

## President's Message



Dear colleagues,

In a recent meeting, I reflected on the reasons why I became an anesthesiologist. I remembered as a young medical student being interested and fascinated in almost everything related to medicine. I just could not choose what I would do, if I would specialize or become a family practitioner, whether I would go to surgical or be a general practitioner.

These were exciting as well as confusing times. It is very hard to choose what one will do as a physician, but I remember very clearly that I, as well as many of my friends, were influenced positively (or negatively....) by the people I met, by my teachers who took their mentoring role seriously. I identified closely with those who took the time to teach me, to make me discover how their work was important and valuable, and, most of all, how they loved what they were doing. In the medical field, mentors have a significant influence on students, and one of my mentors was an anesthesiologist.

During an ACUDA meeting I was attending, we were discussing how, in this new era of increasing (almost doubling) the number of medical students accepted in our Canadian schools, we are facing the new problem of scarce teaching resources.

All these new students need to be taught, to be guided in the world of clinical medicine, and there are relatively few teachers and mentors in medical schools. We will have to look elsewhere.

Medical students will be sent to community hospitals, to remote areas, and to non-university centers to get exposure to patients and clinical practice. They will count on you, anesthesiologists who have decided that you would not practice in a University center, to learn.

I think this is an exciting opportunity. I hope that many of you will realize how important and valuable teaching is, how rewarding it is to be a role model, how it contributes to the quality and excellence of our specialty.

Maybe you feel that it is not for you, that this is for those at the Universities, that you are not up to it. Fortunately, my mentor thought otherwise, he was practicing in a small community hospital, and was teaching for free...

*On another note, the Annual Meeting will be held in Vancouver, June 26-30, 2009. Please attend!!! The registration program is out much earlier this year thanks to a major effort from the CAS Office. Our meeting is an occasion to get valuable CME credits by attending high quality lectures, workshops and seminars. Please go to the CAS website to get the latest information on the sessions and have a look at the social program. I wish to congratulate the Annual Meeting Committee, in particular Dr William Splinter, for all their efforts and dedication.*

*Vancouver is an amazing destination preparing feverishly for the 2010 Winter Olympics. I hope to meet you there!*

Sincerely,

**Pierre Fiset, MD FRCPC**  
CAS President

## Global Outreach Program

### *Anesthesia in Challenging Environments*

May 23-26, 2009

QEII Health Sciences Centre, Halifax, NS

### **For more information call**

(902) 473-4335 or

e-mail [lucy.patrick@cdha.nshealth.ca](mailto:lucy.patrick@cdha.nshealth.ca)

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## 2008/2009

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

#### Editor-in-Chief

Dr Patricia Houston

#### Design and Production

Ms Josée Ouellet

#### Contributors

Dr Pierre Fiset; Dr David Parsons; Dr Doreen Yee; Dr Rachel Meyer; Dr. Angela Enright

## CARF Corner

### Tough Times Ahead, Your Support Needed More than Ever!

These are challenging economic times for everyone, and charitable foundations are no exception. Most of the smaller foundations rely on the interest earned from the endowment funds to finance the awards that are given out each year (e.g. University Chairs, etc.). But with negative rates of return this past year (and possibly next year), some tough decisions will have to be made. Can the level of support be maintained without "dipping" into the endowment monies?

The CARF endowment investments are strictly guided by the foundation's Investment Policy Statement (IPS). There is a minimum of 45% Fixed Income holdings and a maximum of 55% Equities. The IPS has prevented CARF from "losing its pants!" The endowment has lost 12% of its value since September 2008, less than most of the benchmark indices of which some are greater than 20%. Perhaps we should be requesting government bailout like everyone else....

At the same time, our industry support has decreased for some of the named awards for a variety of reasons (business decisions made after study results have been released regarding certain drugs, drugs coming off patent, new competition eroding market share, etc.).

On a brighter note, donations from our membership were up in 2008. Some of our loyal industry sponsors have committed to sponsorship again for activities during the upcoming annual meeting. We continue to hold an "appreciation" reception for high CARF donors at the annual meeting. Come visit the CARF booth in the Exhibit Hall in Vancouver at the end of June!

#### Doreen Yee, MD FRCPC MBA

Chair, CARF Board



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



CME online

**New CME Module “Ultrasound Guidance for Regional Blockade - Basic Concepts”.**

### Now available:

**Ultrasonic Guidance for Regional Blockade - Basic Concepts**  
**Challenges in Obstetric Anesthesia and Analgesia**  
**Anesthesia Management of Pediatric Adenotonsillectomy**  
**Non-opioid Strategies for Acute Pain Management**

### It's as easy as 1-2-3!

1. Read the articles cited in the introduction published in the CJA (paper and online edition).
2. Proceed to the CAS website ([www.casca/members/CJA](http://www.casca/members/CJA)), click on CME Online and complete the Self-Assessment Program.
3. Obtain section 3 maintenance of certification credits.

Successful completion of the self-assessment program will entitle readers to claim 10 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.

*The Self-Assessment Program is made possible through  
unrestricted educational grants from these industry partners:*

**Vitaid**  
Aiding Life

**Baxter**

**FRESENIUS  
KABI**

**SonoSite**  
The World Leader in Spinal  
Anesthesia Catheters

# Board Update

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## New On the Board

Two new Board members attended their first meeting in February 2009: Dr David Lacey (Newfoundland and Labrador) and Dr Douglas DuVal (Alberta).

## Needs Assessment

CAS conducted a needs assessment survey in November 2008. 352 people responded to the survey, 85% being specialist anesthesiologists.

A number of recommendations were made based on the results of the survey:

- The Annual Meeting Committee and the CEPD committee should look at additional means to determine topics of interest to participants.
- There should be an increase in interactive learning methodologies incorporated into the Annual Meeting.
- Workshops should continue with the ratio of 1-5.
- Workshops must increase the ability to provide hands-on skill training with corrective feedback to participants.
- More workshops should be offered at an advanced level.
- Both the Annual Meeting Planning Committee and the CEPD committee should look at increasing opportunities for professional networking.
- CAS should take a more active stance in increasing the amount of web based learning available.
- Provide training for effective presentations and interactive learning.
- Scheduling and costing of events for the Annual Meeting should be reviewed.

## Website Update

CAS Committee chairs will be asked to review the sections of the website related to committees' functions and recommend what needs to change and what should remain.

## Ethics Recommendations

The Ethics Committee will work on a final text of recommendations of CAS' relationship with industry for presentation at the next Board meeting.

## Government Relations Update

Leonard Domino Associates, who had provided an environmental scan to CAS prior to the last Board meeting, arranged a meeting with Dr Jeff Tepper, Assistant Deputy Minister with HHR responsibilities in the Ontario Ministry of Health as an important opportunity to establish communications. Representing CAS were Dr Pierre Fiset, President; Dr Steven Bodley, Ontario Board Representative; and Mr Stanley Mandarich, Executive Director.

## Anesthesia Assistants

A task force has been established to detail the basic competencies for working as an anesthesia assistant across Canada. Besides CAS, the other organizations represented on the task force are ACUDA, Canadian Nurses Association, National Association of PeriAnesthesia Nurses of Canada, Canadian Society of Respiratory Therapists and National Alliance of Respiratory Therapy Regulatory Bodies.

The Board approved an application to form a CAS Section for Anesthesia Assistants.

## Staffing Update

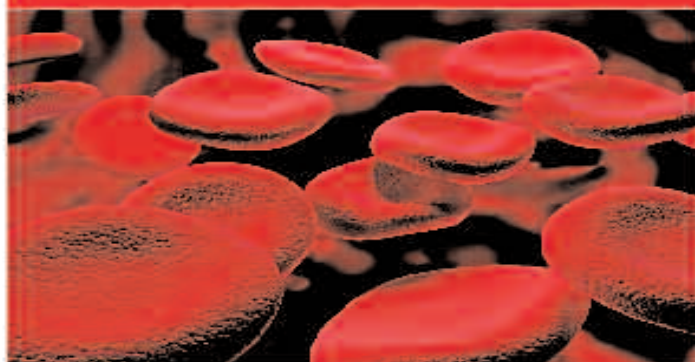
In January, Ms Randa Fares was hired as CAS Operations Manager with supervisory responsibilities for all CAS databases as well as overall office management. She oversees the Events Coordinator, Ms Anne Aleixo; the Membership Coordinator, Ms Yolanda Vitale (part-time); and the Administrative Assistant, Ms Pamela Santa Ana (on maternity leave). At the same time, Ms Sue Witts assumed her new role as full-time CAS Controller.

The CAS Communications Manager, Ms Temi Adewumi, went on maternity leave at the end of December. Mr Neil Hutton was converted to independent contractor effective January 2009. He continues to sell exhibit space for the CAS annual meeting, and he has also been engaged by Springer to sell advertising in CJA



**To Help Plan your Outings  
While You're at the Annual Meeting  
June 26-30, 2009 go to:  
[www.tourismvancouver.com](http://www.tourismvancouver.com)**

## ICRH's Young Investigators (YI) Forum



May 21 - 23, 2009

### Ottawa

Brookstreet Hotel • 525 Legget Drive, Ottawa, ON • K2K 2W2

The YI Forum is a major training and educational initiative of CIHR's Institute of Circulatory and Respiratory Health.

Each year, the YI Forum provides young investigators and trainees with an opportunity to showcase their research; interact with senior researchers and faculty; learn about career development and state of the art research and technologies.

The 2009 YI Forum program will include key note lectures, workshops and research posters from the four CIHR theme areas of biomedical; clinical; health systems and services; and social, cultural, environmental and population health research.

The abstract submission deadline for the YI Forum is **Friday, February 27<sup>th</sup>, 2009**.

Please visit our website (<http://www.cih-irsc.gc.ca/e/37949.html>) in January 2009 for the preliminary program, abstract submission guidelines and to register for this year's YI Forum.

The Molecular Function & Imaging Program of the University of Ottawa Heart Institute in conjunction with the Young Investigator Forum will host its 2<sup>nd</sup> Annual Symposium, on Saturday May 23<sup>rd</sup>. The Symposium will feature:

Workshop sessions with leading national scientists covering:

- ✦ Molecular Imaging in Translational Research
- ✦ Stem Cell Therapy in Cardiovascular Disease

Guest lectures in regenerative medicine by internationally renowned scientists:

- ✦ Dr Duncan Stewart, Scientific Director, Ottawa Health Research Institute
- ✦ Dr Joseph Wu, Molecular Imaging Program, Stanford University
- ✦ Dr Frank Bengel, Cardiology and Radiology, Johns Hopkins University

Oral abstract sessions by YI Forum delegates moderated by guest scientists

When submitting your abstracts, please consider complementary participation in this exciting and cutting-edge Symposium as well! Please contact James Thackeray, Symposium Chair at [jthackeray@ottawaheart.ca](mailto:jthackeray@ottawaheart.ca) or 613-798-5555 x 14990. Website: <http://www.lightbox.ca/~mfi/>.

CIHR - ICRH 2009 YI Forum



For more information about the program, speakers and networking event, we invite you to visit our website regularly at <http://www.cih-irsc.gc.ca/e/37949.html>

# 2009 CAS Annual Meeting Local Events

June 26 to 30, 2009

Vancouver, BC

Planning is underway for an outstanding Annual Meeting in Vancouver this June.

As this year's meeting takes place from June 26 - 30, we expect warm summer weather and all of Vancouver's attractions in peak form.

There are several notable events including a Grouse Mountain trip which offers a 3,000 foot ride in the Skyride to the top! Wine and appetizers will be served while you take in the sights of Vancouver and the harbour. This event takes place on the Sunday evening from 18:30 to 21:30 and includes the bus trip to and from Grouse Mountain and the ride to the top.

The headquarters hotel, the Fairmont Waterfront, is just across the street from the meeting and I have personally inspected the newly renovated rooms - the views and appointments of the hotel are spectacular.

For those more accustomed to flatter terrain than Grouse Mountain, the meeting will once again feature a CARF fun run on the Sunday morning. From the convention centre plaza a 10 km course will work its way around Stanley Park and back in time for the first plenary session of the day.

The Glottis Cup will again be up for grabs and this year the theme will be the 2010 Olympics. Avatars of anesthesiologists from across the country will compete in "Olympic" events with Wii simulation of board and ski events to determine the National Champions.

We are also putting together a Gala President's Dinner at the Waterfront Hotel. The meal and entertainment will have an Asian Flair and promises to be a special evening.

Finally, I would like to draw your attention to the Alaska cruise ship schedule that could combine very nicely with our meeting. Departures include the Celebrity Mercury on June 28 and the Coral Princess on June 29. These trips are wonderful family vacations.

See you all at Vancouver 2009!

*David Parsons, MD FRCPC*  
*Chair of Local Arrangements*

**Photos:** Courtesy of Tourism Vancouver  
From top to bottom: Cycling around Coal Harbour;  
Hiking in Whistler, Kayaking and Sailing off Jericho



# Patient Safety Update

*Dr Rachel Meyer, MD*  
*Anesthesia Resident*  
*University of Toronto*



It is my pleasure to introduce to myself as the resident representative of the CAS Patient Safety Committee. My name is Rachel Meyer and I am in my third year of anesthesia residency training at the University of Toronto. I would like to take this time to familiarize you with the Patient Safety Committee and to update you on this committee's recent activities and goals.

In recognition of the increasing potential for adverse events during anesthesia, the Patient Safety Committee was established in 2003. Dr Ian White served as the first committee Chair. The initial working groups formed by the committee included: (1) Adverse outcome database; (2) Study and prevention of medication errors; (3) The development of multi-disciplinary simulations to mimic critical incidents. Dr White organized the first patient safety symposium at the annual CAS meeting in 2003. Since then, a variety of excellent speakers have presented at this symposium including Dr Robert Stoelting who spoke on Anesthesia Information Management Systems in 2007. Sadly, Dr White passed away in 2008. To honor him, an award was established for the best safety-related abstract submitted at the annual meeting of the CAS. Dr Pamela Morgan is the current Chair and members include Drs Jan Davies, Robert Byrick, Alexander Ho, Homer Yang, David Goldstein, Richard Merchant, Steve Dain, Beverley Orser, Matthias Kurrek and Pierre Fiset. Safety-related concerns can be directed to these individuals.

The Committee's current goals are to promote safety initiatives including safe medication practices, simulation, an anesthesia safety database, education and research. In 2007, the committee collaborated with the Institute for Safe Medication Practices Canada (ISMP-Canada) to develop The Operating Room Medication Safety Checklist (<https://www.ismp-canada.org/mssa.htm>). This checklist provides hospitals with the opportunity to analyze the medication systems in their operating rooms and identifies opportunities for improvements in medication safety. The Patient Safety Committee is also working with the Canadian Patient Safety Institute (CPSI) on the national guidelines for the disclosure of adverse events. Other members are working with the CPSI to establish simulation programs for the development and improvement of non-technical skills. Committee members are involved with establishing new drug labeling guidelines that will include text font, barcodes on vials and peel off labels for syringes. A human factor study of the optimal design of anesthetic drug carts has been completed and projects involving patient informatics are underway. The

committee has ensured that medication safety alerts are distributed to all CAS members. A recent goal is to ensure these alerts are distributed to anesthesia residents and clinical fellows.

There is also a portal on the CAS website that announces safety updates:

([http://www.cas.ca/members/patient\\_safety](http://www.cas.ca/members/patient_safety)).

It is a privilege to participate in the Patient Safety Committee meetings. During the meetings, I have had the opportunity to listen to experts in the field of patient safety discuss new areas of research. In fact, the WHO Surgical Safety Checklist was discussed and reviewed by the committee in June 2008. It was exciting to know about this research initiative before the publication of its findings in the *New England Journal of Medicine* in January 2009. My role as the resident member of the Patient Safety Committee is to offer suggestions and comments regarding the impact of the Committee's many initiatives on resident training. It is also my responsibility to relay to other residents the importance of safe anesthesia practice and that patient safety presents an important opportunity for anesthesia. Trainees should know that our specialty has a history of promoting patient safety and reducing mortality and that the future of anesthesia will include areas of patient safety research such as simulation, adverse outcome databases and safety checklists. These areas provide new opportunities for leadership and the recent WHO Surgical Safety Checklist is just one example of the significance of improving patient safety. I enjoy having a "behind the scenes" look at a CAS committee and I encourage residents to find opportunities to participate in other areas of CAS.

The Patient Safety Committee is looking forward to the 2009 CAS annual meeting in Vancouver. We encourage you to attend the Patient Safety Symposium entitled, "Patient Safety: Yesterday, Today and Tomorrow."

## **2009 Annual Meeting Information & Registration Now Online**

**Go to the Annual Meeting Section  
at [www.cas.ca](http://www.cas.ca)**

# WFSA News

Angela Enright, MD FRCPC  
WFSA President

I am pleased to have this opportunity to update you on the activities of the World Federation of Societies of Anaesthesiologists. The very successful 14th World Congress in Cape Town marked the beginning of a new four-year cycle for the WFSA. At that time, new officers were elected, new members joined committees and new societies joined the Federation bringing the membership to 122 societies. By virtue of membership in your national society, you become a member of the WFSA. Over the course of the next four years via this newsletter, we will highlight some of our activities.

The goal of the WFSA is to improve the standard of anesthesia world-wide. That is a huge undertaking but, as you all know, the journey of 1,000 miles begins with a single step. The WFSA approaches this objective in many ways. Perhaps the best known is through our Education Committee work. We support higher level training at our centres which are founded in Africa, Asia, Europe and Latin America. Fellowship level training is available in a variety of subspecialties including cardiac, obstetric and pediatric anesthesia, intensive care and pain management. Information about the programmes can be found on our website at [www.anaesthesiologists.org](http://www.anaesthesiologists.org). In addition, the Education Committee assists with provision of teachers and speakers for workshops and meetings, runs a course for the improvement of teaching skills in anesthesia and also one for biomedical technicians for the care and maintenance of anesthesia equipment.

The Publications Committee of the WFSA produces the journal Update in Anesthesia. It is available on the website and also in a print edition. It comes in several languages - French, Spanish, Russian and Mandarin. Also available on the website is the Tutorial of the Week. A different topic is chosen weekly and reviewed in depth. Both the Tutorial and Update are easily downloadable and, when collected together, form the basis of a textbook of anesthesia.

The Committee on Safety and Quality has been very active, working to produce Guidelines for Safe Practice. These were updated and approved in Cape Town and are available on the website. We realize that, for some, these will be goals to attain in the future. Nevertheless, it is important to set out what should be the expected standards of practice world-wide. The World Health Organization has recognized that, without safe anesthesia, there will be no safe surgery. Therefore, in its new initiative, Safe Surgery Saves Lives, anesthesia holds a prominent place. This programme was launched by WHO in June 2008. It introduces a Safety Check List



Dr Harold Griffith  
1894-1985

*Dr Harold Griffith introduced curare into clinical practice with his resident, Dr Enid Johnson in 1942. He was the first President of the Canadian Anesthesiologists' Society in 1943 and is the Founder-President of the World Federation of Societies of Anaesthesiologists.*

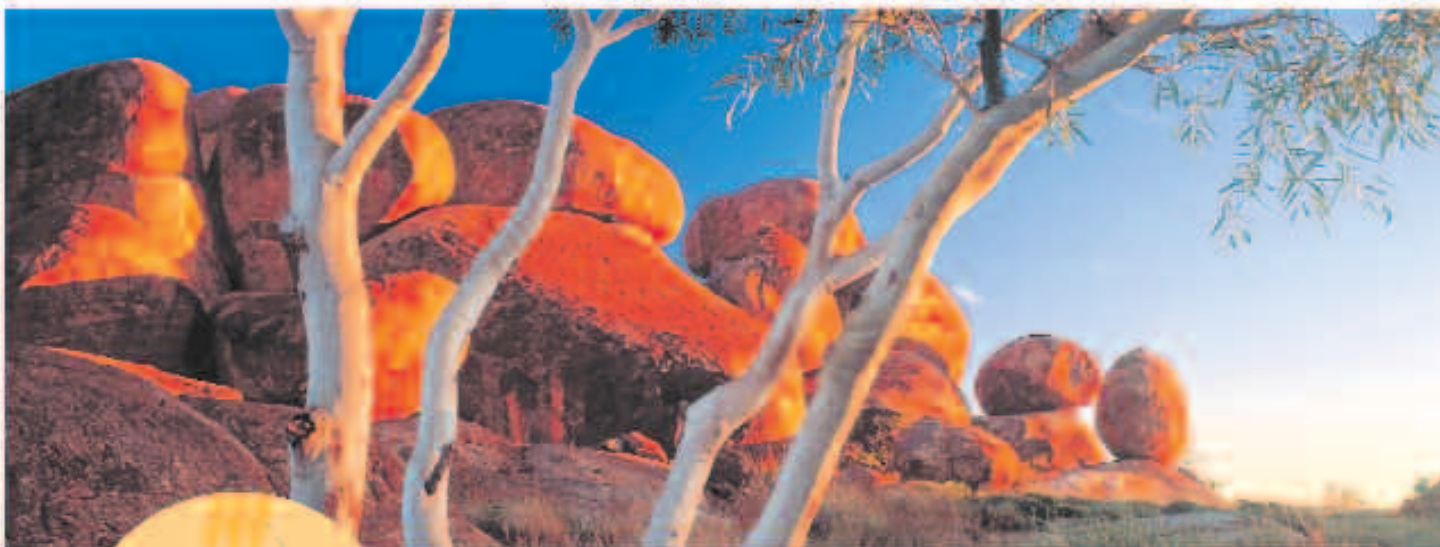
for use before, during and after surgery. You will hear a great deal more about this in the coming months. As part of this checklist, use of a pulse oximeter is included. The Committee on Safety has been working to develop a low cost oximeter which is now in trials in India, the Philippines, Uganda and Vietnam. You can learn more about all of these activities in our next bulletin.

The WFSA formed a new Scientific Committee during the meeting in Cape Town. The focus will be on developing relationships between departments, particularly in the areas of scientific research and publication. It is hoped that experienced academic departments will share their expertise with those just beginning their development. The committee will also be available to assist with advice on the scientific content of meetings or to make suggestions for speakers if asked. The committee will organize WFSA symposia for major regional meetings.

In addition to all of the above activities, there are groups of hard-working people on the subspecialty committees.

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68<sup>th</sup>

Annual Scientific Congress of the  
Australian Society of Anaesthetists

5th-8th September 2009  
Darwin Convention Centre

For the latest information on the NSAO 2009 in Darwin, please visit

[www.asa2009.com](http://www.asa2009.com)

## Keynote Speakers

Prof. John Seear  
Nuffield Dept. of  
Anaesthetics, University  
of Oxford, Oxford, UK

Prof. Mark Warner  
Mayo Clinic College of  
Medicine, Rochester,  
Minnesota, USA

Dr. Archie Brain  
FRACOS, FRCA  
(Hon. FANZCA, Hon.  
Soychiloz)

A/Prof. Pam McIntyre  
Royal Adelaide Hospital,  
Adelaide, SA

Dr. John Loadman  
Royal Prince Alfred  
Hospital, Sydney, NSW



# Canadian Anesthesiologists' Society International Education Foundation

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+ Includes sponsorship of WCA Fellows  
\* Includes sponsorship of Global Outreach



# Anesthesia News

Please send contributions to:

*Anesthesia News*

Canadian Anesthesiologists' Society  
1 Eglinton Avenue East, Suite 208  
Toronto, Ontario M4P 3A1

Or email: [communications@cas.ca](mailto:communications@cas.ca)

*Anesthesia News* serves to inform CAS members about current CAS activities and topics of general interest to Canadian anesthesiologists.

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Please note that the

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## WFSA News *Cont'd from page 8*

These include obstetrics, pain, pediatrics and resuscitation. These groups focus on their particular area of interest but with the same overall aim, i.e. to improve the standard of anesthesia. All WFSA committees include broad geographic representation. Trauma is not forgotten with the WFSA support for the Primary Trauma Care Foundation. This is dedicated to improving trauma care and has now got programmes running in countries all over the world.

During the next four years, you will be able to read much more detail about some of these activities as the Chairs of these committees will write bulletins for publication in the newsletter. For up to the minute information, please consult the WFSA website or contact any of the officers, executive committee or committee chairs through our office in London. We would love to hear from you with questions or suggestions about our activities. If you would like to support the work of the WFSA, you can make a donation on-line to the WFSA Foundation. No matter how small, your gift would be most appreciated and 100% of it used to keep our educational programmes running.



Photo: Courtesy of Tourism Vancouver

## Join Us in Picturesque Vancouver for the CAS Annual Meeting June 26-30, 2009