Inside this Issue:

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**Division of Midwifery** 2

**NEW! International Health Division** 3

**CIHR NET, Tri-Agency** 4

**Grants** 5

**Publications** 6

**Upcoming Conferences & Workshops** 8

**Dr. Morgan Price** 9

**Interview with Resident** 10

**Dr. Gina Ogilvie** 11

**Budget Tips for Research Grants** 12

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**2004 RESIDENTS’ RESEARCH DAY FAMILY MEDICINE CELEBRATES 50 YEARS IN CANADA**

June 18, 2004 was an exciting day of research presentations and awards including the Peter Grantham, Postgraduate Teaching Awards, graduation certificates, BC College of Family Physician prizes, Lloyd Jones Collins Awards and John J. Zack Prize in Family Medicine.

Dr. Rob Wedel, an honoured guest, and the President of the CFPC, read out the declaration of commitment that was signed June 17, 2004 on behalf of all members. He said “Our commitment emphasizes the most important thing that we do, and that is commit to building a strong patient-physician relationship. It was very important to those doctors fifty years ago and that hasn't changed, it's the same today.”

**Declaration of Commitment**

The Declaration outlines values and principles. As family physicians and members of the College of Family Physicians in Canada, we value:

- the privilege of being personal physicians for the individuals and families who are our patients
- the trust placed in us by our patients, our peers and our communities
- the role we play in meeting the changing needs of the health system of the people of Canada
- the importance of our college motto: in study lies our strength which inspires us to maintain the highest standards of practice, teaching, research and life long learning

As family physicians who care for patients, teach students and conduct research we are

(Continued on page 12)
The Division of Midwifery (BMW).

The curriculum is designed to graduate entry level midwives who meet the competencies required of the College of Midwives of British Columbia (CMBC) and who practice under the regulations of the CMBC using the philosophy of midwifery as outlined by the CMBC, as well as the College’s code of ethics and clinical guidelines.

The program’s mission statement is:

To prepare midwives who are able to provide effective and appropriate midwifery care as a full member of the primary care system. These midwives will be fully educated so as to be skilled, personally sensitive and able to reason and use a broad base of knowledge in order to improve the health of individuals, families, and populations, around the time of birth.

Arts and Science courses constitute approximately 30% of the 4-year curriculum with Midwifery non-clinical courses making up an additional 10% of the curriculum. Clinical courses constitute 60% of the curriculum.

The curriculum is organized to provide pre-clinical foundational courses in the first three terms. Beginning in the third term students complete a sequence of courses and clinical placements that develops their knowledge and skills in the areas of prenatal, labour and birth, postpartum and newborn care. The emphasis is on “normal” childbearing in the early courses with variations on normal and complications being integrated in later courses. The final course is a clerkship where students have greater independence and carry a workload similar to that of a full time midwife.

We currently have two full-time faculty, two part-time faculty and three ses- sional instructors.

Research Activities
Dr. Eileen Hutton has received both a Michael Smith Career Scientist Award and a CIHR New Investigator Award to carry out her research program. She has CIHR funding of 2.8 million dollars to carry out a 25 country randomized controlled trial of early external version and its influence on rate of Caesarean section. Dr. Hutton is a co-investigator with the team from Sunnybrook and Women’s College Health Sciences Centre in Toronto on a RCT of the appropriate delivery method of twins. In addition, she is working with Dr. Jude Kornelsen from the Department of Family Practice on women’s attitudes toward patient-initiated elective cesarean section. Both Dr. Kornelsen and Dr. Hutton are co-editors of the first refereed midwifery journal in Canada, the Canadian Journal of Midwifery Research and Practice. This journal is partly funded by SSHRC.

Elizabeth Ryan is a part-time faculty member and she has been a co-investigator with the Home Birth Demonstration Project which assessed the outcomes of midwife attended home births in British Columbia. She has been the co-author of two papers published out of this work. She is currently examining midwifery care and vaginal birth after caesarean outcomes (VBAC).

Cathy Ellis has recently joined our faculty. She comes from Saskatchewan where she has been involved with a project involving youth sex trade workers in Regina. Cathy has done many international projects around maternal and child health and midwifery. She has taught local midwives in Mexico and Nicaragua and Kosovo.

Elaine Carty has been a co-investigator on Dr. Patti Janssen’s CIHR funded trial of the effect of early labour support at home and is part of the evaluation team for the South Health Community Birth Program. She also works with Patricia Peppin from Queen’s Law School using semiotic theory to analyze pharmaceutical advertisements with respect to issues of gender, race and disability. Elaine supervises doctoral and master’s thesis in the School of Nursing.

Elaine Carty is Professor and Director of the Division of Midwifery.
INTERNATIONAL HEALTH

A New Division in the Dept. of Family Practice

Dr. Peter Kirk, Director

About eight years ago the UBC Department of Family Practice recognized and began to address a very poor standard of health in the inner cities of Vancouver and other urban centres in BC. Today the battle against the impoverishment of marginalized populations in Vancouver is far from over, however, through the development of the Division of Inner City Health and CHIUS (Community Health Initiative for University Students), the Department of Family Practice has solidified a continually growing effort to lessen the suffering in our cities core. With projects in the home front firmly established, Dr Peter Granger, and many senior students and recent graduates have extended their vision to comparably poorer standards of living in other countries, where struggling health care systems are inadequate to meet the population's most basic medical needs.

The proposal for a Division of International Health within the Department of Family Practice has been a combined effort of undergraduate and graduate students and has received overwhelming support. Through consultation with a number of students and graduates with experience in international health, the need emerged for faculty support and structure. This September Dr. Peter Granger and Dr. Peter Kirk presented the Department with a proposal for a Division of International Health. Dr. Kirk of Victoria has agreed to serve as the director of this new Division. He has had considerable experience in this field. Dr. Bob Woollard, as chair of the Department of Family Practice has offered his support, and Dr Jerry Spiegel, Director of the Centre for International Health, is enthusiastic about the progress made so far.

The proposed initiatives for a Division of International Health are multifold. The Division would create a structure of support for international health work and develop curriculum, advocacy and research in the undergraduate and postgraduate programs.

The goals of the Division are:

- To support students, residents, and faculty interested in international health work through access to essential information and skills development in international health. This would be accomplished through practical exposure to and experience in international health projects in resource poor countries. The department would provide medical students and residents with support in related electives and research projects through experienced mentors, advisors, supervisors and access to funding opportunities;

- To work collaboratively with the Centre for International Health and other Faculties and Schools, particularly in the health sciences and human sciences, to foster an interdisciplinary approach in the provision of service to developing countries relevant for our future physicians;

- To assist in the development of health research within the host country either by participating in specific projects or by the mentoring of proposals originating in the host country;

- To assist in the coordination of different international initiatives to avoid duplication of effort and to that end initiate an inventory of international initiative in the faculty and in outside organizations.

Fundamentally, the success of this division will depend upon student, resident and faculty commitment. Sometimes there is a progression from the enthusiastic student through to the jaded resident. It is hoped that by working in resource poor countries, enthusiasm for medicine will be enhanced when volunteers see that their work has had a very definite and tangible benefit not only in the short term but possibly even an impact on social policy within the host country.

Dr. Donald Berwick in a recent paper in the BMJ reminds us of the rewards of working in developing countries (BMJ2004;328:1124-1129): “My work in these settings has convinced me not only that it is possible to improve health care in resource poor settings but also that improvement may even be more feasible than it is in wealthy ones. Projects in progress in the developing world show the tremendous resourcefulness, innovation, and potential for improvement in that resource constrained context, with potentially important lessons for caregivers in richer places.”

Those who launched this project envision a collaborative effort between an NGO such as Doctors without Borders and the Division of International Health that would send teams of volunteers into the field to fight, among other things, the HIV/AIDS epidemic. According to the UBC principles of internationalization, “the university is part of a network of learning that stretches around the world, and in an increasingly global environment it encourages the development of teaching, learning, and research intended to strengthen British Columbia’s and Canada’s links to other nations”.

Through creation of a structure of support for international health work and development of the curriculum within the Faculty of Medicine, UBC will continue to uphold its longstanding tradition as a progressive force in international development. Trek 2000: UBC’s Vision. Nov. 1998 www.trek2000.ubc.ca/principles/internationalization.html

Dr. Peter Granger (Director, Div. of Inner City Medicine), Dr Peter Kirk (Director, Div. of International Health), Sean Nixon (Research Assist., Div. of Inner City Medicine)
CIHR New Emerging Team
Visiting Rural Communities - Research in Rural Maternity Care

Our program of research entitled Responding to Rural Communities: Building a Program of Research in Rural Maternity Care, was recently funded by a CIHR New Emerging Team (NET) Grant.

This program of research is based on two previous studies entitled Rural Women’s Experiences of Maternity Care (funded by CIHR) and Rural Women’s Experiences of Maternity Care: Implications for Policy and Practice (funded by Status of Women Canada).

Our recent activities have included revisiting the communities that were involved in these previous studies, both to report what we learned and to discuss what further research needs to be done.

In September we reported back our research findings to research participants and other interested community and health services audiences in Bella Bella, Alert Bay, Port McNeill, Port Hardy and Tofino. In November, we travelled to Haida Gwaii/Queen Charlotte Islands to share what we have learned with interested community members and care providers in Masset, Queen Charlotte City and Skidegate.

This process of continued engagement with research participants has helped us to ensure that our research remains relevant to rural women, care providers and communities, and that we continue to learn in our relationships with them. Our visits are also important opportunities to gain the ideas and insights of rural women and their families, maternity care providers and health service administrators as we move forward. We are committed to working with rural communities so that their unique needs are recognized and supported through a shared research agenda.

Two of the rural women who shared their experiences to inform the study "Rural Women’s Experiences of Maternity Care"

CIHR, NSERC & SSHRC Tri-Agency

The audit team were on campus the week of September 14, 2004 on a monitoring visit at Financial Services and conducting interviews with researchers across campus. An information session entitled “Using Your Funds” was presented for researchers, administrative staff and other personnel.

Highlights were:

- Financial Accountability
- Responsibilities of the researcher, institution and the agency
- Proper use of funds
- Integrity in research
- Common challenges.

The Tri-Agency Financial Administration Guidelines are at: www.nserc.gc.ca/professors_e.asp?nav=profnav&lb1=toc_fin

Examples of Tri-Agency ineligible costs are:

- Telephone/fax rental and installation, pagers, cells
- Membership dues and tuition costs
- Insurance of any type (equipment, vehicle)
- Alcohol
- Business class travel

If in doubt about claiming a cost, obtain advance ruling from Tri-Agency and keep the documentation. 20% is given to UBC to cover costs that the Tri-Agency considers as overhead.

Natural Sciences and Engineering Research Council of Canada
## Grants Awarded (June 2004 to November 2004)

<table>
<thead>
<tr>
<th>Granting Agency</th>
<th>Subject</th>
<th>$ /Yr</th>
<th>Year</th>
<th>Investigator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIHR, Institute of Human Development, Child and Youth Health</td>
<td>Antepartum Home Care: Time for a Trial?</td>
<td>3,700</td>
<td>2004</td>
<td>P. Janssen, L. Palmer</td>
</tr>
<tr>
<td>Canadian Foundation for Innovation</td>
<td>Centre for Hip Health: A Lifespan Approach</td>
<td>3,850,000</td>
<td>2004/09</td>
<td>T. Oxland, C. Duncan, J. Esdaile, M Fitzgerald, K. Khan, ...et al., P. Janssen</td>
</tr>
<tr>
<td>Peter Wall Institute</td>
<td>Theme Development Grant</td>
<td>400</td>
<td>2003</td>
<td>P. Janssen</td>
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<tr>
<td>Michael Smith Foundation Research Unit Infrastructure Award</td>
<td>Musculoskeletal Research Centre: New Coordinated Applications for Bone Health</td>
<td>150,000</td>
<td>2003-06</td>
<td>T. Oxland, K. Khan, H. Mckay, P. Janssen et al.</td>
</tr>
<tr>
<td>Michael Smith Foundation Research Unit Infrastructure Award</td>
<td>Centre for Healthcare Innovation and Improvement (Qualified Health Researcher)</td>
<td>150,000</td>
<td>2003/07</td>
<td>S.Lee, L. Magee, M. Ansermino, P. Janssen, R. Liston, Y MacNab et al.</td>
</tr>
<tr>
<td>Vancouver Coastal Health Authority, Improving Outcomes Initiative</td>
<td>The South Community Birth Program</td>
<td>180,000</td>
<td>2003/06</td>
<td>S. Harris, L. Saxell, P. Janssen</td>
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<tr>
<td>CIHR</td>
<td>Interdisciplinary Women’s Reproductive Health Research Training Program</td>
<td>299,150</td>
<td>2003/09</td>
<td>P.Leung, Brown C, Janssen P, McFadden D, Ma, S Lim, K et al.</td>
</tr>
<tr>
<td>CIHR</td>
<td>Emerging Teams Grant Northern Health Research Competition</td>
<td>268,602</td>
<td>2004/09</td>
<td>Grzybowska S, Kornelson JA, Klein MC, Reid RC, Schuurman NC, Thomassen HV, Broemelling AM.</td>
</tr>
<tr>
<td>MSF</td>
<td>Do hospital reduced (RAD) activity days independently predict a longer hospital length of stay among a cohort of pneumonia patients admitted to a large teaching hospital in Vancouver, British Columbia?</td>
<td>3,700</td>
<td>2004/05</td>
<td>McGregor MJ</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10,000</td>
<td></td>
<td>Nelly Auersperg Award</td>
</tr>
<tr>
<td>Nike Global Research Foundation</td>
<td></td>
<td>3,000</td>
<td>06/2004</td>
<td>Taunton JE</td>
</tr>
<tr>
<td>BC Research Centre for Children’s &amp; Women’s Health</td>
<td>Establishment Grant</td>
<td>100,000</td>
<td>2004</td>
<td>Klein, M.</td>
</tr>
<tr>
<td>SSHRC Department of Family Practice research grant</td>
<td>Systemic differences in costs for residents living in funded non-profit and for-profit long-term care</td>
<td>10,000</td>
<td>2004/05</td>
<td>McGregor MJ, M Cohen, Patricia Wejr, Hankivsky O CURA</td>
</tr>
<tr>
<td>Department of Family Practice Research grant</td>
<td>Comparing side effects of oral contraceptives in ethnic Chinese and Caucasian women</td>
<td>5,000</td>
<td></td>
<td>Wiebe, E.</td>
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<tr>
<td>CIHR</td>
<td>Physical activity, mobility and health-related quality of life of community-living individuals with chronic disease</td>
<td>97,925</td>
<td>1 yr</td>
<td>ENG, Janice J et al Miran-Karim Khan</td>
</tr>
<tr>
<td>CIHR</td>
<td>Knowledge Translation for Chronic Disease Management in Primary Health Care Renewal in BC</td>
<td>25,000</td>
<td>2003/04</td>
<td>M. McLure, R. Woollard</td>
</tr>
</tbody>
</table>
Publications, April 2004 to date (plus previously unreported)

- Thommasen HV, Anderson N, McArthur A, Tildesley H. Do Rural Diabetics Benefit From the Occasional Visit to an Urban Based Diabetic Education Centre? BCMJ Scheduled for November 2004
Publications cont’d

(Continued from page 6)

- J Taunton MSc MD, T Fuchs BScPT, M Hungerford BScPT BHK, S Fraser BPT

(Continued on page 8)
Publications cont’d

(Continued from page 7)

- C. Yarrow, A. Glen Benoit, Michael C. Klein: Outcomes after vacuum-assisted deliveries. Births attended by community family practitioners. Canadian Family Physician Aug 2004 CFPC
- MC. Klein, A. Kelly, J. Kaczorowski, S. Grzybowski The Effect of Family Physician timing of maternal admission on procedures in labour and maternal and infant morbidity. JOGC Vol 26, No. 7 July 2004

Books


Chapters


Scholarship

Conneil T. Janus CME Scholarship. Strengthening Communities while reorienting health services & building healthy public policy: creating conditions for health. CFPC 2002-2004

Upcoming Medical Conferences & Research Workshops

- 33rd NAPCRG Annual Meeting, October 15-18, 2005, Hilton Quebec, Quebec City. See www.napcrg.org for more details. The call for papers brochure will be available the beginning of January 2005 at which time the electronic submission process will be open.
- Work in Progress Rounds, UBC Department of Family Practice, held the 2nd Wednesday of every month. See www.familypractice.ubc.ca/indexb.html for more details.
Dr. Morgan Price

Lead Faculty - Informatics, UBC

TBB: What is medical informatics?

MP: It is basically information management in medicine. It is getting the right information to the right people at the right time. So if I’m making a decision about a patient, or a patient is making a decision about their own health, they should have the right piece of information at hand to aid them in that decision making.

TBB: What area are you most interested in?

MP: The area that I am most interested in is clinical decision support. If I need to make a decision about a patient, I want to know what I need to know about them right in front of me instead of buried away in a chart somewhere in another building. Right now we are working on point of care preventative care reminders. This is a way to remind me of the patient’s needs based on their personal conditions. If you look at the studies, people are only getting about 50% of what they should be getting as far as screening, so if we can improve that we can improve long term health.

TBB: What is EGADSS?

MP: EGADSS stands for the “Evidence Based Guideline and Decision Support System”. It is the tool we are developing that will provide intelligent reminders to the physician or patient at the point of care through an Electronic Medical Record (EMR). This is an open source project that can be integrated into an EMR platform. We are releasing this tool as a free, open source project in order to increase adoption by EMR vendors. This is an extension of prior work on decisions support. The simplest version of this idea was my resident research project, Palm Prevention. It takes the patient’s information and then it gives back screening recommendations that are specific to that patient on a Palm PDA. EGADSS goes another step further in that it takes information from the EMR and the user gets the feedback automatically.

TBB: Does this take away the doctor’s role?

MP: Not at all. The doctor’s role is always to contextualize information and work with the patient. The role of the doctor is to educate the patient about their health, if I can be aided in this, then I am doing a better job.

TBB: What do you see as the future for this project?

MP: I think it’s going to take a while, but I think medical informatics will change the work flow of medicine. Our work flow has not changed since the SOAP note was invented and yet medical technology has blossomed and exploded. We can’t maintain our current system. We cannot work harder. We have to change. I think that tools like these are one aspect to improving the process. In the future, projects like EGADSS should help us look at our practices in new ways – we need to be able to see our practice and see where to improve and you cannot practically do that on paper.

TBB: How would you define decision support?

MP: I see decision support in three areas:

1. Point of Care: When I’m seeing patients and I want to know how to treat that particular patient
2. Point of reflection: did I do a good job with my patient population?
3. Proactive care: What needs to be done tomorrow or next month, based on the medical evidence?

TBB: Where do you see yourself going in the next few years?

MP: I’m going to keep working on this!! I think there is so much to learn about: How do we support doctors in making better decisions and how do we help provide safer, higher quality care.

TBB: Where else can you see this going?

MP: The national research council is trying to incorporate EGADSS into personal records, so that patients can have access to their own health record. We would also like to use informatics as a tool to locate patients who would be useful for studies. So with some minor modifications you can actually turn EGADSS into the back end of the research network.

TBB: What is your passion?

MP: For me I have two really different aspects of my career that I am passionate about. Firstly, I am a family physician and I connect with my patients. Secondly, I like to look at the larger picture and ask: how can I take ideas from my practice and instead of helping two hundred people, help thousands?

TBB: Has there been a lot of support for your project?

MP: EGADSS is supported by Vancouver Coastal Health through primary care transition funding. They have really helped build this project by being such a strong backer. Decision support is not easy, but it is important and they have taken a leap of faith here supporting the start of this project. There has also been a lot of interest from the Department of Family Practice and from family doctors who would like to see a tool like this working in practice. I have had incredible support, personally, by several mentors in the Department and I would love to thank them, if I may, before we finish this interview. There are too many to name, but they know who they are. Thank you!
Interview with Award Winning Resident

By Azmina Hasham

One of the Peter Grantham Award recipients, Dr. Aaron Childs of Victoria

AC: In the continuing medical education rounds my presentation was on ‘Smoking Cessation and its Effectiveness in General Family Practice’ and I did a second one on Group B Strep Screening in Pregnancy and how effective my Family Practice Preceptor was doing in following the Guidelines for that.

TBB: What were the outcomes?
AC: The “Smoking Cessation...” presentation showed that family practitioners don't do enough in their offices targeting people who are smokers with prevention strategies. They don't persist enough in helping people to quit smoking.

TBB: If they did, do your findings show that it works?
AC: Yes, the rounds are given on effective strategies to help physicians help their patients to quite smoking and a lot of it is centred on scheduling regular follow-up supportive appointments using some of the newer pharmaceutical options available for people to quit smoking. It involves asking and encouraging people at every visit, not in a lecturing way but just in a simple acknowledgment, that “I as your doctor encourage you to stop smoking for your health”. Studies have shown the more that you do just those simple 1 min. to 15 sec statements, over time, can be more helpful than anything else that people do.

TBB: What about nicotine patches?
AC: Yes. Making sure that people have tried these things and telling them that they need to try them again. Just basically raising awareness.

TBB: What if the doctor is smoking, then wouldn't it be difficult for them to give advice....
AC: There’s a fairly small percentage of the medical community that actually smoke, at least in Victoria anyway. I don't think any of the residents smoke. I can think of only one or maybe two people in my medical class that smoked but not on a regular basis. It is not a big population of doctors that smoke, any more.

TBB: What about drinking? You wouldn't have the same kind of thing for drinking?
AC: My talk was specifically on smoking. There is a lot of research that shows that smoking has a detrimental effect in so many areas and is one of the biggest risk factors for the majority of the big health problems and drinking..., its less because people don't drink as much everyday as those who smoke.

TBB: You are talking about cigarette smoking only?
AC: Yes.

TBB: And the other presentation?
AC: It was on Group B Strep Screening in pregnancy. Part of the UBC research requirements for the residents is to do a clinical practice audit. Each resident does an audit of charts related to a specific problem to access how well the practice is following relevant practice guidelines.

TBB: So you are checking on your preceptor?
AC: You can look at it that way. Its done more as an educational learning exercise. I worked with my preceptor on an obstetrical problem and it turned out that we were doing quite well in that we were screening everybody appropriately and the right people were getting antibiotics.

TBB: Anything else to add?
AC: It was an honour to get this award.

TBB: Congratulations!
Dr. Gina Ogilvie

TBB: What compels you to do research?
GO: I like to do research, because research pushes the forefront. When you’re with patients or when you are helping to set up a program, an enormous number of questions are generated: “is this better than this?” or “how can I do this better?”. My research tends to be driven by questions that emerge from a clinical setting or from having to set up programs.

TBB: What is the purpose of research?
GO: Research is the foundation for improving the status quo in a thoughtful manner,..

TBB: What are the characteristics of a researcher?
GO: An inquiring mind and passion. Passion is not something that can be taught, but once you find that passion you have to build on it, whether it be through mentorship, a structured program, or training. With research, you’re never funded adequately; you never have enough time so you have to love it enough to do it on top of everything else.

TBB: What are your research interests?
GO: I’m interested in the community and in marginalized populations. In addition, my research tends to be pragmatic. I started with HIV research because where I started working in Hamilton, we had quite a large HIV practice. I noticed that there was way more research done in HIV pertaining to men but not women, and so began researching HIV in women. Right now, I’m doing a study on the reproductive and contraceptive decisions of HIV positive women. Since more and more women are living longer with HIV these issues of fertility and reproduction become a much more real consideration. Then the other big area I’m interested in is general sexual health, STDs and cervical cancer screening which again that goes back to my work in Hamilton and continued with my work on the downtown eastside.

TBB: What is your current research endeavor?
GO: It is a study on screening for cervical cancer using a test for the human papillomavirus. It is known that women won’t develop cervical cancer unless they have the human papilloma virus. Currently, we test for cervical cancer, using the Pap smear, and that is a relatively effective screening method as long as women get repeated Pap tests. However, 50% of women who develop cervical cancer have not been adequately screened, and my interest is on the 50% of women that develop cervical cancer who don’t get tested. There are a number of barriers as to why women don’t get tested for cervical cancer One of them is that there are some cultural concerns to having a pelvic exam. We’re trying to look at different ways to test for it, and one of the different ways to test would be a self obtained sample for the human papillomavirus. Our question is whether we can improve the rates of testing for cervical cancer in the cohort of women who normally don’t get Pap tests.

TBB: What are your research goals?
GO: My research goals are to continue to generate questions and studies that have relevance to the population and to its health. Likely it will continue in these areas as I am interested, I have developed an understanding of these issues, and I like them.

TBB: What do you find most rewarding about your research?
GO: Well, it’s nice to have your questions answered. It’s nice to pose a question and eventually reach a conclusion. For instance, this paper that is just getting published right now in the Canadian Journal of Public Health. In Hamilton, we noted that our patients were not going for colposcopies. It was clear that our patients were not getting what they needed, and we wondered if there was a better of way of getting this service to them. And so we set up a colposcopy program and we evaluated it and we showed that we are doing something better for them. And so I like posing these relevant questions and getting an answer and having an answer that you can apply. Then you can actually change something for the better.

TBB: What do you see as your biggest success?
GO: I would never define success by measures of my career. To me, success deals with the kind of person you are. To be a person with integrity, good humour, compassion – these are what it means to be successful; it has relatively nothing to do with my career. It has to do with how I raise my children, how I interact with family and friends. If I were to say my career was successful it would mean that I worked with colleagues in a manner that was respectful and had integrity and considerate of people and mindful our role in the public. What I’m most proud of in my career is that my work has relevance to the population.

TBB: What advice do you have for people starting out -- for other researchers?
GO: Find a mentor and hook up with that person. Recognize that research isn’t going to be done in two months, it takes years to decades. I would say find your passion. Think about your training and take some time to obtain the skills you need, whether that be in a formal or informal way. Talk, talk, talk to people, as many as you can, people who you think are good researchers. Meet with them and get ideas from them. All of us at the university expect to continuously talk and ask: “how do you ask that question?” or “What method would be best use for this research?” You need to start young and recognize that the role of faculty members is to be mentors so keep asking.
Budget Tips for Research Grants

The budget is an important component of your grant application and it should reflect the actual costs of conducting research. Under-budgeting your project will not enhance the likelihood of receiving funding and the resulting lack of resources may cause difficulties in fulfilling your research goals. Budgets that are easy to read and well justified are appreciated by reviewers.

**Format**

Use a spreadsheet (i.e. Excel), as it will eliminate the need for manual calculations. Format the spreadsheet according to the requirements of the funding agency to which you are applying. If the funding agency uses a specific format (i.e. CIHR budget module), be sure your spreadsheet lists the categories of expenses exactly as they appear in the funding agency’s template.

**Eligible expenses**

Examine the funding agency’s list of eligible expenses and include everything that you will need to successfully complete your project.

**Cost Estimates**

If funded, your project will take place many months from the date of your grant submission, so estimates for each line item should be based on future prices. Remember to include GST and/or PST in your estimates.

**Budget justification**

Provide a justification for each line item directly under the line item, unless otherwise stipulated by the funding agency’s guidelines.

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**Stipends for Research Trainees**

Include the funding agency’s maximum stipend allowable for graduate students and post-doctoral fellows. Include 22% benefits and a 5% annual salary increase for post-doctoral fellows.

**Salaries for Research Personnel**

Include the maximum salary allowable for each position, plus 22% benefits and a 5% annual salary increase.

If you have any questions about budgeting or would like your budget reviewed prior to submission for funding, please feel free to contact:

The Research Office, Department of Family Practice, 604-875-3637 or research@familymed.ubc.ca

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**POSTER TIPS**

Contacts for help with your poster

- Research Office
  Department of Family Practice
  research@familymed.ubc.ca
- UBC Media Services
  Tel: 604.822.5769
  Tips for PowerPoint posters: [http://www.mediagroup.ubc.ca/powerpoint_tips.pdf](http://www.mediagroup.ubc.ca/powerpoint_tips.pdf)
  Preparing posters FAQ: [http://www.mediagroup.ubc.ca/faq.html](http://www.mediagroup.ubc.ca/faq.html)
- St. Paul’s Media Centre
  Graphic Designer / Illustrator
  Providence Health Care
  Tel: 604.806.8312 Fax: 604.805.8474
eunderhill@providencehealth.bc.ca

Visit us online at [www.familypractice.ubc.ca/b.html](http://www.familypractice.ubc.ca/b.html)