



UNIVERSITY OF SASKATCHEWAN
College of Medicine
DEPARTMENT OF OBSTETRICS, GYNECOLOGY
AND REPRODUCTIVE SCIENCES
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2016

Obstetrics, Gynecology & Reproductive Sciences

Annual Departmental Report



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Academic



John Thiel

I will always remember the year 2016 as the one in which I celebrated 20 years as a Gynecologist, and also the year that I made a major shift in my career focus in accepting a five year appointment as the Unified Department Head in Obstetrics and Gynecology. As the only Unified Department Head in the College of Medicine not based in Saskatoon, it means many more weekly drives from Regina. That small inconvenience is more than compensated for by the opportunity to continue to work with the entire group of outstanding Obstetrician/Gynecologist clinicians and educators in the province.

Accreditation issues continued to drive much of the change in both our undergraduate and postgraduate programs this year. Our postgraduate program directors were very quick to address the issues identified by the Royal College accreditation process, and we fully expect to receive a full accreditation rating when the program is reassessed in a year. The College of Medicine received full accreditation and will undergo a mock accreditation visit in early 2017 with a full accreditation visit in October of next year. Changes continue to be made to address issues across all aspects of undergraduate education from curriculum to call rooms. With the addition of an in house Family Physician and the tireless and enthusiastic work of our Nurse Coordinators, our clerkship rotation continues to improve and receive excellent ratings by the students.

Dr. Melissa Mirosh took on the role of Clerkship Coordinator this year and faced with almost double the number of clerks due to a curriculum change, she and Dr. Rashmi Bhargava in Regina did an outstanding job ensuring all of the students were exposed to all aspects of the specialty and met the objectives of their rotation.

The program was also pleased to welcome Dr. Nerissa Tyson in Saskatoon and Dr. Amos Akinbiyi in Regina to the Academic Leadership team as they took on the role of Off Service Resident Coordinators. They will ensure that all postgraduate Royal College residents and Family Medicine residents are appropriately oriented, supervised and evaluated. We welcomed Dr. Emmanuel Kawa to the department in a new role. He is the first Gynecologic

Oncology Clinical Associate, located in the Saskatoon Health region. He will work closely with the two gynecologic oncologists in delivering clinical care, assisting in the operating theater and providing some teaching to residents and medical students.

One aspect of our department that continues to grow is a true sense of being one provincial department on several sites. There has been considerable interaction and work between the Minimally Invasive surgeons between Regina and Saskatoon, working both on research related surgical cases and complex procedures. The Maternal Fetal Medicine group met to discuss a number of provincial initiatives and projects, and plan to continue to meet as a group every six months.

The first retreat of the provincial faculty was held in the fall in Saskatoon. The main focus of the retreat was an update on the change to a competency based residency program and what this will mean for teachers. Dr. Jason Frank joined us by the miracle of Skype, answered many questions and allayed many concerns. There was also ample time at the evening social to relax and catch up with friends.

In keeping with the provincial department theme, our Department sponsored the Second Annual Patient Conference on Endometriosis and Chronic Pelvic Pain in Regina. There were a number of presentations on alternatives to manage pain including the use of medical cannabis, role of exercise, mindfulness meditation and yoga. The keynote speaker was Dr. Sony Singh from the University of Ottawa. His insight and empathy were very well received by the patients and medical professionals in attendance.

Our department was pleased to present the second annual Dr. Keith Crocker Memorial Lecture. The invited speaker this year was Dr. Don Wilson from the University of Calgary. Dr. Wilson was the first aboriginal Obstetrician Gynecologist in Canada, and is a member of the Heiltsuk Nation located on the north central coast of British Columbia. His lecture, Aboriginal Health: Vulnerability and Resilience, drew on his personal experience to highlight some of the problems and solutions common to the aboriginal experience with the health care system.

We did not make any additions to our faculty numbers in 2016 although I worked closely with the Clinical Heads on both sites in drawing up a plan for generalist and sub-specialist numbers that we feel will meet the clinical needs of patients, and address the demands that will be upcoming with retirements and changes in practice volumes. We look forward to welcoming an influx of new members in the upcoming year.

After a long and very productive career, Dr. Femi Olatunbosun decided to leave his clinical practice at the close of this year. As one of those fortunate enough to have been taught by him, I think I speak for all when I say that his clinical acumen and gentle manner will be missed by students and patients. He has been awarded the rank of Professor Emeritus by the University of Saskatchewan, and he will continue his research program as well as his work with the World Health Organization.

It was my great pleasure this year to nominate my friend, colleague and clinical chair in Regina, Dr. Corrine Jabs for the College of Physicians and Surgeons of Saskatchewan Dennis Kendel Distinguished Service Award. Dr. Jabs received the award in the fall in recognition of her work as a medical administrator, as an innovator and as a tireless advocate for the timely and ever improving care of women in Saskatchewan.

As this year draws to a close, the usual challenges lie in front of the department. Funding, patient access, changing attitudes of students, accreditations, new approaches to curriculum delivery and assessment, faculty engagement, increasing research output, acquisition of new equipment, recruitment; I should stop there, the list is getting onerous. Each issue needs time and expertise to be analyzed and addressed, which makes me very happy to be working with such a dedicated and engaged team of clinical heads, academic leads, researchers, teachers, clinicians and learners. I have no doubt we will continue to successfully tackle each of these challenges in the upcoming year. Cheers.

Postgraduate Education Saskatoon

Matt Schubert



This past year our focus has been on improving our program as guided by both the 2015 Accreditation Survey by the Royal College, and our own vision for the future. Now that we have some experience our plans are starting to extend well beyond the completion of the next block.

Eleven of the thirteen observations of areas for improvement have been substantially dealt with. The remaining two, both service components, are longstanding and ingrained, however we are making great inroads.

Improvements we have made include the repatriation of the Reproductive Endocrinology and Infertility Program. Academic Half Day has been overhauled with an emphasis on a two year rotation of topics where we are featuring those considered best qualified leading the presentations. With the resident assigned supporting the session there has been a vast improvement.

Our program continues to be managed closely in both Saskatoon and Regina by the Program Directors with input from pretty well everyone! In our minds suggestions, while not always adopted, indicate an ongoing interest in our residents and program.

Our success with our final year residents continues, this year Drs. Jenkins, Lane and Swan made us proud! The 'high stakes exams' always give us a moment to remember this year was a good one.

CaRMs continues to be a highlight in our year! We have many applicants (>75) each year for our four positions, similar numbers for Regina's two. We make it a point to rank only those we believe will be a good match while passing over the others. We don't just want bodies in a position. Because of the high standard we were only able to fill three spots. The last was filled by a very capable physician in the second round. These candidates just aren't available in the first round. Although it was a lot of work, it was well worth it to maintain a high standard.

Our annual foray to Society of Obstetricians and Gynecologists of Canada (SOGC) was well attended, as was the annual night out for dinner with the gang. This was followed by our annual program retreat at St. Michaels in Lumsden. I was worried it was a little too spartan, but the residents tolerated the venue well. We concentrated on the accreditation survey, and a lot was accomplished. Next year we will again focus on team building.

Lastly this program enjoys incredible support from too many to single out, however there are some players to mention. We could not run our second site without the leadership of Darrien Rattray, and the support of John Thiel. The logistical part of the program would grind to a halt without Marj and Darlene. The attending staff throughout the province have been great (especially RPC members), and of course we depend on the residents to be active participants. We thank them all, and apologize to the others missed!



Postgraduate Education Regina

Darrien Rattray



It has been another successful year in the postgraduate program in Regina. There have been several positive changes in the program over the past year including the revamping of Academic Half Day, addition of formal simulation sessions, increased interest in surgical video productions, resident driven CanMED sessions, and the addition of a resident-lead Early Pregnancy Assessment Clinic. Many of these modifications have been in response to the recent external review by the Royal College, and have ignited a drive for positive changes within both faculty and residents.

The newly structured Academic Half Days are now lead by the attending faculty member with support provided by an assigned resident. This has greatly improved the quality of teaching on Friday afternoons, and has been met with great reviews from the residents. In an attempt to increase awareness of the CanMED competencies, each half day is broken down into its appropriate roles. Within the half day schedule formal simulation sessions have been added as well. This past year we have covered simulations of colposcopy & LEEPs, post-operative complications with laparoscopic suturing, laparoscopic management of ectopic pregnancies, eclampsia, amniotic fluid embolism, and breech vaginal deliveries. Once again, the purpose of these simulation sessions is two-fold. First, to improve surgical skills and technical aspects. Second, to ensure the resident's exposure to the "high acuity, low frequency" events that are the hallmark of our speciality. We have placed an increased emphasis on the CanMED competencies within the SIM program as well, and have included things like patient counselling, collaboration with a multi-disciplinary team and conflict resolution.

Under the leadership of Dr. Jabs, the RQHR has developed an Early Pregnancy Assessment Clinic (EPAC) which has received much positive media attention and responses from patients. I am proud to say that a large part of the success of this clinic is due to the way that the residents in our program have taken on a strong leadership role. Their staffing of this clinic has resulted in improved access for women with threatened, missed and incomplete abortions, and early ectopics. Their prompt and thorough assessments of these patients has greatly improved the quality of care for the patients of southern Saskatchewan.

The Regina site has had a very successful year in the area of resident research and presentations. The past year has had an emphasis on the production and presentation of surgical videos. Several Regina residents and medical students successfully edited, submitted, and presented surgical videos at multiple national and international conferences including the European Society of Gynecologic Endoscopy (ESGE), the Canadian Society for the Advancement of Gynecologic Excellence (CanSAGE), and the American Association of Gynecologic Laparoscopists (AAGL). Many of these projects were done over and above the research requirements of our program, highlighting the work ethic and commitment of our resident colleagues.

I would like to thank all of you once again for your continued dedication to resident education. You make my job easy.

Chief Resident Report

Paige Grenier



The 2015-2016 academic year saw significant positive growth and development in our residency program. As a resident group, we continue to benefit from high volumes and early exposure in both general obstetrics and gynecology and sub-specialty areas. One of our program's major strengths is the level of experience and breadth of knowledge that we are able to gain on the busy labour and delivery floors at Royal University Hospital in Saskatoon and Regina General Hospital in Regina. We work with many faculty members, often in a one-on-one environment, and glean the clinical pearls that they have accumulated over their careers.

Early involvement in clinical care starts right away in PGY1, with introductory rotations to obstetrics in Saskatoon and Regina, as well as general Obs/Gyn rotations in regional centres. This distributed model, whereby residents have the opportunity to learn from community faculty in smaller environments, is another great strength of our program at the University of Saskatchewan. Residents love these community rotations, and we look forward to creating an optional longitudinal experience in community Obs/Gyn for senior residents.

Our resident group is also very lucky to have access to state of the art gynecologic teaching, equipment and learning experiences. We are given ample opportunities very early in our training to participate in gynecologic surgical procedures, and in particular we have excellent access to faculty members who are experts in minimally invasive surgery. Similarly, we are privileged to work closely with nationally recognized experts and researchers in other subspecialty areas like gynecologic oncology, Maternal Fetal Medicine, urogynecology, and REI.

Residents in Saskatoon have the opportunity to participate in minimally invasive procedures at the City Hospital Women's Health Centre, which is a model of excellence in outpatient procedural care throughout Canada. Regina residents have recently begun working in a brand new Early Pregnancy Assessment Clinic, as an expansion of women's health care in their centre. We also have the benefit of high quality simulation centers in both Regina and

Saskatoon. Over the past year, simulation sessions have become an integral (and fun!) part of our training in rare and emergent obstetrical and gynecologic problems.

Some of the biggest changes in our residency program during the 2015-16 year were in the academic realms. We continue to see huge improvements in our research productivity, with the addition of a new research committee, dedicated staff to assist residents with research activities, and furthering of resident-faculty collaborative relationships. Our research day has become an annual event to look forward to. It is modeled after high caliber academic meetings, highlighting research from within our department and related research from outside our department. We are fortunate to have half a day of protected weekly academic time, in addition to dedicated teaching time almost every day. A group of our residents worked hard to reinvent what is now a well-organized, longitudinal academic program. The new academic half day schedule stretches over two years, covering Royal College Objectives of training and CanMeds roles, and even includes time to focus on resident wellness and team building.

We are so excited about the great things happening in our program, and can't wait to see what 2017 brings!

Paige Grenier, Chief Resident, on behalf of the 2016-17 resident group.

Resident Education Fund

Mark Sheridan



In the fall of 2014 the University of Saskatchewan – Department of Obstetrics and Gynecology developed a Resident Education Fund. Donations are managed by the University of Saskatchewan. Funds are used to enhance the Obstetrics and Gynecology resident experience in Saskatchewan.

A resident education fund committee has been formed which oversees the various requests for funds and ultimately determines which initiatives are approved. The advice of the residency training directors is an important part of the process. Funds are available to help our residents with their research projects, clinical learning or to improve their physical or mental wellbeing.

Over its first two years the fund raised \$86,350., and funded 11 initiatives - spending \$35,014. Surplus funds are carried forward to build a legacy with significant financial resources to improve the Obstetrics and Gynecology resident experience.

In 2016 the Resident Education Fund made monies available for nine initiatives. To highlight one of these:

An Obstetrics & Gynecology residency is associated with long hours and stressful work. The Department has initiated a program where each resident in Saskatchewan (province wide) will receive monies that are to be used to improve their mental or physical health. Some residents may opt for gym memberships while others may choose wellness services or equipment. The choice is theirs.

The resident education fund is supportive of this initiative and has provided the seed money for the first year. Going forward the Health & Wellness fund will be funded from Departmental operating funds.

It is our long term goal to have the reserves to make the Saskatchewan Obstetrics and Gynecology residency experience the best in Canada.

An accounting of the fund for the past two years follows:

| UNIVERSITY OF SASKATCHEWAN | | |
|--|------------------|------------------|
| Obstetrics, Gynecology and Reproductive Sciences | | |
| Resident Expendable Fund 2015 & 2016 | | |
| | 2015 | 2016 |
| Donations | \$ 49,350 | \$ 37,000 |
| Interest Income | \$ 249 | \$ 1,894 |
| | 49,599 | 38,894 |
| Donations Committed | | |
| Elk Ridge resort - retreat | 7,859 | |
| Cantos - Resident Research Project | 2,500 | |
| Struble - Resident Obs/Gyne Review Course | | 1,206 |
| Struble - Resident Osler Course | | 1,151 |
| Sielski - Resident Osler Course | | 1,135 |
| Batchelor - Resident Alarm Course | | 484 |
| Forke - Resident Alarm Course | | 484 |
| McComb - Resident Research Support | | 500 |
| Ferguson - Resident Presentation (ESGE) | | 1,174 |
| Resident Research Project Support (Prollius) | | 1,020 |
| Resident Health and Wellness Fund Start-up | | 18,000 |
| Total Donations Committed | 10,359 | 25,155 |
| Donations Remaining To Be Committed | \$ 39,240 | \$ 13,739 |
| Total Donations Remaining to be committed in 2017 | | \$ 52,979 |

Undergraduate Education Saskatoon

Melissa Mirosh



After one year under my belt as Clerkship Coordinator, I feel like I am just getting a handle on things! It has been an eventful year for the Undergraduate Curriculum.

We spent half the year with a double set of students – the infamous overlap of the final class of JURSI and the new class of clinical clerks. It has actually gone fairly well, with only a few minor bumps in the road. I think both sets of students have had an excellent clinical experience in Obstetrics & Gynecology and the department members came forward with record amounts of office time in support of this.

The preparation for the second run of the new 2+2 curriculum for February 2017 is well underway. There are some improvements to be made from our introductory course earlier in 2016, but the majority of the core work has been completed. The SIM lab and use of the CLRC for our clinical skills component and clerkship teaching continues to be a favorite part of the curriculum.

Finally, in October our department bid farewell to Melissa Pardy after many excellent years as administrative support for the Undergraduate Curriculum. We wish her well in her new role in the College of Dentistry.

Undergraduate Education Regina

Rashmi Bhargava



It has been a busy challenging, yet rewarding 12 months from an Undergrad perspective here in Regina. I am thankful that we are soon going to see the last of the overlap of third and fourth year students as the College transitions through into the 2+2 curriculum. I am grateful to my colleagues who have put up with the Q6 weekly changes that were instituted to help improve the existing system in hopes of making each rotation better than the previous one. I think we now have a robust organized system in place that we can repeat on a regular basis without many more alterations.

Our Regina clerks have totally embraced having weekly "O&G Academic Half-Day" – which includes a three hour didactic/interactive session on selected topics prepared by departmental preceptors intended to ready the students for the NBME and LMCC examinations. I am told this protected time is invaluable for the students, and they are grateful to be "awake" for the sessions considering they have the night before this Academic Half Day off call! (Our O&G Half Day purposely follows the students' usual Tuesday Academic Half days!)

The students have also found that since we switched over to keeping track of patient encounters on a paper log-book format, they have no problems completing their required logs by mid-rotation and the preceptors have become trained in "signing off" on the log books on a regular basis making the whole system very user friendly, and highly attainable for the students.

The SIM sessions continue to be one of the highlights of the rotation as the students get to experience firsthand the management of OB emergencies such as PPH, APH, shoulder dystocia, vaginal breech delivery, eclampsia and uterine rupture to list just a few! Now my goal for 2017 is to create some GYNE based SIM sessions that will give the students a nicely rounded experience by the end of the six weeks.

2016 saw the development and resurgence of end of the rotation "OSCEs" (aka OBSCEs) for the students, and these have now replaced the essays they used to write into a five station OSCE worth 10% of their mark. Thank you to the residents and staff who volunteer their time

as examiners and standardized patients to liven up the stations, and make it a fun learning experience for the students. We hope to continue on with this type of testing into the new curriculum.

Further changes coming down the pipeline from the College of Medicine are a push for faculty development and training to make us into even better teachers, with future workshops planned. As well, with the dissolution of the currently used American NBME we are going to have to put our efforts together to come up with our own local bank of MCQ questions that we can use to test our students by 2018 – so Melissa, Joanne and I are hoping we will be able to solicit your expertise and help in creating such a local bank over the next year!

Finally I would just like to say a really big thank you to all in Regina who help make our undergraduate program the success that it is today! Thanks for another great year!

Teaching Coordinator Prince Albert

Joanne Sivertson



We in Prince Albert have had the pleasure of welcoming a new colleague to our O&G team during 2016. Dr. Shelby Jenkins brings with her an enthusiasm for teaching, and her excellent knowledge and non-confrontational manner will no doubt enhance the learning environment for all of our residents.

We continue to enjoy the opportunity to meet the O&G residents during their month with us in first year, and then to see the immense growth in knowledge and experience that they have gained during residency when they return in fourth year. In addition, the region has finally completed work on the new accommodation for learners. The Tom Smith Windsor House is on site at the Victoria Hospital, and should enhance the experience for our visiting learners over the previous lodging.

Our family medicine program has also had the fortune of another year of strong residents, and many of our graduates leave with the confidence to provide obstetrical care in their own practices. Victoria Hospital can boast that approximately 40% of deliveries are still performed by family physicians, and we hope to continue to facilitate family practice participation in low risk obstetrics.

We are currently trying to establish an optional rotation for senior residents who wish to prepare themselves to work in a community setting. We have a disproportionately high volume of diabetics, HIV positive patients, and morbidly obese patients. Managing complex patients in a low resource setting with multiple socioeconomic considerations requires a different skill set than can be obtained in a tertiary centre. Delivering care without various back up services, such as NICU or in-house anesthesia, requires additional planning and forethought in case selection and management. Arranging transportation out to another center requires consideration of the logistics for both the patient and the healthcare system, and cannot be done lightly. Fortunately, both our learners and our academic leaders have recognized the value in providing an opportunity for interested residents to gain these exposures during residency in preparation for practice outside of Saskatoon and Regina.

Resident Research Committee

Almureau Prollius



2016 was an exciting year for the Resident Research Committee with the implementation of the initiatives started in 2015. There continues to be positive energy at our meetings, and we are also very happy to have Dr. Lett join us this year.

The Research Coffee House, where ideas for research are floated to new residents and the other residents report on their projects and provide advice, were well received by the attendings and guests that participated. We will attempt to gather a record number of attendings for our 2017 Coffee House, and an increase in mentors.

The Resident Research Symposium hosted in Saskatoon is going from strength to strength with the new video category creating a lot of buzz. We look forward to the program in Regina in 2017. A recommended reading list for residents was created and is posted on One 45. The list consists of landmark trials throughout our specialty, and is regarded as essential reading for residents through their fifth year curriculum. This is in line with Royal College recommendations, and will be featured at Journal Club as well on occasion. The Journal Clubs are functioning well, and we are incorporating discussions on statistical review as well.

Our PGY5's are finding the biostatistics update, created by research assistants Hazel Williams-Roberts and Erwin Karreman, invaluable in their preparation for the exit exam. Special thank you to all members of the committee and to Marj Lens for administrative support.

Clinical Head Gynecology Saskatoon Health Region

Annette Epp



Main OR - Saskatoon City Hospital

The main operating room at Saskatoon City Hospital continues to run approximately 40 gynecology rooms per month. Saskatoon has a strong core of generalists as well as subspecialty physicians providing advanced minimally invasive gynecologic procedures, advanced pelvic floor surgery and gynecologic oncology surgeries. We are proud to continue to provide high quality safe surgical care for women in Saskatchewan.

The gynecology service continues to lead in the areas of on time OR starts, early discharge from hospital, compliance with DVT prophylaxis and extremely low hospital infection rates.

We continue to show high technicity rates in hysterectomy. In 2016, 61% (372/561) of all hysterectomies were performed laparoscopically, and 14% (77/561) were performed vaginally. Of the 112 abdominal hysterectomies performed, 36% (41/112) were staging laparotomies for malignancy.

We will be implementing a formal Outpatient Total Laparoscopic Hysterectomy protocol March 1, 2017. This locally designed program has a standard patient information pamphlet, pre and post op order set, strict inclusion/exclusion criteria, and discharge protocol. Each patient will be contacted on the first post-operative day to give us feedback, and evaluate her experience. There are more than 350 Total Laparoscopic Hysterectomies performed annually at Saskatoon City Hospital. The data obtained from this program will be used to monitor the quality and safety of care as well as produce research that can be shared with other centers in Canada and around the world. Thank you to Dr. Laura Wiens who has been instrumental in participating in this project. She and Dr. Duda have volunteered their time to provide education sessions to nursing staff in order to minimize disruption as we implement this program.

Our equipment representative, Dr. Anita Harding, continues to represent our department at the New Products Committee meetings. She has undertaken a daunting project to streamline

operating room supplies in order to decrease variation among surgeons and be fiscally responsible. We thank her for her hard work on our behalf. Because of a strong relationship with our gynecologic OR nurses, the nursing equipment manager and the Surgical Operations Committee, our service continues to have access to new and innovative OR equipment.

Women's Health Center

Because of the Women's Health Center, we continue to increase the scope and volume of patients who can have gynecologic procedures completed under intravenous sedation and local anesthetic.

In 2016, 1960 procedures were completed in the Women's Health Center. Women spend on average 3 hours and 35 minutes in hospital. This includes their preoperative, operative and postoperative recovery time. Complication rates are extremely low, and patient satisfaction is high. Procedures that are done in the Women's Health Center include hysteroscopy, Novasure endometrial ablation, LEEP procedures, Myosure and others. Myosure has become firmly established in the Women's Health Center and is an exciting innovative addition to the surgical complement for gynecologists.

The Saskatoon Women's Health Center is a leader in low cost, minimally invasive treatment for women with common gynecologic conditions. We are very proud that we have been able to collect data and present this on a national platform. Dr. Caroline Lee and Dr. Annette Epp presented a poster at the Society of Obstetrician and Gynecologists of Canada national meeting in June 2016. The poster, "Safety and Efficiency in a Canadian Outpatient Gynecologic Surgical Center", was judged to be one of the top three in Canada.

Gynecologic Oncology

Our two Gynecologic Oncologists, Drs. Giede and Agrawal, continue to work tirelessly to provide excellent surgical and ongoing medical/chemotherapy care to women facing cancer in Saskatchewan. They operate at both Saskatoon City Hospital and Royal University Hospital, as well as work out of the Cancer Clinic.

We are in the process of recruiting a third Gynecologic Oncologist. The need for additional resources in this area is reflected in the high demand for initial consultations, and surgical wait times.

We have established a Clinical Care Associate position in Gynecologic Oncology. This physician works directly with our Gynecologic Oncologists providing surgical assists, ward care and dealing with emergencies.

Pelvic Floor Pathway

The Saskatoon Pelvic Floor Pathway is a comprehensive non-surgical program for women facing incontinence and prolapse. It is run by a staff of highly qualified Nurse Practitioners and Pelvic Floor Physiotherapists. The pathway cares for approximately 800 patients per year. Women can be referred to the pathway by their primary care physician, nurse practitioner or specialist physician. Satisfaction rates remain high, and the demand for surgery for pelvic floor problems has significantly decreased in the province of Saskatchewan since the implementation of the Pelvic Floor Pathways in Saskatoon and Regina in 2014.

Clinical Head Obstetrics Saskatoon Health Region

Jocelyne Martel



Obstetrics Report 2016

Deliveries: 5712

Maternal services are blossoming! We continue to be very busy in delivery, maternal assessment and fetal assessment. The challenges of working in a 60 year old building are ongoing. We look over with envy at the site of the Children's Hospital of Saskatchewan, where water will be warm, electricity reliable and the floors and walls shiny and new. The new home of maternal services will be spacious, welcoming and comfortable. It will allow our care teams to continue to provide outstanding care to Saskatchewan families but in a much better setting. Work was completed this year on provider flow in the new hospital, and has put the size of the service and the challenges of covering it all safely front and center. We are working on team structure and communication with all disciplines, and are on track for the anticipated opening.

Changes in our approach to maternal assessment have led to more accurate triage and more rapid diagnosis, management and disposition. One of these initiatives is OTAS (Obstetrical Triage Acuity Scale) where a rapid score is assigned based on initial assessment and leads to prompt attention to those most in need. Another is a policy that has allowed new mothers to be evaluated and managed for postpartum hypertensive complications in the maternal assessment area, allowing for better and more efficient care of the new mother with her newborn while saving hours of wait time in the emergency department.

We have been successful in providing immediate skin to skin in most vaginal deliveries and rapid skin to skin at Cesarean delivery. This has improved bonding and reminds those lucky enough to witness it, how important those first minutes of contact are. We are honoured to see it firsthand, at times so intimate an act, it makes us tear up too!

We are presently developing an early warning obstetrical vital signs tool to allow caregivers to identify our patients who are headed for trouble and intervene. Our population is generally

very healthy and will tolerate significant decompensation before declaring themselves acutely. Early warning systems can be applied in all areas of medicine but have a great potential effect in our population in preventing more catastrophic outcomes.

Mistake proofing measures to ensure that planned cesarean deliveries are being performed at a gestation that maximizes fetal maturity (> 39 weeks) have been very successful this year. The culture is shifting and this initiative is now being applied to medical inductions as well.

We have examined our cesarean section rate, both as a department and as individuals with an eye to evaluate what can be done to decrease our rate and provide the best care. Our rate is now at 24% which compares favourably with other centers.

We have developed a relationship with Ronald McDonald House to allow a highly selected number of families with confirmed fetal complications to be able to stay at the house antenatally. This maternal bridge to RMH complements the relationship between RMH and neonatal services.

We applied for and obtained approval for a third tier of specialist on call funding to allow dedicated back up OB call coverage. This will start on 1 March 2017.

Updated policies this year include:

- Magnesium for eclampsia prevention
- Oxytocin induction/augmentation low dose/high dose order sets
- Intrapartum amnioinfusion
- Nifedipine as tocolysis
- Misoprostol for induction of labour
- Postpartum tubal ligation

Quality Improvement

We have switched from MORE^{OB} to a combination of ALARM and workshop based learning. The first set of workshops included case based interactive reviews of critical events that had occurred in our unit as well as reviews of practical practice points for care of mother and baby. Thank you to all members of the Quality Improvement team for their commitment and participation in this ongoing effort.

Postpartum Tubal Ligations

A number of women have self-reported feeling pressured to undergo postpartum tubal ligation while under our care. This very serious concern has led to a detailed examination of our processes and policies. A comprehensive policy is now in place to address the communication that must take place between the patient and her caregiver prior to admission to hospital. An external review is also underway and expected to be completed this spring.

Future directions

We are working on initiatives to improve patient care and experience by looking into the following projects in the next year:

- Intrapartum fetal lactate testing
- Optimizing timing of medically indicated induction of labour – mistake proofing
- Early pregnancy assessment clinic
- Antenatal homecare program
- Patient preparation for planned cesarean delivery

Thank you all for the excellent care you provide to each of our obstetrical patients.

Clinical Head Obstetrics & Gynecology Regina Qu'Appelle Health Region



Corrine Jabs

Regina Clinical Report

2016 brought another year of collaboration and commitment to excellence in the Department of Obstetrics and Gynecology within Regina Qu'Appelle Health Region. Dr. John Thiel is now our Unified Head for academics and research. He brings the departmental and program leaders together regularly to collaborate and problem solve. We are one of the truly distributed and collaborative departments in the College of Medicine. 2017 will be a year of transition in the health care environment as the regions are unified into one health authority. Our relationships within the provincial department of Obstetrics and Gynecology will assist us in navigating the uncertainty ahead. We will share freely, and steal shamelessly as opportunities present themselves to improve the care we can provide to our patients.

Dr. George Carson continues as our Senior Medical Officer in Regina Qu'Appelle Health Region, and has been our national SOGC president. This is a wonderful pinnacle of the career of this seasoned and accomplished physician administrator. Dr. David McCutcheon, Vice President of Integrated Care and Physician Services, continues to support us through Practitioner Staff Affairs. Sharron Garrett remains the Vice President of Integrated Services including Surgical Service and Women and Children's Health. These competent administrators, along with our CEO Keith Dewar, will likely find roles in any new structure formed, and we will continue to develop relationships with old and new administrative colleagues on a provincial basis.

The teaching provided to our various levels of learners including second, third and fourth year medical students, family medicine residents, obstetrics residents and various other specialty residents continues under the guidance of Dr. Rashmi Bhargava as undergraduate coordinator and Dr. Darrien Rattray as postgraduate coordinator. The teachers continue to receive excellent feedback. Organization of our learners' experience, and evaluations continue to evolve and improve.

We look forward to 2017 as change brings opportunity. Our success in managing change within our department is one of our strengths, and we will continue to work towards our goals of excellence in patient care, teaching and research for the women of Saskatchewan. We will continue to be an example to other departments, and areas of health care.

Obstetrics

Our year brought us 5.5 % more deliveries at 4339 births with 8449 outpatient visits and 1049 cesareans. Referral Management Service processes over 3000 obstetrical referrals to our department members. Challenges in flow in the care of our postpartum mothers and babies care continue as our deliveries continue to increase in a unit built to accommodate far fewer numbers. Daily huddles during NICU overcapacity days has improved communication, and allowed all to share in the decision making around antenatal maternal transports.

Our main focus this year has been on optimizing the care during our patient's most heartbreaking life events including miscarriage, second trimester loss and stillbirth. The Early Pregnancy Assessment Clinic (EPAC) opened its doors on May 4th, and has removed many women from the emergency room to a clinic within the Women's Health Centre where a dedicated nurse manages appointments and investigations including prenatal lab work and ultrasounds. Follow up is arranged for pregnancies of unknown location, as well as medically treated ectopics and miscarriage. Inpatient and outpatient admissions are streamlined for those needing surgery. The patient education documents were completely revamped, and the emotional support of our patients has been improved by dedicated nursing and medical staff, social work support, private rooms and information material. Since opening its door on May 4th to the end of 2017, we have seen 466 consults and 661 inpatient or telephone follow ups. The 90% length of stay in the emergency room of 514 minutes has been reduced to 315 minutes.

Patients have shown their gratitude for the EPAC clinic with a fundraiser at the Saskatchewan Museum where the film "This is Miscarriage." was shown. Referrals come from all care providers including primary care as well as our emergency rooms. The Early Pregnancy Clinic has been an excellent example of the Right Care, at the Right Time, in the Right Place by the Right Care Providers.

Preprinted orders and physician order sets continue to be utilized to align ourselves to SOGC guidelines. Physician order sets related to Group B strep prophylaxis, and active management of the third stage will ensure consistency in our care. Preprinted orders were developed for the Early Pregnancy Clinic to ensure that standard investigations are initiated for the clinic as well as standard prenatal investigations to optimize ongoing care for viable pregnancies, and to ensure we take advantage of opportunities for STI screening and vaccinate those eligible for publicly funded vaccinations relevant to reproductive age women.

Dr. Adewumi Adanlawo continues to contribute significantly to our perinatal program, and has now become the Director of Maternal Fetal Medicine and the Fetal Assessment Unit. Renovations will be taking place this year to add another ultrasound machine to our Fetal Assessment Unit. Funding is in place for 1.5 FTE sonography support, and we are in negotiations with our Diagnostic Imaging colleagues to make the best use of our collective resources within the Region.

MORE^{OB}

We are now into our 13th year of MORE^{OB} with involvement of all providers in nursing, family medicine, midwifery and obstetrics along with representation from Risk Management. The MORE^{OB} Core Committee is a multidisciplinary committee with emphasis on education, skills drills, a culture of safety, and communication. Our co-chairs are Leah Thorpe and Dr. Adanlawo. This year our focus has been on postpartum hemorrhage with changes in our standard orders for management of the third stage, and development of nursing protocols for use of Bakri Balloon.

Dr. Ryan Lett, our anaesthesia colleague, has been instrumental in raising our awareness of the appropriate use of blood, and the potential benefit of iron replacement with IV iron infusion when patients have failed oral replacement. We will be seeking resources to improve outpatient access to this type of therapy over the next year.

Gynecology

We receive 7000 urgent and elective gynecology referrals per year distributed amongst our department members. We are into our fifth year of pooled referrals. Data available on wait times allows us to rationally assess the human resources within our department, and recruit appropriately. We anticipate four to five new department members over the next two years.

March 31, 2015 marked the end of the Saskatchewan Surgical Initiative with its goal of no patients waiting more than three months to be offered surgery. While we did accomplish this goal within gynecology, we are now challenged with fiscal constraints that have allowed our surgical wait times to rise again. We continue to seek opportunities to use our resources as best we can to optimize wait times. Several groups within our department share operating time and patients. This is another example of pooling our resources to provide the best care possible. We have begun doing stress incontinence surgery with nurse led conscious sedation within the Women's Health Centre again to ensure all our resources are used to the best of our ability. This is another example of the flexibility and successful change management taking place within our services.

Our MIS program is now in its 10th year under the mentorship of Drs. Thiel, Rattray and Kamencic. This team continues to ensure our department remains on the cutting edge of technology and techniques. Dr. Thiel's presence in Saskatoon has expanded this team's opportunity to advance their research program in collaboration with colleagues in Saskatoon contributing to patient enrollment and idea generation. A successful Research Coffeehouse discussion revealed the depth and breadth of research ideas within our department with the intention of linking residents and attendings with similar research goals. Our MIS team also supports established department members act as mentors with new technology, and remain a resource to us all. We look forward to continued innovation in the years to come.

Quality Assurance & Safety

Emmanuel Yeboah



Summary of Activities

The year started with the chronic problem of NICU overcapacity, and its impact on safe care. The committee discussed on many occasions how the NICU capacity situation adversely affected maternal care. Examples included induction delays that always had the potential of affecting results of patient ultimate mode of delivery or outcome. Some of the issues brought up have improved but periodic difficulties still exist, and will continue to crop up.

The committee will keep up with its efforts to improve communications between the NICU and Obstetrics.

Nursing

Concern about the mixture of senior and junior nursing staff was raised and discussed as a safety issue, but this is deemed beyond the scope of this committee. However, its potential impact on delivery of care certainly is within scope.

Postpartum Tubal Ligation

Postpartum tubal ligation service within the department was briefly discussed. There is now a policy on this service. The policy requires that the decision for postpartum tubal ligation or tubal ligation at the time of Cesarean section be made before admission to the hospital. The policy also requires documentation about the request, and discussion be available before patient coming to hospital.

Cesarean Section Prioritization

Cesarean section calls by color classification were discussed as a communication tool to improve patient safety. Dr. Martel has been very helpful in putting this system together and encouraging its use in the delivery suite.

OTAS

OTAS implementation has been successful and is ongoing. It continues to be monitored and the committee gets regular updates.

Safety Alert System

The safety alert system is an integral part of our monitoring tool for safety issues that arise within our department. Issues relevant to our committee are discussed on a monthly basis. This is very important to our committee and we will continue to use it as a safety monitoring system.

Gynecology

The Gynecology service has been very good at City Hospital this year. There were no major issues brought forth from City Hospital. Outpatient Total Laparoscopic Hysterectomy protocol has been instituted and the committee will monitor the implementation protocol from a safety point of view.

Women's Health Centre

This unit continues to be a very well-run unit, and safety concerns are usually brought forward and dealt with in a timely manner. Safety concerns are very few, and as such very little to report. The issue of Novasure and Essure as a combination procedure and the safety issues that were brought forth have been conclusively dealt with.

Quality Indicators

This year saw the completion of the structure of the Quality indicators in both Obstetrics and Gynecology. This had been in the process for a long time. There were many obstacles that were encountered but with the tremendous effort from SHIPS and Medical Records, a formalized document has been created. This will be used to track the activities of the group from a safety point of view, and also to measure our performance with the rest of the country. This was a major goal for the committee, and we are happy to see it in place. The committee may periodically make changes as necessary either due to medical record coding issues or if the members decide to add other indicators.

Quality Assurance and Safety Rounds

The QA&S Rounds are running smoothly. The structure of the rounds has changed since the completion and implementation of the quality indicators. The rounds have taken the form of Morbidity and Mortality Review based on the quality indicators. The rounds serve to bring attention to members as to how we are doing, and also educational discussion for all.

Medical Records

Medical records representation on the committee has been very helpful to the deliberations of the committee. They have been particularly helpful to help members understand the anticipated upcoming changes in electronic charting. Over the course of the year, issues that involved documentation and record keeping have come up during our meetings and have been addressed.

As a last note, the membership of the committee has increased slightly compared to the previous year, and the deliberations of the committee continue to improve.

| | |
|--------------------|---|
| Chair: | Dr. E. K Yeboah |
| Members: | |
| Leanne Smith | Director of Maternal Services, SHR |
| Jonathan Hey | Division Head, Family Medicine – Obstetrics |
| Annette Epp | Clinical Head - Gynecology |
| Jocelyne Martel | Clinical Head - Obstetrics |
| Monica San Vicente | Division Head - Obstetrics Anesthesia |
| Ashton Craven | Resident Representative |
| Afton Sielski | Resident Representative |
| Lynn Leislar | Manager - Labor and Delivery |
| Felicia Lawal | Operations Manager - Labor and Delivery |
| Joan Santoro | Manager - Women’s Health Centre , Midwifery |
| Andre Moss | Manager - Maternal Services |
| Julie Smith-Fehr | Manager - Healthy and Home |
| Aimee Goss | Health Information Analyst |
| Vanessa Pozniak | SHIPPS coordinator |

Publications

Manuscripts in Referred Journals

Braun KM, **Sheridan M**, Latif EZ, Maksymowicz A, **Weins L**, Bediawy MA, **Tyson N**, **Davidson MJ**, Sanders B. Surgeons' early experience with the Acesa™ procedure: gaining proficiency with the new technology. *International Journal of Women's Health* 8:669-675.

Laberge P, Garza-Leal J, Fortin C, Grainger D, Johns DA, Adkins RT, Presthuis J, Basinski C, Swarup M, Gimpelson R, Leyland N, **Thiel J**, Harris M, Burnett PE, Ray GF. A randomized controlled multi-center FDA trial of the safety and efficacy of the Minerva endometrial ablation system. One year follow-up results. *Journal of Minimally Invasive Gynecology*. Sep 26. pii: S1553-4650(16)31049-4. doi: 10.1016/j.jmig.2016.09.009. [Epub ahead of print].

Kamencic H, Thiel L, Karreman E, **Thiel J**. Does Essure cause significant de novo pain? A retrospective review of indications for second surgeries following Essure placement. *Journal of Minimally Invasive Gynecology*. 23:1158-1162.

Thiel L, **Thiel J**, **Ratray D**. Laparoscopic cornuectomy as a technique for removal of Essure microinserts. *Journal of Minimally Invasive Gynecology*. Epub ahead of print. pii: S1553-4650(16)30146-7. doi: 10.1016/j.jmig.2016.07.004

Ratray D, Thiel P, Suchet I, **Thiel J**. Confirmation testing of Essure microinserts in unintended pregnancies using a 10 year retrospective database. *Journal of Minimally Invasive Gynecology*, 23:944-948.

Gilmour D, MacDonald N, Dukeshire S, Whynot B, Sanders B, **Thiel J**, Singh S, Campbell C, Bajzak K, Flowerdew G. Diagnosis of adverse events after hysterectomy with postoperative self-care web applications: a pilot study. *Health Informatics Journal*. Epub ahead of print DOI:1-.1177/146045821667759.

Vanburen W, Suchet I, **Thiel J**, Karreman E. Essure microinsert imaging: does abnormal shape on ultrasound predict complications on HSG?. *Abdominal Radiology*, Epub ahead of print, DOI 10.1007/s00261-016-0718-7.

Jackowski, S.A., A.D.G. Baxter-Jones, A.J. McLardy, **R.A. Pierson** and C.D. Rodgers. 2016. The associations of exposure to combined hormonal contraceptive use on bone mineral content and areal bone mineral density accrual from adolescence to young adulthood: A longitudinal study. *Bone Reports*
<http://www.sciencedirect.com/science//article/pii/S2352187215300061> (In Press, Corrected Proof).

Clancy, K.B.H., **A.R. Baerwald** and **R.A. Pierson**. 2016. Cycle-phase Dependent Associations between CRP, Leptin and Reproductive Hormones in an Urban, Canadian Sample. *American Journal of Physical Anthropology* 160:389-396 (2016).

Yapura, M.J., R.J. Mapletoft, **R.A. Pierson**, J. Singh and G.P. Adams. 2016. Synchronization of Ovulation in Cattle with an Aromatase Inhibitor-based Protocol. *Theriogenology* 85:1382-1389.

Reid J, Glew R, Mink J, Gjevre J, Fenton M, Skomro RP, **Olatunbosun O**. 2016. Hemodynamic response to upper airways obstruction in hypertensive and normotensive pregnant women. *Canadian Respiratory Journal*. 9816464.7 pages

Asztalos EV, Hannah ME, Hutton EK, Willan AR, Allen AC, Armson BA, Gafni A, Joseph KS, Ohlsson A, Ross S, Sanchez JJ, Mangoff K, Barrett. 2016. Twin Birth Study Collaborative Group including **O Olatunbosun**. Twin Birth Study. 2-year neurodevelopmental follow-up of the randomized trial of planned cesarean or planned vaginal delivery for twin pregnancy. *American Journal of Obstetrics and Gynecology*. 214:371.

Salvador S, Scott S, Francis JA, **Agrawal A**, **Giede C**. 2016. Opportunistic Salpingectomy and other methods of risk reduction for ovarian/fallopian tube/peritoneal cancer in the general population. *Journal of Obstetrics and Gynecology Canada*. (in press).

Ramadan EF, **Cardoso-Medinilla**. 2016. Morbidly adherent placenta at 19 weeks gestation. *Journal of Obstetrics and Gynecology Canada*. 38:611.

Struble J, **Mytopher K**. 2016. Overt cord prolapse diagnosed at ultrasound. *Journal of Obstetrics and Gynecology* (Accepted for publication).

Books, Chapters in Books, Expository and Review Articles

Olatunbosun O, Edouard L. 2016. Evidence based antenatal care. In *Contemporary Obstetrics and Gynaecology for Developing Countries*. F. Okonofua, K Odunsi Editors 2nd Edition, In Press.

Edouard E, **O Olatunbosun**. 2016. The control of sexually transmitted infections through integrated health programs. In *Contemporary Obstetrics and Gynaecology for Developing Countries*. F. Okonofua, K Odunsi Editors 2nd Edition, In Press.

Invited abstracts at national and international meetings

Weins L and **Duda J**. Laparoscopic en-block removal of advanced interstitial pregnancy. *Gynecological Surgery* 13:S168.

Weins L and **Duda J**. Laparoscopic en-block removal of an advanced interstitial pregnancy. *Journal of Minimally Invasive Gynecology* 23:S139.

Ferguson J, **Thiel J**, **Weins L**, **Ratray D**. Intraoperative vasopressin injection during hysteroscopic myomectomy. *Gynecol Surg* (2016) 13 (Suppl 1): S155. Surgical video presented at the 25th Annual Congress of the European Society of Gyencologic Endoscopy, Brussels, Belgium.

Thiel L, **Ratray D**, **Thiel J**. Laparoscopic cornuectomy as a technique for removal of Essure microinserts. *Gynecol Surg* (2016) 13 (Suppl 1): S181. Surgical video presented at the 25th Annual Congress of the European Society of Gyencologic Endoscopy, Brussels, Belgium.

Madar J, **Rattray D**. Laparoscopic excision of a pelvic mass in a patient with primary amenorrhea. *Gynecol Surg* (2016) 13 (Suppl 1): S184. Surgical video presented at the 25th Annual Congress of the European Society of Gynecologic Endoscopy, Brussels, Belgium.

Thiel P, **Rattray D, Thiel J**. Laparoscopic tubal reanastomosis. *Gynecol Surg* (2016) 13 (Suppl 1): S440. Surgical video poster presented at the 25th Annual Congress of the European Society of Gynecologic Endoscopy, Brussels, Belgium.

Pineda Rivas M, **Rattray D, Thiel J**. Laparoscopic placement of pre-conception cervical cerclage. *Gynecol Surg* (2016) 13 (Suppl 1): S206. Surgical video presented at the 25th Annual Congress of the European Society of Gynecologic Endoscopy, Brussels, Belgium.

Braun KM, Sanders B, **Sheridan ML, Thiel JA**. 2016. Gaining proficiency with new technology: ten surgeons early experience with laparoscopic ultrasound-guided radiofrequency volumetric thermal ablation of uterine myomas (RFVTA, the Acesa procedure). *Journal of Minimally Invasive Gynecology* 23:S41-42. Presented at the 45th Global Congress on Minimally Invasive Gynecology, Orlando, Florida, USA.

Thiel J, Braun K, Sanders B, **Sheridan M**. 2016. Gaining proficiency with new technology: ten surgeons' training experience with Acesa. *Gynecological Surgery* 13:S126. Surgical video presented at the 25th Annual Congress of the European Society of Gynecologic Endoscopy, Brussels, Belgium.

Pineda Rivas M, **Rattray D, Thiel J**. 2016. Laparoscopic placement of a preconception cervical cerclage. *Journal of Minimally Invasive Gynecology* 23:S147. Presented at the 45th Global Congress on Minimally Invasive Gynecology, Orlando, Florida, USA.

Pineda Rivas M, **Hilton J**, Karreman E, **Lett C**. 2016. Randomized controlled trial: single balloon catheter versus dinoprostone vaginal insert for induction of labour of obese women. *Journal of Obstetrics and Gynecology Canada* 38:496-497. Presented at the 72nd Annual Clinical and Scientific Conference of the Society of Obstetricians and Gynecologists of Canada, Vancouver, British Columbia, Canada.

Pineda Rivas M, **Rattray D**, Suchet I, **Thiel J**. Laparoscopic resection of a 16 week pregnancy in a rudimentary uterine horn. *Journal of Obstetrics and Gynecology Canada* 38:497. Presented at the 72nd Annual Clinical and Scientific Conference of the Society of Obstetricians and Gynecologists of Canada, Vancouver, British Columbia, Canada.

Ziola K, **Rattray D, Thiel J**. 2016. Laparoscopic resection of a Caesarian section defect for treatment of abnormal uterine bleeding. *Journal of Minimally Invasive Gynecology* 23:S154-155. Presented at the 45th Global Congress on Minimally Invasive Gynecology, Orlando, Florida, USA.

Laberge PY, Garza-Leal J, Fortin C, **Thiel J**, Johns DA, Grainger D, Presthus J, Adins T. A randomized, controlled, multi-center trial of the safety and efficacy of the Minerva endometrial ablation system. One year follow-up results. *Journal of Minimally Invasive Gynecology* 23:S44. Presented at the 45th Global Congress on Minimally Invasive Gynecology, Orlando, Florida, USA.

Kot, E, J. Ferguson, L. Thiel, E. Karreman, **D. Rattray, J. Thiel**. Morphologic and histologic changes in hysterectomies after Novasure ablation: a retrospective chart review. *Journal Obstetrics and Gynaecology Canada* 38:489-490. Presented at the 72nd Annual Clinical and Scientific Conference of the Society of Obstetricians and Gynecologists of Canada, Vancouver, British Columbia, Canada.

Other presentations

Rattray D, Thomson J, Sanders B. 2016. Transitioning to an Ambulatory Environment. Society of Obstetricians and Gynecologists of Canada 72nd Annual Clinical and Scientific Conference June 14, Vancouver, British Columbia, Canada.

Rattray D. 2016. Review of the latest global studies on Myosure hysteroscopic morcellation. Hologic Symposium, 25th Annual Congress of the European Society of Gynecologic Endoscopy. Brussels, Belgium.

Thiel JA. Surgical Tutorial 4: Controversies and Removal of Essure. 2016. 45th Global Congress on Minimally Invasive Gynecology. Orlando, Florida USA, November 16.

Thiel JA. A walkabout in the world of ambulatory gynecology. 2016. Hologic Symposium. Second Congress of the Society of Endometriosis and Uterine Disorders. Barcelona, Spain May 12.

Department of Obstetrics and Gynecology Resident Research Projects and Scholarly Activity 2016

Dr. Sarah Smith PGY-1

Review of stillbirths in a tertiary center.

Supervisor – Adewumi Adanlawo, MD, Erwin Karreman, PhD, Leah Thorpe

Dr. Sarah Smith PGY-1

Trends in contraceptive care by women following termination of pregnancy in a Canadian urban centre.

Supervisor – Corrine Jabs, MD, Erwin Karreman, PhD

Dr. Sarah Smith PGY-1

Contamination of the peritoneal cavity with leiomyocytes following total laparoscopic hysterectomy for the large fibroid uterus.

Supervisors – John Thiel, MD, Sony Singh, MD (University of Ottawa, Ottawa Ontario), Ally Murji, MD (Mount Sinai Hospital, Toronto Ontario), Jonathon Skolnick, MD (Mount Sinai Hospital, Toronto, Ontario), Mary Kinloch, PhD (Department of Pathology, University of Saskatchewan).

Medical student – Kayleen Wingert Med III

Dr. Lawrence Woo PGY-2

Effects of an early pregnancy assessment clinic (EPAC) on the management of spontaneous abortions.

Supervisors – Corrine Jabs, MD, Erwin Karreman, PhD

Medical student – Jenna Shirley

Dr. Katarina Nikel PGY-3

Delayed insertion of a Mirena IUD postpartum versus interval insertion: a randomized control trial.

Supervisor – Joanne Sivertson, MD

Dr. James Hayward PGY-3

Postpartum hypertension

Supervisor – Jill Newstead-Angel, MD (Department of Medicine and Department of Obstetrics and Gynecology).

Dr. Mae Cantos PGY-3

Effect of a physical activity intervention on physical fitness among obstetrics and gynecology residents in Saskatchewan

Supervisor – Matthew Schubert, MD, Scotty Butcher, PhD (Department of Physical Therapy)

Dr. Mae Cantos PGY-3

Factors in determining technicity index in Saskatchewan and Manitoba – a prairie perspective.

Supervisor – John Thiel, MD, Darrien Rattray, MD, Laura Weins, MD

Medical student – Mandeep Kaler Med II

Dr. Clara Wu PGY-3

Targeted hysteroscopic tissue removal for intrauterine pregnancy loss (miscarriages): the TTRIM trial

Supervisor – Huse Kamencic, MD, Martha Briggs, MD, Erwin Karreman, PhD, Darrien Rattray, MD, John Thiel, MD

Drs. Natasha Pascas PGY-3 and Elise Lavoie Lebel PGY-3

Quality of life outcomes for ulipristal acetate and tranexamic acid in the management of heavy menstrual bleeding: a pilot randomized control trial.

Supervisor – Almereu Prollius, MD

Drs. Erin Kot PGY-4 and Jackie Ferguson PGY-4

Morphologic and histologic changes in uteri removed by hysterectomy after Novasure ablation.

Supervisor – John Thiel, MD, Darrien Rattray, MD, Jennifer Duda, MD

Medical student – Luke Thiel Med IV

Dr. Paige Dreaver PGY-4

Gestational weight gain in pregnancy.

Supervisor – Joanne Sivertson, MD

Dr. Charles Zhao PGY-5

A randomized prospective trial of obstetrical outcomes in women with birth plans versus woman without a plan.

Supervisor – Rashmi Bhargava, MD

Dr. Jennifer Struble PGY-5

Evaluating the prevalence of cervical dysplasia in a high-risk population of women using visual inspection with acetic acid (VIA) as a primary screening tool.

Supervisor – Christopher Giede, MD, Lexy Regush, MD, Annette Epp, MD, Della Magnusson

Manuscripts in refereed journals

Ramadan EF, Cardoso-Medinilla. 2016. Morbidly adherent placenta at 19 weeks gestation. *Journal of Obstetrics and Gynecology Canada*. 38:611.

Struble J, Reid S, Bedaiwy M. 2016. Adenomyosis: a clinical review of a challenging gynecologic condition. *Journal of Minimally Invasive Gynecology* 23:164-185.

Struble J, Mytopher K. 2016. Overt cord prolapse diagnosed at ultrasound. *Journal of Obstetrics and Gynecology* (Accepted for publication).

Invited abstracts at national and international meetings

Kot, E, J. Ferguson, L. Thiel, E. Karreman, D. Rattray, J. Thiel. Morphologic and histologic changes in hysterectomies after Novasure ablation: a retrospective chart review. *Journal Obstetrics and Gynaecology Canada* 38:489-490. (Awarded Best Junior Member Poster, Society of Obstetricians and Gynecologists of Canada 72nd Annual Clinical and Scientific Conference). Presented at the 72nd Annual Clinical and Scientific Conference of the Society of Obstetricians and Gynecologists of Canada, Vancouver, British Columbia, Canada.

Ferguson J, Thiel J, Weins L, Rattray D. Intraoperative vasopressin injection during hysteroscopic myomectomy. *Gynecol Surg* (2016) 13 (Suppl 1): S155. Surgical video presented at the 25th Annual Congress of the European Society of Gynecologic Endoscopy, Brussels, Belgium.

Pineda Rivas M, Rattray D, Thiel J. Laparoscopic placement of pre-conception cervical cerclage. *Gynecol Surg* (2016) 13 (Suppl 1): S206. Surgical video presented at the 25th Annual Congress of the European Society of Gynecologic Endoscopy, Brussels, Belgium.

Pineda Rivas M, Rattray D, Thiel J. 2016. Laparoscopic placement of a preconception cervical cerclage. *Journal of Minimally Invasive Gynecology* 23:S147. Presented at the 45th Global Congress on Minimally Invasive Gynecology, Orlando, Florida, USA.

Pineda Rivas M, Hilton J, Karreman E, Lett C. 2016. Randomized controlled trial: single balloon catheter versus dinoprostone vaginal insert for induction of labour of obese women. *Journal of Obstetrics and Gynecology Canada* 38:496-497. Presented at the 72nd Annual Clinical and Scientific Conference of the Society of Obstetricians and Gynecologists of Canada, Vancouver, British Columbia, Canada.

Pineda Rivas M, Rattray D, Suchet I, Thiel J. Laparoscopic resection of a 16 week pregnancy in a rudimentary uterine horn. *Journal of Obstetrics and Gynecology Canada* 38:497. Presented at the 72nd Annual Clinical and Scientific Conference of the Society of Obstetricians and Gynecologists of Canada, Vancouver, British Columbia, Canada.

Ziola K, Rattray D, Thiel J. 2016. Laparoscopic resection of a Caesarian section defect for treatment of abnormal uterine bleeding. *Journal of Minimally Invasive Gynecology* 23:S154-155. Presented at the 45th Global Congress on Minimally Invasive Gynecology, Orlando, Florida, USA.

Awards & Recognition

**David Popkin Award for Excellence
in Postgraduate Teaching (Saskatoon)**

Laura Weins

**Bob Sollars Award for Excellence
in Postgraduate Teaching (Regina)**

Angela Poole

**Tom MacLachlan Award for Excellence
in Undergraduate Teaching (Saskatoon)**

Almereau Prolius

**Peter Woodrow Award for Excellence
in Undergraduate Teaching (Regina)**

Rashmi Bhargava

**Academic Professionals in Obstetrics & Gynecology
of Canada Carl Nimrod Award for Teaching Excellence**

Darrien Rattray

2016 Dennis Kendel Distinguished Service Award

Corrine Jobs

Faculty

Unified Department Head

John Thiel

Clinical Department Heads

Saskatoon Gynecology

Annette Epp

Saskatoon Obstetrics

M. Jocelyne Martel

Regina Obstetrics & Gynecology

Corrine Jabs

Prince Albert Obstetrics & Gynecology

Eric Clark

North Battleford Obstetrics & Gynecology

Kayode Fadare

Moose Jaw Obstetrics & Gynecology

Nureni Yusuf

Professors

Olufemi Olatunbosun

Roger A. Pierson

Associate Professors

Donna R. Chizen

K. Christopher Giede

Assistant Professors

Anita Agrawal

Angela Baerwald

Clinical Professors

Mohammed Abed
Amos Akinbiyi
George Carson
Barry Gilliland
Jocelyne Martel
Thomas Mainprize
John Thiel

Clinical Associate Professors

Reynaldo Cardoso-Medinillia
Allison Case
Annette Epp
Corrine Jabs
Ann Ravichander
Mark Sheridan
Emmanuel Yeboah

Clinical Assistant Professors

| | | |
|--------------------|---------------------|---------------------------|
| Adewumi Adanlawo | Jennifer Hilton | Darrien Rattray |
| Maryam Al-Hayki | Huse Kamencic | Lexy Regush |
| Carlos Aspe Lucero | Johan Kruger | Matt Schubert |
| Rashmi Bhargava | Christine Lett | Debra-Jo Shepherd |
| Lizabeth Brydon | Peyman Mazidi | Joanne Sivertson |
| Martha Briggs | Carmen Mircea | Adeloye Soyeye |
| Sheena Changela | Melissa Mirosh | Jacqueline Swan |
| Eric Clark | Kristine Mytopher | Nerissa Tyson |
| Marilyn Davidson | Michelle Ng | Vijayalakshmi Udayasankar |
| Jennifer Duda | Olanrewaju Onasanya | Laura Weins |
| Kayode Fadare | Natasha Payton | Lara Wesson |
| Adrian Gamelin | Tara Peters | Tin-Wing Yen |
| Anita Harding | Angela Poole | Nureni Yusuf |
| | Almureau Prollius | |

Active Retired Faculty

| | | |
|-------------|------------------|-----------------|
| Ahmed Ezzat | Lorne Hanson | Charles Simpson |
| | Natalia Podilsky | |