ANESTHESIA NEWS

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PRESIDENT'S MESSAGE

Dear Colleagues:

As 2013 winds down, I would like to express my appreciation to the many CAS members who have contributed countless hours of their time in supporting CAS – from serving in Sections and on committees, the Board of Directors and task forces, to submitting research and grant proposals, authoring papers, making presentations and undertaking special projects on behalf of the profession. CAS had a full agenda in 2013. The time you give and the work you do are invaluable, and my personal "thank you" to all who stepped forward.

Canadian Journal of Anesthesia *Appoints New Editor*

I am delighted to announce that the CAS Board of Directors unanimously supported the candidacy of Dr Hilary P Grocott as the *Journal's* new Editor, effective January 1, 2014. A professor in the Departments of Anesthesia and Surgery at the University of Manitoba, Dr Grocott brings excellent experience, multi-faceted skills and a forward-thinking vision to his new role. Widely recognized for his passion and commitment to anesthesiology, he has published more than 250 peer-reviewed papers, abstracts and book chapters in the field of anesthesiology and cardiac surgery.

In Appreciation

While we are all too familiar with the events surrounding the 2013 Annual Meeting, I would like to extend my appreciation to all of the members who worked diligently in advance of the Annual Meeting and to all who ably dealt with the post-cancellation matters. Throughout, the energetic and capable CAS staff team led by Mr Stan Mandarich played a significant role in managing the myriad of details, for which we are all grateful.

In particular, I also wish to recognize the 94 members (to date) who agreed to leave their registration fees with the CAS.

St John's Awaits CAS in June 2014

If you haven't already made your plans to be in St John's from June 13 – 16 (and longer so that you can explore its wonderful scenery, history and hospitality!), I urge you to book soon.

A leading-edge technical program, networking opportunities with colleagues from around the world and a unique social program are just three reasons why you should be in St John's. Early in 2014, CAS will release details about the Annual Meeting as they are available and the CAS website is always a good resource. In the meantime, you can make your travel plans!

I wish you and your family a happy and healthy holiday season.

Dr Patricia Houston, FRCPC
President

You Are Invited...

REPORT FROM THE LOCAL ARRANGEMENTS COMMITTEE

2014
CAS ANNUAL MEETING
ST JOHN'S, NEWFOUNDLAND
JUNE 13 – 16

The CAS Annual Meeting Committee and the Local Arrangements Committee are hard at work and looking forward to hosting anesthesiologists from Canada and abroad in June 2014. Make sure to mark your calendar. This year's meeting will be held June 13 – 16 in St John's, Newfoundland.

CAS members will be receiving regular updates about the Annual Meeting, including details about the technical program, plenary sessions, workshops, etc., as well as related events and arrangements. From thought-provoking plenary sessions to topic-spe-

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Editor-in-Chief	Dr Salvatore Spadafora
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Design and Production	Marco Luciani

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cific workshops, there will be plenty of opportunities to learn in all areas of our specialty.

And, of course, the meeting isn't just about anesthesiology! There's plenty to experience in scenic Newfoundland and Labrador. Arrive early! Linger longer! Bring your family for a fun-filled vacation and explore a place beyond the ordinary.

On behalf of the Annual Meeting Committee, I invite you to share in our cultural and historical "gems". Start making plans to join us from June 13 – 16 in St John's, Newfoundland. It's going to be a great meeting!

Dr Angela Ridi, FRCPC
Chair
Local Arrangements Committee

PS ... Newfoundland and Labrador have an amazing 500 years of history and culture. Please watch this 60-second YouTube piece and see what we have to offer.

ANNUAL MEETING UPDATE:

NEW IN 2014: CHILDREN'S PROGRAM

Thinking about bringing your family to Newfoundland? A children's program will be organized – watch for more details.

TRAVEL PLANS – BOOK EARLY!

If you have already decided to attend the Annual Meeting, please make your travel arrangements early. If you need a car, be aware that cars for rent on the island are limited. Book early…

IT'S NOT ALL BUSINESS

When you are planning your trip to Newfoundland, consider family and recreational opportunities because there are plenty of great finds everywhere. For ideas and opportunities, visit the Newfoundland and Labrador tourism website at: www.newfoundlandlabrador.com

AIRWAY MANAGEMENT ARTICLES PUBLISHED IN *CANADIAN JOURNAL OF ANESTHESIA*

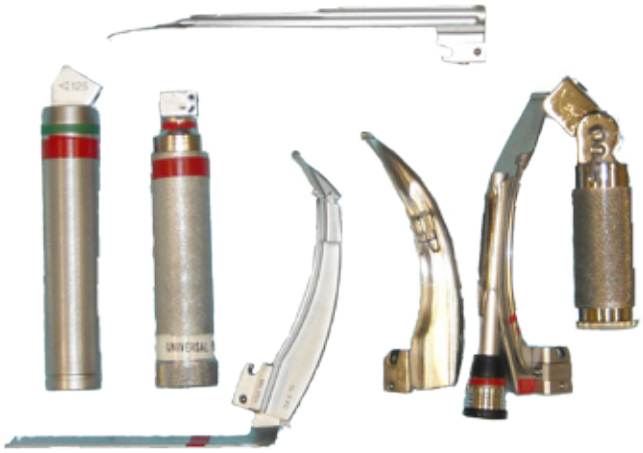
By: Dr Richard Merchant, FRCPC
Chair, CAS Standards Committee

This November, the *Canadian Journal of Anesthesia* (*CJA*) featured a pair of documents presented by a group of respected Canadian anesthesia clinicians describing the care of patients who present with "airway management problems". These are carefully crafted, peer-reviewed documents which resulted from an extensive review of the literature of airway management. They should be available electronically by the time you read this newsletter and will be shortly published within the pages of the *CJA*. Please note that Canadian Anesthesiologist's Society (CAS) is supporting but not endorsing the documents.

The CAS also prepares and sponsors guideline documents, notably our "Guidelines to the Practice of Anesthesia". A "sponsored" document was published in 2012[1] on management guidelines for cardiac rhythm devices as a joint effort with the Canadian Cardiovascular Society, which was presented as a "position paper" of the CAS. In addition, in the past there have been a number of advisory documents published in the *CJA* which have not had the official imprimatur of the CAS.

Until recently, the process for presenting documents with a request for official sponsorship by the Society has not been well defined. While designated committees of the Society do produce position papers which are developed by the committee and approved of by the CAS Board of Directors (i.e., documents from the Ethics Committee), interested clinicians had not had a formal route to undertake this process until recently. In 2011, this question was addressed with a resolution of the Standards Committee, adopted by the Board, which states:

> the process should include the following steps: (a) such guidelines should be coordinated by the Standards Committee, that (b) a member of the Committee should be a member of the working group of the guidelines committee, and (c) the guidelines should be developed with the principle *"Collaboration, Simplicity, Transparency" (Smith A, Pelosi P. Collaboration, simplicity and transparency (CoSiTra): the European Society of Anaesthesiology's guidelines initiative. European Journal of Anaesthesiology 2011, 28:231–234)*



Scopes: Photo by Dr Richard Merchant

The cardiac rhythm devices paper was developed under this principle, perhaps partly as it was initiated by the Standards Committee itself. The group preparing the current papers on airway management elected to proceed as a conventional *CJA* article(s) involving a review of the literature and summary of recommendations for management; they emphasize that these recommendations do not describe a "standard of care" but rather provide a path that clinicians can utilize to aid their management of these difficult situations.

Other groups may wish to develop reviews or management guidelines for the use of Canadian anesthesiologists. If they wish to obtain formal support of the CAS, then the CAS should be contacted early in the process for assistance with the above-noted process; reviews will not always be considered suitable for CAS sponsorship but presentation as *CJA* articles as in this current process will be encouraged.

Readers can access the following link on Springerlink.com. Sign into the Member Portal, click the Access to the *Canadian Journal of Anesthesia* link, and then, click this link: http://link.springer.com/article/10.1007/s12630-013-0029-1

1 Both documents can be found at: http://cas.ca/English/Guidelines

DRUG SHORTAGES IN ANESTHESIA – NO PLACE FOR COMPLACENCY

By: Dr Richard Hall, FRCPC

In June, my colleagues and I published the results of a survey completed in April 2012 describing anesthesia drug shortages in Canada.[1] We described that, at least in the opinion of the respondents, shortages of anesthesia drugs (65%) were common and that these drug shortages were affecting patient care and the well-being of anesthesia practitioners. We suggested that a change in how drug shortages were managed was necessary to prevent further patient mishaps.

Has anything improved in the interim? I would suggest the answer is no and it may in fact be worsening. There continue to be publicized concerns about drug shortages in oncology,[2, 3] gastroenterology[4] and infectious disease.(5) But what about anesthesiology? In an effort to fill the acknowledged gap in drug supply, sterile pharmacy compounding has increased.(6) Sterile pharmacy compounding is the process whereby a pharmacy compounds a product for subsequent distribution. It is becoming more frequent driven by the shortage of injectable drugs e.g., the preparation of single dose syringes of fentanyl from the larger 20 ml vials and, while certainly within the expertise of our pharmacy colleagues, takes time away from other duties and increases the cost of drug distribution at local levels. In addition, the standards for the preparation of these types of products do not meet the regulatory standards for the production of sterile injectables[7] and in my opinion, it is only a matter of time before a problem will again be encountered due to mislabelling, a break in sterility or a concentration error as drugs are diluted.[8] In the United States, sterile compounding by pharmacies has become an economic opportunity, and in part because there is a laxity in their regulation [7] a predictable disaster has occurred. [9] In Canada, the shortages continue but, due to the diligence of our pharmacy colleagues to find alternative sources, I fear, may be unrecognized by practitioners – the new norm.

Some things we can do little about. The sourcing of raw materials for production continues to be a problem as political upheaval continues around the world. The pharmaceutical industry continues to constrict in an effort to preserve profit margins and regulatory inspections will continue to find problems in manufacturing plants. However, we can continue to lobby government – both at the federal and provincial level – for expedited changes in how drugs for critical care and anesthesia are approved for import into the country, more opportunity for competition in the market place, a continuous supply of "critical drugs" so when a disaster occurs there is sufficient drugs available to meet the needs of the Canadian people and changes in the drug distribution system.[10] We must continue to ensure that when a drug is in short supply, we do not sacrifice quality for quantity.[11] There is no room for complacency – hence my note here as a warning. We must continue to put pressure wherever it is needed to ameliorate a problem that affects not just us as practitioners but, as we have already demonstrated,[1] may be affecting the care of our patients.

1 *Hall R, Bryson GL, Flowerdew G, et al.* Drug shortages in Canadian anesthesia: a national survey. Can J Anesth 2013; 60: 539-51.

2 *McBride A, Holle LM, Westendorf C, et al.* National survey on the effect of oncology drug shortages on cancer care. Am J Health Syst Pharm 2013; 70: 609-17.

3 *Elzawawy AM, Kerr DJ.* Variation in the availability of cancer drug generics in the United States of America. Ann Oncol 2013; 24 Suppl 5: v17-v22.

4 *Holcombe B.* Parenteral nutrition product shortages: impact on safety. JPEN J Parenter Enteral Nutr 2012; 36: 44S-7S.

5 *Centers for Disease C, Prevention.* Impact of a shortage of first-line antituberculosis medication on tuberculosis control - United States, 2012-2013. MMWR Morb Mortal Wkly Rep 2013; 62: 398-400.

6 *Myers CE.* History of sterile compounding in U.S. hospitals: Learning from the tragic lessons of the past. Am J Health Syst Pharm 2013; 70: 1414-27.

7 *Gudeman J, Jozwiakowski M, Chollet J, Randell M.* Potential risks of pharmacy compounding. Drugs R D 2013; 13: 1-8.

8 *Staes C, Jacobs J, Mayer J, Allen J.* Description of outbreaks of health-care-associated infections related to compounding pharmacies, 2000-12. Am J Health Syst Pharm 2013; 70: 1301-12.

9 *Kainer MA, Reagan DR, Nguyen DB, et al.* Fungal infections associated with contaminated methylprednisolone in Tennessee. N Engl J Med 2012; 367: 2194-203.

10 *Hall R, Chisholm R, Cheng D, Murphy M, Campbell D.* Drug shortages in anesthesia and perioperative medicine: Canada needs a better supply system. Can J Anesth 2012; 59: 629-35.

11 *Kweder SL, Dill S.* Drug shortages: the cycle of quantity and quality. Clin Pharmacol Ther 2013; 93: 245-51.

DR VIREN NAIK ACKNOWLEDGES HIS 2013 CLINICAL TEACHER AWARD

Dr Viren Naik is honoured to be the recipient of the 2013 CAS Clinical Teacher Award. He shares his success with his family, mentors, colleagues and students.

I had the good fortune of finding myself back in Calgary this fall, where their resilience to rebuild and recover is evident. The warmth and hospitality of Calgary is undaunted by the floods, and I very much look forward to our next opportunity to celebrate the city together (urging the CAS not to wait too long before scheduling our next meeting in Calgary).

Every one of my mentors has unselfishly helped steer my career (even when it wasn't best for them) towards growth. My family, colleagues and students have always supported the path deemed best for success. To all my Department Chairs, from Dr Bob Byrick to Dr Homer Yang, thanks for being visionary in your support of education research and scholarship as an emerging field. To my "old" partners at St Michael's Hospital and my "new" partners at The Ottawa Hospital, thanks for always making me feel like I add value to the Department, even when I'm not pushing propofol. As I enter the next phase of my career, I must thank Drs Jack Kitts, Jim Worthington and Andrew Padmos for the opportunities to take education to the next level. To all the students, Residents, and fellows, thanks for teaching me more than I ever taught you.

One of my biggest regrets with the events of Calgary is not accepting this award from Dr Patricia Houston - the one mentor who has been there since the beginning of this journey, and is still always available on the end of the phone.

Finally, I would be remiss if I didn't recognize my wife, Jasmine, and my kids, Laurel and Ketan, for being my "biggest fans", and teaching me that I have a lot to learn every day.

UNIVERSITY OF OTTAWA ANESTHESIA RESIDENCY MOVES TO COMPETENCE-BASED EDUCATION

By: Dr Viren Naik, FRCPC

In July 2015, the Department of Anesthesiology at the University of Ottawa is preparing to introduce a competency-based residency program. This program is a pilot in response to the 2011 Future of Medical Education in Canada Postgraduate Environmental Scan, which identified the need to shift from the traditional apprenticeship model to a competency-based model (Postgraduate FMEC Project), and the Royal College's "Competence By Design" project associated with CanMEDS 2015 (RC Competence By Design).

What is competency-based education? In essence, it means "beginning with the end in mind". Analogous to this concept is deciding what a house will look like once built, and then determining what bricks needs to be laid and where – a stark contrast to laying bricks in some organized fashion and hoping/trusting that a house will be built. For an anesthesiologist, this means determining what competencies are required for the safe practice of anesthesia, and deciding how to best and most efficiently achieve those competencies. The success of this program will depend on the development of entrustable professional activities (EPAs) and milestones, a critical evaluation and modification of the current curriculum, enabling accelerated learning through simulation, and serial robust multi-faceted assessments with supportive faculty development. To maximize clinical exposure, the standard training requirements for our specialty must also be critically deconstructed to only include those critical elements for practice. The net result is that trainees may complete their training in shorter or longer than the traditional five years. The uOttawa program will begin by piloting a four-year base schedule.

We hope that others agree that the uOttawa pilot will position the specialty of anesthesia as a leader in Competence By Design. We hope our experiences will be generalizable to other programs and other specialties. Please email comments, questions, and criticisms to vnaik@royalcollege.ca.

CAS RESEARCH PROGRAM NOW OPEN

Submission Deadline: Friday, January 10, 2014 16:00 EST

The online submission website of the CAS 2014 Research Program, Operating Grants and Career Scientist is open. All applications must be submitted using the CAS online submission before the **deadline of Friday, January 10, 2014 at 16:00 EST.**

- **New Investigator Operating Grants**
  - AbbVie New Investigator Award in Anesthesia
  - Canadian Anesthesiologists' Society Research Award
- **Subspecialty Operating Grants**
  - Dr Earl Wynands Research Award
  - CAS Research Award in Neuroanesthesia *in memory of Adrienne Cheng*
- **Open Operating Grants**
  - Dr R A Gordon Research Award
  - The *Canadian Journal of Anesthesia* Research Award
- **Residents' Research Grant**
  - Ontario's Anesthesiologists - CAS Residents' Research Grant

2014 ABSTRACTS SUBMISSION – NOW OPEN!

Submission Deadline: Monday, January 20, 2014 16:00 EST

Applicants are invited to submit their Abstract and/or Case Reports/Series to the Canadian Anesthesiologists' Society's 2014 Annual Meeting. The meeting will be held from June 13-16, 2014 in St John's, Newfoundland at the St John's Convention Centre and Mile One Centre.

To see the details, go to: http://www.cas.ca/English/Abstracts

FREQUENTLY ASKED QUESTIONS ABOUT KNOWLEDGE DIRECT

As noted in the October issue of *Anesthesia News*, the CPD Online modules are now available on Knowledge Direct. In response to some of your questions, we've created a FAQ page on the CAS website.

Examples of questions received include:
- How do I download my certificate?
- Why do I have to complete an evaluation?
- Where can I find my log in information?

See the answers to these and other questions at: http://www.cas.ca/LMS-FAQ

If you have any other questions that we can add to this list, please direct them to anesthesia@cas.ca

THE SELF ASSESSMENT PROGRAM FROM THE *CANADIAN JOURNAL OF ANESTHESIA* — CPD ONLINE

CPD MODULE: Impact of anesthesia for cancer surgery (**December 2013**)

ALSO AVAILABLE

- Perioperative considerations for neurosurgical procedures in the gravid patient (**November 2013**)
- Airway management and oxygenation in obese patients **(September 2013)**
- Residual paralysis: a real problem or did we invent a new disease? **(July 2013)**
- Ultrasound-guided regional anesthesia for upper limb surgery **(March 2013)**
- Massive transfusion in the trauma patient **(December 2012)**
- Competency-based professionalism in anesthesiology **(September 2012)**
- Fluid and vasopressor management for Caesarean delivery under spinal anesthesia **(June 2012)**
- Postoperative delirium: risk factors and management (**March 2012**)

HOW TO ACCESS THE MODULES

Instructions can be found on the Canadian Anesthesiologists' Society website at: http://cas.ca/Members/CPD-Online

Successful completion of each module of the self-assessment program will entitle readers to claim four hours of continuing professional development (CPD) under section 3 of CPD options, for a total of 12 maintenance of certification credits. Section 3 hours are not limited to a maximum number of credits per five-year period.

Publication of these modules is made possible through unrestricted educational grants from the following industry partners:

ANESTHESIA FOR GLOBAL OUTREACH COURSE

Halifax, Nova Scotia, Canada
May 29 – June 1, 2014

Boasting an exceptional international faculty from Australia, Canada, Fiji, New Zealand, Uganda, the UK and the United States, we would like to announce the 7th annual North American Anesthesia Global Outreach Course. This course is one of only three offered worldwide to teach skills necessary to practice anesthesia in the austere environment.

The Anesthesia for Global Outreach Course focuses on enabling anesthesia care providers in delivering anesthesia care in underserviced environments – the conditions under which 80% of the world's anesthesia care is delivered. It is designed to assist volunteers travelling to developing countries or austere environments for service or capacity development in anesthesia and critical care. It is designed primarily for anesthesiologists, but also for all involved in perioperative and critical care, including but not limited to nursing, pain management, and respiratory care. Course participants will have opportunities to consider the intellectual, technical, psychological, and ethical aspects of outreach anesthesia work in conditions that they are unlikely to have encountered in either their training, or their normal practice.

Each of our almost 25 faculty members brings a wealth of experience in global outreach. We are pleased to highlight two faculty members whose experience demonstrates the high-calibre teaching that can be expected at this course.

Dr Wayne Morriss is an anesthesiologist from Christchurch, New Zealand and the current Chair of the Education Committee of the World Federation of Societies of Anaesthesiologists. He trained in New Zealand and Australia and then moved

with his family to Fiji in 2000 to take up a position at the Fiji School of Medicine. Upon the family's return to New Zealand, Wayne has continued to be involved with anesthesia education in the Pacific region and further afield, and has been on frequent teaching trips and short surgical missions. In 2010, he co-authored a short course called Essential Pain Management (EPM), which has now been taught in thirty countries around the world.

Dr Adeyemi Olufolabi was born in England to Nigerian parents. He completed medical school in Nigeria and anesthesia residency in England before joining Women's Anesthesia at Duke Hospital. He had his first opportunity during his residency to work in Africa when he joined a non-profit organization interested in improving the educational strength of the University College Hospital in Nigeria. President of this organization for a year, he was subsequently invited by the President of Kybele to join her in Ghana in 2005 to investigate whether the involvement of this organization in the education of health care workers who care for pregnant mothers and babies could lead to improved care. In this ongoing project, he has lead obstetricians, anesthesiologists, neonatologists, midwives, and nurses there to help restructure a regional hospital toward improving its outcomes. Dr Olufolabi leads the Duke University Global Health Fellowship in Anesthesia Program.

Registration will open in January 2014. For more information, please visit http://nsanesthesia.ca/s/ago or contact the course directors, Dr Ron George (rbgeorge@dal.ca), Dr André Bernard (andre.bernard@dal.ca), or course manager, Megan Chipp (megan.chipp@dal.ca).

REPORT ON THE DISTRIBUTION OF CAS IEF-FUNDED OXIMETERS TO RWANDA, NEPAL AND BURKINA FASO

Introduction

CAS IEF launched its global oximetry fundraising campaign in 2011. The campaign was active until mid-2012 and was a hugely successful initiative. CAS IEF donors raised a total of $112,493 during the lifetime of the campaign. Outside of donations raised in the campaign, CAS IEF and CAS together offered an additional $10,000 for the global oximetry project.

The CAS IEF initiative has been a flagship programme of Lifebox fundraising from anesthesia colleagues and we are delighted that it has also received attention in the wider medical community across Canada.

CAS IEF determined in 2011 that these funds would be used to provide oximeters to anesthesia colleagues in facilities in need across Rwanda; Nepal and Burkina Faso were later added to the list of target countries. This was communicated to Lifebox and an MOU was signed between the two organizations in 2012 to formalize the collaboration.

Rwanda

The OR oximetry monitoring gap in Rwanda had previously been estimated at 250 and it was therefore decided that this was the number of pulse oximetry kits to be provided through the CAS IEF donation to Lifebox.

An initial shipment of 50 oximeters was sent to Rwanda in March 2012. This first shipment was delivered to Dr Bonaventure Uwineza at University Central Hospital of Kigali (CHUK). The distribution of this was split between CHUK and Centre Hospital Universitaire de Butare (CHUB) with each facility receiving 25 oximeters for their operating departments.

The remaining 200 units were dispatched in October 2012 and stored in the CAS IEF apartment in Kigali until January 2013 when 91 units were distributed at the time of the SAFE Obstetrical Anesthesia Course held at Rwamagana Hospital. This course was delivered by Canadian volunteers and built on the successful SAFE (Safe Anaesthesia from Education) model developed by the Association of Anaesthetists of Great Britain & Ireland and delivered in countries such as Uganda.

Twenty-four hospitals sent representatives to be trained during the January 2013 course and the hospital representatives attending the course were also handed oximeters for use in their operating departments. Oximeters were allocated according to the number of operating rooms and recovery settings to ensure perioperative monitoring for patients at all of the facilities.

Canadian Anesthesiologists' Society
International Education Foundation

In addition, Kigali Health Institute was allocated one oximeter and the Minister of Health, Dr Agnes Binegwaho, received an oximeter when Dr Angela Enright and representatives of CAS IEF met with her at the Ministry of Health. The remaining 109 oximeters were allocated to hospitals whose providers were not able to attend the SAFE course in January and are now being distributed by a team of local trainers visiting each facility.

Twenty-six facilities are receiving their oximeters during this phase of the project.

Nepal

Dr Enright was guest of honour at the annual meeting of the Society of Anaesthesiologists of Nepal (SAN) in April 2013. At the meeting, she formally handed over an oximeter to the SAN leadership as a symbol of the distribution to come.

During her visit, Dr Enright finalized the list of oximeter recipients and concluded negotiations with SAN regarding the customs clearance and import arrangements which were required to be in place prior to a large shipment being sent out. She also met with the Secretary at the Department of Health and engaged his Department's help with the distribution. One hundred oximeters and 100 pediatric probes were subsequently dispatched to Nepal in June 2013.

SAN is currently working to distribute these oximeters to rural and outlying facilities with less access to modern equipment in accordance with the list of 36 facilities provided by CAS IEF.

Burkina Faso

In early October 2013, 117 oximeters were sent to

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Burkina Faso, followed by 117 neonatal probes which were ordered to be dispatched by the manufacturer in November.

Dr Enright and Lifebox project officer, Remy Turc, spent a week in Burkina Faso from in October 2013 to support the distribution of equipment and training of local anesthesia providers.

Fifty facilities received oximeters in Burkina Faso. The training was led by in-country faculty who had attended a special train-the-trainers course overseen by Dr Enright prior to the distribution and general course. We are delighted to report that the Minister of Health of Burkina Faso attended one of the training sessions and we were able to secure media coverage in the country for this project.

Dr Enright also filed regular blog updates, which were posted daily online. You can now read a summary of these on the Lifebox blog:

http://safersurgery.wordpress.com/2013/11/10/are-you-sitting-comfortably.

LIFEBOX COMPETITION LAUNCHED

Safe Teams, Safe Surgery: What does it Mean to You?

Open to: anyone with an interest in global surgery
Format: entries in the form of an original unpublished essay (maximum 500 words), photo or video on the theme of "safe teams, safe surgery"
Deadline: January 5, 2014 **How to enter: Complete the Lifebox cover letter available for download here**

MARK YOUR CALENDAR

Canadian Interventional Pain Course
April 4-5, 2014, University of British Columbia Vancouver, BC

The Canadian Interventional Pain Course (CIPC) has been a yearly event since 2008. Organized by the Canadian Pain Society's interventional pain management special interest group, this two-day course is unique in Canada.

Friday, April 4: Lecture series on the evaluation and treatment of low back pain conditions to learn or refresh the approach to diagnosing and treating lumbosacral pain.
Saturday, April 5: Skill lab, where participants can practise techniques on cadaveric models.

For more information, contact Dr Steven Helper, Course Director:
Email: stevenhelper@mac.com Website: www.cipc2014.com

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Certain conditions apply. The Personal refers to The Personal General Insurance Inc. in Quebec and The Personal Insurance Company in all other provinces and territories. Auto insurance is not available in Manitoba, Saskatchewan or British Columbia due to government-run plans.

BOARD UPDATE

SmartTots

SmartTots has released a consensus statement regarding the safety of anesthetics and sedative agents administered to infants and young children. While the statement is endorsed by a number of organizations, including the International Anesthesia Research Society (IARS), the CAS Board of Directors is discussing the statement but has not endorsed it to date.

Appointment of New Editor-in-Chief

The CAS Board of Directors approved the appointment of Dr Hilary P Grocott as Editor-in-Chief of the *Canadian Journal of Anesthesia*, effective January 1, 2014. Dr Grocott replaces Dr Donald Miller whose term ends December 31, 2013.

National Physician Survey

The 2013 National Physician Survey (NPS) results were released on October 23, 2013. Carried out jointly by the College of Family Physicians of Canada, the Canadian Medical Association and the Royal College, the survey collected information on trends in employment opportunities and challenges of physicians in Canada. Almost 10,500 responses were received.

CAS By-laws

The CAS by-laws are currently under review to ensure compliance with the provisions of the new *Canada Not-for-Profit Corporations Act*. The deadline is October 2014 to complete the transition from the old Act to the new Act and will require that CAS members vote on the by-laws at the annual business meeting in St John's in June.

2014 Budget

The 2014 budget was discussed but not approved at the November 2013 Board meeting.

CAS Mission Statement

The CAS Board reaffirmed the current mission statement. http://www.cas.ca/English/AboutUs

Patient Safety

Planning is well underway for the inaugural Dr John Wade – CPSI Patient Safety Symposium. Dr Wade and Dr Alan Merry are the speakers at this event in St John's in June 2014.

Allied Health

A two-part survey of Anesthesia Assistants and Chiefs was undertaken earlier this fall and the survey results were presented to the CAS Board.

Continuing Education and Professional Development (CEPD)

The CEPD Committee has been working with the Royal College on reaccreditation as a CPD provider.

Archives and Artifacts Committee

The Executive Committee has accepted the Archives and Artifacts Committee's selection of the Canada Science and Technology Museum (CSTM) as the permanent location for 53 CAS artifacts. The Committee had received two proposals through a Request for Proposal process and work is underway on signing a Memorandum of Understanding as well as the details of the physical transfer from Toronto to Ottawa.

CAS 2013 MEMBERSHIP SURVEY HIGHLIGHTS

In March 2013, CAS conducted a membership survey to determine member satisfaction with the association. The survey was distributed to 2,924 members and, compared to other professional associations, satisfaction with CAS is on par with the average.

Conclusions:

- The overall benchmark satisfaction rating of 60% indicates the level of satisfaction that members have with their association and the degree to which there is room to improve.
- The overall benchmark satisfaction rating represents the average score from six key rating criteria.
- The areas that require the most focus moving forward for CAS are clearly member influence, representation of member needs and ease of being heard.
- Member satisfaction with CAS services and the effectiveness of communications is strong, and the association is on the right track in these important areas.
- When asked to indicate the one thing CAS could do to improve satisfaction, members overwhelming gave answers related to improving the representation of the profession.

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Summary of Benchmarks

	Benchmark
Overall satisfaction with CAS	66%
Overall services	71%
Overall representation	49%
Ease of having voice heard	55%
Member influence	53%
Effectiveness of communications	67%
Overall Benchmark Satisfaction Rating	60%

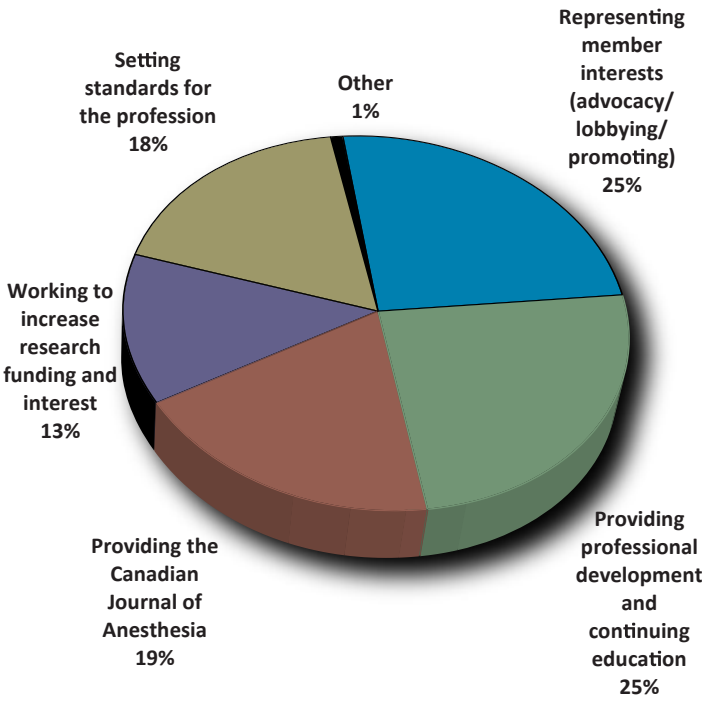
Allocation of CAS Resources

The two areas where members would assign the greatest share of CAS resources are representation of member inters and providing professional development and continuing education opportunities:

Representing member interests	25%
Providing professional development and continuing education	25%
Providing the *CJA*	19%
Setting standards for the profession	18%
Working to increase research funding and interest	13%
Other	1%

Thank you to the members who took the time to respond to the survey. The CAS Executive Committee is reviewing the findings and will be making a recommendation on next steps in the near future.

Percent of Resources Assigned



SURVEY HIGHLIGHTS – NATIONAL PATIENT SAFETY DATABASE

CAS surveyed members to learn their views on the potential development of a National Patient Safety Database and to see if there is support for the idea.

Access to a Database

- Only a handful of respondents now have access to a patient safety database in their department. While some respondents were uncertain about whether or not they had access, only 16% were certain they have access to a database in their department.
- Respondents in Alberta and Ontario were the most likely to have access to a database, along with respondents in an academic hospital or in a university/teaching hospital.
- Access increases with community size up to a large city (500,000 – 1 million people).
- Where respondents have access to a database, 90% are internally housed.
- 83% of databases contain case information and 81% contain adverse/critical events information.

Value in Collecting Information

- The greatest value in creating a National Patient Safety Database is improving quality through organizational and professional learning, as well as enabling learning.
- Secondary values include the development of evidence-based guidelines, enabling continuous improvement and making evidence-based recommendations for delivery of care.

Conclusions

- Strong level of support for the development of a National Patient Safety Database.
- If it is to be a success, ease of use and anonymity are paramount.
- The top challenges are human factors such as willingness to participate and the secondary challenges are the legal, privacy and security concerns.
- If the initiative proceeds, it should include a good public relations and educational campaign to ensure buy-in from potential users.

CARF PARTNERS WITH IARS FOR PEDIATRIC ANESTHESIA RESEARCH

By: Dr Doreen Yee, FRCPC
Chair
Canadian Anesthesia Research Foundation

Earlier this year, the Canadian Anesthesia Research Foundation (CARF) entered into a two-year agreement with the International Anesthesia Research Society (IARS) to fundraise under the SmartTots banner to raise money for pediatric anesthesia research, specifically anesthetic effects on pediatric neurological development. Some may recall that SmartTots was created through a public-private partnership between the IARS and the US Food and Drug Administration (FDA) in the spring of 2011. Since that time, they have engaged multiple stakeholders in both public and private sectors in their fundraising endeavors.

CARF is now able to accept Canadian donations using the SmartTots brand to fund pediatric anesthesia neurodevelopmental research that will be done in Canada. Money raised will support ongoing research by Dr Davinia Withington, Associate Professor at McGill University and who works at Montreal Children's Hospital and is looking into differences in neurodevelopmental outcomes and apnea in children receiving regional versus general anesthetics as part of a multicenter trial. The Canadian Pediatric Anesthesia Society (CPAS) is supportive of this initiative and feels this will help raise the profile and highlight the importance of pediatric anesthesia research in Canada.

For more information about SmartTots, and useful information for anesthesiologists involved in the anesthetic care of children, visit: www.smarttots.org

SmartTots
Funding anesthesia research to ensure pediatric safety

CALL FOR PROPOSALS

The International Anesthesia Research Society (IARS) is currently inviting applications for the 2014 IARS Mentored Research Awards.

The IARS Mentored Research Awards are intended to support investigations that will further the understanding of clinical practice in anesthesiology and related sciences. Up to four research projects will be selected, with each investigator to receive a maximum of $150,000, payable over two years. The grants are intended to help create future leaders and prepare applicants to apply for independent research funding.

Submission deadline: February 8, 2014
Award announcement: May 2014

For complete information and submission guidelines, please visit: www.iars.org/awards/mentored_rules.asp

Your support can help solve the puzzle

CARF and Smart Tots have joined hands to help clarify the uncertainty about the affects of anesthesia on infants and small children. The research to date is very limited and non-conclusive. Together, we can facilitate and support Canadian research on existing anesthesia drugs and their influence on childhood development.

Now when you make a donation to CARF, you may direct it to this cause and help determine if there are risks to infants and children. Help us solve the puzzle so we can design the safest anesthesia regimens and potentially foster the development of new anesthesia drugs for infants.

Visit www.cas.ca/SmartTots to donate to the CARF SmartTots fund

Smart Tots
Funding anesthesia research to ensure pediatric safety

CARF
Canadian Anesthesia Research Foundation
La Fondation canadienne de recherche en anesthésie

INTERESTED IN THE HISTORY OF HEALTH CARE?

Museum of Health Care's On-line Collection Catalogue Available for Browsing

The Museum of Health Care in Kingston has an on-line collection catalogue that includes 35,000 artifacts and is available for "24/7" browsing and downloading images. Information about exhibitions and programs is also available.

Visit the Museum's website at: www.museumofhealthcare.ca

REGIONAL ANESTHESIA'S PREMIER INTERNATIONAL MEETING TO BE HELD IN CAPE TOWN

November 24 – 28, 2014, Cape Town

The 4th World Congress of Regional Anaesthesia & Pain Therapy (WCRAPT 2014) will advance the science and practice of regional anesthesia by encouraging and promoting excellence in education, research and practice. WCRAPT 2014 will also supply many opportunities for attendees to hone their skills by way of hands-on sessions, including cadaver and live anesthetized pig workshops.

A truly global gathering, WCRAPT 2014 will harness the talents of five leading RA medical societies: European Society of Regional Anaesthesia & Pain Therapy (ESRA, KI), American Society of Regional Anesthesia and Pain Medicine (ASRA, KI), Asian & Oceanic Society of Regional Anaesthesia & Pain Medicine (AOSRA), Latin American Society of Regional Anesthesia (LASRA) and the host African Society for Regional Anesthesia (AFSRA).

For participants interested in sharing their work, it will soon be possible to submit online abstracts on the most controversial topics in the field. The deadline to send in an abstract proposal is April 29, 2014.

For more information about WCRAPT 2014, go to: www.wcrapt2014.com.

NOTICE OF DISCONTINUATION: XYLOCAINE® TOPICAL

In an August 30, 2013 Notice of Discontinuation, AstraZeneca announced it would be discontinuing XYLOCAINE® Product No. 1338 as a result of changes to its global supply program. Based on a purchase allotment program that will be in place until depletion, AstraZeneca expects inventory depletion by the end of January 2014. A safety alert has been posted to the CAS website at www.cas.ca/English/Safety-Alerts

Contact AstraZeneca's Medical Information Department at 1-800-668-6000 (English) and 1-800-461-3787 (French) or by email at medinfo.canada@astrazeneca.com

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