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ANESTHESIANEWS

PRESIDENT'S MESSAGE



ur busy lifestyles, long working hours, limited sleep, and high-stress working environments make us prone to many mental health-related issues, including depression and suicide. We struggle to recognize the symptoms in ourselves, dismiss our feelings, and fail to find help despite being acutely aware of the consequences. Unfortunately, male anesthesiologists seem particularly adept at death by suicide, while female physicians suffer from high rates of major depression. This represents just the tip of the iceberg when it comes to physician wellness

and mental health issues, with mood disorders, sleep disorders, and intimidation or bullying in the workplace being far more common.

The American Society of Anesthesiologists (ASA) developed its health and wellness in action initiative in 2007 with the aim of raising awareness about physician health. The Australia and New Zealand College of Anaesthetists (ANZCA) recently started its "Long Lives, Healthy Workplaces" initiative, again, with the aim of providing better support for mental health issues in both staff and trainees. In addition to an online toolkit, ANZCA has also funded a toll-free support line for anesthesiologists to call to get advice and support from colleagues. Death of a patient is a known major stressor in the working lives of anesthesiologists, and it was felt that such a hotline would be important. The Association of Anesthetists of Great Britain and Ireland (AAGBI) has placed a focus on fatigue management, which has developed into a fight fatigue campaign, again with the aim of raising awareness through online resources.

Through my travels over the last several months, the issue of physician wellness was frequently brought to my attention and felt to be a priority by many members. Interestingly, although we have recently established an environmental section of the CAS, we do not have a physician wellness interest group. As we move to develop a new web platform, we hope to provide additional resources to Canadian anesthesiologists related to wellness. The Annual Meeting in Calgary will feature two half-day pre-conference workshops addressing the subject: Turning Burnout into Joy and Achieving Well-Being Throughout and at End of Practice. We are also interested in hearing from you, our members. How important is physician wellness to you? What resources would you find helpful? Would a physician wellness section be important? What about specific talks at the Annual Meeting related to physician wellness? Please give us your feedback. We would be very interested in hearing your thoughts and welcome your participation.



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You can reach me at <u>president@cas.ca</u> or <u>anesthesia@cas.ca</u> and, of course, via social media: <u>Twitter</u> and <u>Facebook</u>

Speaking of the Annual Meeting and wellness in general, 2019 Calgary is fast approaching. Join us for fellowship, fun and great learning opportunities, and what a great city to take the family. To the east of the city, you will find Drumheller and the Badlands, a great place to take any dinosaur lover. To the west, of course, are the Rocky Mountains with an immense number of outdoor activities. (If you have the stamina, the hike to the tea house at Lake Louise is worth the time.) Calgary is a wonderful city – the Calgary Zoo is world famous and at this year's meeting CASIEF is offering a "behind the scenes" tour. Stay for the dinner after and be treated to a talk on veterinary medicine by one of the Zoo's very own veterinarians. The President's Dinner is taking place on Saturday and this year we are calling it the President's Party, with a country theme (jeans, boots, and hats)! It will be held at Gasoline Alley in the Heritage Park Historical Village and a good time will be had by all. Hope to see you all there.

Dr Daniel Bainbridge President

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CAS ANNUAL MEETING JUNE 21 – 24, 2019 | CALGARY, ALBERTA

n 2018, CAS proudly celebrated its 75th anniversary by bringing together many renowned members of the profession throughout the year and at the Annual Meeting. This opportunity reminded us of the incredible advances we have made since our founding in 1943 and created excitement around what the next 75 years of anesthesia excellence will bring. CAS is committed to providing innovative leadership and excellence in anesthesiology, perioperative care, and patient safety and the Annual Meeting is an important part of this vision.

At the 2019 Annual Meeting, we continue to provide an innovative scientific program and a space for discussion on important topics affecting anesthesiologists across the country right now, including physician wellness and the opioid crisis. The scientific program showcases notable speakers, leading-edge topics to challenge your thinking, and the latest trends in research and clinical methodology. Please mark the dates—**June 21 – 24**—and make plans to be part of your Society's premier event in 2019.

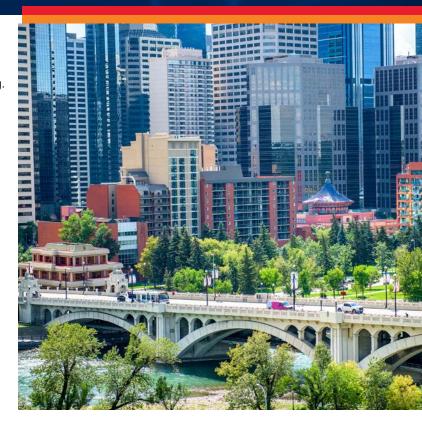
Not to be missed:

- Following last year's success, a comprehensive list of 2019 Problem-based Learning Discussions (PBLDs) are available, including 12 topics covering Critical Care, Perioperative, Pediatric, Obstetric, and more.
- The <u>pre-conference workshop program</u> will feature both basic and advanced POCUS (Point of Care Ultrasound) courses, and new to the roster this year, are two physician wellness workshops (these are consecutive workshops – you can register for one or both).
- The meeting is a prime way to receive many targeted and valuable CME credits, and offers the opportunity to interact with many of your colleagues in one location. The three-day program features notable speakers and educators. Our keynote speakers are:

Opening Plenary: "Depth of Anesthesia and Long-Term Outcomes" Professor Kate Leslie, SPHPM Adjunct Professor, Specialist Anaesthetist, and Head of Research in the Department of Anaesthesia and Pain Management, Royal Melbourne Hospital, Australia

Angela Enright Lecture: "We All Belong— Advancing Diversity, Equity and Inclusion in Anesthesiology"

Dr Patricia Houston, Vice Dean, MD Program, University of Toronto and past president of CAS.



- Stay on top of the latest research by attending abstract poster presentations, the Richard Knill Competition, and the Residents' Competition.
- Reconnect with former colleagues, collaborate with existing colleagues, and make new connections at one of the many networking events available throughout the weekend, re-imagined this year to match the fun and relaxed vibe of Calgary.
- Meet fellow members at stimulating <u>Section Events</u>, designed to target meaningful topics of most importance in your area of specialty. Be prepared to participate!
- Come and cheer on your favourite team at the annual Resident's Simulation Olympics, where teams of four compete head-to-head in resuscitation simulation scenarios. Resident-specific sessions and a Fellowship and Career Fair are also not to be missed.
- Are you a speaker or moderator? A facilitator? Or a
 peer ready to get involved? CAS is proud to offer our
 Annual Meeting speakers with 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, a
 moderator program, and a PBLD facilitator training program.

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CAS ANNUAL MEETING JUNE 21 – 24, 2019 | CALGARY, ALBERTA (CONT'D)



continued from page 3

The 2019 CAS Annual Meeting and exhibits will be held primarily in the <u>Calgary TELUS Convention Centre</u> (CTCC) located in the heart of downtown. The CTCC offers easy access to each of the host conference hotels: Hyatt Regency, Marriott Downtown and the Fairmont Palliser. You will find many of Calgary's finest and favourite restaurants just a short walk from the CTCC, along the city's only pedestrian mall, Stephan Avenue, which is right outside the doors.

Don't miss all that Calgary has to offer! Along with Calgary's famous hospitality, visitors enjoy uncompromised convenience and a meeting destination they will not forget. As an attendee, you will have plenty to do outside of your itineraries, whether it's taking part in one of the 700-plus annual cultural events, experiencing the cuisine at over 6,000 restaurants, shopping at hundreds of unique retail venues, or enjoying the city's arts and entertainment scene.

Additionally, Calgary boasts over 18 tourist attractions including the Calgary Zoo, Canada's Sports Hall of Fame, Studio Bell (home of the National Music Centre), TELUS Spark, the Olympic WinSport facility, and the Calgary Tower. If it is an outdoor adventure you crave, take a short drive outside the city limits to the Canadian Rockies or to other UNESCO World Heritage sites such as Waterton Glacier International Peace Park, Head-Smashed-In Buffalo Jump, and Dinosaur Provincial Park.

REGISTRATION IS NOW OPEN!

For more information about the Annual Meeting and to register, go to: www.casconference.ca

CONGRATULATIONS TO OUR 2019 HONOUR AWARD WINNERS

The CAS Honour Awards program celebrates the diverse representation of anesthesiologists across Canada and their achievements. It is with great pleasure that CAS announces the winners of the 2019 Honour Awards and thanks them for their major contributions to the field of anesthesiology.

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



In recognition of excellence in a career in service to anesthesiology, the CAS is pleased to present **Dr David Mazer** with the **Gold Medal**. The Gold Medal is the highest award of the Canadian Anesthesiologists' Society.



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



CAS awards the CAS

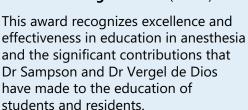
Clinical Practitioner Award to

Dr David Bell. This award recognizes a

CAS member who has made a significant contribution to the practice of clinical anesthesia in Canada.



This year, CAS is pleased to present two **John Bradley Young Educator Awards** and heartily congratulates both **Dr Sonia Sampson** (left) and **Dr Jennifer Vergel de Dios** (below).





The Emeritus Membership Award recognizes an individual retired from clinical practice who, during their career, made a significant contribution to anesthesia. This year, we recognize **Dr Anthony Boulton**, congratulate him on his retirement, and thank him for his years of professional citizenship.

Thank you to those who nominated these excellent candidates.

Come to Calgary to celebrate with the 2019 winners at our Annual Meeting! Award winners will be honoured on **Monday**, **June 24** at the **CAS Awards Ceremony & Angela Enright Lecture Luncheon**.

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

The call for nominations will come in Fall 2019.

IN MEMORIAM: DR MATS G THÖLIN 27 MAY 1947 – 13 JULY 2018



In 2018, the Department of Anesthesia of Vancouver General and University of British Columbia Hospitals lost one of its most important members, Dr Mats Thölin, who died in July 2018, one year after being diagnosed with pancreatic cancer. He is survived by his wife Harriet, son Marcus and daughter Anna, and sister Eva.

ats led a remarkable life and one that he said could never have been predicted. Its many highlights were partly the result of chance but also his willingness to say "yes" to opportunities and challenges.

Mats was born in Lund, Sweden in 1947 and graduated from the University of Lund's School of Medicine in 1973. Medical training had been combined with obligatory military service, so Mats was awarded his MD at the same time he achieved the rank of Lieutenant in the Swedish navy. Following a short time in general practice in northern Sweden, Mats studied at the University of Göthenburg, completing specialty training in anesthesia and critical care in 1977. He moved to Vancouver the following year for further training and joined the VGH Department of Anesthesia in 1981.

In 35 years of anesthesia practice, Mats' contributions were many and varied. He was a superb clinician, providing the highest level of anesthesia and post-operative care to thousands of patients, while at the same time making work easier for every surgeon, nurse, and anesthesia assistant he worked with as a result of his calm, expert, experienced approach. He was a member of the Division of Cardiac Anesthesia for 30 years, and during that time was Medical Director of the Cardiac Surgery ICU for 15 years. Under his direction, the CSICU enjoyed a remarkably high level of success in patient care and efficiency while maintaining excellent staff morale.

Mats was a Royal College examiner from 1986 to 1990. During his term, he strove to make the specialty examination process more "real life", with greater emphasis on candidates' in-training evaluations. He was a devoted teacher and for more than 15 years was in charge of the senior residents' seminar series to the benefit of hundreds of UBC

anesthesia trainees. His contributions were recognized by UBC and Mats achieved the rank of Clinical Professor in 2008.

Straight forward and direct, always standing up for what he believed in, Mats was also a skilled negotiator. One of the contributions he was most proud of was the role he played in negotiating the Clinical and Academic Services Contract for the VGH Department of Anesthesia in 2001. This agreement, later expanded to include UBCH, resulted in an expansion of the department's postfellowship program, increased research time and academic output, and the recruitment and retention of an entire new generation of anesthesiologists to VGH/UBCH.

Aside from his professional life, Mats was devoted to his family. They spent a great deal of time together exploring the west coast in their 35' boat, "Annabelle", followed by more time together at their beautiful property on Hardy Island. Mats and Harriet travelled extensively during their 37 years together, visiting almost every corner of every continent. Mats was also a devoted sportsman, both participant and fan — for many years he wrote a sports column in the Vancouver Swedish Press Magazine. He was also active in the community, involved for many years in the Wallenberg Sugihara Civil Courage Society. At the local level, he lobbied Vancouver City Hall endlessly, his efforts resulting in many improvements in the South False Creek area where he and Harriet lived together from 1981.

Gifted clinician, teacher, team player, and leader, Mats made contributions to VGH and UBC anesthesia matched by very few. He is now deeply missed by his family and by many, many friends and colleagues.

Raymer Grant MD, FRCPC Anthony Boulton MD, FRCPC Vancouver

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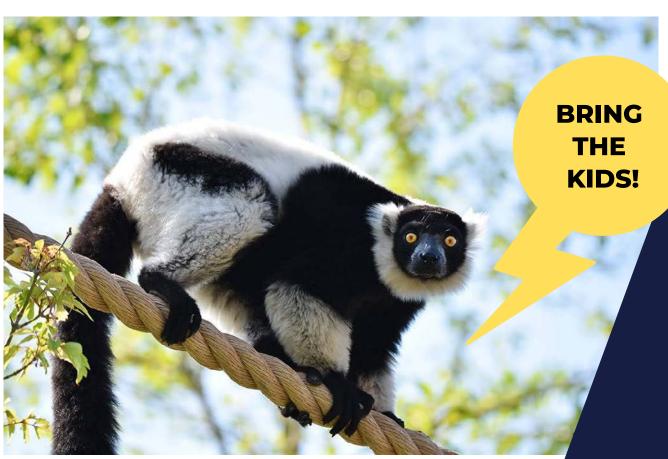


EACH TEAM MUST INCLUDE AT LEAST ONE PGY1 OR 2 RESIDENT



FAMILY FUN DINNER AT THE CALGARY ZOO

SUNDAY, JUNE 23 RECEPTION: 18:00 / DINNER & SPEAKER: 19:00-22:00



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REGISTER ON WWW.CASCONFERENCE.CA





DR DANIEL McISAAC AND CO-INVESTIGATORS RECEIVE \$1.2M GRANT

he Canadian Institute of Health Research (CIHR) has awarded Dr Daniel McIsaac and co-investigators a \$1.2M grant over three and a half years to fund the PREPARE Trial: a parallel arm multicenter randomized trial of frailty-focused PReoperative Exercise to decrease PostoperAtive complication Rates and disability scorEs (PREPARE).

PREPARE will address key priorities set by patients and clinicians, specifically, how to improve care and outcomes for the growing number of older people with frailty presenting for surgery by assessing how preoperative exercise can impact post-surgery outcomes. It will also test a home-based preoperative exercise intervention to enable older patients who would like to receive more care at home and routinely find it difficult to make it to the hospital for appointments and classes. "Hopefully, our findings will provide important insights into a high-priority intervention, and empower patients to contribute to improving their outcomes," Dr McIsaac explains.

PREPARE is supported by the Perioperative Anesthesia Clinical Trials Group (PACT), and many Canadian departments of anesthesiology have members who are involved as collaborators and co-investigators. These networks—along with CAS—helped investigators identify surgeon co-champions at many study sites, allowing the trial to be the multidisciplinary study it must be in order to launch an exercise intervention three or more weeks before surgery.

Dr McIsaac was the 2017 recipient of the CAS Career Scientist Award, part of which focused on the PREHAB trial, the single center pilot study for PREPARE. Receiving the Career Scientist Award contributed to the successful CIHR application in other ways as well.

"Having the additional protected research time that comes with salary support allowed me to expand my focus from maintaining the scope of my research program to growing it," Dr McIsaac says. "It is helpful when describing yourself to a funder like CIHR that the scientific work you do has been recognized by your specialty organization as highly relevant and important, and that you have the indirect support of your colleagues across the specialty of anesthesiology, having proven success in a career as a scientist."

PREPARE plans to launch in Fall 2019 at lead centres with subsequent rollout into late 2019 – 2020.

At the 2019 Annual Meeting, Dr McIsaac will be leading the Perioperative PBLD "Preoperative Frailty Assessment" on Saturday, June 22, 07:00 – 08:00 and presenting during the "Care of the Frail Elderly Patient Undergoing Surgery" session on Sunday, June 23, 12:00 – 14:00.



DR RUDY NOPPENS RECOGNIZED FOR EXTRAORDINARY CONTRIBUTIONS

ecently recognized internationally for his extraordinary contribution to the field of airway management, CAS member, Dr Rudy Noppens, received the honour of becoming a Fellow of the European Airway Management Society (FEAMS) at the European Airway Management Congress in Italy. At the December 2018 Congress, Dr Noppens presented a lecture, scientific abstract, and instructed a workshop.

Dr Noppens is Associate Professor of Anesthesiology and Physiology and Pharmacology at Western University, London, Ontario. He is also the program director of Neuroanesthesia at London Health Sciences Centre (Canada).

Dr Noppens is a key participant in the CAS Neuroanesthesia Section and also sits on the CAS Scientific Affairs Committee. At the 2019 Annual Meeting, he will be leading the Neuroanesthesia PBLD entitled "Special Considerations for Airway Management and Ventilation in Prone Spine Surgery" on Saturday, June 22, 07:00 – 08:00.

CAS CAIRS PROGRAM: EXCITING NEWS!

he Canadian Anesthesia Incident Reporting System (CAIRS) was launched in the spring of 2018, providing a system to collect and analyze anesthesia incidents in an effort to improve the safety and quality of anesthesia for patients in Canada. A Management Committee was struck to oversee program development and data analysis, and we are very pleased to report that Dr Kathryn Sparrow has now been appointed as Chair. CAIRS is an anonymous program that can be incorporated into hospital systems to assist anesthesiologists in reporting, evaluating, and receiving feedback on anesthetic incidents. The results of the incident analyses can be fed back into the system as part of a quality improvement system.

CAS encourages all members to continue participating and learning about CAIRS—only through the adoption and widespread use of the system can we achieve the goal of enhanced patient safety. To learn more about CAIRS and how it works, visit: help.cairs.ca.

To submit a report, please visit: <u>cairs.ca</u>. To enter a report, you are required to enter your CAS member email address (i.e., the email that CAS has in its membership system for you) as well as your CAS member number. The data you enter in CAIRS is completely anonymous. No personal information regarding the clinician entering an incident is stored in the CAIRS database. If you do not know your member number, please contact <u>membership@cas.ca</u>.

Learn more about the importance of incident reporting systems at the Annual Meeting in Calgary!

CAIRS will be the focus of this year's President's Symposium on Saturday June 22 at 13:15 – 14:45. The lecture will introduce the concept of incident reporting systems, how they help improve anesthesia care delivery, and what information can be learned from them. It will also review CAIRS and its interface and provide examples of how to enter data into this system.

Donations received between Ian 1 2018- Dec 31 2018

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CASIEF: FROM RWANDA TO ETHIOPIA

By: Dr Patty Livingston

Prior to the CASIEF-University of Rwanda residency program, there was one anesthesiologist in the country. On my first teaching visit in 2008, there were eight residents with no designated teaching space. We moved from one borrowed teaching area to another, often to be displaced by another group. Teaching was lecture-based from a short curriculum topic list for residents who spoke little English. Anesthesia was viewed as an undesirable specialty by medical students; recruitment to residency was poor.

ow in 2019, 40 anesthesia residents have a full academic day each week in a simulation centre. There is a one-year curriculum for foundations (1st year) and a two-year curriculum for core (2nd and 3rd years). Fourth year residents are involved in teaching. Teaching methods have moved from passive to active. Anesthesia selects the best medical student candidates and has full enrolment. Program graduates are in leadership positions — head of department, program director, site chiefs at hospitals — and are contributing to global scholarships in areas of pain management and research. The commitment by CASIEF

staff, fellows, residents, and donors has greatly contributed to success in Rwanda.

CASIEF has a newer program in Ethiopia, the second most populous African country with over 100 million people. Ethiopia has a new Prime Minister who is committed to reform, peace, and stability. In this large country, there are only 42 anesthesiologists.

Most anesthesia is provided by approximately 1,000 non-physician anesthetists (NPAs). There are 60 residents in three programs, so teachers are needed.

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Participants and faculty for the VAST Course in Addis Ababa, Ethiopia

CASIEF: FROM RWANDA TO ETHIOPIA (CONT'D)

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"We did our best to create a supportive environment, used demonstration as much as needed, and encouraged translation to Amharic to be sure everyone understood." After teaching in Rwanda, our team was invited to deliver the Vital Anesthesia Simulation Training (VAST) Course in Addis Ababa, Ethiopia for a mixed group of anesthesia residents, NPAs, surgical trainees and nurses. The VAST Course is a three-day simulation-based course that teaches essential anesthesia practices and non-technical skills for the most commonly encountered clinical situations (sick laparotomy, obstetrics, pediatrics, trauma, pain management, etc.). The course was first developed and delivered in Rwanda.

Our team included Julian Barnbrook (CASIEF-Ethiopia lead and anesthesiologist in Prince George), Dave Rawson (Dalhousie anesthesia global health fellow), Chris Charles (CASIEF Board member and University of Toronto resident), Stephen Middleton (Dalhousie resident), Emma Harris (Ottawa resident), Laurence Mizero (Rwandan simulation coordinator) and me (Dalhousie anesthesiologist and former CASIEF-Rwanda lead). We had planned a two-day facilitator course to prepare local leaders to run future courses, before launching into the VAST Course itself. We were delighted to find the local team had gathered the necessary equipment and arranged a bright, cheery space in the hospital simulation centre for the course.

We quickly recognized that we were working with a talented group of trainee facilitators: three strong women anesthesia department leaders (Mahder, Fetiya and Mahelet) and a senior resident (Destaalem). Before long, we were functioning as a well-practised team and ready for the course proper. The course participants had no experience with simulation other than using task trainers for skill acquisition. They were initially very quiet, and our team started wondering if the course would work. We did our best to create a supportive environment, used demonstration as much as needed, and encouraged translation to Amharic to be sure everyone understood. The inbuilt flexibility of simulation and the VAST scenario design was a great help. Soon people bought into the role-play and debriefings. Scenarios increased in complexity and, on day three, we saw some excellent performance in complex situations. Participant feedback was exceptional with many requests for "more often", "include more of the team", and "come again".

There is an enormous need for worldwide anesthesia education. Strong local partners welcome our participation. Canadian staff, residents, and fellows have found teaching visits highly rewarding. Please continue to support CASIEF through your time and donations. It does make a difference.





ETHICS COMMITTEE

Dr Ian A Herrick, FRCPC Chair

he Ethics Committee is responsible for advising the CAS Board of Directors on matters pertaining to the protection of human rights and values in light of ethical, scientific, and technological progress in anesthesia, medicine, and society in general. Committee members are generally practising CAS members from across Canada with an interest in bioethics (non-anesthesiologists may also be appointed with the approval of the Board if special expertise is needed and a resident representative is also included among the members).

The Committee also hosts an ethics symposium and various patient-based learning sessions at the national Annual Meeting designed to encourage discussion and debate on ethics issues relevant to Canadian anesthesiologists. Recent symposium topics

include: "Physician-assisted death in Canada", "Healthcare communication and social media — the ethics of privacy in an electronic world", and "Ethical challenges teaching anesthesia".

In 2019, the ethics symposium will join several other CAS education sessions at the national meeting to collectively explore the role that anesthesiologists can play to mitigate opioid associated harm. The session will be entitled: "First do no Harm: The Ethical Role of Anesthesiologists in the Opioid Crisis". This year, the Committee also launched a review and update of the 2002 guideline on "Peri-Operative Status of 'Do Not Resuscitate' (DNR) Orders and Other Directives Regarding Treatment". Ethical issues abound in the practice of medicine and permeate many facets of clinical and academic anesthesia practice. I have chaired the Ethics Committee for five years and, together with a talented and committed group of colleagues, enjoy the opportunity to provide support to the CAS Board as well as the broader Canadian anesthesia community in addressing ethical issues that underpin our practice.

ACTIVITIES AT CAS

SPRING IS A BUSY TIME AT CAS!

ANNUAL MEETING PREPARATIONS

We are busy preparing for the Annual Meeting, while working with committees and sections on their important work, determining winners for our award programs, and developing new CPD modules for members.

CAS TO LAUNCH NEW WEBSITE IN JUNE

We are also enthusiastically working on creating a completely new CAS website, which we will be excited to share with members at the Annual Meeting in June. The new website design will be interactive and user-friendly, featuring live newsfeeds, social media interactivity and multi-platform capabilities. Visitors to the site will be able to discuss the latest anesthesia news and network with peers on forums and discussion boards. Additionally, members of sections and committees will have access to regularly updated content in their respective fields.

Stay tuned for more updates on content and development!

CAS' NEWEST SECTION IS ANNOUNCED!

CAS is pleased to announce the creation of a new Section: Hospital Chiefs of Anesthesia (HCA)

he foundation of the new Section began in 2018, led by Dr Susan O'Leary, Dr Colin McCartney, and Dr Pascal Labrecque. After an introductory meeting at the Annual Meeting in Montreal, the Section agreed to provide a forum for chiefs to create and build a vision and mission for leadership of clinical departments and anesthesia services in Canada. Section membership will consist of chiefs and local chiefs of anesthesia in Canadian hospitals. This includes both board-certified anesthesiologists and family practice anesthetists who assume the role of a chief. Like all CAS sections, HCA will endeavour to foster the education, interests, and advocacy of its members.

Drs O'Leary, McCartney and Labrecque welcome all interested Chiefs to join in the inaugural meeting in Calgary on Saturday, June 22.

DEAR CHIEFS:

As a Departmental chief, site, local or hospital chief, you have many duties and responsibilities in your day-to-day work in leading the Anesthesia Department in your hospital. The newly formed Hospital Chiefs of Anesthesia (HCA) section of the Canadian Anesthesiologists' Society is very interested in hearing from you. We want to learn about your unique position as a chief in your hospital. We are interested in hearing about your challenges as well as your success stories, so that our shared experiences may generate ideas and solutions to benefit us all.

Last year at the CAS Annual Meeting in Montreal, a group of chiefs from different parts of Canada came together and started this conversation. The topic of the role of the chief in a Department of Anesthesia generated lots of discussion. The duties and responsibilities, the type of agreement or contract, the accountability, the remuneration, and hours of work were only a few of the issues raised by those present. It is very clear that the job of being a Chief of Anesthesia in Canada involves significant investment of time and energy and it seems that up to now, we have all been dealing with similar issues but independently.

The CAS HCA Section will create a network **of** chiefs **for** chiefs and topics like those raised at our inaugural meeting will finally have a forum for chief/peer communication. The HCA will be what you as chiefs want it to be to help you via the best possible means. With this introduction, we would like you to join us at the next meeting of chiefs in Calgary.



SAVE THE DATE 20-24 SEPTEMBER 2019



Professor lain Moppett

ENGLAND



A/Prof. Glenn Woodworth

USA



Colin Royse
AUSTRALIA

Professor



A/Professor Lisbeth Evered AUSTRALIA



Professor Pam Macintyre AUSTRALIA

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

CPD MODULE: Synopsis of the point-of-care ultrasound assessment for perioperative emergencies
April 2019

ALSO AVAILABLE

- Updated guide for the management of malignant hyperthermia June 2018
- Anesthetic implications of recreational drug use
 December 2017
- 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

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 partner:





Anesthesia News is published by the Canadian Anesthesiologists' Society (CAS).

CAS welcomes comments and suggestions from readers.

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Publisher:

Canadian Anesthesiologists' Society 1 Eglinton Avenue East, Suite 208 Toronto, ON, Canada M4P 3A1

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Fusion Design Group

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