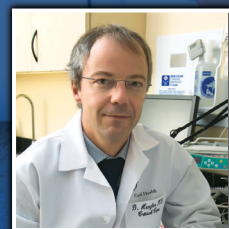
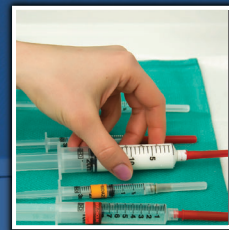
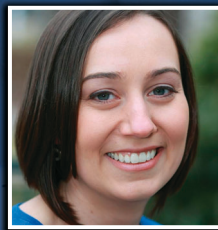


ACCOUNTABILITY REPORT 2010

OFFICE OF RESEARCH Department of Anesthesia Dalhousie University



**DALHOUSIE
UNIVERSITY**

*Inspiring Minds
Faculty of Medicine*

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EXECUTIVE SUMMARY

The Department of Anesthesia developed its Research Accountability Framework in 2008 to articulate research activities and establish clear expectations against which performance would be identified, measured, reported and evaluated. This **Accountability Report (2010)** is the product of the Framework's *Measurement and Reporting Plan* in which key indicators and targets were identified for subsequent measurement and reporting. It covers the time period from January to December 2010 and includes information from prior years for comparative and trending purposes.

Representative indicators of research activity and productivity were identified and are reported here against our targets.

AREAS IN WHICH THE DEPARTMENT **MET ITS TARGETS** IN 2010 INCLUDE:

- New proposals developed into research endeavours.
- Number and value of grants and contracts. Trending has been positive overall, with a notable decline in industry funded research that has been offset overall by grant funded research.
- Proportion of projects, proposals and manuscripts that are collaborative.
- Proportion of researchers who serve as members or reviewers for research ethics boards, editorial boards, professional associations, granting agencies, scientific journals.
- Proportion of researchers invited to review, organize, chair and offer expert opinion.
- Proportion of action items completed from strategic plan each year.
- Researcher satisfaction rate with services provided by office of research.
- Proportion of researchers involved in initiatives targeted at applying or translating research.
- Number of publications.
- Number of presentations relative to protected research time. The number of presentations made by researchers at local and international meetings has doubled since last year.

AREAS IN WHICH THE DEPARTMENT **PARTIALLY MET ITS TARGETS** IN 2010 INCLUDE:

- Number of recognition awards. The number of recognition awards is lower than the previous year, but the awards made are prestigious.
- Number of associate and full professors. The department met its target for proportion of full professors, but not for the proportion of researchers at the associate professor level. However, the proportion of researchers at the rank of full professor exceeds the target (69% rather than 50%) and those at the rank of assistant professor are appropriate to their stage of career.

THERE ARE NO AREAS IN WHICH THE DEPARTMENT **DID NOT MEET ITS TARGETS** IN 2010.

The results of this report will be used in the implementation of the Research Accountability Framework's *Evaluation Strategy*.

INTRODUCTION

The Department of Anesthesia identified the need for a research accountability framework during a departmental strategic planning exercise. The research accountability framework was subsequently developed by a working group of departmental researchers and research management staff in a collaborative process. Through it, the department attempted to recognize the value of the full scope of scholarly research activity, from engaging in the process of creativity, to implementing research projects, to communicating the results, and influencing clinical best practice. The Research Accountability Framework was adopted by the Department of Anesthesia in December 2008.

THE ACCOUNTABILITY FRAMEWORK HAS FOUR SECTIONS:

- 1. Profile.** In this section, we describe the need for an accountability framework in the context of our office of research and describe our governance structure.
- 2. Results chain.** In this section, we provide a flow chart that ties resources devoted to research to the outcomes through a logical sequence of activities and outputs.
- 3. Measurement and reporting plan.** A key element of the accountability framework is the identification of the most appropriate indicators of research activity and productivity, our current targets, how to measure the indicators and how to report the results.
- 4. Evaluation strategy.** The purpose of measuring and reporting results is to inform sound performance management and decision-making. The evaluation strategy outlines a cyclical, iterative strategy for on-going learning from our results and adjusting our strategy as required.

This **Research Accountability Report (2010)** covers the time period from January to December 2010. It is the product of the Framework's *Measurement and Reporting Plan* in which key indicators and targets were identified for subsequent measurement and reporting. The results of this report will be used in the implementation of the *Evaluation Strategy*. Consistent with the *Results Chain*, the report normally reflects the activity of research-oriented clinicians with protected time (time funded by the department) for research.

SCHOLARLY CURIOSITY

Engage in the process of creativity

INDICATOR: Number of new proposals that are developed into research endeavours

TARGET: At least 3 new research endeavours / projects annually

Residents have engaged in 7 new research endeavours.

Residents are expected to fulfill research requirements as part of their five-year residency program. The department has 27 residents (2010/2011). In 2010, 8 residents have completed their research projects, 7 are engaged in research with research ethics board approval, 4 presented at Anesthesia Research Day, 3 presented at national or international conferences and 2 residents have published their work.

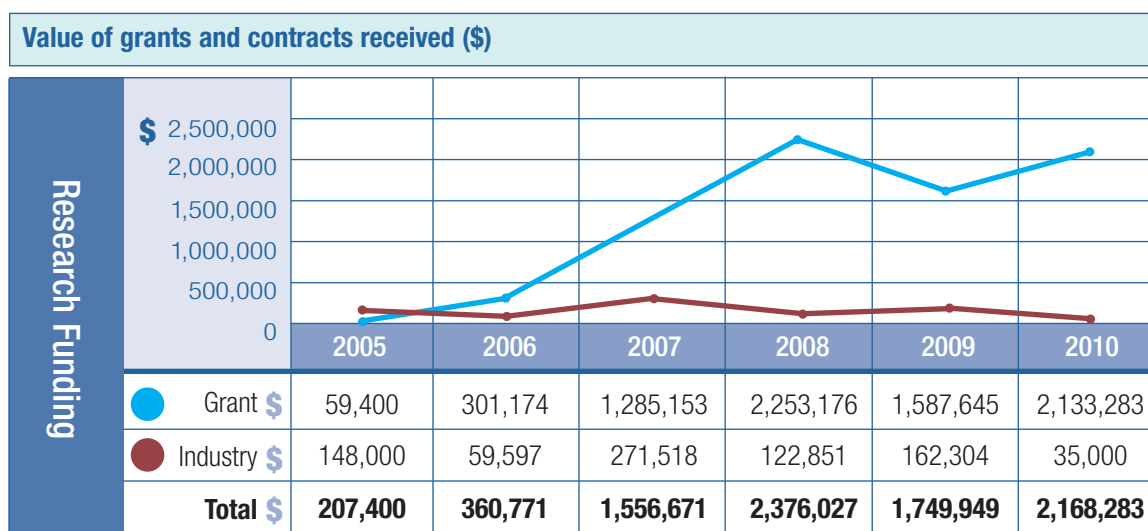
In 2010, the position of Director of Resident Research moved to a co-leadership model, co-led by Peter MacDougall (PhD, MD) and Jill Chorney (PhD) and the department's resident research framework, developed in 2009, was implemented.

The annual Anesthesia Research Day program was successfully filled to capacity with research presentations from learners (residents, fellows and students) for the second consecutive year.

Engage in the process of research (act as leader, innovator, change agent)

INDICATOR: Number and value (\$) of grants & contracts received

TARGET: Trending reflects maintenance or increase from previous years relative to protected research time



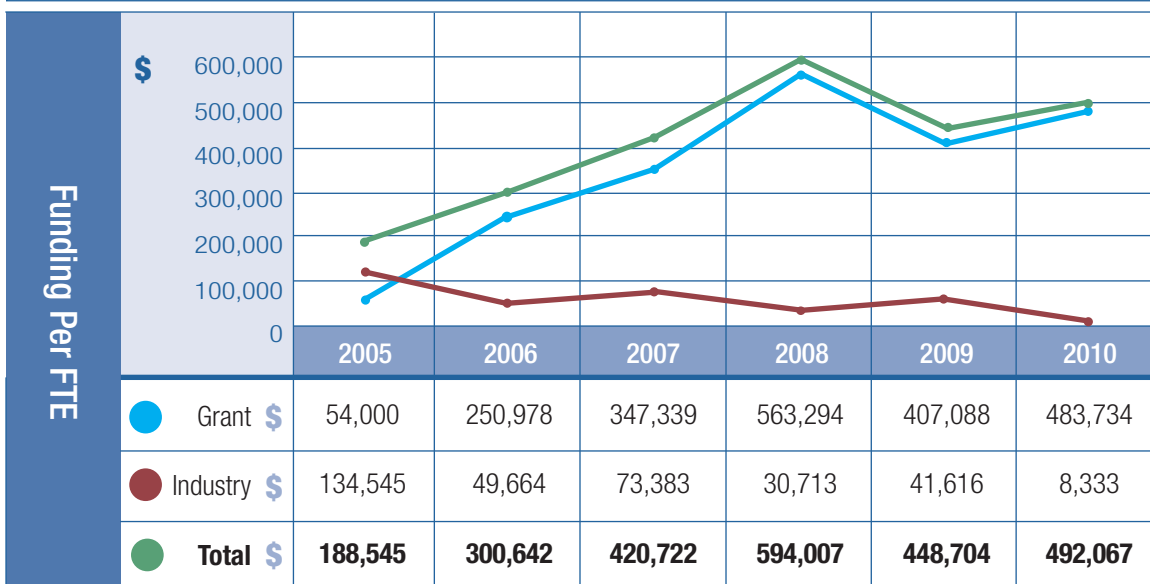
SCHOLARLY CURIOSITY (CONT'D.)

The value of research funding each year includes revenue from all research awards generating funds in that year (for multi-year awards, the revenue is reported in the year it is budgeted). All research projects in which a department researcher is a team member are included.

Number of grants and contracts received. *The number of grants received reflects the number of grants and contracts generating funds that year (which may be continuing from earlier years).*

		2005	2006	2007	2008	2009	2010
Funded Research Projects	Grant	2	5	10	23	17	24
	Industry	2	3	4	3	2	1
	Total	4	8	14	26	19	25

Value and number of grants and contracts received relative to FTE of protected time for research. *The number of grants received reflects the number of grants and contracts generating funds that year (which may be continuing from earlier years).*



SCHOLARLY CURIOSITY (CONT'D.)

Grant funded research underway in the department in 2010 includes 11 projects funded by the Canadian Institutes of Health Research (CIHR), of which 5 are led by department principal investigators and another 4 department researchers are co-principal investigators. CIHR funded research in 2010 totals over \$1.75M.

The Canada Foundation for Innovation awarded a Leaders Opportunity Fund award to a department researcher in 2010 valued at \$308,467. However, the funds were not released in 2010, so the value of that award is not reflected in 2010 data.

Industry funded research has been variable over the last few years, and the decline in industry funding is particularly notable in 2010.

INDICATOR: Number of associate and full professors

TARGET: 50% of researchers will be at professor level, 30% at associate level; and 60% of research related promotion applications are successful.

Rank	n	%
Full Professor	9	69%
Associate Professor	1	8%
Assistant Professor	3	23%

The proportion of researchers at various ranks is consistent with the demographic profile of the researchers (e.g. seniority, terms of appointment). There were no applications for promotion in 2010.

SCHOLARLY CURIOSITY (CONT'D.)

INDICATOR: Number of recognition awards

TARGET: Trending reflects maintenance or increase from previous years relative to protected research time

Number of recognition awards.

	2005	2006	2007	2008	2009	2010
Awards	7	6	7	3	7	3

Number of recognition awards relative to FTE of protected time for research.

	2005	2006	2007	2008	2009	2010
# Awards / FTE	5.0	4.0	1.9	0.7	1.7	0.7

Three researchers received recognition awards for achievements in 2010. Two awards reflect recognition from international and national professional associations.

Noteworthy in 2010: the inaugural Dr. Stewart Wenning Chair in Pediatric Pain Management was awarded to Dr. Allen Finley to fund initiatives to improve child pain prevention and treatment.

Actively seek out collaborative opportunities with interdisciplinary colleagues

INDICATOR: Number of collaborative projects, proposals and manuscripts.

TARGET: 80% of all projects are collaborative

Of 84 publications, 71 have co-authors (85%)

Of 25 funded grants and contracts, 20 have co-investigators (80%).

Therefore, 91 out of 109 projects and publications are collaborative (83%).

Sit on scientific organizing committees

INDICATOR: Number of researchers who serve as members or reviewers for research ethics boards, editorial boards, professional associations, granting agencies, scientific journals

TARGET: 40% of researchers are reviewers / members locally, 30% nationally, 10% internationally

Scope	# Researchers	Proportion of Researchers
Local	11 / 15	73%
National	12 / 15	80%
International	11 / 15	73%

INDICATOR: Number of researchers invited to review, organize, chair and offer expert opinion

TARGET: 50% of researchers invited to review, organize, chair and offer expert opinion

Thirteen out of fifteen researchers invited to review, organize or chair (87%).

Noteworthy in 2010: Dr. Rick Hall, supported by the Office of Research, led the development of the national Perioperative Anesthesia Clinical Trials (PACT) group and is serving as its Chair. A Business Plan was developed and endorsed by the Management Committee of the Association of Canadian University Departments of Anesthesia (ACUDA), start-up funding secured and the inaugural meeting was held. The Office of Research will serve as the PACT Secretariat.

Engage in the administrative process

INDICATOR: Engage in planning activities to advance the research mission

TARGET: 80% of action items completed from strategic plan each year

Status	# Actions	% Actions	
Done	32	65	94 %
Ongoing (never completely done)	8	17	
Progress underway	6	12	
No progress	3	6	6 %
TOTAL	49		

The Office of Research updated its strategic plan on October 30, 2010. Four priority actions were identified:

1. Development of a strategy on cultivating collaborations and student outreach
2. Space (Perioperative Research Team (PORT) proposal for Tupper space)
3. Financial plan
4. Selection of research-oriented residents

INDICATOR: Researcher satisfaction with services provided by Office of Research

TARGET: 90% researcher satisfaction rate with services provided by Office of Research

Surveys were sent to researchers (n=15), the principal users of the services of the Office of Research. Of the responses received, 100% indicated that they were “very satisfied” with services provided.

SCHOLARLY TRANSLATION

Linking theory to practice activities

INDICATOR: Number of initiatives (e.g. programs, conferences, educational sessions) targeted at applying or translating research

TARGET: 30% of researchers are engaged in knowledge translation activities

Fourteen out of fifteen researchers engaged in knowledge translation activities (93%).

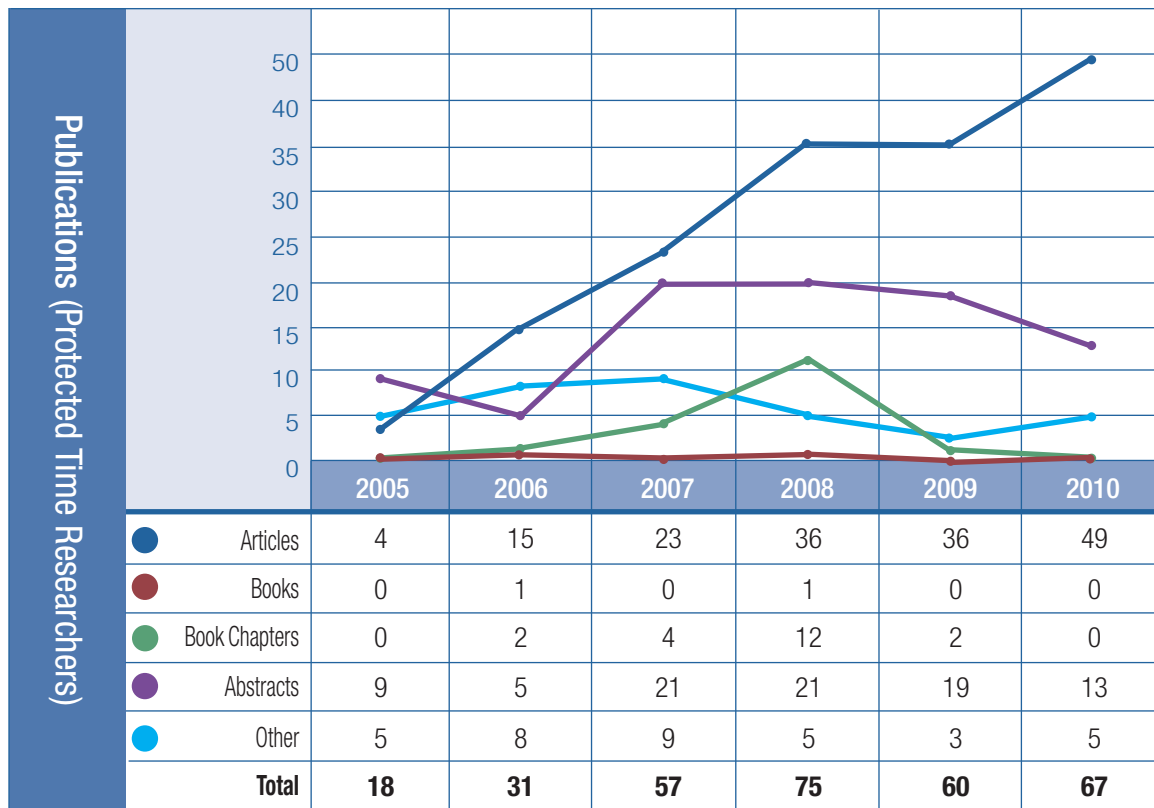
SCHOLARLY COMMUNICATION

Writing and publishing

INDICATOR: Number of submitted and accepted publications (peer reviewed & non-peer reviewed)

TARGET: Trending reflects maintenance or increase from previous years relative to protected research time

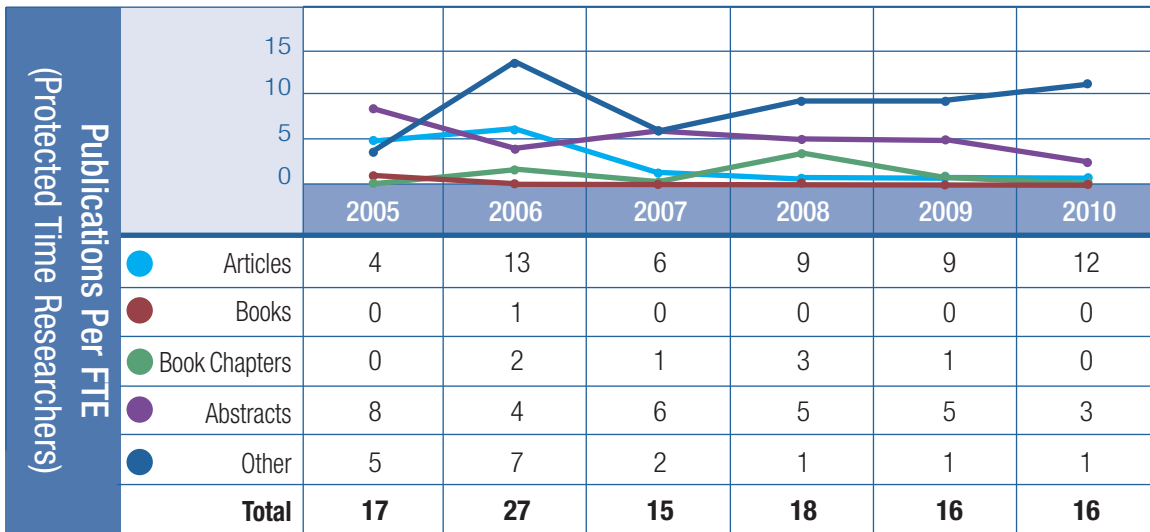
Number of submitted and accepted publications *(peer reviewed & non-peer reviewed)*



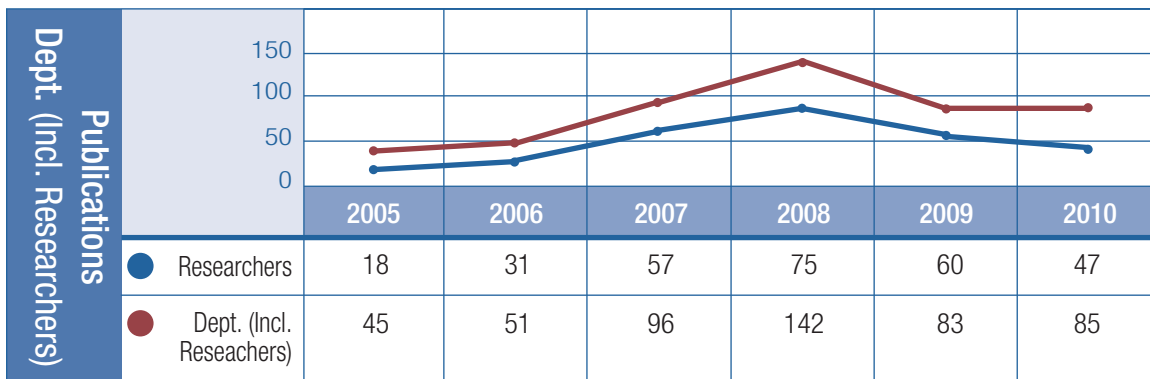
There is a significant increase in the number of articles in 2010. Also noteworthy this year is the preparation of two textbooks with department researchers as their editors; the books will be published in 2011 and their productivity reflected then.

SCHOLARLY COMMUNICATION (CONT'D.)

Number of submitted and accepted publications (peer reviewed & non-peer reviewed) relative to FTE of protected time for research.



New for this report, the department publication record is presented.



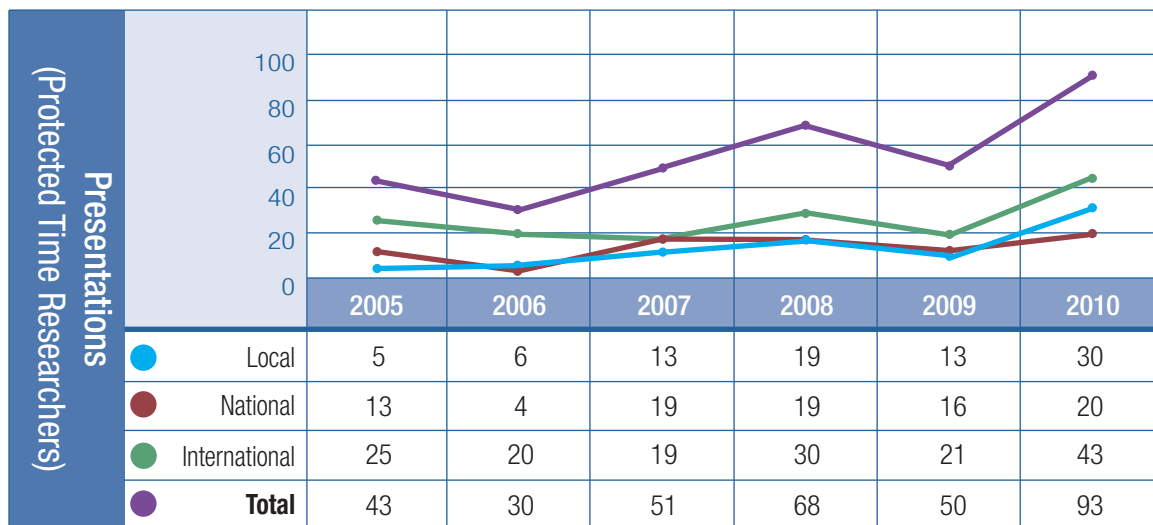
Department publications include 31 articles, 4 book chapters, 16 abstracts and 7 other.

Preparing and delivering presentations

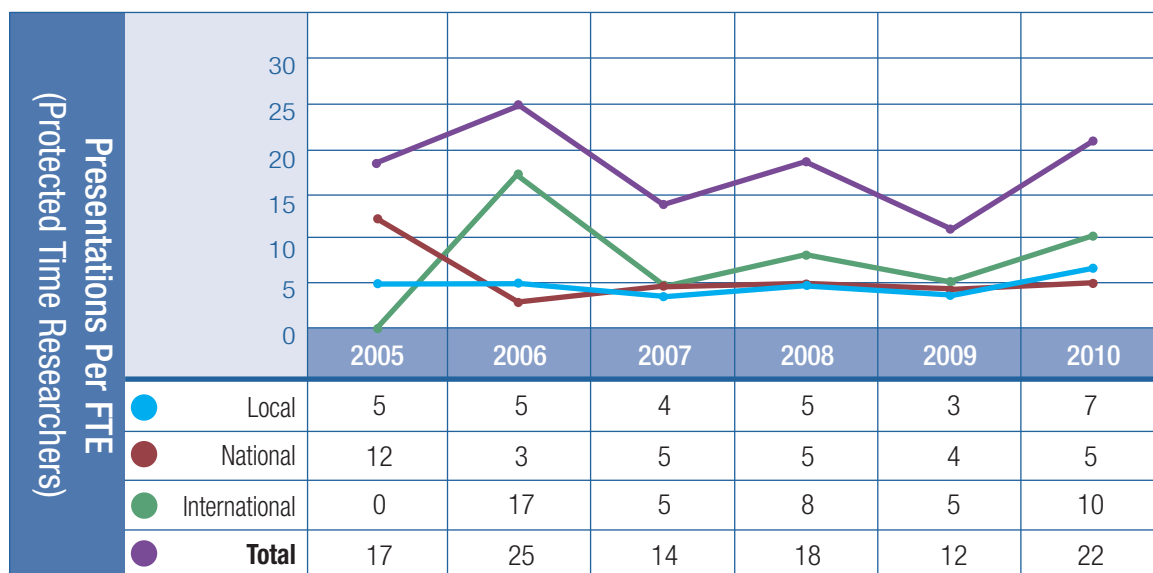
INDICATOR: Number of presentations (local, national, international)

TARGET: Trending reflects maintenance or increase from previous years relative to protected research time

Number of presentations (*local, national, international*)



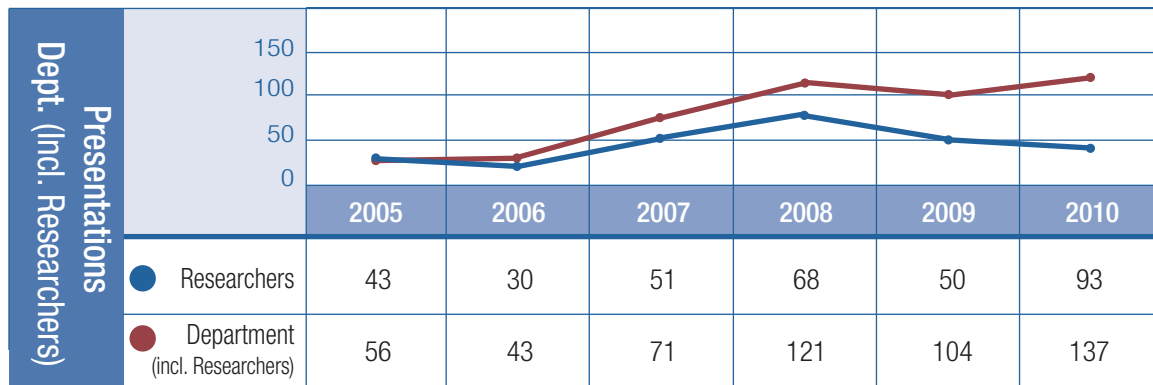
Number of presentations (*local, national, international*) **relative to FTE protected time for research.**



SCHOLARLY COMMUNICATION (CONT'D.)

The number of presentations by researchers is significantly higher than in previous years. Local and international presentations have doubled from the previous year and presentations at the national level have remained relatively stable. Presentations relative to the FTE of protected time for research has reached a four-year high.

New for this report, the department presentations record is presented.



Department presentations include 45 local, 29 national and 63 international presentations. Again, the number of presentations made by the department as a whole is trending upward, due in large part to the productivity of the research-oriented clinicians.

APPENDIX A - Calculation of Protected Time for Research

FTE Protected Time – Anesthesia

	2005	2006	2007	2008	2009	2010
FTE Protected Time	1.4	1.5	3.8	4.2	4.2	4.2