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Canadian Anesthesiologists' Society

# ANESTHESIA NEWS

## PRESIDENT'S MESSAGE



Incident reporting is a tool for quality improvement. Anesthesiology, despite being a complex system, has a very low rate of adverse occurrences, making it difficult for individual practitioners, or even groups of practitioners, to identify, analyze, and prevent recurring hazards. Systems able to aggregate incident reports from large numbers of anesthesiologists, have the potential to improve safety through recognition of such recurring hazards.

With its roots in aviation, incident reporting has also proven beneficial in nuclear power

plant operation and in the oil industry and has had widespread use in a variety of medical disciplines throughout the world. Incident reporting in aviation is the upstream initiative which led to the pilot's pre-flight checklist. In Dennis R Okerstrom's book, *Dick Cole's War: Doolittle Raider, Hump Pilot, Air Commando*, it is said that "...each item on the (pre-flight) checklist was someone's epitaph." Each item on the checklist is there because someone has died. We need to learn from our collective experiences in anesthesiology as well as aviation, and respond in a fashion that will protect against recurrences.

Atul Gawande's book, *The Checklist Manifesto*, begins by making a distinction between errors of ignorance (mistakes we make because we don't know enough), and errors of ineptitude (mistakes we make because we don't make use of what we know). Incident reporting has the potential to bridge the gap between these two types of errors, exposing errors of ignorance, which may generate safeguards such as evolved and improved checklists, and preventing subsequent errors of ineptitude. But incident reporting can do much more, identifying areas, unrelated to checklists, where "system improvements" can be designed to address deficiencies implicated in the generation of adverse outcomes.

In the world of anesthesiology, there are many well-established incident reporting systems. In the United States, the Anesthesia Quality Institute (AQI) founded by the American Society of Anesthesiologists, operates the Anesthesia Incident Reporting System, which began in 2011. In Great Britain, the Association of Anaesthetists of Great Britain and Ireland (AAGBI), the Royal College of Anaesthetists (RCOA) and the National Patient Safety Agency (NPSA) are core members of the Safe Anesthesia

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Liaison Group (SALG), which operates an electronic Anesthetic Report Form. Much longer experience in anesthesia incident reporting is claimed by Australia, which created the Australian Incident Monitoring System as a paper-based system over 25 years ago. In September 2009, the Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC) introduced webAIRS, their web-based Anesthetic Incident Reporting System. They have recently reported on their first [4,000 incident reports](#).

In September 2015, the Canadian Anesthesiologists' Society entered into a Memorandum of Understanding with ANZTADC to adapt webAIRS for use in Canada, and the Canadian Anesthesia Incident Reporting System (CAIRS) was born! Since then, the CAIRS Medical Director, Dr Scott Beattie, has worked diligently to adapt the system for Canadian purposes, as well as introducing improvements which the ANZTADC has embraced within its jurisdiction.

The web-based [CAIRS portal](#) currently in "demo" mode, is accessible via mobile devices, as well as on other hardware. Please visit the site to "trial" the system, and take the CAIRS survey. You will note that data to be entered contains no identifiers with respect to location, date of service, or any patient-specific information, in the interests of confidentiality and legal non-discoverability. In future, for quality assurance purposes, authorized individuals within anesthesia departments will be able to review the de-identified incident reports from their own institutions. Data handling and storage are encrypted and secure. The system has been piloted in two Toronto hospitals in 2017, and the platform is virtually ready to "go live". The system will need to be managed and promoted, and I invite any interested individuals to contact me through the CAS office at [president@cas.ca](mailto:president@cas.ca).

CAIRS will "go live" in 2018, the 75<sup>th</sup> anniversary year of the founding of the Canadian Anesthesiologists' Society.

On that note, preparations are well underway for our 75<sup>th</sup> Anniversary CAS Annual Meeting in beautiful, historic, and exciting Montréal, Québec, with many prominent Canadian and international speakers already committed. This promises to be the most prestigious CAS meeting in the lifetime of most of us who are in practice today, and you do NOT want to miss it! Book your time off from clinical responsibilities for the meeting June 15 to 18, 2018 and consider adding additional vacation time if you are able.

The 2018 membership campaign is already underway, and I urge you all to exercise your professional responsibility to rejoin CAS, and secure your substantial member discount on the 2018 Annual Meeting registration. As well, please become an advocate for CAS membership among your departmental colleagues – you may be surprised to find who is not currently a supporter of our national specialty society! Please also consider a generous 75<sup>th</sup> anniversary donation to the CAS Foundations, the Canadian Anesthesia Research Foundation (CARF) and the Canadian Anesthesiologists' Society International Education Foundation (CASIEF). I will be personally committing \$1,000 to each.

I wish to thank the CAS executive, Dr Daniel Bainbridge (Vice President), Dr Susan O'Leary (Past President), Dr David McKnight (Secretary), and Dr James Kim (Treasurer), as well as our Executive Director, Ms Debra Thomson and her office team, for their invaluable support over the past year. On behalf of all of us, and also on behalf of your Board of Directors, the CAS Foundations (CARF and CASIEF), and the *Canadian Journal of Anesthesia*, I wish all of you a very happy and peaceful holiday season.

**Douglas DuVal**  
President

*To all our members and their families, we extend season's greetings and warm wishes for a happy new year.*

CAS Executive Committee, Board of Directors and National Staff Team

## DR RICHARD MERCHANT RECEIVES HERO AWARD FROM FRASER HEALTH AUTHORITY



Photo: Wendy D Photography

**D**r Richard Merchant, a CAS member since 1983 and former chair of the Standards Committee, has been awarded the Fraser Health Hero Award by the Fraser Health Authority in British Columbia. He was cited for his more than 25-year contribution at Royal Columbian Hospital (RCH) and for his recent work in developing an Early Recovery After Surgery (ERAS) protocol there.

Richard is a clinical professor in the Department of Anesthesiology, Pharmacology, and Therapeutics at the University of British Columbia.

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“His contribution to the care of patients in Fraser Health has been phenomenal,” said Dr John Ramsden, head of Royal Columbian’s anesthesiology department. “He epitomizes professional generosity and altruism in sharing his knowledge with others. His accomplishments, unpretentiousness and enthusiasm at this stage of his career are inspiring to those who work alongside of him.”

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“Throughout his career, he has never lost sight of the patient and their well-being,” said Linda Nelson, clinical nurse specialist for the ERAS program at RCH. “He is known for his caring and humorous manner, which can put an anxious patient at ease prior to surgery.”

Congratulations, Richard!

*Quotations from the Fraser Health Authority  
(with permission)*

## CAS MEMBERSHIP NOW OPEN TO CRITICAL CARE AND PAIN MEDICINE RESIDENTS

**T**he CAS has opened membership to Critical Care and Pain Medicine Residents for the 2018 membership year. This will enable Residents in these specialties to enjoy, along with their anesthesiology resident colleagues, such membership benefits as free access to the *Canadian Journal of Anesthesia*, professional development and continuing education opportunities, and eligibility for awards. Having these new members integrated with anesthesia residents will be extremely positive for all. Welcome to the CAS Family!

**FOR MORE INFORMATION ABOUT HOW TO REGISTER, GO TO: [CAS.CA/ENGLISH/MEMBEROTHERMEMBREAUTRE](http://CAS.CA/ENGLISH/MEMBEROTHERMEMBREAUTRE)**

# DR CHRIS RICCI AWARDED ONTARIO'S ANESTHESIOLOGISTS DISTINGUISHED SERVICE AWARD



Dr Chris Ricci

**D**r Chris Ricci, an anesthesiologist at Hamilton Health Sciences (HHS), has been awarded Ontario's Anesthesiologists' Distinguished Service Award for 2017. Chris was honoured for his clinical excellence in anesthesiology and critical care, and for his record of keeping up-to-

date and introducing new technology to clinical care. He has been an outstanding citizen: President of his Medical Staff Association, executive member of the Ontario Division of CAS (now Ontario's Anesthesiologists), and active in sports for children in the city of Hamilton. But most of all, Chris was cited for his dedication to patients, to his students and residents, and to his colleagues.

Congratulations, Chris!

"Beyond his considerable contributions in his field of specialty, Chris has positively impacted our hospital system. ... His relentless efforts have made an important difference to HHS and I am grateful to him for his passion and commitment.

– Rob MacIsaac, HHS CEO

"...he receives respect for being a selfless and caring individual."

– Susan O'Leary,  
Chief of Anesthesia, HHS

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Canadian Anesthesiologists' Society

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# DR SONIA SAMPSON RECEIVES REGION 5 MENTOR OF THE YEAR AWARD



Dr Sonia Sampson

**D**r Sonia Sampson, MD, FRCPC has been selected as the Royal College's Region 5 Mentor of the Year award for 2017. She currently works as a full-time Associate Professor in the discipline of anesthesia at Memorial University of Newfoundland (Memorial) in St. John's. Dr Sampson

was instrumental in establishing the mentorship program between staff and residents in 2007, and this program has served as a template to other specialty programs at Memorial and across Canada.

Through her role as Research Director in Anesthesia, Dr Sampson has had the unique opportunity to foster life-long learning skills in not only anesthesia residents but medical students as well. She is recognized as an effective role model for residents and was chosen for the Most Outstanding Faculty Scholar Award in Anesthesia for 2013 as well as the Clinical Educator Award for 2012. She has been an oral examiner for the Royal College since 2015. Her interest in resident wellness is well recognized from her yearly events and seminars for residents.

Dr Sampson is also a valued member of the Global Health team called "Team Broken Earth", a nationally recognized humanitarian organization delivering health care to impoverished countries throughout the world.

Congratulations, Sonia!

## 2017 ANNUAL MEETING FOLLOW-UP

**The following individuals filled out an Annual Meeting evaluation form. Following a draw, they were each a lucky recipient of an iPad.**

Gregory Klar

Alex Bouzane

Indrani Lakheeram



# FIRST PRIZE IN SALSA DANCING GOES TO... DR SUSAN O'LEARY!



Dr Susan O'Leary and her salsa partner, Matt, show their winning style

**F**ormer CAS President and Chief, Department of Anesthesia, Hamilton Health Sciences, Dr Susan O'Leary, recently raised an impressive \$16,270 for a "Party for Pain" fundraiser in Hamilton. And that's not all because she also won first prize in a "Dancing with the Stars" contest with her salsa partner, Matt.

Now in its fourth year, this annual fundraising event (dinner and silent auction) helps to support the Michael G DeGroote Pain Clinic, one of the largest university-affiliated pain programs in the country. At the invitation of the Pain Clinic's Medical Director, Dr Ramesh Zacharias, Dr O'Leary enthusiastically got involved.

"As anesthesiologists, every day we care for our patients who experience acute or chronic pain. Many of the clinicians at the Pain Clinic are anesthesiologists. I wish to thank them and the entire team providing pain management services," says Dr O'Leary. "Hamilton Health Sciences has strong ties to the Michael G DeGroote Pain Clinic and , in 2016, I went to the "Party for Pain" for the first time. This year I was dancing to raise funds for the clinic, and I was delighted to receive donations from my CAS colleagues: Doug DuVal, James Kim, Angela Ridi, Shane Sheppard, Debra Thomson, and others. "

The fundraiser attracted just over 500 attendees and, while the final amount raised has not yet been confirmed, it is estimated that it will exceed the \$125,000 fundraising goal.

Is dancing in Dr O'Leary's future? Even though it was a "lot of fun" and her salsa practice time with Matt was "very short", she doesn't think so. "I've been asked to come back next year—as a judge."



## CANADIAN ANTI-SPAM LEGISLATION:

We need your permission

Remember to give us your consent when we ask your permission.

# IN MEMORIAM: DR MASARU YUKAWA, 1977 – 2017



**T**he University of Alberta Department of Anesthesiology and Pain Medicine is deeply saddened to inform CAS members of the sudden and unexpected passing of Dr Masaru (Mas) Yukawa in early August 2017.

Dr Yukawa graduated from medical school at UBC in 2003, was a resident in anesthesia at McGill, completed a Cardiovascular and Thoracic Anesthesiology Fellowship at the Mayo Clinic, and came to Edmonton in 2009.

At the University of Alberta, he made enormous contributions in education, scholarship, clinical care, and mentorship. His relative youth did not prevent him from rapidly gaining the respect of his colleagues: He had created a high and rising national profile and had just been appointed Chief of Anesthesia at the Mazankowski Heart Institute.

Mas, as he insisted everyone call him, was a kind and gentle soul, who embodied the highest ideals of a physician. He had enormous passion for the proper care of patients. His dedication was combined with formidable intelligence, profound compassion, and boundless empathy. He gave freely of his time, mentoring many students and residents. He participated in several overseas anesthesia teaching and service missions to Africa and South America.

He delighted in good company, and was an avid traveler, runner, and cyclist. He was gifted with a razor-sharp, irreverent sense of humour, often finding hilarity in the mundane. His taste for excellent well-cut clothes was renowned. Even in the OR, frequent teasing notwithstanding, he was able to make a fashion statement of the use of a green scrub towel as a scarf against our customarily arctic OR temperatures. At his memorial, many donned small green scarves in tribute.

His passing denies us the opportunity to witness what would assuredly have been a glittering career, and the chance to continue to enjoy the company of an exceptional human being. He is survived by his parents, a brother and sister, and two nephews.

Saifee Rashiq and Surita Sidhu



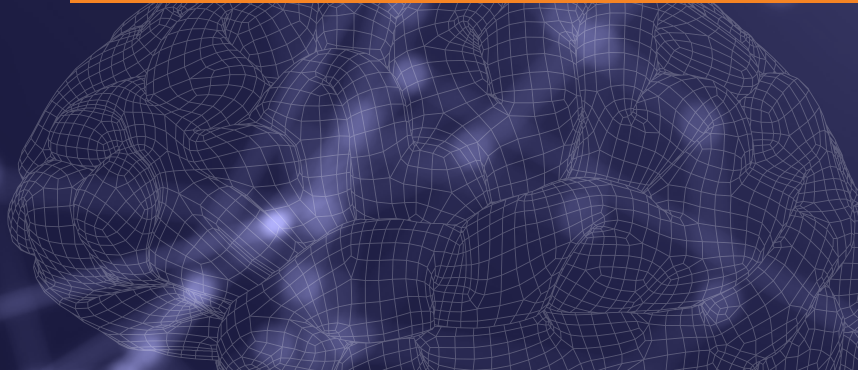
## SOCIAL MEDIA AT YOUR FINGERTIPS

Stay current, informed and on track with the latest discussions... Sign up and take advantage:

-  CAS on Twitter at [@CASupdate](https://twitter.com/CASupdate)
-  CAS on Facebook: [CanadianAnesthesiologistsSociety](https://www.facebook.com/CanadianAnesthesiologistsSociety)

# REPORT FROM THE NEUROANESTHESIA SECTION

CAS Neuroanesthesia Section  
CASneuroanesthesia@gmail.com  
Twitter: @cas\_neuro



Greetings from the Neuroanesthesia Section! Our Section is committed to increasing value to our Section members and we are excited to share a few of our activities below. We are looking for a new member of our Section Executive in 2018 so please contact us if you are interested at [CASneuroanesthesia@gmail.com](mailto:CASneuroanesthesia@gmail.com).

## JOIN US

*Neuroanesthesia Track at the CAS Annual Meeting—in June 2018*

We are very fortunate to have Dr George Mashour joining us as a visiting speaker. Dr Mashour is a recognized international expert in the field of consciousness and will review the latest developments on awareness, consciousness, and current trends in brain monitoring. Other highlights for the meeting include a symposium on brain resuscitation, status epilepticus, transient global brain ischemia, and hemorrhagic stroke, as well as a neuromonitoring workshop (with Section 3 credits). Our Section event will feature a discussion about ketamine and the risks and benefits of burst suppression, so be sure to reserve your ticket. Our program will finish with a refresher course on brain stress testing.

## RESEARCH

*Spotlight on CAS Neuroanesthesia Research Award Recipients*

Dr Philippe Richebé from the University of Montreal was awarded the CAS Research Award in Neuroanesthesia *in memory of Adrienne Cheng* in 2016 for his study entitled "Evaluation of the combined intraoperative depth of analgesia (NoL) and depth of anesthesia (BIS) monitoring on the patients' recovery and safety after surgery: A Pilot Study". This randomized, controlled trial will examine the effect of using NoL and BIS to guide anesthesia delivery on

desflurane consumption, quality of recovery (pain scores, opioid requirements, patients' rehabilitation, and satisfaction) as well as safety after anesthesia in patients undergoing colonic surgery. This study is currently recruiting and we will look forward to hearing about the results soon!

## KEEP UP-TO-DATE

*Upcoming CAS Neuroanesthesia Newsletter*

Stay tuned—we will be sending out the inaugural edition of our newsletter in January 2018. We will review two recently published trials on the prevention of post-operative delirium. If you would like to receive a copy of our newsletter, please email us at [CASneuroanesthesia@gmail.com](mailto:CASneuroanesthesia@gmail.com).

We enthusiastically welcome new members to the Neuroanesthesia 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\\_neuro](#).

We are looking forward to seeing everyone at the 2018 Annual Meeting in Montreal.

### **CAS Neuroanesthesia Section Executive:**

Dr Marie-Hélène Tremblay (Chair)  
Dr Alana Flexman (Vice Chair)  
Dr Tim Turkstra (Past Chair)  
Dr Lakshmikumar Venkat Raghavan (Secretary)





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Your **small** investment in CAS membership is a **big** part of advancing your career and in demonstrating professional citizenship.

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- Membership renewal is currently ongoing—renew now. Not a CAS member? Sign up today. It's a proven investment in your career.**



Youngseo Lee  
University of Saskatchewan  
Class of 2018

## GATEWAY TO THE VOID: ARE WE REALLY PUTTING PATIENTS TO SLEEP?

One of primary responsibilities as a medical student during my anesthesia rotation is to complete a pre-operation assessment and answer questions the patients may have. I was assessing a sixty-year-old patient scheduled for a hernia repair, when he asked me: "So what exactly are you doing to me?" "We'll be putting you

to sleep, we are going to make you *unconscious*," I said. It was not the first time I answered this question. What the patient asked next, however, was outside my normal realm of experiences. "What do you mean *unconscious*? Is it like sleep? Getting really drunk? Or is it like dying?"

Despite being frequently used in conversations, consciousness lacks a universal definition. Great thinkers over history have theorized the concept, none of which resulted in universal acceptance. By looking at these theories, I attempted to discover the key aspects associated with consciousness. Kant argues that consciousness is the "experience of a [...] self, situated in an objective world structured with respect to space, time and causality"<sup>(1)</sup>. Chalmers has defined a conscious state as doing "more than merely represent [a thinking self]; it must do so in a way that involves the presence of experiential qualities"<sup>(2)</sup>. Hussars<sup>(3)</sup> agreed with Chalmers, by claiming that the awareness of a world organized in space, time and causality is implied by concept of conscious state. The self, defined as "I think" by Kant<sup>(4)</sup>, must at least accompany each of the sensory experiences. Wittgenstein believes that self is not only the perspectival point from which the world of objects is present to experience<sup>(5)</sup>: it is also a provider of meaning towards the sensory experiences from the world. Many thinkers agree that two key aspects of consciousness are stimulus (sensory input from the world), and a self that responds to the stimulus in some meaningful way. Under general anesthesia, in a philosophical sense a person is experiencing a tightly controlled non-existence for a finite period of time. Consciousness is a quintessential part of being alive and interactive in the world as a thinking self.

Over recent years, anesthesiologists started their involvement in understanding the neurobiology of consciousness. Neuroscience fails to reveal a concrete structure that could be the source of consciousness. On the contrary, science seems to be in favour of Kant's belief that consciousness is a "process that takes individual processing and connects it together"<sup>(4)</sup>. Tononi in his study claims "consciousness corresponds to the capacity of a system to integrate information"<sup>(7)</sup>. Dehaene and Naccache, through "global neuronal workspace theory"<sup>(6)</sup>, propose that brain is capable of processing incoming sensory information in local, separate regions of the brain under one's awareness; it is the intra-brain communication that ultimately results in consciousness. Laurey et al.<sup>(8)(10)</sup> found that small "islands" of cortex lit up in response to stimuli in unconscious patients, but there was no spread of activity to other areas unlike patients during wakefulness or mild sedation. Laurey also found that the return to consciousness of patients from persistent vegetative state was associated with recovery of functional connectivity between parts of the brain<sup>(8)</sup>.

Researchers, however, disagree on the particular areas of the brain to be disconnected in order for one to be unconscious. The theory of recurrent processing suggests that the main connection resulting in consciousness is that between the frontal cortex and rest of the brain<sup>(9)</sup>. Bogen<sup>(12)</sup> in his studies argued that consciousness is endangered by disconnection of neuronal activity between/within intra-laminar nuclei of each thalamus. White, Alkire and Laurey et al. argue that it is the thalamo-cortical and cortico-cortical connectivity that holds the essence of consciousness<sup>(14, 15)</sup>.

How is anesthesia different from sleep? Baars in 2005<sup>(13)</sup> proposed that lack of intra-brain communication is the underlying neurophysiology in anesthesia, non-REM sleep, and coma. However, the degree of disconnectivity between areas of the brain differs greatly. Sleep is equivalent to sedation, where the degree of connection has significantly decreased. However, the connectivity is not severed and, in most cases, people are able to be re-stimulated to consciousness. The major difference, however, rests on existence of REM (rapid eye movement) sleep. Li et al.<sup>(11)</sup> proposed that in REM sleep, connectivity in the brain is not

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# 1ST PRIZE – 2017 MEDICAL STUDENT PAPER

## GATEWAY TO THE VOID: ARE WE REALLY PUTTING PATIENTS TO SLEEP?

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diminished or eliminated; in fact, selective neuronal circuits were strengthened and maintained, thus contributing to development of long-term memory and brain development. The lack of REM sleep and highly severed intra-brain connectivity puts anesthesia in a very different category compared to sleep.

I find it incredible that something so deeply profound and quintessential to human experience is merely an electric connection between different regions of the brain. Because consciousness is not a concrete and visible structure, I see much room for manipulation and alteration of consciousness. This connection may aid the medical system to understand patients who have decreased self-awareness or consciousness due to physical and/or social reasons. Such connection may be a key to understanding development of the human brain and its attribution to person-to-person variability in response to anesthetic agents. For example, there may be a fundamental connection between response

to anesthetics and traumatic experiences or depression. Anesthesiologists, generally with inquisitive minds and physiology-oriented mindsets, are more than qualified to pursue such creative and innovative research. As Homer described in his novel *Odyssey*, anesthesiologists may finally be able to “lull all pain and anger, and bring forgetfulness of every sorrow”<sup>(16)</sup>.

Based on current research, we are not simply putting patients to sleep when we are practising anesthesia. Rather, we are putting them into a void of consciousness, giving them a controlled experience of coma. Being cognisant and aware of this is going to bring a different level of physical and psychological understanding of anesthesia. We will be able to recognize, understand and address patients’ psychological state prior to surgery and allow us to better do our job to ensure patient comfort, earn their trust, and be the best guardians of the void we may possibly be.

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# CAS-SPONSORED RESIDENT ATTENDS ASA ANNUAL MEETING

## Report from Dr Kyle Roherty Memorial University of Newfoundland Anesthesia Resident, PGY4

In October 2017, anesthesiologists from all over the world descended upon Boston for the American Society of Anesthesiologists (ASA) 2017 Annual Meeting. I was privileged to be sponsored to attend as the Canadian Anesthesiologists' Society (CAS) Resident Ambassador.

Deemed to be the home of modern anesthesia, Boston was an exciting host city. Its combination of rich history and overall colonial charm was a perfect foundation for an unforgettable experience. My trip didn't begin at the conference, but rather exploring the halls of Massachusetts General Hospital, in search of the famous Ether Dome. After many wrong turns down some seriously creepy hallways, I found the historical operating theatre. As I reflected on the events that occurred in this room, I also thought about how far we have come as a profession since these early days. The ASA conference is a testament to this.

At the Boston Convention Center, there were hundreds of high-quality lectures, workshops, and exhibits to choose from. There really was something for everyone—from trying the newest airway devices on the exhibit floor, to attending a live demonstration of ultrasound anatomy, and then being inspired by a panel of leaders in anesthesiology. It was a non-stop, fun-filled few days of learning, welcomingly interrupted by delicious traditional New England cuisine.

While there was no shortage of educational opportunities (and food) at the conference, what I valued the most was the time I spent interacting with anesthesia residents from all over the world. There was a dedicated residents' stream



Dr Roherty in the Massachusetts General Hospital Ether Dome



Exploring the conference center at the ASA Annual Meeting

that included social events, workshops, and lectures, which gave us ample opportunities to get to know each other. One of the highlights included a resident regional anesthesia workshop that offered small-group, hands-on ultrasound scanning lead by national experts. As well, I attended the Resident Component House of Delegates' meeting, giving me a glimpse into their governance body, and allowing me to draw parallels between many of the issues we universally face as resident physicians.

I would like to thank the CAS for supporting resident engagement on an international level, and look forward to seeing all residents at the CAS 2018 Annual Meeting in Montreal!

## YOU COULD BE THE CAS RESIDENT AMBASSADOR TO THE 2018 ASA MEETING—DO YOU KNOW HOW?

Each year, CAS sponsors a Resident member to attend the ASA meeting, as part of a reciprocal agreement between our countries. The successful candidate is chosen by the CAS Board Executive Committee in March or April of each year. Sponsorship includes economy airfare and accommodation.

**Watch for the March 2018 newsletter for the details on how to apply for consideration!**

# A STRONG VOICE FOR THE CANADIAN ANESTHESIOLOGY COMMUNITY



## Board Members and CAS Representatives

Back Row (L to R): Doug DuVal, Ron George, Greg Bryson, Stephan Schwarz, Tom Mutter, Stephane Lambert, Philip Jones

Front Row (L to R): Hilary Grocott, Ban Tsui, Duminda Wijeyesundera, Steven Backman, Sheila Riaz, Anne Wong, Mrinalini Balki, Debra Thomson

## CANADIAN JOURNAL OF ANESTHESIA EDITORIAL BOARD MEETS IN MONTREAL

**O**n September 25, 2017, the editorial board of the *Canadian Journal of Anesthesia (Journal)* met for its annual meeting at the Marriott Hotel in Montreal's Trudeau International Airport.

The day-long meeting provided an opportunity for face-to-face discussions by the *Journal's* board members, representatives of the Canadian Anesthesiologists' Society, and the *Journal's* publisher, Springer. The annual event allows for detailed information exchange and discussion regarding the *Journal's* various scientific performance and production metrics. It is an opportunity to discuss *Journal*

policy and other relevant issues in medical publication, in addition to the future directions of the *Journal* itself. It also allows an opportunity for specific continuing education on topics important to publication, with outcome switching and the broad movement to "open data" specifically addressed this year.

With the *Journal* having a worldwide readership, receiving almost 800 new manuscripts per year and its articles being downloaded approximately a million times per year, it continues to be a strong voice for the Canadian anesthesiology community and beyond.

## IN MEMORIAM: PAYING TRIBUTE TO DECEASED CAS MEMBERS

**T**o recognize the contributions of and pay tribute to deceased CAS members, *Anesthesia News* will publish obituaries that are submitted to CAS.

If you would like to submit an obituary for a deceased CAS member, please forward it to [anesthesia@cas.ca](mailto:anesthesia@cas.ca). A photograph may be included.

### Please note the following general guidelines:

- The person must have been a member of CAS during their career, although not necessarily at the time of death.
- While vital statistics are important, stories about the individual's life, career, and contributions to specific endeavours are strongly encouraged.
- The obituary should be limited to 500 words.
- All submissions will be edited.



# THE SELF ASSESSMENT PROGRAM FROM THE *CANADIAN JOURNAL OF ANESTHESIA*—CPD ONLINE

**CPD MODULE:** Anesthetic implications of recreational drug use  
**December 2017**

**ALSO AVAILABLE**

- Massive hemorrhage and transfusion in the operating room  
**September 2017**
- Managing the Perioperative Patient on Direct Oral Anticoagulants  
**June 2017**
- The impaired anesthesiologist: What you should know about substance abuse  
**February 2017**
- Hypertensive disorders of pregnancy  
**September 2016**
- An update on the prone position  
**June 2016**
- Local anesthetic systemic toxicity  
**March 2016**

**HOW TO ACCESS THE MODULES**

Instructions can be found on the Canadian Anesthesiologists' Society website at: [cas.ca/members/cpd-online](http://cas.ca/members/cpd-online)

Successful completion of each module of the self-assessment program will entitle readers to claim four hours of continuing professional development (CPD) under section 3 of CPD options, for a total of 12 maintenance of certification credits. Section 3 hours are not limited to a maximum number of credits per five-year period.

Publication of these modules is made possible through unrestricted education grants from the following industry partners:



**Medtronic**

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\* Savings amounts are not guaranteed and will vary depending upon your underwriting information.

No purchase necessary. Draws will take place on January 17, 2018. Winners must correctly answer a skill-testing question to receive their prize. Further conditions apply. Full contest rules available at [thepersonal.com/contest-cas](http://thepersonal.com/contest-cas). **Details for the Grand Prize:** One prize valued at \$25,000 consisting of five annual travel vouchers worth \$5,000 each or a \$25,000 cheque, at the winner's option. Must be an employee, retired employee or member of an organization that qualifies as per the contest rules and obtain a valid quote prior to the closing date. **Details for Secondary Prizes:** Total of five suitcase sets worth approximately \$1,000 to be won. Must get a score of 6/10 on the online travel game prior to the closing date and be an employee, a retired employee, a member or a spouse thereof who is eligible for insurance with The Personal through an organization that qualifies as per the contest rules.



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Canadian Anesthesiologists' Society

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