



WHAT'S INSIDE

- 1 President's Message: Taking Action against Drug Shortages
- 3 Annual Meeting Working Group: Brainstorming and Action
- 4 CAS Artifacts Find New Home
- 5 Call for New Committee Members
- 5 "Important Contributors" Now on CAS Website
- 6 CARF
- 7 In Memoriam: Dr Thomas McCaughey
- 9 News from Research: Progress Reports
- 10 Australian Society of Anaesthetists
- 11 Recognizing CAS Honour Award Winners
- 12 The Self Assessment Program from the *Canadian Journal of Anesthesia* – CPD Online
- 13 We Appreciate the Gesture
- 14 Report from Patient Safety Committee
- 15 Report from Chronic Pain Section
- 16 Desjardins Group Purchases State Farm
- 16 Canadian Medical Hall of Fame
- 17 The Personal
- 18 Alliance for Surgery and Anesthesia Presence
- 18 Global Outreach Course (2014)
- 19 CAS IEF Update
- 20 Preparing for Medical Missions: Training is Advisable
- 21 Canadian Consortium for Humanitarian Training Program

ANESTHESIANEWS



PRESIDENT'S MESSAGE

TAKING ACTION AGAINST DRUG SHORTAGES



Shortages of anesthetic drugs have been reported in the international literature for over a decade and are a priority concern both in Canada and worldwide. Shortages have been associated with life-threatening illnesses. During the 2010 propofol

shortage in the United States, contamination of propofol single-use vials used inappropriately for multiple patients led to an outbreak of Hepatitis C infection and the need for over 40,000 patients to be tested for potential infection.

On February 7, 2014, I had the opportunity to present on the crisis in drug supply management in Canada and its effect on Canadian anesthesiologists at the Specialist Forum meeting of the Canadian Medical Association (CMA). Information presented included the results of the survey done by Dr Richard Hall and colleagues.¹ Sixty-six percent of the Canadian anesthesiologists who responded to the survey described a shortage of one or more anesthesia or critical care drugs. Changes in anesthetic practice resulting from drug shortages were common, 586 (49%) of respondents

continued on page 2

continued from page 1

felt that they had been forced to administer an inferior anesthetic, 361 (30%) reported administering medications with which they were unfamiliar, and 92 anesthesiologists (7.8%) witnessed a drug error.

Drug shortages continue to have a negative impact on anesthetic management, patient safety and physician well-being. At the Specialist Forum, there was unanimous support for a motion that I put forward calling on the CMA to lobby the federal, provincial and territorial governments for improvement in drug supply management, which would include the need for mandatory reporting of discontinuation or disruption in drug production by pharmaceutical companies. It is my hope that the CMA will respond to the call from the Specialist Forum to strongly advocate for changes to ensure that solutions are found to this widespread and serious issue.

Dr Patricia Houston, FRCPC
President

Reference: *Drug shortages in Canadian anesthesia: a national survey.* Richard Hall, MD, Gregory L. Bryson, MD, Gordon Flowerdew, ScD, David Neilipovitz, MD, Agnieszka Grabowski-Comeau, RN, Alexis F. Turgeon, MD for the Canadian Perioperative Anesthesia Clinical Trials Group. *Can J Anesth* (2013) 60:539–551



Make your plans to be
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www.cas.ca/AM2014

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ANNUAL MEETING WORKING GROUP: BRAINSTORMING AND ACTION

“We heard the feedback and we’re doing something about it.”

In late 2013, the Annual Meeting Working Group (AMWG) was charged with assessing member feedback and looking for ways to improve most aspects of the Annual Meeting, and to lead with the latest educational content and techniques.

Sitting around the table at its first meeting on November 16, 2013 was a dynamic mix of CAS members who represent various member groups and interests, and who are enthusiastic about “raising the bar”:

Dr Susan O’Leary, Vice President

Dr Neethia (Mark) Arsiradam

Dr Daniel Bainbridge,
Annual Meeting Chair

Dr Peter MacDougall, CEPD Chair

Dr Gregory Hare

Dr Thomas A Johnson

Dr Marie-Josée Nadeau

Dr Martin Van Der Vyver

Dr Audrey Peng (via correspondence)

Dr Elizabeth Miller,
Resident Representative

Ms Jane Tipping,
Educational Consultant

Ms Temi Adewumi, CAS Staff

Mr Charles Stil, CAS Staff

Why an AMWG? In attracting delegates to the Annual Meeting and delivering on their expectations, it is important for CAS to listen to and act on that feedback. CAS wants to be at the forefront of continual improvement in several areas: relevant programming and educational content, up-to-date technology and tools to enhance the learning experience and an overall experience that provides an inclusive learning, scientific and social experience. It’s quite a list!

ACTIVE “BEHIND THE SCENES”

The AMWG’s work starts with assessing member feedback to determine priorities and action. Following are some “must haves” from the 2012 meeting:

- Relevance: meeting members’ educational and social expectations
- Networking opportunities: social and professional
- Accreditation: ensuring Royal College accreditation standards
- Engaging content to meet both the educational needs and interests of attendees
- Engaging speakers: local, national and international experts
- Opportunity to access Annual Meeting materials in various formats before, during and after the meeting
- Location! Location! Location!

Even though it was cancelled close to its opening, the 2013 meeting benefited from numerous pre-meeting improvements that were ready for on-site implementation:

- Regular pre-Annual Meeting email blasts to members on a variety of topics such as high profile speakers and sessions, social program highlights and “must see” local attractions
- Enhanced accessibility to *Daily Slate*, the daily electronic newsletter introduced in Quebec City in 2012
- Wider use of and greater engagement in Facebook, Twitter and other social media as a method of communication
- A new and more economical meeting app.

As the AMWG continues to examine options for short and long-term implementation, the key goals for implementation in 2014 are:

- Enhancing the professional educational skills of faculty, specifically in interactive learning techniques
- Increasing level of faculty skill in using educational technology
- Creating a connection between the content of the meeting and the evaluations to maintain a continual feedback loop.

What delegates will find in St John’s includes:

- Conference-wide WiFi and possible introduction of new apps that are now under investigation
- More streamlined and less concurrent sessions to enable delegates to maximize their learning opportunities and not be disappointed with multiple scheduling conflicts
- Speakers who are better prepared for their speaking engagement with the appropriate tools, more pre-meeting guidance on preparation and delivery, and who are firmly instructed to allow sufficient time for questions/answers at the end of their session
- Ability to earn Category 3 credits for workshops and interactive learning sessions.

continued on page 4

BEYOND 2014

Almost two years ago, the AMWG started looking ahead to 2016 with the vision to move to the use of multi-media modes to access the meeting, introduce new formatting changes to sessions, increase the use of electronic interactivity, create a website to encourage interactions and design and deliver a more robust (electronic) needs assessment tool... All in all, lots of ideas and action plans!

FEEDBACK APPRECIATED

If you attend the 2014 Annual Meeting, please complete the meeting and session evaluations. Your feedback is important and will influence change for future meetings.



ARCHIVES AND ARTIFACTS COMMITTEE

CAS ARTIFACTS FIND NEW HOME

In late 2013, the CAS Board of Directors approved the transfer of selected items from CAS' artifacts collection to the Canada Science and Technology Museum (CSTM) in Ottawa. This is exciting news for the members who have worked hard on finding a permanent institutional home for the collection and is an important step in preserving the history of anesthesiology and the Society for future generations.

BACKGROUND

The CAS collection includes approximately 130 objects and falls into two categories: anesthesia equipment and objects that commemorate or celebrate the Society and its activities. The equipment dates from approximately 1900 – 1960 and the commemorative objects from 1922 – 2000. With the exception of two pieces of equipment, everything was used in Canada.

The "Canadian" collection had developed informally over time but there was no cohesive strategy to showcase their importance or to ensure their legacy for future generations. While some commemorative items – space permitting – have resided in the CAS office, the bulk of the collection has been stored in boxes at a records management and storage facility.

In 2006, the Society commissioned a report by Ms Felicity Pope, an archivist, to make recommendations in ensuring the optimum care of the collection.

Then the momentum picked up. Finding a home for the collection has been under the auspices of the CAS Archives and Artifacts Committee and its enthusiastic members have pushed the initiative forward. Chaired by Dr Brendan Finucane, the Committee's activities included identifying the list of artifacts in the collection and developing a short list of selected institutions (museums) with health care collections and professional staff with the capabilities to

take over and manage the CAS collection. Through a Request for Proposal process in 2013, the Committee found the new home for the collection and it will soon be a reality.

Coming soon to Ottawa...

Details of the transfer are being sorted out and it is expected that the collection can be moved over the next few months. And next time you are in Ottawa, be sure to check out the **Canada Science and Technology Museum...**

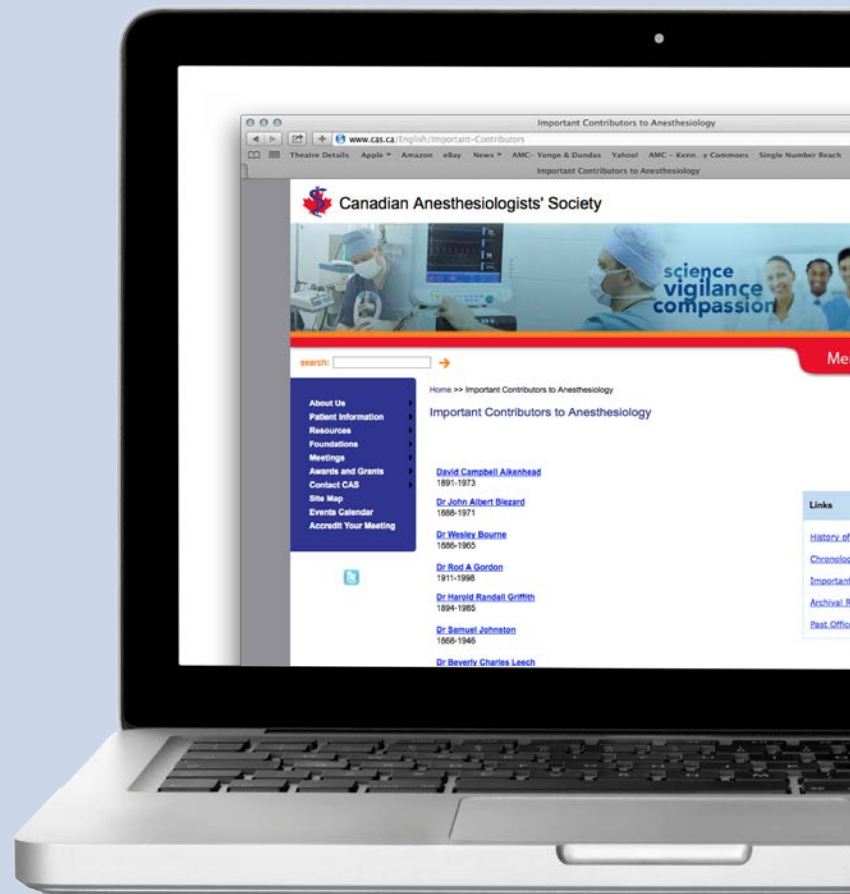


CALL FOR NEW COMMITTEE MEMBERS

The Archives and Artifacts Committee is an important and enthusiastic committee that honours and celebrates our past as we continue to move boldly into the 21st century. If you have an interest in preserving the rich history of anesthesiology in Canada, we are seeking additional committee members to complement our current roster of seasoned veterans.

Your commitment? One or two teleconference meetings per year (average duration is 1 – 1½ hours) and a face-to-face meeting at the Annual Meeting). After that, it's up to you.

Please communicate your interest to CAS at anesthesia@cas.ca



“IMPORTANT CONTRIBUTORS”: NOW POSTED ON CAS WEBSITE

The current list of Important Contributors – anesthesiologists who have been recognized for their achievements – is now posted on the English and French portions of the [website](#).

CAS is looking for more names and welcomes names of individuals who should be added to this list. If you know a CAS member who deserves recognition, we would love to hear from you!

To put forward the name of an anesthesiologist for consideration by CAS, please send the pertinent information, including a brief profile of their accomplishments and why you believe they should be considered: anesthesia@cas.ca

"Making a donation to CARF is as easy as paddling down river. CARF is one of my causes. Please make it one of yours."



Dr. Doug DuVal
Department of Anesthesiology and
Pain Medicine
University of Alberta

Doug DuVal

Our profession
deserves a firm
foundation

CARF

Canadian Anesthesia Research Foundation
La Fondation canadienne de recherche en anesthésie

www.anesthesia.org/carf

DR THOMAS M^CCAUGHEY (1925 – 2013)



Dr Thomas J McCaughey (Tom), who contributed long periods to the development of anesthesiology in Nepal, died on December 20, 2013 at his home in Montreal soon after his 88th birthday.

Tom grew up in County Tyrone in Northern Ireland. He graduated in medicine from University College in Dublin, Eire in 1950. Following internship and three years of anesthesia training in England, he immigrated to Canada. He completed his training in Winnipeg, Manitoba and obtained Certification of the Royal College of Physicians and Surgeons of Canada in 1955. He specialised in pediatric anesthesia and was head of the department at Winnipeg Children's Hospital from 1957–70. He then moved to Montreal General Hospital as department head and was a Professor of Anesthesia at McGill University.

Tom left Montreal in 1980 to provide anesthesia services in various community hospitals in the province of Quebec, interspersed with active involvement in anesthesia service and training programs in developing countries. In 1983, he made his first of many visits to Nepal and was a locum anesthesiologist for several months at the Shanta Bhawan Hospital in Patan, Kathmandu.

In 1984, the University of Calgary, Tribhuvan University, Kathmandu and the Ministry of Health of His Majesty's Government of Nepal agreed to a one-year training program that led to a Diploma in Anesthesia (DA) of Tribhuvan University. The program was based on the British DA program

and was supported by a succession of Canadian anesthesiologists, who would come to Kathmandu for a minimum of three months at a time for the first three months of the program. Roger Maltby coordinated the program and was in Kathmandu for the first three months of 1985. Tom and his wife, Theodora, arrived in March 1985 and Tom took over from Roger for the next three months. Tom was immediately comfortable with the program and both he and Theodora quickly made friends with anesthesiologists, the DA candidates and everyone else they met.

Tom returned for a second time in 1985, when a volunteer had to withdraw. During this six-month period, he encouraged the formation of the Society of Anesthesiologists of Nepal (SAN). The first Nepalese Anesthesia Symposium was held in 1986.

A succession of senior Canadian anesthesiologists then followed between 1986 and 1988. These were John Sandison (McGill), Wolfgang Spoerel and Arnold Tweed (University of Western Ontario), George Moonie (Edmonton) and Mary Ellen Cooke (Toronto).

When the Tribhuvan University faculty requested another year of Canadian support, Tom and Theodora volunteered for an entire year. During that time, he visited all the regional and zonal hospitals to see the conditions and

available equipment in the operating rooms and talk with the DA graduates, surgeons and nurses. Tom's personal interest in all the DA graduates was important to him and appreciated by them. The Canadian contribution to the DA was reduced between 1989 and 1993 by which time it was entirely ran by the anesthesia faculty at Tribhuvan University.

When Roger Maltby returned to Kathmandu in the first half 1992, he was told that the time had come for a specialty training program in anesthesiology, namely a three-year MD anesthesia program. He, along with senior anesthesiologist, Dr NB Rana, and Tribhuvan University Professor Roshana Amatya, prepared a curriculum and training requirements for a three-year program to be kept on file for possible future use. There was then a period without a Canadian presence until 1995 when Dr Rana asked Tom to conduct a feasibility study for the MD program. In the interim, Tom provided periods of clinical service and teaching in Madagascar and Uganda.

The DA program was discontinued in 1994 and the MD program started in 1996. The local anesthesia faculty, led by Dr N B Rana, Professor Roshana Amatya and Dr Bisharad Shrestha,

continued on page 8

DR THOMAS M^cCAUGHEY (1925 – 2013)

continued from page 7

enlisted the support of the CAS IEF, now chaired by Roger Maltby, who succeeded John Sandison, to support the program. The first Canadian volunteer was Tom McCaughey. He and Theodora committed to a three-year period between 1996 and 1999.

In 1999, Dennis Reid succeeded Roger Maltby as chairman of the CAS IEF.

After 1999, Tom still continued to devote much of his time to Nepal up to 2007. He was a friend and mentor to the Canadian anesthesiologists who volunteered to work in the Kathmandu hospitals and support the MD program. These included Kari Smedstadt, Charlie MacAdams, Doug McGuire, Elliott Rhine and Dennis Reid.

Tom and Theodora always stayed in a small house located in a huge garden nursery owned by a local gentleman called Hari Bahkta Shrestha, and frequently entertained the visiting Canadians. Other occupants of the nursery were big dogs and tarantulas.

Tom was a tireless mentor to the anesthesia residents, faculty and Canadian volunteers. He organised breakfast meetings at the Melungtse

Hotel, the home away from home for the Canadians, owned by our good friend, Mr Kumar Giri. Tom conducted countless practice oral exams for the residents and acted as an external examiner for the MD final examination.

When the occasional difficulty arose, Tom would call Roger Maltby and they would settle the issue after a consultation with an Irish colleague, Dr Bushmills (had to be black label!)

In his retirement, Tom and Theodora made several more visits to Nepal for meetings and to visit their many Nepalese friends. He also kept in contact with DA graduates who had taken higher training abroad and had settled in the UK, USA and Australia.

In the last three years, Tom and Roger Maltby spoke on the phone every week. The conversations would often last half an hour and they frequently reminisced about their times in Nepal. Their last call was two days before Tom died. Roger writes "that Tom's passing brings memories and appreciation of his kindness as well as his contribution in making anesthesiology as important and attractive as any other medical specialty".

Tom's international contributions, especially in Nepal, brought international recognition to the Canadian Anesthesiologists' Society. He was awarded the 2000 CAS Gold Medal in Montreal on the eve of the 12th World Congress of Anesthesiologists. The ceremony was witnessed by six Nepalese anesthesiologists including Professor Roshana Amatya, Dr Bisharad Shrestha, two DA graduates, Dr Gywalli and Dr Maharatha and two MD anesthesiologists, Dr Bhatta and Dr Upreti. Tom would always say that part of the Gold Medal belongs to Theodora.

Tom has been laid to rest in his birth place in County Tyrone alongside his parents Thomas and Margaret and his eldest sister, May.

Dr Roger Maltby, FRCPC

Professor Emeritus of Anesthesiology
University of Calgary

Dr Dennis Reid, FRCPC

Professor of Anesthesiology
University of Ottawa

"Tom's international contributions, especially in Nepal, brought international recognition to the Canadian Anesthesiologist's Society."



2013 CAS CAREER SCIENTIST AWARD IN ANESTHESIA**Dr Mrinalini Balki, FRCPC**Mount Sinai Hospital
University of Toronto
Toronto, ON**Optimizing contractility in human myometrium: *In-vitro* and *in-vivo* approaches to improve pharmacological treatment options for postpartum hemorrhage****SUMMARY OF PROGRESS TO DATE**

We have hired a trained laboratory professional to perform experiments (for two lab projects) and to assist with the clinical research project outlined in our proposal.

1. The recruitment and experimentation for the project on the synergistic actions of uterotonics *in-vitro* on oxytocin pre-treated and untreated human myometrium has been completed. During this period, we conducted 44 experiments from myometrial samples obtained from 12 women. Of these, 40 experiments were successfully completed. We are currently performing statistical analysis on the data obtained. The results of this study will be presented in the upcoming SOAP meeting in May 2014.
2. In the study comparing the *in-vitro* pharmacological dose-response profiles of oxytocin in women with advanced

maternal age and morbid obesity with younger and normal weight women, we approached 10 women, of which 8 consented (3 in advanced maternal age group, one in morbidly obese group and 4 in control group). We have conducted 32 experiments, of which 20 were successful, while 12 experiments failed due to poor myometrial contractility during the equilibration period. We are actively recruiting and anticipate completion of recruitment by March 2014.

3. The recruitment for the clinical study comparing the efficacy of various combinations of uterotonics in patients undergoing cesarean sections for failure to progress in labor after oxytocin augmentation is ongoing. So far, we have approached 18 women, of which 10 consented and were randomized to various study groups with successful completion of the protocol. We anticipate completion of recruitment for this study by January 2015.

2013 DR R A GORDON RESEARCH AWARD**Dr Mrinalini Balki, FRCPC**Mount Sinai Hospital
University of Toronto
Toronto, ON**In-vitro myometrial contractility after oxytocin pre-exposure in women with advanced maternal age and morbid obesity****SUMMARY OF PROGRESS TO DATE**

The objective of this study was to compare the *in-vitro* pharmacological dose-response profiles of oxytocin in women with advanced maternal age (> 40 years) and morbid obesity (body mass index (BMI) >40 Kg/m²) with younger and normal weight women (control). Furthermore, we also plan to investigate if oxytocin desensitization phenomenon specifically affects contractility in women with advanced maternal age and morbid obesity compared to younger and normal weight women.

This study requires laboratory experimentation on myometrial samples obtained from three groups of patients: (i) age > 40 years, (ii) BMI > 40 Kg/m² (iii) age < 30 years and BMI < 20 – 24.9 Kg/m². We plan to recruit 48 women to conduct 192 experiments in total.

We have hired a trained laboratory professional to perform the experiments as outlined in our proposal. We have standardized our experimentation and started recruitment after approval by the Department of Obstetrics at our institution. Thus far, we have approached 10 women to participate in the study, of which 8 consented (3 in advanced age group, one in morbidly obese group and 4 in control group). We have conducted 32 experiments, of which 20 were successful, while 12 experiments failed due to poor contractility during the equilibration period. Due to the stringent criteria set for study groups, we are now approaching several staff obstetricians to identify morbidly obese and advanced age women. We hope this will increase our recruitment rate. We anticipate completion of recruitment by April 2014, followed by data input and analysis by June 2014.

2014 NATIONAL SCIENTIFIC CONGRESS

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Join us on the Gold Coast for the NSC 2014!

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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
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www.asa2014.com.au



SNEAK PREVIEW

Congratulations to this year's Honour Award recipients:

- > Dr David McKnight
- > Dr Orlando Hung
- > Dr Homer Yang
- > Dr Thomas O'Leary
- > Dr Arif Al-Areibi

Formal recognition of CAS award winners' accomplishments and contributions will take place at the CAS Awards Ceremony in St John's on Monday, June 16, 2014 at 14:00. The following awards will be presented: Best Paper Awards, Residents' and Richard Knill Competitions, 2014 Research Program, Operating Grants and Membership Honour Awards, including the Gold Medal, Clinical Teacher, Clinical Practitioner and the John Bradley Young Educator Awards, as well as the Research Recognition Award.



GOLD MEDAL AWARD

Dr David McKnight

Toronto, ON

The Gold Medal is the highest award of the Canadian Anesthesiologists' Society. It is a personal award consisting of an inscribed gold medal given in recognition of excellence in matters related to anesthesia.



RESEARCH RECOGNITION AWARD

Dr Orlando Hung

Halifax, NS

The Research Recognition Award honours a senior investigator who has sustained major contributions in anesthesia research in Canada.



CLINICAL TEACHER AWARD

Dr Homer Yang

Ottawa, ON

The Clinical Teacher Award recognizes excellence in the teaching of clinical anesthesia.



CLINICAL PRACTITIONER AWARD

Dr Thomas O'Leary

Edmonton, AB

The Clinical Practitioner Award recognizes excellence in clinical anesthesia practice.



JOHN BRADLEY YOUNG EDUCATOR AWARD

Dr Arif Al-Areibi

London, ON

The John Bradley Young Educator Award recognizes excellence and effectiveness in education in anesthesia.

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

CPD MODULE: Impact of anesthesia for cancer surgery
December 2013

ALSO AVAILABLE

- Perioperative considerations for neurosurgical procedures in the gravid patient
November 2013
- Airway management and oxygenation in obese patients
September 2013
- Residual paralysis: a real problem or did we invent a new disease?
July 2013
- Ultrasound-guided regional anesthesia for upper limb surgery
March 2013
- Massive transfusion in the trauma patient
December 2012
- Competency-based professionalism in anesthesiology
September 2012
- Fluid and vasopressor management for Caesarean delivery under spinal anesthesia
June 2012

HOW TO ACCESS THE MODULES

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

cas.ca/members/cpd-online

Successful completion of each module of the self-assessment program will entitle readers to claim four hours of continuing professional development (CPD) under section 3 of CPD options, for a total of 12 maintenance of certification credits. Section 3 hours are not limited to a maximum number of credits per five-year period.

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



COVIDIEN

WE APPRECIATE THE **GESTURE** NOUS VOUS SOMMES RECONNAISSANTS POUR CE **GESTE**

Many people were affected by the devastation in Alberta in 2013 and many people rallied together in moving forward. To those people who assisted and showed kindness to CAS delegates in Calgary, we express our gratitude. To the members who agreed to leave their 2013 Annual Meeting registration fees with the CAS, we would like to publicly recognize your gesture:

Beaucoup de gens ont été touchés par la dévastation en Alberta en 2013 et beaucoup ont uni leurs efforts pour leur venir en aide. À tous ceux et celles qui ont apporté une aide bienveillante aux délégués de la SCA à Calgary, nous exprimons notre gratitude. Aux membres qui ont accepté de renoncer au remboursement de leurs frais d'inscription au Congrès annuel de la SCA, nous tenons à reconnaître publiquement votre geste :

Maria Alemann
Neethia Mark Arsiradam
Leyla Baghirzada
Andrew Baker
Mrinalini Balki
Colin Bands
Michael Bautista
Pierre Beaulieu
Anthony Boulton
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Blythe Sweet
Augustine Sze
Diem Tran
Luminita Tureanu
Kristine Urmson
Dianne Wassill-Lozinski
Paul Westacott
Duminda Wijeyesundera
Homer Yang
8 anonymous members /
membres anonymes

THANK YOU! / MERCI !



BY: DR DANIEL CHARTRAND, FRCPC, CHAIR

In 2013, the CAS Patient Safety Committee interacted with several organizations. Here is a brief report of some of our last year's activities:

CANADIAN PATIENT SAFETY INSTITUTE (CPSI)

The CAS has been a partner of the CPSI for more than ten years. Following the renewal of our partnership agreement, it was decided to rename our annual Patient Safety Symposium in honour of Dr John Wade, anesthesiologist, "Patient Safety Champion", and first Chair of the CPSI Board. The inaugural Dr John Wade – CPSI Patient Safety Symposium was planned for our 2013 Annual Meeting, which was unfortunately cancelled following the catastrophic floods in Calgary. We are very happy to announce that Dr Alan Merry, an internationally renowned patient safety expert, has made himself available once again and will be speaking at the inaugural Dr John Wade – CPSI Patient Safety Symposium on June 14, 2014, in St John's, Newfoundland.

Recently, the CPSI has identified "Surgical Care Safety" as one of the four clinical priority areas of its new five-year business plan. As a CPSI partner, we were invited to be part of the Planning Advisory Council for the CPSI National Surgical Care Safety Summit (March 26 in Toronto). Over 30 national organizations involved with perioperative care safety will discuss and help establish the CPSI "Surgical Care Safety" priorities for the next five years. We will keep you informed on how the CAS will be able to participate in these new CPSI initiatives.

INSTITUTE FOR SAFE MEDICATION PRACTICES (ISMP (CANADA))

For many years, Dr Beverley Orser has been our champion for safe medication practices and the CAS has been supporting many ISMP (Canada) initiatives such as bar coding. Last year, we participated on the ISMP (and Health Canada) Expert Advisory Panel to develop a guide to support the design and testing of safe health products labels and packages.

Despite our efforts, drug labeling and packaging may, unfortunately, still remain a safety issue for awhile. At the hospital level, good teamwork between anesthesiologists and pharmacists remains essential in order to develop protocols and strategies which will prevent medication errors. At the national level, the current drug shortage problem is partly responsible for the multiple different and confounding labels and packages found in the medication drawers of our anesthesia carts. CAS President, Dr Patricia Houston, has been actively participating on the Drug Shortage Consortium, which will hopefully convince the government to take action in order to solve the drug shortages issue.

CANADIAN STANDARDS ASSOCIATION (CSA)

The CSA is another of our long-standing partners. Over the years, Dr Steven Dain has been leading many CSA/ISO committees and several other members of the CAS Standards and Patient Safety Committees have also been involved in the revision of the CSA/ISO standards and the development of new standards. A long list of standards applicable to anesthesia and perioperative safety can be found as an appendix to the CAS "Guidelines to the Practice of Anesthesia". Some of the CSA standards will also be incorporated in the Accreditation Canada standards.

ACCREDITATION CANADA

In 2012, we were invited to participate in the creation of new accreditation standards for "Independent Medical and Surgical Facilities". In 2013, Accreditation Canada invited us to participate in the revision of its standards for surgical services. After completing a national consultation, Accreditation Canada has recently published these new standards for "Perioperative Services and Invasive Procedures", which is merging two previous sets of standards – Surgical Care Services and Operating Rooms – into one. Knowing the importance of the accreditation process for improving the quality of care and patient safety in our hospitals, we hope to continue our interactions with Accreditation Canada.

OTHER INITIATIVES

The CAS is also a partner of the Anesthesia Patient Safety Foundation (APSF) and, as a CAS member, you can access the APSF newsletter on the CAS website. Many safety alerts from ISMP (Canada) are also posted on the CAS website. In the next issue of *Anesthesia News*, we will present an update on the new CPSI Surgical Care Safety Strategy and also on our recent initiatives about CanAIRS, which could become our national anesthesia incident reporting system.

The Patient Safety Committee needs your input. Please send your questions and suggestions to anesthesia@cas.ca



BY: DR JUAN-FRANCISCO ASENJO, FRCPC, CHAIR

As Chair of the Chronic Pain Section, it is a privilege to keep you informed of the Section's plans for 2014.

CAS 2014 ANNUAL MEETING

Looking ahead, the plans are well underway for the Section's participation at the 2014 Annual Meeting in St John's and we look forward to seeing as many CAS members as possible at the Section event. The streamlined schedule for the Annual Meeting's educational activities will enable more delegates to take advantage of more sessions.

The Chronic Pain Section is very enthusiastic about its plans for St John's in 2014 and includes the Section Breakfast, the Section Workshop and the Symposium:

- Our Section Breakfast will be an opportunity to discuss and learn about the Royal College's certification process from the people who are working in the Dossier. The Breakfast wraps up with an active discussion on future topics of interest to members in upcoming programs. All ideas are welcome.
- The Section Workshop will give delegates the opportunity to learn from world-class experts on how to use ultrasound in their pain practice (as opposed to regional anesthesia). Early registration is highly recommended!
- The Section Symposium will discuss new "tricks" and "must know" about visceral pain, cancer and non-cancer, with Dr Oscar de Leon (Roswell Park Cancer Institute, Buffalo, NY) and Dr Alain Watier (University of Sherbrooke, Sherbrooke, QC).

FEEDBACK WELCOME

Please do not hesitate to contact me (jfasenjog@gmail.com) or the members of the Executive (Collin Clark and John Hanlon) to discuss your valuable input. I look forward to seeing you in St John's!



DESJARDINS GROUP PURCHASES STATE FARM

WHAT THIS MEANS TO CAS MEMBERS

The Personal, owned by Canada's Desjardins Group, provides CAS members with group home and auto insurance.

Desjardins Group has announced it will acquire State Farm's Canadian operations, effective next January. In a statement from The Personal's President and Chief Operating Officer, Sylvie Paquette, she states that "the acquisition will in no way negatively impact the service we provide to our group...and...will enable us to provide even better service..."

State Farm's network of agencies will remain separate from The Personal and will continue to operate under the State Farm brand.

"the acquisition will in no way negatively impact the service we provide to our group...and...will enable us to provide even better service..."



KNOW AN ANESTHESIOLOGIST WHO DESERVES RECOGNITION?

Each year, the Canadian Medical Hall of Fame accepts nominations for individuals to be inducted into the Canadian Medical Hall of Fame. This is an excellent opportunity for anesthesia departments to think about and take action on nominating worthy doctors.

Inductees are recognized for either a single contribution or a lifetime of accomplishments to medicine and the health sciences. Nominees are Canadian citizens (living or posthumous) and their achievement was during residency in Canada. **The deadline for nominations is the last Monday in June.**

INDUCTION 2014

This year's Canadian Medical Hall of Fame Induction ceremony will honour six 2014 inductees and takes place on April 24 in Kingston, Ontario. For more information, visit the website at cdnmedhall.org/induction, call 519-488-2003 or email dash@cdnmedhall.org



For information about the categories in which nominees are recognized and other pertinent details, visit the website at:

cdnmedhall.org/nominate

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Complete a quote online and you could **INSTANTLY WIN** an iPad* mini!

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The Personal refers to The Personal General Insurance Inc. in Quebec and The Personal Insurance Company in all other provinces and territories. Certain conditions apply. Auto Insurance is not available in Manitoba, Saskatchewan and British Columbia due to government-run plans. No purchase necessary. The contest ends on December 31, 2014. The final draws will take place on January 16, 2015. Total prize value is \$50,000: \$30,000 for the vehicle, \$10,000 for the second prize, and \$10,000 for the instant prizes. Contest rules available at thepersonal.com/mywinningquote. *iPad is a registered trademark of Apple Inc. Apple is not affiliated with this contest or with The Personal.

Committed to Improving Safe Anesthesia and Surgery in Low Income Countries

The Alliance for Surgery and Anesthesia Presence (ASAP) is a new international society of anesthesiologists, emergency medicine, obstetrics, public health and surgeons committed to improving safe anesthesia and surgery in low income countries. Integrated under the International Society for Surgery, the Society advocates for the role of safe anesthesia and surgical intervention within global health, and promotes the importance of research and outcomes reporting. Current active projects include supporting the World Health Assembly Resolution for Safe Anesthesia and Surgery, and promoting the Perioperative Mortality Rate (POMR) as a measure of safety for anesthesia and surgery.

Please become a member through the [International Society for Surgery](#) and visit our website at www.asaptoday.org. Currently being updated, our new website will be available soon.

ASAP meets annually in collaboration with universities and related societies, and biannually with the World Congress of Surgery (WCS). Our next meeting is May 5 – 6, 2014 in Singapore and will be hosted by the Royal Australasian College of Surgeons and the Australian and New Zealand College of Anaesthetists. In 2015, ASAP will meet during the WCS in Bangkok, Thailand from August 23 – 28.



MAY 29TH – JUNE 1ST, 2014
HALIFAX, NS, CANADA

REGISTRATION IS OPEN
FOR FURTHER INFORMATION CONTACT LISA NARDECCHIA AT
LISA.NARDECCHIA@CDHA.NSHEALTH.CA

OR VISIT US AT – [HTTP://NSANESTHESIA.CA/S/AGO](http://NSANESTHESIA.CA/S/AGO)

SEVENTH ANNUAL

Anesthesia
for

GLOBAL
outreach



Canadian Anesthesiologists' Society
International Education Foundation
Fondation d'éducation internationale
Société canadienne des anesthésiologistes

BY: DR FRANCO CARLI, FRCPC

I am pleased to report that 2013 was a busy year for CAS IEF with many activities taking place nationally and internationally. Unfortunately, the CAS IEF Symposium that was to be held during the CAS Annual Meeting was cancelled due to the flooding that affected Calgary. We look forward to our 2014 CAS IEF Symposium, reception and dinner in St John's in June.

VOLUNTEERS AND RWANDAN DEPARTMENT OF ANESTHESIA

Ten Canadian and three American volunteers went to Rwanda in 2013, accompanied by six residents. In addition, an expert group on simulation from Dalhousie University went to help with the setting up of the simulator at the Centre Hospitalier Universitaire de Kigali (CHUK). Two Rwandan residents have completed their training and joined the Rwanda faculty, and Drs Gaston and Isac spent six months in Halifax to undergo extra training. Three new residents have entered the anesthesia program. There is a plan to send some of the junior staff (recently graduated) abroad to pursue fellowships (obstetric anesthesia, intensive care, pediatric anesthesia). This will consolidate the expertise in specific areas of anesthesia care.

SAFE COURSE

Maternal mortality remains a significant problem in Rwanda and for this reason the SAFE Obstetric Anesthesia Course in Rwanda was run between January 15 and 26, 2013 for doctors, anesthesiologists, anesthesia nurses and technicians from all over the country. Ninety anesthesia providers participated in the course and another 26 were trained to be trainers in the course. The CAS IEF group was led by Dr Patricia Livingston who worked together with Rwanda colleagues in preparing the future trainers for future courses and monitoring clinical success. The participants were engaged throughout the programme in small group sessions and stations, and this well-received course will be repeated in 2014.

The Anesthesia Practice Network was introduced during the course. Funding for this activity came partly from CAS IEF, with the balance as a Canadian Challenges grant to Dr Patricia Livingston.

MARK YOUR CALENDAR: Sunday, June 15, 2014



Please join us on Sunday, June 15 in St John's, Newfoundland for the CAS IEF Symposium, Reception and Dinner. The Symposium topic is "Maternal Care" – watch for details about what promises to be an engaging and interesting presentation, as well as an opportunity to connect with colleagues.

SIMULATION CENTRE AT THE CHUK

The centre was opened in February 2013 with a major contribution from CAS IEF and the Faculty of Medicine of Rwanda, and there have been over 2,200 learning encounters in the past year. The centre has been used for short courses (e.g., Basic Surgical Skills) and for simulated scenarios (e.g., anesthesia residents managing anaphylaxis).

PAIN MANAGEMENT

This area is moving along well in Rwanda. Canadian nurses continue to go for one month to establish pain education and awareness, and this project continues to be supported by the Louise and Allan Edwards Foundation of Montreal until 2016.

GLOBAL OUTREACH COURSE

Last year, the course was moved to the USA. It will return to Halifax in May 2014; please check the [website](#) for information.



Photos by Dr Patricia Livingston

PREPARING FOR MEDICAL MISSIONS: TRAINING IS ADVISABLE



BY: DR GREG L SILVERMAN, FRCPC

Altruism, the selfless desire to help others, is a common trait amongst people who choose a career in medicine. Canadian physicians are fortunate to work in one of the best healthcare systems in the world and it is not surprising that many show an interest in working beyond the borders of Canada to share their good fortune with persons living in other parts of the world. Interest in medical missions is particularly high after well-publicized crises, such as the 2013 typhoon in the Philippines or the Lac-Mégantic explosion in Quebec. Anesthesiologists have an ideal skillset for such crisis situations where people may need urgent resuscitation, surgery, or acute pain relief and anesthesia personnel are often urgently needed by NGOs for work abroad.

It is naïve and potentially harmful, however, to think that one's experiences as an anesthesiologist in a Canadian hospital are adequate preparation for work in a low-resource setting or foreign environment, particularly if this work will take place in the context of a disaster or armed conflict. The international response to the Haitian earthquake in 2013 stands out as the most recent example of good intentions gone horribly wrong. International teams, composed of largely amateur volunteers, disrupted the relief efforts of established NGOs and caused harm to the local Haitian populace by delaying the delivery aid and performing inappropriate surgeries without adequate follow-up. There was a litany of problems with the international response to the Haitian earthquake but many could have been prevented had volunteers prepared themselves for the challenges of an international mission by taking one of the many courses designed to teach the specific skillset necessary to operate successfully in a remote, austere or challenging environment and then selected an appropriate NGO with which to volunteer their efforts.

Two courses which run annually and provide an excellent introduction to people who are interested, but inexperienced, at working abroad are the broadly focused disaster-preparedness course run by the Canadian



Photo by Dr Patricia Livingston

Consortium for Humanitarian Training (CCHT), an umbrella organization with representatives from a range of NGOs and academic institutions, including Médecins Sans Frontières (MSF) and the Canadian Red Cross, and the smaller, anesthesia-specific course run by Dalhousie University with the support of the Canadian Anesthesiologists' Society International Education Foundation (CAS IEF).

The [CCHT course](#) is a comprehensive, evidence-based curriculum that includes classroom lectures with a variety of learning activities and finishes with a three-day field-based disaster simulation exercise. The [Anesthesia Global Outreach course](#), run annually at Dalhousie, is specifically aimed at anesthesia personnel and teaches a broad range of clinical skills, such as blood transfusion in the field, draw-over vaporizer use, and familiarity with use of ketamine, halothane and ether. These training programs advance humanitarian practice by improving core competencies in emergency response. Successful participants will find themselves better prepared for the clinical and ethical challenges encountered when on medical missions. When one is properly prepared, the experience of volunteering on a medical mission abroad can be an incredibly challenging, satisfying and life-changing experience.



Canadian Disaster and Humanitarian Response Training Program

May 2014



What does CCHT Training Provide?

Humanitarians working in the field will soon be required to have professional training...Are you ready?

Ever thought of working in the humanitarian field? Interested in working with MSF, The Red Cross or other NGO? Planning to volunteer your professional expertise in the humanitarian sector?

This course will provide you with the essential competencies you will need if you plan to work in the humanitarian field. If you are going into the field to work with a humanitarian agency, this course is a "must" and is needed in addition to agency-specific course(s).

This course offers a recognized multidisciplinary learning experience created to enhance skills in:

- Humanitarian Leadership
- Humanitarian System
- Project Management and budgeting
- Rapid Assessment, Data Collection
- Effective Communication
- International Humanitarian Law
- Field Epidemiology
- Shelter
- And more...
- Security
- Media Training (BBC)
- Humanitarian Technology
- Civil Military Cooperation
- Water and Sanitation
- Applied Technologies
- Data Collection
- Accountability

Images © Amos Hercz

PROGRAM ORGANIZED AND INSTRUCTED BY LEADERSHIP FROM THE FOLLOWING ORGANIZATIONS:

- Action Contre La Faim
- Sen. Roméo Dallaire's Child Soldiers Initiative
- Feinstein International Centre at Tufts University
- Harvard Humanitarian Academy at Harvard University
- Humanitarian Studies Initiative at McGill University
- Humanitarian Training Initiative
- Massachusetts General Hospital Centre For Global Health
- McGill University
- The Canadian Red Cross
- and many others

Location: McGill University, Montreal, Quebec, CANADA

Full Course: 5th to 18th May - \$2,400

Introductory Course: 5th to 9th May - \$1,400

Advanced Course: 12th to 14th May - \$800

(Advanced course may only be taken if you have taken the introductory course or are an experienced field practitioner)

Simulation Exercise: 15th to 18th May - \$900

FOR MORE INFORMATION PLEASE CONTACT: INFO@HUMANITARIANTRAININGINITIATIVE.ORG