

CAS

ANESTHESIA NEWS

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CANADIAN ANESTHESIOLOGISTS' SOCIETY

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Dear CAS members,

Summer is nearly at an end, and we've made it through another tough year. I hope that you were all able to enjoy a respite from your hectic schedules, while enjoying some agreeable Canadian weather! I encourage everyone to take some time, focus on your own physical and mental health, if you haven't done so already. There are plenty of **resources available**, and please remember that you are not alone. As we move into the final quarter of 2021, COVID cases are on the rise again. However, there are reasons for optimism. We have a precedent to refer to, millions of Canadians are vaccinated, precautions are in place at our workplaces and homes. It's a new challenge that we can and will navigate through, together.

Speaking of new challenges, Dr James Kim will be leaving his Treasurer position on the CAS Executive after six plus years of hard work and dedication on the Board and to the Society. I would like to thank him for his contributions, particularly around the society's portfolio management and I wish him well in future endeavours. Dr Kim has an outgoing message **further in this newsletter issue**.

I would also like to thank those who attended the CAS Virtual Annual Meeting in June. Based on the feedback of attendees (and my own experience), I consider it a great success. Although we'd all like to meet in person and we recognize the limitations of a virtual setting, I am happy with the excellent scientific program and other additional content we were able to provide. Highlights of **our 2021 program** are available online. I would also like to thank everyone who participated in our new #CASmove campaign, in support of CASIEF and CARF. As a participant of the past annual CARF Fun Runs, it was great to have a friendly competition and to stay active for an awesome cause. As a reminder, CARF and CASIEF always need your help. They do so much good for our profession, and donations are always welcomed and recognized.

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For a full breakdown of the Virtual Annual Meeting's events, including #CASMove highlights, scroll down to our **VAM wrap-up**. On behalf of CAS, I would like to thank our tremendous team of staff, speakers, volunteers, sections and committees for making this an outstanding meeting.

Moving forward, CAS is currently hard at work on the development of outstanding educational content for 2022. We will have regular updates on specific plans as we move forward into the autumn and beyond. Please stay tuned to our emails or follow us on **Twitter, Facebook** or **Instagram**.

Finally, CAS membership is open, and I encourage you to renew early to take advantage of all the wonderful **benefits available to members**. On top of these benefits and the discounts to our Annual Meeting, we have lots planned for 2022 and onwards. These include advocacy campaigns,

webinars, expanding of resources, educational opportunities, support from industry partnerships, updated guidelines, volunteer roles and more. Register today at **www.cas.ca/membership**.

Stay tuned for updates as we move into the final months of the year. Please **feel free to reach out** to me at any time with feedback.

Dr Dolores McKeen

CAS President

2020-2021

BOARD OF DIRECTORS

As of September 2021

EXECUTIVE COMMITTEE

Dr Dolores McKeen, President
Dr Lucie Filteau, Vice-President
Dr Andrew Nice, Secretary
Dr Hilary Grocott, Treasurer
Dr Daniel Bainbridge, Past President
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Dr Annike Vrana (Interim)

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Dr Maria Salman, Resident Representative

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Dr Dylan Bould, CASIEF Chair
Dr Stephan KW Schwarz, CJA Editor-in-Chief
Dr Michael Cummings, RCPSC Representative

[CLICK HERE TO VIEW ONLINE](#)

2021 CAS VIRTUAL ANNUAL MEETING: WELL-ATTENDED AND WELL-RECEIVED!



Every year, the CAS Annual Meeting provides expert-led professional development opportunities and a collaborative atmosphere for stimulating discussion.

For the past two years, due to the COVID-19 pandemic, the meeting has had a virtual setting. Building on the lessons learned from 2020's inaugural virtual meeting, the 2021 edition proved to be dynamic, offering excellent presentations and sessions with takeaways directly applicable to the modern practitioner. The scientific program again did not disappoint, with expert speakers from across the globe presenting a superb educational program. Important as always was ensuring that members and delegates could obtain a meaningful number of Maintenance of Certification (MOC) credits while at the Annual Meeting. We would like to extend our sincere thanks to all the members who joined us online in June.

In 2021, we aimed to make the Annual Meeting experience fluid and user friendly. This was based around a new online portal, where meetings, Problem-based Learning Discussions (PBLDs), an activity hub and other resources were conveniently located and quickly accessible. This virtual lobby made an action-packed weekend a lot easier to navigate for delegates.

Opening keynote and University Health Network (UHN) President & CEO, Dr Kevin Smith, launched the 2021 VAM on Saturday, June 12 with "Respect, Civility and Professionalism". The talk focused on the role of leadership in respect, civility, and professionalism with reference to his experience at UHN. He also examined the effects of the pandemic on these respective areas and the expectations leaders and mentors need to set

of their own behaviours. The rest of the day was filled with engaging sessions, featuring leading speakers and moderators in the profession of anesthesiology. These sessions highlighted tools, management principles, and strategies for care. Several streams of anesthesia were covered, including perioperative, obstetric, pediatric, neuroanesthesia, critical care, chronic pain, cardiovascular and thoracic, and regional acute pain.

The day also featured the Canadian Anesthesiologists' Society International Education Foundation's (CASIEF) session on the international response to COVID-19 and successful strategies moving forward from the pandemic. Saturday also included the annual Residents' Oral Competition, which presents the top abstracts from anesthesia residents submitted to the Annual Meeting. The CAS Annual Business Meeting concluded the day, with reports presented from the previous year's activities in the Society.

Sunday continued to be an eventful and action-packed day. The engaging and wide-ranging sessions and PBLDs continued, with topics in chronic pain, perioperative, cardiovascular, and thoracic, regional acute pain, patient safety, obstetric, neuroanesthesia, critical care, and environmental sustainability. Also featured was the *Canadian Journal of Anesthesia* Symposium, with editors discussing the top 2020 papers published in anesthesiology. This was followed by a new CAS History symposium, featuring Order of Canada recipient, Dr Angela Enright, and other leading

...continued on page 4

anesthesiologists celebrating the 100th anniversary of the first anesthesia meeting in Canada, Dr Enid Johnson's contributions to anesthesia, examining Alexander Bell's innovations, and more. Also on tap was the Hospital Chiefs of Anesthesia session on leadership challenges and lessons learned during the COVID-19 pandemic. Additionally of interest was the President's Session focused on HHR issues and realistic strategies to combat the anesthesiologist workforce crisis in remote and rural locations.

Sunday afternoon featured the CAS awards ceremony, which annually celebrates and recognizes our Research, Honour Awards, Best Paper and Medical Student Prize Award winners. Congratulations again to **the winners**. To conclude such an active weekend meeting schedule, Dr Jane Philpott delivered a powerful closing keynote on "The Physician as Advocate and Communicator". She examined the common goals of health professionals and policy makers, sharing examples of how advocacy works best, why it matters and how physicians can build

competencies needed to influence public policy. There was something for everyone!

Throughout the weekend, there were several engaging ePoster presentations and also featured was an extensive Exhibit Hall, with partners and exhibitors presenting the latest innovations in anesthesia technology. New in 2021 was the #CASMOVE activity and support campaign. Delegates were challenged to stay active before and during the meeting, posting their activities on Twitter and donating to the Canadian Anesthesia Research Foundation (CARF) or CASIEF. This was launched in lieu of the annual popular CARF Fun Run. Check out some of the best pictures from the campaign in **the following pages**.

If you missed out this year, be sure to join us in 2022 (details coming soon)! You can also review the experience by following the hashtag #CASAM2021 or visiting our program on the **CAS website**.

Thank you again for your attendance and support!



Staying Active, Supporting CARF and CASIEF! #CASMOVE Campaign

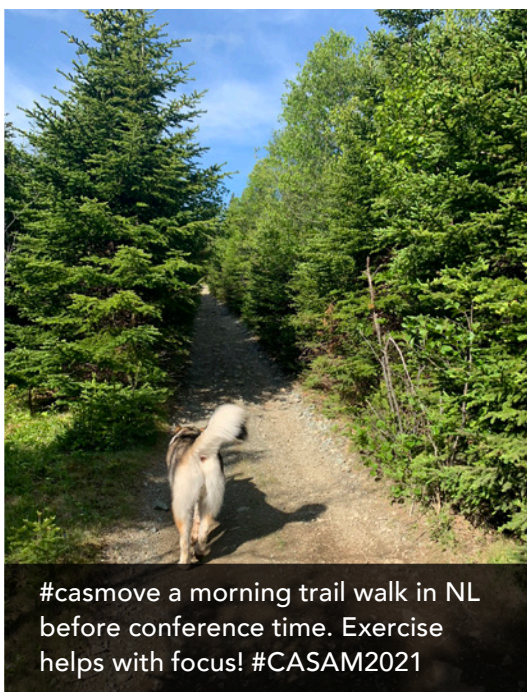
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CAS Annual Meeting Chair Dr Adriaan Van Rensburg is joining the challenge of #CASMove, donating to @CARFUpdate and @CAS_IEF and biking! He challenges others to get active! #CASAM2021



#casmove a morning trail walk in NL before conference time. Exercise helps with focus! #CASAM2021



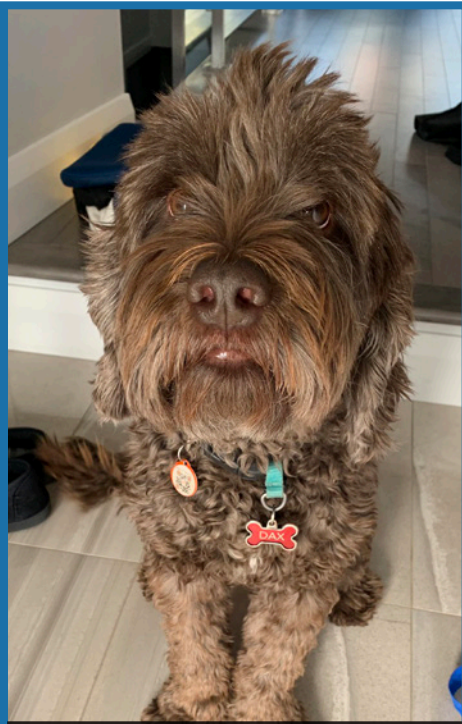
12K along the Rideau River and Canal. A great way to spend #NHFD2021 #CASmove

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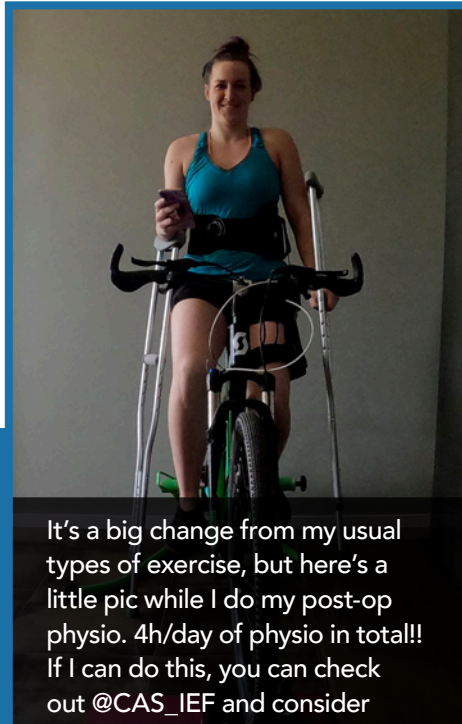
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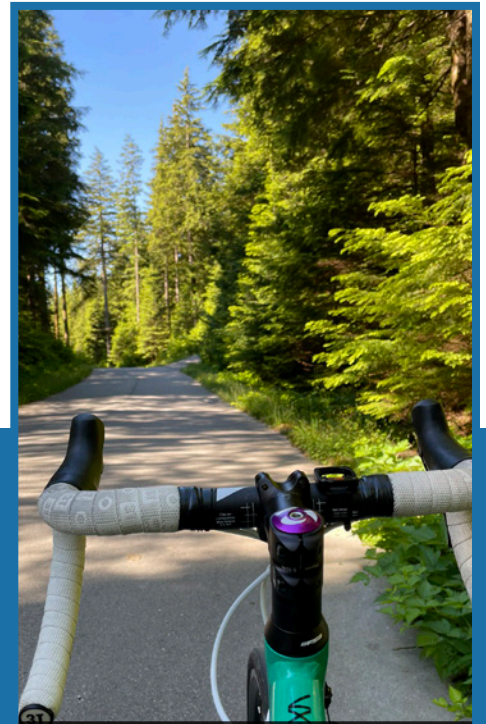
Even inflating these things counts as exercise for #CASmove (in lieu of no @CARFUpdate fun run this year). Please join me in making this a reason to donate to @CAS_IEF #CASIEFcares <https://canadahelps.org/en/dn/62212/>



Dax says it's time to #CASmove! #CASAM2021



It's a big change from my usual types of exercise, but here's a little pic while I do my post-op physio. 4h/day of physio in total!! If I can do this, you can check out @CAS_IEF and consider donating or sharing a tweet! #CASmove @CASUpdate



Another beauty day in BC 11 blissful, car-free kms one way #CASmove

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9pm Zoom mtgs done! it's 27C in HFX & a beautiful evening 5k run.. No traditional #CASAM2021 FunRun this year! But we don't have to wait for #CASAM2022. Accept the #CASmove challenge! post a picture & donate @CAS_IEF @CARFUpdate @Dal_Anesthesia @MUNMed @bmacaulay2000 @Ropivacaine



Total Time	0:31:35	Distance	3.77KM
Active Calories	304CAL	Total Calories	367CAL
Elevation Gain	32m	Elevation	▲ 282M MAX ▼ 259M MIN
Avg. Heart Rate	124BPM		
Avg. Pace	8'22"/KM		
Spplits			
Heart Rate			

Had the time for a quick "fast walk" today. Please consider making a donation to @CAS_IEF #CASmove #casam2021 @CASUpdate @CJA_Journal



Missing the in-person CARF fun run at virtual #CASAM2021 ! Fond memories from #CASAM2019 with @Dolores_McKeen and @Agent99rp This year, do #CASmove challenge & donate @CAS_IEF @CARFUpdate @CASUpdate



CANADIAN ANESTHESIOLOGISTS' SOCIETY
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

2021 RESEARCH PROGRAM PROGRAMME DE RECHERCHE

Congratulations to the 2021 Recipients!
Félicitations aux récipiendaires 2021 !



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

Dr Alexa Grudzinski
Ottawa, ON



Dr R A Gordon Research
Award/ Bourse de
recherche Dr R-A Gordon

Dr Sylvain Boet Ottawa,
ON



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

Dr Manoj Lalu
Ottawa, 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 Russell Brown
Hamilton, ON



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

Dr James Khan
Toronto, ON



Career Scientist Award/
Bourse de carrière en
recherche de la SCA en
anesthésie

Dr Jessica Spence
Hamilton, ON

WWW.CAS.CA/RESEARCH-PROGRAM

Applications for the 2022 Research Program will open in November 2021
La période des applications en candidature pour le Programme de
recherche 2022 commencera en novembre 2021

GOOD-BYE AND “THANK YOU” TO DR JAMES KIM

Dr James Kim has been a staple of the CAS community, including a highly successful tenure as Treasurer on the Board of Directors since 2015. As he ends his current role, he offers some reflections.



What do you feel was your greatest achievement, or a highlight, as part of the CAS Executive?

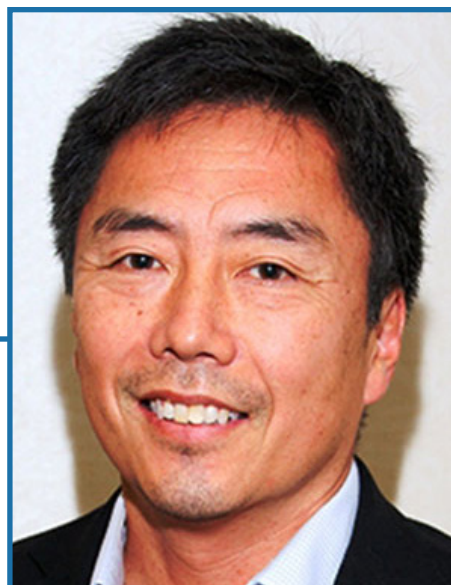
I feel very proud of helping guide the CAS through five years of balanced/surplus budgets. The one highlight that I can take responsibility for is the transition from our previous investment advisors to our current one (Jarislowsky, Fraser Limited). This saved us many thousands of dollars in fees and resulted in superior returns. CARF also joined the CAS in this change. This involved a complete revamp of our Investment Policy, which had not been done for many years. As well, I feel that I brought a broad Western perspective to the Executive on a wide range of issues.

What were some of the biggest challenges you faced as Treasurer?

One of the biggest challenges was the effects of the Covid-19 pandemic on our budget. This resulted in the cancellation of the CAS Annual Meeting with loss of revenue and increased expenses.

If anything, would you do something different during your term?

Not sure that I would do something differently but rather appreciate the hard work that all the CAS Executive and Staff do on a daily basis. In particular, I want to thank Iris Li, the former Director of Finance, and Kamilla Molnar, the present Director, for all their help and guidance.



What are your plans for the future, both professionally and personally?

I stepped down as CAS Treasurer due to severe conflicts in my meeting schedule. I continue to have significant roles in health care administration both provincially, regionally, and locally as department head. There are many issues such as surgical renewal and ramp-up post-pandemic, BC Certified Registered Nurse Anesthetist (CRNA) proposal, and the development of the new St Paul's Hospital that will keep me busy. In the future, I hope to return to the CAS Board/Executive as these issues subside.

What advice would you give the next Treasurer and the CAS Executive?

There are many pressing issues that face the new Treasurer and CAS. I wish them well and will always be available for advice if needed!



NEW CAS TREASURER APPOINTED



The CAS Executive Committee is pleased to announce the appointment of Dr Hilary Grocott as Acting Treasurer as of September 1, 2021. Hilary replaces Dr James Kim, who recently stepped back from the role.

Dr Daniel Bainbridge, Past President, oversaw the selection process and commented on the appointment. "Dr Grocott brings a wealth of experience from his previous role as Editor-in-Chief of the *Canadian Journal of Anesthesia*. He is a long-time member of the CAS, a strong supporter of Canadian anesthesia research, and an experienced clinician. We look forward to working with Hilary."

Dr Dolores McKeen, President, noted that "having Hilary join the CAS Executive Committee with his extensive history and connection to the Society is a significant benefit to the team."



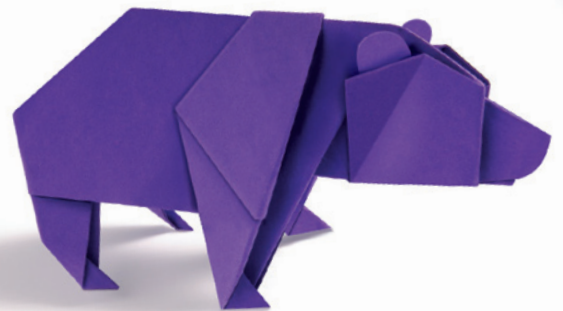
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The 3M™ Bair Hugger™ Multi-Position Upper Body Blanket is a customer-inspired innovation designed to maximize patient coverage with one easy-to-use warming solution – because degrees matter, and so does versatility. Its bendability enables clinicians to adapt the blanket to multiple surgical positions and procedures, to help maintain normothermia.

Familiar features in a versatile blanket from a trusted brand – the 3M Bair Hugger Normothermia System. Find out more at bairhugger.com, contact your 3M Representative or call the 3M Health Care helpline at 1-800-364-3577.

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2022 MEMBERSHIP RENEWALS OPEN

Renewals are now open, and we are looking forward to a promising year for CAS and our members.

This year will bring new education modules, partnerships supporting further educational offerings, and the first in-person Annual Meeting in two years (Halifax, June 24-27). Member input will lead the way for future educational offerings this coming year, and Committee, Division and Section representatives will once again serve a critical role in guiding the work of the Society.

Renew now, get involved and help shape *your* association and the future of your profession.



“

Anesthesia is a specialty where we do not work alongside each other daily and, to feel a sense of community, we must make active efforts to do so. Everyone in the field of anesthesia should be involved with CAS to not only gain that sense of community but also inspiration, knowledge, and a cultivation of curiosity and innovation.

- *Dr Maria Salman, CAS member and Board member*

”



**The Canadian Anesthesiologists' Society –
providing support to the profession and
elevating the voice of members for over 75 years**

Compare the Member Experience

	Members	Non-Members
Education & Events		
CPD Online Modules	Unlimited Access; Free or at a discount	Limited Access; \$250 per Module
Annual Meeting	Significant Discount; (2022 TBD)	Regular Rate (2022 TBD)
Webinars	Unlimited Access; Free or at a discount	Limited Access (Fees vary)
Virtual Events	Unlimited Access; Free or at a discount	Limited Access (Fees Vary)
Information Sharing Resources		
Resource Library	Free Access	Not Available
Forums	Free Access	Not Available
Publications and Communications		
<i>Canadian Journal of Anesthesia</i> (monthly publication)	Full Access Online at No Cost, or \$120 Print Subscription	Limited Online Access
<i>Anesthesia News</i> newsletter	Free Subscription	Free Subscription
Member News / Updates	Free Subscription	Not Available
Research and Data Collection		
Research Surveying of Full or Select CAS Members	Available at Cost and Upon Approval	Not Available
Canadian Anesthetic Incident Reporting System (CAIRS)	Access for Incident Reporting	Not Available
Leadership and Recognition		
Research Awards and Grants	Eligible (where applicable)	Not Available
Volunteer Opportunities Nationally and Internationally	Eligible	Not Available
Miscellaneous		
Career Centre	Postings at Cost	Postings at Cost
Accrediting Organization Programs	\$500 - \$1,000	\$750 - \$1500
Insurance Saving with <i>The Personal</i>	Discounted Rates	Not Available

www.cas.ca/membership

MEMBER NEWS



Dr Dolores McKeen will be joining Memorial University as Vice Dean, Education and Faculty Affairs in September 2021!

Dr McKeen is President of the Canadian Anesthesiologists' Society, and Vice Chair, Section of Physician Leaders, Doctors NS. She received a Canadian Certified Physician Executive designation in 2021 and was named one of Canada's Top 10 Anesthesiologists to follow in 2020 on [Twitter](#).

Dr McKeen is no stranger to Memorial University. She completed both her Doctor of Medicine in 1992 and a postgraduate residency program in the Discipline of Anesthesia from Memorial University in 1997.

Full details are available on the Memorial University website: www.med.mun.ca/Medicine/Communications/News-at-Medicine/June-2021/A-homecoming-for-new-vice-dean.aspx



Dr Alana Flexman has been named the inaugural Vice Chair of Equity, Diversity and Inclusion at UBC Anesthesiology. Dr Flexman is the current Past Chair of the Neuroanesthesia Section, as well as a member of the CAS' Diversity, Equity and Inclusion Committee.

Congratulations, Dr Flexman!

EXCITING AND ENGAGING VOLUNTEER OPPORTUNITIES AVAILABLE AT CAS

The Canadian Anesthesiologists' Society (CAS) offers members several **exciting new opportunities** for personal involvement, professional development, and engagement.

Discover what an engaging role within the Society can do for you by considering the vacancies below or visiting our opportunities on our website at www.cas.ca/volunteer.

- **Continuing Education and Professional Development (CEPD) Committee** - Chair; Committee Members; Resident Representative
- **Archives and Artifacts Committee** - Vice-Chair; Committee Members
- **Committee on Anesthesia Care Team (COACT)** - Committee Members; Resident Representative
- **Diversity, Equity & Inclusion (DE&I)** - Committee Members; Resident Representatives
- **Ethics Committee** - Chair; Resident Representative
- **Quality and Patient Safety Committee** - Resident Representative
- **Research Advisory Committee** - Resident Representative
- **Standards Committee** - Committee Members

Why volunteer with CAS?

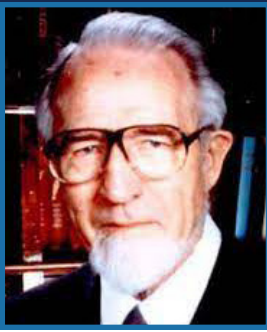
By taking on a volunteer role and engaging with the Society and your colleagues, you join a team of enthusiastic anesthesiologists dedicated to advancing the profession. A role with CAS allows you to share your unique experiences with others, learn new skills, push forward innovative ideas, and develop key professional and personal networks. Your ongoing input is critical to CAS' accomplishments and to the development and empowerment of anesthesiologists across the country and internationally. Volunteering can help counteract the effects of stress, depression, and anxiety, something particularly relevant to anesthesiologists during the isolating nature of the pandemic. Being part of a group with a common goal can go a long way to improving mental health and physician wellness.

What's available?

There are different levels of involvement in these CAS opportunities. If you are looking to lead a committee, we have several committee executive vacancies. Chairs and Vice Chairs take the lead on all committee initiatives, including creating educational content, organizing meetings, steering position statements, and more. If you are looking to be part of a group, but not necessarily the leader, consider joining as a committee member. Your input will be just as valuable and crucial to the committee. There are also vacancies for Residents as committee representatives. These positions provide an ideal and perfect way to network with full-time anesthesiologists and boost a professional resume. There's something for everyone!



To apply, please send your notification of interest to anesthesia@cas.ca, outlining the role for which you are applying.



ANESTHESIA HISTORY CORNER

A Champion of Epidural Anesthesia: Dr Philip Raikes Bromage (1920 – 2013)

By: Dr Michael Wong, FRCPC

Many anesthesiologists are familiar with the *Bromage Score* assessing motor blockade after epidural anesthesia. Throughout his career, **Dr Philip Raikes Bromage** was known for his efforts to promote neuraxial anesthesia and improve its scientific understanding. The eponymous grading scale is only one example from his many accomplishments that have left a lasting impression on the practice of anesthesiology.

Dr Bromage was born in London, England in 1920 and there graduated from medical school at St Thomas' Hospital in 1943. He first served as a doctor in the Merchant Navy during the waning years of World War II and then returned to England in 1946, becoming House Physician and Surgeon at Southend Municipal Hospital. There his interest in anesthesia was piqued by working with Dr J Alfred Lee, who employed regional and spinal anesthesia despite practising in an age where such techniques were viewed suspiciously given fears of neurologic injury. Another formative mentor during his early years was London's Dr Massey Dawkins, a fervent proponent of epidural anesthesia.

In 1954, Dr Bromage published his first book, *Spinal Epidural Analgesia*, which met with great acclaim. The next year, he embarked on a speaking tour at a number North American medical centers. It was then that he was invited to join the faculty at McGill University under Dr Harold Griffith, where he established an obstetric labour epidural service. He devoted much of his career to researching physiologic and pharmacologic mechanisms of epidural anesthesia, as well as promoting it as an essential skill for anesthesiologists.

Dr Bromage later become Chairman of the McGill Department of Anesthesia in 1970, a tenure that came about at a tumultuous time marked by government austerity, the introduction of Medicare, and a myriad of other political and social developments in Quebec. After guiding his department through this difficult era, he completed his term as Chairman in 1977 and moved on to make a mark on academic anesthesiology outside of Canada. During the remainder of his career, he held senior positions at several other institutions in the United States (Duke University, University of Colorado, Medical Center of Delaware, Thomas Jefferson University) and

Saudi Arabia (King Khaled University Hospital). In 1991, he retired from clinical work and moved to his farm in Vermont, though he continued writing and lecturing. He died in 2013 at the age of 93.

During his time at McGill, he developed his scoring system for assessing motor blockade following epidural administration of local anesthetics. The Bromage Score was first described in 1965 and still enjoys widespread use today (Box). His self-authored textbook, *Epidural Analgesia*, published in 1978, was considered an authoritative work on the technique and is today still an enlightening and thought-provoking read. Additionally, he was author of over 100 original papers and book chapters. He received many accolades, including Gold Medals from the Obstetric Anesthetists' Society (1979) and Canadian Anesthetists' Society (1995), and the Hickman Medal from the Royal College of Medicine (1986).

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Box. Bromage Score for motor blockade.

- I. Complete:** Unable to move feet or knees
- II. Almost Complete:** Able to move feet only
- III. Partial:** Just able to move knees
- IV. Nil:** Full flexion of knees and feet

Are there other topics in Canadian anesthesiology history you would like to see highlighted in History Corner? Please send an email to mike.wong@dal.ca for comments and suggestions.

CAS BID FOR 2028 WORLD CONGRESS OF ANAESTHESIOLOGISTS (WCA)

Get Ready to Host the World – CAS Wins Bid to Hold WCA 2028 in Vancouver!

CAS is excited to announce our successful bid for the World Congress of Anaesthesiologists (WCA), tentatively approved for Vancouver in 2028. Every four years the World Federation of Societies of Anesthesiologists (WFSA) and a member National Society host the WCA. The WCA is the pre-eminent international congress for anaesthesiologists from around the world and provides an extraordinary opportunity for the promotion of science, education, training, networking, and the exchange of experience across the spectrum of anesthesiology. Annually, the WCA attracts delegates from over 130 countries.

With fantastic partnership with Destination Vancouver, CAS and a Planning Committee of volunteers prepared an in-depth bid highlighting CAS, the proposed meeting, and the benefits of Vancouver as a host.

Proud committee members are:

- Hilary Grocott & Daniel Bainbridge, Co-Chairs
- Angela Enright, Honourary Chair
- Davy Cheng & Bev Orser, Scientific Committee Co-Chairs
- Daniel Chartrand, Contributing Member
- Debra Thomson, CAS Executive Director

A sneak peak of the bid video is available below.

www.youtube.com/watch?v=brE9VJ4mOWc&ab_channel=CanadianAnesthesiologists%27Society



This nomination is subject to a confirmatory site visit by WFSA, which they will conduct before the end of March 2022. WFSA is also considering moving the WCA to a bi-annual format, which could result in CAS instead hosting in 2026. We will have more updates moving into next spring. Nevertheless, we are excited and proud to bring the best in our profession to beautiful Canada!

More information on the WCA is available on their website www.wca2021.org

**GIVING IS NOT JUST ABOUT
MAKING A DONATION,
IT'S ABOUT MAKING A
DIFFERENCE.**

Thank you for supporting CARF



The past two years have been tough for us all, so your support of the Canadian Anesthesia Research Foundation means more to us now than ever before.

With your generosity, we can and will continue to foster the future of anesthesia research in Canada.

We are all in this together.

**Help make a difference and donate to
CARF today.**

www.carf-cas.ca

QUALITY AND PATIENT SAFETY COMMITTEE UPDATE

By: Dr Lucie Filteau, Past Chair, Quality and Patient Safety Committee

Educational Opportunities in Quality/Safety

We're excited to share with you a handy resource that we created for anyone looking for additional training/certification in Quality and Safety. You'll find a link to this Excel spreadsheet on our QPSC page on the CAS website www.cas.ca/quality-and-patient-safety. The listing includes details such as course dates, duration, cost, in person/virtual, etc. Please share this reference with your residents and colleagues. If you're aware of other similar educational opportunities that are not included on the list, please let us know!

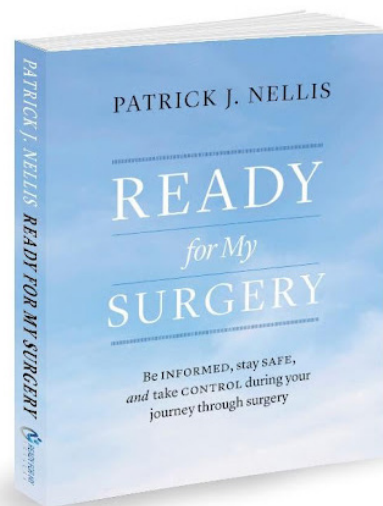
Our web page also has other links that you may want to check out:

Healthcare Excellence Canada (HEC)

This is a new organization formed by the merger of the Canadian Patient Safety Institute (CPSI) and the Canadian Foundation for Healthcare Improvement (CFHI). The CPSI's initiative to enhance perioperative care using evidence-based best practices (Enhanced Recovery Canada) has now moved to the HEC site. The original set of recommendations was for colorectal surgery and they have since added excellent references/materials for gynecologic and orthopedic (hip/knee) procedures (www.healthcareexcellence.ca/en/what-we-do/what-we-do-together/enhanced-recovery-canada/).

Ready for My Surgery

This Canadian book, authored by Patrick Nellis, is a thorough and well-written patient guide through the perioperative journey. This educational resource prepares and empowers patients to be an active partner in their surgical and anesthetic care, as well as advises them on how to reduce their perioperative risks. Patrick Nellis also offers a number of free tools on his website (podcasts, email series, links to social media forums), all aimed at enhancing patient engagement and their perioperative experience (www.readyformysurgery.com).



Recent Committee changes:

Committee Membership: We are proud to share that we have invited representation from the CAS Physician Wellness Committee to our QPSC table. This year, more than ever, has highlighted the strong relationship between physician wellness and the quality/safety of healthcare delivery. We welcome their voice on our Committee and look forward to collaborations in the future!

Changing of the Guard:

It's the end of my three-year term as Chair of the Quality and Patient Safety Committee. It's been such an enjoyable experience and, quite honestly, it has flown by. For those of you considering it, I *highly* recommend giving back to your specialty and the Society by becoming involved in one of the Committees/Sections (many opportunities are currently open, including for residents: www.cas.ca/volunteer). You definitely get back more than you give! I'm so pleased and fortunate that I'm able to leave the QPSC leadership in Dr Conor Mc Donnell's capable hands and am excited about the Committee's new initiatives moving forward.

MEDICAL STUDENT WINNER: ANESTHESIOLOGY SIMULATION TRAINING: ESSENTIAL OR OPTIONAL?

By: Isabelle Halley, Junior Medical Extern, University of Montreal, Class of 2022

I remember when I first walked into an operating room for a day of observation in cardiac surgery anesthesia. One of the first things the anesthesiologist asked me was: "What do you think defines the experience of an anesthesiologist"? Following my rather uncertain answer, the doctor simply said to me: "Experience is the sum of our mistakes." What a surprise. It is a fact that human beings make mistakes; however, how can one learn to avoid these mistakes in a field where the consequences are potentially serious, permanent, even fatal?

Established in 1985, the *Anesthesia Patient Safety Foundation* is an independent group of experts who seek to avoid undesirable and preventable clinical outcomes in anesthesia. As early as 1991, these same experts have affirmed that human error is to blame "for approximately 80 percent of anesthesia-related operating room accidents"⁽¹⁾. In 2012, Bainbridge reported that the risk of mortality from anesthesia "alone" had progressively declined over the decades, going from 357 accidents per million before the 1970s, to 52 accidents per million in the 1970s and 1980s, and 34 accidents per million in the 1990s and 2000s⁽²⁾.

The level of risk of anesthesia is often compared to that of travelling by plane. The comparison between an airline pilot and an anesthesiologist is frequently used: both have the heavy responsibility of making crucial decisions in unexpected and complex situations. Although in the daily routine the standard procedures are followed, on occasion imperative decisions must be made for the safety of the passengers and to ensure they arrive at their destination under the best possible conditions. In 2018, according to the International Civil Aviation Organization, 514 deaths were reported for

38,086,763 flight departures⁽³⁾. That equates to a mortality risk of approximately 13.5 per million, which is less than that of anesthesia. How do they do it? The key is continual pilot training. The training is mainly done on simulators and must be regularly renewed, otherwise the pilot's license could be revoked.

Over 30 years ago, the aviation industry, for example, influenced the work of Dr David M Gaba, an anesthesiologist and professor at the *Stanford School of Medicine*. Dr Gaba was inspired by the *Crew Resource Management* type of training designed to minimize aircraft accidents related to human error. Dr Gaba's approach not only improves the technical side of operations but also involves mobilizing individual and group skills designed to improve teamwork. Dr Gaba is a pioneer in the development of high-quality mannequins for simulating clinical scenarios in anesthesia and intensive care. *Anesthesia Crisis Resource Management* is the term initially used to define the concept⁽⁴⁾.

At present, the Royal College of Physicians and Surgeons of Canada has implemented an educational model called *Competence by Design*. One of the foundations of this teaching strategy is frequent observation of the resident, making it possible to assess their progress and, if necessary, to adjust the learning plan according to their skills and needs⁽⁵⁾. In anesthesia, the use of simulators is a way to safely observe residents at work in extreme and/or unusual situations such as, for example, a malignant hyperthermia crisis. The Canadian National Anesthesiology Assessment Simulation Curriculum (CanNASC) has developed standardized clinical scenarios in each of the Canadian faculties of anesthesia that must

...continued on page 21

be successfully completed before a candidate can complete their residency⁽⁶⁾.

Simulator technology is constantly innovating on a global level, from the mannequin simulator used for endotracheal intubation to the completely virtual anesthesia room – like a video game – that integrates physiology and pharmacology; there are no limits to the creativity except, perhaps, the economic aspect. An airplane simulator for training airline pilots costs more than \$20 million. A high-fidelity mannequin runs into the tens of thousands of dollars while a simulation facility requires several millions of dollars to build plus the maintenance and human resource costs. Is the learning acquired on these expensive simulators transferable to clinical practice? Does it have an impact on the health of patients? Several authors argue that further studies are needed to demonstrate the cost-benefit for the required investment^(8,9).

Logically, the funding for simulators should be linked to the most frequent errors in anesthesiology to not only help prevent mortality but also morbidity. According to the *American Society of Anesthesiologists Closed Claims* database, errors in anesthesiology leading to claims are not limited to the operating room (65%) but also, increasingly, to chronic pain care (18%). Mortality tops the list of claim requests (26%), followed by nerve damage (22%), one third of which is permanent and/or disabling. In addition, the introduction of surface ultrasound guided regional anesthesia has led to a decrease in the number of claims⁽¹⁰⁾. This technique is frequently taught using, for example, the Blue Phantom™ mannequin technology combined with a virtual ultrasound image, enabling the teaching of regional anesthesia procedures in a realistic and safe manner.

An anesthesiologist's skills are not entirely based on theoretical knowledge and technical skills (know-how), but also require personal and interpersonal qualities (social or soft skills). For a safe operating room environment, several elements are essential: communication, teamwork, situational awareness, prioritization, and adaptation to the current situation⁽¹¹⁾. The use of a simulator is a way to teach these principles without endangering patients. Some scenarios even use video recording of the participant for better feedback and self-analysis. In addition to improving the techniques performed

and consolidating complex decision-making algorithms in a resuscitation scenario, according to certain studies, simulators could also reduce learner stress⁽⁷⁾. Personal well-being is the basis for lasting success of any project in life; medicine is no exception specifically since the global COVID-19 crisis.

During a pandemic, simulators certainly have their place. Several organizations such as the World Health Organization⁽¹²⁾, hospitals, and universities have deployed different simulation scenarios. For example, high-fidelity mannequins simulating patients with COVID-19 and requiring intubation and/or general anesthesia provided the opportunity for medical teams to safely practice their techniques, thus minimizing the risk to their own health⁽¹³⁾. Other simulators are available online such as those from the *New England Journal of Medicine* that allow to treat and advise a patient potentially suffering from COVID-19⁽¹⁴⁾. Recently, I personally had the chance to use an ultrasound probe on the thorax of a mannequin simulating COVID-19 pneumonia; in a few seconds I was able to identify the characteristic appearance of the pulmonary lesion associated with the virus⁽¹⁵⁾.

All in all, the use of simulators has been omnipresent for several years in various specialties where an error could be tragic, for example anesthesiology, emergency, intensive care, surgery, obstetrics, and neonatology. At our Canadian faculties of anesthesiology, simulators currently allow residents to be taught a variety of technical and non-technical skills in an ethical and safe manner. However, the economic stakes remain high. Could large-scale use of simulators for continuing education of all practising Canadian anesthesiologists result in a more favorable cost-benefit? Following the example of airplane pilots, should the continuing medical education accreditation bodies, such as the Royal College or the Collège des Médecins du Québec, establish a minimum number of simulation hours per year or, perhaps, require that anesthesiologists returning from sick leave or parental leave take training using simulators? Consider the airline pilots who have flown less frequently for several months due to the pandemic. A recent article published in the *Los Angeles Times* exposes the fact that some pilots admit to making mistakes due to being "out of practice"⁽¹⁶⁾.

As professionals, anesthesiologists have critical decisions to make throughout their practice and must ensure that their expertise is maintained for the well-being and health of patients. The evaluation of skills and expertise should not stop at the end of residency but continue throughout the entire medical practice. Anesthesiology simulation training is a rapidly growing method that allows anesthesiologists to learn from their mistakes in a safe environment.

Albert Einstein said it well:



***Life is like riding a bicycle.
To keep your balance, you must keep moving.***



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CAS PROUDLY TEAMS UP WITH MD FINANCIAL MANAGEMENT AND SCOTIABANK

We are pleased to **announce** that CAS has teamed up with MD Financial Management (MD), Canada's only financial services firm with more than 50 years of exclusive dedication to the financial well-being of physicians and their families, and Scotiabank, a leading bank in the Americas. The three-year agreement, whereby MD and Scotiabank will be the exclusive financial services partners of CAS, will provide resources that will support initiatives that create new professional development opportunities while supporting existing educational programs.

You can now easily access customized financial services on the **CAS** website, with a full range of educational content, advice, and financial planning solutions tailored to your specific needs.

We look forward to working with the advisors at MD and Scotiabank to offer physician-focused investing, customized advice, and integrated solutions that include personal and business banking.

MD Management Limited was the first of the MD Group of Companies to be founded in 1969. MD Financial Management Inc. wholly owns MD Management Limited. MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit md.ca. Banking and credit products and services are offered by The Bank of Nova Scotia "Scotiabank". Credit and lending products are subject to credit approval by Scotiabank.



CAS NATIONAL OFFICE NEWS

Amanda Cormier, Director, Communications, Membership, Education and Events, has left CAS after nearly four years with the Society. Amanda joined CAS in late 2017 and was instrumental in the expansion of the Society's communications, marketing and educational programming.

During her tenure, Amanda developed several key relationships between industry partners and the Society and helped expand the Society's strategic vision. She was also an important member of the Annual Meeting planning committees.

As she moves forward into the new chapter of her career, we'd like to thank her for her hard work and commitment to CAS. She will be missed!

THANK YOU FOR SUPPORTING CASIEF'S IMPORTANT WORK!



The COVID-19 pandemic has shown us how vulnerable even strong healthcare systems can be, let alone those that were stretched before the pandemic hit. Ethiopia, with a population of 115,000,000, has only about 100 specialist anesthesiologists in the whole country: imagine the stress on these colleagues as they have courageously responded to COVID while also managing their existing need for obstetric, trauma, and surgical care. There has never been more need for Canadians to assist globally in the training of Anesthesiology specialists.

The Canadian Anesthesiologists' Society International Education Foundation (CASIEF) has continued to work with our partners in Ethiopia, Rwanda, Guyana, and Burkina Faso to create leadership to impact whole healthcare systems through education, advocacy, and knowledge translation. The pandemic has shown how interconnected we are – can Canadian health truly be safe while so much of the rest of the world is unsafe?

CASIEF needs your help in raising \$250,000 this year, and the same next year. We need to get our volunteers and global health fellows back in Ethiopia, Rwanda, and Guyana. With our help training frontline healthcare professionals, they can stop preventable deaths from childbirth, unnecessary disability in children, and untreated

suffering from pain. We can help build sustainable healthcare systems to meet the needs of the pandemic – and the next crisis, whatever it will be.

So far, almost 200 donors have made generous one-time donations to CASIEF this year, and another 61 Canadian anesthesiologists have met our challenge to become monthly donors, over half donating \$100 per month. But we are still far from our goal of sustainable funding, and need many more donors to help our partners achieve their goals.

Please donate here: [CASIEF NEEDS YOUR HELP](#), or contact us at donate@casief.ca to discuss other avenues for donations.

[Please click here or the photo above](#) to watch one of our recently released videos highlighting CASIEF's work. The noted documentary filmmaker, Martin Pupp, generously gave his time to travel to Ethiopia and Rwanda to meet with our partners, and the epic

Canadian performer [Bruce Cockburn](#) donated his time to narrate the films and support our cause.

Thank you for supporting CASIEF's important work!

Dr Joel Parlow, FRCPC Chair, Canadian Anesthesiologists' Society International Education Foundation

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Canadian Anesthesiologists' Society
455 Danforth Avenue, Unit 469
Toronto ON M4K 1P1
Canada

Editor-in-Chief:

Dr Andrew Nice

Managing Editor:

Andrea Szametz

Email: anesthesia@cas.ca

Fax: 416-480-0320

Phone: 416 480 0602

www.cas.ca