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ANESTHESIANEWS

PRESIDENT'S MESSAGE



s I write this, the 2018 Winter Olympics in Pyeongchang are drawing to a close. As always in the Olympic spectacle, the world witnessed dozens of incredible athletic performances, and heard many inspiring and poignant human interest stories. Canadians have much to be proud of in the accomplishments of our athletes, though some of us may have been shocked or disappointed when "expected" results were not realized, such as in women's and men's hockey and curling. Unmet expectation in

athletic endeavor and international competition is disheartening, but no team or individual is able to command a desired result, and no government is accountable for an unsatisfactory outcome.

There is analogy between the dedication of an individual aspiring to high-level athletics and that of a person pursuing a medical education. Outstanding athletes combine exceptional natural physiologic attributes with strengths of character and perseverance, which lead them to acquire extraordinary physical skills and performance capability. Individuals who are newly admitted to medical schools have similar strengths of character, and are increasingly impressive, if not astonishing, in academic accomplishment, social commitment, and leisure pursuits, athletic and artistic. Neither athletes nor medical students have assurance that illness or injury will not curtail or thwart their training. Furthermore, athletes must accept that their personal physical competitiveness is age-limited, and that, even if things go as well for them as they possibly can, their athletic career will end at a relatively young age. Medical students, to the contrary, typically expect that they are preparing themselves for a lifelong vocation, meeting the medical needs of an underserved Canadian populace.

It has been quite reasonable, in the past, for medical students to presume that they will eventually enter the practice of medicine. Recently however, we have experienced, with increasing frequency, the terrifying fact of graduates of Canadian medical schools going unmatched in the annual Canadian Resident Matching Service (CaRMS). The number of unmatched Canadian graduates has gone from 11 in 2009 to 68 in 2017. The tragedy of this situation is difficult to overstate. Extremely bright, accomplished, and highly-motivated individuals have cleared a brutally-competitive selection process, and dedicated years of their lives, at great expense, in pursuit of a dream, yet, despite having attained the M.D. qualification, face the prospect that they may never become licensed to practice. In the face of this personal devastation, there appears to be no effective support, and no "road map" to quide them.

This problem has been well-considered by the Association of Faculties of Medicine of Canada, which issued a comprehensive report in January 2018 "Reducing the Number of Unmatched Canadian Medical Graduates — A Way Forward"

This document paints a picture of a ballooning crisis. Forecast for 2018 are 82 unmatched Canadian Medical Graduates, with that number increasing by approximately 20% per year, as an expanding pool of prior-year unmatched Canadian graduates competes annually with graduates of the current year. The number one recommendation in this report to reverse this trend is that provincial governments allocate funding to increase the number of entry-level residency positions to a minimum national ratio of 1.1 positions per current-year Canadian graduate (10% excess of positions relative to new Canadian graduates). Provincial governments must recognize that they are the agents most responsible to ensure that their medical school graduates have access to the postgraduate training positions which are essential to fulfillment of licensure. Failure to do so is a waste of provincial money already invested in medical education, as well as an inhumane abuse and waste of individual effort and potential, and a betrayal of governmental obligation to provide for the health needs of their province.

When Canada's Olympic athletes have reached the end of their competition, we must sometimes accept the fact of unmet expectations. But we would not consider it acceptable that an indifferent and short-sighted government would deny any of our Olympic athletes entry to their qualifying event. Neither should we accept from our governments similar delinquency with respect to our graduating medical students.

By the time you read this, Match Day for the first iteration of the 2018 R-1 Main Residency Match will have happened, and the stories of unmet expectations will be accumulating.

Elsewhere in this newsletter, on a decidedly more positive note, you will find an announcement of the winners of the 2018 Canadian Anesthesiologists' Society Honour Awards which will be presented at the Awards Ceremony in June during our 75th Anniversary Annual Meeting in Montréal. This year, as an addition to the customary complement of Honour Awards, and to mark the 75th Anniversary, THREE Gold Medals will be awarded, echoing the 25th and 50th Anniversary years of 1968 and 1993. Congratulations to all winners! Plan to be in Montréal for the national recognition and celebration of these outstanding contributors to Canadian anesthesiology, as they receive their awards—this year at a sit-down luncheon that is included in registration. The Awards luncheon will also feature our annual Angela Enright Lecture by Dr Franco Carli, President of the Perioperative Program at McGill University, and 2012 CAS Gold Medallist.

I remind you all that our membership campaign is well underway. Demonstrate your "professional citizenship" by joining your national specialty society, and secure a substantially discounted registration fee for the "milestone" Annual Meeting (AM)! It is cheaper to be a member of CAS and register for the AM at member rates than it is to register for the AM as a non-member. You can become a member through the CAS website.

Annual Meeting registration is now open, via the 2018
Annual Meeting website. Take a few minutes to register very soon, as there are limited-access ticketed events for Pre-Conference and In-Session Workshops, Problem-Based Learning Discussions, Section Events, and Social Events and these will sell out. Hotel Reservations may be made at the completion of your registration, and Conference rates are only guaranteed until May 9.

This meeting will be a celebration of the history of CAS and Canadian anesthesiology, and will be attended by many Past Officers, Gold Medal winners, and international guests. It will be very well-attended, and you do not want to miss it! Avoid unmet expectations regarding accommodation and limited-access sessions—register now.

Douglas DuVal President



CAS ANNUAL MEETING AND 75TH ANNIVERSARY JUNE 15 – 18, 2018 | MONTRÉAL, QUEBEC

Yes, there's something "special" going on in 2018—CAS is celebrating its 75th anniversary. This will be an important highlight of our Annual Meeting in Montréal, with exhibits, displays and photos. The President's Dinner will be a celebration of our history and feature a performance by the award-winning Painchaud Family.

t goes without saying that we want to see as many members as possible join us in honouring CAS' impressive legacy and taking advantage of the educational and learning opportunities. This year's conference theme, **Advancing Anesthesiology, Excellence & Leadership**, represents both the conference and the rich history of CAS' influence. The scientific program will showcase notable speakers, leading-edge topics to challenge your thinking, and the latest trends in research and clinical methodology.

Not to be missed...

- In response to their impressive popularity in 2017, CAS has increased the number of problem-based learning discussions (PBLDs) to 20, with four offered in French (check the CAS website for details).
- The pre-conference workshop program will feature both basic and advanced POCUS (Point of Care Ultrasound) courses, negotiation and conflict management (back by popular-demand), and a simulation workshop offered in both French and English.
- In addition to the simulation workshops, we will again see the Residents' Simulation Olympics, with residents competing in high fidelity simulation scenarios.
- Don't forget that you can also complete your CME credits. The three-day program features notable speakers and educators. Two of our featured speakers:
 - Opening Plenary: Dr Beverley Orser, Chair, Department of Anesthesia, University of Toronto, and winner of the 2017 CAS Gold Medal
 - Angela Enright Lecture: Dr Franco Carli, President, Perioperative Program, McGill University, and Senior Staff Anaesthesiologist, Montréal General Hospital
- Looking for thought-provoking and stimulating dialogue?
 Check out the interactive Section events. Knowledgeable speakers will address a range of niche and targeted topics that affect members across the country. Be prepared to participate!
- Networking opportunities abound at the CAS Annual Meeting. Take advantage of more formal information, opinion, and observation-sharing activities as well as informal venues where you can ask questions and build professional relationships.

 Are you a speaker or moderator? A facilitator? Or a peer ready to get involved? The CAS is proud to offer our Annual Meeting speakers amazing opportunities for learning, earning credit hours towards your Maintenance of Certification, and to participate in meaningful ways with your colleagues! We offer a peer observation program, moderator program, and PBLD facilitator training program

The 2018 CAS Annual Meeting and exhibits will be held primarily in the Palais des congrès de Montréal, located in the heart of downtown. The Palais offers easy access to several hotels, including the host conference hotels: Le Westin Montréal, Embassy Suites by Hilton, and Hyatt Regency. Restaurants, the Métro, Gare Centrale (main train station), and several tourist destinations are also nearby.

Montréal is filled with history and old-world charm, and is the perfect backdrop for our "special" celebrations. Please mark the dates—June 15 – 18—and make plans to be part of your Society's premiere event in 2018.

For more information about the Annual Meeting, go to: www.casconference.ca/en

DID YOU KNOW...?

- Montréal has the highest number of restaurants per capita in Canada and the second highest in North America after New York City.
- Montréal was home to the 1976 Summer Olympics—the first Olympics ever held in Canada.
- The city of Montréal is built on a 30-mile-long island along the convergence of the St. Lawrence and Ottawa rivers. A tunnel and 15 bridges link the island to the mainland.
- In 1879, the McGill University Hockey Club became the world's first organized hockey team.
- Poutine is a famous food in Montréal. It consists of French fries topped with cheese curds and gravy.





Canadian Anesthesiologists' Society

Société canadienne des anesthésiologistes

1943 - 2018

Join CAS members and colleagues – past and future – in celebrating the 75th anniversary of your professional society.

Featured Speakers



Dr Beverley OrserPLENARY SPEAKER

Chair, Department of Anesthesia, University of Toronto

Winner, 2017 CAS Gold Medal

Principal investigator, Mechanisms of Anesthesia Laboratory



Dr Franco Carli ANGELA ENRIGHT LECTURE SPEAKER

President, Perioperative Program, McGill University

Senior staff anaesthesiologist, Montreal General Hospital

Registration is limited – don't miss out!

www.casconference.ca

CONGRATULATIONS TO OUR 2018 HONOUR AWARD WINNERS

It is with great pleasure that the CAS announces the winners of 2018 Honour Awards. In celebration of our 75th year, the Society has awarded three **Gold Medal** awards. The Gold Medal is the highest award of the Canadian Anesthesiologists' Society.

Join us at the Annual Meeting in Montréal to cheer for this year's winners:







Dr Richard Hall



Or Homer Yang

Congratulations to you all—you are representative of excellence in anesthesia.



The CAS recognizes **Dr Mark Ansermino** for his major contributions to anesthesia research in Canada with the 2018 **Research Recognition Award**.



Turning to clinical practice, the CAS awards the CAS Clinical Practitioner Award to Dr Richard Merchant. This award recognizes a CAS member who has made a significant contribution to the practice of clinical anesthesia in Canada.



Where would anesthesia be without teaching? To recognize excellence in the teaching of clinical anesthesia, the CAS would like to congratulate **Dr Jeff Wassermann** on his CAS **Clinical Teacher Award**.



The Emeritus Membership Award recognizes individuals retired from clinical practice who, during their careers, made a significant contribution to anesthesia. This year, we recognize Dr Peter Duncan, congratulate him on his retirement, and thank him for his years of professional citizenship.



The CAS also heartily congratulates **Dr Daniel Dubois**, the 2018 recipient of the **John Bradley Young Educator Award**. This award recognizes excellence and effectiveness in education in anesthesia and the significant contribution that Dr Dubois has made to the education of students and residents.

Come to Montréal to celebrate with the 2018 winners at our Annual Meeting!

Thank you to those who nominated these excellent candidates.

Remember to nominate your worthy colleagues in next year's competition.

The call for nominations will come in the fall of 2018.

PROFITS FROM RESIDENT SOCIAL EVENT DONATED **TO LOCAL CHARITY**

Submitted by Dr Rohan Kothari

he anesthesia residents at the University of Toronto hosted a BBQ and Sports day on September 16, 2017, a department-wide social event. It was a tremendous success with approximately 100 anesthesia staff, residents, and fellows attending representing nine hospital anesthesia departments across the city. Mixed teams of staff, fellows, and residents participated in a soccer tournament followed by a BBQ by the lake.

Profits from the event were donated to a local charity supporting marginalized women and young families in Toronto. Residents are already planning next year's event and hope to make this an annual tradition.



University of Toronto anesthesia residents support local charity

AN ENJOYABLE EVENING

Submitted by Claire Allen, Member, CAS Resident Executive

algary Anesthesia residents and staff spent an enjoyable evening at a cooking class—a successful night of laughs, top-chef skills, wine and fine food, with extra meal portions cooked for a local teen shelter.



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CAS on Twitter at @CASupdate



CAS on Facebook: CanadianAnesthesiologistsSociety

WHAT IS THIS?

In the CAS archives there are several examples of anesthesia equipment from the past. Among them are pieces from the collection of Dr HM Slater of Montréal. He was known as an innovator, including co-inventing the Stephen-Slater non-rebreathing valve for pediatric anesthesia. (We have one of those too.)

The item to the right is a prototype that he was working on—but what is it? Was it an early coaxial circuit? We would be grateful if someone could tell us.

Please answer by email to: d.mcknight@utoronto.ca



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The right fit.



Don't miss the pre-conference workshops!

All pre-conference workshops are open to Annual Meeting delegates only.

Each workshop will be accredited and eligible for Royal College Section 3 credit hours.

Date: Friday, June 15 Time: 08:00 – 17:00 Fee: \$650/participant

Perioperative, Hands-on Point of Care Ultrasound Course (POCUS)

New this year, the course will be offered in two streams—Basic and Advanced, to meet participants' specific learning needs.

Basic Workshop Leader: Massimiliano Meineri **Advanced Workshop Leader:** Massimiliano Meineri

Negotiation and Conflict Management for Anesthesiologists

A member-requested repeat from 2017, this workshop focuses on the fundamental skills of negotiation, and adds an in-depth examination of conflict management, using a combination of lecture and short interactive exercises. The workshop was co-developed for anesthesiologists, to address profession-specific scenarios. Don't miss out!

Workshop Leaders: Kevin Tasa, Ena Chadha

To Sim or Not to Sim: Everything You Wanted to do in Sim but Were to Afraid to Ask

This educational and entertaining full-day in healthcare simulation will have attendees managing realistic peri-operative crisis scenarios led by experienced simulation educators and debriefers.

Workshop Leader: Rachel Fisher

Instructors: Francesco Ramadori, Danielle Shafiepour,

Vesselina Koeva

Atelier de simulation à haute fidélité

Les ateliers de simulation médicale à haute fidélité offrent aux participants une immersion totale dans des scénarios réalistes de crises péri-opératoires, gérées en équipe.

Leader de l'atelier : Issam Tanoubi **Instructeur :** Mihai Georgescu

RESIDENT SIMULATION OLYMPICS

COMPETE WITH FELLOW ANESTHESIA COLLEAGUES FOR **OVER \$5000 IN CASH PRIZES!**

EVENT RULES

- 1) COMPETE IN TEAMS OF 3*
- 2) HEAD-TO-HEAD HEATS IN RESUSCITATION **SCENARIOS**
- 3) HEAT WINNERS TO GRAND FINALS

REGISTER THROUGH CAS WEBSITE \$50 FOR TEAMS \$20 FOR INDIVIDUALS

JUNE 16th, 2018

CAS ANNUAL MEETING PALAIS DES CONGRÈS MONTREAL, QUEBEC



UNIQUE FACULTY DEVELOPMENT AND SECTION 3 OPPORTUNITIES AVAILABLE FOR CAS MEMBERS

he CAS is dedicated to providing high-quality CPD for its members. Many channels are available for members wishing to keep up to date with new research and practice breakthroughs, including the *Canadian Journal* of *Anesthesia* and on-line modules. Faculty development resources are available to help faculty develop their education principles and skills including resources on presentations, audience response systems, learning objective tools, peer observation training, and hints on creating Section 3 activities.

In addition to these, and unique to the CAS, are <u>3 modules</u> that provide CAS members with the opportunity to increase their skills and obtain Royal College Section 3 credits:

- Moderator training for single speaker sessions
- Moderator training for multiple speaker sessions
- How to conduct an effective problem-based learning discussion (PBLD).

When physicians become known for their knowledge and skills, or are involved in new research, there is a professional expectation attached that they will then share their knowledge and expertise with their peers. Often little, if any, training goes along with this expectation; most either follow what they have seen and believe to be effective, or they avoid what they have experienced as ineffective.

It is much easier to navigate your way through the expectations of being a CPD presenter, moderator, or facilitator if you have a little bit of theory and some helpful tips. This can significantly reduce the pain of learning by experience only.

WHAT DO THESE THREE MODULES OFFER THAT MIGHT BE OF INTEREST TO YOU?

- A digestible amount of theory that helps make sense of the "why" behind the "what". For instance, why is problem-based learning at the CPD level gaining in popularity among conference attendees? Or, as a moderator, why is it unwise to ask for questions at the very end of a session?
- Practical examples
- Helpful tips on handling various aspects of managing audience participation.

MODERATOR TRAINING

Lectures and presentations can provide interesting material and invaluable practice information. When a stimulating discussion between speakers, panelists, and an audience is added, an even more thought-provoking and enjoyable learning event occurs. When the audience is "dead", or questions are monopolized by a few participants, or insufficient time is available for Q&A, the experience is left flat. Add a well-trained moderator to any presentation and the difference can be like night and day. This session will assist you in leading meaningful discussion with an impact.

PBLD TRAINING MODULE

A PBLD is a short (usually 30 minute) roundtable discussion that focuses on challenging clinical cases. The groups are purposefully small, allowing for lively discussion and literal "problem-solving". A PBLD is supposed to be a radical departure from the traditional lecture, with the purpose of stimulating critical thinking, practical application, and equal involvement of faculty and participants.

Facilitating discussion, managing time, equalizing discussion, and coping with challenging personalities are all part of the skillset needed for this form of teaching. The PBLD module addresses aspects of group dynamics and facilitation, challenges you to think about how to approach small group interaction, and provides useful tips on how to be the best.

No other speciality society offers these types of resources to their volunteer faculty—CAS is the forerunner in offering this opportunity, as demonstrated by being awarded the Royal College Innovation Award in 2016.

If you are someone who wants to be the best, has been invited to moderate or lead a PBLD, and would like more training and tips with the added bonus of being able to receive Section 3 credits, these modules are for you!



Donations received between Ian 1 2017- Dec 31 2017

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IN MEMORIAM: DR RONALD GEOFFREY EVELYN 8 APRIL 1945 – 27 JANUARY 2018



Dr Ron Evelyn passed away after a long and fruitful medical career having enjoyed many sports and hobbies and the support of his partner, children, and grandchildren, and many friends and colleagues. He had challenged cancers for 13 years, defeating the first but not the second.

oming from a well-respected medical family, Ron was destined for a career in medicine. His father was a physician and scientist in Montréal and at UBC. Ron completed medical school at UBC in 1970, and was awarded the Hamber Scholarship in Medicine as the top ranking student in the graduating class. He initially specialized in Internal Medicine and in 1975 joined the medical staff at the Vancouver General Hospital. He quickly undertook work in the Intensive Care Unit, a rudimentary affair in those early days, and was Director from 1975 through 1983. Many anesthesia residents benefited from his vast knowledge and experience in that ICU: one commented "I remember that Dr Evelyn could talk on any topic like he had been up all night preparing a lecture on it." His ICU rounds were always great learning experiences, and another said, ...his ICU clinical rounds started at 7.30 and didn't finish until after 13.00, but were dense with pragmatic, comprehensive and leadingedge information sprinkled with gems of wisdom, compassion, and unrelated anecdotes that left you craving more".

Ron married, and on gaining understanding that a 24 hour/365 day life in the ICU was not happily compatible with family life, he took a sideways shift and returned to residency training in anesthesiology, finishing in 1986. VGH consultants at that time commented "Needless to say, it was somewhat intimidating

having him as an anesthesia resident a few years after ... [ICU training under him.]" He continued working at the Vancouver General until taking another sideways tack in 1998 to move to Auckland, New Zealand, for family reasons. He worked as a senior anaesthetist for the next 17 years at the Middlemore Hospital and continued mentoring young physicians. On his retirement in 2015, he was asked to stay on as an honourary physician of the hospital. While living in New Zealand, Ron returned to Canada yearly and rarely missed a visit to the CAS annual meeting where he greeted colleagues and residents with friendship in the halls.

Ron's family reported that he enjoyed a long and satisfying career as a physician. He was highly respected for his depth and breadth of knowledge, and dedication to both academic excellence and patient care. In addition to his passion for medicine, Ron enjoyed photography, travelling, music, sport, and family boat trips in coastal BC. He travelled to more than 85 countries, generally with only a small day pack and a large photography bag.

His mentorship of a generation of British Columbia physicians and anesthesiologists will continue to show rewards for years to come and his wisdom, good humour, and friendship will be sorely missed.

 Richard Merchant and Clinton Wong, with contributions from the family

"...his ICU clinical rounds started at 7.30 and didn't finish until after 13.00, but were dense with pragmatic, comprehensive and leading-edge information sprinkled with gems of wisdom, compassion, and unrelated anecdotes that left you craving more".

THE CANADIAN ANESTHESIA INCIDENT REPORTING SYSTEM (CAIRS) IS NOW LIVE!

Dr Douglas DuVal, CAS President, is pleased to report that the Canadian Anesthesia Incident Reporting System (CAIRS) was officially launched to the membership on Monday, March 19, 2018.

he goal of the CAIRS project is to improve the safety and quality of anesthesia for patients in Canada, by providing a system to collect and analyze anesthesia incidents. CAIRS is modeled after webAIRS, the ANZCA incident reporting system, which has been operational since 2009. The adaptation and enhancement of that system has been overseen by Scott Beattie, CAIRS Medical Director, and Kevin Morewood, Technical Consultant. CAS has made a significant intellectual and financial investment in CAIRS, in the expectation that the adoption and widespread use of the system will lead to our goal of enhanced patient safety.

We are very pleased to announce the appointment of Dr Alain Deschamps as Chair of the CAIRS Management Committee, and are confident that his sincere interest, experience, and enthusiasm for this project will guide us to success. Additionally, the committee members who have volunteered to work with this group, and for our society, are an impressive cross-section of your esteemed colleagues, and we look forward to seeing what they can achieve together. The committee will be responsible for overseeing the work of the Medical Director and for making recommendations to the CAS Executive Committee regarding the governance and management of the system. The work undertaken by this committee is crucial to CAIRS' success, and to the enhancement of services and benefits provided to our members.

CAIRS MANAGEMENT COMMITTEE MEMBERSHIP

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Chair

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CAIRS Medical Director Non-Voting

Iris Li

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We intend to keep you advised on the program roll-out and any data trends found in the reporting. CAS encourages any members with questions, suggestions, advice, or feedback to contact the CAS office at anesthesia@cas.ca. We look forward to providing you with this long-awaited benefit!



Canadian Anesthesiologists' Society International Education Foundation

Presents

CAS 2018 Annual Meeting

CASIEF GALA FUNDRAISING DINNER

Sunday, June 17, 2018

Auberge Saint-Gabriel, 426 Rue Saint-Gabriel, Montreal Reception 18:30, Dinner & Speaker 19:00 - 22:00

Tickets available during your CAS
Annual Meeting registration
www.casconference.ca

Auberge Saint-Gabriel, Vieux Montreal

Located within easy walking distance, the CASIEF Dinner will be at Auberge Saint-Gabriel. Built in 1688 by a French soldier, it was the first "auberge" in North America to receive a liquor licence, on March 4, 1754. Over the years it has been a townhouse, housed the print for the newspaper Le Patriote, and was even a fur trading post. This location has witnessed the history of our nation and has now been transformed into a fine dining establishment renowned for its Quebec cuisine.



Dr. Dan Poenaru - Guest Speaker



Dr. Poenaru is a Canadian pediatric surgeon who has dedicated his life to treating needy children throughout eastern Africa. Motivated "by the enormous needs of African children," not only those of Kenya, but also the numerous Somali refugees entering the country, Dr Poenaru opened a surgical practice in Kijabe, Kenya. Throughout his career, he has treated patients through civil war and in refugee camps, exposing himself to tremendous personal risk. Dr Poenaru is the recipient of the 2014 Teasdale-Corti Humanitarian Award of the Royal College of Physicians and Surgeons of Canada and the 2015 ACS/Pfizer Surgical Humanitarianism Award of the American College of Surgeons.

VITAL ANESTHESIA SIMULATION TRAINING (VAST) COURSE IN RWANDA

Submitted by Dr Patty Livingston, Dalhousie University

Resource limitations, severe workforce shortages, and few opportunities for professional development make provision of safe anesthesia challenging in low income settings. The VAST Course is a novel, three-day program using low-cost simulation to reinforce core technical and non-technical skills relevant to anesthesia providers working in these environments.

AST was developed by Dr Adam Mossenson (Dalhousie University, Anesthesia Global Health Fellow), Dr Patty Livingston (Dalhousie University), and Dr Christian Mukwesi (Rwanda Military Hospital). The course is a culmination of a long-standing collaboration among the University of Rwanda, Dalhousie University, and the Canadian Anesthesiologists' Society International Education Foundation (CASIEF).

Course content reflects cases often encountered in district hospitals: anesthesia and resuscitation for obstetric, pediatric, and trauma care as well as safe general surgery and pain management. VAST uses simulation, debriefing, and repetition to highlight the role of anesthetists' non-technical skills (ANTS). Simulation technology is simple: basic task trainers, iPads using SimMon software as monitors, simple props (e.g., airway equipment, syringes, drapes), representative documentation, photographs of pathology, and briefing cards to prepare participants for scenario role-play.

With financial support from CASIEF and Dalhousie University, the course was piloted in Rwanda in January 2018.

The following notes are reflections from Dr Mossenson as he describes how ANTS was applied to launching the VAST Course:

TEAMWORK

Despite having never worked before together in this capacity, our team functioned like a well-oiled machine. Michelle Murray [nurse representative on the CASIEF Board] was behind the scenes setting up rooms, and Patty and Christian were debriefing sessions together while I took care of facilitating and debriefing the other group. It wasn't long, however, before the line-up of the "dream team" was to get some fresh faces.

Stewart [Dr Stewart Forbes, Dalhousie PGY4 Anesthesia] was certainly a prized recruit to the team. After a quick "pre-season", namely the VAST Facilitator Course, Stewart held a firm place in the starting five. In fact, by pilot week three, he was the front-runner for MVP (most valuable player), having to step up his responsibilities when other key players were out due to illness. We also had an injection of talent from our trainee facilitators. With some coaching from the sidelines, these "trainees" were soon more than pulling their weight, running and debriefing sessions.

continued on page 17



Simulated trauma scenario



VAST Course team: Adam Mossenson, Patty Livingston, Christian Mukwesi and Michelle Murray

VITAL ANESTHESIA SIMULATION TRAINING (VAST) COURSE IN RWANDA (CONT'D)



continued from page 16

TASK MANAGEMENT

There is a lot of focus in VAST on managing complex tasks. The unknown mechanics of running the course were playing out in front of us. Fortunately, we had Michelle, an invaluable resource to draw on. With Michelle at the helm, co-ordinating the set-up and changeover between scenarios, the rest of us were able to focus on session delivery and mentorship of the trainee facilitators.

SITUATIONAL AWARENESS

Language posed one of the key challenges to conducting these pilot courses. While English is an official language in Rwanda, there is a transition from French and ubiquitous use of Kinyarwanda. The level of English for course participants was not uniform. Awareness of this was of crucial importance. When possible, we encouraged Christian to deliver his sessions in French or Kinyarwanda. For the rest of us, it was important to take time to pace our speech and allow time for translation. Going forward, we plan to translate course materials.

DECISION-MAKING

One key decision, suggested to us early on by Dr Paulin [Head of Anesthesia], was the inclusion of Laurence [Sim Centre Co-ordinator, University Hospital, Kigali, Rwanda]. Laurence joined Michelle and shadowed her every move. By the start of the second week of courses, Laurence was setting up and changing rooms for subsequent scenarios.

Come week 3, Michelle was back in Canada and Laurence independently ran the "back of house". An unexpected highlight was to watch Laurence spring to action on academic day following the completion of the VAST Course pilots. Patty had tasked the residents with designing their own simulation scenario. Without prompting and within moments, Laurence had the equipment set up in the same systematic manner used in VAST. This is just one example of what we have now seen as some of the ripple effect of the VAST Course—positive implications that extend beyond our initial set of objectives.

There was strong local support and endorsement of the project from both official channels and from participant feedback. The next exciting steps will involve refinement of the course and conducting formal course evaluation. I wholeheartedly thank everyone who has been involved to date with this project and I certainly look forward to the future of VAST in Rwanda and beyond.



ACCREDITATION AND THE CEPD COMMITTEE

COMMITTEE SPOTLIGHT

The role of the CAS Continuing Education and Professional Development Committee (CEPD Committee) is to advise the CAS Board on education in all aspects of anesthesia, and to help guide the CAS when it comes to developing, supporting, and accrediting continuing education for our colleagues. It can also function as an educational resource and support for all relevant committees, Divisions, Sections, and the *Canadian Journal of Anesthesia*. The landscape of education and training is changing, from the move to Competence by Design, in which anesthesia is a pace-setter, to the innovative use of interactivity during our Annual Meetings.

he stated **Vision** of the CEPD Committee is to endorse and promote an environment for all physicians to provide best practice and safe anesthesia care based on both reflective self-directed learning and group learning. The commitment of CAS members has led to the close relationship now enjoyed between the CAS and the Royal College of Physicians and Surgeons of Canada (Royal College).

The CAS office provides accreditation services to members (at reduced rates) and to non-members. This allows us to play an active role in the development and quality assurance of the CPD that is being delivered to anesthesiologists. In addition to providing expert review of applications, the members of the CEPD Committee who assist in accrediting events also offer other services for our applicants and members. These include the creation of templates, assistance in developing quality resources for accredited activities, and coaching. Some of the resources that we provide have been developed in association with our educational consultant, Jane Tipping, who was actively involved the work that resulted in CAS winning the 2016 Royal College Accredited CPD Provider Innovation Award.

The CEPD Committee recently assisted CAS accreditation services in its overhaul of resources, policy, pricing, and the application form. Our new forms and pop-up resources also act as a "coaching" resource for our applicants. These changes were undertaken in order to adopt the National Standard for Support of Accredited CPD Activities.

In addition to accrediting, the CAS and the CEPD Committee are working to meaningfully extend our reach to residents,

who are vital to the health and future of our Society, and all active anesthesiologists and related researchers. CAS staff have been asked to sit on the Royal College's National CPD Accreditation Conference for 2019, which will allow the office to retain its close relationship, as well as to give back some of our knowledge and insight at the national level.

The innovation and quality of the educational programming at our Annual Meetings are evidence of the work of this (and other) committees, including the success of the Problem-based Learning Discussions and the training of their facilitators, as well as the development of trained and prepared Moderators. All training that is taken in preparation for the Annual Meeting can be claimed as credit hours for Maintenance of Certification (MOC). More information on the programs and training opportunities available to Annual Meeting presenters is available here.

It is in the ways outlined above that the CEPD Committee demonstrates its **Values**, which are based on the assumption that access to, and provision of skills and knowledge to meet both perceived and non-perceived needs of practitioners, is the best method of achieving the vision.

Lastly, the work of this committee is of increasing interest. Since late spring 2017, CAS accreditation has accredited 32 CPD events, ranging from Section 1 group-learning conference events to in-depth Section 3 simulation and online self-assessment programs.

We welcome interested members to contact accredit@cas.ca
if they would like to become involved and continue to grow with us!

Employment Opportunity

Opportunité d'emploi

CANADIAN JOURNAL OF ANESTHESIA

Continuing Professional Development (CPD) Editor

The Canadian Journal of Anesthesia/Journal Canadien d'Anesthésie (CJA), the official publication of the Canadian Anesthesiologists' Society (CAS) and the Canadian Critical Care Society, has a distinguished history of editors and contributors who are among the leaders in the specialties of anesthesia and critical care. The CJA provides coverage of anesthesia-related subjects such as critical care, pain, and perioperative medicine. The CJA, in collaboration with the CAS, regularly features continuing professional development (CPD) modules that are self-learning tools designed to provide practical guidance to clinical anesthesiologists. To provide for a smooth and seamless transition, we are seeking to have a new CPD editor identified by July, 2018. The position is for a 3-year term, renewable.

The CPD editor will have experience in medical education and peer review and will work with the CAS Continuing Education and Professional Development Committee and the Manager, Education & Accreditation, in the creation of member-relevant educational programming. S/he will provide leadership and vision in the development and production of the quarterly CPD modules that respond to determined member needs, and will support the development of non-member, paid access to the modules. The CPD editor is also responsible for developing and ensuring compliance with CAS CPD policies and editorial content for the CJA.

We encourage interested applicants to submit (via email) a letter of intent, curriculum vitae, and the names of three referees in confidence, no later than **May 31, 2018**, to:

Hilary P. Grocott
Editor-in-Chief, CJA
☑ hgrocott@sbgh.mb.ca

JOURNAL CANADIEN D'ANESTHÉSIE

Éditeur, développement professionel continu (DPC)

Le journal canadien d'anesthésie (JCA), la revue officielle de la societé canadienne des anesthésistes (SCA) et de la société canadienne de soins intensifs, a joui au fil des ans de la participation comme éditeurs de plusieurs leaders dans les domaines de l'anesthésie et des soins intensifs. Le JCA couvre les domaines de l'anesthésie, de la douleur, des soins périopératoires et des soins intensifs. Le JCA, en collaboration avec la SCA, publie régulièrement des modules de développement professionel continu (DPC), qui se veulent des outils pratique pour les cliniciens. Afin d'assurer une transition fluide, nous cherchons un nouvel éditeur de développement professionel continu pour juillet 2018. Il s'agit d'un mandat renouvelable de 3 ans.

Le candidat devra avoir une expérience en éducation médicale et en révision de manuscrits et il/elle travaillera, en collaboration avec le comité d'éducation continue et développement professionel de la SCA et avec le directeur à l'éducation et à l'accréditation, au développement de programmes d'éducation pour les membres. Il/elle assurera le leadership dans la production de modules de DPC qui répondent aux besoins des membres, et participera au développement de matériel payant pour les non-membres. Il/elle s'assurera en outre de l'adhérence du contenu aux politiques de DPC de la SCA et aux politiques éditoriales du JCA.

Les candidats intéressés sont invités à soumettre par courriel d'ici **le 31 mai 2018**, une lettre d'application, un curriculum vitae ainsi que les noms de trois références à:

Hilary P. Grocott
rédacteur en chef, JCA
☑ hgrocott@sbgh.mb.ca

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**

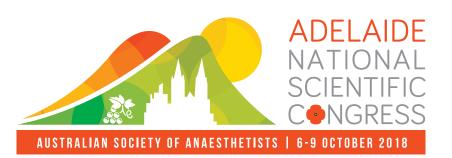
Successful completion of each module of the self-assessment program will entitle readers to claim four hours of continuing professional development (CPD) under section 3 of CPD options, for a total of 12 maintenance of certification credits. Section 3 hours are not limited to a maximum number of credits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

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



Medtronic

6-9 OCTOBER 2018



SAVE THE DATE

INTERNATIONAL INVITED SPEAKERS



A/Professor Duminda Wijeysundera

Dr Wijeysundera is an Associate Professor in the Department of Anesthesia and the Institute of Health Policy Management and Evaluation at the University of Toronto, as well as a Staff Anesthesiologist at the Toronto General Hospital, Canada.



AUSTRALASIAN SPEAKER

Professor Joyce Wahr

Professor Wahr currently serves as Medical Director of the Perioperative Assessment Centre at the University of Minnesota, and is spearheading development of the Perioperative Surgical Home at the University of Minnesota.



Professor Lars Eriksson

Professor Eriksson is Professor of Anesthesiology and Intensive Care at the Karolinska Institute and Head of Research and Education in Perioperative Medicine and Intensive Care at the Karolinska University Hospital, Stockholm, Sweden.



Professor Lorimer Moselev

Professor Moseley is a pain scientist and physiotherapist with 270 articles and six books, including Explain Pain and Painful Yarns (the two highest selling pain books internationally) under his belt. He has given 65 plenary lectures at major international meetings in 26 countries.

www.asa2018.com.au

For all enquiries contact Denyse Robertson E: drobertson@asa.org.au T: +61 2 8556 9717

future dates









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Dr David McKnight

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Andrea Szametz

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Email: anesthesia@cas.ca **Fax:** 416-480-0320 **Phone:** 416-480-0602

WWW.CAS.CA