	Ukraine	IFHP/ Refugee	Called L/M no reply or uncooperative or had health coverage
15	9	25	0	0	6
21	11	17	2	0	7
16	10	19	2	1	8
19	8	18	1	0	3
27	13	17	0	0	5
21	8	17	1	1	8
17	7	20	1	0	7
8	3	12	0	4	0
144	(69)	145	7	6	44
					Grand Total: 346 144 B/T vs 202 NON B/T

Graph data prepared by: Medi-Com Consulting Inc

## Connect Care

This past year saw all of Calgary Zone go live with Connect Care. Despite the extensive amount of work and additional stress, the teams did a phenomenal job. We continue now to work to optimize the system to provide the best patient care and provider support.



Dr. Simrit Brar  
Deputy Head Obstetrical Operation and Information



# Perinatal Mortality Review Committee

## 2023 Summary of Review Findings

Prepared by Dr. James Watson (committee chair, as of October 2023), for the Department of Obstetrics and Gynecology; completed Feb 6, 2024.

### Background

The CZ PNM committee is an aggregate working group which now falls within the larger CZ Women’s Health and Perinatal Quality Assurance Committee (WHP QAC). Indicator for review by the CZ PNMC is any perinatal death--  $\geq 20$  weeks gestational age and  $\leq 28$  days of neonatal life--in the Calgary Zone.

Historically, the role of the committee has been to determine:

1. Was care provided acceptable (did it meet the standard of care) and was the death preventable
2. To provide patient-level recommendations that might benefit future pregnancies

Late in 2023 and ongoing into 2024, there has been remodeling of the committee such that events will be reviewed “from a systems lens” with the goal being to collect more robust and standardized data suitable for analysis at a higher level, that might be applied to affect change across and perhaps beyond the Calgary Zone. This shift is ongoing and the exact collection and reporting of committee findings is still being ratified.

### Summary of Cases – Causes of Perinatal Mortality

Some data can be abstracted from 2023 reviewed cases by individually reviewing each cases review sheet, which was done. It should be noted that the data for review is reasonable quality but not complete, and the number may not “add-up” due to quality of data, some missing information, and e.g. twin pregnancies with different outcomes, considered as the same case number. Nonetheless, a reasonable idea of the numbers and causes of mortality can be derived.

# of reviewed cases (8 meetings)	137
Stillbirths (SB)	102
Planned interruptions (termination - TOP)	33
Neonatal deaths (NND)	37

Pregnancy “terminations” were overwhelmingly due to antenatally identified genetic, congenital or developmental anomalies, but very rarely due to labour induction secondary to maternal morbidity (e.g. severe pre-eclampsia).

Most but not all ultrasound-identified anomalies resulted in planned TOP with SB (feticide); some choose expectant management which (by definition for this dataset) was followed by either SB before delivery or NND afterwards.

Best-identified cause of death:

	Absolute deaths	% of mortality	% non-congenital mortality
<b>Intrauterine developmental (e.g. genetic, developmental)</b>	<b>39</b>	<b>29</b>	--
<b>Cord Accident / stricture</b>	<b>13</b>	<b>10</b>	<b>14</b>
Twins (incl cerv. Insufficiency, TTTS, PTL/PTB)	7	5	3
Stroke/bleed/IVH, NAIT, HDFN	3	2	3
<b>~Cerv Insufficiency (+/- PPROM)</b>	<b>14</b>	<b>11</b>	<b>15</b>
<b>Pre-eclampsia / MVM</b>	<b>8</b>	<b>6</b>	<b>9</b>
<b>Abruption +/- PPROM</b>	<b>9</b>	<b>7</b>	<b>10</b>
<b>Unexplained</b>	<b>13</b>	<b>10</b>	<b>14</b>
Previa-APH	1	1	1
MVA-abruption	1	1	1
?COVID	2		
Maternal medication (inappropriate)	1	1	1
<b>Intra-amniotic infection</b>	<b>9</b>	<b>7</b>	<b>10</b>
<b>Immune-Placental (e.g. CHI, MPVFD)</b>	<b>10</b>	<b>8</b>	<b>11</b>
Other Maternal medical condition	1	1	1
PTL-PTB (periviable)	2	2	2
Total reviewed	133		
	(no data for several cases)		

Almost 30% of mortality is due to ultrasound-detected anomalies, most of which result in planned TOP and SB, but some of which were followed expectantly and ultimately concluded with NND.

When expected deaths (generally known lethal intrauterine anomalies) are removed, the remaining significant causes of perinatal mortality are (9–15% each):

1. Cord accident
2. Cervical insufficiency / PPROM / PTB (spont or induced)
3. Unexplained
4. AI (chorioamnionitis)
5. Abruption
6. Placental (immune, e.g. CHI, MPVFD)
7. Pre-eclampsia

Which together comprise ~75% of all non-intrauterine developmental/congenital – related deaths.

Ultimately pre-viable preterm birth due to cervical insufficiency, PPRM, abruption, and chorioamnionitis led to stillbirth or early NND in about 45% of this “unexpected” population.

Spontaneous preterm labour in the absence of other factors appeared to be more rare, but it is often difficult, especially retrospectively with incomplete information, to determine the true inciting cause of PTL – that, what came first: shortened cervix, infection/inflammation, or ruptured membranes.

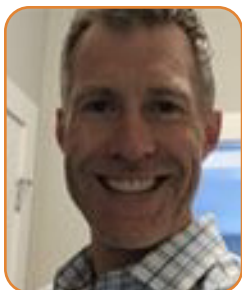
### Summary of cases – adverse events (“standard of care”)

- a. In general, the standard of care was met, and few “level 4” clinical adverse events (CAE) were identified. CAE scoring was only applied starting November 2023, but even when including the previous conclusions of quality of care (“acceptable”, “non-preventable”), only FOUR level 4 equivalent CAE were recorded:
- b. Falsely reassuring 3T ultrasound, likely led to lack of timely intervention (SB)
- c. Inappropriate prescription of a category X medication throughout pregnancy (SB)
- d. Lack of documentation around complication of a high-risk procedure, with IUFD >24 weeks GA
- e. Use of less appropriate antibiotic for suspected chorioamnionitis (unit unable to get appropriate antibiotic in time) and NND due to sepsis from resistant organism

There were several level 2–3 equivalent CAE noted, which again included accurate reporting of ultrasound information, maternal non-access of care, and determining MRP for testing ordered in certain situations (e.g. genetic testing ordered by the pathologist). A recurrent level 2–3 CAE is lack of sending of the placental for pathology analysis when an unexpected poor outcome has occurred.

### Future plans

Going forward, as the PNM committee establishes CAE-rating for all cases and a more standardized / formalized case review process, data quality and usefulness should improve. This, along with better bidirectional flow of information and communication between the various CZ Women’s Health aggregate working groups and the provincial perinatal QAC is the focus for 2024.



Dr. James Watson

Going forward, as the PNM committee establishes CAE-rating for all cases and a more standardized / formalized case review process, data quality and usefulness should improve.

# Quality Improvement / Quality Assurance

## Quality Improvement Initiatives

- Review of referrals and follow-up appointments to reduce wait times in Pediatric and Adolescent Gynecology – Dr. Brain
- Process mapping of clinic appointments to improve efficiency in Pediatric and Adolescent Gynecology – Dr. Brain
- Same-day discharge after minimally invasive hysterectomy – Department-wide Initiative
- A dashboard has been developed and validated for monitoring same-day discharge rates following minimally invasive hysterectomy. The aim is to increase the same-day discharge rate to 70% across all sites within Calgary by January 2025. We are seeking external project management support for this initiative.
- Audit of quality improvement initiatives and project status completed – Pat Trudeau

## Quality Assurance

We are restructuring our quality assurance processes after recognizing gaps in our current system. Our revised approach will emphasize identification of key adverse events linked to potential systems issues to improve patient safety and care. Additionally, we will work to introduce “Program Performance” systems for evaluating practitioner and department-level quality metrics. This framework will guide us in identifying existing quality gaps and informing targeted quality improvement initiatives.

## Resident Education

Resident education is highlighted as a top priority. Recently, the Department of Surgery’s Quality Improvement consultant conducted an introductory session that was well attended by the residents. In the upcoming year, residents are scheduled to undergo the EPIQ training workshop. This workshop comprises a series of ten steps designed to enhance understanding of quality improvement, using evidence-based tools and addressing practical improvement opportunities. Additionally, residents will participate in the Department of Surgery quality improvement curriculum, where quality improvement sessions will be integrated into academic half-days throughout the year. The objective is for residents to conclude the curriculum by completing a quality improvement project.

## Challenges

With the onboarding of a new Quality Improvement Consultant and the departure of the Data Analyst, Quality Improvement Council sessions were temporarily suspended for 2023. Regrettably, the Quality Improvement Consultation position is currently vacant once more. We are actively seeking to fill this crucial role to provide essential support for Quality Improvement initiatives within the department and to reinstate a functioning Quality Improvement Council. Our overarching objective is to successfully execute Obstetrics and Gynecology department-level initiatives on an annual basis.

## Workforce Planning

Quality Improvement Consultant – Vacant position, plan to recruit this year.  
Data Analyst – Vacant position, resources not available to seek recruitment.

## Education

Residents attended an introduction to quality improvement session in 2023 and an ongoing curriculum integrated into academic half-day is planned for in 2024.

### Free Educational Resources

- AHS Improvement Way (AIW) training by Calgary Zone Surgical Quality Improvement Committee – videos available (can provide link on request)
- Institute for Healthcare Improvement (IHI) – free resources, tools, and training available online: <http://www.ihl.org/education/IHIOpenSchool/Pages/default.aspx>

### Rounds / Projects

- Critical Incident Review Rounds – presented by Dr. Brain at the Surgical Quality Improvement Council and MNCY
- Reducing Type and Screen as Standard Order for Elective C-Sections Provincial Project – in progress  
Dr. Phillipa Brain, Chair, Provincial Perinatal Quality Assurance Committee  
Dr. Jackie Thurston, Site Champion South Health Campus  
Site Champion, Rockyview General Hospital  
The goal of this provincial project is to reduce the percentage of preoperative type and screen tests done for elective cesarean sections in 9 sites across the province by May 2025 (target 20%). Foothills Medical Center, South Health Campus, and Rockyview General Hospital are all included in the project.
- Provincial Perinatal Quality Assurance Committee Chair, Dr. Brain  
Quality assurance initiatives – ongoing  
Evaluation of uterine rupture cases related to induction of labor for patients with trial of labor after cesarean section  
Syncope working group to develop a syncope pathway  
Evaluation of maternal mortality close to 40 years of data  
Review of indirect causes of maternal mortality: addictions and suicide  
Provincial dashboard for triggers in maternal morbidity

## Future Directions and Initiatives

### Quality Improvement

The objective for the upcoming year is to reinstate a Quality Improvement Council, with the aim of facilitating the completion of quality improvement projects and effectively communicating the insights gained. Additionally, we will establish key performance indicators that can be monitored to identify gaps in quality improvement and inform quality improvement efforts. Quality Assurance

We plan to restructure our existing quality assurance framework to introduce a systematic case review system that prioritizes systemic considerations, maintains consistency within the zone, and integrates with the provincial committee.

### Resident Education

We are introducing a renewed emphasis on resident education by integrating a curriculum into academic half-days, with the objective of completing a resident project annually.

Dr. Jackie Thurston  
Quality Improvement Medical Director.

# Pre-clerkship Undergraduate Medical Education (UME)

## Highlights

Course 6 took place from October 2, 2023, to December 8, 2023. Course 6 continues to have strong clinical teachers from the Department of Obstetrics and Gynecology (OBGYN). This past year, 14 Department members provided lectures, and many more participated in small group teaching and clinical core. There are 20 Obstetrics lectures and 20 Gynecology lectures. 30 of the lectures were given by FFS members, three of these lectures were provided by GFT members, one was given by a current fellow from our Department. The remainder of the lectures were given by colleagues in Anesthesia, Pathology, Internal Medicine and Family Medicine. Our lecturers are chosen based on their strong teaching ability and their lectures have always been very highly rated.

Lectures and small groups are provided in-person. Lectures were recorded to provide flexibility to the students to review them on their own time. These students are also exposed to labour/delivery and obstetrics for the first time during their Course 6 'clinical correlation'. This takes place at all four teaching hospitals in Calgary and is one of the best rated portions of the course.

At the time of submission for this report, the stats and student ratings from Course 6 were not yet released. Our course has always been highly rated and the unofficial feedback from students has been very positive. Once these stats have been released, I will add to and amend this report. Pre-clerkship teaching awards have yet to be release this year. Informal feedback this year so far has been positive regarding the work put into the creation of inclusive teaching materials. There were 182 students in the class for Course 6 in Fall 2023.

Many students discovered their passion for Obstetrics and Gynecology based on the experience in this course, which changes the trajectory of their career path!

## Challenges

Unfortunately, recruitment for small groups remained a challenge. Similar to past years, we had to rely on more non-OBGYN small group preceptors this year than ever before in Course 6. Dr. Paw had to recruit preceptors last minute to fill in gaps and relied on some residents to fill these gaps. Many non-OBGYN preceptors are Master Teachers (from the Department of Psychiatry, Internal Medicine (IM), Family Medicine (FM), Pediatrics (Peds)). Considerable time has been spent to update all small group guides so that any preceptor, regardless of specialty, can lead the small group.

Of the 184 total small group sessions offered this year, around 30% are taught by OBGYN attendings. The rest were covered by fellows, senior OBGYN residents, retired OBGYN staff, and the rest are covered by non-OBGYN teachers.

## Workforce Planning

*(Summary of recruitment, future needs, goals and strategies, impact on other departments / regional*

*resources – staff appointment and retirements)*

This was the last time that Course 6 will be delivered in the UME curriculum. The current Course 6 team (Dr. Jadine Paw as Course 6 chair, Dr. Kayla Nelson as exam coordinator) completed in December 2023. It has been replaced by RIME (Re-Imagining Medical Education), which started in July 2023. RIME is a 'spiral' curriculum based off the MCC objectives where the material will be seen multiple times and in progressive complexity during the two years the students spend in pre-clerkship. This curriculum is also based on the idea of generalism, to shift away from specialist level teaching and to emphasize the undifferentiated learner. Three faculty members from the Department of OBGYN: Dr. Kayla Nelson, Dr. Fiona Mattatall and Dr. Jadine Paw (and one family physician who is a low-risk OB provider at the RGH, Dr. Sandy Peacock) have been working hard to create all the Obstetrics and Gynecology materials for RIME. In addition, Dr. Kayla Nelson is teaching materials outside of OBGYN. Dr. Kathy Kenny from our department has been working as a small group facilitator and will help the PCEs in their small group teaching. The UME will no longer be recruiting for small group preceptors once Course 6 comes to an end.

In the new RIME structure, the PCEs report to the Block Directors (Dr. Murray (FM), Dr. Wu (Peds) and Dr. Bass (IM)). Currently, Dr. Paw is the current chair and representative of the department of OBGYN at the UME pre-clerkship. With RIME, there is no 'chair' role, but Dr. Paw will continue to represent the department of OBGYN and the RIME PCEs (OBGYN) at the UME (Pre-clerkship).

### **Future Directions and Initiatives**

OBGYN RIME PCEs are currently working hard to develop the new curriculum. Dr. Mattatall and Dr. Nelson have already presented some of these materials. This has been a considerable amount of work for the PCEs, who are responsible for the entire OBGYN curriculum re-design, including the creation of lectures, podcasts, small groups and other learning resources.

Goals beyond the next year: RIME block 1 started July 2023, and will continue to roll out through 2024. The majority of the obstetrics material will be presented in the Spring of 2024. We will be finessing the curriculum based on feedback from block 1.



Dr. Jadine Paw  
Deputy Head Education

Our lecturers are chosen based on their strong teaching ability and their lectures have always been very highly rated.



# Research



# Research Overview

## Achievements and Highlights

The 2023 Clara Christie Research Day was held at the Red and White Club. Dr Rohan D'Souza (McMaster University) was the invited keynote speaker. Dr D'Souza gave the John Jarrell Lectureship on the Canadian Obstetric Surveillance System. Dr. Amy Metcalfe was the invited Departmental Lecturer and gave a talk on the Obstetrical Considerations for the Management of Cancer in Pregnancy.

The University of Calgary received a \$125 million Canada First Research Excellence Fund (CFREF) award to support a large-scale initiative entitled One Child, Every Child. Three overarching themes will be supported with this award – Better Beginnings (which focuses on pregnancy research), Precision Child Health, and Vulnerable to Thriving. Dr. Amy Metcalfe has been selected as the institutional lead for the Better Beginnings thematic area.

Dr. Erin Brennand was successful in obtaining a Women's Health Hub grant from the Canadian Institutes of Health Research to establish the Alberta Sex, Gender, and Women's Health Hub. The hub will bring clinical, research, and community partners in female and women's health together with the province's health care authority, Alberta Health Services (AHS). The hub will engage individuals from all career stages and sectors to facilitate the coordination of tangible change in female people and women's health care, research, and education across the province.

## Challenges

Resident research productivity continues to be low. Dr. Amy Metcalfe continues to be available for drop-in sessions during selected academic half days to address methodological challenges faced by the residents as they work on their research. Dr. Jena Hall has been appointed as the Resident Research Coordinator.

## Workforce Planning

Two faculty positions were posted in fall 2023 to hire two additional PhD trained faculty members whose primary focus will be on gynecological research.

Space has been secured for the Departmental Analyst (Selphee Tang) within the Centre for Health Informatics in the Cal Wenzel Precision Health Building. This will hopefully facilitate shorter waiting times to access administrative health data for department members.

## Education

Drs. Erin Brennand and Amy Metcalfe (along with Drs. Jennifer Gordon (University of Regina) and Ryan Van Lieshout (McMaster)) continue to lead the CIHR-funded GROWW (Guiding interdisciplinary Research on Women's and girls health and Wellbeing) training platform. The GROWW program is a national interdisciplinary training program that brings together clinical and graduate trainees, post-doctoral fellows,

early career researchers (ECRs), established researchers, and professionals from within and outside of academia with a shared passion and interest in girls' and women's health and wellbeing across the lifespan. More information can be found at [growwprogram.com](https://www.growwprogram.com) (<https://www.growwprogram.com/>)

### **Future Directions and Initiatives Goals for the Next Year**

In 2024 we will continue to monitor and track productivity of residents and faculty. We will also continue to monitor use of departmental research resources to determine how to best facilitate increased research productivity across the department.

The University of Calgary received a \$125 million Canada First Research Excellence Fund (CFREF) award to support a large-scale initiative entitled One Child, Every Child.



Dr. Amy **Metcalfe**  
Research Director

# Grants

## Dr. Erin Brennand

- Ambulatory Botox for Refractory Overactive Bladder \$350 000  
Alberta Surgical Initiative  
PI: Erin Brennand
- Canadian Institutes of Health Research (CIHR) Project Grant  
Pelvic Health and Public Health in Twentieth Century Canada Funding \$775 000  
PI: Whitney Wood  
Co-Is: Erin Brennand, Agnes Arnold-Forster; Esylit Jones; Jaipreet Virdi; Karissa Patton; Patricia Johnston
- Ferring International Research Grant  
Reproductive Equity in Canada \$30,000 CAD  
PI: Erin Brennand
- Social Sciences and Humanities Research Council of Canada (SSHRC)  
Insight Development Grant Total Funding - \$33,633  
Ready for pregnancy and told to lose weight: Exploring the intersect between weight and infertility stigma  
PI: Erin Brennand  
Co-applicant : Angela Alberga; Marilou Cote; Sarah Nutter; Collaborator : Ariadne Daniel; Helena Piccinini-Vallis; Jean-Patrice Baillargeon; Kristi Adamo; Nicola Heslehurst; Principal Applicant : Taniya Nagpal
- Social Sciences and Humanities Research Council of Canada (SSHRC)  
Insight Development Grant Total Funding - \$70,420  
Exploring the role of gender in how professionals manage scutwork requests from clients  
PI: Brennand EA
- Canadian Institutes of Health Research (CIHR) and Women and Gender Equality (WAGE) Canada - National Women's Health Research Initiative: Pan-Canadian Women's Health Coalition  
Alberta Sex, Gender and Women's Health Hub \$840,000 CIHR/WAGE  
Matching funds: \$100,000 Calgary Health Foundation  
\$40,000 Office of the Vice-President (Research)  
\$50,000 Philanthropic donation  
Total \$1,030,000  
PIs: Erin Brennand, Amy Metcalfe; Bukola Salami; Erin Nelson; Kristopher Wells; Natalie Scime; Pamela Roach; Sofia Ahmed  
Co-Is: Alan Santinele Martino; Brenda Leung; Brittany Hoffarth-Palchewich; Cindy Kalenga; Elizabeth Oddone Paolucci; Gerlinde Metz; Gina-Marie Cerantola; Jadine Paw; Jamie Benham; Katrina Milaney; Kirsten Fiest; Magali Robert; Melissa Scott; Mruganka Kale; Pamela Chu; Shannon Ruzycski; Shazma Mithani  
Knowledge Users & Collaborators: Colin Birch; Collaborator : Carmen Wynton; Heather Cobb
- Canadian Institutes of Health Research (CIHR) Women's Health Research - Early Career Researcher  
Impact of pregnancy and lactation duration on the female menopausal transition - \$100 000  
PI: Brennand EA Co-I: Natalie Scime, Amy Metcalfe, Hilary Brown

- Brennand EA - Canadian Institutes of Health Research (CIHR) Women's Health Research - Early Career Researcher Grant  
Understanding the Epidemiology of Polycystic Ovary Syndrome in Alberta \$100 000  
PI: Jamie Benham, Erin Brennand  
Co-I: Amy Metcalfe, Tyrone Harrison, Paul Ronksley, Jennifer Yamamoto

#### Dr. Shunaha Kim-Fine

- Calgary Health Foundation Women's Health Grant \$200 000  
Pilot project to evaluate feasibility and efficacy of sacral neuromodulation as a therapeutic procedure for indications of refractory overactive bladder, fecal incontinence and urinary retention  
PI: Shunaha Kim-Fine

#### Dr. Magali Robert

- Patient engagement in research and health system transformation: The Alberta Pain Strategy experience  
Funding Source: Canadian Institutes of Health Research  
Funding Competition: CIHR-IMHA Inclusive Research Excellence Prizes – Team Science.  
Nominated Principal Applicant: Wasylak, Tracy, Principal Applicant: Lopatina, Elena, Co-Applicants: Bruce, Marcia; Kashuba, Sherri; Montgemery, Lori; Parrilla Lopez, Maria Jose; Rasic, Nivez; Robert, Magali.  
Collaborators: Fossum, Tracy; Geyer, Tracey; Khan, Sophia; Magnussen, Ryan; Novlan, Miriam; Pereira, John. Total Funding: 25,000 (Cad dollar)
- The accuracy of trans-gluteal ultrasound guided pelvic floor muscles' injection in comparison with the standard approach in a cadaver model: A randomized comparative feasibility cadaver model. (\$8,382) PI: Maryam Nasr-Esfahani, CO-I Magali Robert, Amy Metcalfe
- CIHR (100,000\$) Sex, Drugs and Chronic Pain after Pelvic Organ Prolapse Surgery. PI Erin Brennand, CO-I Magali Robert, Amy Metcalfe
- Department Education and Research Fund - \$8,696.08  
AHS Research Challenge \$7500  
Department of Obstetrics and Gynecology, University of Calgary  
To support POWURS Study: Pre-Operative education for Women Undergoing pelvic Reconstructive Surgery  
Carter-Ramirez A, Hall J, Evans M, Hoffarth-Palchewich B
- Department Education and Research Fund - \$5,100.00  
Department of Obstetrics and Gynecology, University of Calgary  
To support a OBGYN Resident Simulation Half-Day on Vaginal Hysterectomy and Difficult Vaginal Surgery  
Kim-Fine S, Robert M, Carter Ramirez A, Hall J

#### Dr. Gregg Nelson

- Analgesic Efficacy of Surgeon-administered Transversus Abdominis Plane Blocks for Caesarean Section  
\$10,000  
DEAR Fund, Department of Obstetrics & Gynecology, University of Calgary  
Co-Investigator  
(Sept 19, 2023 – Sept 19, 2025)

- Enhanced Recovery After Surgery (ERAS) Guidelines for Cytoreductive Surgery (CRS) with Hyperthermic Intraperitoneal Chemotherapy (HIPEC): A Prospective Cohort Study  
\$18,000  
2022 Jennifer Gardiner Award in Surgical Oncology  
Co-Applicant  
(Sept 15, 2022 – Sept 15, 2024)
- Optimizing surgical care: trends in Enhanced Recovery After Surgery (ERAS) guideline uptake and barriers to better evidence-based care  
Canadian Institutes of Health Research – Project Grant Spring 2022  
\$260,100  
Principal Applicant  
(Apr 1, 2022 – Mar 31, 2025)
- Implementation of Enhanced Recovery After Surgery guidelines  
Canadian Institutes of Health Research (CIHR)  
Project Grant - Priority Announcement: Health Services and Policy Research  
\$100,000 (2022/2023)  
Principal Investigator
- Postoperative venous thromboembolism in patients undergoing minimally invasive gynecologic oncology surgery: A Pan-Canadian initiative  
Society of Gynecologic Oncology of Canada  
\$25,000  
Principal Investigator
- A perioperative glycemic management pathway for reducing length of stay in Alberta surgical patients. Partnership for Research and Innovation in the Health System (PRIHS) Competition  
Alberta Innovates  
\$1,287,838 (Apr 1, 2021 – Mar 31, 2025)  
Co-Investigator
- FORGE – Fe deficiency and Outcomes in the Recovery of Gynecologic oncology ERAS  
Pharmacosmos (Denmark)  
\$175,000  
Principle Investigator
- Implementation of BE FIT (elder-friendly Bedside reconditioning for Functional ImprovemenTs) following Surgery Study  
Partnership for Research and Innovation in the Health System (PRIHS) Competition  
Alberta Innovates  
\$947,735 (Apr 1, 2020 – Mar 31, 2024)  
Co-Lead

**Dr. Sarah McQuillan**

- CIHR Funding - Longitudinal investigation of dysmenorrhoea and pain complaints in females young pre and post menarche (416924\$ over 6 yrs) 2022, Co-investigator, Principal investigator Dr. Michelle Gagno

**Dr. Nancy Soliman**

- Tim and Linda Tang Anesthesia Research Fund 2023- \$32 695  
Obstetrical anesthesia section research grant- \$20000  
DEAR fund- total 15700 for the year for two projects

#### Dr. Anna Cameron

- A perioperative glycemic management pathway for reducing length of stay in Alberta surgical patients. Partnership for Research and Innovation in the Health System (PRIHS) Competition, Alberta Innovates, \$1,287,838 (Apr 1, 2021 - Mar 31, 2025), Co-Principal Investigator  
2022 Kaye Competition University Hospital Foundation Project: The Accuracy and Usability of Different Glucose Measurement Methods During Surgery: A Patient-Driven Comparative Analysis  
Collaborator, Funding: \$93,609.16

#### Dr. Verena Kuret

- CANCOVID-preg, for which I am the Alberta co-lead with Dr Castillo, received \$300,000.00 from PHAC in additional funding for Alberta specifically in 2023. The total national grant for COVERED, CANCOVID-Preg, and Antenatal Serostudies was for \$3,196,851.00. Our National ReproID group is now shifting focus to management of Syphilis in Pregnancy with additional grant proposals submitted and awaiting further funding.

#### Dr. Prafull Ghatage

- \$80,000 from Canopy Growth to the GOC for development of 7 teaching modules on Cannabis and Oncology. Co-Chair for developing this program.  
\$135,000 – Private donor – for purchase of ICG tower for Sentinel Lymph nodes  
\$50,000 yearly X 10 – Private donor – to support the ERAS program for Dr Gregg Nelson.  
Help to set up ‘ THE MARGARET AND ANDREW STEPHENS FAMILY FOUNDATION FELLOWSHIP IN GYNECOLOGICAL ONCOLOGY’ with the university of Calgary

#### Dr. Caitlin Jago

- CanSAGE Research Grant:  
Understanding the Association between Chronic Pelvic Pain and Intimate Partner Violence: A Mixed-Methods Study to Better Gynecologic Care through Patient Narratives  
Genevieve Horwood, Karine Lortie, Katherine Muldoon, Olga Bougie, Caitlin Jago, Sukhbir Singh  
Grant total: \$5000

# Publications

1. Arion, K., Justice, T.D., & McQuillan, S. (2023). Intrauterine device practices amongst adolescent patients. *Journal of pediatric & adolescent gynecology*, 36(2), 176. <https://doi.org/10.1016/j.jpag.2023.01.095>
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4. Babaier A, Ghatage P. Among patients with advanced ovarian carcinoma, who benefits from bevacizumab the most? *Ann Transl Med.* 2023 Aug 30;11(10):367. doi: 10.21037/atm-23-903. Epub 2023 Mar 28. PMID: 37675330; PMCID: PMC10477662.
5. Beesoon S, Drobot A, Smokeyday M, Ali AB, Collins Z, Reynolds C, Berzins S, Gibson A, Nelson G. Patient and Provider Experiences With a Digital App to Improve Compliance With Enhanced Recovery After Surgery (ERAS) Protocols: Mixed Methods Evaluation of a Canadian Experience. *JMIR Form Res.* 2023 Dec 15;7:e49277. doi: 10.2196/49277. PMID: 38100170.
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7. Bisch, S. P., Woo, L., Ljungqvist, O., & Nelson, G. (2023). Ferric derisomaltose and Outcomes in the Recovery of Gynecologic oncology: ERAS (Enhanced Recovery After Surgery) (FORGE) - a protocol for a pilot randomised double-blinded parallel-group placebo-controlled study of the feasibility and efficacy of intravenous ferric derisomaltose to correct preoperative iron-deficiency anaemia in patients undergoing gynaecological oncology surgery. *BMJ open*, 13(11), e074649. <https://doi.org/10.1136/bmjopen-2023-074649>
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20. Chaikof, M., Cundiff, G. W., Mohtashami, F., Millman, A., Larouche, M., Pierce, M., Brennand, E. A., & McDermott, C. (2023). Surgical sexism in Canada: structural bias in reimbursement of surgical care for women. *Canadian journal of surgery. Journal canadien de chirurgie*, 66(4), E341–E347. <https://doi.org/10.1503/cjs.022121>
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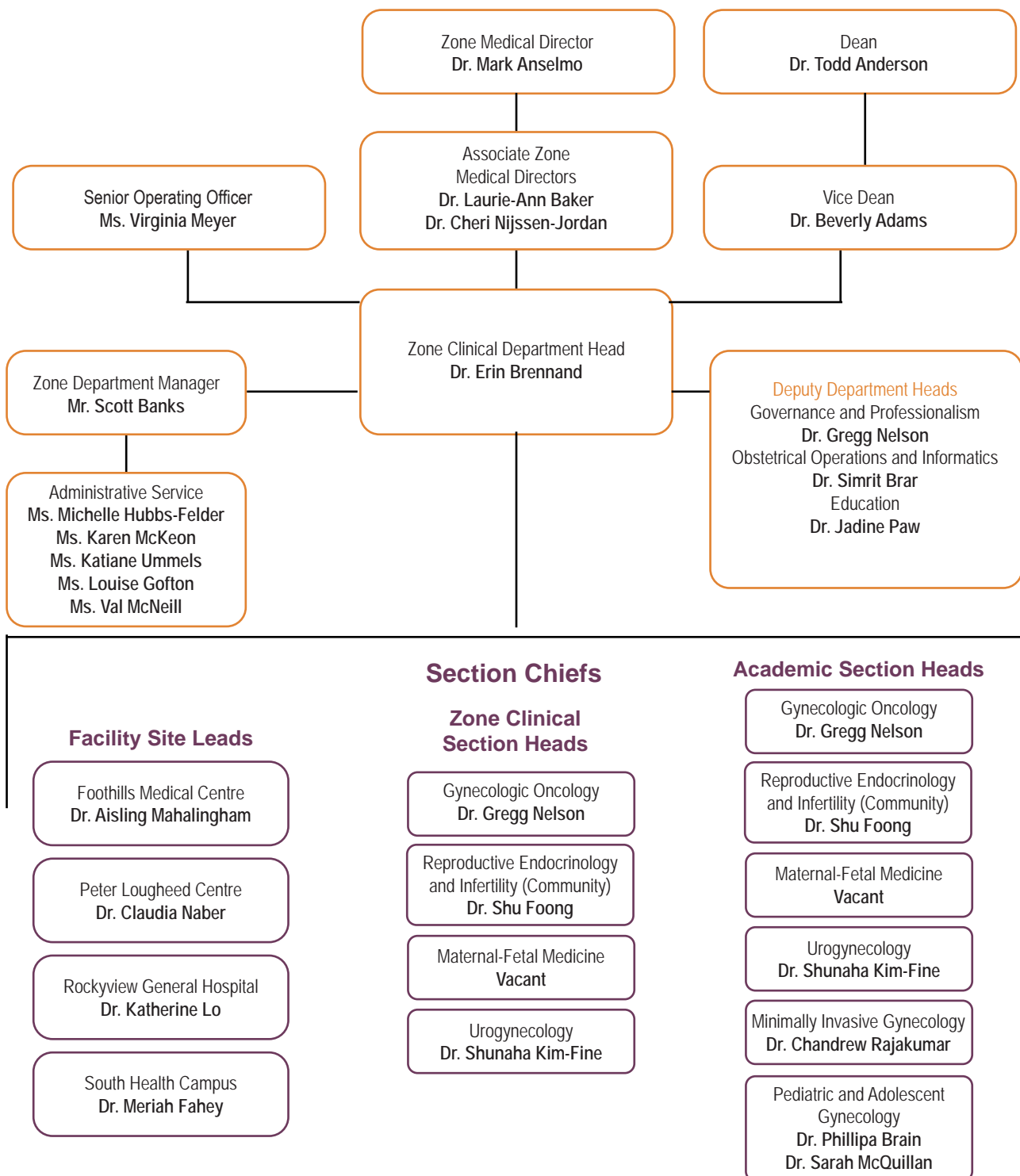
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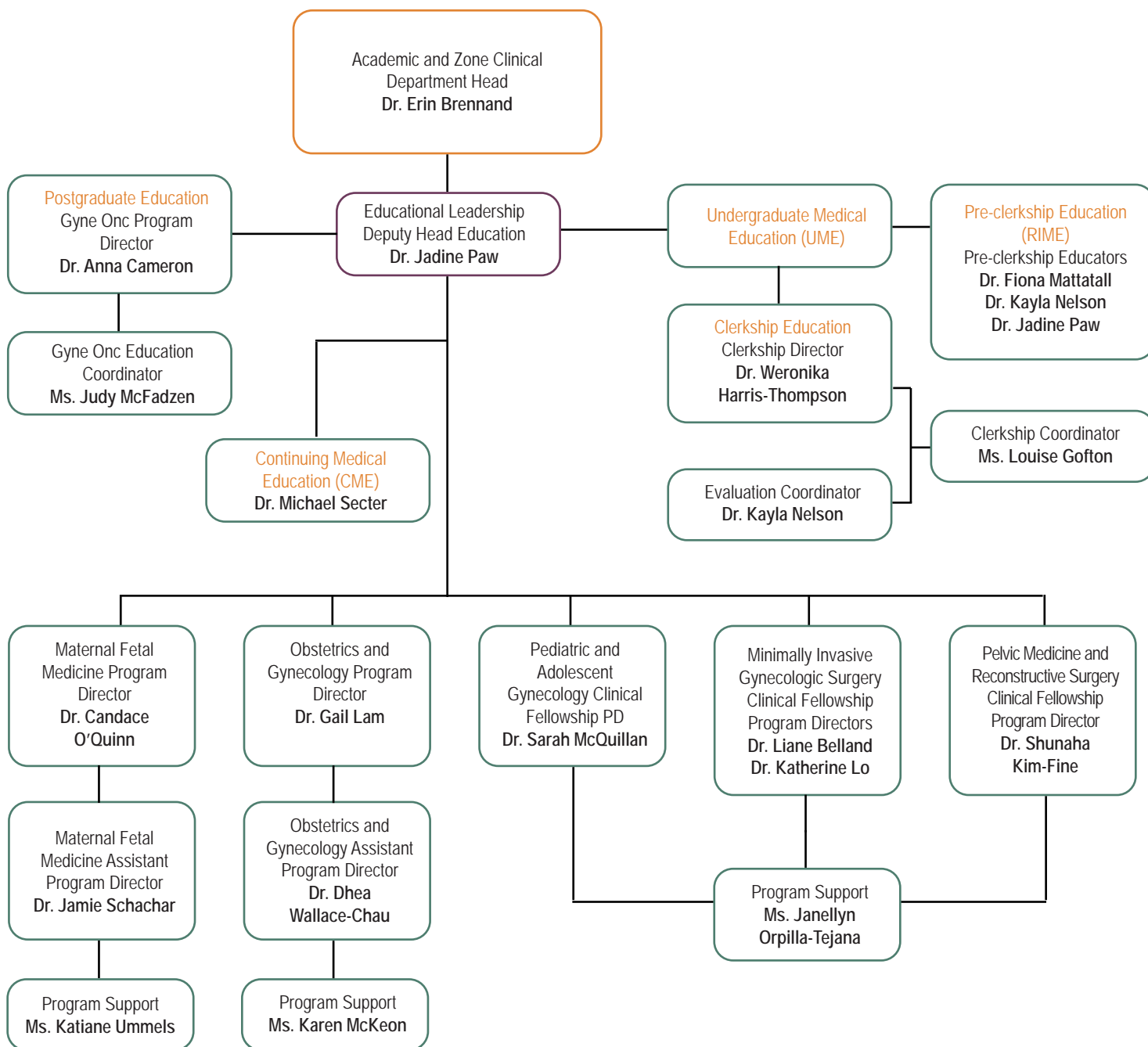
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# Organizational Charts – Leadership

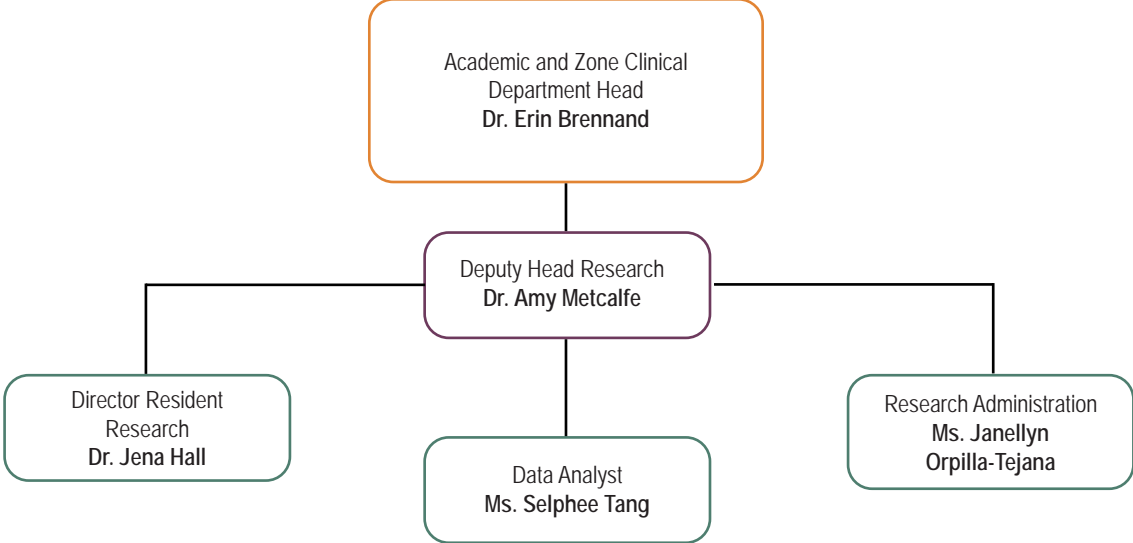




# Organizational Charts – Education



# Organizational Charts – Research



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