

UBC Department of Pathology and Laboratory Medicine Departmental Meeting Minutes

March 28th, 2017 at 2:00pm

1. Call to Order
The meeting was called to order at 3:01 PM by Dr. Mike Allard.
2. Approval of Agenda Items
The Agenda was circulated and approved, all in favour.
3. Approval of April 25, 2016 minutes
The minutes were circulated and approved at 2:02 PM.
4. **Department Head Report** – *Dr. Mike Allard*
 - ***Administrative Personnel Updates***
 - Human Resources Team
 - Recent changes to our HR team
 - **Rita Amisano** our HR Manager has moved to another position at Central UBC (Provost)
 - A replacement (**Yanny Yeung**) has recently been identified and will be starting very soon
 - **Samantha Miller** and **Sandra Izzard** continue in roles as HR Assistants.
 - Communications
 - ***Path at a Glance*** will be in online format only, with no more printed copies
 - ***Space Updates***
 - Changes Planned at JPPN 3
 - VGH's OR Renewal Project will force all units currently located in JPPN 3 to relocate, scheduled Feb/Mar 2018
 - The Pathology Education Center and the Ken Berry Reading Room (KBRR) will be amongst those impacted
 - FOM has now completed the Academic Space and Location Review and is beginning discussions with groups affected about plans; the intention remains to find under-utilized space within our current academic footprint and other space identified to accommodate the relocations
- Impact on Pathology and Laboratory Medicine Programs and Personnel
 - The Academic Space and Location Review has determined that the Pathology UBC Hospital Koerner Pavilion location will need to accommodate some of the relocations from PEC (e.g., Grad Program, OBER, Faculty)
 - As a result, some individuals currently located at Koerner Pavilion will be impacted by these relocations
 - Others (e.g. KBRR, Post-Grad Program) will be moved to the Diamond Health Care Centre
 - No changes to the Museum, people are impressed with our facility.

- ***Department Finances and Other Updates***

- The largest part of our revenue (\$26 million) comes from research
- Department controlled funds represented by the General Purpose Operating (GPO) (Grants/Operations) Fund – over \$4 million
- This year we are going to be in the red by about \$150K, this includes our historical carry forward balance

Summary

- A structural deficit continues although it has been reduced.
- The Carry Forward Balance has also been reduced and will likely be exhausted soon.
- Funds dedicated to salaries represent a very large portion of the department budget
- Unable to readily replace Faculty members that retire and instead use funds to pay for salary increases and other costs now downloaded to the department

Ongoing Possible Mitigating Strategies and Opportunities

- Continue to identify and implement operational efficiencies
- Openly discuss perspectives on retirement with Faculty and ensure they are aware of retirement options available
- Expand existing and/or develop new educational programs
- Consider implementation of program fees across educational programs and administrative fees related to accounts supported by the department

Questions/Comments:

Haydn Pritchard: We are running an operational deficit and it's fine as long as you have cash assets. What will happen once it runs out and you are really running into the red?

Mike Allard: Great question. We do have a larger carry forward that will take us through a couple more years. That's the reality from the overall budget. There are funds in this larger pool that we can call upon. We have an investment fund so we have some money there as well.

Mike Noble: Budget tables show a lot but they hide more than they can show but you had the chance to look at this. The singular problem with structural deficit is under revenue or a single part of the expenses. Can you identify the block that is the singular challenge?

Mike Allard: It probably resides in the salary situation. Faculty salary are single largest component of our total expenses. Annual compounded increases are 4.5%/year with a revenue stream that is not going up, but salary is going up. That's the single biggest problem. How do you deal with that? It's a challenge with no mandatory retirement. We are looking at other options.

Department Organization

- Department Executive: Terms of Reference (ToR) revised with expansion on membership. We will circulate before the next Departmental meeting
- Pathology Education Centre: with changes arises from the JPPN renovations, the position of Director will be reviewed
- Advisory Committee on Planning, Priorities, and Hiring: ToR be developed and committee established in the near future. Despite budgets we should still consider adding some new faculty to the department. We are going to have some difficult decisions and when opportunities arise we need some thoughtful input about what is the right way to go.

Department Recruitment/Retention Activities

- Faculty of Medicine Canada Research Chair Competition: involved in one Recruitment and one Retention application with external partners.
- Recruitment of a Chair in Spinal Cord Research: Recruitment of a new faculty member to an endowed Chair position based as ICORD.
- Impact of Departmental Budget: Financial impact for salary and benefit support of the relevant individuals is predicted to occur as early as 7-8 years and as late as 20 years. We will be working in partnership with people. FOM figure that by 7-8 years the situation should be better. It has no impact in the department controlled GPO in another 7 years.

• *UBC Strategic Directions*

- Process ongoing now. They have done consultation process and plan to continue more.
- Completion expected December 2017. Right now they have identified the following:

Eight draft strategic priorities:

- Local/regional/global
- Working across disciplines
- Creativity, innovation, and risk taking
- Engagement and reciprocity
- Our community and well-being
- Sustainability
- Indigeneity
- Diversity

Four Core Institutional Activities:

- Teaching and learning
- Research and scholarship
- Knowledge mobilization
- Institutional activities

<http://president.ubc.ca/strategic-initiatives/creating-our-strategic-plan/>

2016 – 2021 UBC Faculty of Medicine Strategic Plan

- Mission & Principles – Health through knowledge and innovation
 - Excellence
 - Engagement
 - Equity
 - Effectiveness
- Building the Future – Four transformative goals are outlined in the plan:
 - **Education:** Teaching, development, and mentoring of practitioner and scientists that can work together effectively in an evolving system
 - **Research:** Knowledge creation, translation, and exchange to gain insight and promote improved outcomes in patient and public health
 - **Organization:** Creation of a working environment that inspires innovation, strengthens academic and operational affiliation, and fosters agility.

- **Partnership:** Collective system leadership to help shape practices and policies for improved care of the population across the province.

Other Items:

- CBC Newsflash: Jimmy Pattison has donated \$75 million to the new St Paul's Hospital. The single largest donation by an individual to a medical centre. Not just focused in the acute hospital, will also support research.
- Administrative Leave from April 1st and will be back Oct. 1st. Don Brooks will be Acting Head.

5. **Programs Reports**

Bachelor of Medical Laboratory Science Program Report (BMLSc) – *Dr. Amanda Bradley* (provided report and presented report verbally)

Graduation

- 21 students will be graduating from the program in May
- BMLSc Awards Tea will be in the Vassar Room the afternoon of May 23 and students will receive their degrees at the convocation ceremony on May 24

Vancouver Summer Program – July 2017

- The Program will again offer a two-course package to a cohort of 30 international students with diverse educational backgrounds from China, the Philippines, Taiwan, and Singapore.
- Currently our package has the 2nd highest enrolment in the FOM VSP
- Course 1: Introduction to Medical Laboratory Science
- Course 2: Fundamental Techniques for Clinical and Medical Research Laboratories

Recognition of Teaching

- We thank all of our instructors for their dedication to teaching in the BMLSc Program
- Thank you to Michael Neerman for his three lectures in the PATH 407 Clinical Toxicology course , Hermann Ziltener for his many years of teaching the lipids section of the PATH 301 Basic and Physical Biochemistry course and to Cedric Carter for his many years teaching in the PATH 402 Hematopathology course

Acquired funding

- For small capital improvement of BMLSc lab (\$20 K to replace lab benches – work completed) from the Ministry of Health
- For AV system upgrades for G221; will be done this summer; funds from the UBC classrooms upgrades (UBC learning space committee).

Program Review

- In-house program review aiming to take stock of the existing program and guide decisions about curriculum changes and targeted improvements
- CTLT Strategic Curriculum Services is providing support
- Working Draft Learning Outcomes have been developed:
 - Program Learning outcomes are statements that define what a student should be able to do/know/value at the end of the BMLSc program
 - Course coordinators have articulated course-level learning outcomes
 - Course section leads have written section-level learning outcomes
- Next steps include mapping the current curriculum to the learning outcomes and making informed and strategic decisions on targeted improvements

Student Recruitment

- Joanne and I continue to work with FOM Communications & with UBC Enrolment Services to improve awareness of the Program & to reach more prospective students
- Info session for prospective students; 4th years present about BMLSc to UBC Sci
- Student and alumni interviews: 3 alumni were interviewed by FOM alumni affairs & recently a 4th year BMLSc student who won gold with her team in the International BIOMOD competition was interviewed by FOM communications

Questions/Comments:

Cheryl Tomalty: any feedback on the new introduction of providing cases studies for the BioChemistry Path 406?

Amanda Bradley: Course evaluations will be all summed up and all the teaching evaluations and that's where we will capture the students perspectives and will ask the people involved in the course and will get back to you.

Jennifer Xenakis: Dr. Pudek introduced the cases studies about 10 years ago, these are part of the courses. The students got some follow up information about how to proceed with presenting and giving their presentations but that got cleared up quite nicely.

Graduate Studies – Dr. Haydn Pritchard

- In terms of the graduate program is doing fine. All the information is communicated in the newsletter. Things are running smoothly as usual.
- Graduate and Post-Doctorate Studies Committee (GPSC) which runs the program. What we have done in the last few months, we have worked with the Faculty of Medicine and FOGS to normalize our formal approvals of clinical faculty and partner faculty who wish to supervise students. There was no formalized process in the past when dealing with partner appointments. The committee has reaffirmed UBC policy regarding the timeline for students in our graduate programs. A performance for time for students to advance to candidacy and to hold annual

supervisory committee meetings is 100% compliant. Our next focus is to normalize the maximum times permitted for completion the PhD and Master's degree. Details of these requirements were communicated to the students and supervisors and re-iterated in the newsletter.

- Our committee welcomes Hongling Luo to take over the post-doctoral fellow portfolio. Our first issue is to establish how we can help post-doc appointed only to research centres and not to UBC because if they don't hold UBC appointments they cannot hold UBC fellowship awards. There is a disadvantage of not holding a UBC appointment. Unlike faculty, they can have an appointment let's say with the Cancer Agency through PHSA but they cannot have a zero salary appointment in our department. We found a technical loop that we can work through that they can apply and if they are successful then we can do the appointment through UBC. We are just learning as the handling of post-doc fellows is new for us we are not quite sure what that footprint looks like.
- We have reviewed and renewed our Terms of Reference and these are currently being considered by the executives.

Questions/Comments:

Jennifer Xenakis: do we recognize any PI's who are successful at graduating master students or PhD students and if not or if so, is there some mentorship program for other PI's who are having difficulty with that task.

Haydn Pritchard: the first part of your question is from our committee "no". We should be doing that. We do a lot of mentoring one-on-one and support for faculty, particularly new faculty in our orientation program, particularly from Jacquie and Helene. I do "one-on-one" with them at their initiation. It's done informally and it seems to be pretty good. It's usually the established faculty that have forgotten how this all works and needs new education.

Michael Allard: Can you remind me the process for partners and clinical faculty?

Haydn Pritchard: In order to supervise graduate students you must be member of FOGS. If you are full time academic you are automatically a member. If you are a clinical faculty and you must apply and it's for a term. The challenge has become with the new partner appointments. The process is that there must be a faculty committee who reviews the CV's and make judgements as to whether they are suitable to supervise students. There are 4 level of supervision: just to sit on the committee, you need that approval. If you are supervising a master student you need an approval. If you are going to supervisor a PhD student, would you be requiring a co-supervisor for an inexperienced supervisor? There are different grade of approvals. Because we have our GPSC in place we are way ahead of the game and we have a checklist we go through. We look at the CV, we talk to the individual, and we approve them for supervision. You start with one approval and you would work through the program (it will take a few years).

David Huntsman: is there a process that senior Research Associates can now become committee members?

Hayden Pritchard: No, we have talked about this about our Post Doctorate Program. You must be a member of Graduate Studies to sit on one of these committees. We have always wanted to create career opportunities and career advancements for Research Associates and Post Docs and so over the next little while and with Honglin on board we are going to start looking at how we can do it. This will have to on an ad-hoc appointment on those committees. As far as we are concerned this would be great to have, particularly where a student is supervised really by the post doc or the Research Associate rather than the faculty member. Have them in the room to get their wisdom and help but also help them in their career development.

MD Undergraduate Education Program – *Dr. Michael Nimmo*

New curriculum in continuing be rolled out with the current medical students that started last year, now their 2nd year, they will be commencing their clinical rotations this coming June and there will be a transition period for them. The 4th year curriculum will include a transition into Post-Grad practice which will provide an opportunity hopefully to introduce some laboratory diagnostic information to them. The mapping of all the course objectives and the spiraling of the curriculum is being currently mapped out and should be available within the next 2 or 3 months. There's a new program called Intrata which allows people to identify where any particular subject matter is being provided. With respect to Pathology, that's the new curriculum. Interestingly we have increased the number of students who are interested in Pathology. I met with the PIGS (Pathology interest group students) and Dr. Allard, myself and some other people were there and it is interesting as it seems that Pathology is gaining a larger profile for some reason I am not sure why. That translated into a lot of applicants. Dr. Morin said is because of him. Honestly there was an increase interest in Pathology this year for applicants through the CARMS matching system and we had 41 applicants which is an all-time high and we interviewed 20 applicants. Very very strong competition. I am told by people who have been involved in residence training elsewhere that we are quite lucky at UBC that the interest expressed by medical students in Pathology is higher and we attract solid candidates from across the country. It continues to be rolled out, there are issue that are being identified with gaps. Those gaps will be addressed through the mapping process and re-introduced in 4th year. If anyone is interested in teaching in the MD Undergraduate Program you can go and identify what it's been provided, they are always looking for tutors for case base.

Residency Program and General Pathology – *Dr. Mike Nimmo*

Residency training, overall, again the programs are doing very well. I can only speak to General Pathology. Currently, as everyone is aware, throughout the province, there is a new lab system that is looking and has asked for information regarding when people are retiring, how many people are currently involved in the various training programs with an eye to trying to ensure continual supply of pathology experts, whether they be in the MD or PhD, Masters' realm. Those are going on, as far as the General Pathology is concerned. The General Pathology residency training program, this is an issue that has been identified with respect to whether or not general pathologists would be employable in various locations throughout the province. Certain health authorities have identified

that they are more interested in hiring specialty pathologists rather than general pathologists and currently we have no one in our residency training program. We would be assessing over the next couple of months whether or not whether we would put it into moth balls and just have it on the books as opposed to actually have anyone in the program, that's something that needs to be determined.

Questions/Comments:

Sam Krikler: small observation that has come to my attention. A learning source, a very good friend of mine, who is a professor of pathology in London and happens to have a research chair in Oxford is now running a nice tweeter feed call @UGpathology and he's tweeting regularly short questions or slides with obvious findings on them, and I think students might find this of value.

Anatomical Pathology - *Dr. Diana Ionescu* (verbal report provided by Dr. Mike Nimmo)

The 40 something applicants went to Anatomical Pathology and very strong applicants. We filled all of our positions. With respect to residency training maybe 7 or 8 years ago with the expansion of the medical school program they increased the number of post grads residency positions and at that time the Post Grad Dean's Office couldn't give those away. They simply had too many positions. At that time we switched from our traditional model which was having 4-5 laboratory medicine positions to having 4-5 anatomic general pathology program positions, 1 medical biochemistry, 1 hemapathologist, 1 medical microbiologist position. Now that is ingrained in the system, however this past year we could have done with another position in anatomical pathology but it has gone back to the old system where as those medical students have come through, the other programs have also expanded. The extra positions that may be available through the Post Grad Dean's Office are actively sought by a large number of residency training program not just pathology and consequently it is competitive to try to get those positions. There's a committee that struck through the Post Grad Dean, called the Allocation Committee, that allocates the positions, I believe it might have government representatives on the committee and also members of the community to try to address societal needs but if we want to increase the number of positions to mirror what is going on in pathology, increase in demand for pathologists, we will have to go through that committee to try and get new positions allocated.

As far as Anatomical Pathology is concerned the CARMS match went well. All our residency seem to be performing well, our recent graduates will be completing their training. 2 are doing fellowships, 1 is employed in Abbotsford, and 1 is employed in Edmonton. The current graduates are all ready to sit their exams and are studying madly. Hopefully they will all be successful on their exams.

Also, to re-iterate what has been already circulated, the Program Director for Anatomical Pathology will be Brian Skinnider commencing July 1st.

Questions/Comments:

Hanh Huyhn: just to add to the MDUP, thanks to Mike, in the last 2 years with his dedication, the reason why we get more exposure in the student undergrad specially 1st and 2nd year histopathology, it has always been very successful when Mike was present. We would like to have more input on that. Also, from the recent exam last Friday, we got envy from the other sites that they don't have enough pathologists helping out with the histopathology so if pathologists at other sites such as Victoria, Prince George or Kelowna would like to get involved in histopathology teaching that's one of the place that we can really expose our specialty. In regards to CBL, I am the year 1 VFMP Site Director and we have a desperate need for tutors in the 1st term for the 1st year and I am also one of the 2 tutors for training of these new CBL tutors. If any of us is interested in participating in CBL tutoring particularly 1st term 1st year which is about August to December, please email me and I will be more than happy to accommodate that. Within 5 weeks you get about 30 hours of teaching. I think Patrick Doyle has been regularly involved in that and I just reviewed his student evaluations and he got excellent reviews from his students.

Helene Cote: am I correct to think that for CBL, RA's and Post Docs are also potential tutors?

Hahn Huyhn: yes Research Associates and PDF's as long as they have their PhD and because of the budget the faculty of medicine would love it if we didn't have to pay, but if we need to pay it would be during the first term. We need about 36 tutors every 5 weeks and we couldn't get enough people. But first to be involved in the tutoring they need to be trained in the CBL process. Barry Mason and I, we have shorten the process, rather than two ½ days, we actually pilot this past year, which is 1 session 4 hours and it works quite well. The first training session will be in the 3rd week of August of this coming year.

Mike Nimmo: one thing I thought Mike, with respect to the residency training program, it's not just for Anatomical Pathology but it applies to all programs, people have probably heard that we will be switching to competency based programs and those will be rolled out, luckily pathology is not one of the pilot programs, so other programs for example anesthesiology are already starting to experience competency based. From my perspective, I think Anatomic Pathology blends itself to competency based because we double scope and we see what people see. With respect to the clinical pathology specialties they may be a little more difficult, I am not sure. It will be very interesting to see how this competency based model is received by various programs.

Mike Allard: just a couple of comments, it's great to hear the interest of pathology by the students and I think the new curriculum seems to be providing us lots of opportunities. Hahn described the histopathology course that can be elsewhere, the case based learning is another opportunity and then there is this other thing that is the Flexible Learning Initiative that students go through and do a directed studies type project, and it's open and wide to anybody and everybody and it's great way to have them exposed to what we do in pathology, whether it is in a research setting or in a clinical setting. And the other thing that I learned the other day at the Department Head's meeting is also you will have an opportunity if you choose to be a portfolio coach. It's basically a mentor position for a small group of medical students and is applicable to MD's and PhD's but it's another

opportunity to go to have some training and commit. They were not quite certain of the time commitment but it's a yearlong commitment. There are many opportunities for pathology folks to interact with students in the MD undergraduate.

Neuropathology Residency Program report – *Dr. Ian Mackenzie*

Nothing to report

Medical Biochemistry Residency Training Program – *Dr. Mari De Marco & Dr. Sophia Wong* (verbal report provided by Dr. Sophia Wong)

Starting on July 1st 2017, we will be moving from a 5-year primary residency program to a 2-year fellowship program as a subspecialty of internal medicine. Any future applicants to our program will have to first complete 3 years of internal medicine, and will have to apply via the CaRMS Subspecialty Match. We have 1 resident, Catherine Cheng, starting on July 1st. Catherine has completed 3 years of internal medicine. She will be writing her Royal College IM exam in her 4th year and the MB exam in her 5th year.

Medical Microbiology – *Dr. Chris Lowe*

The program underwent a UBC internal review a couple of weeks ago and so we are waiting for feedback but by accounts it seems to have gone pretty well. CARMS matching also completed. We did get a first round applicant that will be starting in July and very happy to get another med micro resident through CARMS and finally we have 2 residents that will be sitting for the Royal College exam this year upcoming in May.

Transfusion Medicine – *Dr. Karen Dallas*

Nothing to report

Hematopathology – *Dr. Suzanne Vercauteren*

I have a very similar report as Chris. We also had the internal review in January and things look fairly positive so we are waiting for the official report. We have a first CARMS match applicant starting July 1st Eric McGuiness as well as a non-Canadian resident as well, so we have 2 starting in July 1st. We have 3 residents writing this year and 2 of them have already secured jobs, the 3rd one has to make up 4 or 5 months of her residency so she will finish a little bit later. I am working closely with Tracy Tucker at the moment to set up the molecular block for hematopathology which is now a 2 block requirement for the Royal College. I went to Ottawa to the hematopathology subspecialty to talk about the competency by design based residency program which we have to work towards to. Lastly we had an annual mock exam which we give to all our residents and as expected people who are doing their graduation this year are looking very good and people in their earlier years still have some work to do.

Genomics and Bioinformatics – Dr. Sohrab Shah and Dr. Stephen Yip

Nothing to report

Mike Allard: one of the things that has become abundantly clear, no surprise to anybody, is that pathology trainees need to know about molecular pathology, genomics in the broad sense, so some time ago, Stephen Yip and Sohrab Shah created a relative high level week long genomics bioinformatics course for the residency program and the long term goal was to create a curriculum for all of the specialties and you heard Suzanne allude to the fact that there is 2-month requirement now in hempath and other specialty programs. Tracy Tucker with Stephen Yip have undertaken developing a more fundamental basic introductory course because it was pretty clear that across the residency program and the residents has a broad broad range of understanding expertise. Some had very little and some had a lot so it became clear that they need it sort of a boot camp style process. Tracy has been doing that and her plan is to have that week sometime within this first year (first week of July) and it's potentially going to be attended by graduate students. I can tell you I was somewhere else and I was mentioning this to a practicing pathologist and he was very interested because of course it will impact them as well, and so you have a very high level course and a basic introductory course and the evolution is to have this expand all 4 years so we will actually have a full on curriculum for training in this area. Hats off to those people and thanks to them, I think it's a really big advanced so I wish they were here to answer your questions.

Haydn Pritchard: I really support this, I have always been looking for opportunities where the graduate students and the residents can sit in the same room with shared goals. There are also administrative challenges in getting the courses recognized through the university, the 700-level courses for the residents and 500-level courses for the students with separate curriculum but with have an excellent curriculum committee led by Jacquie who is going to sort that out for us.

Pathology Education Centre – Dr. Maria Issa (provided written report)
PALS, SPROT, PATD, MDUG, Mentorship, Path Day & Arts Gala:

As you know, UBC has been placing increasing emphasis on good teaching: not just on the “delivering” lectures component but on students’ learning. Student learning means answering the question “after my class, what key concepts should the students come away with?” To deliver on that promise – as in “UBC, Place and Promise” - each department now has a Summative Peer Review of Teaching (the famous SPROT) committee that reviews each postulant’s Teaching Dossier as part of the promotion and tenure process. (Inadequate TD = no promotion).

The TD has *quantity* and *quality* components. *Quantity* is easy to measure: an individual’s teaching load in various areas has to be within the normal departmental range. *Quality* is much more difficult to assess: student reviews are less than objective – they can love or hate you – for either the right or the wrong reasons. This is where Peer Review of Teaching comes in. The department offers a Peer Assisted Teaching Development process whereby colleagues come to your classes and provide constructive, collegial feedback. This feedback is a learning and service opportunity for the reviewers and the person being reviewed, as well as providing material for the TD.

It is expected that people aspiring to be promoted have their teaching reviewed regularly as SAC likes to see “improvement”. To provide the reviewers necessary, we need the people and the training. The ‘people’ are those who have been reviewed – they must participate in the same process for their colleagues. The ‘training’ – the department will provide in the form of a workshop on June 12, at VGH, 9:30 – 12:30, DHCC 9299. You will soon receive an email with a registration link – please register early as spaces are limited!

Questions/Comments:

Mike Allard: I’ve to thank Maria for organizing this because again, one it gives opportunity for people to participate in this and I think by being a peer evaluator, learning the process, you probably become a better teacher but also, it’s an important process for both our academic and clinical faculty. If you are a clinical faculty person and you want to go for promotion you have to have peer evaluation, same is said for academic faculty, so it expands our whole spectrum of people.

6. **Site Reports**

St. Paul’s Hospital – Dr. Martin Trotter (provided written report)

1. **The New St. Paul’s.** Planning for the new St. Paul’s Hospital is now in the phase of indicative design involving floor plans and adjacencies at 1:200 scale in preparation for a full business case and selection of an architect. Although formally “out-of-scope” for the project, plans for the adjacent research building and medical officer tower are also proceeding well. The laboratory is located on the 2nd floor of the acute care building and lab space/design planning is going forward to support the full scope of the clinical services plan and the functional plan as submitted to the Ministry of Health in January 2017.
2. **Laboratory Physician Clinical Services Contract.** The lab physicians group has almost concluded negotiations of a new clinical services contract with Providence Health Care.
3. **New Laboratory Physicians.** Four new laboratory physicians will be joining us at St. Paul’s Hospital this summer.
Dr. Audi Setiadi (Vancouver, BC) – Hematopathology
Dr. Susanna McRae (Calgary, AB) – Renal Pathology
Dr. Janet Simons (Hamilton, ON) – Medical Biochemistry
Dr. Lik Hang Lee (Abbotsford, BC) – Anatomic Pathology
4. **Regional Department Head.** Dr. Blake Gilks is now the Regional Department Head and Medical Director, Pathology and Laboratory Medicine for Vancouver Coastal Health and Providence Health Care
5. **Transfusion Medicine Area of Focused Competence.** Dr. Karen Dallas has assumed the role of Program Director of the TM AFC Diploma Program at UBC.

VCH – Dr. Blake Gilks

Nothing to report

C&W – Dr. Deborah McFadden (provided written report)

- The Department review was completed and the reviewers' report was very positive. The recommendations have been reviewed and supported at C&W MAC and will be presented to PHSA Board on April 26
- Dr. Vilte Barakauskas (PI) and Dr. Benjamin Jung (Co-PI) are among the successful recipients of the BC Children's Hospital Research Institute's Healthy Starts Catalyst grants for their work on establishing pregnancy reference intervals *PRISM - Pregnancy Reference Intervals for Safe Medicine* \$40,000, 2-year term
- Dr. Barakauskas has also been awarded a CIHR Operating grant: Analyses of existing cohorts and databases – IHDCYH \$68,230 for 1 year. CW co-applicants: Drs. W-S Chan, B. Jung, L. Wang. CW co-investigators: Hilary Vallance
- The C&W Department of Pathology & Laboratory Medicine annual microgrant was awarded to Drs. Graham Sinclair (PI) and department Co-Investigators: Drs. Andy DeSouza and Bojana Rakic for their project: *The impact of pre-analytical variables on combined targeted/untargeted metabolomics assays for the investigation of inborn errors of metabolism.*
- In 2016, Dr. David Goldfarb has been awarded a number of grants to add to his ongoing work in Nunavut and Africa including:
 - International Development Research Centre, Canada. *Integrating a Neonatal Health Care Package in Malawi* Co-PI \$1,000,000 CAN
 - BC Children's Foundation. *Post-discharge readmission and mortality among children being repatriated to northern communities: Derivation of prediction models* PI \$30,000 CAN
 - Grand Challenges Canada. *Optimization of the management of acute diarrheal disease in children* Co-PI \$475,000 CAN
- Consultation work for the Pediatric/Perinatal Pathology & Laboratory Medicine Tiers of Service module is completed. The module is now ready to submit to Child Health BC Steering Committee, Perinatal Services BC Steering Committee, and the Regional Leadership Committee of the Provincial Lab Agency for "acceptance".

Fraser Health Authority (FHA) – Dr. Sam Krikler (provided written report)

Members of the department continue to participate in Residency training and undergraduate teaching.

Collectively, 50 weeks of residency training were conducted in FHA (across all the specialties) during the past 12 months. Case discussions, participation in rounds and "in-service" sessions amounted to approximately 80 hours over the past year.

Undergraduate teaching included "blocks" (e.g. MD Hematology) and lectures to interns (mainly at Royal Columbian Hospital) accounting for some 20 hours over the last 12 months. Dr Michelle Wong has completed her 3-year commitment in Hematology and Dr Susan Roman "retired" from a 10 year contribution to Medical Microbiology in the MD program. We thank them very much indeed for their efforts and contribution.

A major constraint on teaching has been the growth in clinical workload which is approximately 6% annually (compounding). Four new Clinical Pathology positions were awarded as a result of the Provincial Workload project in 2016. We hope to have these filled by July, 2017. Signed contracts are in place for start times later this year.

Plans are underway to start a Surgical Pathology fellowship (based at Royal Columbian Hospital) next year. This will not incur any financial expense for UBC. Programs like this are available in other centres across North America and there appears to be considerable interest in the pathology community.

Collaborative research continues in many areas including a number of myeloma and lymphoma studies.

An exciting new opportunity to participate in the “FIBRES” study (multi-centre comparison trial of cryoprecipitate vs fibrinogen concentrate in open heart surgery) has just been confirmed.

Just a final announcement is that we are establishing a general surgical pathology fellowship at the Columbian which should be launched next year and will be advertised later this year and we are quite excited about this and there seems to be a lot of interest in the pathology community. Spread the word if anyone knows of any young pathologist who is interested in expanding their experience in general surgical pathology type setting.

BCCA – *Dr. Dirk van Niekerk*

Nothing to report

BC Centre for Disease Control – *Dr. Mel Krajden*

Nothing to report

Kelowna – *Dr. Robert Coupland*

Nothing to report

Victoria – *Dr. Gordon Hoag*

Nothing to report

Prince George – *Dr. Justin Lo*

Nothing to report

UBC CAIRS Report – *Dr. Mike Noble*

At the last meeting I raised the issue of the number of accidents and injuries that were occurring in our department and these now being recorded through the UBC Risk Management Coordinated Accidents Injuries Report System (CAIRS) and there is an increasing pattern from 3 in a year up to 16 accidents and injuries last year and I committed to continued following up. If you look at the next slide, you can see how we went from 3 reported events in one year up to 15. They are pretty equally distributed although they are a substantial number in the staff compared to the other groups. If there was a commonality of those it was accidents and injuries clearly associated with inattention, sharps, as a larger group, animal bites, clearly people making mistakes. So if you go to the next slide, I thought I was going to come with a good news story that the problem just got taken care of itself and all went away on its own but in the first 6 months we are keeping track in the same thing is

happening – inattention issues, sharps. We have one spectacular, near-missed with the fire, a lot of inattention mistakes being made and that's a problem. And if that's the message that we are giving graduate students that's kind of okay, that's not okay. I am not sure how one we can train inattention out of people, but it clearly seems to be a problem with this group. Unfortunately, uniquely, UBC created this software on its own and it's not available in any other university in Canada to the best of my knowledge I can't find something equivalent in the USA. Work Safe BC will not release information from clinical hospitals so we stand alone in collecting this information. But if we think of the number of graduate students that we have and the number of staff we have we can at least come up with our own conclusion as to the number or proportion of individuals who are doing injuries to themselves and to other through inattention.

Questions/Comments:

Dana Devine: do you have data to be able to compare what we are doing relative to department of medicine, are we way out of line or are we benchmarking similarly to other departments on campus?

Mike Noble: we kind of shamed risk management in to now putting out a global information so as far as I know we are the only department that is specifically looking at this.

Helene Cote: I would like to add a personal impression, we are better at reporting.

Mike Noble: With respect, I think you are wrong and I will tell you why you are wrong. These are collected from individuals who have done damage to themselves and others and who understand that if they don't report then there's no Worker's Compensation record and if things happen after the fact then there are problems and so I suspect that knowledge, that concept is true throughout other departments as well. If you don't report and then you have a problem downstream then you have done yourself a significant problem. I don't think it is us over-reporting or us being overly cautious. I suspect that those numbers are after we have taken the face value.

Helene Cote: I will speak personally after having to convince people to report that didn't want to report, several times.

Haydn Pritchard: Mike Noble, every time I talk to you I learn and you give me something I never thought about before and I am actually going to bounce off my question to Amanda. You have a column there that says "students" and then the next column it says "Immediate WSBC Injury Claim" and to my horror I thought, well, are most students covered by Work Safe BC because they are not employees.

Jennifer Xenakis: Students that are working or volunteering, are covered through the university services. You can't just have a student come in to your lab without any paper work. In answer to Dana's question, there are other departments on campus that have much higher injury rates but

they are quote on quote more dangerous departments. Student Health and Hospitality Services has a higher level of injury rate, because they are serving food. Chemistry has a much higher rate than we do, and as Mike said, we can't really compare because there are no other areas that are actually compiling these kinds of data. But students are covered when they are working or volunteering.

Mike Noble: And the students are paid students or graduate students?

Helen Cote: I am assuming summer and co-op students are covered since we pay them?

Aileen To: I assume if they are volunteering and they have the proper paperwork then they would be covered. I am not sure about the BMLSc students.

Dana Devine: When I used to run Path 438 we went through that examination and students that were working in the lab were covered.

Mike Allard: I am guessing that if you are part of a formalized program of study that you would be covered but we should follow up on that.

Haydn Pritchard: many of us interact with different groups all around the world, it's very common for students to be the communicators of materials or work and students arriving in our labs and spend some time with us that they must be appointed as a visiting student. There are number of reasons – it's an easy administrative route to do so, we usually ignore it historically, but I think this is an example why we must not so, I think some education about that to all of our supervisors is important.

Jennifer Xenakis: one more clarification, so every student can be covered, every student can appear in this report, and only students that are being paid will have WSBC coverage.

7. New Business

No New Business

8. Adjournment

The meeting was adjourned at 3:15 PM.