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Meet Dr. Anamaria Richardson

WHAT I LOVE ABOUT MY JOB THE MOST

I am grateful to have the opportunity, to use my knowledge, skills and training to improve the health of children and provide meaningful support to their families.

MY ROLE WITHIN THE ORGANIZATION

In 2019, I started a small community-based pediatric clinic that focuses on children and youth with behavioural and medical complexities. Since then, the clinic team has expanded to include pediatricians with diverse backgrounds and two nurse practitioners. Our collaborative approach to care provides a novel practice where the treatment of complex patients can be housed under one medical home.

Since 2017, I have also been working at Self Injurious Behaviours Clinic (SIB) at BC Children's Hospital (BCCH),

which provides multidisciplinary assessments for children with severe SIB.

SIB is one of the hardest behaviours to treat because it limits children and their family's ability to participate in everyday activities such as school, sports, and outings. Since joining the SIB Clinic, a research program has evolved that is looking into ways to improve the health outcomes of children diagnosed with SIB.

I've always felt strongly about making healthcare equitable for all my patients and I often conduct autism assessment at my clinic without billing the families. This mindset has resulted in a research interest to explore alternative models of assessment.

I like to round out my practice by doing outreach to Indigenous communities through the Musqueam Clinic, Lu'ma Medical Centre and the Nuxalk (Bella Coola) Clinic. Because of this community-based work, another research stream has emerged for me that seeks to improve access for families to culturally safe, neurodevelopmental assessments.

MY PROUDEST ACCOMPLISHMENT TO DATE

As a community-based pediatrician, one of the biggest accomplishments to date, is having created a small community practice that seeks to improve health on a systemic, as well as at an individual, level.

Although small, our research program has grown with the support of countless medical and undergraduate students who have developed substantive data which has uncovered key barriers to health for children with behavioural complexity and other high need areas as identified by our patient's families.

Right now, my team is working on a 3-year project to improve access to sedations at BCCH for children with behavioural complexity. We anticipate that our *Exams Under Anesthesia* (EUA Project) is likely to have significant impact on clinicians, families and patients that require sedation for procedures. We are using a trauma-informed approach that aims to individually tailor the sedation experience for each patient.

WHY I BECAME A DOCTOR AND RESEARCHER

Like many of my colleagues, I love being a doctor. This profession allows me to combine my interest in biology and science with my need to improve equity in healthcare. Prior to becoming a pediatrician, I was a teacher. I made the career switch, because I found that there was not enough space to target or address larger systemic issues. The path to a medical career was long and hard for me, but in the end, it has been so rewarding.

I became a researcher quite by accident. In my solo practice, I kept hearing so many similar stories from my patient's families, that decided to try and do a small 'focus group.' This initiative, led from one project to the next, growing larger and more complex each time. Pretty soon, I found myself collaborating with others and then supervising research teams.

Although the specific focus has shifted slightly over the years, my research has always been grounded in the unifying theme of equity. For example, how do we increase access to assessments for Indigenous patients? Or how do we find alternative funding models to improve access to autism assessment that is not two-tiered?

Currently, I am trying to conceptualize how to present my research findings that is not constrained by traditional academic approaches. For instance, I am exploring art, digital media, graphic novel, or song as potential mediums.

HOW MY ROLE AS CLINICIAN/RESEARCHER COMPLEMENT/BALANCE EACH OTHER OUT

In my world, the two are intertwined and cannot function without each other - my clinical practice drives my research questions and funds my time - as a community practitioner there is no option for funded research - and my research drives me to continue clinical work.

Although conducting community based clinical work can be emotionally tiring, and sometimes I feel like all I can offer is a "referral" or a "prescription" my research has allowed me the opportunity to advocate for meaningful change which I have found very rewarding personally and professionally.

MORE:

<https://granvillepediatrics.com>

<https://bcchr.ca/arichardson>