

CAS

ANESTHESIA NEWS

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CANADIAN ANESTHESIOLOGISTS' SOCIETY

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MESSAGE FROM THE PRESIDENT

Dear CAS Members:

It is December and time for reflection as 2021 draws to a close.

Unfortunately, the COVID-19 pandemic continues to dominate our professional and personal lives. During this challenging time, I encourage everyone to continue to make your wellness a priority, to avoid burnout, and to take time for your own reflection. With the upcoming holiday season, we know that for many it can be a particularly stressful time. However you celebrate, I personally hope everyone can find some relaxation and are able to meet safely with family, friends, and loved ones.

In 2021, across many perioperative health care professions, Health Human Resource (HHR) pressures are becoming increasingly important. Access to timely and safe perioperative care remains challenging for many Canadians, especially for those who live in remote and rural areas, and we know COVID-19 has placed even further strain on the Canadian health care system. As we move into 2022, many provinces and territories are particularly facing challenges related to current and looming anesthesiologist shortages, recruiting talent, turnover and retention, physician burnout, and juggling with competitive wages. The CAS, as the national voice for anesthesiologists, has been partnering with our provincial partner medical associations' anesthesiology sections and working hard to alert stakeholders of current and the anticipated worsening workforce. We are looking to support equitable and viable solutions. Due to our collective efforts, I am pleased with what we have accomplished this year and expect that the progress we have made will continue into 2022.

As part of these discussions, the CAS Board of Directors met last month in Toronto. The major topics of discussion were the ongoing Certified Registered Nurse Anesthetists (CRNA) issue in British Columbia, as well as the future of Family Practice Anesthesiologists (FPAs) in the Society. You will find a brief update on these discussions and outcomes in this newsletter.

Earlier this year, CAS learned that the Ministry of Health in British Columbia had created a plan to introduce CRNAs as a new health profession in the province. While our perioperative RN colleagues are integral to the safe timely delivery of Canadian surgical services, we do not support the introduction of CRNAs. They are an untried model in Canada and simply provide equitable HHR solutions as they do not possess the same education, training, or credentials as physician anesthesia providers. Working with our contracted public affairs company at the Board meeting, a Society strategy and plan was developed. You will hear much more about this work in the weeks to come, and I will be seeking your commitment and support in bringing our plan to life.

...continued on page 2

The other major topic of discussion at the Board meeting was Family Practice Anesthetists (FPAs), and their future with CAS. FPAs are family physicians who have undergone training in an intensive 12-month residency in anesthesia, on top of the residency requirements to be licensed by the College of Family Physicians of Canada. While FPAs already have CAS membership entitlements, the Board considered the way in which their professional needs might be met and more formally integrated into the Society. They mandated the establishment of an ad hoc committee to explore the terms and conditions of this relationship moving forward.

Outside of our advocacy efforts, 2022 has also been another year of exciting achievements. We were happy to announce the successful CAS bid to host the World Congress of Anaesthesiologists (WCA), tentatively approved for Vancouver in 2028. We have also teamed up with several significant sponsors throughout the year, launched new member education initiatives, and created free industry partner webinars for our members. Additionally, we undertook an internal systems review that ultimately led to the migration from our long-standing, challenging membership management platform, to a new, impressive provider owned and supported in Canada.

We are also planning our first in-person Annual Meeting in three years from June 24 – 27, 2022 in Halifax! Full details will be shared in the coming months, but I cannot hide my excitement. As we have all come to realize, no virtual meeting can fully replace an in-person experience. Although there will be modifications making it different than previous Annual Meetings (with restrictions, masks, social distancing), it will also allow us to interact and network in a live setting. If you feel comfortable to visit Halifax, I highly

encourage you to do so. We can also accommodate your schedule by offering a hybrid meeting or access to recorded sessions at a later date.

As many of you know, I lived in Halifax for 22 years and know personally that Nova Scotia is a perfect location to experience both a Society meeting, as well as a well-deserved family vacation – and going into month 20 of this pandemic, don't we all need to get away! Come and enjoy the unique offerings of maritime culture. Whether you stay in the city or tour the province, everywhere you go during the summer in Nova Scotia, something exciting, unique, and often distinctly Haligonian is happening. There are so many unique offerings, including local fresh seafood fare, historic parks, outdoor concerts, local museums, galleries, craft breweries, farmers' markets, coastal trails, beaches, and waterfalls. What better place to see your colleagues and friends in a beautiful and safe environment!

Finally, I urge you to **renew your CAS membership** and to implore non-member colleagues to do the same. If we are to stand strong in representing the anesthesia profession nationally, especially in light of the impending changes to the provision of anesthesia in BC and beyond, we must all demonstrate our allegiance. Professional citizenship is key, and non-members must not ride on the shoulders of their colleagues. CAS requires full membership support to effectively fund the work necessary to maintain physician-provided anesthesia in Canada.

Membership matters for so many reasons! Your support of your Society builds external integrity and provides a unified voice for the profession to government, medical leaders and the public. Join us as we continue our momentum into 2022.

I wish everyone a peaceful and happy holiday season.

Dr Dolores McKeen

CAS President

2020-2021

BOARD OF DIRECTORS

As of December 2021

EXECUTIVE COMMITTEE

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[CLICK HERE TO VIEW ONLINE](#)

DRIVING THE FUTURE OF PHYSICIAN-LED ANESTHESIA IN CANADA – ENGAGING THE PROFESSION

As our health care system evolves, so do the professionals working in it. In addition to the introduction of new technologies and procedures, the roles of different health care professionals are shifting as the health system strives to improve access to care while maintaining or improving quality.

Governments of all stripes are consistently evaluating new ways to improve care and drive efficiencies and will look to a wide variety of possibilities to ensure the delivery of high-quality patient care and improved clinical outcomes while addressing budgetary pressures. These pressures are only growing, especially as we continue to address and recover from the COVID-19 pandemic.

The medical specialty of anesthesia is not immune to this evolution, or to these pressures. With the British Columbia government planning to introduce Certified Registered Nurse Anesthetists into their health system, we expect other governments to evaluate their current health human resources challenges and identify possible areas for changes – which could include anesthesia. With change on the horizon in one province, we have recognized the need to reach out to our broader community to ensure we are speaking as one voice as we engage governments.

At our recent Board meeting in November, we passed a resolution committing the CAS to further engagement with our Family Practice Anesthetist

(FPA) colleagues. FPAs are trained Family Physicians that have undergone an intensive 12-month residency in anesthesia, on top of the residency requirements to be licensed by the College of Family Physicians of Canada. FPAs are typically used in rural and remote settings but may be seen by governments as a way to address critical policy concerns.

In principle, we believe that the voice of physician-led anesthesia is stronger and more powerful together, especially as we engage governments on health human resources policy.

The CAS is currently developing a plan that will see the organization engage the broader community of anesthesia providers in Canada – including FPAs. As many of you know, FPAs are used in some parts of the country but not in others; FPAs can currently hold Associate Member status within the CAS.

While we are still working through the plan itself and the terms of engagement, we have committed to exploring options on how to better integrate FPAs into our organization. We will also be exploring how to best articulate the importance of physician-led anesthesia to governments, leveraging as many professionals as we can in an appropriate fashion.

We look forward to sharing more details of our plan, and how we can leverage all appropriate professionals to ensure that physician-led anesthesia remains the standard of care for Canadian patients.

CERTIFIED REGISTERED NURSE ANESTHETISTS IN BRITISH COLUMBIA: HEALTH PROFESSION POLICY CHALLENGES

As many of you are aware, 2021 has presented some health human resources policy challenges for our colleagues in British Columbia.

Earlier this year, we learned of the Government of British Columbia's plan to introduce Certified Registered Nurse Anesthetists (CRNAs) as a new profession in the province, under the guise of their wider plans to eliminate surgical backlogs and improve access to care for British Columbians.

These plans, which require legislative approval and regulatory changes, could be implemented within the next two years, with the first class of CRNAs potentially entering into new educational programs in British Columbia by Fall 2023.

While we believe the Canadian nursing community plays an invaluable role throughout our health system, we vehemently disagree with the introduction of CRNAs as anesthesia providers. They lack the education and training that Canadians have come to expect from anesthesiologists, and their proposed introduction to the system is not only concerning for our profession, but more importantly for the safety of patients requiring surgical care. We firmly believe that the provision of anesthesia services should continue to be the practice domain of the medical profession and that anesthesiologists and their care teams are the service model that continues to meet the health care needs of all Canadians.

We have been working closely with and supporting our colleagues at the British Columbia Anesthesiologists' Society, who have continued to provide constructive feedback and alternatives to the government throughout the engagement process. They will continue to voice their opposition to the provincial Ministry throughout the engagement and legislative processes.

CAS is aware of and supports governments across Canada in their efforts to drive efficiencies throughout the health system, including to reduce surgical wait times. We understand that considerations must include the assessment of scopes of practice and the way that various professions – including anesthesiologists – provide care within the health system.

In the coming months, we will be embarking on a concerted and proactive strategy to raise the profile of anesthesiologists among government decision-makers and share information on the importance of medical professionals within anesthesia care teams. This will include compiling information on best practices from jurisdictions across the country, so we will want to hear from you!

We will be sharing our plan and our progress in the coming weeks and months, and we look forward to your support.



CANADIAN
ANESTHESIOLOGISTS'
SOCIETY

CAS 2022

ANNUAL MEETING

June 24 - 27

Halifax, NS

CALL FOR
ABSTRACTS
**NOW
OPEN**

Meeting Highlights

- ★ Annual Business Meeting
- ★ Residents' Oral Competition
- ★ Richard Knill Competition
- ★ Problem-Based Learning Discussions
- ★ Test-Enhanced Learning Session
- ★ ePoster Video Presentations

Submission Deadline:
Friday, February 11, 2022

Share your research
with colleagues and enhance
both the speciality and your resume.

CAS is happy to offer multiple ways for you to get involved in the Virtual Annual Meeting (VAM).

One way that you can ramp up your experience at the VAM is to submit an abstract. Doing this allows you to share your research in a variety of ways and might also place you in friendly competition with your colleagues.

Three reasons to submit an abstract:

- 1 Enhance your resume—accepted abstracts are published online in the *Canadian Journal of Anesthesia*
- 2 Share your research
- 3 Network with colleagues to boost your knowledge, make new connections, and strengthen existing ones

www.cas.ca/annual-meeting/CFA

Contact us at: abstracts@casmeeing.com

RESEARCH REVIEW

CAS and CARF are proud to annually support a research initiative that provides essential funds to develop and grow Canadian anesthesia research, further shaping the future of our specialty. As part of a new feature in *Anesthesia News*, we will examine one research program winner.



PASSING IT ALONG: QUANTIFYING THE DIVERSION OF PRESCRIPTION OPIOIDS USING LARGE ADMINISTRATIVE DATABASES

By: *Dr Karim Ladha*

Background

The supply of prescription opioids in Canada has increased exponentially over the past two decades with a concurrent increase in opioid-related morbidity and mortality. While there are several possible mechanisms linking these two trends, the diversion of medical prescriptions for non-medical use is of paramount concern to perioperative physicians. Numerous studies have demonstrated that patients routinely receive more opioid pills than is necessary to treat acute pain after surgery. This unused supply is often cited as a major contributor to the current opioid epidemic but the evidence for this is lacking. At the same time, opioid-related morbidity and mortality has been shown to be increasingly driven by the intentional or unintentional use of non-prescription opioids, such as fentanyl and its analogues. Given the relative rise of adverse events related to non-prescription opioids, the contributory role of prescription opioids within the context of the current epidemic is unclear.

Objectives

We therefore sought out to conduct two studies using administrative data to examine the association between prescription opioids dispensed within a geographic area and opioid-related morbidity and mortality. The first project used publicly available data to undertake an ecological study to assess the association between prescription rates within Public Health Units in Ontario and overdoses. The

second (pending-publication) explored the impact of neighborhood-level opioid prescription rates on opioid-related adverse events in individuals without an opioid prescription using granular data from ICES.

Results and Significance

Our analyses found no evidence to suggest that the supply of prescription opioids within a geographic area was linked to an increase in opioid-related adverse events. The results of our study combined with the previous literature suggest that policies aimed exclusively at restricting the supply of prescription opioids will do little to advance the current public health agenda of reducing opioid-related adverse events. While opioid stewardship is still an important initiative, it does not address the bigger issue of illicitly manufactured opioids of unknown potency. Our results help explain why that the implementation of strict opioid prescribing policies have not continued to yield improvements in overdose or death rates. The complex nature of the evolving opioid epidemic calls for complex, multifaceted interventions. Alongside efforts to mitigate the harms of prescription and non-prescription opioids, the social determinants of opioid use disorder must be addressed. This requires a nuanced and coordinated effort between health care systems, public health agencies, law enforcement, and government at every level.

**Full report is available [here \(PDF\)](#)
Follow Dr Karim Ladha [@drladha](#), as well
as [@PinnaclePeriop](#), on Twitter.**



**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



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





MESSAGE FROM INCOMING CHAIR, QUALITY AND PATIENT SAFETY COMMITTEE: DR CONOR MC DONNELL

Dear Colleagues & Friends:

I would like to take this opportunity to introduce myself as incoming Chair for CAS' Quality & Patient Safety Committee. I would also like to thank our outgoing Chair, Dr Lucie Filteau, for her leadership and safe shepherding of this committee during the pandemic. Dr Filteau ensured a strong Quality & Safety presence was maintained at recent CAS Annual Meetings, which fell afoul of travel bans and lockdowns. I am most fortunate and grateful that Dr Filteau remains a committee member and we wish her all the best in her executive position as CAS Vice-President.

As for me, I am a pediatric anesthesiologist at The Hospital for Sick Children, Toronto, where I have been on staff since 2006. Fifteen years have passed in a blur and it is with this in mind that I lean in to the next three years as CAS Quality & Patient Safety Committee Chair. My research interests are Quality Improvement (QI), Medication Safety, and Opioid Stewardship; however, it is not for me to force those interests on the committee or our community-at-large. It feels somewhat odd to chair such an auspicious committee within our national organization, considering the majority of membership likely skews toward an adult-based practice while I have not taken care of a 'true-adult' patient since 2003. My term as Chair coincides with a similar position as Co-Chair of the Quality & Patient Safety Committee (with Dr Simon White, Chair of B.C. Children's Department of Pediatric Anesthesia) for the Canadian Pediatric Anesthesia Society. It is my hope that this unusual but timely confluence presents opportunities for both national committees to interact and identify some common goals during my term as Chair for both.

Speaking of goals, my brief leadership career to date has been defined by two things: team-building and fostering success and growth among my committee colleagues. My

first function is always to look around, see who we have at the table, assess what they are passionate about, and give them what they need to achieve their own goals. I am most grateful to Lucie that I take over an engaged but relaxed collection of colleagues who turn up and put in the work for what is essentially a volunteer spot during those most precious hours that could be spent with family, friends, etc.

I would be remiss not to thank recent prominent departures: Dr Michael Chong, University of Calgary, AB; Dr Sherissa Microys, The Ottawa Hospital, ON; Dr Philippe Richebé, Université de Montréal, QC; Dr Haotian Wang, Resident Representative - Dalhousie University, NS; and Dr Homer Yang, Western University, ON. While they will all be sorely missed, this presents an exciting opportunity for growth through new members' new ideas and new voices. I encourage anyone who is interested in quality and patient safety to contact me about representation on our committee: I particularly encourage our colleagues from First Nations, LGBTQ+, BAME communities to get in touch – we want to hear from you. Our committee will continue to engage with new CAS committees such as DEI (Diversity, Equity and Inclusion) and Physician Wellness, as these are the founding principles on which the future of our specialty and longevity of our own careers rely.

Regarding my personal aspirations for the Quality & Patient Safety Committee, over the next three years I would like to see Quality Improvement (QI) elevated to a nation-wide platform whereby QI is practiced, taught and discussed within as many departments and clinical groups as we can reach between now and 2024. My first task as Committee Chair has been the collation and submission of content for the Annual Meeting in 2022. Hopefully, this will be an in-person meeting although we must also plan for hybrid or even back to virtual eventualities.

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The Annual Meeting is a big task and we have sought to make the content we deliver each summer a reflection of the work we have done on your behalf in the previous year. This means choosing a Committee Strategic Objective for each 12-month period book-ended by Annual Meetings. This year, we have highlighted Situational Awareness & Human Factors as our Strategic Objective for 2021-22. We have approached two wonderful speakers, who have both committed to partake. However, we have also asked them to engage with some committee members who share similar focus and are embarking on their own academic journeys. Over the next three years, we intend to collectively create educational and implementable content that can be presented and launched at Annual Meetings from 2022 – 2024. Having established our particular axis of intent for 2021-22, we are already gathering ideas and opinion in consideration toward strategic objectives for 2022-23 (Quebec City, here we come!). All opinions and suggestions are welcome and will be given due consideration by the Quality & Patient Safety Committee.

Last but not least, we hope to foster the conversation around Quality & Safety by breaking new ground, including our first **Safety Bulletin**, which you can find in this issue of *Anesthesia News*. This is an initiative we are promoting in collaboration with Dr Kathryn Sparrow and her experience working with the CAIRS (Canadian Anesthetic Incident Reporting System) group. Our objective is to alert physicians to important safety events, recent trends, and whenever possible to provide guidance and/or access to resources worth discussing (maybe even implementing) at a local level. Keep an eye on our **CAS webpage** for further bulletins, updates and announcements. I look forward to representing our patients and you, members and colleagues, through CAS' Quality & Patient Safety Committee and hope we meet soon at a venue near you.



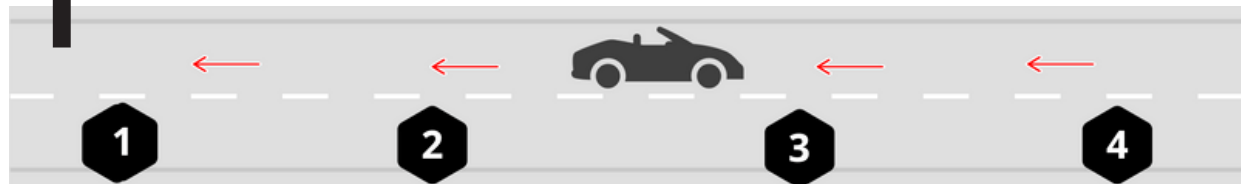


AVOID WRONG-SIDED NERVE BLOCKS

Institutions have implemented strategies to prevent wrong-sided surgery, however, **wrong-sided regional anesthesia continues to occur**. Despite expert recommendations, strategies to prevent wrong-sided regional anesthesia are poorly disseminated and **the incidence of such errors is likely underreported**.



1 Identify Risk Factors



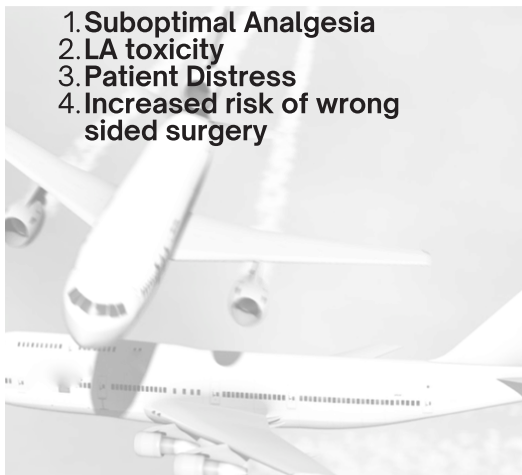
- 1 Personnel**
- Multiple Providers on team
 - Frequent Changeover (Periprocedural)

- 2 Procedure**
- Position changes for block (lateral, prone)
 - Lack of pre-block checklist

- 3 Communication**
- Patient factors: sedated, anesthetized; insensate.
 - Communication difficulties (language, comprehension, assumptions, confirmation bias)

- 4 System**
- OR Schedule changes
 - Anesthesia provider time pressure, fatigue, distraction

2 Recognize Adverse Effects



3 Plan and Prepare

In addition to identity and consent confirmation, review allergies, anticoagulation, monitors and resuscitative equipment.

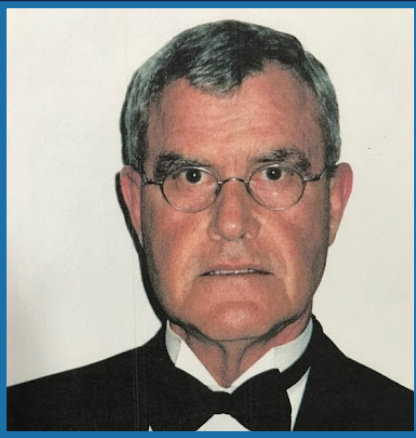
- Cognitive aids and team training may help in the successful implementation of the checklist
- Verification of surgical procedure consent and side of surgery
- Marking of limb to be blocked (in place which can still be seen post prep/drape)
- Pre-block Time Out (using a checklist) should be performed immediately prior to performing the block and with personnel change (awake patient can be included in Block Time out)

- ## 4 Recording and Reporting
- Local Incident Report
 - M&M and root-cause analysis
 - National reporting via CAIRS



Scan for links to reference materials





ANESTHESIA HISTORY CORNER

DR JAMES BAIN AND HIS BREATHING CIRCUIT

By: Dr Michael Wong

Today's anesthesiologists and anesthesiology residents are well versed in the nuances of mechanical ventilation and anesthetic delivery using the circle system. Whereas the circle system is now ubiquitous, Mapleson breathing circuit configurations are much less frequently seen. For many, Mapleson circuits are more of an academic exercise for certification examinations rather than something tangible for daily use. It may even be a surprise to some that there are still numerous practicing anesthesiologists who once used such circuits regularly in practice. The Bain Breathing Circuit is among the favoured configurations of yesteryear. Sometimes abbreviated affectionately as the "BBC," this breathing circuit is a wholly Canadian invention and 2022 will mark 50 years since its introduction to widespread clinical use.

The circuit's creator, Dr James (Jim) Bain, was born in 1934 in the town of Listowel, Ontario, the fourth of five children. When a child, his family moved to London, Ontario where he completed secondary school. Although he initially considered majoring in architecture, Bain was persuaded by his father to pursue medicine. In 1959, he graduated from medical school at the University of Western Ontario (UWO). Afterward, he interned at St. Michael's Hospital in Toronto, then briefly worked in general practice and in internal medicine before turning his attention to anesthesiology residency at UWO. Upon completion he joined the department there, which was chaired by Dr Wolfgang Spoerel.

As a consultant anesthesiologist, Bain was dissatisfied with the limitations of currently available anesthesia breathing circuits, which spurred his tinkering with alternative configurations. At the time, the Magill attachment (or, Mapleson A) was

commonly used for adults but was unwieldy due to the placement of a bulky pop-off valve near the patient's face; this was liable to dislodge the endotracheal tube and also difficult to adjust under surgical drapes during head and neck operations. The Magill attachment was also poorly suited to controlled ventilation.

Alternatively, the Jackson Rees circuit (a modification of Mapleson D; sometimes labelled Mapleson F) was useful for controlled ventilation in pediatrics. Although the Jackson Rees worked well for small children, in order to limit rebreathing its recommended fresh gas flows were far in excess of minute ventilation and it tended to predispose larger children and adolescents to marked hypocarbia ($\text{PaCO}_2 \sim 20 \text{ mmHg}$).

In 1971, Bain designed his own modification of the Mapleson D circuit, where fresh gas was delivered via oxygen tubing arranged coaxially within standard corrugated respiratory tubing (Figure). During controlled ventilation, there was a relatively low fresh gas flow requirement, and it was much more straightforward to maintain a physiologic PaCO_2 . Other advantages of the circuit were that it was lightweight, conserved airway heat and humidity, easy to assemble, and compared to the standard Mapleson D configuration had one fewer piece of exposed tubing to get tangled.

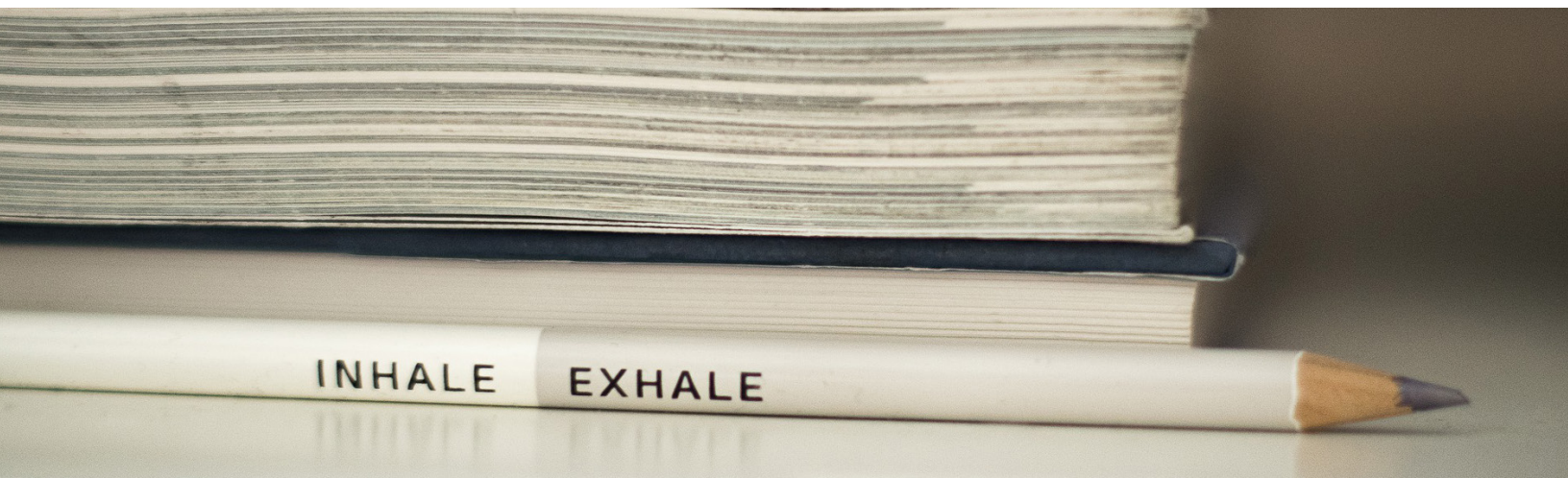
After testing the novel circuit in his own practice and collecting physiologic data, Bain shared his results with Spoerel, who was impressed with its performance. Spoerel deemed the Bain circuit ideal for many clinical circumstances and he became its greatest advocate. At Spoerel's insistence, the Bain circuit came to be widely

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adopted at UWO; in fact, at London's University Hospital, all anesthesia machines at the time were set up with Bain circuits by default, which allowed CO₂ absorbers to be purposefully omitted. At the 1972 Canadian Anaesthetists' Society meeting in Halifax, Bain and Spoerel presented their respiratory data on the Bain circuit, and soon thereafter published their results in the *Canadian Anaesthetists' Society Journal*. The Bain circuit then became widely used across Canada and abroad.

Bain and Spoerel would continue conducting physiologic research using the Bain breathing circuit, and Bain maintained a busy schedule lecturing on the device in many locales. Throughout his career, Bain also maintained an interest in neuroanesthesiology

and cardiac anesthesiology. He retired in 2003 to a farm in Ontario where he lives to this day. As for the fate of the Bain circuit, the 1980s and 1990s saw the introduction of new, expensive volatile agents (e.g., sevoflurane) and advances in monitoring (e.g., pulse oximetry, capnography, anesthesia agent monitoring). With these advances came renewed interest in low-flow anesthesia and ultimately the circle system came to be the dominant breathing circuit. However, the Bain circuit continues to be commonly used in certain settings, particularly in some variable resource countries. With the advent of the COVID-19 pandemic, modifications of the Bain circuit have even been proposed recently to prevent aerosol transmission while transporting intubated patients with COVID-19.



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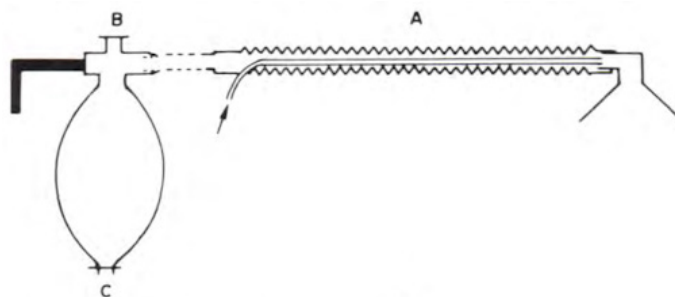


Figure. Bain circuit, with fresh gas flow (arrow) directed proximally toward the patient using coaxial tubing. A pop-off valve (B) and reservoir bag (C) are located distal to the patient.

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

SPOTLIGHT ON BENEFITS FEATURE AND NEEDS ASSESSMENT WINNERS

To ensure CAS members get the most out of their membership, we will be **shining a spotlight on one membership benefit** in each issue of *Anesthesia News* in 2022 and onward.

CAS members make all we do on behalf of the profession possible - our advocacy work, educational offerings, and support of innovation and research, among other work benefitting the anesthesia community-at-large. We want our members to be aware of what's available to them through their membership and ensure they are able to access any exclusive offerings of interest.

Thank you to all our members for being part of our community – we are proud to be able to give back and support you in the important work you do.

For a full list of membership benefits, visit www.cas.ca/member-benefits and stay tuned!

NEEDS ASSESSMENT WINNERS

Every two years, CAS conducts a comprehensive needs assessment survey to discover our members' CPD needs. We use your feedback to influence the look, feel and content of our education program. As a token of our appreciation, we held a prize draw at the end of the survey. The winners of three \$100 gift cards are:

- **Dr Susan Lee**
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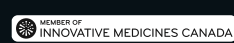
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CA-XBR-00103

REPORT FROM THE CAS RESIDENTS' SECTION

CAS Residents' Section

Executive Committee, Co-Chairs



Dr Safia Nazarali



Dr Michael Szejda

We hope that everyone is doing well and enjoying fall.

We want to start off by congratulating all those who recently challenged the written portion of the Royal College examination and best of luck with the oral in the spring! We'd also like to welcome all the new residents across the country, and we hope you are settling in well.

Remember to mark your calendars for the CAS Annual Meeting in Halifax on June 24 – 27, 2022. We've already started working on some exciting programming for you and we'd love to see as many people there as possible. There will be resident-focused talks, mentoring and mentorship opportunities, social events, and the return of SIM Olympics!

Be sure to keep an eye out for our more detailed residents' section email later this year. We will be sending out further details on resident events for the Annual Meeting, new initiatives for residents and medical students, and the re-launch of our social media platforms after a few years of absence.

Please don't hesitate to reach out if we can support you in any way or if you have any ideas you'd like to propose to us. We can be reached at casresidents@gmail.com. We're looking forward to the year ahead.

Sincerely,

Dr Safia Nazarali & Dr Michael Szejda

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EXCERPT FROM DR ROHIT KUMAR'S REPORT TO CAS BOARD – SOLVINGPAIN INITIATIVE

In my Division report, I alluded to the SolvingPain ([SolvingPain.ca](https://www.solvingpain.ca)) initiative developed by Ontario's Anesthesiologists. Its first project, the Perioperative Pain Management Pathway, is designed to help not only anesthesiologists but all physicians, nurses and pharmacists with evidence-based pain management and prescribing practice. It serves to optimize patient pain control while also limiting the possibility of excessive opioid prescribing.

I encourage you to explore the SolvingPain website and help promote the initiative to your colleagues by [re-tweeting](#) or sharing one of our [Facebook posts](#).



A Project by Ontario's Anesthesiologists

NEW OPPORTUNITIES FOR PERSONAL INVOLVEMENT AND PROFESSIONAL DEVELOPMENT

The Canadian Anesthesiologists' Society (CAS) offers members **several new exciting 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 website at www.cas.ca/volunteer:

- **Continuing Education and Professional Development (CEPD) Committee - Chair**
- **Archives and Artifacts Committee - Vice-Chair; Committee Members**
- **Awards Committee - Committee Members**
- **Committee on Anesthesia Care Team (COACT) - Committee Members; Resident Representative**
- **Ethics Committee - Chair; Resident Representative**
- **Scientific Affairs Committee - Vice Chair; Committee Members**

Why volunteer with CAS?

By taking on a role and engaging with the Society and your colleagues, you join a team of enthusiastic anesthesiologists dedicated to advancing the profession of anesthesia. 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 opportunities at CAS. 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 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 along with your CV to anesthesia@cas.ca, outlining the role for which you are applying.



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REPORT FROM THE CHAIR

By Dr Joel Parlow, FRCPC

Back to in-person travel soon, we hope!

Like all travel-related initiatives the world over, CASIEF's programs have had to retool over the past 20 months, with a switch almost exclusively to virtual education and communication. Our CASIEF Global Health Fellow is currently teaching in Rwanda, and all of our overseas partners are looking forward to our volunteers resuming in-person visits early in 2022, as the pandemic situation and the current instability in Ethiopia allow.

Teachers wanted!

The need is great for assistance with our partner programs in Ethiopia, Rwanda 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! Meanwhile, there are a number of exciting CASIEF initiatives being undertaken in the background.

CAS Annual Meeting

Cautious planning is in process for CASIEF activities at the CAS Meeting in Halifax June 24-27, 2022, if it goes ahead as a "hybrid" (i.e., combined in-person and virtual) meeting. Stay tuned for details about a fantastic CASIEF dinner on the Sunday night, and some exciting activities for attendees and their families. Whether virtual or hybrid, a stimulating CASIEF Symposium on surgical access in remote regions of Canada is planned, featuring a panel of four speakers – details to follow.

Remote Canada Initiative

Over the past few years, some CAS members and CASIEF supporters have pointed out that, although our programs focus mainly on international partners, there are many inequities in access to perioperative care in our own backyard. We are in the early stages of planning a new program to support and facilitate anesthesia-related education in remote/rural regions of Canada. This will be led on CASIEF's behalf by Dr Jason McVicar of Ottawa, and we hope to launch this program in stages, starting in 2022.

New Board Members Wanted!

CASIEF is also planning some big changes in structure and profile. As you know, we have adopted a new logo, have a robust social media presence, and are working on a new website, built from the ground up. Additionally, the CASIEF Board of Trustees is looking to include members with alternate skillsets (i.e., may or may not be physicians) such as fundraising, legal experience, financial/business background, etc. If you would like to join the Board, or know of anyone with such skillsets, please be in touch with me at info@casief.ca.



New fun-raising project!

We are excited to announce a new fundraiser! We will be partnering with Lucie Filteau, our CAS Vice President, who has agreed to start selling her custom replica of an anesthesia machine created with LEGO® bricks*. This unique model was originally created by Lucie and donated to CARF in 2015. It was raffled off at the CAS Annual Meeting that year and the robust ticket sales resulted in a very successful fundraising campaign. This time, she will make the anesthesia machine available for online purchase (as a buildable set, complete with LEGO® bricks and an instruction booklet) and a portion of each unit sold will be donated to CASIEF. This is proving to be immensely popular! Sign up for our [contact list online](#) or follow us on [Twitter](#) or [Facebook](#) if you'd like to be notified as soon as this fun and unique set becomes available.

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



Please contribute to CASIEF's critical work

CASIEF represents the face of all Canadian anesthesiologists in contributing to life-saving education in regions of greatest need around the world. We thank all of our generous donors from the anesthesiology community across Canada. We are short of our goal of \$250,000, and we hope that you will all consider supporting your charity by making or increasing monthly donations, one-time donations, legacy donations, or donations of securities. Please click [HERE](#) to donate, or 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](#).

Thank you for supporting YOUR charity!

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**Happy
Holidays!**

AND BEST WISHES FOR THE NEW YEAR





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