Anesthesia News
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Drug Shortages: When Will You Know The Cupboard Is Bare?

In late 2009, North America experienced a shortage of Propofol supplies due to quality and production issues. Independent surveys of CAS Board members and provincial hospital associations determined that there were no problems with the Propofol supply in the summer of 2010. Due to the lack of a mechanism in Canada to inform and alert the medical community of these types of drug shortages, information regarding the fluctuation of Propofol supplies was only available to those individuals and organizations who independently invested time and effort into determining the availability of this drug. These shortages happen elsewhere in the world, such as the United States (US). However, in the US, the Food and Drug Administration maintains a drug shortage surveillance committee so that medical professionals are better informed as to the availability of these necessary drugs.

The Canadian Pharmacists Association and The Institute for Safe Medication Practices in the US initiated surveys on drug shortages this past summer. The use of unfamiliar drugs or the use of familiar drugs in new ways in order to adapt to these shortages was emphasized. Reports of patient harm were also reported and the subsequent media attention has brought this problem into the public domain.

There are often shortages of commonly prescribed drugs in Canada, many of which are generic. For example, anesthesiologists in Canada recently learned that Pentothal, a drug that can be used as an alternative induction agent for Propofol, will no longer be produced for the North American market. The CAS sent a letter to the Federal Minister of Health in January, outlining the lack of Pentothal as an alternative induction agent for Propofol. The possibility of a "perfect storm" situation arising if Propofol was to be in short supply, as was the situation in late 2009, was described. Monitoring of the pharmaceutical supply and a strategic reserve of essential medications were suggested as important initiatives to allow anesthesiologists to continue caring for the Canadian public. This letter has not been acknowledged.

Continued on page 2

Not To Be Missed: Join Us At The 2011 CAS Annual Meeting In Toronto June 24 – 28, 2011

Under Dr William Splinter's leadership, the CAS Annual Meeting Committee is working overtime to ensure that members will have a memorable time in Toronto in June. Plans are well underway for an exceptional educational program, excellent networking opportunities and a range of fun-filled social activities. We expect warm pleasant June weather will welcome delegates to southern Ontario.

The headquarters hotel for our meeting is the Fairmont Royal York, a grand Toronto landmark that is conveniently located within walking distance of the Metro Toronto Convention Centre, the theatre and entertainment district, world-class shopping and more. Many of the Annual Meeting functions will be either at the Metro Toronto Convention Centre or within walking distances.

The best-kept "non-secret" is Rick Mercer and his show at the President's Dinner. If you haven't already reserved your spot, the word is that you should sign up as soon as possible!

Join us for this once-a-year opportunity to gather, share and network with your colleagues. Toronto looks forward to welcoming everyone.

Enjoy the events – Expand your knowledge – Make new professional connections…

Here's a sampling of what you'll find at the 2011 meeting in Toronto:

Welcome Reception/Glottis Cup Challenge
Friday, June 24

The Welcome Reception will be held at the Trade Exhibit from 18:00 – 20:00. ***New this year***: The Glottis Cup Challenge will take place during the reception. Who will claim the Cup? Join the champions and everyone else for drinks and appetizers.

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In This Issue

Editor-in-Chief	Dr Salvatore Spadafora
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An informal coalition of groups with an interest in the security of the drug supply has developed. A recent teleconference detailed efforts to address the problem. The possibility of an agency to monitor for drug shortages was discussed and may move forward. There will continue to be discussion, possibly face-to-face meetings, as well as lobbying efforts in the coming months.

Legislation was introduced into the United States Senate in February to improve reporting of drug shortages. In Canada, our governments seem to have only just woken up to the fact that drug shortages are a problem. The efforts under way in Canada are just beginning. If these efforts are successful, the medical community should never open the drug cupboard and be shocked to find it bare. Instead, we should know of drug shortages well enough in advance so as to be able to plan and adapt for the safety and treatment of our patients.

Dr Rick Chisholm, FRCPC
President

Dr Angela Enright *Appointed an Officer of the Order of Canada*

Congratulations to Dr Angela Enright on her recent appointment as an Officer of the Order of Canada. A well-deserving recipient, Dr Enright is a Past President of CAS and the current President of the World Federation of Societies of Anaesthesiologists (WFSA).

The CAS Board of Directors has agreed to rename the Royal College Lecture to recognize someone's achievements while they are alive. The decision means that the name of the lecture will be revisited in a regular basis, roughly every five years. For the 2012 – 2016 Annual Meetings, the keynote lecture will be known as the **Dr Angela Enright Lecture**.

continued from page 1 – NOT TO BE MISSED

Forums, Symposia, Workshops & Section Events

Attend thought-provoking and interactive sessions by a roster of leaders in anesthesiology and related fields to provide delegates with leading-edge thinking, and excellent opportunities to exchange information and knowledge with colleagues. Highlights from this year's conference program:

Plenary Symposium ***Saturday, June 25***

This year's symposium focuses on airway management and features Dr Orlando Hung (Dalhousie University), Dr Chris Soder (Dalhousie University) and Dr Holly Muir (Duke University). "Management of the Difficult Airway" will focus on the importance of predicting a difficult airway and how to manage it, and airway management issues in different patient populations.

Patient Safety Symposium ***Saturday June 25***

"Out-of-hospital Anesthesia: Gold Mine or Land Mine?" is the topic for this year's Patient Safety Symposium. The presentation highlights the issues surrounding out-of-hospital or office-based anesthesia and features Dr Matt Kurrek, (University of Toronto), Dr Bobbie Sweitzer (University of Chicago) and Dr Bryan Ward (College of Physicians and Surgeons of Alberta).

Royal College Lecture ***Monday, June 27***

Dr Beverley Orser, clinical anesthesiologist at Sunnybrook Hospital and the winner of numerous prestigious awards from both CAS and other organizations, will present the Royal College Lecture following the CAS Awards Ceremony. Her presentation is entitled "The Science of Anesthesia: Where are We Now?"

Trade Exhibit ***Friday, Saturday and Sunday***

On Friday, the Welcome Reception will be held at the Trade Exhibit. On Saturday and Sunday, the exhibit will be open from 09:30 – 16:00. Drop by to see what product and service offerings are new and interesting.

Francophone Track ***Saturday, June 25 & Sunday, June 26***

Session offerings in French have been expanded over two days (Saturday and Sunday). Watch for more information on these workshops.

A Day in Niagara ***Saturday, June 25***

Enjoy a visit, lunch and wine-making opportunity at Hillebrand Winery in Niagara-on-the-Lake. Stay dry (or not) on the Maid of the Mist as you get very close to Niagara Falls. The 09:00 – 18:00 schedule is guaranteed to keep everyone busy.

CARF Fun Run
Sunday, June 26

Are you in shape for the 9km run along the scenic Toronto waterfront? The run is from 07:00 – 10:00, and starts from and finishes at the Metro Toronto Convention Centre, North.

President's Reception and Dinner ***Monday, June 27 18:30-19:30***

Meet, mix and mingle at the reception, followed by a gala dinner and entertainment. We trust you know that Rick Mercer of *This Hour has 22 Minutes*… is our featured headliner at the President's Dinner? Prepare to be entertained by Rick's antics and stories.

Dress for the evening is formal. Please buy your tickets for the President's Dinner beforehand (and as soon as possible to avoid disappointment), as they are not included in the registration fee.

RICK MERCER, CANADA'S LEADING POLITICAL SATIRIST AND COMEDIAN

… is joining us at the social highlight of the CAS Annual Meeting: the President's Dinner on June 27.

Rick understands what amuses and delights Canadians about a lot of things. He draws on a unique brand of humour, whether he's talking about Canadian politicians, the media, the average person on the street or our neighbours to the south.

Rick will mesmerize and entertain. He'll engage us, make us laugh and certainly deliver a memorable show that we'll be talking about for a long time.

Top 10 Reasons to Attend the CAS Annual Meeting and President's Dinner

10. Watch our members from Newfoundland and Labrador claim Rick Mercer as their own.
9. Watch our members from Toronto, Ontario claim Rick Mercer as their own.
8. Listen to a local "anesthesia" blues band.
7. Guess who will be targeted to share the limelight with Rick Mercer.
6. Join in the excitement of a fun-filled, well-attended and superbly organized event.
5. Enjoy some "R and R" after the Glottis Cup, the day in Niagara, the Fun Run, the "business" sessions and navigating the halls of the Metro Toronto Convention Centre.
4. Claim bragging rights for being in the same room as Rick Mercer or – better yet – engaging him in conversation about the Maple Leafs.
3. Watch your colleagues dance their blues away.
2. Relax over appetizers with friends and colleagues, while keeping a sharp eye out for Rick Mercer and his microphone.
1. Have a drink and dinner with Rick Mercer, Canada's version of royalty, and to hear his talk.

American Society of Anesthesiologists

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Dr. Atul Gawande

WFSA Newsletter: Update on the Global Oximetry Project

Background

The idea of providing oximeters to those in need first came about at the World Congress in Paris in 2004. With the assistance of the Association of Anesthetists of Great Britain and Ireland (AAGBI) and GE Healthcare, which provided the oximeters, projects were developed in India, Philippines, Uganda and Vietnam. There was a huge need for oximeters, education in how to use them and how to respond to the information provided by them. (Anaesthesia 2009; 64:1051-1060).

At the same time, the World Health Organization (WHO) was developing its Safe Surgery Saves Lives initiative, led by Dr Atul Gawande of the Harvard School of Public Health. This resulted in a surgical checklist that showed using the checklist, no matter what resources were available, resulted in a reduction in surgical morbidity and mortality. (N Engl J Med, Volume 360(5):491-499, January 29, 2009).

The pulse oximeter was included on the checklist because of the importance of this form of monitoring patient safety and recognition that a significant portion of the anesthesia world lacked pulse oximeters. In October 2008, WHO gathered interested parties, and this group embarked on a project to provide low-cost pulse oximeters to anesthesiologists in need of this technology to support the care of their patients. Teams determined the specifications of a suitable oximeter, set up a procurement process, secured financing and developed educational materials.

All have done their work admirably. The chosen state-of-the-art oximeter is ISO and CE-certified, with all of the required qualities and safeguards. With extra features such as long-lasting batteries, it is available at the incredibly low cost of $250US, enabling governments and hospitals in low and middle-income countries to purchase oximeters for a fraction of their usual cost. We hope organizations and individuals will also donate them to those in need.

Moving Forward

The project has gathered new partners (e.g., AAGBI and Smile Train) and many people who have donated their expertise (e.g., management, branding, law and public relations). The contributors believe in the value of the project to improve patient safety during anesthesia and surgery.

Research during the project showed that about 77,000 operating rooms in the world lack pulse oximetry, equaling about 35 million patients per year having anesthetics without an oximeter (Lancet 376 (9746), 1055-1061, Sept. 2010). In addition, there is a lack of oximeters in recovery rooms, obstetric units, neonatal units and intensive care units. The potential for improving patient safety with these devices, supported by appropriate education, is enormous.

Self-Education or Teaching Materials Available on WHO Web Site

Each pulse oximeter is distributed with a CD-ROM, a manual, and self-learning and teaching materials on the Surgical Safety Checklist and the oximeter. Two PowerPoint presentations, scenarios for use in teaching, quizzes and a prize-winning video by Dr Rafael Ortega, an anesthesiologist at Boston University, are included. All material is available in six languages: English, French, Spanish, Chinese, Russian and Arabic, and is free of charge through the WHO web site. The content and quality of this material makes it relevant to any anesthesia provider.

We are calling on all of our member societies to assist us with the teaching programs.

lifebox

We are pleased to announce that this project will shortly be set up as a not-for-profit organization called Lifebox with a board led by Dr Atul Gawande and including the World Federation of Societies of Anaesthesiologists (WFSA) representation. It will allow us to develop a sustainable structure, generate funds for the donated distribution of oximeters, target on-site education, and for the WFSA to continue to promote its anesthesia mission.

A web site dedicated to this project is being developed. For just $250 (including delivery), eligible facilities can purchase oximeters, which donors can buy on their behalf. A future database of global need will show exactly how the project is working to target the oximetry gap and where donations are needed.

Lifebox aims to distribute 5,000 oximeters during 2011, to a total of 12,000 in the first two years through sales and donations. If we are to target the 70,000+ operating rooms worldwide without oximeters, we need your help.

For more information about the project, making a donation or helping in any way, please contact us at lifebox@anaesthesiologists.org. For updates on our work, go to: www.anaesthesiologists.org and, early in 2011, the Lifebox web site: www.lifebox.org

Dr Angela Enright, FRCPC
Dr Alan Merry

The Self Assessment Program from the *Canadian Journal of Anesthesia* — CPD Online

New CPD module:
Perioperative glucose control: living in uncertain times (March 2011)

Also available
- Locating the epidural space in obstetric patients: ultrasound a useful tool (December 2010)
- Management of sleep apnea in adults - functional algorithms for the peri-operative period (September 2010)
- Anesthetic management for pediatric strabismus surgery (June 2010)
- Ultrasound guidance for internal jugular vein cannulation (May 2010)
- Perioperative pain management in the patient treated with opioids (December 2009)
- Management of the anticipated difficult airway - A systematic approach (September 2009)
- Optimizing preoxygenation in adults (June 2009)

How to access the modules
Instructions can be found on the Canadian Anesthesiologists' Society web site at: http://www.cas.ca/Members/CPD-Online

Successful completion of the self-assessment program will entitle readers to claim 4 hours of continuing professional development (CPD) under section 3 of CPD options, for a total of 8 maintenance of certification credits. Section 3 hours are not limited to a maximum number of credits per five-year period.

Publication of this Continuing Professional Development Program is made possible through unrestricted educational grants from the following industry partners:

Call for Participation in the Payment Preferences Survey

The world in which a physician practices medicine is changing rapidly. Increasing accountability, decreasing autonomy, a changing work-life balance, a depletion of the medical workforce and many other challenges impact upon your daily work. One – often related – change involves the payment mechanisms of healthcare provision. Policymakers are increasingly examining and/or implementing schemes that alter the scope and criteria of payment. Next to Salary, Fee-for-Service, Prospective Payment and Capitation, new forms are introduced such as Pay for Performance, Shared Savings, etc. In the end, how care providers are paid – and will be paid in the future – depends on the negotiation and preferences of multiple stakeholders (physicians, policymakers, etc.). At present, we scarcely know which those preferences are, how stakeholders value various payment system effects, which tradeoffs they make and how these choices differ between stakeholder groups.

Three universities are currently organizing a survey study across Canada, Europe, the US and Australia to shed light on these issues. Physicians, policymakers and other stakeholders are invited to express their preferences for payment systems and payment effects.

It will take about half an hour of your time to fill out the survey. In exchange, you will receive a detailed study report explaining the study findings, with comparisons across health systems and across stakeholder groups.

If your surname begins with the letter A – I, access the survey online through:

https://websurvey.kuleuven.be/index.php?sid=38156&lang=en

If your surname begins with the letter J – R, access the survey online through:

https://websurvey.kuleuven.be/index.php?sid=61934&lang=en

If your surname begins with the letter S – Z, access the survey online through:

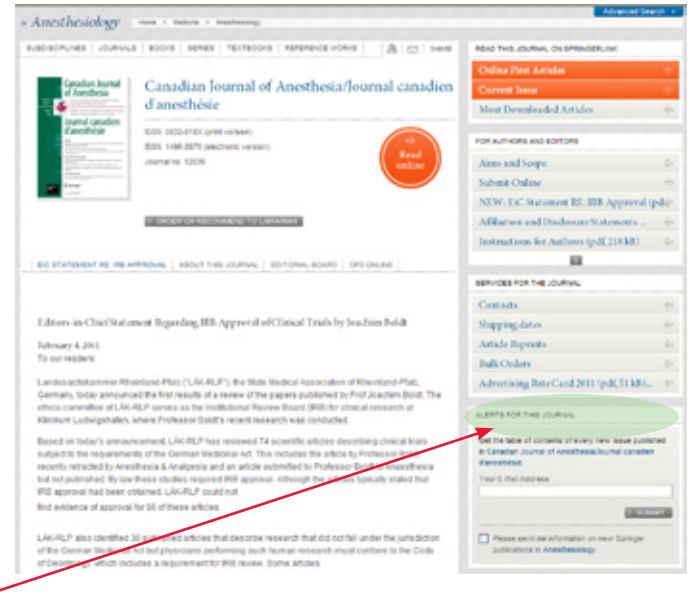
https://websurvey.kuleuven.be/index.php?sid=17456&lang=en

We are looking forward to the results of this study and thank you for your participation!

REGISTER FOR *CANADIAN JOURNAL OF ANESTHESIA* EMAIL ALERTS

CAS members can now register for the SpringerAlert service. The service automatically sends members an email with the table of contents (ToC) for each newly published *Canadian Journal of Anesthesia*.

To receive the email alerts, you must register. Go to: http://www.springer.com/medicine/anesthesiology/journal/12630. By providing your email address, you will automatically receive email notifications when each new issue is published.



Resident Report from Dr Asim Alam: *2010 American Society of Anesthesiologists' Annual Meeting in San Diego*

Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek.

US President Barack Obama

I had the opportunity to represent the CAS as the resident delegate at the American Society of Anesthesiologists' (ASA) annual meeting in San Diego in October. My experience as a CAS Residents' Section Board Representative allowed me to take a unique bird's-eye view of unprecedented change in health care, comparing the reform in the US to our activities in Canada. Though the systems north and south of the border remain complexly disparate, we must take this opportunity to glean as much about the future of our US colleagues' practices as possible, for Canadian and American anesthesiology will always be entwined.

Despite tremendous growth in the field, anesthesiologists in the US have been targeted by policymakers as expendable healthcare providers for the past 20 years. In the 1990s, legislation was tabled to eliminate the role of anesthesiologists and instead use nurse anesthetists as the sold providers of anesthesia care. Although this legislation was never enacted, it had a profound effect on the field and speaks to the woefully inaccurate public profile of anesthesiologists. Anesthesiology receives some of the lowest reimbursement in Medicare spending and a number of states have "opted out" of providing anesthesiology care by physicians in recent years. Many individuals do not recognize anesthesiologists as highly trained physicians, much like in Canada. This makes arguments regarding the differences between nurse anesthetists' and anesthesiologists' standard of care difficult to make. Anesthesiology residents in the US are feeling the pressure of politics on the disintegration of their specialty. One resident commented that "no longer is it acceptable to ignore policy and assume our jobs will be safe". They are not.

Canadian residents also feel uncertainty in the face of the changing health landscape. However, the politicization of healthcare is deeply familiar to us in Canada and, because of this, many of the issues facing US resident are non-existent. The role of nurse anesthetists continues to cautiously evolve here in the capacity of anesthesiology assistants alongside respiratory therapists. Our strong existing associations with government through our provincial medical associations, resident societies and advocacy groups allow us to improve healthcare and respond as a physician group to change in a cooperative manner. Conversely, the Resident Section of the ASA is struggling to lobby and establish these relationships in order to ensure their self-preservation.

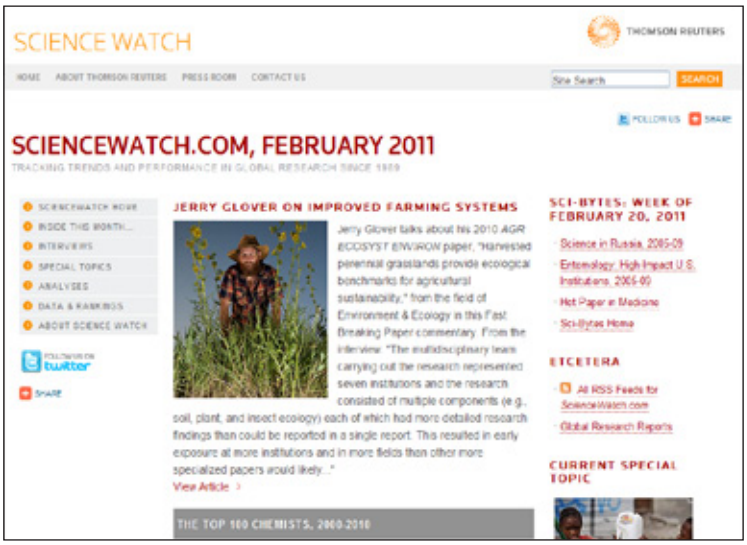
Despite – or perhaps because of – the pressure on the specialty to adapt with the changing US political climate, I was surprised to learn that resident work life in the US remains outdated in comparison to Canada. This is in the face of increasing literature to suggest that resident working hours affect patient and physician safety. One of the main goals of the ASA Resident Section is to enable mandatory strategic napping after 16 hours of work. Canadian anesthesia resident work life is far more evolved: safer working hours, protected teaching time/education time, exceptional research opportunities, healthcare benefits in most provinces and protected vacation time. Although the American residency is shorter by 12 months in most cases, residents in Canada should feel proud of the training and education they receive in comparison to their American colleagues.

Another source of pride is that the work we do as Canadian anesthesiologists is directed at benefiting our patients. Anesthesiologists in Canada are a pillar of patient advocacy and safety. We pride ourselves on our continuous contributions to the quality of healthcare. We realize that all of us will one day be patients ourselves and we hope that the future of our specialty will ensure that we receive the same highly qualified care that we are providing today. Having patient well-being as a primary goal may seem like something that is a given for any physician group. However, although anesthesiologists in the US must certainly harbor altruistic values, it was self-preservation of their specialty that was the most audible goal

during the resident meeting. I believe the ASA Resident Section and, consequently, future US anesthesiologists will be unable to make significant gain in the political and public eyes if they do not shift their advocacy aim towards patient care and safety, something they skillfully provide to patients in the perioperative care period. I believe that the ASA Resident Section could learn from us as their colleagues with experience in a politically-linked healthcare system on how they can move their specialty forward.

What can Canadian residents learn from our US counterparts? Simply that inaction is not an option. In the changing face of healthcare around the world, anesthesiologists must become leaders outside the operating room. We must look outside the traditional OR role and solidify ourselves as perioperative medical specialists, taking ultimate charge of a surgical patient from the time they enter the hospital to the time they leave. In addition, we must continue to strengthen our involvement in areas of critical care, where we are the mostly highly skilled to offer patient care. We must become champions of pain management and continue to offer leadership in this field. As we stand behind and seek to expand our horizons in every anesthesiology specialty and subspecialty in response to the demands of the population we serve, Canadian anesthesiologists will continue to be on the forefront of healthcare. We are trained leaders. It is time for us to step up to the world and show that Canadian anesthesia care can be a role model for continuously evolving and adaptable patient care around the world.

SCIENCEWATCH.COM ADDS *CANADIAN JOURNAL OF ANESTHESIA* AS A RESOURCE



ScienceWatch.com has decided to add the *Canadian Journal of Anesthesia* (CJA) to its database, which provides an unbiased way to find newsworthy and significant topics, trends and developments in the scientific community. A recent analysis of *Essential Science Indicators* [SM] from Thomson Reuters showed that the CJA is having a growing impact among journals in the field of clinical medicine and its current record in this field is 1,437 papers. Between January 1, 2000 and October 31, 2010, the 1,437 papers were cited 11,435 times.

Recently, ScienceWatch interviewed Dr Donald Miller, *CJA*'s Editor-in-Chief. In the conversation about the *CJA*'s history and citation achievements, Dr Miller noted that the increased citation frequency had been anticipated. The editorial team had sought to improve the editorial peer-review process and to enhance the *CJA*'s ability to be "more competitive for higher-quality articles".

Further, Dr Miller said that there has been a focus on selecting articles that have credibility with respect to "novelty, scientific merit and overall importance". With advances in pain medicine, innovation in education, critical care medicine and advance airway management related to anesthesia, there have been excellent opportunities to publish articles frequently. Moving forward, Dr Miller noted that routine and advanced airway management would be the *CJA*'s significant contribution to the field of clinical medicine.

Overall, the *CJA* is "unique" in publishing articles in English and French. "The *CJA* plays a strong role as a scientific journal for advancing the body of scientific knowledge across it four content domains. And it is poised to become the leading specialty medical journal in Canada," noted Dr Miller.

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Stop Smoking for Safer Surgery Information Now on CAS Web Site

To help promote greater awareness about the benefits of staying smoke-free for eight weeks before surgery, the CAS has posted a "Preparing for Surgery" communication under "Patient Information" on the CAS web site. The communication was prepared with input from several Divisions.

The key messages for members' patients and the public include the potential risks for smokers who face surgery; what's available in terms of assistance during the difficult quitting process; resources such as Smokers' Helpline; and the overall benefits of making their smoking habits a thing of the past.

To view the information, go to: http://www.cas.ca/English/Stop-Smoking

Pain Medicine Approved by Royal College as a New Subspecialty

The Royal College has recognized pain medicine as a new subspecialty of anesthesiology, and both CAS and the Canadian Pain Society are recognized by the Royal College as specialty societies for pain medicine. Proposed as a two-year discipline concerned with the treatment of individuals afflicted with chronic and acute pain, pain medicine will accept eligible residents from multiple specialties, including anesthesiology, neurology, rheumatology, physical medicine and rehabilitation, emergency medicine, psychiatry, pediatrics and neurosurgery.

Pain medicine represents a unique body of knowledge in which training with dedicated exposure in multidisciplinary pain management is already being provided across the country, albeit without national standards. The recognition of pain medicine is intended to address this, by providing objectives of training and specialty training requirements for programs concerned with specialization in the knowledge and clinical skills needed to treat individuals afflicted with chronic and acute pain.

The Royal College has appointed Dr Patricia Morley-Forster to chair a working group for pain medicine, which includes Dr Catherine Smyth as the official CAS observer. The working group will support the discipline in creating a Specialty Committee and finalizing the specialty-specific standards, eventually followed by the creation of an Examination Board that will develop the specialty's first certification examination.

For further information, please contact the Royal College Specialties Unit at **specialtycommittees@royalcollege.ca**.

"CARF is one of my causes, please make it one of yours."

Dolores McKeen
Associate Professor
Dalhousie University

Our profession deserves a firm foundation

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www.anesthesia.org/carf

CAS IEF UPDATE

By Dr Franco Carli, FRCPC

Dr Enright's Contributions Recognized

The new year has started under good auspices. Dr Angela Enright, our Board member, past chair of CAS IEF and president of the World Federation of Societies of Anaesthesiologists has been appointed Officer of the Order of Canada, the highest honour conferred to a Canadian, for her exceptional contributions to the field of anesthesiology in Canada and the developing world. I am sure the whole Canadian anesthesia community is thrilled of this announcement, as it recognizes the work anesthesiologists do in Canada and abroad. Congratulations, Dr Enright!

Rwanda Project

The Rwanda project continues to be the most important CAS IEF activity. Our two first Rwandan residents, Drs Bona and Paulin, who spent six months at Dalhousie in 2010, have passed the national specialty exam and are now staff anesthesiologists at the Centre Hopitalo Universitaire de Kigali. Two new Rwandan residents, Drs Theoneste and Christian just arrived in Halifax where they will stay until the end of June. We want to thank our colleagues at Dalhousie for their generosity and dedication.

Needless to say, the Rwandan program is going from strength to strength, thanks to the contribution of our volunteers and the financial donations of CAS members. We are now in the sixth year of this educational mission, and we are starting to see the fruits of our work. At present, we have a strong faculty of eight Rwandan anesthesiologists, some of them gone or going for fellowships, and who are becoming more involved in teaching and supervising the anesthesia residents on site. It is our hope to have sufficient staff in the years to come to cover all of the needs of the two major hospitals in Kigali and Butare and some major peripheral centres.

We continue to book volunteers for 2012 and after. Please be generous and come forward to help those who are less fortunate with your knowledge. If any staff or resident is interested in spending at least four weeks volunteering in Rwanda, please let me know. (franco.carli@mcgill.ca).

Graduation in Rwanda: (left to right) Dr Bona, Dr Paulin and Dr Jules

CAS IEF Symposium: Opportunities for Humanitarian Work

This year, the CAS IEF symposium (Opportunities for Humanitarian Work) will be held at 5:00 pm on Sunday, June 26 at St Andrew's Club in Toronto. The Board has decided to also welcome non-anesthesiologists who are interested in humanitarian missions. This will be followed by cocktails and dinner. Dr Alison Froese, from Queen's University, who has been volunteering for several years in various parts of Asia, has graciously accepted our invitation to be the guest speaker.

CAS IEF/Dalhousie Global Outreach Course: May 21–25

The 4th Annual CAS IEF/Dalhousie Global Outreach Course will be held from May 21–25 in Halifax. This intensive course has been set up to assist those who wish to work in many areas of the globe where delivery of medical care represents a challenge. The faculty lecturing includes a national and international panel of active volunteers who want to share their knowledge and experience.

CAS IEF Educational Assistance to Training Program

As of January 2011, CAS IEF will provide educational assistance to the WFSA-sponsored postgraduate training program. Anesthesiologists from all over the world are invited to volunteer in East Jerusalem and the West Bank teaching hospitals. The postgraduate training model is similar to the one used by CAS IEF in Nepal and Rwanda. For more information, please contact Ms Ruth Hooper at the WFSA headquarters in London, UK (wfsahq@anaesthesiologists.org).

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From May 2009 to April 2010

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News From Research: Progress Updates

2010 Winner of the Dr R A Gordon Patient Safety Research Award

Dr Gregory L Bryson, FRCPC
The Ottawa Hospital – Anesthesiology,
Ottawa, ON

Functional Recovery and Caregiver Burden Following Surgery in the Elderly

Research Project

Our project began recruiting in the week of July 19, 2010 at the Civic Campus of the Ottawa Hospital with the General Campus following the week of August 16, 2010. Recruitment lagged at these 2 sites, in part because of summer OR closures, but by end of September, only 4 of 47 patients:caregiver dyads screened had been consented. We added the Riverside Campus the week of October 25. By end of November, we had screened 237 and consented 11 of the 120 patient:caregiver dyads required.

We have recently submitted an amendment to the trial which we feel will further enhance recruitment. Moving forward, we will include patients undergoing comparable surgeries from gynecology and neurosurgery services and those undergoing surgery in our 23-hour stay unit (Surgical Day Care Overnight). As many patients arrived for pre-admission assessments without their caregivers, we will also eliminate the MMSE assessment of the caregivers to permit telephone completion of the study instruments. Interestingly, 6 eligible patients claimed to have no consistent/primary person to care for them following surgery. We now plan to assess functional outcome in those patients for whom no caregiver is identified, as they represent a significant, and little appreciated, population at risk.

Other Comments

I'd like to close with comments from one of our first patient :caregiver groups four days following an inguinal hernia repair. "Getting in and out of bed is excruciatingly painful. Absolutely no instructions provided how to alleviate this painful activity." The caregiver stated his father was dependent upon him "quite frequently" but the patient recounted "his son agreed to help him but isn't helping as much as he should."

The stress on this family is evident. Thanks to the support of the Canadian Anesthesiologists' Society, we anticipate we will find similar cases of the hidden costs of outpatient surgery. We look forward to sharing our findings.

2010 Winner of the Dr Earl Wynands/ Fresenius Kabi Research Award

Dr Beverley A Orser, FRCPC
University of Toronto,
Toronto, ON

Seizures Associated with Antifibrinolytics: Mechanisms and Treatment Strategies

Please find below a summary of the progress of studies supported by the Dr Earl Wynands/Fresenius Kabi Research Award.

The research is progressing very well. For example, the abstract provided below will be submitted for presentation at the CAS meeting in June 2011. Ongoing studies that are not summarized below include a characterization of the effects of Tranexamic acid (TXA) on various subtypes of $GABA_A$ receptors and the reversal of TXA blockade of $GABA_A$ receptors and glycine receptors by different classes of anesthetic drugs. Finally, we are in the process of measuring the concentration of TXA in the cerebral spinal fluid from several patients who received TXA during cardiothoracic surgery. We anticipate that our results will offer many novel insights into the mechanisms underlying seizures induced by antifibrinolytic drugs and the first mechanistically-based treatment and prevention strategy.

We welcome any suggestions that might advance our research.

2010 Winner of the CAS/GE Healthcare Canada Research Award in Perioperative Imaging

Dr Anahi Perlas Fontana, FRCPC
University of Toronto/
Toronto Western Hospital,
Toronto, ON

Bedside Ultrasound Assessment of Gastric Volume Validating a Mathematical Model Using Gastroscopic Examination

The study has received REB approval and we are currently actively recruiting patients. We have enrolled 56 patients

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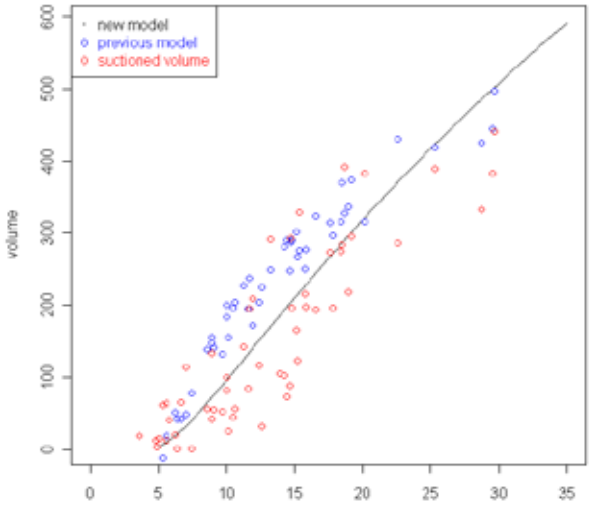
so far out of a total sample size of 110. The goal of this study is to validate or revise an existing mathematical model, previously built by our group that allows us to predict gastric fluid volume based on the measurement of a cross-sectional area of the gastric antrum assessed by 2D bedside ultrasound examination. We are currently testing our previously-built model by comparing it with a "gold standard" of suctioning of gastric fluid under direct vision during gastroscopic examination.

Following an overnight fast, subjects are randomized to ingest one of 6 different known volumes of apple juice (0mL, 50 mL, 100 mL, 200 mL, 300 mL or 400 mL). Following ingestion, a focused ultrasound examination of the stomach is performed by a blinded sonographer, following a standardized scanning protocol. The antrum is identified and its cross-sectional area is documented. A "predicted" gastric fluid volume is calculated based on our existing mathematical model and compared to the volume suctioned during gastroscopic examination. Interim data from the first 56 subjects suggest that predicted gastric volume and suctioned volume correlate in a linear manner, but our previous model tends to overestimate volume. Therefore a new mathematical model is being fitted to more closely represent "true" gastric volume.

The following figure compares the predicted volume using both the previously existing plus the "new" mathematical models. One can see that the black line (corresponding to predictions using the new model) is closer to the red circles (suctioned volume) than the blue circles (previous model).



In summary, the current project being funded by the 2010 CAS Peri-operative Imaging Award is progressing well towards its target, having recruited about half of the total number of subjects in the first 6 months. We plan to present the interim results summarized here at the 2011 CAS Annual meeting in Toronto. We expect to complete recruitment by the end of June 2011, and look forward to the completion of this project.

Board Update

Ethics

The Board approved a policy statement on CAS Relationships with Industry for Accredited CPD Activities. The term "sponsored by an unrestricted educational grant" will be used to denote an educational activity that:

1. Meets Royal College MOC guidelines.
2. Does not permit tagging of sponsors to individual sessions.
3. The planning committee and speakers have final control of the educational content.

The CAS policy on industry sponsorship of accredited CPD activities can be accessed here http://www.cas.ca/English/Other-Physician-Resources.

Annual Meeting Planning

The Board approved new Terms of Reference for the Annual Meeting Committee, reflecting five learning tracks: Professional/Ambulatory (PA); Cardio/Critical (CC); Pain – Chronic and Regional (PN); Obstetrics/ Pediatrics (OP); and Neuro/Fundamentals (NF). An Orientation Package was developed and provided to Section leaders to assist in planning annual meeting sessions.

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CEPD

CAS and ACUDA have jointly completed a Needs Analysis survey of CAS members. Preliminary results indicate that the preferred learning methods are lectures, hands-on workshops, web-based learning, and reading activities. For the CAS annual meeting, members are looking for more review lectures, workshops and small group discussions, and content more relevant to community anesthesiologists.

iPAD Winners

Congratulations to Dr Koto Furue (Montreal, QC) and Dr Chong-Jet Tan (Toronto, ON) who each won an iPAD.

HHR Survey

Dr Dale Engen circulated 274 surveys in early January. To date, responses have been obtained from 84 (31%), of which 18 (25%) were in academic health centres and 55 (75%) were in community centres. The study remains ongoing.

Pain Medicine

Dr Catherine Smyth has been designated as the CAS Official Observer to the Royal College's Working Group on Pain Medicine.

Practice Eligibility Route to Certification

The Royal College is implementing a Practice Eligibility Route (PER) for international medical graduates licensed in Canada, and practicing a specialty for at least two years without FRCPC certification. The assessment would cover a CPD component and credentialing, followed by examination (Route A) or in practice assessment (Route B) leading to certification. The CAS Board does not support the Royal College's PER for certification without examination (Route B).

Divisional Forum

The Division Representatives met outside the Board meeting to establish a new "Divisional Forum". This allows for a free exchange of ideas and common interests among the Divisions while allowing the Board to focus on the Society's national mission. The Divisional Forum was well-received and will continue to meet prior to each Board meeting.

Canadian Journal of Anesthesia

CJA is at an all-time high in regards to Impact Factor, the volume of article submissions, journal circulation and international reach. The editorial content has been solid, and 2010 will be identified as a landmark year for publishing both the CAS Guidelines to the Practice of Anesthesia 2010 (January issue) and the WFSA International Standards (November issue). The CPD modules increased in publication frequency to four annually, and the 2010 Readership Survey results reflected that the majority of respondents greatly value the editorial content. Reflecting ongoing growth of the *Journal*, the *CJA* was recently entered into the database of *ScienceWatch*.

Plagiarism is screened in all articles submitted to the *CJA*. CrossCheck, the tool which *CJA* and many other journals are using, is highly sensitive and requires article-by-article editorial assessment:

- Publication fraud, while not common, transcends the medical literature and is not easily detected.
- Common forms of publication fraud include plagiarism, data fabrication, data falsification and ghost-writing.
- Publication fraud involving even a single article can negatively impact the scientific record.
- Scientific misconduct must be addressed by the relevant institutions and the scientific record must be corrected.

Details of an investigation involving data fabrication that appeared in a number of journals can be found here:

http://www.cas.ca/English/Page/Files/101_EIC%20Joint%20Statement%20.Final.pdf

BRINGING THE PAST TO THE PRESENT: Join the CAS Archives and Artifacts Committee

The CAS Archives and Artifacts Committee has been very active recently. To continue the momentum, new volunteers are needed. If you have an interest in the history of and artifacts from our profession, please consider joining the committee. Contact Joy Brickell at 416-480-0602 (ext. 20) or adminservices@cas.ca

Australian Society of Anaesthetists
2011 National Scientific Congress
8-11 September
Sydney Convention and Exhibition Centre

- Renowned international and Australian speakers
- Industry-sponsored plenary sessions with international speakers
- Workshops and PBLDs on a wide range of topics
- Exciting social program

Sydney in September offers great weather and a multitude of excellent restaurants, cultural and entertainment opportunities as Australia's premier city and tourist destination.

The theme of the meeting is "***Green and Growing***" to match the increasing environmental awareness among anaesthetists and the wider community.

www.asa2011.com