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ANESTHESIA NEWS

PRESIDENT'S MESSAGE



It's December and time for reflection as 2014 draws to a close. For CAS, it has been a busy year and important initiatives such as Choosing Wisely Canada and the CANAIRS pilot project are well underway.

I'm pleased with our collective progress and expect that the momentum will continue into 2015. Details on both initiatives have been and will continue to be shared in this newsletter and via CAS social media sites.

Social Media and Our Profession

A considerable challenge for many professionals and organizations today is adjusting to and managing the impact of social media. Where do you start? What do you do or not do with it? Where should you have a presence?

CAS (@casupdate) has a presence on Facebook and Twitter and, as many members know, I use Twitter (@Susanolearynl) as one of my communication tools. But having a presence on social media as a professional comes with significant responsibilities and so while I encourage CAS members to think about social media, we must all consider the implications and outcomes.

From a broader professional development perspective, social media gives us access to information-sharing, and opportunities to be at the leading-edge of learning and discussion. It's easy to participate in a myriad of activities – from surveys distributed by organizations such as Choosing Wisely Canada, on-line alerts about new guidelines from the *Canadian Journal of Anesthesia* to timely information from the Canadian Medical Protective Association (CMPA).

From the physician perspective, social media provides opportunities to communicate with and engage patients and colleagues in a medical context. We also know that patients are actively on-line, getting information about their medical conditions, anesthesia options, etc. For those anesthesiologists who are not presently participating in social media, it is important to at least have some knowledge of it in order to be able to speak intelligently about it with patients. For those anesthesiologists who are using social media, it is vitally important to understand the appropriate personal/professional boundaries in all communications tools.

I believe that as a profession we need to embrace social media. It's here and we have to know how to use it effectively. I urge you to seek resources

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about appropriate social media use – two good places to start are the CMA website (viewer.zmags.com/publication/e061d6af#/e061d6af/8) and the Canadian Medical Association (CMA).

I look forward to ongoing dialogue about social media and how we can both broaden our access to patients and communicate CAS' activities and achievements. And yes, please continue to follow me on Facebook and Twitter!

Ottawa Awaits You in June 2015

If you haven't already marked June 19 – 22, 2015 and the CAS Annual Meeting on your calendar, I urge you to do so. From a leading-edge technical program and networking opportunities to exploring the sights and sounds of Ottawa, this is a "must attend" event.

Dr Daniel Bainbridge, Dr Tammy Barrows and many hard-working members look forward to welcoming you to Ottawa.

Looking Back...

As 2014 draws to a close, reflection on the past 12 months is inevitable, personally and professionally.

As part of that reflection, I would like to recognize my colleagues for their support and camaraderie and for accommodating my schedule and travel commitments. I am truly lucky to have such a collegial group.

Our Anesthesia group at St Clare's shares a small lounge in the OR – we fondly refer to it as the "Octagon". The mood here is generally upbeat and you'll often hear stimulating and engaging conversations. I always love going there to work.

Over the holidays, I am looking forward to some wonderful time with my family. My husband Tim, children Rebecca and Liam, and I will celebrate Christmas with family and friends. In whatever way you and your family will celebrate the season, I extend my best wishes for a healthy and prosperous new year.

Dr Susan O'Leary, FRCPC

President

**DR SUSAN O'LEARY IS
NOW ON TWITTER.**

FOLLOW HER AT
[@SUSANOLEARYNL](https://twitter.com/SUSANOLEARYNL)



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NEXT CAS ANNUAL MEETING IN OTTAWA

In 2015, the CAS Annual Meeting heads to Ottawa for the first time following construction of the new Shaw Centre. The theme for the Annual Meeting is “The Brain and Anesthesia”, with the Plenary Session and the Dr Angela Enright Lecture focusing on pediatric and obstetric topics.

Ottawa is a great city for the family and is home to the Canadian Museum of Nature, the Canadian Museum of Science and Technology, and the Canadian Children’s Museum. The Shaw Centre – located in downtown Ottawa – is close to both the ByWard Market and Parliament Hill.

The Annual Meeting will strive as always to provide a unique Canadian perspective on anesthesia, and we continue to evolve and improve the meeting experience through unique topics, great speakers, and a strong scientific program. Hope to see you all in Ottawa.

Dr Daniel Bainbridge, FRCPC
Annual Meeting Chair

WELCOME TO OTTAWA!

We are pleased to welcome members of the Canadian Anesthesiologists’ Society and our colleagues from around the world to Ottawa for the Annual Meeting being held June 19 – 22, 2015.

Our Scientific Committee is hard at work planning plenary sessions, workshops and technical sessions, and the program promises to be exciting and educational.

Our Local Arrangements Committee is working hard to provide you with the best that Ottawa has to offer. As the nation’s capital, we are a city rich in history and culture, and we hope to share some of our best with you during your stay. From beautiful tulips that line the historical Rideau Canal to wonderful restaurants, museums and art galleries to explore, there is much to do for the whole family.

We are so pleased that at the same time as the CAS meeting, Ottawa is hosting the FIFA Women’s World Cup of Soccer AND the Ottawa Jazz Festival! It will be a very exciting and busy time in our city, so it is recommended you book your accommodations early! We look forward to seeing you in June.

Dr Tammy Barrows, FRCPC
Chair, Local Arrangements Committee



LUCKY DRAW

Congratulations to CAS member, Dr Susan Bertram (Sunnybrook Health Sciences Centre, Toronto) who is the lucky recipient of an Apple iPad Air. Her name was drawn for participating in Destination St John’s survey.

A MEETING WITH THE MINISTER OF HEALTH

ON THE AGENDA: DRUG SHORTAGES, MANDATORY REPORTING AND "VANESSA'S LAW"



BY: DR DOUGLAS
DUVAL, FRCPC

Under the auspices of the Canadian Medical Association's (CMA) MD-MP Contact Program, I met with my Edmonton-Spruce Grove MP, the Honourable Rona Ambrose, Minister of Health, on August 20, 2014. The [MD-MP Contact Program](#) encourages Canadian physicians to establish relationships with their sitting MPs to advance issues of importance to the medical profession. My meeting with Minister Ambrose took place in Edmonton, just two days after she had addressed the CMA's 147th Annual Meeting in Ottawa.

Consistent with the observations of our Past President, Dr Patricia Houston, who had met Minister Ambrose previously, I found the Minister to be impressive with respect to her knowledge and involvement in her "file", and I also thought that she was a very friendly, energetic and engaging individual who seemed genuine, unscripted and not unduly partisan.

I reminded Minister Ambrose how integral CAS' involvement has been in calling national attention to the problem of Canadian drug shortages (see sidebar).

Minister Ambrose did confirm that there is a plan in the works to mandate reporting of impending interruptions in drug supply. She is aware that the voluntary nature of the website (www.drugshortages.ca) is less than optimal, and she had also heard feedback at the August, 2014 CMA meeting that the reporting format on this website needs to be revised for the benefit of prescribers, who wish to know not only which drugs may be in short supply, but also which drug formulations are NOT experiencing supply shortages, and are therefore still available as usual.

The Minister has also found it interesting that some industry representatives have been very supportive of the view that the current voluntary system of reporting

of anticipated pharmaceutical supply issues must be changed to a mandatory system. Perhaps some manufacturers feel that with timely notification, they may be able to capitalize on supply disruptions experienced by competing manufacturers! Minister Ambrose indicated that consultations have wrapped up, and that she anticipates that a mandatory reporting requirement will be forthcoming. She recognized and acknowledged, however, that mandatory reporting in Canada will not completely address the problem, as drug shortages can have global origins.

This led to a discussion of further recommendations which might be useful. Minister Ambrose said that she has tried to encourage bulk purchasing cooperation with and among provinces, but unfortunately she has found the provinces to be largely uncooperative. I expressed the cautionary concern which CAS has had about "sole sourcing" as a result of bulk buying agreements, and she is well aware of that potential hazard. In fact, she stated that in federal vaccine procurements, she has always maintained at least two suppliers in order to prevent supply disruptions.

I described to Minister Ambrose the scramble of activity as local hospitals, regions and provinces dealt with, as well as they possibly could, the Sandoz supply interruptions by rationing,

borrowing, and reformulating drugs. I mentioned the suggestion on the part of CAS and others, that the federal government consider amending its laws and regulations such that under certain circumstances of urgency and importance, medications may be more readily imported into Canada when shortages occur. Minister Ambrose seemed receptive to this suggestion, and stated that she is aware that there are many examples of situations where drugs are approved in other countries, yet their manufacturers have never even bothered to apply for approval in Canada. She seemed not to be averse to the idea that drugs which are approved in the US, European Union, Australia, etc. but not currently approved in Canada may be "fast-tracked" for import as required.

The CMA has key messages on "preparing for an aging society", which is one of the current themes about which CMA desires engagement with MPs under its MD-MP Contact program. Minister Ambrose and I had a brief discussion about a National Dementia Strategy, institutional infrastructure, and assistance for home care of seniors.

We then discussed "Vanessa's Law" named after the daughter of one of Ms. Ambrose's colleagues, who died from

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A MEETING WITH THE MINISTER OF HEALTH

ON THE AGENDA: DRUG SHORTAGES, MANDATORY REPORTING AND "VANESSA'S LAW"

continued from page 4

a myocardial infarction while taking a prescription drug which was later deemed to be unsafe and was subsequently removed from the market. Minister Ambrose had talked about this new law, which is really a collection of amendments to the *Food and Drugs Act*, in her address to the CMA on August 18. The law makes it mandatory for health care institutions to report adverse drug reactions, enables government to compel drug companies to do further testing and labelling of drugs when issues are identified such as with at-risk populations (e.g., children) and gives the government the ability to recall drugs from the marketplace and to impose penalties of up to \$5 million or jail time for unsafe products or contraventions of the law.

"Vanessa's Law", which Ms. Ambrose is evidently very proud of, seems to have some parallels to a couple of issues of current interest to the CAS. The mandatory reporting of adverse drug reactions called for in this law is analogous to the call for mandatory reporting of anticipated interruptions in drug supply. As well, collection of data on adverse drug reactions in the interest of monitoring and improving safety resonates with the vision of CanAIRS (Canadian Anesthesia Incident Reporting System), a conceptualized nation-wide web-based anesthesia incident data collection system, which is intended to drive improvements in safety of anesthesia and surgery. The CAS has recently given budgetary approval for a CanAIRS pilot project.

I mentioned as well that CAS is participating in Choosing Wisely Canada, which met with the Minister's approval.

On a somewhat wistful note, the Minister expressed her occasional frustration with inter-jurisdictional issues in our "federal" system, and envy that other countries with "one big government" can do such "amazing" things with electronic health records, for example. She graciously espoused the understanding that all, including the provinces, are so busy, and that progress can be slow on large issues.

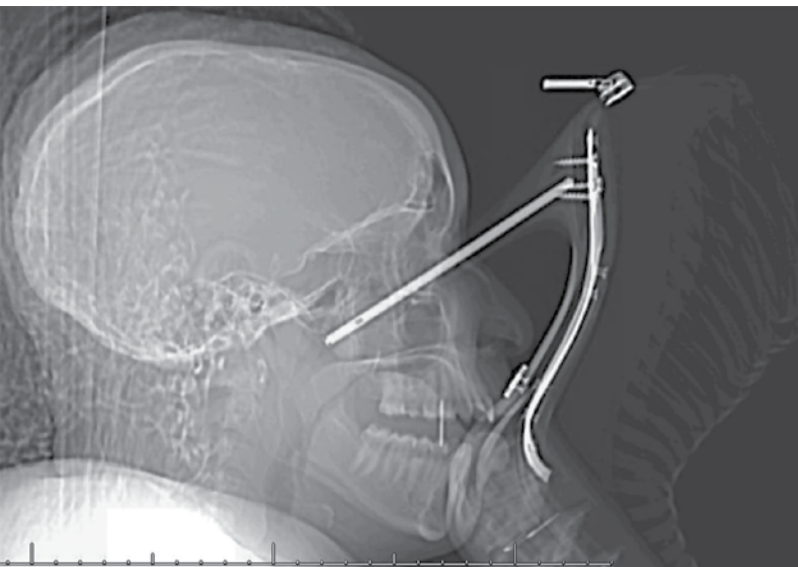
Overall, it was a very friendly and pleasant discussion. Minister Ambrose is obviously very informed, passionate and hardworking with respect to her portfolio in general, and on the issue of drug shortages in particular. We had some wonderful personal exchanges regarding my recollections of her exciting original Edmonton-Spruce Grove nomination meeting in 2004 (six ballots!), her recent experience as "Resident for a Day" wearing scrubs in the hospital and ORs at St Joseph's Health Centre, Toronto (www.youtube.com/watch?v=oRj1sFjVYyo) where she admired the OR culture and teamwork, and her summer 2014 experience hiking in Kananaskis Country, Alberta with Laureen Harper (50 km at elevations up to 8,900 feet).

CAS ACTIVITIES REGARDING CANADIAN DRUG SHORTAGES

In January 2011, letters were written by then CAS President Dr Richard Chisholm to the federal Minister of Health communicating reports by CAS members of Propofol shortages and reductions in Pentothal supply, and inquired as to the mechanisms by which Health Canada anticipates, identifies and manages pharmaceutical supply disruptions. Then in mid-February 2012, the generic drug manufacturer, Sandoz, announced that its Canadian facility in Boucherville, Quebec would undergo significant production interruptions as a result of process upgrades required to redress manufacturing issues identified at a recent site visit by the American Federal Drug Administration. As a result of sole-source contracts, Sandoz was in many cases the only Canadian supplier of essential medications. This triggered a crisis in Canada's drug supply, which led to Dr Chisholm addressing the House of Commons Standing Committee on Health on March 29, 2012. www.parl.gc.ca/HousePublications/Publication.aspx?Language=E&Mode=1&DocId=6767163&File=4

As a result of representations by Dr Chisholm and others, the same House of Commons Committee tabled, in June 2012 a report entitled "[Drug Supply in Canada: A Multi-Stakeholder Responsibility](#)", which contained a number of recommendations. In June of 2013, the *Canadian Journal of Anesthesia* published a report of a national survey of Canadian anesthesiologists reflecting their experience with drug shortages and perceived impact on their practices. This survey report was authored by anesthesiologists Dr Richard Hall, Dr Gregory Bryson, Dr David Neilpovitz and Dr Alexis Turgeon, and was accompanied in the same issue by an editorial written by then CAS President, Dr Patricia Houston and Past President, Dr Richard Chisholm. On February 7, 2014, Dr Houston made a presentation on the subject of drug shortages to the CMA Specialist Forum. This was very well received, and her message resonated with representatives of many other specialties. As a result, the CMA Board created a Drug Shortages Working Group in June 2014. This group is currently gathering information regarding domestic and international experience, and considering strategies which the federal government may pursue to prevent or manage future occurrences.

'UNUSUAL DIFFICULT AIRWAY' IMAGES IN ANESTHESIA IN CJA CREATE SIGNIFICANT BUZZ



It's already a tremendously popular article on social media, ranking in the 99th percentile and top 5% of all articles ever tracked by Altmetrics. The "story behind the story" certainly deserves attention!

"It" is an images in anesthesia article that appeared on November 1, 2014: *Unusual difficult airway due to the presence of a large facial foreign body* (authors: Drs Sanjeev Dalela, Zalak Patel, Shvetank Agarwal and Manuel R Castresana). Accompanying the article is a tomography scan image of the head and neck showing a stiletto heel embedded in the eye socket.

Huge public interest has been generated on social media about the unforgettable image of the stiletto heel. And the "story behind the story" involves a young woman who suffered the injury during an altercation and the challenge for the doctors in managing a difficult airway situation because of "very limited access to the patient's mouth".

CAS RESEARCH PROGRAM – REMINDER

The online submission website of the CAS 2015 Research Program, Operating Grants and Career Scientist Award is open. All applications must be submitted using the CAS online submission before the deadline.

SUBMISSION DEADLINE:

MONDAY, JANUARY 12, 2015 16:00 EST

HELPFUL WEBSITE LINKS

Research Program link on CAS website:
www.cas.ca/English/About-Research-Program

ONLINE SUBMISSION WEBSITE:

mc.manuscriptcentral.com/cas2015awards

CAS CAREER SCIENTIST AWARD IN ANESTHESIA

NEW INVESTIGATOR OPERATING GRANT

› Canadian Anesthesiologists' Society
Research Award

SUBSPECIALTY OPERATING GRANTS

› Dr Earl Wynands Research Award in
Cardiovascular Anesthesia
› CAS Research Award in Neuroanesthesia
in memory of Adrienne Cheng

OPEN OPERATING GRANTS

› Dr R A Gordon Research Award for
Innovation in Patient Safety
› *The Canadian Journal of Anesthesia*
Research Award

RESIDENTS' RESEARCH GRANT

› Ontario's Anesthesiologists –
CAS Residents' Research Grant



2015 ABSTRACTS SUBMISSION – REMINDER!

**SUBMISSION DEADLINE:
Monday, January 19, 2015 16:00 EST**

Applicants are invited to submit their Abstract and/or Case Reports/Series to the Canadian Anesthesiologists' Society's 2015 Annual Meeting. The meeting will be held from June 19 – 22, 2015 in Ottawa, Ontario at the Shaw Centre.

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



ST. JOHN'S

CAS ANNUAL MEETING 2014

2014 ABSTRACTS NOW AVAILABLE

Abstracts from the 2014 meeting have now been published, and can be found in the Abstracts Supplement on SpringerLink.com

MEMBERS:

Visit this page for instructions to access the Supplement:
www.cas.ca/English/AM-Abstracts-2014

NON-MEMBERS:

Visit: link.springer.com/journal/12630/61/1/suppl/page/1
to purchase the supplement.



REPORT ON THE JOINT MEETING OF THE CANADIAN PEDIATRIC ANESTHESIA SOCIETY AND THE ASSOCIATION OF PAEDIATRIC ANAESTHETISTS OF GREAT BRITAIN AND IRELAND

BY DR DAVINIA WITHINGTON

In September 2014, the Canadian Pediatric Anesthesia Society (CPAS) held a joint meeting with the Association of Paediatric Anaesthetists of Great Britain and Ireland (APAGBI) in Montreal. This was the second joint meeting of our societies, following a conference hosted by APAGBI in Glasgow in 2010.

The 2½-day meeting covered a wide variety of topics and featured local speakers along with others from across Canada and the UK. As well as hearing from internationally known pediatric anesthesiologists, we had contributions from experts in Neurology, Respiriology, Intensive Care and Genetics. Abstracts were invited and 10 were selected for oral presentation with speakers from Canada, the UK and Sweden, and 18 posters were displayed with an even wider array of international authors.

We had 122 registered delegates who enthusiastically participated in the discussions which ended each session. Program highlights included "A Tale of Two Cities" – a review of the paediatric congenital heart programme problems in Winnipeg and Bristol in 1995 by Justice Murray Sinclair, who presided over the Winnipeg Congenital Heart Inquiry, and Professor Andy Wolf who helped rebuild the Bristol program after their inquiry. The audience responded very positively to this unusual session which was felt to be "very timely" and "a blockbuster".

Dr Helen Holtby gave the Sheridan Memorial Lecture on the topic "Surgical Checklists: a Contrarian View" which predictably stimulated a good discussion. A session on neurotoxicity and the developing brain featured three speakers reviewing the literature and progress of ongoing studies "from laboratory to schoolroom". Dr Suellen Walker of Great Ormond Street spoke on the laboratory basis for concerns over neurotoxicity, Dr Ruth Graham of Winnipeg reviewed the epidemiological data and commented on her ongoing study in Manitoba, and Dr Davinia Withington provided an update on the GAS Study, an ongoing RCT and other clinical trials.

Feedback from the delegates was extremely positive in particular for the wide range of topics covered and the time allowed for discussion. Delegates also enjoyed the breaks for refreshments in the dramatic exhibition space of the Loft Hotel and the wonderful weather which allowed enjoyment of a tented area on the street. The Friday evening reception allowed delegates from across the country to meet or catch up with their trans-Atlantic colleagues as did the Gala Dinner



Dr Withington chairing a session on neonatal pain.



Delegates enjoying the reception.

held at Le Pavillon restaurant on Beaver Lake, Mont Royal on Saturday evening.

The meeting was closed by Dr Withington and Dr Bob Bingham, President of the APAGBI after a surprisingly lively Sunday morning session. Dr Bingham praised the quality of both our joint meetings and looked forward to the next one, proposing that we plan for 2018 or 2019 in the UK.

PAIN MEDICINE RECOGNIZED AS ROYAL COLLEGE SUBSPECIALTY

Pain Medicine is a new two-year subspecialty residency initiated by the Royal College of Physicians and Surgeons of Canada (RCPSC). This new two-year residency program will offer unparalleled learning opportunities leading to RCPSC certification in Pain Medicine.

Eligibility requirements include FRCPC certification (or in a program leading to certification) in the following areas: Anesthesiology, Emergency Medicine, Internal Medicine, Neurology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Rheumatology. Entry from other FRCPC programs such as Orthopedics, Neurosurgery and Palliative Care is possible in exceptional cases.

The University of Western Ontario accepted their first residents in July 2014 and other programs such as the University of Montreal, University of Manitoba, University of Ottawa, and University of Toronto expect to start training Pain Medicine residents in July 2015. For more information or application information, contact the Pain Medicine Program Directors within the Departments of Anesthesia at the respective universities.

The September 25, 2014 issue of the Canadian Medical Association's *CMAJ*, "New Residency Program for Pain Specialists" highlights the launch of the University of Western Ontario's residency program in pain management, the first in Canada. In an interview with the *CMAJ*, Dr Patricia Morley-Forster, Chair, Special Committee on Pain Management at the RCPSC, noted "we were able to demonstrate that there was a wealth of knowledge out there about how to treat pain that was not being taught to doctors. This unmet need would take two full years of doctor training."

Well known to CAS members as the 2014 CAS Gold Medal Winner, Dr Morley-Forster is keenly interested in education in pain management and is the Chair of the Royal College Working Group in Pain Medicine, a committee mandated to develop a two-year accredited residency in pain medicine.

To read the full *CMAJ* article, go to:
www.cmaj.ca/content/early/2014/09/29/cmaj.109-4891.full.pdf

IN MEMORIAM: DR CHARLES URQUHART HENDERSON (1923 – 2014)

CAS Emeritus member, Dr Charles Henderson, passed away peacefully after a short illness at St Clare's Mercy Hospital in St John's, Newfoundland, on June 10, 2014 at the age of 91. Dr Henderson was a devoted anesthesiologist for 45 years. He was predeceased by his wife, Ruth, and son, Charles, and leaves a son, daughter, brother, three grandchildren and three great-grandchildren.

CANADIAN PAIN COALITION PARTICIPATES IN JOINT SUBMISSION

Along with the Canadian Pain Society, Chronic Pain Association of Canada, Pain BC and the ILC Foundation, the Canadian Pain Coalition (CPC) participated in a joint submission to the Health Canada Advisory Panel on Healthcare Innovation on December 5, 2014. To view the submission, go to www.canadianpaincoalition.ca

IASP ELECTS NEW PRESIDENT

Dr Rolf-Detlef Treede was elected President of the International Association for the Study of Pain (IASP) in October 2014 at IASP's 15th World Congress on Pain. Dr Treede is chair of neurophysiology and the managing director of the Center for Biomedicine and Medical Technology Mannheim at Heidelberg University in Germany.

IASP has 7,000+ members in 133 countries and 90 national chapters. It brings together scientists, clinicians, health-care providers, and policymakers to stimulate and support the study of pain and to translate that knowledge into improved pain relief worldwide.
www.iasp-pain.org/

HIGHLIGHTS OF 2014 MEMBER LEARNING NEEDS ASSESSMENT

As an accrediting body, CAS is required by the Royal College to conduct a bi-annual learning needs assessment of its members. This requirement complements CAS' commitment to ensuring its continuing education and professional development (CEPD) programming are relevant, useful, timely and of high quality. The CEPD Needs Survey was conducted for CAS by the Association Resource Centre Inc. in May and June of this year. Following are highlights of the final report.

USE OF CAS CEPD SERVICES

The survey results indicate that CAS members are making use of the CEPD opportunities provided by CAS with the vast majority (89%) of members having accessed at least one of CAS' CEPD offerings in the past five years. CEPD services include: the Annual Meeting, regional meetings, the *Canadian Journal of Anesthesia* (CJA) and the CPD online modules.

The CJA CPD online modules are the most widely used CEPD resource with 39% of respondents indicating that they have accessed them in the past 12 months and a further 11% in the past two years. However, with 40% having never accessed the modules, there is considerable potential for growth.

CURRENT CONTINUING EDUCATION ACTIVITIES

Responses indicate members generally obtain their CEPD hours through the following sources:

- Reading: journals, publications/articles relevant to their practice
- Webinars/online learning (online discussions)
- Workshops/seminars
- Conferences: provincial, national and international
- Peer group discussions and departmental meetings
- Self-directed learning (reading, online, group discussions)

FREQUENCY

The appeal and frequency of CEPD activities vary broadly. Members practising in smaller centres have more limited choices in their immediate area and must consider time and financial resources before deciding to travel out of area for CEPD.

- Reading: on average, respondents spend 10 – 15 hours per month on reading activities (some as few as two hours and some up to 35 – 40 hours per month)
- Webinars/online programs (including online discussions): generally, webinars are appealing as a learning tool and are used by members who see value in them; members with limited access to CE in their area find webinars enable learning without travelling; time spent on webinars varies broadly from 1 – 2 hours/month to 100 hours/year
- Workshops/seminars: only two respondents regularly attend workshops or seminars; other respondents cited time pressures and the lack of suitable programming in their immediate area (i.e., would require travel if they had to go further afield)
- Conferences: choosing a conference depends on appeal and relevant program content (i.e., topics and learning opportunities), timing, location and cost; frequency in attending conferences ranges from two or three conferences annually to one conference every two years

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HIGHLIGHTS OF 2014 MEMBER LEARNING NEEDS ASSESSMENT

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- Peer group discussions and departmental meetings: frequency varies from regular weekly to “as needed”
- Self-directed learning: generally, two respondents reported considerable self-learning activities as a preference over other opportunities and others find it useful when they encounter a patient with a case or problem requiring research, or are making a presentation to their team; frequency varies on need, available time and nature of the research

PRACTICE CHALLENGES

Respondents from outside of Ontario and in smaller centres find it most challenging to find appropriate “in person” CEPD learning opportunities such as workshops, seminars and conferences in their immediate area. There is a willingness to travel among most doctors but these opportunities are often limited by time (away from practice) and available financial resources (departmental budget and/or willingness to pay out-of-pocket).

PREFERRED METHODS OF LEARNING

Respondents were asked to articulate their preferred method of learning in key areas.

New Medications

- Most widely cited: professional journals and articles (e.g., *CJA*)
- Health Canada bulletins/update: have to be on their mailing list so requires being proactive
- Web-based review articles
- Hard-copy documents and textbooks
- Conferences: provide broad spectrum of programming and “nice to know” topics

Techniques/Ultrasound

- Unanimous: “hands on” and “in person” such as workshops, conferences, courses

Guidelines

Preferred methods:

- Professional journals and articles
- Online resources, including anesthesia societies’ websites (e.g., updates)
- Interaction with colleagues
- Self-directed (i.e., receive by mail and read them)
 - › Meetings
 - › Internet
 - › Departmental rounds and meetings

Respondents noted that learning opportunities offered by the CAS were adequate and available in: ultrasound airway management; guidelines for regional anesthesia; acute and chronic pain management; thoracic anesthesia; obstetrics; and patient safety. They also stated they would like more to be available in the areas of: sub-specialties (e.g., trauma anesthesia); focused ultrasound examinations; production pressures (i.e., issues that impact the patient such as doctor burnout); keeping up with standards, new techniques, emerging principles, etc.; and intubating LMAs.

The full results of the members’ needs assessment are available in the Member Portal on the CAS web-site. This information may be of particular importance to use as a source of information when planning a CPD program.

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

CPD MODULE: Step-by-step clinical management of one-lung ventilation
December 2014

ALSO AVAILABLE

- Bedside clinical and ultrasound-based approaches to the management of hemodynamic instability: Part II: bedside ultrasound in hemodynamic shock
November 2014
- Bedside clinical and ultrasound-based approaches to the management of hemodynamic instability – Part I: focus on the clinical approach
September 2014
- Cesarean delivery under general anesthesia
May 2014
- Impact of anesthesia for cancer surgery
December 2013
- 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

HOW TO ACCESS THE MODULES

Instructions can be found on the Canadian Anesthesiologists' Society website at:

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 education grants from the following industry partners:



COVIDIEN

DR DAVINIA WITHINGTON: PEDIATRIC ANESTHESIOLOGIST, INTENSIVIST AND RESEARCHER

CAS MEMBER SINCE 1992

Davinia Withington's busy career spans the "three prongs" of pediatric anesthesia, pediatric intensive care and research. Currently, Davinia's hospital affiliations are with the Montreal Children's Hospital and the Shriners Hospital for Children, and she has no shortage of ongoing research projects.

Davinia is an Associate Professor in Anesthesia and Pediatrics at McGill University. As the President of the Canadian Pediatric Anesthesia Society (CPAS) until September 2014, Davinia had a busy role administering and promoting the Society, which has its origins as the Pediatric Section of CAS. This included helping to organise annual meetings in rotating venues across Canada, the latest of which was a combined meeting in Montreal with the Association of Pediatric Anesthetists of Great Britain and Ireland.

Davinia had a broad-based training in the United Kingdom after graduating from Southampton University Medical School. Her interest in anesthesia was triggered by encountering an anesthetist during her second post-graduate "house-job" in surgery, who, hearing of her interest in intensive care and liking to be "hands-on", suggested anesthesia rather than surgery as a career path. "Knowing intensive care was already a major interest and getting experience in emergency medicine, chest medicine and adult intensive care provided a useful basis for starting training in anesthesia at St Bartholomew's Hospital, London."

It was during this period, the equivalent of a residency in Canada, that Davinia realized that she "really enjoyed" working with children. When it was time to apply for a new position at the completion of that stage of her career – and after obtaining her



Dr Withington and her husband, Arthur, skiing in Italy

fellowship exam in anesthesiology – Davinia applied for, and despite feeling she had talked herself out of it, "landed" a research position at another teaching hospital in London.

"Soon I was bitten by the research bug and thoroughly enjoyed working with test tubes and pipettes for one year."

By then, Davinia was well aware of her "three-prong" career path which was consolidated with a year at Great Ormond Street Hospital and two more at St Thomas' Hospital, London where her research training continued. Following this "Higher Professional Training", she sought her next employment opportunity and found it.

Davinia moved to Canada in 1991 to join the Montreal Children's Hospital. Looking back and reflecting on the differences between the Canadian and UK health care systems, Davinia recalls certain work practices that were a bit different in the UK such as that "we had breaks and could have lunch!" and "at least up to 1991, the paperwork associated with Quebec medical billing was not a feature in the UK". However, overall "working in an operating room or an ICU requires the same patient-centred team approach wherever you are in the world."

This was exemplified for Davinia when she participated in CAS IEF's initiative for training anesthesia residents in Rwanda last October, where she spent a month teaching in the operating rooms and in a "very small ill-equipped"

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PICU in Kigali. A challenging experience but very rewarding, it made me incredibly grateful for all the things we take for granted in Canada like reliable supplies of water, electricity and oxygen!"

A different type of challenge will happen in May 2015 when Montreal Children's Hospital moves to its new site along with some of the MUHC adult centres, followed in 2016 by the Shriners Hospital's move to its new adjacent premises. One exciting prospect is two extra operating rooms at the Shriners and electronic charting!

In the area of research, Davinia is a self-described "Jack of all trades". Currently she is working on an international study funded by the Canadian Anesthesia Research Foundation (CARF) and the Canadian Institute of Health Research (CIHR). This is an international collaboration that originated in Australia to look at the possible long-term effects of anesthesia on the developing brain of infants. As well as being an investigator, she serves on the Trial Steering Committee and the Trial Management Group. In January 2013, the recruitment of 722 patients worldwide was completed and they will be followed up for five years. The consortium has two papers submitted for publication on the early perioperative data. Wearing her Critical Care hat, Davinia enjoys participating in the Canadian Critical Care Trials Group (CCCTG) and has contributed to several CCCTG studies. The Group meets across Canada, but every winter the conference is in Lake

Louise, which allows the combination of business and pleasure since Davinia and her husband, Arthur, are keen downhill skiers.

When not skiing in Canada, Davinia and Arthur love visiting Italy and Utah. In the summer, it's at their country home that they "get away" and relax in their "wonderful" garden, and enjoy riding their two Icelandic horses.



Dr Withington and her Icelandic horses

BOARD UPDATE

DR SALVATORE SPADAFORA STEPPING DOWN IN 2015

CAS Board member, Dr Sal Spadafora, has advised the Board that he will be stepping down effective September 1, 2015. Dr Spadafora has been Secretary for the past five years, and has one year remaining in his term. His dedication and contribution to CAS was recognized by the Board.

The Executive Committee will be seeking nominations for a one-year term to fill the final year of Dr Spadafora's term. The Board will make an appointment at its June 2015 Board meeting.

CAS members are invited to propose nominees by contacting Mr Stan Mandarich, Executive Director at director@cas.ca

ANNUAL MEETING COMMITTEE CHAIR POSITION DESCRIPTION AND STIPEND

The Board approved the position description for the Annual Meeting Committee (AMC) Chair. Reporting to the Board, the AMC Chair provides leadership in areas such as ensuring the educational content of the CAS Annual Meeting is in accordance with the requirements for accredited CME/CPD activities and executing any tasks

delegated by the Board. In addition, the Board approved a \$50,000 annual stipend for the position, retroactive to September 2014.

ANESTHESIA INCIDENT REPORT SYSTEM

The Board approved CAS undertaking a pilot of the WebAIRS Anesthesia Incident Reporting System in Canada. Research in looking at a number of systems internationally had commenced during Dr Patricia Houston's tenure as CAS President, including discussions with the Australian Society of Anaesthetists

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and the Australia-New Zealand College of Anaesthetists to create a Canadian pilot based on their WebAIRS system.

Dr Scott Beattie has been involved in the pilot initiative, which would be part of a global network reporting system, all collecting the same type of data and with a view to improving patient safety. One pilot site has been confirmed to date and a second site is being sought. If the program is successful, it would be available to all anesthesiologists in Canada.

The Board authorized a draw-down of the internally restricted Congress funds from the 12th World Congress of Anaesthesiologists in 2000 to provide funding for the new pilot project.

2015 ANNUAL MEETING IN OTTAWA

The theme for the 2015 Annual Meeting is "The Brain and Anesthesia" and plans are well underway on several fronts, including the transition to Intertask, the new conference management company. Dr Daniel Bainbridge, Annual Meeting Chair, is spearheading the plans, which include building on improvements in 2014 (e.g., enhanced interactivity in sessions, introduction of moderators, CAS app, etc.).

WANTED: NEW COMMITTEE MEMBERS

The Board noted the work and accomplishments of the CAS committees. Currently, two committees have positions available and would welcome new members:

- **Continuing Education and Professional Development Committee** (chaired by Dr Peter MacDougall) is seeking three new members who are interested in contributing to CAS' efforts in ensuring

members have access to relevant and timely learning opportunities

- **Archives and Artifacts Committee** (chaired by Dr Brendan Finucane) is seeking new members who are interested in helping to preserve CAS' history

Interested? Please contact: anesthesia@cas.ca

PROPOSED CHANGES FOR 2015 ABSTRACT AWARDS

Proposed changes to entries in the oral competition for 2015 were reported by the Scientific Affairs Sub-Committee. Entry into the oral competition will still be based on the abstract scoring by the Scientific Affairs Sub-Committee but abstracts entered in the oral competition cannot be considered for the CVT or SESA awards as they will not be participating in a poster discussion session. However, participation will not disqualify eligibility for any other Best Paper award, and all abstracts submitted are eligible for the Patient Safety Award or the Best Paper in Perioperative Medicine, regardless of receiving any other award (including the CVT and SESA awards).

CHANGES TO BOARD TRAVEL REIMBURSEMENT

The Board approved proposed changes to the Expense Reimbursement Policies, including spousal travel taxable benefits, a maximum of \$1,000 applicable to Board travel, proof of payment and documentation of expenses.

CHOOSING WISELY CANADA

Based on the *Choosing Wisely* campaign initiated in the US, the *Choosing Wisely Canada* campaign is sponsored by the Canadian Medical Association and helps physicians and patients engage in conversations about unnecessary tests, treatments

and procedures, and supports physician efforts to help patients make smart and effective choices to ensure high quality care.

Dr Patricia Houston reported that 21 societies in Canada have launched their first iteration of the *Five Don'ts*, and she, Dr Duminda Wijeyesundera and Dr Greg Bryson have created a list of 10 items. A membership survey will be released in late 2014/early 2015 to determine the *Top Five Don'ts*, and the CAS campaign will be launched in June or September 2015 at the same time as other Canadian societies.

APPOINTMENT OF NEW ASSOCIATE EDITORS FOR CANADIAN JOURNAL OF ANESTHESIA

The Board approved the appointment of Dr Philip Jones and Dr Steven Backman as Associate Editors for the *Canadian Journal of Anesthesia*, effective January 2015.

ONTARIO DIVISION'S "BEYOND THE MASK" CAMPAIGN

The "Beyond the Mask" campaign seeks to highlight how anesthesiologists are seen and how the profession sees itself. The Ontario Division's goal is to bring anesthesiologists out from behind the mask and to highlight their role and value in the health care system.



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CANADIAN ANTI-SPAM LEGISLATION: WE NEED YOUR PERMISSION

Under the Canadian Anti-Spam Legislation (CASL), Canadian organizations, including non-profit organizations, must obtain express permission to send email to those on their lists.

Email has been, and continues to be, the most efficient means of communicating with our membership. It's cost-effective, immediate, and non-intrusive.

WHAT THIS MEANS FOR MEMBERS AND NON-MEMBERS

In the past, you would simply "unsubscribe" if you chose not to receive any more emails from CAS. What is required now is doing the opposite: CAS is asking you to give it permission to email you.

HOW CAS WILL OBTAIN YOUR PERMISSION

To obtain your permission to receive email communications from CAS, CAS will soon send you a series of emails designed to obtain your permission, which under the new CASL legislation, will allow CAS to continue to send you emails. You will also be able to continue to pick and choose specific email lists in which you are interested.

EMAIL COMMUNICATIONS

Watch for email communications from CAS about giving your permission for CAS to communicate with you by email and for you to receive important information about CAS and its programs and services. If you don't give us your consent, we won't be able to contact you by email in future.



CAS MEMBERSHIP DATABASE BEING UPDATED

In response to feedback from members, CAS is updating its membership database. We've also been looking at best practices among associations, including compliance with Canadian Anti-Spam Legislation (CASL).

YOU WILL SOON BE ABLE TO DO THE FOLLOWING ON THE CAS WEBSITE:

- Update your address
- Reset your password
- View your activities with CAS under a personalized member profile
- Navigate more easily between both member and public portals.

THE ADDITIONAL FUNCTIONALITY MEANS THAT YOU WILL SOON BE ABLE TO:

- Use the same login for Knowledge Direct (the CPD modules learning management system) and the mobile app
- Choose your communication preferences.

Stay tuned!

SIGN UP FOR THE **CANADIAN JOURNAL OF ANESTHESIA'S TOC/ONLINE FIRST**

To receive early alerts about upcoming *Canadian Journal of Anesthesia (CJA)* articles, sign up for Online First at:

www.springer.com/medicine/anesthesiology/journal/12630

in the "Alerts for this Journal box"



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2014 AUSTRALIAN SOCIETY OF ANAESTHETISTS' NATIONAL SCIENTIFIC CONGRESS

During the late summer of 2014, I became the luckiest anesthesiology resident in Canada when the CAS advised me that I had been sponsored to attend the Australian Society of Anaesthetists' (ASA) National Scientific Congress in the Gold Coast from October 3 – 7, 2014.

Located on the eastern coast of Australia in southeastern Queensland, the Gold Coast was an ideal escape while the seasons transitioned at home in Saskatoon. It truly is unlike anywhere I have ever been. The sparkly high-rises are reminiscent of Miami, the surfing culture of Waikiki, and the glitzy casino life of Las Vegas. The Gold Coast offers a unique international culinary and art scene, giving it a special charm and appeal to almost anyone visiting.

The warm hospitality I was to receive at the conference became apparent immediately upon my arrival at the conference's first event, the President's Reception. This event was hosted by the current ASA President, Dr Richard Grutzner, and included future and past presidents of the ASA along with executive members. I was impressed by the representation of members of the international anesthesia community, including our very own CAS President, Dr Susan O'Leary, and the President of the American Society of Anesthesiologists, Dr Jane Fitch. I was lucky enough to acquire the photo of the three of us courtesy of Dr Fitch's husband, John Fitch.

Although crossing the International Date Line and succumbing to the inevitable jet lag was arduous, waking up with the sunrise on the Gold Coast was enough of a consolation. I enjoyed early morning jogs on the beach and was able to explore the local communities of Broadbeach and Surfer's Paradise before the morning sessions began each day.

The academic and scientific program for the conference fell under the theme "Precision, Practice and Professionalism". Every year, the ASA invites a non-medical professional to open with their remarks. This year, Mr Anthony Morris QC, an Australian lawyer, enlightened us with his discussion titled "Professionalism in a Crisis". Mr Morris emphasized his belief that physicians, as professionals, do not necessarily need to perform consistently difficult, complex and exhausting work. What will distinguish a professional are the skill, flexibility, instinct and ingenuity to deal with emergencies that may not have been explicitly part of their training. I left this session feeling inspired and motivated to return to my training with this in mind.

Another highlight was the very entertaining presentation by two of the international visiting speakers, Dr William Harrop-Griffiths and Dr David Bogod. The two engaged in a lively debate titled "Obstetrical Anesthesia is more of a State of Mind Rather than an Anesthetic Subspecialty". As I have an interest in obstetrical anesthesia, I was disappointed when the title of the debate was accepted as the winning viewpoint, but the hilarity of the near stand-up comedic performance by the two speakers quickly ended my perceived offence.

A very diverse selection of plenary sessions, small group workshops, problem-based learning discussions, and simulation and quality assurance workshops ensued over the next few



(left to right: Dr Susan O'Leary, President, CAS; Dr Kelly Fedoruk; and Dr Jane Fitch, President, American Society of Anesthesiologists)

Photo credit: John Fitch

days. Although cutting-edge research and the future of our specialty were presented throughout the weekend, I have to say one of my favorite sessions was titled "Anesthesia and the Great War". As a self-proclaimed war history "buff", I enjoyed learning about the advancements in anesthesia that resulted from both world wars. Our specialty was in evolution at the time and qualified professionals generally did not administer anesthetics. The mass casualties and horrific degree of injury led to a very rapid requirement for the safe delivery of resuscitative efforts and provision of anesthesia using both regional and general anesthetics. I was proud to learn of two Canadian physicians who made significant contributions. Dr Lawrence Robertson who published "A contribution on blood transfusion in war surgery," in the *Lancet* in continued

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Dr Fedoruk and Dr Richard Grutzner, President, Australian Society of Anaesthetists, at the opening ceremonies.



Dr Fedoruk enjoying her “amazing opportunity” at the Southport “Spit” with the high rises of the Gold Coast in the background.

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June 1918 introduced the concept of indirect blood transfusion and helped save millions of lives on the front. I learned that Canadian surgeon and poet, John McCrae, wrote the ever-moving “In Flanders Fields”, apparently while perched on the steps of an ambulance after burying his friend and former student during World War I.

I attended all of the functions held by the Group of ASA Clinical Trainees (GASACT), where I spoke at length with Australian registrars of our qualifying exams, work hours and the tenuous job situations. Although trainees across the globe may differ in many ways, a few underlying themes seem to prevail and unite us all.

Although there was plenty of learning to be had, I also enjoyed the many impressive social events organized for meeting attendees. A night at “Movie World”, a Universal Studios-esque theme park complete with complimentary rides, musical performances and banquet was a great family event. Several cocktail and canapé mixers exhibited the delicious food and wine culture of Australia. The final event, a Casino Royale-themed banquet complete with a live band, gourmet Australian fare and a James Bond theme ended the conference in style. Conference attendees and spouses dressed up to the “nines” and danced the night away.

After the conference, I was grateful enough to be able to take a few vacation days to see a bit more of Australia. I made my way to Melbourne, where I fell in love with its world famous street art, coffee and culinary scene. Before I returned to Canada, I made sure to spend some time in Sydney, where I explored the famous Bondi and Manly beaches, saw German pianist, Nils Frahm, perform at the Sydney Opera House, and even climbed the Sydney Harbour Bridge! Both cities were wonderful and I plan to return someday to discover much more of what Australia has to offer.

I can’t say enough kind words about the CAS for providing me with this amazing opportunity. This experience opened my eyes to the many opportunities that exist for a Canadian graduating from a residency in anesthesia. I was reminded how truly lucky I am to have the support of my program in Saskatoon and am very thankful that the CAS prioritizes education of trainees to this degree. I encourage my fellow resident colleagues to apply for this opportunity in the future, as it truly has been a highlight of my residency.

Kelly Fedoruk is a 4th year resident at the University of Saskatchewan.



2014 AMERICAN SOCIETY OF ANESTHESIOLOGISTS' ANNUAL MEETING

I recently returned from the Annual Meeting of the American Society of Anesthesiologists (ASA), which was held in New Orleans from October 11 – 15, 2014. Last year, I had chaired the CAS Residents' Section and led the planning for the resident sessions at our Annual Meeting. The opportunity to attend the ASA representing Canadian anesthesia residents and to gain insights regarding organizational behaviour and conference planning was, therefore, particularly welcome.

Upon arriving Friday, I was struck before even leaving the airport by the sheer number of attendees; the line to catch a taxi was over 300 people long and the line for shuttles was over 100 people long. The city has no doubt changed significantly compared to before the hurricane hit and multitudes were (as it turns out) permanently evacuated, but the energy and culture was still palpable wherever I went.

The ASA's resident component of the Annual Meeting took place on the second day of the conference and had many differences from the Canadian equivalent, due in large part to the size of the two groups. There were 186 resident voting delegates at the meeting (7,600 resident/fellow members of the ASA) and debate on items related to ASA policies was lively and somewhat contentious. Dr Steven Hattamer (a New Hampshire anesthesiologist who was a candidate for state office) presented the keynote address to residents; he emphasized the importance of taking time to be engaged in the governing and political process within our institutions, within local medical communities as well as more broadly. To summarize Dr Hattamer: what we do as anesthesiologists is rarely well understood by the general public and even by other physicians. If we wish to avoid policies that are to our detriment or our patients' detriment, we need to have a voice at the table when decisions are being made, and this will only occur if we either take the time to join committees (etc.) or support our

colleagues in taking time away from clinical duties to do so.

I was also invited to participate in the ASA's leadership spokesperson training program that they are running as part of the "When Seconds Count...Physician Anesthesiologists Save Lives" campaign. This was structured as a four-hour small group session with staff from the ASA's offices and where tips and strategies for interacting with the media (or individuals in public office and administrative roles) were first taught and then reviewed. Following a short break, during which we each wrote an anonymized patient account relating how timely diagnosis and management in a critical situation was a breakpoint that prevented an adverse patient outcome, we were filmed relating the story and underwent a mock television interview. Though challenging, the environment was very supportive and I would strongly encourage others to participate in similar training if it is offered to you.

In addition to the Resident component meeting and the training concurrent to the conference, I also had the opportunity to present two posters and attend several lectures, especially those related to my interest in pain medicine. The medically challenging cases category of posters is a helpful venue for formalizing and presenting reflection and review about cases with significant aesthetic conflicts. Given that formalized reflection is important for integrating learning and will become increasingly important as the Royal College moves to a competence by design model of



Mardi Gras krewe (or parade) leading the way from the plenary session lecture hall to the Exhibit Centre.

residency education, I encourage any residents who attend the American meeting in the future to submit an abstract for this poster category.

While the energy of the city can be felt throughout the French Quarter and Market Districts at all hours of the day and night, the partying that occurs does have its downsides. Even while walking down major thoroughfares in the middle of the day, the faint odour of bile is bound to make itself known, and side streets nearby can feel treacherous. Despite this, the restaurants, jazz clubs and other landmarks of this historic city left me wanting to return in the future. I appreciate the opportunity to have represented the CAS at the ASA's Annual Meeting and hope that this program is continued in the future.

Andrew Weiss is a 4th year resident at the University of Manitoba.

"Everyone needs a few passions in life. Riding tandem is one of mine - rewarding and so many benefits. Supporting CARF is another."

"I'm an active supporter of anesthesia research and one of the best ways is to donate to CARF. It's a cause I believe in. I hope you'll make it one of yours."



Dr. Roanne Preston
Head, Department of Anesthesiology
Pharmacology and Therapeutics
University of British Columbia

A handwritten signature in black ink, appearing to read 'Roanne Preston'.

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