Anesthesia News

President's Message
Reflecting on Haiti: A Time to Act

Following the devastating earthquake in Haiti on January 12, 2010, which killed an estimated 230,000 people and injured another 300,000, CAS members donated generously to the Canadian Red Cross. To date, your donations have totalled $22,775. I want to thank you for your generosity. I also want to recognize the very real and active involvement of some of our members in the humanitarian effort.

Regardless of the degree to which we are involved, I believe all of us have been moved by the crisis in Haiti. This emotion was felt all over again, when, just a few weeks later, a similar tragedy struck Chile. There will be more crises … For some, the devastation that occurred in the New Year was a "sign" or wake-up call to become more involved. Whether with the Red Cross, Médecins Sans Frontières, the CASIEF or another organization, we are looking for a way forward, for solutions. However, things are not always so simple. We must be ready and available to become involved. A physician cannot simply pick up the phone the day after a catastrophe and say, "OK, I am going!" Several factors must be considered. Helping is not about "medical tourism;" rather, it is about lending assistance in an organized fashion. So, we need to be prepared. I realized I was not, after making a naive phone call on January 13 …

On the other hand, humanitarian intervention raises a few fundamental questions. Whether we give money, time or expertise for a short time or for a lifetime, some questions repeat themselves. Is our money serving the people, or does it get lost in the hands of … middlemen? Do our efforts make a difference if a local government is corrupt, or inefficient? Why should I commit to long-term reconstruction if the process ends up recreating a situation of dependence for the populace? Not to mention, with which organization should I enrol?

The structure and politics of humanitarian intervention will be the subject of the Political Forum to be held on Saturday, June 26, 2010 at the CAS Annual Meeting. We will try to answer some of those questions with a panel of experts from key humanitarian organizations. Hopefully, the answers provided will be stimulating, informative and will encourage you to get involved.

The annual meeting will be held in Montreal, June 25-29. On that occasion, we are hosting the French Society of Anesthesia and Intensive Care (SFAR) and will present a high quality scientific program. Your evenings will certainly be very busy, as the Montreal Jazz Festival is taking place that same weekend (and continues the following week). I warmly invite you to my hometown.

Pierre Fiset, MD, FRCPC
President, Canadian Anesthesiologists' Society

In This Issue

Contributors:
Dr Pierre Fiset; Dr Alain Deschamp; Dr André Bernard; Dr Jannicke Mellin-Olsen; Dr Doreen Yee; Dr Francesco Carli

Bienvenue à Montréal
2010 CAS Annual Meeting in Montreal: June 25 to 29, 2010

There is no place quite like Montreal in the summertime. With the sounds of jazz infusing the air, the 2010 CAS Annual Meeting (taking place at the same time as the Montreal Jazz Festival) promises to be an unforgettable event. The Local Arrangements Sub-Committee has been busy making sure that you will experience the best of Montreal.

Once settled in to your hotel (the Canadian Anesthesiologists' Society has secured blocks of rooms at Hotel InterContinental Montreal, Hilton Montreal Bonaventure, and Fairmont Queen Elizabeth Hotel all in walking distance of the Palais des Congrès de Montreal), come join us at the nearby Welcome Reception on Friday evening– you'll already start to feel at home in the city.

For those who like to move, you're in luck. This year's Golden Glottis Cup Challenge (and Reception to follow), where contestants from the various regions of the country vie to bring home the world's ugliest trophy, is Hula Hooping! This Saturday-evening event is guaranteed to make you laugh!

Ready to hit the ice like a true Montreal Canadien? Ice has been booked at the Canadiens practice facilities for Sunday 20:00. To register, or for further information please contact Bruce Craig at carf@rogers. com. Come out, have fun, and raise money for CARF at the CARF Hockey Game!

As always, the social highlight of the Annual Meeting is the President's Reception and Dinner. This year the Reception and Dinner will be held at the classic Fairmont Queen Elizabeth Hotel on Monday evening. The reception promises an unparalleled opportunity to network. The dinner – a five star treat complete with jazz trio music- will showcase Montreal's elegance and culinary leading edge. Enjoy, see you there!

Other events not to miss are the 2010 CARF Fun Run (an 11km run held on Sunday); the CAS IEF Reunion Reception and Dinner featuring *Globe and Mail* correspondent Stephanie Nolen as speaker; the Wine Tasting and Pairing Event at Café Méliès- a chic night in a warm setting; and an opportunity to visit Quebec City on Tuesday for the whole family.

We truly hope you will feel welcome in the city – you won't want to leave! We're ready to welcome you!

Alain Deschamps, MD FRCPC
Chair, 2010 Local Arrangements Committee

In Memoriam – Patrick Enright

The CAS community was saddened by the loss of Mr Patrick Enright, husband of WFSA President and CAS Past President Dr Angela Enright.

Patrick was a tireless volunteer on behalf of the Canadian Anesthesiologists' Society **International Education Foundation** (CAS IEF). He regularly attended CAS Annual Meetings and manned the CAS IEF booth. On one occasion he donned a gorilla suit to kick-off the Canadian assistance project for anesthesia training in Rwanda!

Donations in memory of Patrick Enright can be made to CAS IEF online or by phone:

Online: Go to the CAS website **www.cas.ca**

Select "**Members**" on the top left (www.cas.ca/members)Click item **13. Donate online**.

Phone: Call the CAS office at **416. 480. 0602** ext **18**.

Back Issues of the 2007 and 2008 Canadian Journal of Anesthesia *Now Available!*

Did you miss an issue of the Canadian Journal of Anesthesia? Now you can catch up with this limited-time offer! Order from our library of back issues by contacting CAS. Please ask to speak with Yolanda, Membership Coordinator at (416) 480-0602 ext 18 or submit an on-line request to membership@cas. ca

Make sure to specify the volume and issue(s) that you want.

Available Volumes are 54 and 55, issues 1 to 12.

The cost is $25 for each issue plus $5 to ship to Canada or the US and $10 to ship to International locations.

Third Annual CASIEF/Dalhousie Global Outreach Course

When : May 29-June 1, 2010
Faculty:
Adam Law (Dalhousie University),Adeyemi Olufolabi (Duke University), Alison Froese (Queen's University), Brendan Finucane (University of Alberta), Chris Bowden (Frankston Australia), Dale Morrison (QE2 HSC), Dan Cashen (QE2 HSC), Doug Maguire (University of Manitoba), Franco Carli(McGill University), Haydn Perndt (Hobart, Tasmania), Holly Muir (Duke University), Julie Williams (Dalhousie University), Kelly McQueen (Harvard Humanitarian Initiative), Krista Brecht (McGill University), Lynette Reid (Dalhousie University), Patty Livingston (Dalhousie University), Peter Daley (Christian Medical College, Vellore India), Richard Tully (Engineer), Robert Neighbour (Diamedica), Ron George (Dalhousie University), Shawna O'Hearn (Dalhousie University), Steve Williams (QE2 HSC), Tom Coonan (Dalhousie University)

The course will assist volunteers in preparing for work in conditions that they are unlikely to have encountered in either their training, or their normal practice, and to prepare intellectually, technically, psychologically, ethically and attitudinally for what awaits them in the many areas of the globe for whom health and medical care is a great challenge.

Space limitations prevent an inclusion of the Course Brochure and Itinerary.

Please contact:

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902-473-1177

Dr. Thomas Coonan
tjcoonan@gmail.com

Winner of the "Win a TAG Watch" Contest

Congratulations to Dr. Alan Chaput (M. D. , FRCP, M. Sc, Pharm. D. ,B. Sc.) of the Department of Anesthesiology, University of Ottawa, who has won The Personal's "Win a Tag Watch" contest.

Dr. Chaput participated in the contest by getting a home or auto insurance quote or providing the expiry date of his current home or auto insurance policy. The Personal provides preferred rates on home and auto insurance to members of the Canadian Anesthesiologists' Society. One of Canada's largest group insurers, they insure members and employees of over 560 organizations across the country.

The advantages of this voluntary benefit include preferred rates, exceptional service, and personalized protection. CAS members, their spouses, and dependants* are eligible for this benefit. If you're not already taking advantage of The Personal's preferred group rates, you can get a quote at **1-888-476-8737** or http://www.thepersonal.com/cas.

*Certain conditions apply.

National Physician Survey

Coming April 2010!

The next National Physician Survey will be starting in the spring of 2010. The survey is conducted co-operatively every three years by The College of Family Physicians of Canada, the Canadian Medical Association and the Royal College of Physicians and Surgeons of Canada. It reaches out to all physicians in Canada as well as medical residents and medical students for your input on Canadian health human resource issues. The results become a valuable information resource for us all. When you receive the survey, please take a few minutes to respond. Your input is important and greatly appreciated.

CARF Corner

Some History

The Canadian Anesthesia Research Foundation was established in 1979 and registered with Revenue Canada as a Charitable organization. It raises money to "provide funding to support basic and clinical anesthetic research in Canada through donations received from members of the anesthetic community, industry and the general public. " It is the ONLY organization dedicated specifically to funding anesthesia research in Canada. The CARF Board of Trustees has the full and final responsibility to control the property held by CARF, and to manage the Foundation as an independent organization as dictated by the Income Tax Act related to charitable organization.

The Board has had representation from across the country, as well as ex-officio positions like the CAS Treasurer, President, Executive Director, as well as the Chair of the Research Committee. I would like to welcome three new members to the CARF Board. Drs. Dolores McKeen (Halifax), Pascal Labrecque (Quebec), and David Archer (Calgary) join the Board officially this June. Stepping down after years of service are Drs. Tom Coonan, Gilles Plourde and Brendan Finucane. I look forward to working with our new Board members through these challenging financial times, and thank our outgoing members for getting us this far.

Although the final numbers are not in, it appears that members' donations have held their own in 2009. A number of the provincial sections and university departments have also continued to be supportive. The Ontario Section has pledged a standing annual donation. Towards the end of 2009, we received a generous donation from Schering-Plough (formerly Organon, and soon becoming Merck!). We thank them for their ongoing support through their own corporate evolution!

(For those who wish to donate and receive an instant receipt, you can do so on line at www.canadahelps.org and type in CARF.)

Dr Doreen Yee
Chair, CARF Board

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Certain conditions apply. Auto insurance is not available in Manitoba, Saskatchewan or British Columbia due to government-run plans.
™ Trademark of The Personal Insurance Company.

Board Update, January 30–31, 2010

New Member

Dr David Campbell, ACUDA president, was welcomed to his first Board meeting.

Sedation

CAS will issue guidelines on sedation for anesthesiologists. The document will outline equipment and procedures to ensure clarity of the anesthesiologist's role in this area. Once the document is approved, CAS will share it with the provincial colleges of physicians and surgeons.

Stop Smoking for Safer Surgery

CAS Divisions are making important contacts with provincial governments across Canada to explore ways that anesthesiologists can promote smoking cessation prior to surgery. The primary purpose of the meetings is to build working relationships that remain open and collaborative, resulting in successful negotiations in the future on issues important to anesthesiologists. CAS is working with Leonard Domino and Associates to arrange meetings and assist in the relationship building.

Physician Resources

A survey is being developed to predict physician resources across Canada. Once established, the survey will be repeated on a regular basis.

Guidelines

The CAS Guidelines to the Practice of Anesthesia were published in the January 2010 issue of CJA. A hard copy reprint was also circulated to all members receiving hard copies of CJA.

Awards Booklet

The awards booklet developed by CARF will be expanded to include all CAS awards given at the Awards Ceremony.

Royal College

In responding to a survey from the Royal College on recognition of Chronic Pain as a subspecialty of anesthesiology, CAS has offered to sponsor the new subspecialty as the designated specialty society for chronic pain. More information will be known in the next few months about a potential new, non-diploma program from the Royal College in chronic pain.

ACT Final Report

The Ontario Ministry of Health and Long-Term Care's Anesthesia Care Team (ACT) implementation committee has issued a final report with recommendations to continue the use of ACTs. One potential concern in the report is the recommendation for chiefs of anesthesia to determine appropriate situations when concurrent care of more than one patient by one anesthesiologist, assisted by an anesthesia assistant, would be possible. CAS has responded to the Ministry stating that the CAS guidelines do not permit simultaneous administration of general, spinal, epidural, or other major regional anesthesia by one anesthesiologist on more than one patient (with an exception in some circumstances in an obstetric unit), and CAS expects Chiefs of Anesthesia to follow the Guidelines to the Practice of Anesthesia.

Another recommendation was for the CAS Anesthesia Assistants Section to provide guidance for mandatory continuing educational requirements for AAs. CAS noted that this is outside both the Society's and Section's mandate, as CAS does not recommend mandatory continuing educational requirements for anesthesiologists. CAS was nonetheless pleased to be recognized as an important stakeholder in this discussion.

CAS Members can access "A Plan to Evolve the Anesthetic Core Team Model in Ontario" on the Members' area of the CAS web site under item "Reports".

The Self Assessment Program from the *Canadian Journal of Anesthesia*

CPD Online

New CPD module:
Ultrasound guidance for internal jugular vein cannulation (Issue: May 2010)

Also available

- Perioperative Pain Management in the Patient Treated with Opiods (Issue: December 2009)
- Management of the anticipated difficult airway-a systematic approach (Issue: September 2009)
- Optimizing preoxygenation in adults (Issue: June 2009)
- Ultrasound guidance for regional blockade – basic concepts (Issue: December 2008)
- Challenges in obstetric anesthesia and analgesia (Issue: June 2008)

How to access the modules
Instructions can be found on the Canadian Anesthesiologists' Society website at:
http://www.cas.ca/members/cpd

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 20 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.

Crocodiles, Kangaroos, and Anaesthesia

Reflections on the Australian Association of Anaesthetists National Scientific Congress 2009
Darwin, Australia, September 5-8, 2009
André Bernard, MD, PGY4 Anesthesiology, Dalhousie University

Dr Liz Shewry, Vice Chair, Group of Anaesthetists in Training (GAT), Association of Asaesthetists of Great Britain & Ireland

Dr André Bernard, CAS Representative, PGY4 Anesthesiology, Dalhousie University

Dr Luke Wilson, Chair, Group of ASA Clinical Trainees (GASACT), Australian Society of Anaesthetists

Darwin, Australia is a small city tucked away in Australia's Northern Territory. It's hot--- in fact, it's nearly 32°C in its coolest season. It is rugged, remote, breathtakingly beautiful and infested with many of the predators that one brings to mind when one thinks of Australia: snakes, spiders, sharks, and a host of other fauna "that can kill you". Many Australians never have the privilege of visiting Darwin. That said, it's known as a city that seems to collect people: visitors come for a short time and end up staying for years. As the Canadian Anesthesiologists' Society's (CAS) resident representative at the National Scientific Congress of the Australian Society of Anaesthetists (ASA) meeting, I was so tempted, prevented only by the fact that I had to leave to finish my training at home!It was an honour to serve the CAS as its ambassador, and here I would like to share a few reflections of what was truly an engaging and sophisticated scientific meeting.

The ASA's National Scientific Congress is an annual event attended by over five hundred of Australia's anaesthetists. It serves a combined role of providing rich scientific and clinical content for clinicians as well as serving as the annual general meeting for the Society. The ASA's trainee organization, the Group of ASA Clinical Trainees (GASACT), meets concurrently and serves to promote the work of ASA among registrar trainees across the country.

Beginning with the presidential address given by Dr. Elizabeth Feeney and the 'Welcome to Country" by members of the Koolpinyah-Larrakia Nation, to the plenary sessions, workshops and social events, the Congress epitomized hospitality for both its members and guests. I took part in most of the scientific program, including the plenary sessions and the airway workshop. Incidentally, one of the international guest airway lecturers was one of my colleagues from Dalhousie University, Dr. Orlando Hung.

Of particular focus for my participation was joining GASACT in their annual business meeting. GASACT is faced with similar challenges as the resident section of CAS in that trainees are distributed across a large number of institutions and an expansive geography. GASACT is growing in strength and capacity yearly, with sincere support by the ASA to make the trainee organization a greater focus of its outreach.

True highlights of the Congress were its many social events, serving as opportunities to understand the context of practice of anesthesia in Australia and also network with fellow trainees and anesthetists. One evening was spent sampling the culinary delights of crocodile and kangaroo while getting to know crocs in person at Crocosaurus Cove wildlife park. Several ASA members were even coaxed into being "croc bait" in an underwater cage infested with some of the largest crocodiles to be seen! The ASA Annual Congress dinner also proved to be a demonstration of both hospitality and spirited welcome with spectacular live music, a light show and dancing until the early hours of the morning.

Reflecting on my time in Darwin I was struck by the similarities between our two societies and the mutual importance of this close relationship. We have a great deal of opportunity to evolve and grow this relationship further. I want to thank the CAS for this unique and memorable opportunity.

Dr André Bernard
PGY4 Dalhousie University

"Things that can kill you." Northern Territory News cover page, September 5, 2009

Research Updates

2008 Winner of the Canadian Anesthesiologists' Society Research Award

Dr Mrinalini Balki, Mount Sinai Hospital, Toronto, ON

Optimizing contractility in human myometrium previously exposed to oxytocin: An in-vitro approach to improving treatment options for primary post-partum hemorrhage in laboring women

Research Project

We hired a part-time laboratory technician (effective August 2008) who was trained satisfactorily to conduct our experiments. So far we have approached 124 patients for consent, out of which 68 agreed to participate. We obtained satisfactory uterine samples at the time of Cesarean section from 63 patients, and of the 63 experiments that were run, 54 provided satisfactory results in terms of adequate uterine contractility. The remaining experiments had to be discarded due to failure of the muscle strips to produce spontaneous contractions during equilibration and/or failure to continue to contract during experimentation.

The experiments are being done as planned, with the minor change (Phase I) as a pre-requisite to the original protocol as submitted earlier. Phase I was completed, and the resulting data analysis showed no evidence of myometrial desensitization after pre-treatment with varying time periods (2h, 4h, 6h, 12h) or concentrations (10-10 M, 10-8 M) of oxytocin. We presented the results of these experiments at the CAS Annual meeting in Vancouver.

Phase II of the study, testing our hypothesis as described in the protocol with different uterotonic agents, was started after the completion of Phase I. All experiments from non-labouring elective

Cesarean section patients are complete,and successful data from an additional 9 laboring patients needs to be gathered. Thus we will need to approach approximately 20–25 more patients in order to attain the necessary sets of usable data. We expect to complete our experimentation in 2–3 months time.

2007 Winner of the Baxter Corporation Canadian Research Award in Anesthesia

Can ultrasound-detected intraneural injection predict nerve injury?

Dr Richard Brull, Toronto Western Hospital, Toronto ON

Research Project

As a reliable method to detect intraneural injection during peripheral nerve blockade, ultrasound (US) may be a useful aid to avoid nerve injury. If US-detected intraneural injection translates into nerve damage, then US may be a useful modality to decrease the risk of nerve injury associated with regional anesthesia. Alternatively, if US-detected intraneural injection does not translate into nerve damage, then US may not be a sensitive enough tool to reduce the risk of neuropathy related to intraneural injection.

In the final phase of this prospective, randomized, controlled single-blind animal study, we aimed to evaluate the association between US-detected intraneural injection and consequent nerve damage. To date, we have completed five intraneural injection pig experiments. For each animal, the right and left superior nerves of the axillary brachial plexus were randomly assigned to the Local Anesthetic (LA) side or the Control side. For the LA side, an intentional intraneural injection of up to 20 mL (depending on tissue leakage) lidocaine 2% with 1:200,000 epinephrine was made under US guidance at a speed of 15 mL/min into the superior nerve. For the Control side, no needle puncture or injectate was administered. For 7 days thereafter, the animals underwent neurological examination by blinded veterinary staff for evidence of upper extremity neuropathy. On the 7th postoperative day, the superior nerves bilaterally were excised to be examined by a blinded pathologist for histological evidence of nerve damage.

While at the present time we are still in the process of examining tissue samples for our primary outcome measure, histological nerve damage, we do wish to share preliminary data regarding our secondary outcome measures, including intraneural injection pressure, degree of nerve expansion as visualized by US, and clinical evidence of nerve damage. Our preliminary results suggest that a clinically relevant volume of local anaesthetic can be injected intraneurally without resultant clinical neurological deficit under the present study conditions in a pig model. There was no association between the degree of nerve expansion observed on US, the volume injected, and clinical nerve injury. Finally, under the present study conditions, all five cases of intraneural injection generated relatively low pressures, possibly indicating that the needle tip was extrafascicular, which may at least partially explain the lack of clinical neurological deficit.

WFSA – an active player on the world scene

Dr. Jannicke Mellin-Olsen, chairman WFSA Education Committee, jmellin@online.no

Your country pays about $2.50 US dollar for you as an annual membership fee to the WFSA. Did you know that the WFSA is now an organization with educational activities going on across the world in order to improve anaesthesia services to our patients worldwide, be it in Micronesia, Malawi, Moldova, Mexico or Mongolia?

The 14 training centres across the world are important for this. For instance, young specialists from Vietnam, Laos, Mongolia, Burma and more go to Bangkok in Thailand to be trained in modern anaesthesia for a year. The programme has been running since 1996, initiated and chaired by Prof. Thara Titrakarn. The 56 fellows that have been there until now have left their (sometimes small) children and friends behind to improve their professionals skills in a foreign country, a real sacrifice. The teachers in the three university hospitals and three other hospitals work together with them all the time – teachers and fellows in a foreign language alike. Despite this only three have dropped out of the training, and all except two are practicing anaesthesiology in their home countries. In Mongolia, these fellows now have now been able to form a critical mass to become influential in improving anaesthesia services and education in that country.

In Israel, Prof. Gaby Gurman started a training centre for Eastern Europeans in Beer Sheva. When he retired, the programme was moved to Tel Aviv, and Prof. Tiberiu Ezri took over and opened it to young colleagues from Kenya and Nigeria, as well. Moldovan colleagues can be trained in Romania, as well (by Prof. Yuri Achalowski), and this centre is run in co-operation with the European Society of Anaesthesiology (ESA). In the same way, the WFSA works with the Latin American Regional Section (CLASA) to establish a training centre for regional anaesthesia in Brazil. In Chile, Prof. Silvana Cavallieri runs an excellent training centre for paediatric anaesthesia, and Latin Americans can learn obstetric anaesthesia in Bogotá, Colombia. If you are African, your best bet to learn obstetric anaesthesia would be to go to Tunisia to learn from Prof. Mohamed Benammar or to learn paediatric anaesthesia in Tunisia or in South Africa. Intensive care medicine training programmes are run in India and in Israel.

Mr Kessete Teweldebrhan, Head of Nurse Anesthesia training in Asmara, Eritrea with Dr Jannicke Mellin-Olsen of Norway, Chair of the WFSA Education Committee

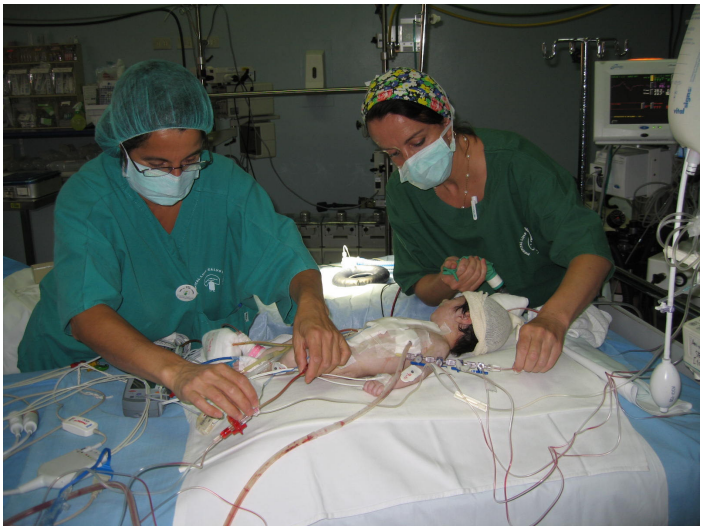
There have been Fellows learning neuro- and paediatric anaesthesia in Cape Town, and we are in the process of developing a training centre for paediatrics in Nairobi, Kenya. Some of these initiatives are co-sponsored by national societies who wish to contribute more than just membership fees. The typical funding for a Fellow means that the home institution pays their salary, the hosting institution waives fees and the WFSA covers housing expenses and per diem. The Fellows are selected based upon their applications, CVs and recommendations from their home institution and national society. After the training, they will have improved their competence and received a diploma to show that.

We are also working with other organizations such as the International Association for the Study of Pain with whom we co-sponsor a training programme for pain specialists in Thailand and the Society for Pediatric Anesthesia (USA) in supporting training Fellowships in paediatric anaesthesia in Vellore, India. Some of the major organizations that work with WFSA are established by our own colleagues. For instance, the Primary Trauma Course (PTC) programme (www.primarytraumacourse.org) was initiated

by Dr. Douglas A Wilkinson and Dr. Marcus Skinner in 1996 with the aim to train surgeons, anaesthesiologists and other health professionals involved in the prevention and early management of severe trauma victims. During a two day course, they are taught the basics of primary and secondary survey and early resuscitation, but within the confines of their time, experience and resources. The course continues with a teaching module, so that the participants in turn can train others. As an example, four PTC instructors went to Iran early in 2007 and trained 30 people. By the end of that year, 300 more health workers in Iran had undergone the same training. PTC courses have now been held in 46 countries throughout the world and are now a part of the trauma strategy of the WHO.

Another course series that has spread across the world, was initiated in 1986 by Prof. Scherpereel of France and more European colleagues – the "Foundation for European Education in Anaesthesiology" (FEEA). This is a course series to improve CME/CPD initially in Europe, but from 1995 in Latin America, in 2004 in Africa and in 2006 in Asia. Impressively today there are course series in 102 centres in 47 countries across the world. The series consists of a cycle of six courses, covering all aspects of our speciality in an interactive programme. Although the topics are the same, the contents will be adapted to local conditions. If the anaesthesiologist completes one course per year, the full cycle will be completed in six years, ready to start again. ESA has taken over the practical organisation of the programme, which has changed its name into the Committee for European Education in Anaesthesiology. The ESA sponsors European centres; the WFSA the rest of the world. All the educational material can be found on a website, www.euroviane.net.

An extremely important part of education is to facilitate teaching. Dr. Gaby Gurman of Israel came up with the idea of establishing the "International School of Instructors in Anaesthesia" (ISIA). The first course involved colleagues from five countries in Eastern Europe, and that was so successful that a new class has started, now in co-operation with ESA. It consists of three weeks of courses, some months apart. The students come from various countries and are supposed to exercise their newly acquired competence in-between courses and then to establish courses in their own countries afterwards. The students have been extremely enthusiastic and have later formed their own networks to train others. There is a great demand for similar courses from other regions, and WFSA expects that training of teachers will be an even more important activity in the future.



Dr Margarethe Salazar from Guatemala, a WFSA Pediatric Anesthesia Fellow at Calvo McKenna Hospital in Santiago, Chile with Dr Silvana Cavallieri (at the head of the bed), the Program Director

The Education Committee is composed of nine members. Currently the members come from Colombia, Israel, Japan, New Zealand, Norway, Russia, Singapore, Tunisia and the USA. Traditionally, there has been a geographical spread with each member responsible for one part of the world. The Committee both starts and facilitates educational activities, in addition to finding partners to finance them.

What would you like the WFSA to do for you? What do you want to do to share your competence with those who do not have your knowledge base – be it that you come from a high income part of the world with access to all facilities or you have become an excellent clinician because you have little basic equipment and few drugs in your vicinity? One of my personal experiences after I got involved in the WFSA is that I have learnt much more than I have taught. Being involved in WFSA activities makes us better professionals and wiser human beings.

CASIEF update

I am back from Rwanda where I spent one month teaching our nine Rwandan residents. This is my third time over the last 4 years, and it is with great pleasure that I witness a marked improvement in our educational programme. With the help of our volunteers we are now consolidating our teaching curriculum. Our Rwandan program director, Dr Theogene, coordinates the residents' rotations and the teaching schedule in conjunction with the volunteers. Our relationship with the Rwandan anesthesia staff is very collegial, and every effort is made to facilitate our needs. The two fourth year Rwandan residents, Drs Paulin and Bona, arrived in Halifax in early February and will work in the department of anesthesia at the Dalhousie University Hospital for a period of six months. They are financially supported by the CAS IEF and the Dalhousie department of Anesthesia. This is an opportunity for Paulin and Bona to work closely with the Dalhousie anesthesia residents and staff, come into contact with Canadian anesthesia and be engaged in teaching.

We are working on the volunteers' schedule for 2011 and we encourage all those who wish to spend some time in Rwanda to contact me (franco. carli@mcgill. ca). Residents are also welcome to accompany their staff.

This year CAS IEF wants to celebrate over 40 years of achievements and two major events will occur during the annual CAS meeting in Montreal. A symposium on CAS IEF international work is planned for Monday June 28. The reunion dinner to celebrate CAS IEF achievements is planned for Sunday June 27 2010 at 6:30 pm at the McGill Faculty Club. The guest speaker will be Stephanie Nolen, a well known reporter of the *Globe and Mail* who has spent several years in East Africa and Rwanda.

We hope to see many Canadian anesthesiologists attending.

Dr Franco Carli
Chair, CASIEF

Rwandan staff and residents enjoying a BBQ at the CAS IEF house

Top Row Left to Right

Dr. Claude Gakumba R1, Dr. Christien Mukwesi R1, Dr. Carli, Dr. Antoine Bahati R2, Dr. J. Ferdows Laraya McGill R3 , Dr. Jean Bosco Staff CHUK, Dr. Willy Kiviri Staff CHUK, Dr. Alfred Mugemanshu R1, Dr. Jean Damascene Nyandwi R1, Dr. Jean Nepo Karangwa Staff CHUK

Bottom Row

Dr. Theoneste Mwumvan R2 Chief Resident, Dr. Fred Ndatimana R1

(R1 = first year resident; CHUK = Centre Hospitalier Universitaire de Kigali).

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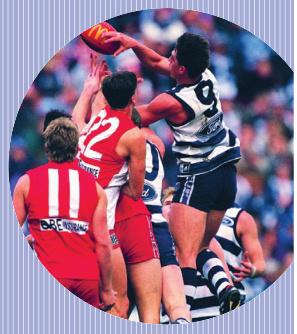

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