

CAS

ANESTHESIA NEWS

VOLUME 35 • JUNE 2020 • NUMBER 2



CANADIAN ANESTHESIOLOGISTS' SOCIETY

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MESSAGE FROM THE PRESIDENT

"The last three months have indeed been extraordinary times for most members. The appearance of COVID-19 and the implications for both patient and healthcare workers has been remarkable."



The Canadian Anesthesiologists' Society has been active in engaging with members nationally to provide a web page **full of resources related to COVID-19**, including our **statement on the use of PPE for intubation**. We coordinated the broadcast of five webinars, recording versions of which can be found **here**. These webinars focused on personal protective equipment (PPE), intubation guidelines, physician wellness, intensive care management, the science behind testing, and some general approaches to restarting operating rooms. We also developed an **ethical stance during PPE shortages**, and developed a **statement on restarting operating rooms**. We modified the CAIRS platform to specifically address COVID-19 intubations and function as a reporting tool and QI platform. [covid19.cairs.ca](https://www.cas.ca/covid19)

We also completed the development of the CAS website to allow discussion forums, which we hope will permit private discussion between members, and within sections (www.cas.ca/forums). All of these efforts were made possible by the hard work of many people, and I would like to personally thank all the presenters who participated in the webinars, the members who helped develop the statements, the CAIRs executive, the section heads for ethics and standards, the Executive which assisted in edits and review of the statements, and especially the office staff – they helped coordinate everything.

Most recently, we have actively engaged with Health Canada around the drug shortages issue and specifically have been involved now in four teleconferences with the drug shortages unit at Health Canada to review and provide input for the anticipated drug shortages for anesthesia, including for propofol, rocuronium,

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www.cas.ca

hydromorphone, and midazolam. We have recently released **a statement of safe drug administration**, and would specifically remind anesthesiologists to be vigilant during the administration of medications, as vial size/shape and colour as well as medication concentrations (specifically propofol increasing from 1% to 2% and ketamine from 50 mg/ml to 100mg/ml) may be appearing on the market or in your own operating rooms.

Finally, my term as President of the Canadian Anesthesiologists' Society will be coming to an end on August 31, 2020. It has been a hectic two years, with quite the unanticipated turn of events at the end. I had, despite this, a great time as your President. I would again like to thank the Executive for their hard work and invaluable guidance this past year: Dr McKeen, Dr Duval, Dr Kim and Dr Nice. I would like to also thank the office staff and especially the Executive Director, Ms Debra Thomson, for her assistance over the last two years. Dr McKeen will be taking over as President starting in September and I wish her the very best!

Daniel Bainbridge
President



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Resident Representative: Dr Maria Salman, Toronto, ON

CAS WELCOMES Dr LUCIE FILTEAU TO THE EXECUTIVE COMMITTEE

CAS is pleased to welcome Dr Lucie Filteau to the Executive Committee as Vice President. She joins the following CAS Executive Committee members beginning September 1, 2020:

- Dr Dolores McKeen – President
- Dr Daniel Bainbridge – Past President
- Dr Andrew Nice – Secretary
- Dr James Kim – Treasurer



Dr Lucie Filteau

Dr Filteau's exposure to health care predates her time as an MD. She started out as a Patient Care Attendant 34 years ago while training to become a Respiratory Therapist. After working as an RRT at the Montreal Children's Hospital PICU/NICU for a couple of years, she decided to return to school for a BSc in Neuroscience and then proceeded to attend medical school, supporting herself throughout her studies.

Lucie completed her Anesthesiology training at the University of Ottawa and soon after took a staff position at The Ottawa Hospital (TOH). Her earlier contributions to her Department consisted of Newsletter Editor (and unofficial event photographer) as well as Director of Undergraduate Education in Anesthesia. Her work with medical students led to two undergraduate teaching awards and the University of Ottawa Mentor of the Year Award. She went on to become a Royal College Examiner (serving on both the English and French Boards). Lucie then shifted her focus to Patient Safety and Quality Improvement and obtained nine months of additional training at the University of Ottawa Telfer

School of Management. She led a multidisciplinary task force at TOH in developing several initiatives to reduce perioperative positioning-related complications. She currently leads the Safe Medication Practices Working Group, which is working on improving the handling (storage/disposal) of controlled substances by anesthesia care providers. Lucie is the Vice Chair of Quality and Patient Safety within her Department and represents Anesthesia at the hospital level QPS Committee. She has recently initiated an ACUDA working group aimed at connecting and supporting Safety/QI Residency Curriculum developers at a national level.

An enthusiastic member of the CAS, Lucie has attended every Annual Meeting since her PGY-1 year, missing only two – for a wedding and a delivery! She served on the Section for Education and Simulation Executive as the Undergraduate representative. In recent years, she has been active on the Quality and Patient Safety Committee (which she currently chairs), as well as the Standards, CAIRS and Annual Meeting Committees.

In addition to her CAS contributions, Lucie has served on the Board of Directors for the Federation of Medical Women of Canada (FMWC), and the FMWC's Awards Committee, Communications Committee and Annual Meeting Committee.

Lucie is married to an electrical engineer, Michael, and they're raising two equally geeky teenage boys in Kanata, a suburb of Ottawa (= Silicon Valley North). To join her family for some shared down time, she took up LEGO™ building six years ago. This casual hobby quickly turned into a passion, which has gained her and her husband international attention. They regularly attend LEGO™ conventions around the world and Lucie was recently featured on CTV National News for her award-winning replica of The Ottawa Hospital, Civic Campus. www.ctvnews.ca/video.

Lucie looks forward to joining the CAS Executive and further contributing to the Society and its members.

VIRTUAL ANNUAL MEETING HELD FOR CAS MEMBERS JUNE 20-21, 2020

The CAS Virtual Annual Meeting, featured as a free webinar for CAS members, took place on Saturday and Sunday, June 20-21, 2020.

Despite the difficulty of putting together a comprehensive and engaging scientific program in a limited virtual setting, we are very pleased with the outcome and the participation of so many CAS members. CAS is incredibly grateful to the long list of presenters and moderators who worked hard over the past year to develop the original scientific program. For those who were not able to be included in the current program, thank you for your contribution and understanding. We look forward to having you present next year in Quebec City.

The CAS Virtual Annual Meeting began on Saturday morning with CAS President, Dr Daniel Bainbridge, welcoming everyone in attendance and thanking organizers and speakers for their ongoing support. Lieutenant-General, The Honorable Roméo Dallaire, delivered the opening keynote. In a COVID-19 inspired webinar, he shared his hard-earned wisdom on the demands of managing through difficult situations, preparing for second waves by being proactive instead of reactive, and coping with the emotional and mental challenges in the aftermath of a pandemic.

Following the keynote, Dr Lucie Filteau, incoming CAS Vice President, moderated the annual **John Wade Patient Safety Symposium**. Titled "Leveraging the Learning Healthcare System – Lessons Learnt", the symposium examined how continuous quality improvement with operations, measurement, and research are integral to improving outcomes and sustaining results in patient safety.

The popular annual **Residents' Competition** featured six engaging presentations of the top-rated abstracts submitted by residents to the CAS Annual Meeting. For a full breakdown of the presenters, [visit our website](#).

Following the competition, Dr Ron George explored the latest in obstetric anesthesia literature in "**What's New in Obstetric Anesthesia: A Comprehensive Review of the Top Articles in Our Field.**"

Saturday's program concluded with the **CAS Annual Business Meeting**. On top of the organizational agenda and foundation reports, the meeting officially welcomed Dr McKeen as CAS President and Dr Filteau as CAS Vice President.

Sunday's scientific program began with a panel on "**Hot Topics in Regional Anesthesia and Acute Pain**". The first presentation discussed the evolution of abdominal wall blocks and how they can be used to enhance recovery. The second presentation discussed the impact of non-opioid analgesics and cannabinoids on post-operative pain and anesthesia.

The **Richard Knill Competition** featured six abstract presentations from the top-rated abstracts submitted to the CAS Annual Meeting. A full list of presenters is [available on our website](#).

The afternoon's scientific program began with "The Role of Pre-habilitation and Geriatrician Consultation for Improving the Care of Older Surgical Patients". The panel of speakers discussed collaborative perioperative care with geriatricians and pre-operative optimization through pre-habilitation. The panel also examined important strategies for addressing the elevated perioperative risks, and unique management challenges seen among the geriatric patient demographic.

The Virtual Annual Meeting concluded with a **COVID-19 Panel**. Moderated by Dr Bainbridge, the panel summarized lessons learned from the COVID-19 pandemic, physician concerns moving forward, and the future of the disease and patient safety in Canada.

Once again, we would like to thank everyone for attending the Virtual Annual Meeting and for the support and flexibility shown by our speakers, moderators, and organizers.

Please stay tuned to our website and social media for recordings, [presentations and more](#).

SAVE THE DATE! We hope to see you (in person) in Quebec City, June 11-14, 2021.

RESEARCH PROGRAM PROGRAMME DE RECHERCHE

2020

Congratulations to the 2020 Recipients!
Félicitations aux récipiendaires 2020 !



Ontario's Anesthesiologists
CAS Residents' Research
Grant / Bourse de Recherche
pour les Résidents de la
SCA - Anesthésiologistes de
l'Ontario

Dr Colin Suen
Toronto, ON



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Canadian
Anesthesiologists'
Society Research Award/
Prix de recherche de la
Société canadienne des
anesthésiologistes

Dr Mandeep Singh
Toronto, ON



CAS Research Award in
*Memory of Adrienne
Cheng/ Prix de recherche
de la Société canadienne
des anesthésiologistes à
la mémoire d'Adrienne
Cheng*

Dr Anahi Perlas Toronto,
ON



Dr Earl Wynands
Research Award/ Bourse de
recherche Dr-Earl-Wynands

Dr Jacobo Moreno Garijo
Toronto, ON

Thank you to our sponsors!
Merci à nos commanditaires!



*Nominations for the 2021 Research Program will open in November 2020
La période des mises en candidature pour le Programme de recherche 2021
commencera en novembre 2020*

TREASURER'S UPDATE by Dr James Kim

I am pleased to report that the CAS had another successful year financially.

The CAS has maintained a surplus position and is building a healthy reserve for the Society. The success of the 2019 Annual Meeting in Calgary, the *Canadian Journal of Anesthesia* hitting and surpassing targets, combined with overall cost controls, led to this turnaround.

This positive outcome is a result of everybody's exemplary contribution. I especially want to emphasize the work of Executive Director, Debra Thomson; Director, Finance, HR & IT, Iris Li; Annual Meeting Committee Chair, Dr Adriaan Van Rensburg; and *Canadian Journal of Anesthesia* Editor-in-Chief, Dr Hilary Grocott. I also want to thank all Finance Committee

members and Board members (chaired by Dr Bainbridge) and all the Society's staff.

It is indeed a time for celebration sprinkled with a few notes of caution. The Society's financial state remains fragile and, as the Treasurer, I encourage us to be cautious. The Society exists to serve its members. Thus, we must remain relevant and we must continue to attract new members, especially those new to the profession. The goal is to always attain a balanced budget. With this in mind, we have to stay vigilant and keep up our efforts to maintain revenue and monitor expense levels.



COVID-19: Baking During the Pandemic

Dr Doreen Yee had not baked in over a decade but decided to try again during the COVID-19 lockdown.



No flour or baking powder to be found in grocery stores (sort of like the shortage of propofol and rocuronium). Found the perfect flour for "simple bakers" – sort of like mixing the big and little syringe together.



Carrot cake/loaf



Banana blueberry cake



Perfect flour for 'simple bakers'

“

OVER MY 42 YEAR CAREER AS A CLINICAL ANESTHESIOLOGIST, I HAVE SEEN TREMENDOUS ADVANCES IN THE PRACTICE OF ANESTHESIA. THESE CHANGES HAVE BEEN THE RESULT OF THE TEDIOUS PROCESS OF ONGOING RESEARCH. I AM PLEASED TO SUPPORT CARF AND THE YOUNG INVESTIGATORS THAT THEY IN TURN SUPPORT. RESEARCH IS THE FUTURE AND AT A TIME WHEN OTHER FUNDING SOURCES ARE SCARCE, IT IS IMPORTANT THAT WE SUPPORT OUR SPECIALTY THROUGH CARF”

DR. JIM BECKSTEAD
CARF DONOR



TOGETHER,
WE CAN TRANSFORM THE
FUTURE.

WWW.MYCAREF.CA



CELEBRATING OUTSTANDING CONTRIBUTIONS TO THE FIELD OF ANESTHESIA

The CAS Honour Awards program celebrates the diverse representation of anesthesiologists across Canada and their achievements. We are proud to recognize outstanding contributions to the field of anesthesia by awarding the following distinctions.

Congratulations to...

GOLD MEDAL

Dr Patricia Houston, Toronto, ON

CAS HUMANITARIAN AWARD

Dr Patricia Livingston, Halifax, NS

CAS HUMANITARIAN AWARD

Dr Achal Dhir, London, ON

JOHN BRADLEY YOUNG EDUCATOR AWARD

Dr Gianni Lorello, Toronto, ON

JOHN BRADLEY YOUNG EDUCATOR AWARD

Dr Jason Taam, Toronto, ON

CLINICAL PRACTITIONER AWARD

Dr Anne Lui, Nepean, ON

CLINICAL TEACHER AWARD

Dr Stéphane Moffett, Gatineau, QC

For a full list of award winners and bios, [visit our website](#).

Customarily, CAS honours its winners at the closing ceremony of the CAS Annual Meeting. The ceremony features a plaque presentation, a luncheon, and the support from colleagues and family.

However, due to the COVID-19 pandemic we were not able to honour the winners in person.

Instead, we shared an [Awards Presentation](#) at the Virtual Annual Meeting on June 20-21. It is currently available on the website for download. We encourage you to view the slides, share the presentation with your networks, and celebrate the achievements of your colleagues.

Reminder: Nominations for the 2021 award cycle will open in the fall. Do not miss out on the opportunity to nominate your colleagues for their outstanding contributions in the field of anesthesia. Remember, only those who are nominated can win! CAS awards are chosen from the nomination pool, so please consider diversity in your choices.

(link to presentation)



THE STORY BEHIND THE CAS RESEARCH PROGRAM

Since its inception in 1985, the CAS Research Program has administered hundreds of grants to support research in anesthesia and CAS members. Currently, the Research Program administers about \$200,000 annually, in conjunction with the Canadian Anesthesia Research Foundation (CARF).

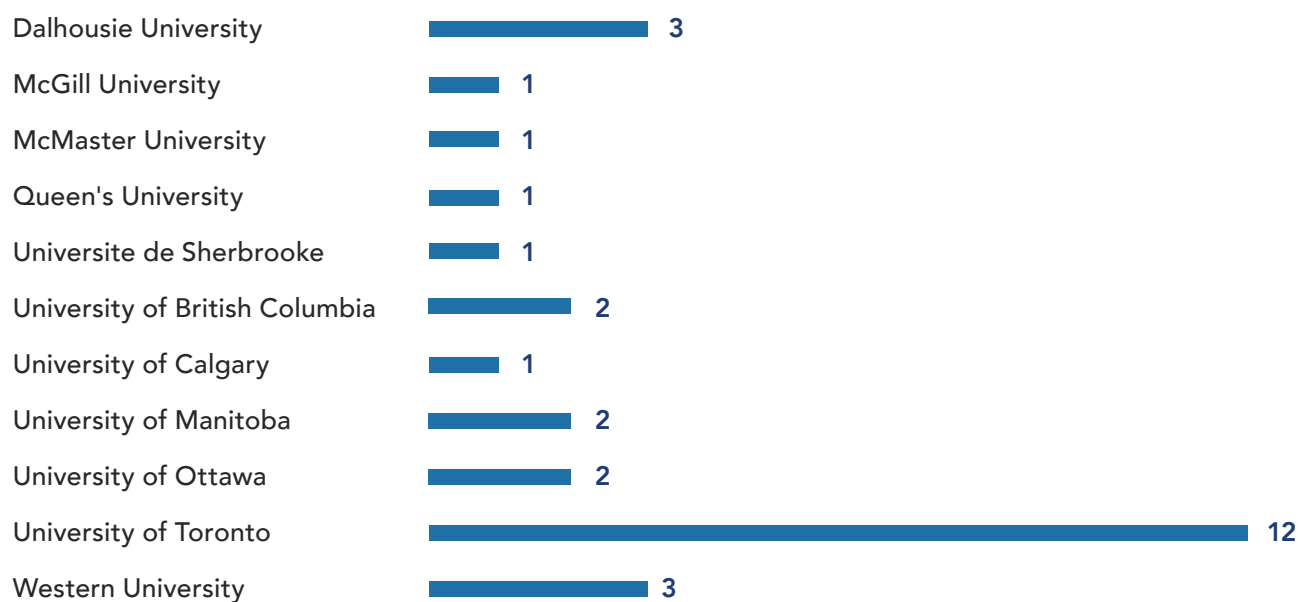
The CAS Research Program is adjudicated annually by the Research Advisory Committee. For the 2020 program, a group of 28 reviewers throughout Canada reviewed 26 eligible submissions (out of 29 received), with three reviewers for each application.

In 2020, five winners were selected.
[Congratulations!](#)

This year, every winner was in Ontario. This can be attributed to the province accounting for 66% of all submissions, with the majority coming from the University of Toronto. We would love to see a more diverse distribution of winners and applicants and encourage investigators from all academic centres to apply to our future research programs. You cannot win an award or grant if you do not apply! Annually, there is a variety of grants available, including new investigator, operating, and residents' research grants.

Stay tuned for the 2021 Research Program cycle details, which will be sent in the fall.

2020 Research Program - Applicants' affiliation



TWO WINNERS & AN OPPORTUNITY FOR COVID-19 RESEARCH

Anesthesiologists have long been recognized as leaders in patient safety; it is essential that anesthesiologists extend their commitment to safety to patients and healthcare teams. As a response, CAS and CARF offered a unique funding opportunity to evaluate the impact of the COVID-19 pandemic on the health and safety of healthcare workers. Two operating grants of \$20,000 were offered to CAS members, with the goal to cover direct COVID-19 research-related costs.

There were 19 submissions. Congratulations to the winners below!



Dr Janet Martin, Western University

**COVID-19 Infections, Complications and Deaths
in Perioperative Physicians and Surgical Patients**



Dr Ana Sjaus, Dalhousie University

**Preliminary evaluation of a novel airborne
pathogen containment device; reduction of
ambient contamination during aerosol
generating medical procedures**

CAS WEBSITE: NEW FEATURES

This spring, CAS launched several online benefits as part of our ongoing goal to improve our member experience. There is something available for every member, from interactive forums to educational opportunities.

Be sure to visit the [CAS website](#) and take advantage of these new features.

Forums

Forums are a great way to interact with your colleagues, get feedback and input from the wider anesthesia community, build professional networks, stay informed on the latest innovations in anesthesia, and get the latest resources and guidelines.

Available as an additional member-only benefit, several iterations of discussion forums are available. There is something for every anesthesiologist and medical professional, from neuroanesthesia to cardiovascular to critical care.

If you are currently a member of a CAS section or committee, discussion forums will connect you quickly and easily to fellow members. If you are simply looking to ask a question or offer your opinion, general forums are available as well. In all cases, you are encouraged to share knowledge, experiences, news, and important resources.

Joining an expanding online community of anesthesia professionals is as simple as creating a discussion topic, replying to one already started, or reaching out for advice. Discussion forums connect you with an active support network, something particularly important during these difficult and unprecedented times.

Visit the [forums](#) and join the discussion today.

Resource Library

CAS offers numerous resources for your everyday anesthesia practice, from career resources to annually revised Guidelines to the Practice of Anesthesia. We offer our members exclusive resources, sourced and updated regularly by leading anesthesiologists in Canada and abroad. These include guideline documents, presentations, fact sheets, audio and video multimedia, policy statements, and useful websites that relate to a large variety of anesthesia streams. Popular topics include airway management, hemorrhage, obstetric outcomes, ultrasound, uterotonics, and vasopressors.

Job Postings

The CAS Career Centre submission process has been streamlined to allow members to post a job and process payment quickly and easily, directly on the website. Submitting a job advertisement on the CAS website is a great way to advertise new opportunities to anesthesiologists in Canada, as well as quickly matching professionals with new and engaging employment.

Surveys

Similar to job postings, the survey submission process has been streamlined for easier user access. Members can directly complete survey applications, upload supporting documents and process payment on the CAS website. CAS surveys are the perfect way for associations to enhance research by receiving input from anesthesia and medical professionals from across Canada. Note: surveys need to be approved by the CAS Executive before they are sent to the CAS members.

Educational Opportunities

CAS will soon be offering a wide variety of online courses and webinars, available directly for purchase on the website. Courses will be accredited and led by internationally recognized leaders in their anesthesia streams. Stay tuned for more information!



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From May 2019 to April 2020

De mai 2019 à avril 2020



Canadian Anesthesiologists' Society
International Education Foundation
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Congratulations!

Canadian Journal of Anesthesia recognized for Editorial Excellence



The Canadian Journal of Anesthesia (CJA) was recently recognized as being in the top 25% of qualifying journals for editorial excellence. Springer Nature, the publisher of the CJA, conducts a journal author satisfaction survey throughout the year. The survey results reflect how highly authors rated their experience publishing with the Canadian Journal of Anesthesia/Journal canadien d'anesthésie.

Overall satisfaction reached 97%, with respondents stating: "The editorial advice and comments throughout the process helped to improve the paper."

A full summary is outlined in the graphic below.

Your Journal's Performance

Percentage that rated their experience as excellent or good	All Journals	Canadian Journal of Anesthesia/ Journal canadien d'anesthésie
Overall Satisfaction	89%	97%
Percentage that agreed or strongly agreed with the statement:	All Journals	Canadian Journal of Anesthesia/ Journal canadien d'anesthésie
"The editorial advice and comments throughout the process helped to improve the paper"	90%	100%
"The editors managed the peer review process well"	91%	94%

Proclamation of Black Anti-Racism Action and Solidarity

...originally posted June 10

On behalf of the CAS Wellness Committee, I am writing to let Black colleagues and learners know that we see the deep injustice and violence that continues to be committed against you and your communities. I am writing to let you know that we understand that this is taking a toll on your health and your wellness in deep and complex ways.

I have spoken with many of you over the past months and years about the deeply embedded racism in our institutions and in our world, and in the last few days I have heard from you about the acute exacerbation of your pain.

We as a committee are here for you. Not just to lend support and to commit to deep listening, but also to act. Please reach out to me via email at anesthesia@cas.ca if you need tangible support.

The CAS statement on diversity and inclusion promotes that every person has the right to be accepted and treated with respect and dignity. I call upon all colleagues to think carefully about what that really means. What does it mean to all individuals and groups of people, based on racial identity, cultural norms and behaviour, language, and other markers of racial and ethnic identity?

As a non-Black physician, how will you use your power and privilege to make change and to tangibly support the wellness of your Black colleagues and learners? This is not a time to ask them to teach us. It is incumbent upon us to do the difficult and uncomfortable work of uncovering our own biases and being willing to stand up in the face of long-standing injustice.

I have permission from Dr Lisa Robinson, Associate Dean, Inclusion and Diversity, Faculty of Medicine, to share this excellent statement from the University of Toronto, which includes some resources for those who are unsure where to start:

OID Statement of Solidarity – Resisting Anti-Blackness:
medicine.utoronto.ca/oid-statement-solidarity-resisting-anti-blackness

The Black Physicians Canada website has resources for Black physicians and medical students as well as learning and action points for allies. blackphysicians.ca/

I have also written about the various ways, big and small, that we can practise active allyship in this moment: twitter.com/SarooSharda_MD/status/1269449634436526081?s=20

I urge you to pick at least one of these actions as a step towards a long process of learning and unlearning. Even one action can be meaningful. As a black colleague told me yesterday,

“to start is to open the conversation”.

...continued on page 15

HERE ARE SOME OTHER WAYS WE CAN ACT AS ANESTHESIOLOGISTS:

As an educator:

- Check in with your Black learners. Listen to their needs without judgement. Do they need to be excused from clinical duties? Do they need access to extra mental health support? Do they need additional and specific mentorship?
- Critically examine your current curricula. Are you actively teaching anti-racism? Are you including diverse voices and clinical scenarios in your teaching?
- Critically examine your application processes for residency programs. Are you building diverse, inclusive, and anti-racist policies and procedures?

As a colleague:

- Check in with your Black colleagues and friends. Again, listen to them. With humility. Can you offer to help with clinical duties or offer other practical help?
- Ask your organizations how they are actively working towards antiracism. Have you ever had rounds on this topic given by a Black person? Or anti-racism training?

As a leader:

- Advocate for real and sustained policy change.
- Make anti-racism and anti-oppression training mandatory for your teams.
- Look at your leadership teams and ask yourself “Where are our Black leaders?” and if they are not around the table, ask yourself what you are going to do to make space for their important leadership.

As a scholar:

- Become familiar with the literature on poorer health outcomes for Black communities and understand the contribution of systemic racism to these statistics.
- Build programs of research by partnering with Black colleagues. Support and amplify the scholarly work they are already doing in tangible ways (including funding). Cite Black scholars and invite them to speak on topics in which they have expertise. Remunerate them appropriately for their work.



If the only people we can extend empathy to are those who are like us, who come from the same country we do, or who share our faith, then we misunderstand what empathy is.

- Clint Smith, *The Fire This Time: A New Generation Speaks About Race*



Standing and acting in solidarity with our Black community,
Dr Saroo Sharda, Chair
on behalf of the CAS Physician Wellness Committee



WHAT'S GOING ON WITH THE CAS INTERNATIONAL EDUCATION FOUNDATION?

Like everyone else, COVID-19 has dominated 2020. We have had to stop sending volunteers to Rwanda, Ethiopia and Guyana, primarily because we don't want to send people from a high-incidence, high-resource setting to a low-incidence, low-resource setting. The last thing we want to do is be responsible for increasing COVID-19 in our partner countries. Also, travel is almost impossible anyways, with 14-day quarantines at both ends for most places. It is very difficult to know when we will be able to resume our usual in-country activities.

One thing that COVID has made obvious to everyone is the importance of having enough well-trained healthcare professionals. In fact, the importance of the whole healthcare system, from procurement and lines of distribution for equipment such as for personal protective equipment (PPE), effective public health monitoring and surveillance (such as testing for COVID) to policy and guidelines (such as those for social distancing and wearing masks in public). It is essential in a crisis, but it is just as essential for normal times; we just don't notice it the same way and can take it for granted.

Unfortunately, the countries that we work with don't have the luxury to ever take these things for granted. Healthcare workers are few, especially in anesthesia and critical care, but across all frontline healthcare. Systems are weak. Failure of procurement is almost routine, even for essential drugs and equipment. CASIEF's mission is to work with our partners to create capacity for anesthesia, critical care and pain management. Our work is primarily through training, but has a real focus on developing leadership, because Rwanda, Guyana and Ethiopia need strong leaders to sort out all those other problems. Anesthesia is key, because surgery, critical care and pain management are essential to have a well-functioning whole system, but unfortunately anesthesia is often the most neglected specialty, most in need of support. It's hugely frustrating to us, and more so to our partners, that we have to put our in-country programs on hold. Our help is needed more than ever now.

...continued on page 17

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One thing that we've been working on is developing on-line and distance learning for our partners. The current focus has largely been on supporting COVID responses, but this may be a long haul – we are looking at moving as many of our activities as possible to distance learning. It's not quite the same, and we're just starting off with it, but it's starting well. One of our board members, Dr Ana Crawford, has started a **series of webinars** on oxygen therapy for low- and middle-income countries with Assist International. This is some initial feedback:

For our Oxygen Series webinar, we had over **419** registrants, of which **200** joined the call, with representation from **55** countries! This is likely an underestimate of participation, as some hospitals have groups of staff login through one link. Based on our analysis, 60% of registrants were from African nations (with the bulk from Ethiopia, Tanzania, Rwanda, and Nigeria). Approximately 7% were from Asian countries, and interestingly 17% from countries from South America and the Caribbean. In particular, we reached a large number of healthcare workers (60!) in St. Kitts and Nevis.

We have been partnering with Ana and her team in Stanford to create on-line learning resources, and you can see some of this work at:

stanesglobal.learnworlds.com/

Our partners have also been desperately short of PPE. We've been working hard with other partners to help them with this, including sending materials for **home-made masks**, having locally made PPE alternatives, shipping face shields 3D-printed by volunteers, and sending 1000 N95 masks to our partners in Addis (hopefully more to come, they are hard to source right now). We have been working with a UK charity, the Global Anaesthesia Development Project, to achieve this, and you can follow more about this online at casief.ca/covid-19-in-africa/ — please consider donating.

So far, our partner countries have been **relatively spared** by COVID. Rwanda has had 410 cases, and only two deaths. Guyana has had 153 cases and 12 deaths. Ethiopia has had many more cases (1,636) but only 18 confirmed deaths so far. Burkina Faso has had 885 cases, but 53 deaths. Many of these countries have responded very effectively to the threat – for instance Rwanda has only recently dealt with the threat of Ebola on its border in the Eastern DRC, and had good plans for containment. However, it's very hard to know if the region will truly be spared, or if COVID has just been delayed, if there will be a later wave in the region. We hope that this doesn't happen, as we know that with lack of healthcare professionals, and access to even basic equipment to provide oxygen, our partner countries would not cope with the kind of numbers seen in parts of Europe and the US.

There are some other new things on the horizon. We have an award-winning movie producer, Martin Pupp, who has been making three short films for us to increase awareness of the need for anesthesia in low- and middle-income countries. He's kindly done this on a volunteer basis, and unavoidable costs have been shared with a very generous contribution from the CAS. These films are in post-production and we will be releasing them later in the year. We will be using these as part of a fundraising campaign to support our partners, especially the Ethiopia program. Look out for them later in 2020!

Many thanks to all of you who have donated your time or money, as without this we could not do any of what we do. We plan to continue our support, however we can, and we hope that you can continue to support us or even increase your support, as we find new ways to help build capacity for anesthesia care in Rwanda, Ethiopia, Guyana, and Burkina Faso.



WEBINARS AT YOUR FINGERTIPS

The COVID-19 pandemic has created a demand for education, of both the public and physicians. In response, CAS launched a **CAS Town Hall Webinar** series in March. Moderated by President, Dr Daniel Bainbridge, each accredited webinar covered an important topic related to the pandemic. Panelists included experts and leading physicians from across the country.

Below are brief breakdowns of each webinar. Each webinar page has a YouTube recording and references. If you attended any of these webinars as a live participant, please be sure to download a certificate of attendance, available on each subsequent webinar page.

March 22 - Covid-19: Protecting Yourself While Caring For Patients – PPE and More

Appropriately, the webinar series commenced with a very important topic: physician safety during the pandemic. Panelists discussed what anesthesiologists, and other related specialties, are doing (and need to do) to address personal safety and the effective use of personal protective equipment (PPE).

March 29 – Doing Things Safely: Airway Management & COVID-19 Disease

As the COVID-19 pandemic intensified across Canada, CAS offered a webinar on airway management, with input from the Canadian airway focus group in consultation with infectious diseases and disaster management specialists.

April 5 - Physician Wellness: How to Maintain Your Wellbeing During the Covid-19 Pandemic

Being a physician comes with incredible stresses and challenges, particularly during the unpredictable and evolving COVID-19 pandemic. Never has it been more important to recognize and address these challenges and support initiatives that improve physician wellness. In April, experts discussed the importance of expanding physician wellness and emotional responses to the pandemic, and described tools to enhance resources and strategies for coping.

April 19 - COVID-19 Diagnosis and Ventilator Management Strategies

This webinar examined respiratory support for the COVID-19 patient, both on and off the ventilator, including oxygen therapy options, non-invasive positive pressure support, and ventilator management.

May 24 – Resuming Elective Procedures

As Canada explored easing restrictions and resuming elective procedures, experts weighed in on various approaches in British Columbia, Toronto, and Quebec City. Additionally, the panel explored the role of COVID-19 community infection rates, PCR (Polymerase Chain Reaction) testing, patient symptoms, and anesthesiologists' own risks in determining appropriate PPE use during elective surgery.

FIRST PLACE 2020

CAS MEDICAL STUDENT ESSAY

Anulika Nwakaeze

Anesthesiologists: The Pioneers of Patient Safety

Since its inception, anesthesia has facilitated the safe provision of surgical procedures and has been instrumental in rendering cutting-edge healthcare (Verma, 2015). Anesthetists are undeniably pioneers of patient safety, yet there are still advancements to be made. This is particularly salient when cases of anesthetic mishaps, although rare, result in catastrophic outcomes (Kamensky, 2014). Factors such as patient optimization and monitoring, evidence-based guidelines, and the incorporation of novel educational tools have augmented the anesthetist's role as a figurehead in patient safety, but further development is necessary for anesthesiology to continue its legacy as a leader in patient safety (Kamensky, 2014).

Anesthetists were the first advocates for the provision of safe operative care (Lewis, 2018). In fact, it was Ellison Pierce, an anesthetist, who coined the term "patient safety," and went on to found the Anesthesia Patient Safety Foundation (APSF) in 1985, the first organization to specifically assess operative factors that contribute to patient outcomes (Lewis, 2018). Thus, patient safety and anesthesiology are intrinsically linked. Firstly, a comprehensive preoperative assessment ensures that patients are optimized for surgery (Levy, 2019). This improves patient outcomes during the operation and speeds recovery in the postoperative period (Levy, 2019). Secondly, surgical safety checklists introduced by the World Health Organization in 2008 standardize the approach to perioperative safety (Haynes, 2009). These streamlined safety protocols reduce the opportunity for complications that may compromise patient safety (Haynes, 2009).

Anesthesia is unique in medicine as a specialty whose procedures do not offer a direct therapeutic benefit (Gaba, 2000). Thus, it is particularly glaring when adverse events occur in the context of anesthetic management (Cooper, 2002). In the tragic case of Elaine Bromiley, who was admitted for elective surgery in 2005, such adverse events led to severe complications during induction of general anesthesia that resulted in hypoxic brain damage and subsequent death (Kamensky, 2014). The investigation that followed revealed critical steps in Elaine's management that were erroneous, potentially contributing to her untimely demise (Harmer, 2005). These steps included a failure to adequately recognize and address a "can't intubate, can't ventilate" emergency (McClelland, 2015) according to established guidelines (Henderson, 2004). Most chilling of all is that these factors represented lapses in routine anesthetic care that could affect nearly any clinician (Kamensky, 2014).

Patient safety is an important process that anesthetists strive to protect (Cooper, 2002). However, routine practices in anesthesiology have been shown to be less effective in safeguarding patient outcomes than is generally believed (Steadman, 2017). The pre-operative examination of a patient's airway characteristics in an attempt to judge the ease or difficulty in performing intubation or mask ventilation is a standard practice in anesthesia that is considered to be a critical step in ensuring that a patient is optimized for surgery (Gupta, 2005). In the case of Elaine Bromiley, pre-operative assessment revealed congenitally fused cervical vertebrae that was not judged to pose a complication to her anesthetic management (Harmer, 2005); she was determined to have a Mallampati score of two upon physical exam (Kamensky, 2014). Although there is some statistical correlation with intubation success provided by an assessment of the four Mallampati views, no airway assessment tool is absolutely sensitive or specific for determining intubation success (Steadman, 2017). As high as 20% of difficult intubations are not predicted by pre-operative assessment (Pinnock, 2003). Importantly, adverse respiratory events related to anesthetic care can still occur in patients who were previously assessed as having a "normal" airway (Steadman, 2017). Thus, the preoperative assessment, although an important step in guiding the anesthetic plan, does not necessarily predict what will transpire in the operating room (Steadman, 2017). Anesthetists must be aware of this limitation and should be equipped with other potential management plans should complications arise (Kamensky, 2014).



As a dynamic specialty, anesthetists must have the situational awareness to quickly identify a routine procedure that has gone awry and be able to communicate this effectively to the care team (Schulz, 2013). Although “to err is human” (Kohn, 2000), systemic errors that manifest as deficiencies in communication, teamwork, and situational awareness can have drastic consequences for the patient (Schulz, 2013). In Elaine Bromiley’s case, a shocking twenty minutes transpired with multiple rounds of unsuccessful intubation in lieu of ensuring adequate oxygenation, before the decision was made to abandon induction (Harmer, 2005). The anesthetist involved in the case later reported that he was not aware of how much time had elapsed during the crisis situation and failed to respond to inquiries from nurses to contact the intensive care unit or prepare for a surgical airway (Harmer, 2005). The lack of situational awareness and breakdown in communication in this case, compounded by fixation on one solution, may have prevented appropriate recognition of the emergency situation and activation of appropriate contingency protocols (Kamensky, 2014). Death or brain damage as a consequence of respiratory events account for 17% of closed claims outcomes, with 27% of those due to difficult intubation (Steadman, 2017). Inadequate ventilation/oxygenation, esophageal intubation, and premature extubation are readily detectable and preventable errors that still continue to plague the specialty, even when modern monitoring technologies are in place (Cheney, 2006). Moreover, studies found that anesthetic care is frequently less than appropriate in respiratory-related adverse events (Cheney, 2006). Therefore, it is incumbent upon the anesthetist to maintain acute awareness of situational and patient factors during anesthesia and be able to communicate effectively with the care team (Kamensky, 2014).

Although anesthesiology was the first specialty to introduce patient safety as a primary concern in medicine, it is apparent that safety levels can plateau or even dwindle over time without continuous effort at evaluation and improvement (Cooper, 2002). Despite the ethos that “no patient shall be harmed by anesthesia” (Warner, 2018), mistakes and system failures still occur in anesthesiology and place patients in danger (Beattie, 2018). Thankfully, anesthesiology is a specialty that is not complacent with what it has accomplished, but rather looks to progress toward the ideal state of zero complications (Cooper, 2002). A meta-analysis by Bainbridge et al. identified more than a ten-fold decrease in anesthesia-associated mortality since the 1970s, and a reduction in anaesthetic-related and perioperative mortality over the past 50 years (Beattie, 2018). The continued reduction in anesthetic and perioperative mortality suggests that heightened efforts toward standardisation and patient optimisation, advanced levels of experience, and safe surgery checklists are translating into continued improvements in patient outcomes (Beattie, 2018). Advancements in technology facilitate the ongoing development of anesthesia as a figurehead in patient safety.

Simulation technology is a novel educational model that is enhancing the specialty (Naik, 2012). Anesthesiologists were the first to employ computer screen and mannequin based interactive patient simulators, which have become widespread in the specialty and have expanded into other areas in medicine (Naik, 2012). Simulations have been instrumental in acquiring competency in dynamic and crisis-based situations, such as difficult intubation and other respiratory adverse events (Naik, 2012). Coupled with real-time feedback for decision making and debriefing, simulation-guided learning equips anesthetists with the tools needed to respond quickly and effectively to situations that, although are rarely encountered in clinical practice, would become dire without an expert level of procedural acuity (Hoelzer, 2015). Healthcare simulation has proven to be a valuable tool to improve education in and maintenance of patient safety, but ongoing training is required and must be disseminated to a wider array of anesthetists (Hoelzer, 2015).

Anesthesiologists were the first advocates of patient safety. Although tragic cases, like that of Elaine Bromiley, still occur and highlight room for significant improvement (Kamensky, 2014), the reflective nature of this specialty empowers it to continue to champion quality patient outcomes (Cooper, 2002). Patient safety has benefitted through excellent pre-operative assessment, safe surgical checklists, and quality training, including simulation technology (Steadman, 2017; Hoelzer, 2015). The various safety advances made in anaesthesiology are an important model for the rest of health care (Cooper, 2002). Anesthesiology remains a work-in-progress and will require long term commitment to achieve the full promise of its proposed ethos, “no patient shall be harmed by anesthesia” (Warner, 2018). By continuing to improve upon patient safety and research, anesthesia is poised to continuously lead medicine; improving the operative process, with patient outcomes a foremost priority.

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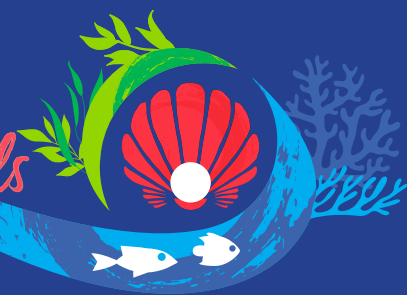
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CAS welcomes comments and suggestions from readers.

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Publisher:

Canadian Anesthesiologists' Society
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Toronto, ON, Canada M4P 3A1

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