

# Bienvenue à Québec

## 2012 CAS Annual Meeting in Quebec City: June 15 – 18

There are many reasons to sign up for the Annual Meeting in Quebec City ... from experiencing the historical and cultural attractions and enjoying the camaraderie of colleagues to learning new techniques and innovations in meeting healthcare and patient needs under the theme of "Patient Safety". There's something for everyone.



Courtesy of Quebec Tourism

The Annual Meeting Committee is very enthusiastic about the 2012 program, which includes the changes that were reported in the December 2011 issue of *Anesthesia News* such as a streamlined three-day program and a simplified schedule. In Quebec City, here's a sampling of what delegates can expect.

### Education and Learning

- Increased use of technology and other innovations to enhance the quality of educational events
- Comprehensive choice of Francophone activities
- Presenters from Canada, United States and abroad: Belgium, France and United Kingdom
- Plenary session: *Anesthesia Quality in the Perfect Digital Future* (Dr Richard Dutton, Anesthesia Quality Institute, Park Ridge, IL)
- Dr Angela Enright Lecture: *Global Challenges in Anesthesia* (Dr Angela Enright, Victoria, BC)
- 14 refresher courses covering a range of topics, including the Pierre Limoges Lecture: *Safety in Pediatric Regional Anesthesia* (Hint: very popular every year)
- 19 workshops, offering hands-on learning (Hint: sign up early, as they fill up quickly)
- 30 symposia (five French symposia) including:
  - \* Patient Safety Symposium: *Working and Learning as a Team to Improve Patient Safety*
  - \* CAS Ethics Symposium 2012: *Privacy and Confidentiality and the Ethics of Teaching in Anesthesia*
  - \* CAS IEF Symposium: *Haiti Healthcare Recovery: Band Aid or Cure*
- Political Forum: Drug Shortages  
Speakers: Dr Richard Hall, Dalhousie University, Halifax, NS; Joanne Garrah, Office of Legislative and Regulatory Modernization, Health Canada, Ottawa, ON; and Jason Byrd, Quality and Regulatory Affairs, American Society of Anesthesiologists, Washington, DC
- 17 case discussions
- 10 Section-specific breakfast or lunch events
- Residents' Only session: four offerings in 2012

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## New CAS Critical Care Section

The CAS Board of Directors recently approved the creation of a Critical Care Section for CAS members. According to Dr David Neilipovitz (Ottawa), this news is long overdue and very much welcomed by CAS members who work with critically ill patients. An inaugural Critical Care Section lunch meeting will take place on Sunday, June 17 at the 2012 CAS Annual Meeting to formalize a vision statement and terms of reference, create a work plan and organize a working group.

"Our vision is to improve the care provided to critically ill patients by anesthesiologists," says Dr Neilipovitz. "We enthusiastically welcome all our colleagues who care for critically ill patients, whether they do a significant amount of critical care or only occasionally."

The creation of a CAS Critical Care Section started with an initial list of interested individuals and grew from there. Dr Neilipovitz acknowledges the contributions of numerous individuals from across Canada, highlighting the efforts of several individuals who have moved this initiative forward, including but certainly not limited to: Dr Eric Jacobsohn (Winnipeg), Dr Duane Funk (Winnipeg), Dr Alexis Turgeon (Quebec City) and Dr Dean Bell (Winnipeg).

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Looking ahead, this group envisions a “strong voice” for this sub-specialty.

The working group also stresses that “we welcome the involvement of others, from across Canada. We want to meet a broad spectrum of members’ needs and also to hear from our colleagues about what we can do to make their lives easier. Please do not hesitate to make your voice heard.”

CAS members who have an interest in and would like to get involved with the Critical Care Section are asked to contact either Dr Neilipovitz at [dneilipovitz@ottawahospital.on.ca](mailto:dneilipovitz@ottawahospital.on.ca) or Dr Jacobsohn at [EJacobsohn@exchange.hsc.mb.ca](mailto:EJacobsohn@exchange.hsc.mb.ca).

### “Working” Vision and Mission Statements for the CAS Critical Care Section

#### Vision

*To improve the care provided to critically ill patients by anesthesiologists*

#### Mission

*To facilitate the development and distribution of relevant education resources for anesthesiologists to improve the care they provide to the critically ill*

*To advocate for and increase the role of anesthesiologists in critical care*

*To foster the interest and presence of anesthesiology Residents in activities pertaining to critical care*

*To serve as the vehicle that improves the collaboration of anesthesiologists in research and patient safety projects pertaining to critical care and related matters*

## 2011/2012 Board of Directors

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### Invited Guests

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CJA Editor-in-Chief	Dr Donald Miller, Ottawa
RCPSC Rep	Dr Michael Sullivan, Aurora

You may contact members, representatives, and invited guests of the Board of Directors through the CAS central office.

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

## Earl Wynands Lecture Series

### Next in Line: April 29, 2012, Boston, MA

On Sunday, April 29, 2012, Dr Charles Vacanti will be presenting the next Earl Wynands Lecture at the 34<sup>th</sup> Annual Meeting of the Society of Cardiovascular Anesthesiologists (SCA) in Boston, MA. A warm welcome has been extended to CAS members.

In 2010, the CAS’s Cardiovascular and Thoracic Section agreed to allocate funding from its Earl Wynands Fund to support the Society of Cardiovascular Anesthesiologists Foundation’s (SCAF) Earl Wynands Lecture. The first in the series took place in May 2011 when Dr Doris Taylor spoke on the topic “Is it Possible to Create a New Heart?”

According to Dr Joyce Wehr, Chair, SCAF, she recently spoke to Dr Wynands. He told her “how honoured and touched he is to have this lecture in his name each year, and that he appreciates that the Canadian and American Societies are both honouring him this way”.

### For More Information

The SCAF’s 34<sup>th</sup> Annual Meeting & Workshops is being held in Boston, MA from April 28 – May 2 at the Westin Boston Waterfront. For more information, go to: <http://www.scahq.org/events/template/showEvent.php?id=36&path=meetingsEvents>

## **CAS Awards Ceremony**

Join us at the 2012 Awards ceremony to celebrate the accomplishments of CAS members. From the Gold Medal Award (CAS's highest honour) to best paper, research and clinical practitioner awards, the Awards Ceremony is very important in recognizing our colleagues' hard work and achievements.

## **Memorable Social Programs**

There's a full slate of activities planned for this year and you won't want to miss anything.

The Annual Glottis Cup Challenge taking place during the Welcome Reception... The President's Reception and Dinner, with the spectacular world of the circus... The CARF Fun Run... The sights and sounds of old Quebec on a Quebec City tour... CAS IEF Reception and Dinner... Alumni events for the University of Alberta, University of Manitoba, University of Ottawa, Queen's University, University of British Columbia, McMaster University and Western University...

## **Accommodation and Registration: At your Fingertips**

For your accommodation in Quebec City, CAS has room blocks for CAS members in three delightful hotels: Hilton Quebec, Courtyard by Marriott Quebec and Hotel Palace Royale.



*Courtesy of Quebec Tourism*

As an incentive to booking within the CAS hotel block during the CAS Annual Meeting, all paying delegates who have registered for daily registrations and have booked a one-night stay at any of the three host hotels will receive a \$50 Visa gift card. Paying delegates who register for the full meeting and book within the CAS hotel block will receive a \$100 Visa gift card. This applies to paying delegates only (excludes Retired/Emeritus members). To book your hotel, click on one of the links provided at the end of the online registration process (telephone reservations are not accepted). To register for the 2012 CAS Annual Meeting, go to [www.cas.ca](http://www.cas.ca).

## **Please Join Us!**

There's a lot awaiting you in Quebec City and make sure your plans for being at the 2012 Annual Meeting are well underway.

# **Alumni Events**

**Saturday, June 16, 2012**

All events start at 18:30 in the Hilton Quebec Hotel. If you would like more information on the event of your choice, please see the contact information below.

### **Alumni Group**

McMaster University  
Queen's University  
University of Alberta  
University of British Columbia  
University of Manitoba  
University of Ottawa  
Western University

### **Primary Contact**

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# **News Flash**

## **Dr Angela Enright Awarded Queen's Diamond Jubilee Medal**

A former CAS President, Dr Angela Enright has been awarded the Queen's Diamond Jubilee Medal, which will be presented to her this month in a ceremony at Government House in Victoria. Dr Enright has received numerous awards, including the Officer of the Order of Canada in 2010.

The Queen's Diamond Jubilee Medal is a new commemorative medal created to mark the 2012 celebrations of Queen Elizabeth's 60<sup>th</sup> anniversary of her accession to the Throne and to honour significant contributions and achievements by Canadians.

Congratulations on this impressive achievement, Dr Enright!

# Resident Report from Dr Tracy Kok

## 2011 Australian Society of Anaesthetists' National Congress in Sydney

First of all, thank you for the opportunity to attend the Australian Society of Anaesthetists' Conference in Sydney, Australia in 2011 as the CAS Resident representative. I was very honoured to be chosen to represent the CAS Residents and I feel that I have learned a great deal from attending this conference, which can be used to strengthen our Residents' Section. This also allowed me the opportunity to travel across the world to visit a beautiful country which I have never visited before!

The conference was held from September 8 – 11 at the enormous Sydney Convention & Exhibition Center in Darling Harbour. The theme was "Green and Growing" and this was reflected in a number of the sessions including Environmental Sustainability and Anesthesia, Innovation and IT Integration and the iPad and the Anesthetist. The GASACT (Group of ASA Clinical Trainees) Committee organized a "Super" Saturday with sessions focused specifically for trainees with the theme "Sowing the Seeds for the Future". I found one of the most enjoyable sessions was the Trainee Luncheon, where Residents and staff were interspersed at tables for a nice sit-down lunch and discussed all sorts of topics ranging from the organization of training programs across Australia to the best travel destinations for vacations. It was also a great opportunity for the Residents to network with staff anesthetists from all over the country and to ask questions that were specifically relevant to their level of training. You could discuss fellowship opportunities, exam-studying strategies or airway techniques and, as it was held in a friendly informal environment, it allowed for the conversations to flow very easily.

I was impressed with the number of workshops that the GASACT Committee had arranged, including Transthoracic Echo 101 and Tune into Teaching. The CAS Residents' Section trialed their first Resident-focused workshop at the 2011 CAS Annual Meeting in Toronto and we are hopeful that we can increase the number of workshops in the future to make it more relevant for the Residents. The GASACT Committee has adopted our idea of the fellowship fair and put their own twist on it by keeping it very informal and having the current Fellows present to discuss each of the Fellowship programs. The Residents were encouraged to mingle and browse at each of the tables, ask questions, pick up information and snack on some wine and cheese. It may be something that we want to consider as well!

The GASACT Committee has a full-day Resident meeting during one of the conference days and it was very enlight-



*A group photo of the GASACT Committee in Australia (Dr Kok is in the 2<sup>nd</sup> row, 3<sup>rd</sup> from the right)*

ening to sit in on their discussions and plans for the upcoming year. Some things that I learned about the Residency training program in Australia directly correlate with some of the same struggles that our Residents in Canada are facing. With the current debate on work hours and the recent ruling in Quebec to eliminate 24-hour call shifts, there is more focus on limiting the maximum hours worked. In Australia, the maximum hours able to be worked in two weeks is 80 – 84 and varies slightly between states. There is some concern over whether this will affect the amount of training and clinical experience received, but to the Residents it didn't seem like it was a major issue over which they were worried. In Australia, there are no 24-hour call shifts because they rely on a float system (either nights or days) for coverage. In addition, the Residents get paid overtime once they have surpassed the 80 – 84-hour mark, which is unheard of in Canada. For the first two hours of overtime, they receive 150% of their hourly pay and then it is 250% of their hourly rate afterwards. These are things to keep in mind as Residents in Canada move forward in negotiations with their respective provincial groups, as I believe that 24-hour shifts will be eliminated in the near future.

In the midst of all the conference sessions and meetings, I was able to take a few extra days and enjoy the city. Sydney is a very cosmopolitan city with a great nightlife and lots to see and do. I managed to visit a number of beaches (Manly, Bronte and Bondi), take in some of the local markets, go for a quick visit to the Blue Mountains (not the same as our ski resort) and, finally, jump out of a plane to go skydiving and experience the extreme sports for which Aussies are so famous. Overall, it was a wonderful trip and a fantastic opportunity to network with the GASACT Committee and to learn from each other.

***Dr Tracy Kok is a fourth year Resident at Dalhousie University in Halifax.***

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Dr. Richard Merchant  
Clinical Professor,  
Anesthesia, Pharmacology and Therapeutics,  
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# CJA Update

By: Dr Donald R Miller, FRCPC  
Editor-in-Chief  
Canadian Journal of Anesthesia

## Suivi to CJA Readership Survey 2010

Achieving the *Journal's* mission, "Excellence in research and knowledge translation in anesthesia, pain, perioperative medicine and critical care", requires a commitment to readers and ensuring that everyone involved with production of the *Journal* is engaged with our readership.

The last *Canadian Journal of Anesthesia* (CJA) readership survey took place in October, 2010. Of the 2,890 individuals surveyed, 275 (9.5%) took the time to contribute. A large majority (71.5%) read the print version of the *Journal*. Respondents indicated that they average 33 minutes per week reading the CJA. A majority of respondents indicate they read one quarter to one half of the articles within each issue. While readers look to the CJA for updates in a number of areas, the top three areas cited were:

- Guidelines to the practice of anesthesia
- Airway management updates
- Perioperative medicine updates.

Our readers indicate that review articles, systematic reviews and editorials are the most preferred content of the *Journal*. A smaller number of readers access and complete the Continuing Professional Development (CPD) modules, which are published quarterly. The feedback on the accredited modules is consistently very positive, and there are plans underway for further enhancements for this section of the *Journal*. Access to completion of these online self-directed learning modules is a benefit of CAS membership, and the modules can now be claimed under Category 3 (3 credits per hour) of the Royal College of Physicians and Surgeons of Canada Maintenance of Competence Program. Certificates are issued upon completion of each module!

In the 2010 readership survey, when asked how important CJA and other medical journals are in meeting one's professional needs, CJA ranked at the top of the list, followed by *Anesthesia & Analgesia*, and *Anesthesiology*. Respondents were asked to identify any changes they would make to the *Journal* to better meet their needs. Many provided detailed responses



on subjects such as online versus print content, more CDP modules, quality of existing content, and suggestions for future content. All aspects of the survey results have been considered very carefully by the CJA Senior Editorial Team and the Editorial Board. Based upon the importance of the CAS Guidelines to the Practice of Anesthesia, we have re-affirmed our commitment with the Society to publish annually an updated version of the Guidelines, which are reviewed and updated by the CAS Standards Committee. The most recent version of the Guidelines was published in January 2012 (Can J Anesth 2012; 59: 63-102). In addition, the *Journal* recently published the World Federation of Societies of Anesthesiologists International Standards for a Safe Practice of Anesthesia (Can J Anesth 2010; 57: 1027-34), and further guidelines on other topics are planned.

The *Journal's* mission envelops the concept of advancing the knowledge base of our specialty, through publication of definitive reports of original investigations, while also serving an ever-increasingly important educational role for our readers. We undertook a bold step last year (February 2011) by publishing a special theme issue on mechanisms of anesthesia that is relevant to anesthesiologists, as clinicians and researchers alike. Based upon the highly positive feedback, we have charted a new course with plans to continue to publish special themes issues annually on topics that will resonate with our readers, including education in anesthesiology (February 2012) and perioperative quality and patient safety (planned for 2013). We shall continue to work with our publisher to ensure that the online version of the *Journal* is a dynamic and effective tool for all of our readers.

Scientific and medical publishing is a highly competitive and dynamic enterprise. Evolution of the *Journal* is an iterative process. Our focus on quality and relevance of content, and accurate and transparent reporting of research is unwavering. We look forward to continued feedback from our readers through future readership surveys.



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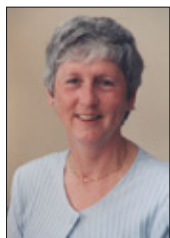


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# WFSA 2008 – 2012: A Look Back over Four Years

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*By: Dr Angela Enright, FRCPC  
President, WFSA, 2008 – 2012*

The WFSA works in four-year cycles, each beginning and ending with a World Congress of Anaesthesiologists so this is always a good time to look back and review our activities. The Management Group, the Executive and all of our committees have been busy and I believe we have accomplished a great deal. I would like to highlight some of the most notable achievements. Complete reports from all the committees will be available on the WFSA website and will provide a great deal more detail but here I just want to focus on some of the highlights of the cycle.

## Training Programs

Besides continuing support for our longstanding anesthesia training programs, we have introduced some new ones. In Fortaleza, Brazil, we have a program in regional anesthesia. This is a partnership between CLASA, the Brazilian Society and the WFSA. Led by Dr Danielle Dumaresq, the trainees are exposed to all of the modern techniques in regional anesthesia including ultrasound use. There is a strong didactic program and lots of hands-on practice and the young anesthesiologists return home confident in their new skills. So far, we have trained Fellows from Peru (2), Colombia (2) and Cuba (1), with two from Mexico arriving shortly.

## Pain

We are making major efforts to improve the management of pain and in South America we have another new program, this time in pain management. This training program in Buenos Aires, Argentina is led by Dr Juan Carlos Flores and supported by CLASA, and the Buenos Aires and Argentine Societies. The trainees study various modules on-line before spending time in Buenos Aires where they are introduced to multimodal techniques in the management of chronic pain. They are able to keep in touch with the pain centre when they return home. The trainees so far have come from Chile, Honduras, Mexico, Ecuador, Colombia and Peru, with others due to arrive from Venezuela, Mexico and Guatemala.

WFSA has also funded a research project in post-operative pain by Dr Diana Finkel from Buenos Aires. She will be assessing, via a questionnaire, the effec-

tiveness of post-operative pain relief in several centres. Then, following an educational intervention with anesthesiologists, she will re-do the survey in order to assess the effectiveness of the intervention in changing practice.

We also have a one-year Pain Fellowship in Bangkok, which is co-sponsored by IASP. We have taught Fellows from Malaysia, Laos and Mongolia, with others from Nepal and Vietnam arriving this year. Currently we are working with IASP to establish a similar program in South Africa.

Drs Roger Goucke from Australia and Wayne Morris from New Zealand have developed The Essential Pain Management Course. This is an introduction to basic pain management and is aimed at physicians, nurses and pharmacists. It gives them the tools to understand the nature of pain, why it should be treated and the obstacles to effective treatment. By reviewing the issues in each local environment, it is hoped that a better understanding will be created and pain management planning can become consistent and effective. The course has been supported by the Australia New Zealand College of Anaesthetists (ANZCA) and by the WFSA. It has been trialed successfully in Fiji, Rwanda and Tanzania. Ongoing funding has been committed to this project by the WFSA.

## Teaching

Another very successful effort has been our Teach the Teachers (later named ISIA) project, co-sponsored by the European Society of Anaesthesiologists. It began in Eastern Europe with young anesthesiologists from Serbia, Moldova, Bulgaria, Slovakia and Poland. The second course included trainees from Romania, Slovenia, Hungary, Greece and Macedonia. Now it is in its third iteration with other European countries (Croatia, Malta, Latvia, Georgia, Turkey and Lithuania), and its first course in Russia, with Belarus, Ukraine and Uzbekistan also participating. The course is dedicated to improving teaching in anesthesiology. Not everyone is a natural teacher but the skills can be learned and developed. What is most gratifying to see is that young anesthesiologists from the early courses are now teaching in the later programs and also organizing modules in their home countries. Altogether, we will have assisted about 80 young teachers of anesthesiology to improve their teaching skills.

These courses are much in demand and, thanks to an unrestricted grant from Baxter International Inc. and



the efforts of the Colombian Society of Anesthesiologists (SCARE), a course for Latin American anesthesiologists is now underway. It will be a little bit different from the European courses, making more use of advanced computer modules before the participants come together in Bogota to do the final part of the course. These are very exciting developments and it is our intention to bring them to Asia and Africa as soon as that is feasible.

### **Tutorial of the Week**

A very popular program, organized by the Publications Committee, is the Tutorial of the Week. This is a peer-reviewed educational tutorial on a different topic every week, which is available on the WFSA website. For colleagues who have difficulty obtaining textbooks, and for trainees who just want to use on-line learning methods, this provides an excellent in-depth analysis of a particular topic with pre- and post-assessments. It is accessed on-line by people from all over the world.

### **WFSA Symposia**

One of our most recent developments was the formation of a Scientific Committee. This committee was given several tasks, all of which they have accomplished with ease. First of all, WFSA wished to have a higher profile at regional scientific congresses. So the Scientific Committee has organized WFSA Symposia at many meetings such as the ESA and AACA meetings. At others, such as the All African and SAARC meetings, we have organized workshops. All of the content has been topical and the attendance and feedback excellent. The Scientific Committee also reviews educational programs where WFSA support is requested so that our name and logo are associated only with approved scientific content.

### **Research Competition**

Perhaps the major achievement of the Scientific Committee has been the development of a research competition for young anesthesiologists. We have long believed that we needed to support research as the next step in educational development. It can be very difficult for academics in low-income areas to obtain the kind of training they need to be able to develop academic research programs. With this competition, we have been able to fund three young colleagues from Moldova, China and Russia to study abroad with appropriate experts. They all submitted excellent research projects and will now be able to take them to completion and return home with knowledge and expertise to further develop research in their own departments. WFSA will continue funding this program in 2012.

### **Obstetric Anesthesia**

We all know that maternal mortality rates in some parts of the world are forbiddingly high and need to be reduced. Lack of access to safe obstetrical anesthesia plays a major role in maternal mortality. The Obstetric Committee, together with the Obstetric Anaesthesia Association, the *International Journal of Obstetric Anaesthesia* and Elsevier, supported by a grant from Baxter International Inc., has produced a two-CD ROM set of articles, lectures, refresher courses and information for patients. So far about 3,000 have been distributed free of charge.

In addition, WFSA has funded courses in obstetric anesthesia where the safe and appropriate management of obstetric patients is taught. This is a new joint venture between the WFSA, AAGBI and the WHO. The first course was piloted in Uganda and was very successful. The next course will be in Bangladesh.

WFSA has signed on to the UN Secretary General's effort to achieve Millennium Development Goals 4 and 5 (i.e., to reduce childhood and maternal mortality). We have had discussions with our sister society in Obstetrics (i.e., FIGO) and we hope to be able to develop some joint projects.

### **Pediatrics**

Thanks to a donation from the American Society of Anesthesiologists, Professor Rebecca Jacob's book on Pediatric Anaesthesia has been translated into Spanish and distributed free of charge in Latin America. The book has also been translated into French and distributed without cost in French-speaking Africa. WFSA would like to thank all of those who volunteered to do the translations.

### **Physician Wellbeing**

While always having the health and welfare of the patient at the forefront, it is also important to remember that we need to take care of ourselves. Our Working Group on Physician Health has been conducting surveys and publishing research on matters relating to the wellbeing of anesthesiologists. WFSA sees this as so important that the Working Group will become a permanent committee. We will look forward to further information and follow-up from them in the future.

### **Communication**

If you have been on-line, you will have noticed our much improved website. We are constantly trying to make it more useful and interactive. Obviously, in order to attract the younger anesthesiologists, we will need to improve our activities on the modern social media like Twitter and Facebook. Just watch us!

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Instead of publishing our own newsletter, we have improved communication via regular newsletters distributed through regional sections and member societies and published in their newsletters and on websites. This has kept our members much more up-to-date with our activities. I must thank all of the editors and webmasters for their cooperation in this effort.

### **Lifebox**

I have left Lifebox until last because there is no doubt that this is the largest project we have ever undertaken and one of the most successful. It grew and developed from the pilot project of the Safety and Quality Committee begun in 2004 in Paris. With the persuasive efforts of Alan Merry, Iain Wilson and others to include pulse oximetry as an essential part of the WHO Surgical Safety Checklist, the die was cast. All anesthesia providers had to have access to an oximeter. The question then was how could that be achieved? With the coming together of the WHO, Dr Atul Gawande (Harvard), the WFSA, the AAGBI and many other people, the dream is slowly becoming a reality. Lifebox, the charity, is the result of massive efforts to produce and distribute a suitable low-cost oximeter to those in need. An educational package has been developed to go with it and, thanks to our many partners and national society members, training and education are being provided where necessary. We have a long way to go before the 80,000 operating rooms in need are equipped with oximeters but the response to the project has been overwhelming. Anesthesiologists all over the world have taken this to their hearts and are working hard to make easier the lives of their colleagues in low income countries and to improve patient safety wherever anesthesia is administered.

### **Conclusion**

So, in summary, it has been a busy and productive four years. I believe we have accomplished a great deal. We have become more efficient and effective than ever before. We are partners with many different organizations in education, research and patient safety. I would like to thank all of those who have contributed to our efforts. There are too many to name individually but the list includes not just anesthesiologists but all of those who work with us, and for us, in any capacity. We are immensely grateful for your efforts. WFSA has been recognized as the organization which speaks for anesthesiologists all over the world. The next four years should bring even more challenges but I have absolutely no doubt that the WFSA will be able to rise to all of them.



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ASA Anesthesia Quality Institute

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

**NEW CPD MODULE:** Postoperative delirium: risk factors and management  
(March 2012)

## **ALSO AVAILABLE**

- Airway management in the patient with potential cervical spine instability  
(December 2011)
- Anesthetic management of patients with an anterior mediastinal mass  
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- Assessment and treatment of preoperative anemia (June 2011)
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(December 2010)
- Management of sleep apnea in adults - functional algorithms for the  
perioperative period (September 2010)
- Anesthetic management for pediatric strabismus surgery (June 2010)

## **HOW TO ACCESS THE MODULES**

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

Successful completion of each module of the self-assessment program will  
entitle readers to claim four hours of continuing professional development  
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certification credits. Section 3 hours are not limited to a maximum number  
of credits per five-year period.

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



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# CAS IEF Symposium, Reception and Dinner

## Plan to be there!

Mark your calendar for the **CAS IEF Symposium in Quebec: Sunday, June 17** (14:00 to 16:00). Chaired by Dr Alexandre Dauphin of McMaster University, the topic of "*Haiti Healthcare Recovery: Band Aid or Cure*" will be examined by Dr Michel Clairoux (University of Sherbrooke), Dr Hassam Elsharkawi (Canadian Red Cross) and Dr Fiona Turpie (McMaster University).

Following the Symposium, attend the CAS IEF Reception and Dinner to be held at La Chapelle du Musée de l'Amérique française from 18:30 – 22:00. Dr Ronald George (Dalhousie University) is the after-dinner speaker.

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## Thanks and Appreciation to Oximeter Campaign Donors

"A resounding success"! This best sums up the recent campaign to raise funds to purchase 250 oximeters for Rwandan operating rooms, recovery areas and birthing centres. Thanks to the response from Canadian anesthesiologists, the goal has been reached and will help to make a significant difference in the lives of Rwandans.

To all those who made a contribution, CAS and CAS IEF extend a sincere "thank you".



## CMA Recognizes Canada's Anesthesiologists' Generosity with the Oximeter Drive

The CMA has recognized the generosity of Canadian anesthesiologists through the impressive results of the campaign to supply pulse oximeters to Rwanda. To read the full article, go to: <http://www.cma.ca/canada-anesthesiologists-oximeter-drive>.

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## Canadian Red Cross Appeal for Anesthesiologists for Deployment with Field Hospitals

The Canadian Red Cross is currently experiencing a critical gap in anesthesia on the surgical teams it sends out with its Rapid Deployment Emergency Hospitals. The CAS has been approached to help in this appeal to recruit experienced anesthesiologists who are interested in working overseas and available for this type of work.

To find out more about opportunities, training, etc., visit the Red Cross website at: <http://www.redcross.ca/article.asp?id=21092&tid=036>

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## Course Announcement: *Global Outreach: Anesthesia in Challenging Environments*

**CAS IEF/Dalhousie Global Outreach**  
May 19 – 22, 2012

*Global Outreach: Anesthesia in Challenging Environments* is an annual course that focuses on novel techniques and equipment for delivering anesthesia care in under-serviced environments.

With a mix of experiential and skill-based presentations, the program tackles the questions of how to work with equipment designed for difficult environments and fix it when it breaks, and how to manage without reliable electricity or access to necessary medication. It aims to better equip anesthesiologists to transfer their knowledge and build capacity when undertaking global missions.

For more information, go to: <http://nsanesthesia.ca/s/globaloutreach>

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# Anesthesiologist Campaigns For A "Quit Quarter" To Reduce Smoking

By: Dr John Oyston, FRCPC

As anesthesiologists, we have a ringside seat to bear witness to the damage that smoking does to the human body. Smoking kills about 45,000 Canadians every year by causing lung and other cancers, coronary artery disease, COPD and emphysema. For anesthesiologists, the situation is very real, not just a matter of statistics. We see real people, who have friends and family, careers and hobbies, but they get to spend time with us in the operating room when they would be at work or enjoying their hobbies if they had not become addicted to smoking cigarettes. We watch over them as surgeons do disfiguring amputations and disabling lung surgery. We see them struggle with postoperative respiratory complications. We worry about them, as they are 38% more likely to die after surgery than non-smokers. We know that they are at increased risk of postoperative wound infections, that their grafts are more likely to fail, and that their bones will not repair as well after surgery. We know that if they continue to smoke after surgery, their vascular disease will get worse and they will come back for more surgery.

For the last six years, I have been running a campaign called Stop Smoking for Safer Surgery, aimed at getting out the message that preoperative smoking is a major and reversible risk factor. Stopping smoking six weeks before surgery can reduce postoperative complications from 52% to 18%. It is important to get the message out to everyone involved in preoperative patient care. Encouraging patients to quit before surgery is the best thing they can do to reduce surgical complications in the short term and improve their health in the long term. However, many patients do not have six weeks advance warning of their need for surgery, and it would be even better to warn people of the risk of smoking before they get to the stage of needing surgery.

About 18% of Canadians still smoke and despite the success of advertising bans, warning labels and "no smoking" areas, young people are taking up smoking as fast as older smokers are dying. The total number of smokers in Canada is actually going up as the population increases. We need to do something more to persuade people not to spend their money on cigarettes. One way to do this would be to create a special coin, a



Dr John Oyston with a model of the "Quit Quarter" coin

"Quit Quarter", with an anti-smoking design on it, to get the message into every Canadian's pocket.

Canada was the first country in the world to issue coloured coins into general circulation. It has produced quarters with a red poppy design to commemorate the war veterans, and with a pink ribbon design to promote breast cancer awareness. I am campaigning for a similar coin, the "Quit Quarter", with a broken cigarette design to symbolize the importance of not smoking.

One out of every two smokers dies prematurely from smoking, so for every two people you can stop smoking, you save one life. Creating a "Quit Quarter" would create an opportunity for parents to talk to their children about not spending their allowance on buying cigarettes. (Young children tend to buy cigarettes one at a time from friends, so they do not see the package warning labels.) It would be an additional reminder that buying cigarettes is the wrong thing to do. If smokers butted out on a "Quit Quarter", they could clean the coin and keep it as a good luck charm, and perhaps even wear it as a badge or necklace to remind people that they have quit and not to offer them cigarettes.

Web site: [www.quitquarter.ca](http://www.quitquarter.ca)

Facebook: please "like" the campaign at [facebook.com/QuitQuarter](https://facebook.com/QuitQuarter).

For more information about smoking and surgery, visit [www.stopsmokingforsafersurgery.ca](http://www.stopsmokingforsafersurgery.ca)