

# WHAT'S INSIDE

- 1 President's Message
- 3 2017 CAS Annual Meeting in Niagara Falls: Mark your Calendar
- 4 2017 CASIEF Gala Fundraising Dinner
- 2016 ANNUAL MEETING FOLLOW-UP**
- 5 Putting Faces to the Names
- 5 Working Towards Excellence in Continuing Professional Development Opportunities
- 7 CAS 2017 Research Program—Reminder!
- 7 2017 Abstracts Submission—Reminder!

## NEWS

- 9 Update: Resolution to Surrey Memorial Hospital Dispute
- 11 CAS Membership 2017
- 12 Dalhousie University Hosts Bethune Round Table 2016
- 13 Resident Report from Dr Ravi Pullela
- 14 News from Research: Progress Report

## CASIEF

- 15 Dalhousie Event Raises \$4,000+
- 15 New *Friend of CASIEF Award* Announced
- 15 European Society of Regional Anesthesia (ESRA) and CASIEF Sponsor Two Delegates for 2016 ESRA Annual Congress
- 16 Celebration of CASIEF's Commitment to Anesthesia Education in Rwanda
- 16 CASIEF Guyana
- 16 Reflection on Global Health Elective in Rwanda
- 18 Resident Report from Dr Curtis Nickel
- 19 CARF Update
- 20 The Self Assessment Program from the Canadian Journal of Anesthesia – CPD Online
- 21 The Personal
- 22 CARF
- 23 Australian Society of Anaesthetists

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[www.cas.ca](http://www.cas.ca)

**Innovative leadership and excellence** in anesthesia, perioperative care, and patient **safety**



Canadian Anesthesiologists' Society

# ANESTHESIA NEWS

## PRESIDENT'S MESSAGE



Your Canadian Anesthesiologists' Society (CAS) Board of Directors meets twice a year. There is a meeting each year in June after the Annual Meeting, and another in November. At the meeting on November 19, 2016, a considerable amount was accomplished.

**T**he Board adopted an operating budget for CAS which calls for membership fees to change by only a Cost-of-Living Adjustment (COLA). For our Annual Meeting, the Member's registration fee will remain unchanged from last year, and the member's discount relative to the Non-Member's registration fee now more than pays for the cost of CAS membership.

We reviewed the financial performance for the year-to-date, and projections are that our bottom line in 2016 will be better than budgeted. Much of the credit for this is due to our Executive Director, Debra Thomson, who has now been with CAS just over one year, and who has overseen significant reductions on the expense side of the ledger. Debra has proposed a reorganization of responsibilities within the CAS office to better address priority operations, and her plan has been supported by the Executive and Board.

The Board was updated about our recent advocacy effort regarding the proposed federal tax changes, which would adversely affect incorporated physicians working within partnership arrangements. At least 199 of our members, at the urging of CAS, sent letters to the federal ministers of Health and Finance urging that group medical structures be exempted from these tax changes. We are pleased with this level of response, adding to the collective national voice of physicians on this issue, which was spearheaded by the Canadian Medical Association. Unfortunately, at the time of writing, there has been no news, favourable or otherwise, on this issue.

Dr Gregory Dobson, Chair of the CAS Standards Committee, presented the Board with proposals to amend the Guidelines to the Practice of Anesthesia, and many were approved for publication in January 2018.

Dr Adriaan Van Rensberg, Chair of the Annual Meeting Committee, reported on plans for the 2017 Annual Meeting in Niagara Falls. The CAS Section for Education and Simulation in Anesthesia is integrally involved in the meeting's theme of "Competence by Design: the Future of Education and Assessment in Anesthesiology, from Residency to Retirement". The speaker at the opening plenary session will be Dr David Gaba,

*continued on page 2*

continued from page 1

Director of the Centre for Immersive and Simulation-based Learning at Stanford University School of Medicine. The Dr Angela Enright Lecture will be presented by Dr Jason Frank, Director, Specialty Education, Strategy and Standards at the Royal College of Physicians and Surgeons of Canada.

Many other distinguished Canadian and international speakers have been confirmed, and a preliminary program is nearing completion.

The Point of Care Ultrasound (POCUS) pre-meeting workshop, which was so popular at last year's meeting in Vancouver, will be reprised in Niagara Falls. New this year will be Problem-Based Learning Discussions. Award-winning innovations in educational delivery will continue, and there are plans to have the CAS Annual Meeting accredited for College of Family Physicians of Canada Continuing Professional Development credits.

As 2017 is the 150<sup>th</sup> anniversary of the Confederation of Canada, and the 75<sup>th</sup> anniversary of the first use of curare in surgery by Dr Harold Griffith of Montréal, meeting programming will acknowledge this history. I am pleased to report that four international anesthesia society presidents will be in attendance, representing Australia, New Zealand, Great Britain and Ireland, and the United States of America.

Dr Hélène Pellerin has succeeded Dr Michael Sullivan as the Chair of the Royal College of Physicians and Surgeons of Canada (RCPSC) Specialty Committee in Anesthesiology. She reported on the progress of RCPSC initiatives including Competence by Design (CBD), and the Canadian National

Anesthesia Simulation Curriculum (CanNASC), which will incorporate simulation-based assessments as a requirement for RCPSC certification.

The Association of Canadian University Departments of Anesthesia (ACUDA) report was presented by ACUDA President, Dr Roanne Preston. ACUDA is the academic anesthesiologists' association and has representation from the management, research, and education sectors of the 17 Canadian university departments of anesthesia. Dr Preston's report addressed the perspectives of the academic departments on CBD, the proposed federal tax change, the Perioperative Anesthesia Clinical Trials Group (PACT), Pain Medicine residency, and strategies to increase the success rates at the RCPSC exams for anesthesiologists trained outside Canada. At the CAS 2017 Annual Meeting, ACUDA will conduct a symposium on "Return on Investment in Anesthesia Research; Knowledge Translation, Clinical Impact, and Engaging the Anesthesia Community".

We also received reports from our two Foundations—the Canadian Anesthesia Research Foundation and the Canadian Anesthesiologists' Society International Education Foundation. These two organizations, which depend profoundly on financial support from our members, continue to do remarkable and important work on behalf of the CAS, and contribute immeasurably to the safety of patients and to the future of our profession in Canada and globally.

continued on page 3

## 2016/2017 BOARD OF DIRECTORS

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You may contact Board members through the CAS central office.



Canadian Anesthesiologists' Society

[www.cas.ca](http://www.cas.ca)

On another note, CAS members should have recently received an expression of appreciation for their support over the past year, and a request that they renew their CAS membership for 2017. Many of the benefits of membership are outlined in that communication, but one benefit, I feel, is not widely appreciated. The Canadian Anesthesiologists' Society and the American Society of Anesthesiologists (ASA) enjoy very cordial relations, and by reciprocal agreement CAS members who attend our Annual Meeting in Niagara Falls in June will be entitled to the ASA member's registration rate

at the Anesthesiology 2017 meeting in Boston in October. I urge you to renew your membership now and plan to attend the exciting and historic meeting in Niagara Falls!

I extend to all my sincere hopes for a peaceful and happy holiday season.

**Dr Douglas DuVal, FRCPC  
President**



# 2017 CAS ANNUAL MEETING

## 2017 CAS ANNUAL MEETING IN NIAGARA FALLS: MARK YOUR CALENDAR

**J**une 23 – 26, 2017 should be on your calendar for Niagara Falls, Ontario—the location of the 2017 CAS Annual Meeting. The dynamic and interesting scientific program will appeal to practitioners at all levels and will complement the important fellowship and networking opportunities for our members. Additionally, the natural beauty of Niagara Falls and other attractions in the Niagara Region will provide ample opportunities for taking advantage of pre- or post-meeting vacation time and family excursions.

About a 1 ½ hour drive from Toronto and ½ hour from Buffalo, Niagara Falls is a vibrant city and has a lot to offer visitors beyond the natural beauty of Niagara Falls.

If you plan to bring your family, there is a vast array of activities from which to choose. Beautifully maintained biking and walking trails line the world-famous Niagara River and you don't have to go too far to find world-class golf courses and other attractions. Nearby Niagara-on-the-Lake is steeped in history and offers the Shaw Festival, historical sites and varied award-winning culinary delights.

### FACTS ABOUT NIAGARA FALLS

- The Falls are categorized by three names: the Canadian Horseshoe Falls, Bridal Veil Falls, and American Falls.
- The word "Niagara" comes from "onguiaahra", which means "a thundering noise".
- In 1901, Annie Taylor, a school teacher from Michigan, was the first person to travel over Niagara Falls in a barrel.
- Harriet Beecher Stowe's novel, *Uncle Tom's Cabin*, was partly inspired by the writer's trip to Niagara Falls.
- Water that flows over Niagara Falls ends up in Lake Ontario and from there it drains by way of the St Lawrence River into the Atlantic Ocean.





Canadian Anesthesiologists' Society  
International Education Foundation

# 2017 CASIEF GALA FUNDRAISING DINNER

Please join us on Sunday, June 25, 2017  
at the Queen Victoria Place Restaurant  
in Niagara Falls (6:30 – 9:30 pm)

Watch for details!

## GUEST SPEAKER: DR CHRISTOPHER CHARLES

Dr Christopher Charles, inventor of the "Lucky Iron Fish" will be our guest speaker. Currently an anesthesia resident at the University of Toronto, Dr Charles received a Canadian International Development Agency grant after his undergraduate degree to conduct epidemiological research in Cambodia. Realizing the high prevalence and morbidity associated with iron deficiency anemia, he invented a culturally sensitive and simple solution. A three-inch long smiling iron fish in the bottom of a pot with one liter of boiling water has helped to treat and prevent anemia in countless Cambodians.

## A STUNNING VENUE AND LOCALLY-INSPIRED CULINARY EXPERIENCE

The Queen Victoria Place restaurant in Niagara Falls offers a stunning, private outdoor terrace that places you at the brink of the falls while enjoying a delicious, locally-inspired meal. This venue has been certified by the Ontario Culinary Tourism Alliance as a champion of Ontario food and drink.

In addition, you will have the opportunity to view the Falls' illumination and fireworks show from this private viewing platform and see the Falls illuminated in the CAS colours for 15 minutes!



LUCKY IRON FISH



QUEEN VICTORIA PLACE RESTAURANT

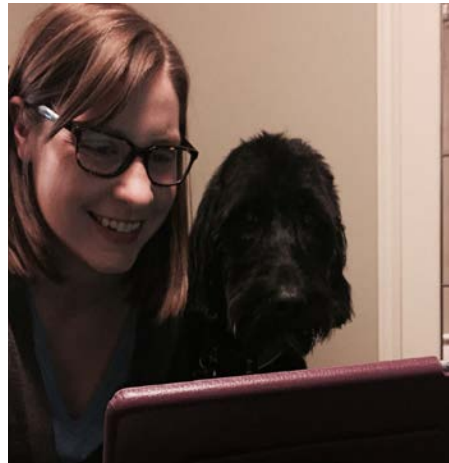
# 2016 ANNUAL MEETING FOLLOW-UP

## "PUTTING FACES TO THE NAMES"

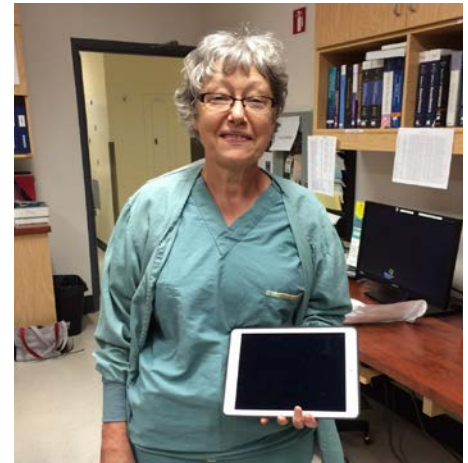
In the October 2016 issue of *Anesthesia News*, the draw winners at the Annual Meeting in Vancouver were identified by name and city but not with their photos. Here are the lucky three winners showing what they received:



**Dr John Crowther**  
Penticton, BC



**Dr Ainsley Decker**  
St John's, NL



**Dr Martine Pirlet**  
Sherbrooke, QC

## WORKING TOWARDS EXCELLENCE IN CONTINUING PROFESSIONAL DEVELOPMENT OPPORTUNITIES

BY JANE TIPPING, MAD ED

CAS takes its role in Continuing Professional Development (CPD) seriously and is continuously working towards excellence. In 2012 under the leadership of Dr Susan O'Leary, CAS established an Annual Meeting Working Group. The mission: to increase effectiveness of the Annual Meeting with a special emphasis on increasing opportunities for more active forms of learning. Hands-on workshops obviously offer a lot of opportunity for participants to be actively involved but most educational events have been based on the model of passive listening. There is a role for this form of learning, yet rarely does listening lead to any form of change in practice.

Several initiatives evolved because of many discussions, including a peer observation service, a moderator training module, increased use of audience response systems, and the offer of individual speaker coaching.

The moderator training module is an educational tool that is designed for on-line learning. It is simple and informative. On completion of a pre-and post-test, participants receive Royal College Section 3 credits for their efforts.

The module is designed for people at all levels of experience and contains many useful tips that are often not thought about. The moderator role is crucial in ensuring audience involvement, discussion, and lively debate. A moderator can literally make or break a session in terms of the quality of interaction between the audience and the speaker. Few moderators understand the importance of their role and even fewer have received training.

As one experienced moderator commented:

*Personally, I found the modules helpful, especially as this is an area in which I received no teaching during medical school [or] residency (and which I suspect few people receive any training on). There were some [with] a few with good tips on preparation before the session, keeping speakers on time, and controlling and limiting discussion points. All in all, very helpful and an area of medical education I think the CAS should/will embrace!*

The peer observation is a "one of a kind" in Canada and is a service for speakers wanting feedback on specific

*continued on page 6*

presentation skills that provides more information than the average evaluation form. There has been a remarkable response over the past two years with as many as 70 speakers assigned for this service. A short survey indicated both speakers and observers found the experience useful.

One person's comments on the peer observer program included:

*As an observer, I could focus on the delivery of the educational content in addition to the content itself. It gave me insight into my own abilities to present information clearly in a public forum.*

*When observed, I received very valuable feedback on my own techniques. The feedback allowed me to reflect on the issues raised. I could separate the behaviours and patterns of speech that were due to nervousness from those issues over which I have greater control.*

*Overall, one of the most useful feedback forums [in which I have participated].*

### LOOKING AHEAD

With continuing efforts to provide improvement to the Annual Meeting, this year's attendees will see an increase in the number of small group problem-based learning discussion events as well as an increase in the use of

Poll Everywhere (an audience response system) in larger lectures. Two more training modules will be created for speakers and faculty: training for peer observation and how to conduct a problem-based learning discussion. Both will be accredited with Royal College Section 3 credits.

One person's experience included both moderating and being peer observed:

*I did the moderator training and found it to be very helpful. I practised the skills before the CAS meeting, and the feedback was at first mixed: "Why are we doing this? Why are you standing there directing the questions, etc.?" One day, I didn't moderate and it was "Why aren't you moderating?" Some of those people are now in that role and/or also moderate at CAS.*

*I also was peer observed and found that interesting, having been on the development side of that project. The peer observer gave honest and practical comments with objective rationale for his feedback (versus his personal opinion). It takes time to attend the session, make observations and feed them back. I am appreciative of the willingness of members to do this. My co-presenters were very impressed we had this device.*

**We extend season's greetings and warm wishes for a happy new year to all our members and their families.**

CAS Executive Committee, Board of Directors  
and National Staff Team

## CAS 2017 RESEARCH PROGRAM—REMINDER!

The online submission website of the CAS 2017 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 16, 2017 – 16:00 EST

#### HELPFUL WEBSITE LINKS

Research Program link on CAS website:

[www.cas.ca/English/About-Research-Program](http://www.cas.ca/English/About-Research-Program)

Online Submission Website:

<https://mc.manuscriptcentral.com/cas2017awards>

#### NEW INVESTIGATOR OPERATING GRANT

Canadian Anesthesiologists' Society Research Award

#### SUBSPECIALTY OPERATING GRANTS

CAS Research Award in *Neuroanesthesia in memory of Adrienne Cheng*

Dr Earl Wynands Research Award in Cardiovascular Anesthesia

#### OPEN OPERATING GRANTS

Dr R A Gordon Research Award for Innovation in Patient Safety

#### RESIDENTS' RESEARCH GRANT

Ontario's Anesthesiologists—CAS Residents' Research Grant

## 2017 ABSTRACTS SUBMISSION—REMINDER!

Applicants are invited to submit their Abstract and/or Case Reports/Series to the Canadian Anesthesiologists' Society's 2017 Annual Meeting. The meeting will be held from June 23 – 26, 2017 in Niagara Falls, Ontario at the Scotiabank Convention Centre.

### TO SEE THE DETAILS:

GO TO: [WWW.CAS.CA/ENGLISH/ABSTRACTS](http://WWW.CAS.CA/ENGLISH/ABSTRACTS)

## PAYING TRIBUTE TO DECEASED CAS MEMBERS

To recognize the contributions of and pay tribute to deceased CAS members, *Anesthesia News* will now publish obituaries that are submitted to CAS.

If you would like to submit an obituary for a deceased CAS member, please forward it to [anesthesia@cas.ca](mailto:anesthesia@cas.ca). A photograph may be included.

Please note the following general guidelines:

- The person must have been a member of CAS during their career, although not necessarily at the time of death.
- While vital statistics are important, stories about the individual's life, career, and contributions to specific endeavours are strongly encouraged.
- The obituary should be limited to 500 words.
- All submissions will be edited.



A long-exposure photograph of a waterfall, likely the Horseshoe Falls at Niagara Falls, Ontario. The water is blurred into a smooth, cascading flow, creating a sense of motion and power. The background shows a line of trees under a soft, orange-hued sky, suggesting a sunset or sunrise.

**2017 CAS Annual Meeting**  
Scotiabank Convention Centre  
Niagara Falls, ON

# COMPETENCE BY DESIGN

THE FUTURE OF EDUCATION AND ASSESSMENT IN  
ANESTHESIOLOGY—FROM RESIDENCY TO RETIREMENT

**June 23 – 26, 2017**



Canadian Anesthesiologists' Society

[WWW.CAS.CA](http://WWW.CAS.CA)



## UPDATE: RESOLUTION TO SURREY MEMORIAL HOSPITAL DISPUTE

Colleagues:

I am writing to provide an important and welcome update regarding a resolution to the crisis at Surrey Memorial Hospital (SMH) involving our anesthesiologist colleagues.

In February 2016, a dispute arose between the SMH anesthesiologists and the Fraser Health Authority (FHA) concerning specialist anesthesiology coverage for after-hours emergency surgical and obstetrical patient care. In general terms, the SMH anesthesiologists and the FHA were unable to agree on how to best deploy limited and highly-specialized anesthesiology resources to meet growing demand for access to surgery in the rapidly growing community of Surrey. Furthermore, the evolution of SMH from a community hospital to a highly specialized tertiary-quarternary clinical and academic center has been challenging for both clinicians and administrators. In this transitional phase, the specific challenges around communication and changing culture were foundational to this dispute.

Specifically, with regards to this dispute, the entire department of 26 anesthesiologists received notice that their appointments to the FHA medical staff would terminate effective March 1, 2017. No cause for the terminations was provided in the notice. The FHA was clear in a subsequent communication posted on the FHA website that there were no clinical concerns that led to the terminations. It became abundantly clear that this dispute was not the result of any reported patient safety, quality of care, or disciplinary issues.

Following this notice of termination, the SMH anesthesiologists did their utmost to continue providing high-quality perioperative patient care while under tremendous duress. The anesthesiologists retained legal counsel and began a series of iterative discussions with the BC Anesthesiologists' Society (BCAS) to

explore ways to resolve this impasse. Starting in June, a dialogue began between the SMH anesthesiologists and the FHA. During the Canadian Anesthesiologists' Society (CAS) Annual Meeting in Vancouver in late June 2016, the BCAS provided a thorough update to the CAS Board of Directors and leadership. Understandably, there were many pointed questions and concerns about the particulars of this dispute. However, there was unanimous support for the local SMH anesthesiologists and the BCAS continuing to search for a principled patient-centered solution in collaboration with the FHA.

From June through September 2016, both parties to this dispute, alongside the BCAS and Doctors of BC as stakeholders, engaged in high-level and intensive negotiations. It became clear that the central issue was a breakdown in communication and trust over the preceding months to years between the anesthesiologists and the FHA. However, promisingly, both parties were able to express their concerns and preferences around optimal patient care models and risk-sharing in an iterative process.

While the last nine months were very trying for all involved, they have also allowed—perhaps for the first time—for the FHA leadership and the SMH Department to engage in meaningful and candid conversations about broad challenges within the hospital which impact on morale, workplace culture, and patient experiences. Having worked closely with the FHA and SMH throughout this process, I would like to thank both groups for showing the courage to work together and building trust in the name of better patient care.

*continued on page 10*

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I am pleased to report that an agreement has been reached between the FHA and the SMH Department, which rescinds all of the terminations and sets the stage for an improved workplace and excellent patient care.

Having been directly engaged in these discussions over the last several months, I can vouch that these discussions were challenging; however, both sides made concessions to reach a patient-centered agreement. By focusing on principled and creative solutions, a true crisis in patient care in Surrey has been averted.

Out of respect for the work needed by both parties to implement the agreement, the specific terms of agreement have been shared only with our members at SMH. In general terms, the agreement:

- Maintains the continuity and integrity of the current department, rescinding all notices of termination.
- Establishes a joint process that aims to align departmental human resources with OR planning, resources, and funding.
- Incorporates a commitment from the health authority to provide the resources required to maintain a consistent and predictable number of functioning operating rooms.
- Creates an expanded, robust model of after-hours coverage based on 24/7/365 coverage with two anesthesiologists on-site, supplemented by a third anesthesiologist on call from off-site.
- Supports recruitment of additional anesthesiologists through a blended funding model which provides compensation over and above Mandatory On Call Availability Pay (MOCAP) for both on-site positions...
  - A fixed monthly stipend for the Dedicated Obstetrical Anesthesiology (DOBA) position, and
  - A financial guarantee for the on-site Surgical Anesthesiologist, based on a minimum workload for each shift.

- Contains a commitment from the health authority to provide the after-hours surgical resources needed to make full use of the unique "two on-site" anesthesiologist service model.
- Provides an increase in funding to allow for 24/7 Anesthesia Assistant support at SMH.
- Includes a dispute resolution process to address future issues.

I would also like to thank our local provincial medical association, Doctors of BC, for reaching out to the BCAS and assisting us in supporting our anesthesiologist colleagues at SMH, as well as seeking to protect the professional autonomy of all physicians in BC. I am a firm believer that as anesthesiologists, we are doctors first, and that we are stronger together. The BCAS looks forward to further opportunities to work closely with Doctors of BC over the coming months.

Furthermore, I would like to thank the SMH medical staff, including surgeons, as well as nursing colleagues who advocated for a patient-centered agreement between the FHA and the SMH Anesthesiology Department.

The BCAS appreciates all of the grassroots support offered to the SMH group from anesthesiologists across the province and Canada. Specifically, CAS provided sage counsel through its leadership team to both the BCAS and local SMH anesthesiologists. I am thankful for how hard the CAS is working to understand local issues affecting anesthesiologists at the grassroots level across Canada. Having worked closely with my friend and trusted colleague, CAS President Dr Doug Duval, I would like to thank him personally for his support and wisdom throughout this challenging process.

Beyond just healing the relationship between the FHA and the SMH anesthesiologists, on a personal level I am hopeful that this agreement also demonstrates the true benefit to patients which can be achieved through active collaboration between physicians and health administrators.

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When considering this local dispute at SMH, what is important to recognize is that although the circumstances are unique, the underlying tension is not. Every physician reading this can recall a dispute with an administrative or clinical colleague. What this saga has taught us is that if these relationships are allowed to deteriorate, and communication is not open and clear, this is a scenario that will repeat itself elsewhere in Canada. No department is immune. We have also learned that it is never too late to engage in open discussions and that a negotiated solution can be reached at any point if there's a mutual willingness to start trusting each other.

It is my hope that both parties have learned that open, frank, principled and patient-focused communication is far more effective in resolving disputes than confrontation.

Collectively, we have learned the importance of working hard to obtain, and maintain, the support of surgical and nursing colleagues.

The medical staff association of the hospital was important in encouraging the parties to engage in dialogue. We, as physicians, should also be ready to support colleagues should they find themselves in similar situations in the future. We can do this as individuals, but also through our provincial medical and specialist associations. Finally, the role of the CAS is absolutely vital in advocating for the professional interests of all anesthesiologists in Canada.

If there is any interest in further details regarding these events, please do not hesitate to contact me. I wish you all a happy and safe holiday season.

Best regards,

Dr Sukh Brar, FRCPC  
BCAS Past-President  
[sukhpalbrar@icloud.com](mailto:sukhpalbrar@icloud.com)

## CAS MEMBERSHIP 2017 PLEASE RENEW YOUR CAS MEMBERSHIP TODAY!

### 1 **CLICK [HERE](http://CAS.CA/MEMBERS) TO PROCEED TO THE CAS MEMBER PORTAL (CAS.CA/MEMBERS)**

To access it from the CAS website [www.cas.ca](http://www.cas.ca), click on "Member Portal" on the top right banner ([cas.ca/Members](http://cas.ca/Members))

### 2 **LOGIN:**

Your **DEFAULT\*** Username: *your CAS membership number*

Your **DEFAULT\*** Password: *your last name—minimum 6 characters and no special characters*

*\*If you have created a unique username or have since changed your password, please continue to use the login you have created. Your password is encrypted and we do not have access to it. You can retrieve your username and reset your password on the login page.*

### 3 **SELECT "RENEW YOUR MEMBERSHIP"**

If you have any questions with regard to your login information or your membership renewal, please contact the CAS membership department at [membership@cas.ca](mailto:membership@cas.ca) or call us at (416) 480-0602, ext 18.





## DALHOUSIE UNIVERSITY HOSTS BETHUNE ROUND TABLE 2016



The Bethune Round Table (BRT) is an annual interdisciplinary scientific meeting hosted at a Canadian academic centre to discuss challenges and solutions to improving surgical care to under-served and marginalized populations in low- and middle-income countries. The objective of the BRT is to bring together health professionals from a variety of disciplines including surgeons, anesthesiologists, obstetricians, and nurses to share their research and experiences in the delivery of surgery in low-resource settings.

In June 2016, Dalhousie University's Department of Anesthesia, Pain Management and Perioperative Medicine hosted the Bethune Round Table in collaboration with the

Departments of Surgery and Obstetrics & Gynaecology. The theme of the 2016 meeting was "building collaborative teams to strengthen global surgery", including collaboration for clinical service, education, research, and advocacy. There were 132 people in attendance, representing surgery, anesthesia, obstetrics, nursing, and students. The international delegation included participants from Australia, Canada, Democratic Republic of Congo, Gambia, Ghana, Haiti, Nigeria, Papua New Guinea, Rwanda, South Africa, Uganda, United Kingdom, and United States.

**The next Bethune Round Table will be hosted by the University of Ottawa June 1 – 3, 2017.**



### DALHOUSIE FACULTY AND CASIEF BOARD MEMBERS

Dr Jennifer Szerb (left) and Dr Patty Livingston (right) with Bethune Round Table keynote speaker, Dr Patrick Kyamanywa



### BETHUNE ROUND TABLE 2016 COURSE DIRECTORS AND SCHOLARSHIP RECIPIENTS

# RESIDENT REPORT FROM DR RAVI PULLELA

I was honoured to be the resident representative of the CAS at the 2016 Australian Society of Anaesthetists' 75th National Scientific Congress, held in Melbourne, September 17 – 21.

Prior to the conference, I attended the Group of Australian Society of Anaesthetists Clinical Trainees (GASACT) Committee meeting and found it to be engaging. I also had an opportunity to explore Melbourne, which I found to be a modern and vibrant city, and learned that it styles itself the sporting capital of the world.

The meeting had a strong international presence thereby making it an excellent opportunity to interact with the major conference speakers and various delegates from other national anesthesia societies. The conference's theme was ultrasound in clinical practice as well as the anesthesiologist's role as a perioperative physician. One keynote speaker was Ms Carolyn Canfield, a Canadian from British Columbia who won the inaugural Canadian Patient Safety Champion Award in 2014 for her advocacy after she lost her husband in 2008 due to failures in the health care system.

Overall, it was an excellent learning opportunity, and an incredible experience to attend this conference. I would like to express my thanks and appreciation to CAS, and expect to fondly remember my time in Melbourne.



Dr Ravi Pullela (left) and Incoming ASA President, Dr David M Scott



Melbourne City Skyline



Didgeridoo Performance at the Opening Ceremony



## LINKING PSYCHIATRY AND ANESTHESIA: STUDYING THE ROLE OF SUBUNIT CONTAINING GABAA RECEPTORS IN MOOD DISORDERS



### 2015 THE CANADIAN JOURNAL OF ANESTHESIA RESEARCH AWARD

#### DR BEVERLY ORSER

University of Toronto—Anesthesia  
Sunnybrook Health Sciences Centre  
Toronto, ON

Co-authors: Drs Stephen Kemp and Alejandro Fernandez-Escobar

**BROAD GOALS:** One of the most exciting recent discoveries in psychiatry is the effectiveness of the general anesthetics ketamine and nitrous oxide for treatment of refractory depression. This discovery has triggered the need to better understanding the role of receptors that serve as anesthetic drug targets in the etiology of psychiatric and mood disorders. My laboratory, together with investigators from the Centre for Addiction and Mental Health (CAMH), the Hospital for Sick Children and Sunnybrook Health Sciences Centre, has established a pre-clinical research program that aims to identify the contribution of neurotransmitter receptors involved in anesthesia in psychiatric disorders. Based on the knowledge gained from our pre-clinical studies, we aim to develop novel diagnostic and treatment strategies for patients.

**CAS-SPONSORED STUDIES:** Major Depressive Disorder (MDD) is a chronic and debilitating condition that dramatically reduces quality of life and life expectancy. It is the leading cause of disability worldwide and is a source of substantial social and economic burden. The cost of mental illness in Canada alone has been estimated to be about \$50 billion. Inadequate treatment of depression can lead to suicide, which is the second leading cause of death in young adults. While a range of pharmacological therapies is available for the treatment of MDD, 36 – 47% of patients are resistant to conventional antidepressant drugs.

Studies generously sponsored by the Research Award from the Canadian Anesthesiologists' Society examined the role of a subtype of  $\gamma$ -amino butyric acid (GABA) receptor in depression. GABA is the major inhibitory neurotransmitter, and its major receptor, GABA<sub>A</sub>, is a key

target for general anesthetics. Patients with MDD have low concentrations of GABA in plasma and cerebrospinal fluid. Also, postmortem imaging and genetic studies show a decrease in GABA levels in brain areas responsible for mood regulation, such as the thalamus, dentate gyrus and prefrontal cortex. More specifically, a decrease in tonic inhibition mediated by GABA<sub>A</sub>Rs may underlie depression.  $\delta$  Subunit containing GABA<sub>A</sub> receptors exhibit a high sensitivity to GABA and anesthetics, and are believed to be one of the primary mediators of tonic inhibition in the central nervous system. Human studies suggest that  $\delta$ GABA<sub>A</sub> receptor levels are decreased in depression, as the expression of  $\delta$  subunit mRNA is reduced in the frontal polar cortex of depressed suicide victims. Animal studies also suggest an association between reduced  $\delta$ GABA<sub>A</sub> receptor expression and depression. Female mice lacking  $\delta$ GABA<sub>A</sub> receptors exhibit a depression-like post-partum phenotype, which is reversed by the selective  $\delta$ GABA<sub>A</sub> receptor agonist, Gaboxadol or THIP.

Based on these findings, we postulated that deficits in  $\delta$ GABA<sub>A</sub> receptors cause depression-like behaviors. Furthermore, activation of  $\delta$ GABA<sub>A</sub> receptors reverses stress-induced depression. To address this hypothesis, wild type (WT) and  $\delta$  subunit knockout (*Gabrd* KO) mice were studied with a variety of behavioural assays. In some studies, mice were treated with a drug THIP to increase  $\delta$ GABA<sub>A</sub> receptor function. Overall, our preliminary results suggest that reduced expression of  $\delta$ GABA<sub>A</sub> receptors causes a depression-like phenotype while THIP improves the behavioral performance.

These encouraging preliminary results suggest that strategies that increase expression levels of  $\delta$ GABA<sub>A</sub> receptors or drugs that increase receptor function may be helpful in treatment of patients suffering from refractory depression.



## DALHOUSIE EVENT RAISES \$4,000+

Dalhousie University's Department of Anesthesia, Pain Management and Perioperative Medicine celebrated its annual holiday party by combining the event with fundraising for the Canadian Anesthesiologists' Society International Education Foundation (CASIEF).

Global outreach has always been a priority for the Department. With the support of Dr Romesh Shukla, Chair, and the impassioned speeches from Dr André Bernard, and Dr Tristan Dumbarton, \$4,205 was raised. Other departments of anesthesia are encouraged to adopt the tradition of fundraising for CASIEF when celebrating the holiday season.



Dr Romesh Shukla, Chair, Dalhousie Department of Anesthesia, addresses the annual holiday party attendees.

## NEW FRIEND OF CASIEF AWARD ANNOUNCED



Mr Emmy Runigamugabo, recipient of the 2017 *Friend of CASIEF Award* will accept his award in Niagara Falls.

We are pleased to announce the creation of the new *Friend of CASIEF Award* to honour an individual who has demonstrated a strong commitment to CASIEF.

The recipient of the 2017 *Friend of CASIEF Award* is Mr Emmy Runigamugabo who has assisted CASIEF's Rwanda volunteers for many years. Emmy and his wife, Mary, will travel to Niagara Falls to accept this award.

CASIEF has been a registered Canadian charity for 50 years. Please join us in celebrating the wonderful work of many people who seek to improve anesthesia care worldwide.

## EUROPEAN SOCIETY OF REGIONAL ANAESTHESIA (ESRA) AND CASIEF SPONSOR TWO DELEGATES FOR 2016 ESRA ANNUAL CONGRESS

Through the generous contribution of the ESRA, and with support from CASIEF, Drs Jean Damascène Nyandwi and Rediet Shimeles Workneh attended the 2016 ESRA and Pain Therapy Annual Meeting in Maastricht, the Netherlands.

Dr Nyandwi is presently practising anesthesiology in Rwanda, and spent six months pursuing a fellowship in regional anesthesia in India. He also chairs the pain management committee at the University Teaching Hospital of Kigali. Dr Nyandwi writes of the ESRA Congress: "I am really pleased with the new knowledge and experience I got. That gave me inspiration in how we will organize and run our service of regional anesthesia successfully and sustainably despite many challenges... Definitely it has been inspiring!"

Dr Workneh is a recent graduate of the Addis Ababa Department of Anesthesia, Ethiopia, and she is currently enrolled in a pain fellowship in Bloemfontein, South Africa.

She writes: "The ESRA Congress was a great experience! [It was] highly educational as well as motivating. It was also a networking and experience-sharing opportunity. I met really nice people and made friends."



Drs Rediet Shimeles Workneh (Ethiopia) and Jean Damascène Nyandwi (Rwanda) at the ESRA in Maastricht, the Netherlands

# CELEBRATION OF CASIEF'S COMMITMENT TO ANESTHESIA EDUCATION IN RWANDA

The 2016 CASIEF dinner was a huge success. Over 110 guests enjoyed a delicious meal and fabulous 360° views of Vancouver from the Vista Lounge of the Pinnacle Hotel. The event was a celebration of CASIEF's 10-year commitment to anesthesia education in Rwanda, and Will Ferguson, author of *Road Trip Rwanda*, gave a moving speech on both tragedy and regeneration in Rwanda.



Dr Dylan Bould  
Chair, CASIEF

## CASIEF GUYANA

The program in Guyana is a partnership between the ASA GHO (American Society of Anesthesiologists Global Humanitarian Outreach) and CASIEF. The first volunteer from the ASA GHO travelled to Georgetown in September, and the first two volunteers from CASIEF were in Guyana in October and November respectively. Volunteers have been leading teaching seminars in areas as diverse as pediatric anesthesia, acute pain management, regional anesthesia,

and critical appraisal as well as daily clinical teaching in the operating rooms. Residents from Guyana have also travelled to McMaster University for a four-month rotation as part of their core training. For more information about this program and to inquire about volunteering, contact [guyana@casief.ca](mailto:guyana@casief.ca).

## REFLECTION ON GLOBAL HEALTH ELECTIVE IN RWANDA BY: DR JON BAILEY, DALHOUSIE UNIVERSITY

**M**y alarm goes off before the Amitie Atmosphere Bar closes at 6:00 a.m., so as I peel the silicone ear plugs out, the music comes pouring in. I slept well considering the dip in the mattress and the heat. In the kitchen, I start toasting bread in the frying pan while I wait for the kettle to boil for my bucket bath. The water is still somewhat cool as I pour it over my head, which is good since it will make the walk to the bus stop in my dress clothes a little less sticky. I pile on to the bus and we weave through a cloud of pedestrians and motos, while I clutch my travel mug of coffee. I try to drink stealthily since Rwandans don't drink or eat on the street. After arriving at University Central Hospital of Kigali (CHUK), I help the resident set up the room while discussing some deaths that occurred overnight. The hospital has no suxamethonium or IV morphine. I guess we'll use cisatracurium for our rapid sequence inductions today and hope for the best.

I'm tempted to complain about some of this. To be honest, I'm tempted to tell people about this to show how tough I am. Then I remember that our Rwandan colleagues do this every day. I remember that they do it with very little pay, with few holidays—and I remember what they've already

lived through. I remember the weekend getaways and dinners out on the town. I remember that we're only here for one month, and that I'm going back to a well-resourced hospital with anesthesia techs who set everything up for us, extremely competent Anesthesia Assistants who give us regular breaks, and staff who have spent years of their life practising to be effective teachers. The Rwandan staff and residents don't have that—and yet, they greet us with huge smiles, with gratitude and optimism. They work tirelessly to provide care and, where they can, improve their system. They don't complain or brag, and only occasionally acknowledge that "it's tough".

From previous experiences, I've become convinced that education and advocacy have the greatest potential impact in global health settings. CASIEF's model of a long-term commitment through repeated short-term visits to provide teaching and mentorship provides continuity, ongoing personal relationships and capacity-building, while remaining feasible for the average full-time Canadian anesthesiologist.

*continued on page 17*

# REFLECTION ON GLOBAL HEALTH ELECTIVE IN RWANDA

BY: DR JON BAILEY, DALHOUSIE UNIVERSITY

*continued from page 16*

Dalhousie is unique among Canadian programs both because of the number of staff anesthesiologists involved with CASIEF and due to the ongoing support of bidirectional resident education. By sponsoring Rwandan residents to come to Canada and our residents to travel there, the Dalhousie program is demonstrating in a real way the value of exchanging ideas on a global scale. Dr Paulin, one of the first Rwandan residents to come to Dalhousie, is now the program director of the University of Rwanda Anesthesia Program. Dr Paulin repeatedly cited CASIEF's role in changing the face of anesthesiology education in Rwanda; while exhorting the newly minted staff to continue to revolutionize anesthesia provision, clinically and through education, research and advocacy.

On one of our first clinical days, a two-month old presented with pyloric stenosis after a two-week history of frequent vomiting. The only straight blade was a 00 size, so we found a MAC 2 to use, but the laryngoscope light was working only intermittently. The oxygen supply then failed just prior to induction. There was no suxamethonium available because it was out of stock in the hospital, so we proceeded with an IV induction without it. The only non-depolarizing blocker available was cisatracurium. We still had pediatric ETTs left from the supply that we brought with us (they ran out by the end of the month). There were limited suction catheter sizes and the suction machine was removed from the room during

set-up because it was being shared by two ORs. The only volatile was halothane. The NIBP was working intermittently but the ECG didn't work at all. The standard pulse oximeter worked initially but failed towards the end of the case. Fortunately, it could be replaced by a Lifebox pulse oximeter. The case proceeded and the infant was transferred safely to PACU.

There is no better mental exercise than battling through the many obstacles they face daily, while trying to teach and help provide anesthesia care. In one case, I was forced to review volatile and NDMR pharmacology, pediatric and pyloric stenosis considerations, pediatric airway options, intraoperative oxygen failure, and intraoperative monitor failure while communicating pertinent teaching points to a resident and an anesthesia technician whose first and second languages were not English. Tell me there's not good clinical learning during this month! We answer Royal College questions on halothane and intraoperative machine failure, but how many people in Canada have any experience dealing with them?

In short, this trip reinforced my interest in clinical education, pushed me to improve my own clinical knowledge, at times discouraged me entirely when I witnessed the injustice of disparities, and then renewed my faith in humanity as I saw the residents and staff struggle to improve their system with optimism—and even joy.



Dr Jon Bailey Dalhousie Anesthesia teaching anesthesia and surgery residents at the University of Rwanda.



# RESIDENT REPORT FROM DR CURTIS NICKEL

I was honoured to be the resident representative of the CAS at the American Society of Anesthesiologists' Annual Meeting 2016, which was held in Chicago October 22 – 26.

The conference featured a great mix of new concepts and review of the fundamentals, as well as a new track specifically for perioperative medicine. Other topics on the agenda included risk-stratification tools, blood work and cardiopulmonary exercise testing, and care for obese patients, and a panel discussion entitled "Anesthesia for Craniotomy: What's New, What's True?"

Advocacy was an important issue in the residency track, mirroring that of the main track and featuring a session entitled "Securing Your Future through Advocacy". It was evident that there is a need for residents to actively become involved to ensure the future of the speciality.

With many "non-trainee lecture tracks" from which to choose, I was impressed by the concurrently running track dedicated to residents, medical students and fellows, including sessions that addressed resident issues such as examinations and job hunting.

Overall, I found this experience to be rewarding—from the great educational sessions to the fantastic networking opportunities and the venue. Chicago's many historical attractions, restaurants, and ambience ensured that we all left with plenty of good memories and ideas to take forward.



The Annual Meeting focused on important resident issues.



People standing/talking: Canadian and American anesthesia residents had an excellent opportunity to network and discuss common issues.



## CANADIAN ANESTHESIA RESEARCH FOUNDATION (CARF) UPDATE BOARD STRATEGIC PLANNING MEETING LOOKS AHEAD

**O**n Sunday, November 20, 2016, CARF held a strategic planning meeting in Toronto. The purpose of this Board retreat was to discuss and plan fundraising strategies for the next three years, as well as trends in philanthropy, donor demographics, a donor panel interview with Dr Davy Cheng, and the rebranding of CARF's mission and vision.

We are grateful to everyone who participated in the on-line CAS member survey in November. The data was analyzed in detail, and has allowed us to identify our strengths, weaknesses, and opportunities for optimal success in the future.

Dr Doreen Yee, Chair of CARF, and Katherine Palumbo, Director of Development, would like to thank all the dedicated Board members who attended this retreat—especially those who had to navigate through the Toronto Santa Claus Parade! It was a day of engaging conversation, inspiring ideas, and positive energy.

A detailed plan for CARF's fundraising future has now been established surrounding major gifts, planned giving, special events, donor stewardship, and building the sponsorship pipeline. We are all extremely excited for what the future holds.



Dr Roanne Preston, Dr Doreen Yee, Dr Dolores McKeen and Dr Beverly Orser at the 2016 CARF strategic planning meeting.

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**To make a donation before year's end, please visit the new CARF website at [www.mycarf.ca](http://www.mycarf.ca).**

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- Reversal of warfarin anticoagulation for urgent surgical procedures  
**June 2015**

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Instructions can be found on the Canadian Anesthesiologists' Society website at: [cas.ca/members/cpd-online](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.

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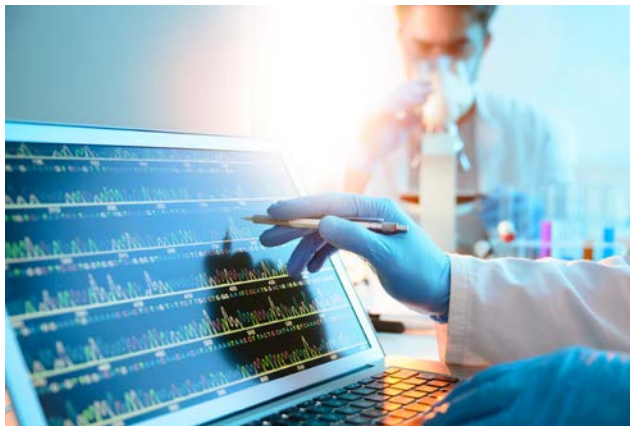




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## INVITED SPEAKERS

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### **Professor Michael Avidan**

Professor, Anesthesiology,  
Washington University. Director,  
Institute of Quality Improvement,  
Research and Informatics (INQUIRI)  
and Division Chief, Cardiothoracic  
Anesthesiology.



### **A/ Professor Marjorie Stiegler**

A/ Professor of Anesthesiology at  
the University of North Carolina,  
Director of the Consortium for  
Anesthesiology Patient Safety and  
Experiential Learning.



### **Dr Philipp Lirk**

Attending Anesthesiologist at  
the Academic Medical Center,  
University of Amsterdam. Head of  
Regional Anesthesia Service, he is  
also in charge of two international  
academic exchange programs.



### **Professor David Story**

Foundation Chair of Anaesthesia  
at the University of Melbourne;  
and Head of the Anaesthesia,  
Perioperative and Pain Medicine  
Unit. Senior Investigator, ANZCA  
Clinical Trials Network

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Canadian Anesthesiologists' Society

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