



CANADIAN ANESTHESIOLOGISTS' SOCIETY

### TABLE OF **CONTENTS**

- **01** Joint Message from the CAS President and CAS Chief Executive Officer
- 02 Board of Directors
- **03** Advocacy Update
- **04** 2024 CAS Membership Renewal Open
- **05** CAS Education 2024 Spring Wrap-Up and Upcoming Events
- **08** 2024 CAS Annual Meeting Join us in Victoria, June 7-10, 2024
- 11 CAS at WCA2024 Embracing an Unforgettable Global In-Person Event in Singapore
- 13 CAS Member News
- 14 Member Profile Dr JN Armstrong, Canadian Aviation Hall of Fame
- **16** CJA on the Cutting Edge 2024 Guidelines to the Practice of Anesthesia
- **17** Anesthesia History Corner The Remarkable Gordon Wyant (1914 2009)
- **18** Residents Corner The Return of the Sim Olympics
- 21 CASIEF Spring update
- 22 CASIEF Donors Thank You
- 23 Quality and Patient Safety Bulletin PIV Injuries in OR Advert
- **25** Edwards Sponsored Webinar Series Blood Pressure in the Operating Room
- 26 CAS Ontario Division: Save the Date: Ontario Anesthesia Meeting and Conference Weekend, September 27-29, 2024
- **27** CPAS 2024 Ottawa September 13-15, 2024
- 28 The Self-Assessment Program from the Canadian Journal of Anesthesia – CPD Online

www.cas.ca

### **JOINT MESSAGE FROM**

### THE CANADIAN ANESTHESIOLOGISTS' SOCIETY PRESIDENT AND CEO



Dr Lucie Filteau, CAS President



Vanessa Foran,
CAS Chief Executive Officer

As we emerge from another Canadian winter and look upon the promise of warmer spring days and new growth, we at CAS take stock of where we're at and where we're going in 2024.

A high priority for CAS has been our active advocacy efforts, the details of which are outlined **elsewhere in this newsletter** The focus to date has been on getting our organization at the table. We have met with provincial healthcare leaders across the country to discuss the surgical backlog and critical shortage of anesthesiologists. Moving forward, we'll be working on a variety of other Positions Statements and governmental asks, led by the recently created Public Affairs Committee.

Our **CAS Board of Directors** has been put to work to develop a new strategic plan for the next five years, as an organization that should always be guided by clear, prioritized focus and direction. Part of that plan is to conduct a thorough governance review, a project that hasn't been revisited since 2014 and will serve to strengthen our organization's very foundation. This work will occupy much of the Board's attention for 2024/5 and result in significant changes to our Bylaws, Policies and Procedures. These changes will require membership engagement/approval so stay tuned for further messaging about opportunities for input.

2023 saw a marked increase in the number and variety of **educational events** offered to our members throughout the year. We are tremendously grateful for the hard work of our office staff, Section/Committee Chairs and invited speakers for their quality offerings. This trend continues

in 2024 with the further addition of **Pinnacle Rounds**, showcasing the best grand rounds that our academic centres have to offer. This new initiative is led by Dr Fahad Alam, Chair of CEPD, and has so far resulted in excellent attendance and very positive feedback.

Since the Fall, the newly created Annual Meeting Scientific Planning Committee has been hard at work putting together a stellar lineup for the June 7-10 Annual Meeting which will take place in beautiful Victoria. The transition to a new planning committee, under the leadership of Dr Jason Chui, has been smooth and successful by all counts and we look forward to fruits of their labour. If you haven't yet registered we encourage you to do so. Likewise, if you haven't already renewed your CAS membership, we urge you to do so to ensure uninterrupted access to our many member benefits, including discounted registration to the upcoming Annual Meeting.

Looking at the other CAS Sections and Committees, multiple opportunities exist for anesthesiologists and residents to become involved on various Committees and Sections. We encourage you visit the **CAS website to explore openings** that offer professional and personal development as well as a chance to become engaged with likeminded individuals.

Speaking of conferences and CME, it was wonderful to see the number of Canadian participants (speakers and attendees) at the 2024 World Congress of Anesthesia in Singapore. Look for **an event recap** in this Newsletter.

Active planning is also well under way to fulfill the CAS' winning bid to host the 2028 World Congress of Anesthesia in Vancouver. Dr Hilary Grocott is at the helm of this initiative, which will put Canada on the World Anesthesia stage for the first time since the 2000 WCA in Montreal. Mark your calendars as this will be a cannot miss event.

Warm regards,

Lucie Filteau,

Vanessa Foran, CAS CEO

### **BOARD OF DIRECTORS**

AS OF MARCH 2024

### **EXECUTIVE COMMITTEE**

Dr Lucie Filteau, President

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### **DIVISIONAL REPRESENTATIVES**

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Dr Annika Vrana (British Columbia)

Dr Cindy Wang (Ontario)

### **EX-OFFICIO MEMBERS**

**Dr Mateen Raazi,** ACUDA President **Dr Melissa Liu,** Resident Representative

**CLICK HERE TO VIEW ONLINE** 

### ADVOCACY **UPDATE**

CAS finished our final round of initial provincial meetings that began last fall, and highlighted the position statement: *Strategies to Address the Surgical Backlog and Health Human Resource Issues in Anesthesia*, published in October 2023. CAS President, Dr Lucie Filteau and CAS CEO, Vanessa Foran, along with CAS Board provincial representatives met with provincial policy makers including:

#### Manitoba:

- Scott Sinclair, Deputy Minister of Health
- Lanette Siragusa, Shared Health CEO

#### Saskatchewan:

- Minister Everett Hindley, Minister of Health
- Clint Fox, Chief of Staff to Minister Hindley
- MLA Alanna Ross, Legislative Secretary for Health

To solidify plans for 2024, The Public Affairs Advisory Committee met in early February to discuss next steps in CAS' government relations initiatives, which will include the development of an advocacy framework with clear key asks, continued follow-up discussions with policy makers, and on-going issues monitoring and management working in collaboration with provincial partners.



In addition to our advocacy work in Canada, the CAS Board unanimously endorsed a World Federation of Societies of Anesthesiologists (WFSA) initiative on Patient Blood Management Principles based on the **Santa Cruz Declaration: A Global PBM Consensus.** The full Declaration read as follows:

### THE SIGNATORIES OF THIS STATEMENT...

Recognize the serious public health problem represented by iron deficiency, anemia, bleeding, and coagulation disorders imposing a great burden on national public health systems and the profound impact these conditions represent on well-being and adverse outcomes of hospitalized patients.

For this reason, we consider the urgent need to lead the implementation of the **Patient Blood Management** principles in the perioperative period, through its three fundamental pillars:

- Detection and management of anemia and iron deficiency;
- Minimization of blood loss and optimization of coagulation; and
- Improvement and optimization of physiological tolerance to anemia.

We are committed to leading and coordinating efforts together with other scientific societies and our local governments to guarantee these fundamental principles, and for the standardization of a sustainable, systematic, multidisciplinary and multiprofessional policy aimed to preserve the patient's own blood as a universal frame of reference in which we will work together.

The World Health Organization (WHO) supports worldwide implementation of PBM. WHO's 2021 policy brief: 'The urgent need to implement patient blood management' can be found at the following link:

www.who.int/publications/i/item/9789240035744.

Dr Lucie Filteau represented CAS' support for the PBM principles, participating at the launch of this initiative at the World Congress of Anaesthesiologists (WCA) in March 2024 in Singapore.

### CAS MEMBERSHIP RENEWAL

### **RENEWAL FOR 2024 IS OPEN!**

CAS puts members first. We strive to provide the right support for members at all stages of their respective journeys in anesthesia. For over 80 years we've acted as a collective voice for the profession. Find out what CAS membership can do for you.

### **WWW.CAS.CA/MEMBER-BENEFITS**









For membership-related inquiries, please contact membership@cas.ca

## CAS EDUCATION – 2024 SPRING RECAP **AND UPCOMING EVENTS**

The 2024 Spring Event Season has officially kicked off, as part of our ongoing mission to serve members and propel the specialty of anesthesia. At the heart of our efforts lies education, a fundamental pillar alongside leadership, advocacy, and research. Below is what we've launched so far, as well as a taste of what we're planning for 2024.

### WHAT'S HAPPENED SO FAR?



### 1st World Day of Regional Anesthesia and Acute Pain Medicine Webinar - January 27, 2024

This webinar was conducted in celebration of the 1st World Day of Regional Anaesthesia and Pain Medicine in collaboration with the European Society of Regional Anesthesia. The event featured four informative talks tailored to the needs of practicing anesthesiologists, covering topics such as spinal anesthesia drugs and recipes, regional anesthesia techniques for shoulder surgery, trauma, and paediatric anaesthesia. Participants had the opportunity to achieve several learning objectives,

including describing the optimal dose and type of local anesthetic for various surgical procedures, selecting effective regional anesthesia techniques for different shoulder surgeries and trauma pain patients, and listing common regional anesthesia techniques for the pediatric population, with specific considerations for this demographic.

### Watch a video of the webinar





### Neuroanesthesia National Virtual Round # 1 - February 7, 2024

On February 7, the CAS Neuroanesthesia Section successfully hosted its inaugural National Virtual Round of the year, marking the beginning of a series of enlightening discussions for neuroanesthesia professionals. Chaired by CAS Neuroanesthesia Section Dr Tumul Chowdhury, the event featured two compelling presentations. Dr Anuja Rathore illuminated the significance of Point-of-Care Ultrasound in Neuroanesthesia and Neurocritical care, offering valuable insights into its practical applications.

Dr Wesley Rajaleelan provided a comprehensive overview of Neuroanesthesiology Training from a Global Perspective, highlighting key trends and developments in the field. This event served as a forum for knowledge exchange and collaboration, setting a promising tone for future rounds within the neuroanesthesia community.

Watch a video of the webinar



### Canadian Airway Training: Guidelines-Based or Choose Your Own Adventure? - February 15, 2024

This event focused on the pivotal role this aspect plays in anesthesia education and its integration into the professional identity of anesthesiologists. It was acknowledged that airway education exhibits considerable variability among Canadian universities and within programs, with a notable gap in emphasizing teamwork in standard and emergency airway management scenarios. Unlike other emergencies like trauma and cardiac arrest, recognition and a predictable team response during airway emergencies were found

to be lacking. The discussion during this session aimed to tackle these challenges head-on and provided valuable insights to attendees on assessing airway guidelines effectively.

Watch a video of the webinar



### Watch a video of the webinar

### Perioperative Mental Health: The Elephant in the (Operating) Room - March 6, 2024

This event highlighted that 1 in 5 Canadians faces diagnosable mental disorders yearly, with surgical patients facing an elevated risk. Recognizing the significant impact of psychological factors on critical surgical outcomes, the session aimed to address the lack of targeted interventions and the infancy of perioperative mental health research, focusing on reviewing existing literature and introducing approaches to optimize mental health before surgery.

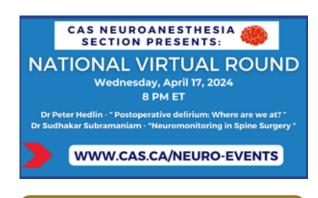
### WHAT'S UP NEXT? -



### Connecting Edges in Percutaneous Mitral Valve Repairs – The Future is Here - April 11, 2024

This webinar will feature two experts discussing anesthesia management for edge-to-edge valve repairs with percutaneous clips using intraoperative TEE guidance.

**Click here to REGISTER** 



### Click here to REGISTER

### Neuroanesthesia National Virtual Round # 2 - April 17, 2024

The CAS Neuroanesthesia Section hosts the second National Virtual Round of the year on April 17, 2024. Moderated by the Dr Tumul Chowdhury, Chair of the CAS Neuroanesthesia Section, this upcoming round will feature presentations on two crucial topics. Dr Peter Hedlin will delve into the current understanding of Postoperative Delirium, exploring recent advancements and challenges in its management. Following this, Dr Sudhakar Subramaniam will discuss the role of Neuromonitoring in Spine Surgery, shedding light on its significance in optimizing patient outcomes.



### CAS 2024 Earth Day Webinar - April 22, 2024

Climate crisis continues to affect humanity and our health. Many health care institutions are prioritizing 'Green' practice. The theme for Earth Day 2024 is "Planet and Plastics." This webinar will discuss the invisible plastics in our daily practice in health care, and how to be the leaders in advocating environmentally sustainable practice.

### Click here to REGISTER



### Perioperative Care for the Transgender Patient - May 1, 2024 - 8 PM ET

Our CAS Pinnacle Rounds Series continues throughout 2024.

Transgender patients represent approximately 2% of the general population but are some of the most underserved and underresourced patients in our care. Surgical options for gender affirming care have progressed beyond "top and bottom" surgery and can include facial reconstruction and vocal cord surgeries. Some of these may complicate interpreting our typical airway assessment and scar tissue may interfere with airway interventions. This session

will cover other considerations including chronic pain and restrictive lung physiology from chest binders, relevant comorbidities and approach to gender affirming perioperative care regardless of the planned procedure.

**Click here to REGISTER** 

### **REGISTER AT www.cas.ca/pinnacle-rounds**

Secondary Trauma in Operating Room Healthcare Providers

**Perioperative Frailty** 

The Perioperative Breastfeeding Patient

September 4, 2024 -

October 2, 2024 -

December 4, 2024

## 2024 CAS ANNUAL MEETING - JOIN US IN VICTORIA **JUNE 7-10, 2024**

On June 7-10, CAS will host the 2024 CAS Annual Meeting (AM). The site of the meeting will be beautiful Victoria, BC, and we hope to see many of our colleagues there. For those who are not attending, a select program will streamed virtually.

Register now for what promises to be a great conference. Visit **www.cas.ca/annual-meeting** and hit the register button for options. Make sure to also follow us on social media, using the hashtag #CASAM2024.











### **Expansive Scientific Program**

Each year, the conference offers an extensive scientific program comprising workshops and sessions spanning diverse anesthesia streams. Led by pioneering speakers and specialists, this program ensures attendees stay abreast of the latest innovations in the field. The Annual Meeting provides a prime platform for staying at the forefront of anesthesiology best practices, fostering hands-on learning experiences, facilitating research endeavors, and networking with colleagues. Seize the chance to engage with leading professionals, shape your personal meeting agenda, and immerse yourself in a weekend of enriching connections and insights.





2024 AM Keynote Speaker:

Dr Gunisha Kaur, MD, MA

Dr Gunisha Kaur, MD, MA is a practicing physician, medical anthropologist, and refugee health researcher at Cornell University Medical College. Dr Kaur has used her extensive background in neuroscience research as an analytical framework to pioneer the study of human rights through rigorous scientific methodology. This has involved clinical research with refugees on issues such as cardiovascular disease related to deportation stress, treatment of chronic somatic pain after torture, and the use of cutting-edge digital tools and artificial intelligence for early diagnosis of hypertension in pregnant refugee women.

### Check out the full program online



### **Hands-on Workshops**

Looking to enhance your technique and hands-on abilities? Look no further than our **AM workshop format!** Gain immediate access to peer and instructor support to refine your skills. With various options like regional nerve block, abdominal truncal block, chest wall block, perioperative serious illness guide, and more, there's something for everyone. Hurry and secure your spot as availability is limited. Register now to avoid missing out!



### Problem-based Learning Discussions – PBLDs

Back by popular demand in 2024 are the **Problem-based Learning Discussions (PBLDs)**. Dive into a more immersive learning journey with our problem-oriented approach. Explore various pathways in case evolution and leverage your expertise to make informed decisions and elevate your critical thinking skills.



### **Competitions**

During the CAS Annual Meeting, various competitions take place on-site. These include the Richard Knill Competition, the oral presentation of the highest-rated abstracts submitted to the Annual Meeting of the Canadian Anesthesiologists Society. Additionally, the Residents' Competition recognizes the finest Resident abstract, aiming to promote scientific excellence among physicians undergoing anesthesia training in Canada.

### **Resident SIM Olympics Returns**

After a hiatus due to the pandemic, the CAS Residents Section is thrilled to be planning the 4th Annual CAS Resident Simulation Olympics. This is a friendly competition run by the CAS Residents Section for the CAS anesthesia resident community.

Resident teams from across the country will compete through critical event simulations, held at the SIM Centre at the Royal Jubilee Hospital. Top teams from round one will compete in the final round to crown one team the winner of the 2024 CAS Resident Simulation Olympics.

**Learn More** 



### **Annual Business Meeting (ABM)**

The Annual Business Meeting allows members to stay informed on the progress and activities of the Canadian Anesthesiologists' Society. Gain valuable insight into our financial status and the significance of our achievements throughout the year. Listen to updates from the *Canadian Journal of Anesthesia*, CARF, CASIEF, ACUDA, and the World Federation of Societies of Anesthesiologists.



### **Exhibitors**

If you're seeking the latest innovations in anesthesia, the Exhibit Hall is your destination. The Annual Meeting greatly benefits from the financial support and in-person participation of these partners. We kindly request your assistance in ensuring they have ample opportunity to engage with you and your colleagues during the meeting.

### **Social Events**

Our charming host city, Victoria, will offer the ideal setting to connect with your colleagues in a social gathering unlike any other. Explore the beauty of Victoria and ensure you're part of this remarkable experience—join us this year, support our exceptional foundations, and be part of something truly exciting. Space is limited, so reserve your tickets now!

### **Social Events**



### **CAS Soirée**

**Date:** Saturday, June 8th, 2024 **Time:** 7:00 pm - 10:00 pm PST

Place: Victoria Conference Centre, Upper Pavilion

and Courtyard

Price: \$120 per person

### CAS Soirée - Unwind, Connect, and Celebrate in Style!

Indulge in an enchanting evening at the CAS Soirée, Saturday June 8, 2024, in the Upper Pavilion and Courtyard of the Victoria Conference Centre (VCC). The VCC is a vibrant celebration of Victoria's diverse cultures and traditions, offering a sustainable venue for the CAS Soirée.

This event isn't just a gathering—it's a chance to reconnect with old friends and forge new connections with colleagues from every corner of the country. Delight your palate with a handpicked selection of gourmet hors d'oeuvres, sample a local beer or wine, all while enjoying a live musical performance by Lust Life Jazz Band.

The CAS Soirée is a perfect way to unwind after a day of learning at the 2024 CAS Annual Meeting, while sparking conversations and memories that will last a lifetime. And that's not all—your ticket includes two complimentary drink tickets, and a feast of hors d'oeuvres to tantalize your taste buds.

Click here to REGISTER



### **CARF and CASIEF Kick Off Party**

**Date:** Friday, June 7, 2024 **Time:** 6:30 pm - 11:00 pm PST

Place: Victoria Public Market, 1701 Douglas Street # 6,

Victoria, BC

**Price:** \$120 per person

Get ready for an epic mash-up! For the very first time, **CARF** and **CASIEF** are teaming up to throw an unforgettable bash at the 2024 CAS Annual Meeting. Mark your calendars for Friday, June 7, 2024, as we kick off #CASAM2024 with a bang at Victoria Public Market. Nestled in the historic Hudson building in downtown Victoria, Victoria Public Market is a treasure trove of local goodies. Picture locally made cheese, farm-fresh groceries, delicious pies and pastries, artisanal oils and vinegars, unique retail finds, and much more.

It's not just about the freshest, tastiest treats on Vancouver Island; it's a buzzing hub of community spirit, where food, art, and entertainment collide in the most spectacular way—all under one roof! Expect a night filled with delicious food and drinks, networking with colleagues, live music, and a silent auction - all in support of the incredible work done by CARF and CASIEF.

Click here to REGISTER

### CAS AT WCA2024 -

## EMBRACING AN UNFORGETTABLE IN-PERSON EVENT IN SINGAPORE



Together We Can





On March 3-7, Singapore hosted the **2024 World Conference of Anesthesiologists** (#WCA2024), drawing in over 5,000 attendees from 142 countries. This fiveday extravaganza was a testament to the global reach and significance of the field of anesthesiology, and the first in-person WCA to happen in 8 years. The event boasted a remarkable lineup of over 550 faculty members comprising the speakers and moderators who brought their expertise to the forefront under the theme: "Together We Can".

The influence of CAS delegates was unmistakable, as they took charge as **Track Chairs**, led workshops and exciting sessions, and delivered presentations at #WCA2024. CAS also had a booth in the Global Anaesthesia Village, as part of the North America section along with the **American Society of Anesthesiologists**. We were excited to cultivate both new and longstanding connections that went beyond geographical boundaries.



CAS/ASA Collaboration – CAS Chief Executive Officer Vanessa Foran and Sarah Braun, Director of Component and Intersociety Relations at American Society of Anesthesiologists



Dr Dolores McKeen, CAS Former President; Dr Greg Manning, Chair, CAS Equity, Diversity & Inclusion Committee (EDI); Ashley Smith, CAS Director, Programs and Member Engagement



CAS delegates and office staff at #WCA2024 in Singapore

### **#WCA2024 program at a glance**

- 189 sessions
- 126 e-poster sessions
- 72 workshops
- 32 PBLD (Problem-Based Learning Discussion)

### For full information, visit www.wca2024.org

With the resounding success of #WCA2024 still fresh in our minds, the global anesthesiology community eagerly awaits the **next chapter** in Morocco in 2026, continuing this journey of discovery, innovation, and solidarity.

### Save the Date – March 2028, #WCA2028 in Vancouver, BC

CAS is proud to host the 2028 World Conference of Anesthesiologists in the vibrant city of Vancouver, British Columbia. Stay tuned for details!



CAS Treasurer Dr Hilary Grocott moderating a session at #WCA2024



### **CAS MEMBER NEWS**

Dr Colin McCartney has been honored with the 2024 Distinguished Service Award (DSA) by the American Society of Regional Anesthesia and Pain Medicine (ASRA Pain Medicine). The award acknowledges his outstanding contributions and the impact he has had on the specialty. Dr McCartney has been an active member of CAS, including being the founding co-Chair of the Hospital Chiefs of Anesthesia Section and the former Chair of ACUDA.

**Congratulations Dr McCartney!** 



**Read More** 

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### MEMBER PROFILE - DR JN ARMSTRONG

## CANADIAN AVIATION HALL OF FAME INDUCTEE

Dr JN Armstrong recently <u>earned a coveted place</u> in Canada's Aviation Hall of Fame. Renowned for pioneering initiatives such as equipping STARS (Shock Trauma Air Rescue Service) with in-flight blood transfusion capabilities and introducing airborne ultrasound technology, Dr Armstrong has been instrumental in advancing both medical and aviation practices. His leadership in integrating innovative technologies like night vision goggles into non-military aviation operations marks a significant milestone in Canadian healthcare aviation. Dr Armstrong has been a member of CAS since 1990.

## The induction into the Canadian Aviation Hall of Fame is a prestigious recognition. Could you reflect on what this honor means to you personally and its significance for the broader field of aviation and medical services?

It is obviously quite the honour and while I am not sure I actually meet that bar I'll humbly accept. My career has been an unusual one of sorts, equal parts aviation, and medicine. While seemingly different they do share numerous commonalities, and each provided opportunities to contribute to the other. The induction helps provide meaning and validity to this unusual path.

Its meaning is also reflected in gratitude. I am extremely grateful for a family that guided me and provided opportunity, Grateful for a country where this is possible, for a faculty, department and health region that not only allowed me to do this but facilitated it. Grateful for my teachers in medicine and aviation and for my anesthesia colleagues who allowed me to branch off in unusual directions but retain the privilege of still working alongside them. I have been fortunate.

On a personal and family note my father was in the first group to be inducted exactly 50 years ago. He was an accomplished, gentle man so to follow him means more than can be put in words.

### What made you decide to join STARS / become a pilot?

My father was in the aviation industry and with his help I, and all my siblings, earned our pilot's licenses. The helicopter industry at that time was strong and during my first year of undergrad I earned my commercial helicopter license. This was my summer employment as an undergrad and during medical school. In fact, I managed to continue in the industry after completion of my initial family medicine residency.

Dr JN Armstrong



During this early flying career I developed several contacts, some key members of whom went on to be involved in the initial days of STARS. STARS stands for the Shock Trauma Air Rescue Service and is the helicopter medevac program in Alberta, Saskatchewan, and Manitoba. Through these contacts, and as STARS grew in its early days, I had the opportunity to join as a Captain in 1991 just as I was finishing my anesthesia residency. I have remained with the organization for 33 years to this day as a pilot and eventually Chief Medical Officer.



Dr Armstrong flying a AW 139 helicopter on a medevac in Hinton, Alberta

## Can you share with us some key milestones and accomplishments during your tenure as a pilot and in senior medical and aviation roles with the STARS organization from 1991 to 2022?

While I was with the organization STARS grew from one base in Calgary Alberta to six bases across the three prairie provinces, a testimony to the value of the service. Starting off with one helicopter and transitioning through different types, we just recently successfully transitioned to a single medical and aviation platform with 10 Airbus H-145 helicopters. Commonality in medicine and aviation across the six bases is an extremely important safety principle and I am quite proud of having been able to move in that direction.

I also served as the clinical and academic head for the Department of Anesthesia in Calgary from 2004-2013. One of my main initiatives was to leverage my aviation background in the incorporation into anesthesia practice some of the validated safety processes in aviation such as common platforms (drug trays, carts, machines) and the use of checklists such as the safe surgery checklist and checklists for unusual anesthesia circumstances.

The article mentions your involvement in ground-breaking projects such as STARS becoming the first Canadian medical aviation service to carry blood on board and the use of airborne ultrasound. Could you elaborate on the challenges faced and the impact of these initiatives on airborne critical care?

To be clear the contributions I have made to airborne critical care have all been part of a much larger team. From the founders who established the program, to the air medical crew, flight crew, and communications crew flying the missions, to the transport physicians providing invaluable care and oversight, and to the executive and board providing strategic direction, all have been essential. I have witnessed the development of innovative programs such as the first use of night vision goggles by a civilian aviation operation, the carrying of blood and blood products on board the helicopter, and the use of airborne ultrasound for triage, assessment, and management.

Most recently we have been spearheading airborne virtual care with transmission of vital signs and point of care lab results and consultation occurring in real time while airborne in the helicopter.

The challenges with these programs were many. Often it was technical, having the right equipment that would work in the airborne environment. Other challenges revolved around the many stakeholders involved in these projects and aligning them all for a successful outcome. While having had the privilege of being involved with these initiatives it truly was all the team members that moved these developments forward.

### Can you share a memorable experience or achievement during your time with STARS that particularly stands out to you, showcasing the impact of your contributions to airborne critical care?

STARS was the helicopter medevac provider for the meeting of the G8 in Kananaskis in 2002. Being involved with the G8 as one of the physicians onsite to provide anesthesia and transport services should they have been required for any of the G8 leaders was quite the experience. It took tremendous preparation on both the aviation and medical sides. In the end, fortunately, there were no major health concerns, but it was an exciting meeting nonetheless and very memorable having met the G8 leaders and been responsible for their care.

### What's the most difficult part of your job? What would you want to see changed or upgraded in the profession?

Both aviation and medicine, especially helicopter emergency medical services and anesthesia, are high consequence endeavours that must occur at any time of day or night. It was the fatigue associated with these hours I found most difficult. Aviation is much further ahead and is very fatigue aware with proscribed duty times and fatigue management systems. Medicine, especially anesthesia, is improving - early in my career I did 72 hour in house call but it is now usually a maximum of 16-24 hours - but there is still room for improvement for the sake of patient and provider alike.



Dr Armstrong's family - left to right - niece Emily and sister Nonnie, both physiotherapists, on a medical mission in Ecuador

### What advice would you give to aspiring professionals looking to follow in your footsteps, and make a significant impact in both the aviation and anesthesia industries?

I did not set out intent on the path I ended up following. I was fortunate to have had many opportunities presented to me and many of the circumstances were serendipitous.



 ✓ I would suggest being open to the opportunities that serendipity presents to us. It's ok to take a risk and "stretch".

As John Glenn said, "We are more fulfilled when we are involved in something bigger than ourselves."

## CJA ON THE CUTTING EDGE – 2024 GUIDELINES TO THE PRACTICE OF ANESTHESIA

### Special Announcement By Dr Gregory Dobson / Dr Anthony Chau

The January issue of the Canadian Journal of Anesthesia features the 2024 revised edition of the Guidelines to the Practice of Anesthesia.¹ These Guidelines were originally developed, and are now updated annually, by the Canadian Anesthesiologists' Society (CAS) Clinical Practice Guidelines Committee and they are approved by the CAS Board of Directors. The CAS Committee on Standards has changed its name to the CAS Clinical Practice Guidelines Committee. We wish to honour all the members who have served on Standards and thank them for their vision, dedication, and commitment.

The Guidelines were initially developed in 1977. This will be the 47th annual revision and the 16th consecutive year that they will be published at the Journal. The Committee is very honoured to be granted stewardship over the Guidelines through our continuous literature review and updates. New sections are added as required and major revisions of existing sections take place when they have become outdated. Within our committee membership, we strive for broad national and anesthesia subspeciality representation as well as embracing Equity, Diversity, and Inclusion.<sup>2,3</sup> The Guidelines are intended to provide a broad framework for safe anesthesia practice in Canada, wherever it is delivered. We are very mindful, when we write recommendations, of that fact that anesthesia care in Canada is delivered in a wide variety of settings that differ notably with respect to facility size, patient complexity, location, staffing, and available local resources. Overall, the Guidelines and the accompanying editorial are widely read and frequently cited; for example, at the time of writing, the online version of the 2023 Revised Edition alone had been accessed 1,579 times and cited eight times.4



### Canadian Journal of Anesthesia Journal canadien d'anesthésie

Excellence in research and knowledge translation in anesthesia, pain, periopenative medicine, and critical care / L'excellence en recherche et en transfert des connaissance en anesthésie, en douleur, en médecine périopératoire et en soins critiques

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**Read the full Special Announcement** 

**Access the Guidelines** 

### ANESTHESIA HISTORY CORNER -

### THE REMARKABLE GORDON WYANT

(1914-2009)

### By Dr Michael Wong

Dr Gordon Wyant (1914-2009) was an important figure in Canadian anesthesia and pain medicine and made many contributions to CAS during his celebrated career.

His early life was tumultuous and fascinating. He was born in Frankfurt, Germany as Günter Maximilian Weiss, and raised as a Lutheran in a non-observant Jewish family. As the spectre of Nazism took hold of his homeland, it became clear he would need to look abroad for opportunities. He attended medical school in Bologna, Italy and graduated there in 1938 – by this time, his German citizenship had been revoked and he was barred from returning. He then pursued schooling in England as preparation for a medical mission to Africa, but ended up being detained as an enemy alien and sent to an Australian internment camp via the notorious HMT Dunera.

Eventually, he was allowed to enlist in Royal Army Medical Corps, and served in Scotland, England and in West Africa. During the war, he was able to pursue postgraduate training, and attained specialist anaesthetist status by 1946. During these formative years, he and his brother chose to adopt less German-sounding names and took on the surname Wyant.

In 1949, he moved to Chicago, where his parents had emigrated as refugees, and devoted himself to the practice of anesthesia. In a short time, he became head of the anesthesia department at Loyola University's Stritch School of Medicine. His next career move would be to Saskatoon in 1954. He became the first Chief of Anesthesia at the nascent University Hospital, a position he held for twenty years. He then took a sabbatical in 1976 and toured some of the leading chronic pain clinics in Canada, the United States, and China. Upon his return, he founded the Pain Management Service in Saskatoon, one of the earliest interdisciplinary pain clinics in Canada. He remained a member of the anesthesia department at the University of Saskatchewan until his retirement in 1987.

The Remarkable Gordon Wyant (1914 – 2009)



Wyant was a prolific researcher, with over 90 publications published over a career spanning four decades. He also served on the editorial boards of the Canadian Anaesthetists' Society Journal, The Survey of Anesthesiology, Excerpta Medica, and The Pain Clinic. His classic textbook Mechanical Misadventures in Anaesthesia (1978) can be hard to find these days but remains an informative and fascinating read.

and Respiratory Technology. He served on the CAS Council

for many years and was President of CAS from 1970 to 1971.

His many accolades included the CAS Gold Medal, Canadian Pain Society Distinguished Career Award, honorary membership in the American Association of University Anesthesiologists, and investment as an Officer of the Order of Canada.

### References

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#### **Announcements**

Follow us on social media for updates and interesting glimpses from yesteryear!

Twitter (@CAS\_History) • Instagram (cas\_history) • Mastodon (@CAS\_History@med-mastodon.com) If you have suggestions on future History Corner topics, please contact history@cas.ca

### - THE RETURN OF THE SIM OLYMPICS

The CAS Resident Simulation (SIM) Olympics returns for the 2024 CAS Annual Meeting on June 7, 2024, in Victoria, BC. This friendly competition invites Resident Members from across Canada to demonstrate their technical and non-technical skills in simulated scenarios before judges. Participants may register as teams of 2-4, or as solo participants who will be assigned to a group – with the winners sharing a \$1,000 prize. In between each round, residents can network with peers, join a game of jeopardy, and try out state-of-art virtual reality gear provided by Drager. Register by May 20, 2024 to join in the fun!

This year, we are also delighted to offer residents attending the Annual Meeting free tickets to the CAS Soirée, held in the Victoria Conference Centre's picturesque Upper Pavillion & Courtyard. **Apply early**, as limited tickets are available.

Check your emails - you should have received a **special discount code** as a Canadian resident. If you haven't received it, **contact us**.

As always, CAS is proud to provide you with complimentary membership throughout your residency. We encourage you contact us at **casresidents@gmail.com** with suggestions and feedback on how we can better support you during your studies. We look forward to seeing you in Victoria this June!

**Register for SIM Olympics** 

**Register for Annual Meeting** 

### 2023-2024 CAS Resident Section Executive



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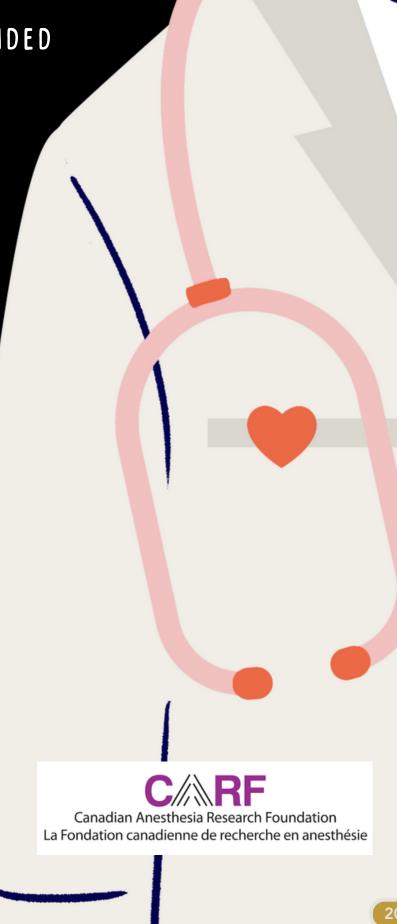
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## CANADIAN ANESTHESIOLOGISTS' SOCIETY INTERNATIONAL EDUCATION FOUNDATION (CASIEF) – SPRING UPDATE



With the COVID travel restrictions behind us, CASIEF volunteers have had a busy fall and winter, with regular teaching trips to our programs in Ethiopia, Rwanda and Guyana. In January, CASIEF put on a Vital Anesthesia Simulation Training course in Harar, Ethiopia, in which residents and faculty from all over the country participated. A VAST facilitator course was also organized, in order to train faculty to use simulation effectively in their education and teach future VAST courses. Ethiopian anesthesiology programs now have far more residents enrolled than can be effectively taught by the relatively small number of faculty in the country, so CASIEF involvement has never been more important.

Similarly, Rwanda is aiming to increase its anesthesiology workforce, and CASIEF will continue to provide regular education. In Guyana, a new Regional Anesthesia Fellowship has begun, and Canadian volunteers with these skills are welcome to participate.

A new worldwide initiative has begun to provide capnographs, and the education to use them effectively, to many low income countries, where this basic technology has still not been adopted. A new device has been produced by Smile-Train/Lifebox to be ideal for use in under-resourced areas. This has been spearheaded in Canada by Angela Enright, who has already travelled to give workshops on the use of capnography, and a campaign to raise funds for the purchase of these monitors via CASIEF has begun.

CASIEF would like to thank all of our donors, who generously support our critical mission to reduce anesthesia/surgical/obstetric morbidity and mortality

through education and advocacy. In particularly, we are very grateful to the CAS Manitoba Section for their very generous donation of \$25,000.00. If you are not already, please consider becoming monthly donors to **CASIEF**.

### 2024 CAS ANNUAL MEETING IN VICTORIA: SAVE THE DATE!

Please join us on Friday, June 7 for the CASIEF-CARF joint kick- off party at Victoria Public Market at the Hudson, 1701 Douglas Street, Victoria, B.C. There will be great food, drinks, fun and entertainment! We are also looking for donation of items for the silent auction at the event; generous donors have already provided prizes such as a one week stay at a Whistler chalet, a week rental of a cottage in Collingwood, ON, and a high tech ocean kayak! We need more items to make the silent auction a success- if you can think of more items to donate to raise funds for CASIEF's work, please contact **info@casief.ca**.

You won't want to miss the annual CASIEF Symposium on Sunday June 9! We will feature a fascinating and diverse panel of speakers on the topic of Physician Burnout in High, Low and Middle Income Countries: A Global Phenomenon!

### WE HOPE TO SEE ALL CAS ATTENDEES AND CASIEF SUPPORTERS AT THE 2024 CAS ANNUAL MEETING IN VICTORIA IN JUNE!!

Please take a few minutes to browse our **website**, our social media sites and our great **YouTube videos**. And please consider providing your expertise and **donations** to support our very worthy cause.

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

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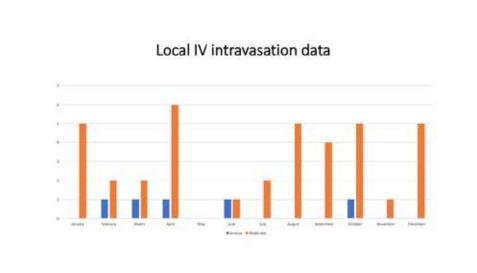
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## PIV Injuries in OR

### What is a serious PIV injury?

- Fasciotomy required
- Skin graft or tissue transfer at any time after extravasation event
- No palpable distal pulse on initial assessment (exclude chronic low blood flow conditions)
- Full thickness skin loss
- Deep partial thickness burns that extend deeply into the second layer of skin and can quickly evolve into a full thickness (or third degree) burn. Symptoms include: Red and white skin that does not blanch readily, Bloody blisters are present

### Is this a real concern?



Yes, there have been many events reported in our hospital. We also, sought input on email listserv from other departments and hospitals re concerns, work carried out to date, local guidelines if any existed. We received confirmation this is a concern across multiple sites. We also received many helpful comments and insights

### Can we predict who is at risk?

We analyzed 12-15 local events and added these to benchmarking data to identify 7 common factors ...

- a. Extremes of size (prems, neonates, high BMI)
  - b. Difficulty securing access (> 3 attempts)
  - c. Likely need for rapid fluid/blood infusion
- d. Pre-existing cannulas with long dwell time
  - e. Prolonged surgery

f. IV sites not visible (drapes, surgical tables, personnel, etc)

g. Type of infusate (e.g. Calcium, High K)

### Can we prevent injuries, or at least detect them early enough to avoid harm?

The presence of 3 or more risk factor (A-G above) prompts team discussion pre-incision regarding risk of interstitial IV during surgery and need for access to the site in order to perform hourly visual checks. Action Items 1-9 include...

- 1. Notify parents of at risk patients regarding the possibility of interstitial IV as part of the consent process.
- 2. Identify ideal PIV Cannula size for different patient populations
- 3. Consider clear drapes wherever possible, especially consider:
- [a] laparotomies in neonates and infants
- [b] where possible, use clear drapes over at risk limbs when clear drapes cannot be used over surgical site, e.g. craniotomy, limb surgery, etc.
- 4. Avoid tucking in of limbs to provide better access for PIV inspection
- [a] Minimize wrapping limbs in all patients
- [b] Use arm-boards rather than tucking for larger patients where possible
- 5. Institute hourly visual PIV inspection for cases lasting longer than two hours
- [a] Shared responsibility between anesthesia and nursing
- [b] Anesthesiologists document IV checks on anesthetic record
- 6. Recognize that despite the above recommendations, there will be circumstances e.g. need for rapid transfusion using blood pumps where PIV infiltration may not be preventable.
- 7. All interstitial IV's (both pre-existing IV's and those inserted in the OR) must be reported via the Safety Reporting System.
- 8. In the event that an IV becomes interstitial intra-operatively, the division of plastic surgery will be consulted using the hospital wide guidelines regarding PIV injuries.
- 9. This topic should be covered during the semi-annual orientation for all residents and fellows.

### Follow-up & Future Directions\*\*

- \*Zero incidence of SEVERE IV extravasation in last three years
- \*\*Identify methods (e.g. Ultrasound) to enable/confirm placement of at risk IV's
- \*\*Hourly EHR-alerts to check at-risk IV
- \*\*Consider use of new Interstitial IV detection devices in high risk patients if / when these become available

For more information: mark.levine@sickkids.ca

### Blood Pressure in the Operating Room

### Please join us for an educational webinar in collaboration with the Canadian Anesthesiologists' Society

Blood pressure in the operating room: Physiology, measurement, and targets

Thursday, April 18, 2024 • 7:00рм – 8:00рм ET

This webinar explores the physiology of blood pressure regulation, emphasizing its crucial role in the operating room. Topics include mechanisms of blood pressure control, perioperative changes, and measurement techniques. Focus on setting optimal targets for various surgical scenarios to enhance patient safety and outcomes.

### **Learning objectives:**

- 1. Understand the physiology of blood pressure and organ perfusion
- 2. Describe the ease of use, accuracy, and reliability of measurement techniques
- 3. Explain the rationale behind BP targets

### Presenter



Ahmad Alli MD, MMed, FRCPC Staff Physician, Medical Director CVICU St Michael's Hospital, Toronto Assistant Professor, Department of Anesthesia University of Toronto

#### Moderator



Michelle Marina
Senior Manager Professional
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RSVP by April 17, 2024



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# CAS ONTARIO DIVISION - SAVE THE DATE: ONTARIO ANESTHESIA MEETING AND CONFERENCE WEEKEND - SEPTEMBER 27-29, 2024

Ontario's Anesthesiologists, a Section of the Ontario Medical Association, invites you to join us this fall for our annual Ontario Anesthesia Meeting! This year's conference returns to the Marriott Downtown at CF Toronto Eaton Centre from Friday, September 27 to Sunday, September 29, with an optional Leadership Development Day for anesthesiologists on Thursday, September 26.

The conference will feature an exciting academic program built around current and clinically relevant topics. It will be led by engaging speakers representing academic and community practice across Ontario who will aim to elevate the quality of anesthesia care and deliver presentations that are both insightful and practical.

Registration for the OAM will open this summer. To learn more about the conference, please visit us online or contact us by email.



## CPAS 2024 – OTTAWA **SEPTEMBER 13-15, 2024**

Please join us for an exciting three days in Canada's National Capital Region of Ottawa/Gatineau hosted by the Department of Anesthesia and Pain Medicine at Children's Hospital of Eastern Ontario (CHEO).

We have prepared a line-up of leading speakers presenting on contemporary topics sure to provoke interesting discussions. This year's theme is "Improving Access and Equity in the Delivery of Pediatric Anesthesia Care in Canada". Conference sessions will include lectures and panel discussions on topical issues such as:

### Addressing racial & sociocultural barriers and disparities in patient care and outcomes.

- Providing quality care in low-resource settings.
- Standardized protocol uses in pain management, sedation, & blood management
- The use of technology/Al in pediatric anesthesia care.
- Advances in Acute and chronic pain management.
- The State of Pediatric Anesthesiologists in Canada: Present & Future.

and many more.

Looking forward to seeing you in our Nation's Capital from September 13-15! Save the date!

The 2024 CPAS Conference Organizing Committee





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### **How to Access the Modules:**

Instructions can be found on the Canadian Anesthesiologists' Society website at: www.cas.ca/cpd-online

All modules are an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by the Canadian Anesthesiologists' Society.

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





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#### **Publisher:**

Canadian Anesthesiologists' Society 455 Danforth Avenue, Unit 469 Toronto ON M4K 1P1 Canada **Editor-in-Chief:** Dr Andrew Nice

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