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ANESTHESIANEWS

PRESIDENT'S MESSAGE

Dear Colleagues:

Thank you!



Two years ago when I assumed the role of CAS President, I was honoured by the privilege, and excited about building on the work of others while moving the Society's priorities forward. Two years later, I reflect on our collective efforts. I believe they are impressive.

During my presidency, I have had the pleasure of meeting many CAS members from across Canada and know first-hand that a large part of our accomplishments is due to the commitment of many individuals. The dedication is apparent in various activities—from those who lead and serve on the CAS Board of Directors, committees and Sections, to others who willingly step forward to help represent the Society's interests externally and also those who work quietly but effectively "behind the scenes". I salute all who, in some way, have given generously of their time and energy.

The Executive Committee has been an important source of sage advice and support to me: Dr Rick Chisholm (Past President), Dr Susan O'Leary (Vice President), Dr Salvatore Spadafora (Secretary) and Dr Douglas DuVal (Treasurer).

The Society's success is capably supported by the hard-working CAS team, led by Mr Stanley Mandarich, and I also wish to acknowledge the team's assistance and guidance to me in my role as President.

I am sincerely appreciative of the combined efforts of many in enabling the Society to represent and advocate for Canada's anesthesiologists.

Next stop: St John's

As you read this newsletter, we are only a few days from gathering for the 2014 CAS Annual Meeting.

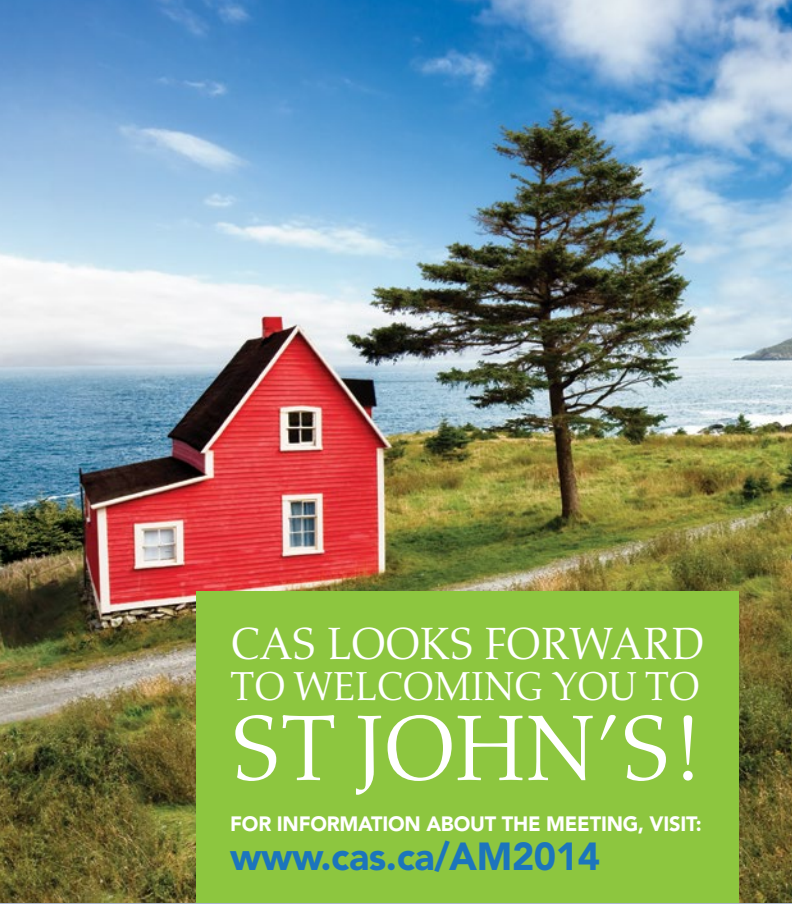
I extend my personal invitation to all CAS members to join us in St John's from June 13 – 16. The Annual Meeting Committee chaired by Dr Daniel Bainbridge and the Local Arrangements Committee chaired by Dr Angela Ridi have developed an excellent program—and more—for us. Don't miss it.

Dr Patricia Houston, FRCPC

President




ST. JOHN'S
CAS ANNUAL MEETING 2014



CAS LOOKS FORWARD
TO WELCOMING YOU TO
ST JOHN'S!
FOR INFORMATION ABOUT THE MEETING, VISIT:
www.cas.ca/AM2014

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2014 ANNUAL MEETING: HAVE YOU REGISTERED FOR ST JOHN'S?

The countdown to St John's is on and the Local Arrangements Committee is working hard to ensure an exceptional educational program, networking opportunities and a fun-filled social program to showcase Newfoundland & Labrador's warm hospitality. We highly recommend making your plans as soon as possible to avoid disappointment...

TAKE A BREAK...

If you can spare a few days, consider going in advance of or staying after the Annual Meeting to explore St John's or other parts of Newfoundland & Labrador. There is plenty to see and do and, at the very least, consider some leisure time in St John's. Here's a sampling of what you can explore:

Bannerman Park is a Victoria-style urban park located in historic downtown St John's where there is a public swimming pool, playground and many large open grassy areas.

Blackhead Chapel Museum is a tiny wooden chapel constructed as a one-room school in 1879.

Botanical Garden at Memorial University is located near the heart of St John's and is unusual in its dual purposes of botanical garden and natural reserve. Wander through the flower gardens and explore the five nature trails that meander through a 110 acre managed natural reserve.

Cape Spear National Historic Site is just 17 kilometres from downtown St John's, situated at the most easterly point in North America. Overlooking

the North Atlantic, the oldest surviving lighthouse in Newfoundland and a Second World War coastal defence battery are yours to explore.

Colonial Building opened in the 1850s, almost two decades after Newfoundland obtained self-government in 1832. Much of Newfoundland's most important political history occurred in and around this building.

Fort Amherst is the first lighthouse in Newfoundland built by the British Military Garrison in 1810 and is located at the entrance to St John's Harbour Narrows.

The **Grand Concourse** is an integrated walkway system for the cities of St John's, Mount Pearl and the Town of Paradise, and its 120 kilometres of walkways link every major park, river, pond and green space in the three municipalities.

The **James J O'Mara Pharmacy Museum** is a heritage drug store circa 1895, complete with antique store fixtures, a display of pharmaceutical implements and more...

The **Johnson GEO Centre** shows the amazing life-story of our planet through the remarkable geology of Newfoundland & Labrador. One of the most distinctive buildings in the province, the GEO Centre is located within a beautiful 18 acre site on world-renowned Signal Hill.

Known as the **Newfoundland T'Railway Provincial Park**, the rail bed route extends for 883 kilometres linking urban, rural and wilderness areas and providing travellers with first-hand experience of the province's varied flora and fauna.

VISIT
TOURISM NEWFOUNDLAND
TO FIND OUT MORE!

LIMITED NUMBER OF RENTAL CARS: BOOK EARLY

Avoid disappointment: A limited number of cars is available for rent in Newfoundland from June 11 – 18, 2014. Visit the **CAS website** for information and a special offer to delegates.



2014 RECIPIENTS ANNOUNCED FOR RESEARCH PROGRAM AND OPERATING GRANTS

RESIDENTS' RESEARCH AWARD



ONTARIO'S ANESTHESIOLOGISTS – CAS RESIDENTS' RESEARCH GRANT \$10,000

Dr Neil Goldenberg

University of Toronto – Anesthesia
Toronto, ON

The Role of the Calcium Channel TRPV4
in Hypoxic Pulmonary Vasoconstriction

NEW INVESTIGATOR AWARDS



ABBVIE NEW INVESTIGATOR AWARD IN ANESTHESIA \$20,000

Dr Harsha Shanthanna

McMaster University – Anesthesiology
Hamilton, ON

Most Effective Opioid Analgesia in
Ambulatory Surgeries: A Randomized
Control, Investigator Blinded, Parallel
Group with Superiority Design Study
of Morphine versus Hydromorphone



CANADIAN ANESTHESIOLOGISTS' SOCIETY RESEARCH AWARD \$30,000

Dr Gerard Curley

University of Toronto and St Michael's
Hospital – Anesthesia
Toronto, ON

Pre-activated Mesenchymal Stem Cell
Therapy for Bacterial Pneumonia

SUBSPECIALTY AWARDS



CAS RESEARCH AWARD IN NEUROANESTHESIA *in memory* of **Adrienne Cheng** \$10,000

Dr Alana Flexman

University of British Columbia – Anesthesiology
Pharmacology & Therapeutics
Vancouver, BC

Effect of an Alveolar Recruitment Maneuver
on Subdural Pressure, Brain Swelling and
Cerebral Perfusion Pressure in Patients
Undergoing Supratentorial Tumour Resection



DR EARL WYNANDS RESEARCH AWARD \$30,000

Dr Michael Zaugg

University of Alberta –
Anesthesiology and Pain Medicine
Edmonton, AB

Anti-inflammatory and Infarct Size
Reducing Actions of Fat Emulsions
in Hearts: An In Vivo MicroPET/CT
Analysis in Rats

OPEN AWARDS



THE CANADIAN JOURNAL OF ANESTHESIA RESEARCH AWARD \$30,000

Dr David Ansley

University of British Columbia –
Anesthesiology, Pharmacology & Therapeutics
Vancouver, BC

Propofol Mediated Cardioprotective
Signal Transduction: Role of Caveolin



DR R A GORDON RESEARCH AWARD \$40,000

Dr Ban Tsui

University of Alberta – Anesthesiology
and Pain Medicine
Edmonton, AB

Local Anesthetic Reversal for
Peripheral Nerve Blocks

DR MARY-ELLEN (MARIA) F MORRIS

JANUARY 2, 1932 – MARCH 16, 2014

BY: DR BEVERLEY A ORSER, FRCPC

Professor of Anesthesia & Physiology, University of Toronto
Canada Research Chair in Anesthesia
Fellow of the Canadian Academy of Health Sciences



Dr Mary Morris was one of Canada's first anesthesiologist-scientists and, at the time, one of only a few female anesthesiologists.

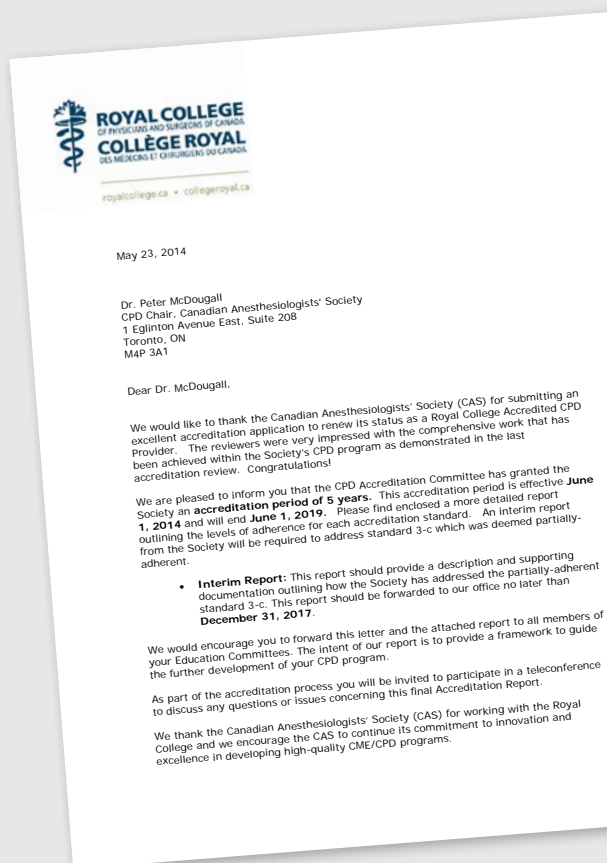
After completing high school, Mary enrolled into Queen's University Medical School (MD, 1955). During anesthesia residence training at McGill University, Mary developed a strong interest in neurophysiology. As a result, she embarked on research training, initially under the supervision of Dr Ronnie Millar, an Edinburgh-trained anesthesiologist, then later under the tutelage of Dr Kresimir Krnjevic in the Anesthesia Research Department at McGill University.

In the 1960s, Mary demonstrated that respiratory acidosis activated sympathetic neurons. To further satisfy her interest in neurophysiology, she completed a PhD thesis on the effects of carbon dioxide on synaptic transmission in primary afferent pathway in the medulla (PhD, 1971). She subsequently undertook studies under the supervision of Dr Krnjevic who showed that GABA was the main inhibitory neurotransmitter in the brain and that inhaled anesthetics increased intracellular calcium, which in turn acted on potassium channels to modify neuronal excitability. Mary used sophisticated *in vivo* animal models to identify an important and interesting finding—that anesthetics potentiate neurotransmission. She subsequently used state-of-the-art methods, including the manufacturing of ion-selective microelectrodes, to measure changes in extracellular potassium and calcium ions caused by anesthesia and pathological factors such as hypoxia. Mary was the first to demonstrate that even a brief episode of hypoxia generates a sizable increase in extracellular concentration of potassium ions in the cortex. Additional studies systematically identified the anions that generate inhibitory synaptic potentials. She first reported that bicarbonate ions are a significant permeant ion of inhibitory receptors. She also showed that Substance P is a slow excitatory neuromodulator in primary afferent synapses in the spinal cord and medulla, rather than a principal transmitter. The impact of her fundamental discoveries is evident today in studies of brain ischemia, anesthesia-induced neurodepression and pain.

For many years, Mary directed a federally-funded research program, mentored young clinician-investigators and worked as a Professor at the University of Toronto, then at the University of Ottawa. In 2001, the Canadian Anesthesiologists' Society honoured this work with the 2001 Research Recognition Award. After closing her laboratory, Mary worked with Health Canada in the Medical Devices Bureau. She remained an energetic investigator well into her 80s. Several weeks before her passing, she wrote in an enthusiastic email, "still working – hanging in!" Determined, gracious, and quietly unstoppable, Dr Mary Morris made a memorable contribution to the science and clinical specialty of anesthesiology.

ROYAL COLLEGE RENEWS CAS ACCREDITED CPD PROVIDER STATUS

The Royal College of Physicians and Surgeons of Canada recently granted CAS an accreditation period of five years, effective June 1, 2014 and ending June 1, 2019. Members will note that the reviewers were "very impressed with the comprehensive work that has been achieved within the Society's CPD program".



*"Donating to CARF is as easy
as landing the big one.
CARF is one of my causes.
Please make it one of yours."*



Dr. Lynn Hansen
Department of Anesthesia
Dr. Everett Chalmers Hospital
Fredericton, N.B.

A handwritten signature in cursive script that reads "Lynn Hansen".

Our profession
deserves a firm
foundation

CARF

Canadian Anesthesia Research Foundation
La Fondation canadienne de recherche en anesthésie

www.anesthesia.org/carf

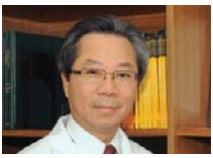
CONGRATULATIONS FÉLICITATIONS

2013

NEWLY CERTIFIED ANESTHESIOLOGISTS ANESTHÉSIOLOGISTES NOUVELLEMENT ACCRÉDITÉS

Etedal, Aamri	Sarah Farsi	Marie-Eve Laurence	Christine Pickering
Sonia Ah-Kye	Karine Fillion	Ronit Lavi	Lisa Pillo
Igor Andonov	Julie Fournier	Elisabeth Leclerc	Christelle Poulin-Harnois
Maya Atallah	Kristen Gadbois	Sang Lee	Fiona Punter
Sinziana Avramescu	Pierre-Olivier Gagnon	Steven Lee	Laura Puopolo
Remus Barbos	Ryan Gamez	Edith Lepire	Adam Puzio
Raveen Bhalla	Rebecca Gerlach	Justin Letourneau	Émilie Richer-Seguin
Manpreet Bhangu	Angineh Gharapetian	Billy Levasseur	Andrew Roberts
Darcy Bishop	Brian Grant	Lisa Li	Nandini Sachdeva
Diana Blackburn	Justin Greenberg	Peter Liu	Amanda Schwartz
James Bohn	Felix Gregoire-Bertrand	Kimberly Macala	Riley Senft
Nicolas Boisvert	Roman Gusztak	Daniel Macdonald	Colleen Shamji
Valérie Boucher	Christina Hardcastle	Ryan Mahaffey	Oskar Singer
Riley Boyle	Ahmed Hegazy	Marie-Pier Malenfant-Rancourt	Mandeep Singh
Mark Burbridge	Edwin Ho	Greg Manning	Praveena Sivananthan
Jean-Francois Canuel	Adnan Jalal	Azad Mashari	Teresa Skelton
Mairi Chadwick	Geneviève Virginie Janelle	Jonathan Mcmann	Ryan Smith
Anton Chau	Christopher Jenkins	Ann Merah	David Sommerfreund
Peter Coady	Jennifer Joo	Paul Mercereau	Marc Stalder
Peter Collins	Gregory Klar	Martin Michaud	Patrick St-Pierre
Nicolas Côte	Ian Kluk	Aaron Mocon	Louise Sun
Tracy Cupido	Tracy Kok	Stephen Morrison	Gerard Teichler
Christiane Dawe	Justina Koshinsky	Wayne Nates	Barry Thorneloe
Amélie De Varennes	Thomas Kosick	Craig Needham	Melanie Toman
Minal Desai	Gregory Kostandoff	Ulyana Nemish	Tony Trinh
Philippe Desjardins	Richelle Kruisselbrink	Angela Neufeld	Adam Van Der Merwe
Olivier Desjardins-St-Jean	Pavan Kumar	Diana Noseworthy	Cornel Van West
Joanna Dion	Peter Kuszewski	Alagarsamy Pandian	Claudia Viens
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Michael Fader	Marie-Laure Laskine-Holland	Vitali Petrounevitch	Jordan Zacny
Muryum Farooq			





Dr Davy Cheng

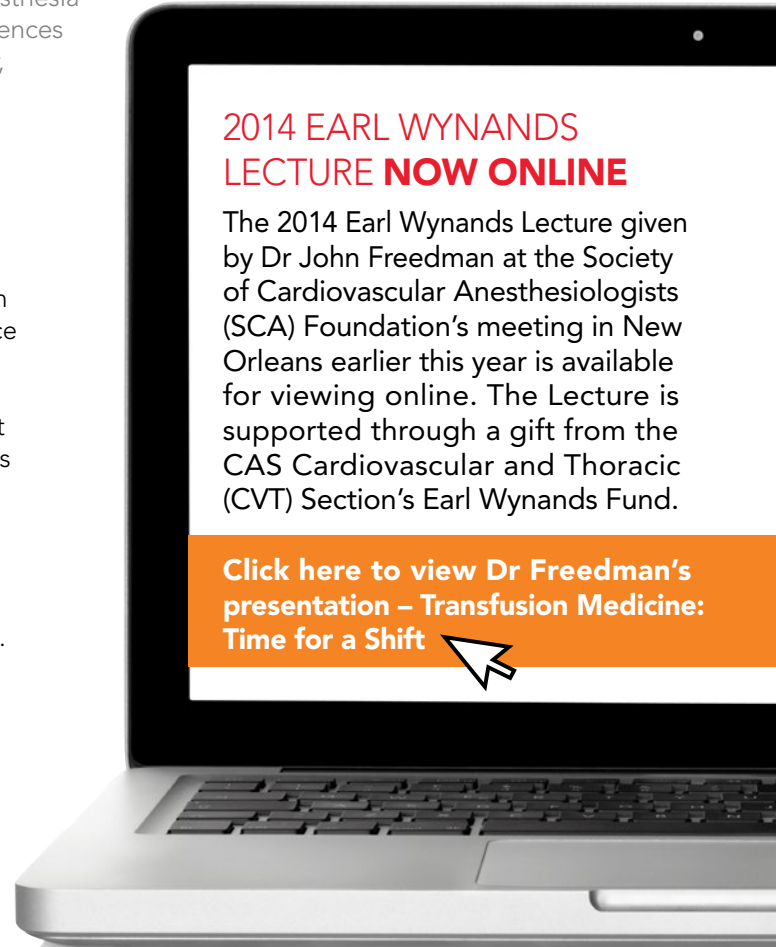
Distinguished Professor and Chair/Chief, Anesthesia & Perioperative Medicine, London Health Sciences Centre and St Joseph's Health Care Professor, Critical Care Medicine, Western University

DR DAVY CHENG RECEIVES 2014 CSPE EXCELLENCE IN MEDICAL LEADERSHIP AWARD

Congratulations to Dr Davy Cheng on receiving the Canadian Society of Physician Executives' (CSPE) 2014 CSPE Excellence in Medical Leadership Award (also known as the Chris Carruthers Award). This annual award is presented to an individual who has made an outstanding contribution to the development and mentorship of medical leaders in the field of health services leadership and management.

Since 2001, Dr Cheng has led and transformed the Department of Anesthesia & Perioperative Medicine in London into one of the top academic anesthesia departments in the world, including doubling the faculty to 80 consultants, 47 residents, and 12 fellows.

Dr Cheng is recognized as a world expert in perioperative outcomes and resource utilization in the areas of cardiac surgery, blood management, minimally invasive and robotic cardiac surgery, and perioperative evidence-based medicine. He established the Evidence-Based Perioperative Clinical Outcomes Research Group (EPiCOR) and the Medical Evidence, Decision Integrity, Clinical Impact (MEDICI) Centre at Western and London teaching hospitals, and is also responsible for a number of pivotal publications that direct evidence-based clinical and surgical practice.



WHAT WOULD I WANT FOR MY SURGERY?

BY: ANDREW SIU, ENGAGEMENT & CAMPAIGN SPECIALIST, BC PATIENT SAFETY AND QUALITY COUNCIL

Teamwork. Communication. Transparency. These ideals seem to be common sense in what a patient is expecting from a surgical team. However, finding methods to standardize "good" working culture has proven challenging. The implementation of the surgical safety checklist is intended to create these standards by framing how an operating team communicates; this in turn minimizes avoidable risks that endanger patients. Seems to make sense, but a recent study was released concluding there was no correlation between the surgical checklist and patient mortality. Nonetheless, does this mean that there is no value in its application?

In British Columbia, a variety of stakeholders from the surgical community have responded to this study with hopes of highlighting the value of good team work and communication in the operating room. There is more value to the checklist beyond its statistical significance. It ensures that common objectives are being effectively communicated. It is a tool that empowers all health professionals to speak up if they notice a potential error. It gives patients a voice in determining their own care.

Since there is very little education on this for health professionals, this group suggests that hospitals invest resources and expertise to provide teams coaching and training to "get it right". Ultimately, we know that all health care professionals would like to have a high functioning team performing their own surgery in the event that they were a patient. We hope this paper offers some constructive ideas on how we can move forward as we aim to improve care for patients. **You can view our full response here.**

2014 NATIONAL SCIENTIFIC CONGRESS

AUSTRALIAN SOCIETY OF ANAESTHETISTS

GOLD COAST

4 - 7 October 2014

Practice, precision and professionalism

Join us on the Gold Coast for the NSC 2014!

The packed programme will appeal to a wide audience, exploring the theme of 'Practice, precision and professionalism' within the specialty. In addition, a fantastic social programme has been scheduled to truly make the most of Gold Coast location, with events at Movie World and Jupiter's Casino.

Invited Speakers include:



Dr Michael Barrington
St Vincent's Hospital, Melbourne



Dr David Bogod
Nottingham University Hospital, UK



Dr Alan William Harrop-Griffiths
Imperial College, UK



2014 AUSTRALIAN SOCIETY
OF ANAESTHETISTS
NATIONAL
SCIENTIFIC
CONGRESS

www.asa2014.com.au



LETTER OF APPRECIATION: OXIMETERS WELL-RECEIVED IN NEPAL

Following the successful 2011 – 2012 CAS IEF appeal to raise funds to purchase and distribute Lifebox pulse oximetry kits, a letter of appreciation from the Government of Nepal's Ministry of Health & Population attests to the importance of this initiative.

The author of the letter, Dr Tara Nath Pokhrel, is the Director, Logistic Management Division and, on behalf of both the Government of Nepal and the health organizations that have received Lifebox oximeters through CAS IEF, has expressed gratitude for the generosity, particularly for the facilities in the more remote areas of the country. Despite some challenges in the initial distribution process, the efforts in facilitating the "handing over" of oximeters to health workers who have received training have resulted in the institutions with oximeters using them "regularly".

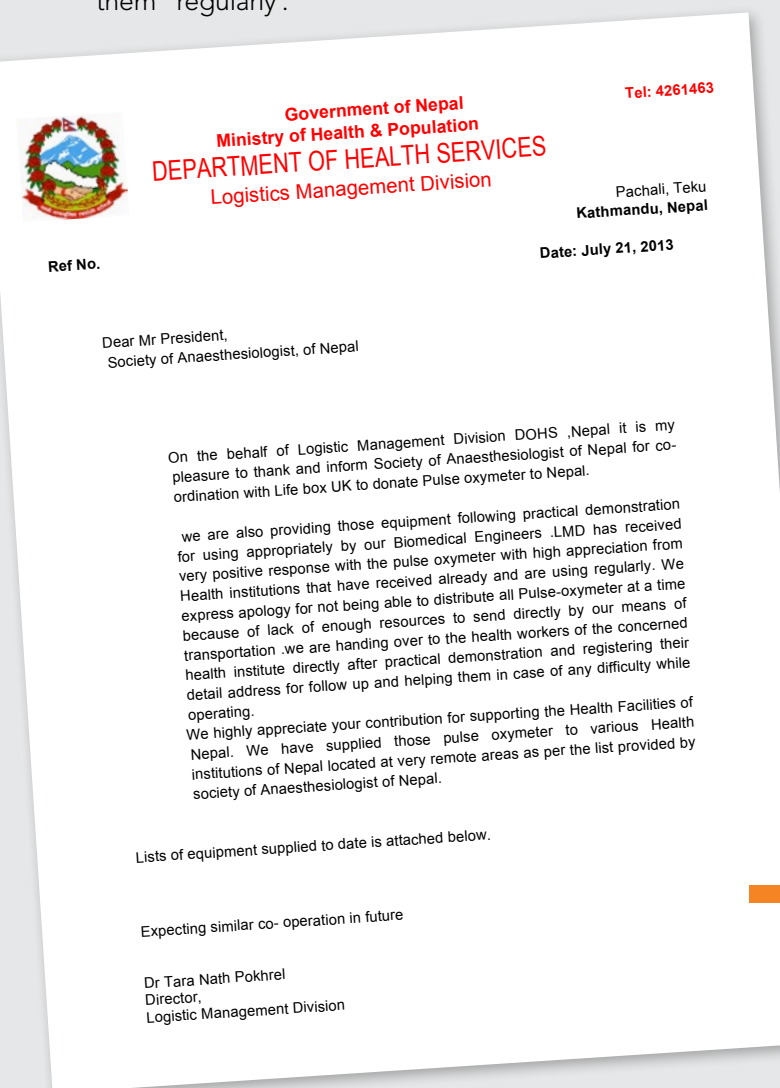
CAS PROVIDES FEEDBACK FOR LANCET COMMISSION REPORT ON GLOBAL SURGERY

The Lancet is a well-known medical journal published in the UK. Over the next year, a Commission will be working on making the case for investing in surgery and anesthesia as part of health care in lower and middle income countries (LMIC) and would like to hear as many views as possible to feed into the final publication. The Commission recognizes that anesthesia faces many challenges, including creating an adequate workforce, training, facilities, infrastructure, equipment and drug supply.

At a recent World Federation of Societies of Anesthesiologists (WFSA) Executive Committee meeting, there was discussion about the Commission and the need to engage with its work. To that end, the WFSA will consider all views on any aspect of anesthesia services and their development as well as contribute an overall view of the situation to the Commission.

For its part, the CAS provided the following comments and recommendations to WFSA:

- Partnership models between institutions in high-income countries and those in low and middle-income countries be developed to support educational programs (post-graduate medical, clinical officer and nursing), build capacity and support the development of safe systems of care.
- Safe mother and infant care should be a priority. The SAFE project is one model that might be emulated. It has been and is a major sustainable educational effort involving three medical specialties: surgery, anesthesia, and obstetrics and nursing.
- Implementation of a trauma registry and organization of trauma teams where surgery and anesthesia have a strong presence is desirable in many jurisdictions. The burden of trauma is very high and a trauma registry is not available in many sub-Saharan countries.
- Collect data on surgical mortality; this should be supported by the WHO. Surgery and anesthesia need to be part of the "What comes after 2015?" National governments need to be made aware of the public health aspects of surgical care.
- None of the initiatives to improve world health will succeed without the full commitment of the local government as the institution who is primarily and ultimately responsible for health delivery of that country. Health care must be a priority —GDP contribution to health care should be an average of 10% in all countries.



To provide additional feedback, answer a short questionnaire put together by the Commission, mainly aimed at anesthesiologists who work regularly in LMIC, [here](#).



For more information, go to: www.gscommission.com

BY: DR HOMER YANG, FRCPC

The Allied Health Professions Committee is charged with the mandate of liaising and overseeing “health professionals who participate in the delivery of anesthesia services and care”, and making recommendations to the CAS Board of Directors.

With a number of changes on the training and deployment of Anesthesia Assistants across Canada in recent years, the Allied Health Professions Committee worked collaboratively with the CSRT (Canadian Society of Respiratory Therapy), NAPANc (National Association of Peri-Anesthesia Nurses Canada), and the CNA (Canadian Nurses Association) to develop the “Foundation Knowledge for Anesthesia Assistants”, with endorsement from those organizations in 2009. Since then, various college and university programs training anesthesia assistants (AAs) have aligned their training programs to comply with the document.

In 2013, a survey was conducted respectively on the Chiefs of Anesthesia and the AAs across the country, sponsored by the CAS. The Committee would like to sincerely express its appreciation to all those who participated in the survey. The results are slowly being analyzed but it is clear that having the “voice” of the CAS membership heard is an essential step in the Committee’s work.

The report is being slowly released in stages—from publication in this newsletter and the 2014 Annual Report to presenting it to the CAS Board of Directors, submitting it to a journal

publication and, finally, posting it to the CAS website. In brief, from the Chiefs’ survey, clear guidelines emerged about the roles and duties of AAs (26% identified as the top priority and 62% as top three) and standardized training (24% and 49%, respectively). Rounding out the top five priorities are building an anesthesia care team model (34% identified as top three), developing a certification program for AAs (30%) and defining a funding model: number of AAs per OR (27%).

From the AAs’ survey, the top priorities are standardized training (24% identified as the top priority and 48% as top three) and compensation (19% and 48%, respectively). Rounding out the top five priorities are establishing an organizing body for the profession (43%), clear guidelines about the roles and duties of AA (34%) and building an anesthesia care team model (30%).

There does seem to be significant convergence from the Chiefs and from the AAs in terms of the top priorities. The CAS Allied Health Professions Committee will be working through these survey reports over the next little while to delineate our next strategic steps and to make those recommendations to the CAS Board of Directors.



Anyone who has any questions or comments should feel free to contact us at anesthesia@cas.ca

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