

CAS

ANESTHESIA NEWS

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CANADIAN ANESTHESIOLOGISTS' SOCIETY

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MESSAGE FROM THE PRESIDENT

Happy New Year to everyone!

I hope everyone is doing well and staying safe, as we navigate into another busy year at the Society. First and foremost, we are approaching the 2022 CAS Annual Meeting, to be held in Halifax, June 24-26. Barring a setback in the ongoing battle with COVID, this will be our first in-person meeting in over two years! This is particularly exciting for me, as I spent many wonderful years in beautiful Halifax, and it is a great place for families and people of all ages. There is lots to do, with a bustling waterfront, beautiful scenery, and endless trails and nature to explore. Combine this with the excellent learning experience offered by the Annual Meeting, which is an event not to be missed. The safety of all meeting delegates is CAS' number one priority, and we are collectively monitoring the situation as it evolves. As a result, this Annual Meeting will also have a virtual component for those unable to attend. We will update you as the weeks unfold, should restrictions related to the pandemic change. Stay tuned!

As always, we are planning on having a fantastic program available for our delegates in 2022. Education and learning, recognizing excellence among our colleagues, and building professional relationships and networks are just a few of the many benefits of the Annual Meeting. Preliminary highlights of the 2022 program feature Dr Jillian Horton as our Keynote Speaker. Dr Horton is a specialist in internal medicine and a writer in Winnipeg, Manitoba. Her latest book, *We Are All Perfectly Fine*, is a memoir about mindfulness, and reclaiming our full humanity, and is also a national bestseller. The Annual Business Meeting, Residents' Competition, Richard Knill Competition, Problem-Based-Learning-Discussions (PBLDs), Workshops, Test-Enhanced Learning Sessions and much more is on the program. Also we believe the 2022 program will set a new standard for exceptional learning, with presentations from the best specialists in the field. Registration is now available on the [CAS website](#), and please remember to share the event among your networks and encourage your colleagues to attend.

As mentioned in our previous newsletter, we are launching an engagement plan for two major issues facing our profession: Certified Registered Nurse Anesthetists (CRNAs) in British Columbia and the future of Family Practice Physicians (FPAs). We have embarked on a concerted and proactive strategy to raise the profile of anesthesiologists among government decision-makers and share information on the

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importance of medical professionals within anesthesia care teams. This includes compiling information on best practices from jurisdictions across the country. Both issues are still at the forefront of our ongoing advocacy campaigns. We look forward to sharing more details of our plan, and to involve our members to ensure that physician-led anesthesia is the standard of care for Canadian patients. CAS is proud to be the voice of the anesthesia profession in Canada, and an important component of the anesthesia international community.

I would like to also re-emphasize the importance of physician wellness and the ongoing COVID pandemic. Although we have learned a lot from the pandemic, and our national vaccination rates remain high, we are still facing an unprecedented amount of physician burnout. Our long working hours and high stress environments make our profession particularly susceptible to intense pressure, not only with the evolving disease, but also with staff shortages and a growing backlog of postponed medical procedures. I would like to again appeal to everyone to make time for your mental health, particularly as the weather becomes warmer. Exercise, take a bike ride, enjoy a trip with your family or friends, watch a movie or go to your favourite restaurant. Spring brings with it a new start, a new hope for a renewal of self, both professionally and personally. If you feel overwhelmed,

please reach out to your colleagues, loved ones or to the [many resources available](#). You are not alone. It is and will be important to keep up the discussion and to be heard.

Related to this engagement with colleagues, I encourage everyone to consider taking up a role at CAS. We have [several volunteer opportunities available](#) in a wide variety of exciting sections and committees. There are wonderful things being done by our members – be sure to check out the section and committee focus parts of this newsletter. For example, the work being done by Dr Saroo Sharda and the Physician Wellness Committee, Dr Gianni Lorello at the Diversity, Equity and Inclusion Committee, and the various CAS sections is inspiring and exciting. The benefits of volunteering are numerous. Join your like-minded colleagues and help us shape our profession.

We want to hear from you.

I hope you enjoy the content in this newsletter. Please stay tuned for emails regarding CAS' ongoing advocacy and Annual Meeting program updates.

My email is always open for feedback – president@cas.ca.

Sincerely,

Dr Dolores McKeen

2021-2022

BOARD OF DIRECTORS

As of March 2022

EXECUTIVE COMMITTEE

Dr Dolores McKeen, President
Dr Lucie Filteau, Vice-President
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Dr Daniel Bainbridge, Past President
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Dr Saifee Rashid
Dr Annika Vrana

EX-OFFICIO MEMBERS (Voting)

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Dr Maria Salman, Resident Representative

INVITED GUESTS (non-voting)

Dr Doreen Yee, CARF Chair
Dr Joel Parlow, CASIEF Chair
Dr Stephan KW Schwarz, CJA Editor-in-Chief
Dr Michael Cummings, RCPSC Representative

[CLICK HERE TO VIEW ONLINE](#)

CAS UPCOMING EDUCATIONAL EVENTS AND COURSES

Whether you're interested in leadership training, fulfilling continuing education requirements or looking to expand your professional or personal network, the Canadian Anesthesiologists' Society offers year-round events to help achieve your professional goals. Please see upcoming events and courses below:

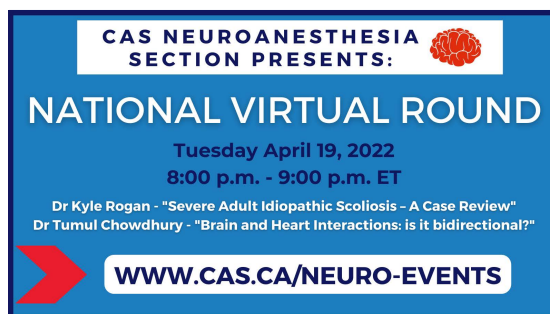


March 31, 2022

Leadership Webinar: 10 Essential Team Needs As We Move Past Crisis

Location: Virtual

Members-Only (Complimentary)

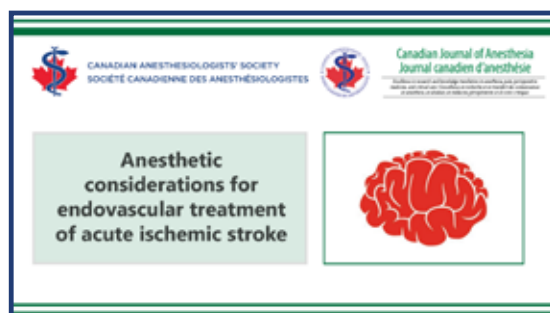


April 19, 2022

CAS Neuroanesthesia Section National Virtual Round

Location: Virtual

Members-Only (Complimentary)



Available late April/May

Anesthetic considerations for endovascular treatment of acute ischemic stroke

CJA CPD Module

Members-Only (Complimentary)



June 24-26, 2022

CAS Annual Meeting Halifax, NS

Location: Virtual



See you in Halifax

CAS 2022

ANNUAL MEETING

JUNE 24-26, 2022

HALIFAX, NOVA SCOTIA

Register today!

The CAS Annual Meeting offers delegates an outstanding scientific program, the multi-tiered agenda will include:

- ✦ Annual Business Meeting
- ✦ Residents' Competition
- ✦ Richard Knill Competition
- ✦ Problem-Based Learning Discussions (PBLDs)
- ✦ Workshops
- ✦ Test-Enhanced Learning Sessions
- ✦ Exhibits and Sponsor Showcase
- ✦ Posters
- ✦ Award Ceremony

AND much more...

Full program now available online

www.cas.ca/annual-meeting

KEYNOTE



Dr Jillian Horton

Award-Winning Medical
Educator, Writer, Musician
and Podcaster

Contact us at: info@casmeeting.com



CANADIAN
ANESTHESIOLOGISTS'
SOCIETY

#CASAM2022



LET'S GET SOCIAL: FOLLOW OUR NEW LINKEDIN AND INSTAGRAM ACCOUNTS!

We encourage everyone to connect with our CAS social profiles. CAS has a traditionally strong **Twitter** and **Facebook** following, but we've also recently launched CAS' **Instagram** and **LinkedIn** profiles.

Our feeds provide updates on key events, advocacy news, award timelines, educational opportunities, member updates, and much more. Like and follow us and don't miss out on the latest industry news, tips, and informative content.

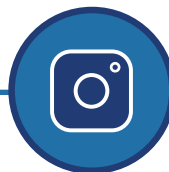
Here's how to find us:



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SPOTLIGHT ON BENEFITS – THE PERSONAL INSURANCE COMPANY

We think our members are special. You work hard to keep your patients safe and healthy; the last thing you want to worry about is how much you are paying for home and auto insurance. To ease this burden, CAS has partnered with The Personal Insurance Company to provide preferred rates on home and auto insurance for CAS members, their spouses, and dependents.

CAS members, on average, can access a minimum of a 15% difference in savings versus what's available to the general public when bundling home and auto together! There are more ways to save aside from the discount, including multi-vehicle, claims free, and multiple product options. The bundle discount of home and auto alone could save you up to 35%.

If you haven't yet taken advantage, or if you are considering joining and want to know what membership can save you, contact [Farhan](#) or our [toll-free number \(888-476-8737\)](#) at The Personal for your free comparative quote.

In a recent MD survey, 36% of physicians said that they are concerned about running out of money. Here are a few tips to help you improve your financial health this year.

5 financial tips for physicians in 2022





Live more and worry less with group insurance exclusively for you

Canadian Anesthesiologists' Society's partnership with **The Personal** gives you access to customized **home and auto coverage** and licensed advisors who will tailor your policy to your specific needs. That means less stress and more peace of mind.



Customized coverage options



Exclusive group rates



Added savings for car + home



**We've got your back.
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thePersonal
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The Personal refers to The Personal Insurance Company. Certain conditions, limitations and exclusions may apply. Savings and discounts are subject to eligibility conditions and may vary by jurisdiction. The terms and conditions of the coverages described are set out in the insurance policy, which always prevails. Rates and discount are subject to change without notice. Auto insurance is not available in MB, SK and BC due to government-run plans.



Dr Patricia Livingston was recognized for her contributions to global health and anesthesia safety, and for her commitment to improving medical education in underserved communities around the world, Dr Livingston has been awarded the Order

ORDER OF CANADA AWARDED TO DR PATRICIA LIVINGSTON

of Canada, and also joins 135 appointments nationwide, announced at the end of 2021.

Dr Livingston is an active CAS member, winning the inaugural CAS Humanitarian Award in 2020. Together with her counterparts in Rwanda, Dr Livingston has had a tremendous impact on the development of a residency training program and continuing professional development activities. With her support, the program has grown to more than 45 residents across four years and is now one of the most competitive medical residencies in Rwanda, attracting the best and brightest doctors wishing to pursue a career in anesthesiology.

Congratulations to Dr Livingston!



Congratulations to Dr Alana Flexman who has been awarded this prestigious and highly competitive award, which aims to support health professionals who are actively involved in patient care to conduct and apply research relevant to health and/or the health system to ultimately improve health outcomes in British Columbia and beyond.

DR ALANA FLEXMAN RECEIVES MICHAEL SMITH FOUNDATION FOR HEALTH RESEARCH "HEALTH PROFESSIONAL-INVESTIGATOR" AWARD

The former Chair of the CAS Neuroanesthesia Section, Dr Flexman was recognized for her project "Perioperative stroke screening and outcomes in high-risk surgical patients". This multi-phase study aimed to understand which patients do poorly after perioperative stroke and whether those factors can be changed. The study also compared mortality and other complications after stroke between those who had recent surgery and those who did not, and attempted to identify a useful perioperative stroke screening tool to quickly and accurately detect stroke after surgery.

NEW:

WELLNESS SECTION IN 2022 GUIDELINES

The Wellness Committee is delighted that its collaboration with the Standards Committee has resulted in the first major change to the wellness section in the *Guidelines to the Practice of Anesthesia*. Under the leadership of Dr Saroo Sharda and Dr Gregory Dobson, the 2022 Guidelines now have a section entitled “Physician Health and Wellness”.

The section lists wellness recommendations ranging from equitable and transparent scheduling and hiring policies, adequate rest/breaks, availability of appropriately skilled help, zero tolerance of discrimination, to appropriate transition plans for retiring anesthesiologists.

The article by Dr Dobson outlining details can be found here: [Special Announcement – Guidelines to the Practice of Anesthesia – Revised Edition 2022](#)

A Twitter of the thread of highlights of the recommendations can be found here: twitter.com/SarooSharda_MD

The goal of the Wellness Committee in embedding these recommendations into a national guidelines document is to strongly encourage departments and organizations to act and implement evidence-based wellness interventions within their local contexts. Please share with your colleagues and leaders.

We recognize this is just a first step and we plan to refine and add to this section annually.

Update on Peer Support Training

Last year, a number of CAS members underwent peer support/critical incident stress management training. The Physician Wellness Committee also held a workshop where members interacted with guest speakers who have successfully started peer support programs at their own institutions.

One of those guest speakers, Dr Andrea Lum, has now developed specific peer support training modules online. Information about those and how to contact Dr Lum for more in-depth expertise on setting up a program at your hospital/institution is below.

Thank you to Dr Lum for providing these details. She can be contacted directly for discussion and interest:

Dr Andrea Lum
Vice Dean, Clinical Faculty Affairs
Schulich Medicine & Dentistry
Andrea.Lum@schulich.uwo.ca

1 Schulich Wellbeing Program Peers for Peers

[Our Wellbeing Program is linked here](#)

In 2022, we are in the process of producing a guide on the development and implementation of a program for anyone interested in starting one at their centre.

2 Peers for Peers Training

An online asynchronous CPD accredited training developed by Schulich to enable physicians within a peer support program to attain the skills to provide support for their peers.

Training modules:

- 1 Empathetic Listening
- 2 Simulated Discussion - 1 & 2
- 3 Understanding Professionalism
- 4 Recognizing and Responding to Distress
- 5 Understanding Non-Discrimination and Harassment
- 6 Implicit Bias and Inclusion

Update from Dr Mandeep Singh

- 1** A Canada-wide survey of Shielding physicians during the COVID-19 pandemic was constructed, and circulated to the members. An abstract of findings of the survey will be presented at the upcoming CAS meeting.
- 2** Ongoing projects include:
 - A** Evaluating the effectiveness of digital cognitive behavioural therapy for insomnia (CBTi) in healthcare workers (The HCW-CBTi Study): A two-arm, pragmatic, prospective, parallel randomized controlled trial.
 - B** *This project recently received funding from the Ministry of Health, and will be rolling out to our fellow HCW colleagues.*
 - C** Formulating a national strategy to promote wellness for Canadian anesthesiologists and trainees using a modified Delphi technique-based survey: CAS Core Wellness Strategic Plan
 - D** Members of the CAS Wellness Committee, national and international experts in wellness will define the CAS Core Wellness Strategic Plan, and build upon the recently included recommendations in the CAS standards, for implementation, and future research in this emerging area.

Committee members:

- Dr Saroo Sharda, Chair
- Dr Anita Chakravarti, Vice Chair
- Dr Fahad Alam
- Dr Sukhjeewan Basran
- Dr Tumul Chowdhury
- Dr Chris Durr
- Dr Claudia Gomez
- Dr Vit Gunka
- Dr Mika Hamilton
- Dr Jennifer Klinck
- Dr Judy Marois
- Dr Allana Munro
- Dr Brittany Prevost
- Dr Nicole Quigley
- Dr Mandeep Singh
- Dr Hamed Umedaly
- Dr Anne Wong

A big **"thank you"** to Vice-Chair, Dr Anita Chakravarti, for her expertise and leadership, and Dr Mandeep Singh, who is leading our research efforts with dedication. Much gratitude to all Committee members for their input and time despite all the challenges and complexity of the pandemic.

Dr Saroo Sharda, FRCPC

Staff Anesthesiologist, Oakville Trafalgar Memorial Hospital.

Medical Advisor & Diversity, Equity, Inclusion Lead, College of Physicians and Surgeons of Ontario.

Assistant Clinical Professor & Simulation Faculty, Department of Anesthesia, McMaster University.

Chair, Physician Wellness Committee, Canadian Anesthesiologists' Society.

Twitter [@SarooSharda_MD](https://twitter.com/SarooSharda_MD)

VITAL ANESTHESIA SIMULATION TRAINING (VAST): PAST, PRESENT AND FUTURE

Capacity building through education can improve anesthesia care in resource-limited settings. The Canadian Anesthesiologists Society International Education Foundation (CASIEF) has a long-standing history of partnerships for anesthesia education. Arising from a collaboration among CASIEF, the University of Rwanda and Dalhousie University, Department of Anesthesia, Pain Management and Perioperative Medicine, a need was identified for effective, low-cost simulation-based education in Rwanda and beyond.

The three-day Vital Anaesthesia Simulation Training (VAST) Course was developed in 2017 to overcome barriers that prevent delivery of simulation-based training in resource-limited and remote locations. The course teaches essential clinical practices and non-technical skills for peri-operative healthcare providers. Using immersive, low-cost simulation, VAST focuses on safe general anesthesia and resuscitation for obstetrics, pediatrics, trauma, general surgery and pre- and post-operative care. In addition to simulated scenarios, there are discussions and skills stations on non-technical skills, primary trauma survey, pain management, neonatal resuscitation and complex decision-making. The course is highly portable and deliverable across diverse settings. The VAST Course has demonstrated capacity to improve participants' non-technical skills.¹

Endorsed by the World Federation of Societies of Anaesthesiologists (WFSA) and supported by CASIEF, the Australian Society of Anaesthetists and other partners, VAST courses have been delivered in Rwanda, Ethiopia, Tanzania, India, Fiji, Canada, and Australia. Courses are paired with the VAST Facilitator Course to develop local capacity for sustainable ongoing delivery of simulation training. VAST's activities are conducted by a globally distributed network of volunteers, anchored at Dalhousie University, Department of Anesthesia, Pain Management and Perioperative Medicine.

Pre-pandemic, VAST's momentum was palpable. In January 2020, VAST's team delivered a course in Ethiopia to provide facilitator training and program implementation planning for teams from Ethiopia, Sudan and Kenya. Similar training planned for Darwin, Australia aimed – at disseminating VAST in Papua

New Guinea, East-Timor and Fiji – was cancelled due to the pandemic. Planning was in place for Spanish translation and course delivery in Latin America.

During the pandemic, VAST's team shifted to developing and strengthening curricula. Extensive refinements were made to the VAST Course and the VAST Facilitator course. The VAST Foundation Year, a 48-week curriculum of simulation-based sessions for first year anesthesia trainees, is near completion. The team developed VAST Wellbeing, a one-day course for multi-disciplinary healthcare providers to promote personal and professional well-being and reduce workplace burnout. A learning management platform was established for online learning, in addition to in-person education. VAST was awarded a multi-year grant from the Royal College of Physicians and Surgeons of Canada International Development, Aid and Collaboration program for development of a competency-based framework for training and evaluating simulation facilitation in resource-limited and remote locations.

¹ Mossenson AI, Tuyishime E, Rawson D, Mukwesi C, Whynot S, Mackinnon SP, et al. Promoting anaesthesia providers' non-technical skills through the Vital Anaesthesia Simulation Training (VAST) course in a low-resource setting. *Br J Anaesth.* 2020; 124(2):206-13.

The VAST team is cautiously optimistic that courses can return in 2022. CASIEF is supporting delivery of the VAST Foundation Year to a new cohort of anesthesia trainees in Rwanda. The pilot for VAST Wellbeing is scheduled for 2022, as is the inaugural VAST SIMposium, a conference aimed at uniting simulation educators from diverse global settings. Extensive work is underway to build a VAST Facilitator Training Pathway and a framework for assessing the quality of simulation facilitation in resource-limited and remote settings.

The VAST team is grateful for the encouragement and generous support provided by individuals and organisations alike.

For further information on VAST, visit vastcourse.org
To support CASIEF, visit casief.ca

Dr Patricia Livingston

Associate Professor, Department of Anesthesia, Pain Management and Perioperative Medicine, Dalhousie University, VAST Ltd., Director

Dr Adam Mossenson

Consultant Anaesthetist, SJOG Midland Public and Private Hospitals, Adjunct Assistant Professor, Department of Anesthesia, Pain Management and Perioperative Medicine, Dalhousie University, VAST Founder and VAST Ltd. Director



CANADIAN ANESTHESIOLOGISTS' SOCIETY
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

CAS MEMBERSHIP RENEWAL

“We are a member-driven Society and will continue to work to meet your needs and support the incredibly valuable work you do into 2022 and beyond.”

Dr Dolores McKeen, CAS President

**REVIEW THE BENEFITS AND
RENEW TODAY AT:**

WWW.CAS.CA/MEMBERSHIP

ANESTHESIA HISTORY CORNER - OPERATING ROOM DESIGN: HISTORICAL PERSPECTIVES

By: Dr Karim Mukhida

There are reciprocating links between hospital design and healthcare provision. It has been recognized that various aspects of the architecture of hospitals can affect the way that healthcare is provided, and that the manner in which healthcare is provided can influence how hospitals are designed. This becomes clear when looking at the history of the operating room design.

Prior to the demonstrations of the ability of ether to provide sufficient anesthesia to facilitate the performance of surgical procedures, operations were associated with significant anxiety on the part of the patients. Thomas Rowland's 1793 hand-coloured print entitled "Amputation" certainly conveys this well as it features a patient being restrained as a surgeon operates on his leg ⁽¹⁾. Essex-Lopresti writes that prior to the eighteenth century, hospitals may not have had specific rooms dedicated for surgical procedures, but rather they were performed in a variety of locations, both within and outside the hospital ⁽²⁾.

William Morton's 1846 demonstration of the clinical use of ether to provide anesthesia for a patient undergoing surgery is commemorated in "The First Operation under Ether" that Robert Hinckley began painting in 1882 and shows an operation being performed in a theatre setting ⁽³⁾. Operating rooms at that time often featured tiered seating to allow for observers to see the operation being performed at centre-stage. An example of this could be seen at the Peter Bent Brigham Hospital in Boston at the turn of the twentieth century. Adams provides a photograph of this room that shows how spectators could sit high above the level at which the operations were performed to look down with an entire wall of glass helping to provide lighting for the operation ⁽⁴⁾. More recently, such a seating design was seen in Season 4 of Seinfeld in its infamous "The Junior Mint" episode ⁽⁵⁾. Rebeca Barry points out that this type of design harks back to that of the amphitheatres used for anatomical dissections during the Renaissance ⁽⁶⁾. Barry describes how apt the term "theatre" was to describe these places, especially in the times before anesthesia was commonly available, because of the

sense of drama. She thus quotes the way in which a surgeon was described entering the operating room:

"He stepped into the arena of the operating theater as a matador strides into the ring. Around him was a gaping audience and before him a conscious victim, quivering, terror-stricken, and palsied with expectation."

The applause a surgeon received upon entering the theater only heightened the spectacle, complete with rows of ogling observers ⁽⁶⁾.

The advent of anesthesia meant that operations became less of a "spectacle" and Barry argues that this contributed in part to changes in operating room design, with a move away from rooms large enough to accommodate many observers ⁽⁶⁾. What also contributed to this change in design was greater recognition of the sources of surgical infection ^(2, 6). Essex-Lopresti describes how this meant that surgical areas were designed to feature smaller rooms in which the operations were performed in addition to rooms specific for pre-operative scrubbing, instrument sterilization, and sterile supply ⁽²⁾. Sterile corridors were designed for specific use separate from other corridors to minimize the passage of dirt from one area to another ⁽²⁾.

Ann-Marie Adams' description of the development of the operating rooms at the Montréal Neurological

...continued on page 14

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Institute shows how involved clinicians were in their design there ⁽⁴⁾. Wilder Penfield is described as having liaised closely with the architects during all phases of the hospital's construction. The operating rooms featured an area in which the surgical procedures were performed as well as an observation gallery and an area below the gallery's seats that facilitated intraoperative photography ⁽⁴⁾.

The recognition of the importance of windows and views of the outside world to both patients as well

as those working in hospitals has also become manifest in hospital design ^(7,8), and this extends to incorporating natural light in operating rooms. The operating rooms on the top floor of the Centennial Wing of the over 150 year-old Victoria General Hospital in Halifax have arguably some of the most beautiful views in the city (**Figure**) and provide a welcome connection to the world outside of the operating room.



The view from OR 5 on the 11th floor of the Centennial Building at the Victoria General Hospital provides views of the city's South End and the entrance to Halifax Harbour.

References

1. <https://www.rct.uk/collection/810014/amputation>
2. Essex-Lopresti M. Operating theatre design. *The Lancet*. 1999; 353: 1007-1010.
3. Desai SP, Desai MS, Maddi R, Battit GE. A tale of two paintings: depictions of the first public demonstration of ether anesthesia. *Anesthesiology*. 2007; 106: 1046-1050.
4. Adams AM. Designing Penfield: inside the Montreal Neurological Institute. *Bulletin of the History of Medicine*. 2019; 93: 207-214.
5. Barry RR. Inside the operating theatre: early surgery as spectacle. *JSTOR*. <https://daily.jstor.org/inside-the-operating-theater-surgery-as-spectacle/>
6. Seinfeld. The Junior Mint clip. <https://www.youtube.com/watch?v=MwJqkorGam8>
7. Ulrich R. View through a window may influence recovery from surgery. *Science*. 1984. 224: 420-421.
8. Taylor L. The natural history of windows: a cautionary tale. *British Medical Journal*. 1979; 1: 870-875.

The CAS Archives & Artifacts Committee is looking to recruit new members (residents welcome)! If you are interested in joining this committee, or have suggestions on future History Corner topics, please contact history@cas.ca

GREETINGS FROM THE OBSTETRIC SECTION

Our Section is committed to increasing value to our Section members and we are excited to share a few benefits of membership in our section.

We are looking for a new member of our Section Executive as of June 2022. This involves an eight-year commitment with two years in each position (Secretary/Treasurer, Vice Chair, Chair, and Past-Chair).

Watch for our email regarding information for applicants in the coming weeks. Please email [Dr Lorraine Chow](#) with your resume and statement of interest.

Benefits of Membership in the Obstetric Section

There are numerous benefits to being a member of the Obstetrics Section.

Most recently, we worked with CARF to fund a \$20,000 Obstetric Anesthesia research grant for a CAS Obstetrics Section member. This new award is in addition to the \$1,000 award for the *Best Paper in Obstetric Anesthesia for Anesthesiologists* and the \$500 award for *Best Paper in Obstetric Anesthesia* for residents and medical students. All members of the Obstetric Section have admission included to the Obstetric Section event at the CAS Annual Meeting. Membership also includes an invitation to the CAS Obstetric Section at the Annual Business Meeting to give feedback and ideas for past and future Obstetric Anesthesia content at the Annual Meeting.

The Obstetric Section is one of the largest sections in the CAS and includes around 150 members annually. Our WhatsApp CAS OB chat group has Obstetrics Section member representatives in every province

across Canada. This chat group allows us to freely share information and ask questions to improve our practice and provide support.

The Obstetric Section has planned a program for the CAS Annual Meeting that features Canadian expert speakers. Obstetric Anesthesia providers will benefit from evidence-based panels and presentations that are interesting and pertinent to them. In line with enhanced recovery in other specialties, we have put together an Enhanced Recovery after Caesarean (ERAC) panel to discuss goals and implementation strategies specific for caesarean delivery. Our Post-Dural Puncture Headache (PDPH) panel will update providers on diagnosis and treatment options regarding this complication of neuraxial anesthesia.

Also, we will have a virtual Problem-based Learning Discussion (PBLD) session on the use of dexmedetomidine in obstetrics. Dr Mrinalini Balki, an international expert in the field of uterotonics, will be presenting on "Uterotonics: from basic science to clinical applications". Finally, an evidence-based debate on "To Dural Puncture Epidural (DPE) or not to DPE?" will take place with two dynamic Canadian expert presenters. We hope to see you either in person in Halifax or virtually to engage in this fantastic obstetric anesthesia program.

We enthusiastically welcome new members to the Obstetrics Section. If you are interested in joining, please tick the appropriate box when you renew your membership or contact us directly. Follow us on Twitter for interesting articles and updates [@CAS_OBSection](#).

We are looking forward to the 2022 CAS Annual Meeting!

CAS Obstetric Section Executive



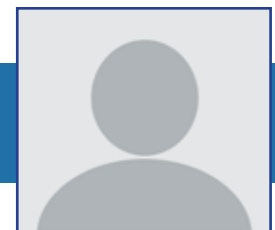
Dr Valerie Zaphiratos,
Chair



Dr Wesley Edwards,
Vice Chair



Dr Lorraine Chow,
Secretary



Dr Clarita Margarido,
Past Chair



DIVERSITY, EQUITY, AND INCLUSION COMMITTEE

By: Dr Gianni R Lorello, Chair

With immense honour and pleasure, I introduce to you the Diversity, Equity, and Inclusion (DE&I) Committee at the Canadian Anesthesiologists' Society (CAS). After one year of exceptional work under Dr Dolores McKeen's leadership, the Diversity, Equity and Inclusion Working Group was converted into a standing committee with a continuing commitment to furthering social justice for CAS.

As the inaugural Chair of the newly-formed DE&I Committee, I extend a warm welcome to Dr Miriam Mottiar as the inaugural Vice-Chair of the DE&I Committee and our members: Dr Catalina Casas Lopez, Dr Hilary MacCormick, Dr Ravi Pallela, Dr Ilana Sebbag, Dr Ushma Shah, Dr Alana M Flexman, and Erin Vanderstelt. We recently welcomed Dr Kerryn Carter and Dr Laura Duggan as our newest members as well as Dr Michelle Lutsch as a resident representative. This committee would not be able to run without the immense input and help from Athisaya Satgururajah.

During my term as Chair of the CAS DE&I Committee, I welcome the opportunity to engage with DE&I initiatives at a national level and leverage my other roles including serving as Director of Equity, Diversity, and Inclusion (EDI) for the Department of Anesthesiology and Pain Medicine at the University of Toronto while continuing graduate studies and research in DEI and critical social theory. My vision is to effect transformative social change across groups and geography.

The CAS DE&I Committee has both short-term and long-term goals. One of our first tasks was

to revise the Terms of Reference to take into account the plurality of voices that make up our members, paying particular attention to inclusive language. We are also in the process of creating a DE&I Continuing Professional Development module freely accessible to CAS members. We are concurrently undertaking a project to better understand DE&I-related activities currently in place across Canadian Departments of Anesthesiology.

Furthermore, we are currently finalizing a CAS Equity, Diversity, Inclusion, and Decolonization Framework that will specify priorities according to education, research, governance, anti-oppression, communications, social determinants of health, and community engagement. This framework is evidence-based and theory-informed to ensure best practices of EDI are followed. This framework will provide the over-arching yearly goals while defining metrics to assess performance. In such a short period of time, I celebrate the committee members' successes and applaud all of their efforts. It gives me great joy to co-construct knowledges with such an intelligent and talented group of individuals who are all motivated to see cultural change.

Our aspiration is to become a national and international exemplar of social justice that permeates all aspects of the CAS and beyond. The time is now. We need to learn to become comfortable with being uncomfortable in order to relearn a more just culture. Let's all play a role, individually and collectively, to embrace this discomfort and convert it into momentum for cultural change within anesthesiology.

CANADIAN PEDIATRIC ANESTHESIA SOCIETY UPDATE

By: Dr Jonathan Gamble, FRCPC, Vice-Chair



The Canadian Pediatric Anesthesia Society (CPAS) has a number of initiatives ongoing, but one we are very proud of is our collaboration with the World Federation of Societies of Anesthetists and The Red Cross War Memorial Children's Hospital to provide pediatric anesthesia fellowship training positions for individuals from low- and middle-income African countries. The financial support for this initiative is a joint effort of CPAS, Alberta Children's Hospital Department of Anesthesia, Children Hospital of Eastern Ontario Department of Anesthesia and the African Pediatric Fellowship Program (APFP). The fellowship program is clinically at the Red Cross Children's War Memorial Hospital in Cape Town South Africa and is directed by Dr Graeme Wilson and the close supervision of Drs Rebecca Gray and Heidi Meyer.

The need for anesthesia skills in these countries is staggering as surgical disease kills more people annually than HIV, TB and malaria combined. Unfortunately there is a very limited pool of skilled personnel available to provide expert anesthesia care in general and is even scarcer for the sickest of Africa's children.

The inaugural fellow is named Dr Henry Nchimaunya, a specialty-trained anesthesiologist who was practising in Zambia, and is about six months into his fellowship at Red Cross War Memorial Children's Hospital, South Africa.

Dr Nchimaunya reports a very positive and rewarding experience, but likely best described in his own words: "In the last six months, I have been doing a lot of learning at this tertiary hospital under the supervision of pediatric anesthesiologists who are experts in their field, have a passion for teaching, and deliver world class

anesthesia to their patients. I give great gratitude to CPAS and other organizations for their support which has afforded me the opportunity to learn from these giants in the field of pediatric anesthesia. I have been exposed to many complex pediatric cases often with syndromes which we would not normally diagnose back in Zambia because of lack of capacity."

"I have gained some experience in cardiac anesthesia and look forward to building on this in the coming months as I feel this is an area that was a gap in teaching during my MMed program. A Zambian Pediatric Cardiologist recently graduated from the APFP and is counting on me for support in the cathlab for anesthesia for his cardiac patients. As such I have asked to be allocated extra lists in the cardiac theatre and cathlab here at Red Cross during the rest of my stay. An upcoming rotation in the ICU will also give me useful skills."

"When I get back home, I will be working in the pediatric theatre block with two other already qualified pediatric anesthesiologists. I plan to apply and share all the knowledge that I will acquire by the end of my fellowship at the University Teaching Hospital through patient care, skills transfer and by establishing simulation training. We will soon be offering our own pediatric anesthesia fellowship training in Lusaka and my training here will enable me and my colleagues to pioneer this program."

We are thrilled with the success of the first fellow and look forward to continuing collaboration and support. For more about this and other ongoing activities of CPAS, feel free to visit our newly re-designed website at www.pediatricanesthesia.ca



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CAS NEUROANESTHESIA SECTION: NATIONAL VIRTUAL ROUND

The Canadian Anesthesiologists Society's (CAS) Neuroanesthesia Section has initiated a new educational initiative in holding national neuroanesthesia rounds virtually.

During COVID, we have gained plenty of experience in organizing and delivering teaching in a virtual format. In the ongoing goal to promote education in neuroscience and neuroanesthesia at the national level, the CAS Neuroanesthesia Section has launched a national virtual round to discuss a variety of topics in neuroanesthesia and to allow sharing of experiences across the country and build a more collegial neuroanesthesia society in Canada.

The first national round was hosted in September 2021. Dr Srinivasaraghavan Venkatraghavan, University of Toronto, presented an inspiring talk on "Known knowns and Unknown knowns in neuroscience". Following that, Dr Sujoy Banik, University of Western Ontario, discussed an interesting case of single-stage carotid endarterectomy and pipeline flow diverter insertion for intracranial aneurysm.

The second round was hosted in December 2021. Dr Josh Bennitz, University of British Columbia, presented an interactive problem-based learning module on Neuromonitoring Pharmacology, Physiology, and Artifacts. Dr Bryan Glezerson discussed the technical considerations for neurophysiology in the operating theatre.

The CAS Neuroanesthesia National Virtual Round is open to all CAS members and thus far, we have received great feedback from the participants. More than 150 registrants are signed up in the last national virtual round and we have a great discussion on a variety of issues on neuroanesthesia. The national virtual round is accredited for RSCPC *MOC Program Section 1*.

The upcoming round will be hosted on April 19, 2022.

To follow the activities of the CAS Neuroanesthesia Section, please visit: www.cas.ca/en/about-cas/sections/neuroanesthesia# or Twitter: [@cas_neuro](https://twitter.com/cas_neuro)

CAS Neuroanesthesia Executive

- Dr Jason Chui, Chair
- Dr Tumul Chowdhury, Vice Chair
- Dr Melinda Davis, Secretary and Treasurer
- Dr Alana Flexman, Past Chair

CAS PERIOPERATIVE MEDICINE SECTION - UPDATE



Dr Angela Jerath



Dr Alexis Turgeon



Dr Daniel McIsaac



Dr Julie Hallet

The Perioperative Medicine Section would like to share exciting new work published last year in *the Journal of the American Medical Association (JAMA)* and that evaluates anesthesia case volumes on patient outcomes after surgery: [Association Between Anesthesiologist Volume and Short-term Outcomes in Complex Gastrointestinal Cancer Surgery](#).

This work was led by Julie Hallet (Surgical Oncology, Sunnybrook Health Sciences Centre) and Angela Jerath (Anesthesiology, Sunnybrook Health Sciences Centre), and supported by Perioperative Section members, Alexis Turgeon (CHU de Québec) and Daniel McIsaac (The Ottawa Hospital). Although there has been extensive evaluation of surgeon and hospital case volumes that have led to regionalization of some types of surgeries (e.g., cancer surgery, cardiac surgery, trauma) in some regions, the published work was the first to look at the impact of anesthesia volumes on patient outcomes.

This population-level healthcare study focused on 8,096 adults undergoing upper gastrointestinal cancer resections like esophagectomy, pancreatectomy, and hepatectomy. The study involved 842 anesthesiologists and 186 surgeons across Ontario hospitals. The main study outcome was occurrence of major complications or death within 90 days after surgery.

The findings were similar to prior features seen in the surgical-volume literature with patients showing better

outcomes with anesthesiologists performing higher volumes of surgeries. Anesthesiologists performing a minimum of 6 per year had patients with fewer postoperative adverse events (36.3%) compared to anesthesiologists with less than 6 cases per year (45.7%). After adjusting for important patient, physician, and hospital risk factors, patients with anesthesiologists performing > 6 cases per year had a significant 15% reduction in the odds of post-operative adverse events (odds ratio 0.85, 95% confidence interval 0.76 – 0.94).

The study suggests that increasing anesthesiology volume – or greater specialization – could improve outcomes for patients undergoing complex upper gastrointestinal and hepato-pancreatico-biliary surgery. However, the relationship between clinical experience and outcomes is more complex than a sole volume number. Volume itself does not directly create better outcomes; it may rather be a proxy for wider organizational factors, such as clinical experience, care processes, and department and teams' structures. The research team is committed to working with the anesthesia community studying extrinsic factors and organizational processes that are relevant in delivering the best care for some of our most complex cancer patients needing life-saving surgery. An [editorial \(Looking Over the Drape—Anesthesiologists' Volume and Surgical Outcomes\)](#) and [podcast](#) accompany this paper and new area of research.

CAS Perioperative Executive

- Dr Thomas Mutter, Chair
- Dr Angela Jerath, Vice Chair
- Dr Amélie Pelland, Secretary/Treasurer
- Dr Duminda Wijeyesundera, Past President

CAS RESIDENTS SECTION REPORT

Dear CAS Residents:

Happy New Year! We hope you are all doing well and wish good luck to all of the residents preparing for the Royal College oral examination! Remember to mark your calendars for the **CAS Annual Meeting** in Halifax on June 24 – 26.

With ongoing uncertainty due to COVID-19, the current decision is for the Annual Meeting to be scaled down and held in-person with virtual options available. Unfortunately, this means that some of our programming, including the Sim Olympics, will not occur this year. Please watch for an email from your CAS University Representative and be sure to register early if possible. Registration is now open. Having an accurate number of in-person attendees early will allow

us to tailor the best possible experience for you.

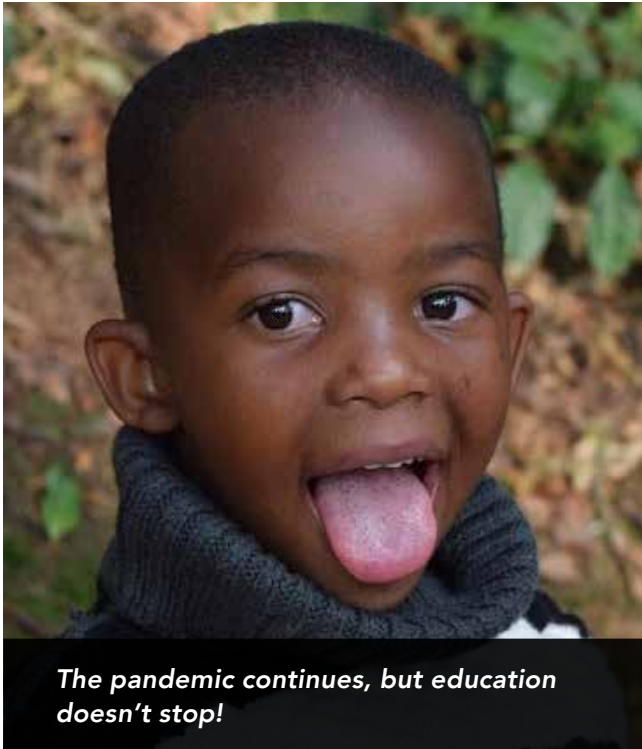
If you are interested in getting involved with the CAS Residents' Section, let us know (email below). Opportunities to get involved will be announced at the start of the next academic year.

Please don't hesitate to reach out if we can support you in any way or if you have any ideas you would like to propose to us.

We can be reached at casresidents@gmail.com, and be sure to follow our social media accounts: Twitter [@CASresidents](https://twitter.com/CASresidents) and Facebook [CAS.residents](https://www.facebook.com/CAS.residents). We are looking forward to an exciting year ahead!

CAS Residents' Section Executive

- Co-Chairs: **Safia Nazarali & Michael Szpejda**
- Vice-Chairs: **Samuel Jensen & Adam Hsieh**
- Board of Directors' Representative: **Maria Salman**
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- Wellness Officer: **Shane Leyen**
- Resident Engagement Representative: **Rebecca Entz**
- Sim Olympics Representatives: **Katija Bonin & Mike Smyth**



The pandemic continues, but education doesn't stop!

Much has been happening in our CASIEF programs over the past few months. In the last part of 2021 and early part of this year, we will have had three Global Health Fellows providing education in our programs in Kigali and Ethiopia. Their prolonged stays (three to six months) provide great continuity for the residents, and the ability to work on special projects such as Simulation courses. Meanwhile, the program leads of our two partnerships in Ethiopia, and those in Rwanda and Guyana, have been meeting regularly with their overseas colleagues to maintain and plan ongoing educational initiatives. In addition, regular teaching sessions have been provided virtually by CASIEF volunteers. We are beginning to resume scheduling volunteers to travel to our partner countries during 2022. Last but not least, CASIEF is exploring opportunities to contribute to education in remote and rural areas of Canada.

CASIEF would like to thank the organizers of the Lower and Upper Canada Anesthesia Symposium (LUCAS) for offering complimentary registration to all of our overseas partners for the 2022 virtual meeting!



Need for volunteer teachers is increasing!

Our partner programs are growing rapidly! The Ethiopian government has realized the desperate need to increase numbers of anesthesiologists in this vast country. The residency program at Black Lion in Addis is set to take on **30** new PGY1 residents this year, and the new program at Haramaya University in Harar is taking on **10** new residents!! The need is great for assistance with our partner programs in Ethiopia, Rwanda, Burkina Faso and Guyana. If you would like to contribute your time with some virtual teaching, or eventually travelling to our partner countries, please contact us at info@casief.ca!

Events at the CAS Annual Meeting

Two exciting CASIEF events are planned for CAS Halifax, June 24-26, 2022. The CASIEF Symposium will include four dynamic speakers addressing the issue of equitable surgical access in remote regions of Canada, as we recognize that many of the "global health" issues exist in our own backyard! The CASIEF dinner will take place at Pier 21 on Sunday, **June 26**. We have a fascinating guest speaker planned- Dr. **Jochen Hinkelbein**, from Cologne, Germany, who will give a stimulating presentation on anesthesia, surgery and resuscitation during space travel!

We need social media ambassadors!

CASIEF is planning some big changes in structure and profile. We have adopted a new logo, robust social media presence, and are working on a new website, built from the ground up. Anything you can do to spread CASIEF's net over social media would provide much benefit to the Foundation. Additionally, the CASIEF Board of Trustees is looking to include members with alternate skill sets (i.e., may or may not be physicians) such as fundraising, financial/business background, etc. If you would like to join the Board, or know of anyone with such skillsets, please get in touch with me at info@casief.ca.

...continued on page 23

The anesthesia machine fundraising campaign has launched!

Last December, we announced that we were partnering Dr Lucie Filteau, our CAS Vice President, on a unique initiative that will help support CASIEF's important international work. She has turned her custom replica of an anesthesia machine into a buildable set (complete with 840 LEGO® bricks, a full colour printed instruction book and professionally printed, pre-cut vinyl stickers). A portion of the proceeds (\$50) from each anesthesia machine sold will be donated to CASIEF. We are excited to share with you that it is now available for purchase! shop.fxbricks.com/products/anesthesia-machine-building-kit

Not only can you enjoy the immense satisfaction of building this special set, you can also pride yourself in contributing towards safer anesthesia care.



*LEGO® is a trademark of the LEGO group of companies which does not sponsor, authorize or endorse this product.

We need YOUR help to improve access to safe anesthesiology in areas in need!

CASIEF thanks all of our generous donors in 2021! Please consider a gift to CASIEF on our monthly program. You can even give **CASIEF charity gift cards** to colleagues, friends or family on special occasions. In addition, it is worth exploring gifts of **securities** and **legacy donations** – these provide large tax advantages, as well as helping improve the lives of so many.

Please click [HERE](#) to donate, and for further information!

If you haven't yet seen the fantastic **videos** about CASIEF's partnerships, produced just before and during the pandemic, please visit our YouTube channel [HERE](#).

Through CASIEF and its partners, Canadian anesthesiologists are known around the world for their charity and dedication to promote safe anesthesia for all. Thank you for continuing or considering your support of YOUR charity!

Joel Parlow
MD, FRCPC
Chair, CASIEF
Joel.Parlow@casief.ca

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FAREWELL AND "THANK YOU" TO CAROLYN GILLIS!

CAS would like to wish Carolyn Gillis, outgoing *Canadian Journal of Anesthesia* Editorial Assistant, a fond farewell as she enters retirement.

Carolyn has been a staple with CAS and the *Journal* for over 20 years, providing excellent editorial support, customer service, and crucial administrative duties for over 20 years. We would like to thank her for her hard work and dedication and wish her the best in her retirement. She will be missed!

"During my time as *CJA* Editor-in-chief, I directly witnessed Carolyn's professionalism, dedication, and tireless work ethic, all of which served to elevate the *Journal* in the eyes of our editorial board, authors, and readers around the globe. Words cannot do justice to the gratitude we all shared at the *Journal*."

Dr Hilary Grocott, CJA Editor and colleague of Carolyn's from 2014-2020



CAS is happy to welcome Ashley Smith, our new Director of Membership, Education and Communications.

Ashley has worked in the non-profit sector for over a decade, the bulk of those years being at member associations for financial designations in addition to working at an association management company.

CAS WELCOMES NEW DIRECTOR OF MEMBERSHIP, EDUCATION AND COMMUNICATIONS

Her experience has focused on managing programs and projects to enhance member and volunteer engagement. She holds an Honours Bachelor of Arts in English and Women and Gender Studies from the University of Toronto. In addition, she earned the Project Management Professional (PMP) and Certified Association Executive (CAE) designations. In her spare time, Ashley can be found eating nut-free cupcakes and keeping her imagination alive by making DIY projects.



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Our latest CPD Module, "Anesthetic considerations for endovascular treatment of acute ischemic stroke" is currently in development. The module is anticipated to be released in late April/early May. The module will be available in both English and French. Keep your eyes open for an email announcing its launch.

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How to Access the Modules:

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Successful completion of a module entitles readers to claim up to four hours (credits are automatically calculated), for a total of 12 maintenance of certification credits.



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