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VOLUME 30
NUMBER 2
JUNE
2015

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Innovative leadership and
excellence in anesthesia,
perioperative care, and
patient **safety**

ANESTHESIANEWS

PRESIDENT'S MESSAGE



Ongoing participation in continuing education and professional development (CEPD) is a fact of life for all health care professionals. Recently, I read a study that explored why some health practitioners attend CEPD activities and others do not, and what motivates doctors to attend formal educational events. That got me thinking about how I often hear both sides of that story when discussing CEPD with colleagues across the country and then, more importantly, I wonder what to do with that information.

Here are some reasons to participate in CEPD: professional development, personal growth, learning, self-improvement, and opportunities to network. Also I understand the challenges to CEPD: volume of work, other professional and personal commitments, logistics, lack of time to travel, and financial/budgeting implications.

The article "Faculty development: if you build it, will they come"¹ takes an interesting approach to the development of continuing education. While this study is not specific to anesthesiologists, the idea is that if good quality and relevant education is targeted to the needs of clinicians, they will want to come. I think we need to pay attention to this on a broader scale as we consider how CEPD can be made more accessible to our members. CAS members can be involved in articulating what types of activities satisfy their CEPD needs. I encourage broader dialogue on this topic.

But in order for CAS to deliver educational programming that members want, we need your input to develop that desired content. For example, our Annual Meeting Committee puts together a leading-edge program that focuses on the clinical practise of anesthesia and patient care. The CPD online learning modules address relevant topics. I can't stress enough the importance of member input to this process—if you have an idea or need related to CEPD, please speak up and be heard.

¹Steinert, Y., Macdonald, M.E., Boillat, M., Elizov, M., Meterissian, S., Razack, S., & McLeod, P.J. (2010). Faculty development: If you build it, they will come. *Medical Education*, 44 (9), 900-907. doi:10.1111/j.1365-2923.2010.03746

continued from page 1

CAS needs your input because only through direct and tangible feedback from our members can we create or support programming that appeals and delivers. Once we have this enhanced understanding, we can act on it. Then, I believe, they will come if we build it.

Choosing Wisely Canada: How to do better with less

At the CAS Annual Meeting, I will be hosting a dynamic and interactive session where we will share the results of the CAS Choosing Wisely Canada survey. Five Canadian experts will present and discuss the “top five tests and procedures anesthesiologists and patients should question” as determined by the survey respondents.

What is particularly important is that the ideas belong to the members and all of this serves as an important foundation for continued and widespread engagement in the Choosing Wisely Canada initiative.

Please join us in Ottawa from June 19 – 22

I look forward to seeing members and guests in Ottawa. The Annual Meeting Committee and the Local Arrangements Committee (chaired respectively by Dr Daniel Bainbridge and Dr Tammy Barrows) have put together a dynamic, interesting, and “not to be missed” program.

Dr Susan O’Leary, FRCPC



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2015 ANNUAL MEETING: OTTAWA AWAITS YOU!

The countdown to the 2015 Annual Meeting in Ottawa is on. If you haven't registered, we encourage you to do so as soon as possible: www.cas.ca. From the learning and networking opportunities available to delegates through the stimulating scientific program and ample networking opportunities to the social activities organized by the Local Arrangements Committee, you won't be disappointed. We look forward to welcoming you to Ottawa!

Planning to see the sights and sounds of Ottawa? Visit Tourism Ottawa's official website for information: www.ottawatourism.ca.



THANKS FOR YOUR GENEROSITY CANADIAN RED CROSS EFFORTS ENHANCED IN NEPAL

When the earthquake struck in Nepal, many Canadians were touched by the widespread devastation and immense loss. Your online fundraising portal has raised \$7,335.00 to date.

But where there is concern and compassion, there is hope and a helping hand. In the days and weeks following the earthquake, the outpouring of support from groups and communities across the country was truly incredible.

Thanks to the efforts of fundraisers like you, the Canadian Red Cross was able to provide immediate and ongoing relief to help the people of Nepal get through the worst of this disaster.

Your support enabled Red Cross workers and volunteers to distribute vital aid, including shelter, clean water and emergency items. At our field hospital, Canadian aid workers continue delivering critical medical care.

Without your dedicated fundraising efforts, our relief work in Nepal simply would not be possible.

Should you wish to donate, fundraising is open until July 3, 2015

CONGRATULATIONS TO THE WINNERS!

RECOGNIZING EXCELLENCE

CAS is pleased to announce the winner of the 2015 Emeritus Membership Award:



Dr John Cowan
Ottawa, ON

Until his retirement in 2014, Dr Cowan provided outstanding anesthesia care in Ottawa for 41 years. He was a mentor and teacher to countless anesthesiologists, willingly sharing his valued clinical knowledge. Dr Cowan served as CAS President in 1997–1998, and helped with the 2000 World Congress of Anaesthesiologists' meeting in Montreal. In 2006, he was awarded the CAS Gold Medal.

2015 RECIPIENTS ANNOUNCED FOR RESEARCH PROGRAM, OPERATING GRANTS AND CAREER SCIENTIST AWARD

NEW INVESTIGATOR AWARD



Canadian Anesthesiologists' Society Research Award (\$30,000)

Dr Nader Ghasemlou

- Queen's University – Anesthesiology and Perioperative Medicine
- Kingston General Hospital
- Kingston, ON

Inflammatory Mechanisms Controlling Circadian Rhythms of Neuropathic Pain

RESIDENTS' RESEARCH AWARD



Ontario's Anesthesiologists – CAS Residents' Research Grant (\$10,000)

Dr Josh Bell

- University of Toronto – Anesthesia
- St. Michael's Hospital
- Toronto, ON

A Pilot Study of Sub-anesthetic Ketamine Infusion for Neuroprotection after Aneurysmal Subarachnoid Hemorrhage: Effects on White Matter Integrity, Inflammatory Biomarkers, and Neurocognitive Outcome.

SUBSPECIALTY AWARDS



CAS Research Award in Neuroanesthesia in memory of Adrienne Cheng (\$9,488)

Dr Lakshmi Venkat Raghavan

- Toronto Western Hospital – Anesthesia
- University of Toronto
- Toronto, ON

Effect of Sumatriptan on the Postoperative Quality of Recovery After Elective Minimally Invasive Craniotomy

NEW INVESTIGATOR AWARD



New Investigator Research Award (\$20,000)

Dr Thomas Mutter

- University of Manitoba – Anesthesia and Perioperative Medicine
- Winnipeg Regional Health Authority
- Winnipeg, MB

Effect of Dexamethasone Dose and Route on Duration of Interscalene Brachial Plexus Block for Outpatient Arthroscopic Shoulder Surgery – A Randomized Controlled Trial

OPEN AWARDS



The Canadian Journal of Anesthesia Research Award (\$30,000)

Dr Beverley Orser

- University of Toronto – Anesthesia
- Sunnybrook Health Sciences Centre
- Toronto, ON

Repurposing Anesthetic Drugs for the Treatment of Depression

SUBSPECIALTY AWARDS



Dr Earl Wynands Research Award in Cardiovascular Anesthesia (\$27,229)

Dr James O'Leary

- Hospital for Sick Children – Department of Anesthesia and Pain Medicine
- University of Toronto
- Toronto, ON

Risk Stratification for Children with Repaired or Palliated Congenital Heart Defects Undergoing Non-cardiac Surgery: A Population-based Cohort Study

CAREER SCIENTIST AWARD



CAS Career Scientist Award in Anesthesia (\$60,000)

Dr Sylvain Boet

- The Ottawa Hospital – Anesthesiology
- University of Ottawa
- Ottawa, ON

Enhancing Perioperative Patient Outcomes through Education and Knowledge Translation

OPEN AWARDS



Dr R A Gordon Research Award for Innovation in Patient Safety (\$29,922)

Dr Daniel McIsaac

- University of Ottawa – Anesthesiology
- The Ottawa Hospital
- Ottawa, ON

Optimizing the Care of Frail Elderly Patients in the Perioperative Period (Phase 1): A Population-based Analysis of Structures and Processes of Care to Inform the Design of a Perioperative Surgical Home for Frail Elderly Patients.

CONGRATULATIONS FÉLICITATIONS

2014

NEWLY CERTIFIED ANESTHESIOLOGISTS
ANESTHÉSIOLOGISTES NOUVELLEMENT CERTIFIÉS

Fahad Alam	Teresa Furtak	Jennifer Landry	Tiffany Rice
Tristan Alie	Jonathan Gaulin	Nam Hoang Le	James Riddell
Meghan Andrews	Thomas George	Guillaume Leblanc	Marc-André Roy
Virendra Arya	Christopher Gergely	Logan Lee	Chadi Saliba
Mathieu Asselin	Jag Gill	Aleksandra Lesniak	Jeffrey Sampson
Alex Blais	Daniela Goldie	Iwan Levin	Raylene Sauve
Erika Bock	Claudia Paola Gomez Lora	Francis Lien	Travis Schisler
Rya Boscarilo	Marie-Christine Grondin-Theorêt	Malcolm Lucy	Mehdi Sefidgar
Balraj Brar	Alexander Grunfeld	Karolinah Lukitto	Patrick Seguin
Alexander Briskin	Jadon Harding	Colleen Maguire	Jane Seviour
Sandra Bromley	Ken Hawkins	Matt McFarling	Eric Shin
Simon Burrows	Andrew Heikkila	Daniel McIsaac	Mathew Silvaggio
David Carroll	Shahdi Henein	Sean McLean	Marilyn Simard-Gravel
Marie-Ève Chamberland	Paul Henry	Lisa McMahan	Amanda Smitheram
Jean-Philippe Chaput-Dugas	Elizabeth Hoepfner	Mark McVey	Bernard Sowa
Edmond Chau	Maria Hudecova	Brad Merriman	Shefali Thakore
Jason Chaulk	Lindsay Hurlburt	Jennifer Mihill	Michelle Theam
Ève-Marie Chênevert	Janet Hurst	Shaylyn Montgomery	Ronelle Theron
Hubert Chiasson	Trevor Kavanagh	Miriam Mottiar	Mullein Thorleifson
Patrick Coursol-Provost	Pooya Kazemi	Karim Mukhida	Lorrie Tremblay
Sujith Dandina	Jeffrey Keilman	Allana Munro	Jacqueline Trudeau
Philippe Dass	Tsvetelina Kerelska	Olga Novikova	Henry Tu
Pejman Davoudian	Ekta Khemani	Meghan O'Connell	Michael Tylee
Janie Des Rosiers	Vesselina Koeva	David Orlov	Zoe Unger
Stéphanie Déziel	Paul Korchinski	Stephanie Peters	Kyle Waldman
Malouin Patricia Doyle	Joseph Koval	David Quinn	Jessica Watkins
Daniel Dubois	Arjun Krishna	Kyle Raab	Karen Wong
Donal Finegan	Tom Kuca	Jennifer Racine	Alex Yeung
David Flamer	Olivier Lacoursière	Reva Ramlogan	Nayer Youssef
Maxime Fortin-Verreault	Geneviève Lalonde	Purnima Rao	Lauren Zolpys
	Manoj Lalu	Meggie Raymond	



COLLECTIVE VOICES YIELD RESULTS

WFSA MEMBERS SPEAK OUT ON
POSSIBLE CONTROLS ON KETAMINE

In early 2014, the UN Commission on Narcotic Drugs (CND) called for the imposition of stricter and more rigorous import and export controls on ketamine. The resulting impact was expected to be a decrease in the availability of the drug for anesthesia usage, which would have catastrophic effects and, in some countries, force anesthesia and surgery back to unsafe practices.

Following a “call to action” communication to its member societies, the World Federation of Societies of Anaesthesiologists (WFSA) expressed its deep concern about the scheduling of ketamine and encouraged the member societies to write to their respective Ministers of Health and other WHO ECDD (Expert Committee on Drug Dependence) representatives. The WFSA’s message was clear, as it wrote: “This was the first time ever that there has been such a focus at the international level on the relationship between drug control and the availability of medicines. So, finally, policy makers around the world are acknowledging that drug control can have a negative impact on public health.”

CAS was proactive in responding. In an April 15, 2014 letter to the ECDD Chair and members, CAS expressed its position on being cautious against attempts to restrict the availability of ketamine and to urge the WHO to take “immediate and strong action to ensure unimpeded access to ketamine for anesthesia and surgical use.”

In a March 4, 2015 letter from CAS President, Dr Susan O’Leary, to the Canadian Representative to the CNC and copying the federal Minister of Health, Dr O’Leary reinforced CAS’ strong opposition to the scheduling of ketamine, at any level. She pointed out the WHO ECDD’s acknowledgement of “the important medical use of ketamine as an anaesthetic, especially in low and middle income countries”, and its clear recommendation that ketamine not be placed under international control.

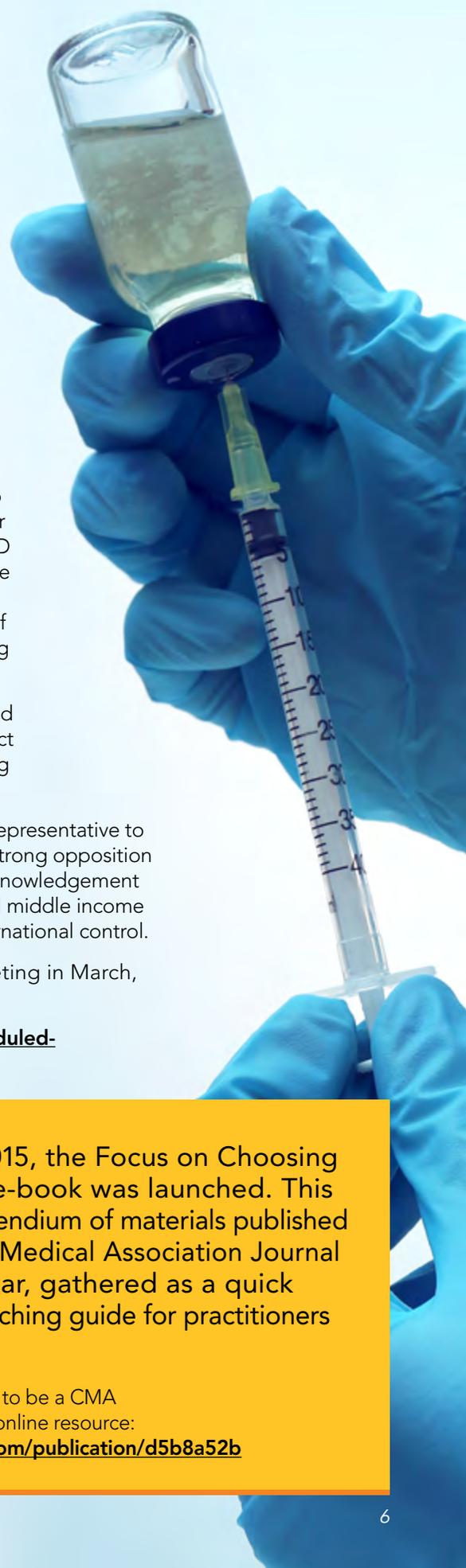
The final decision on ketamine was scheduled to take place at the CND meeting in March, however the CNC postponed its decision and ketamine is now safe.

<http://www.wfsahq.org/latest-news/latestnews/429-ketamine-not-to-be-scheduled-commission-on-narcotics-drugs-vienna-defers-vote>

“FOCUS ON CHOOSING WISELY CANADA” E-BOOK LAUNCHED

On March 31, 2015, the Focus on Choosing Wisely Canada e-book was launched. This e-book is a compendium of materials published by the Canadian Medical Association Journal over the past year, gathered as a quick reference and teaching guide for practitioners and trainees.

Physicians do not need to be a CMA member to access the online resource:
<http://viewer.zmags.com/publication/d5b8a52b>



FURTHER RESEARCH NEEDED TO MONITOR ANESTHETICS IMPACT ON CHILDREN'S BRAINS

The 2006 CAS Research Recognition Award winner, Dr Beverley Orser, and a group of anesthesiologists and toxicologists, have published an article in the *New England Journal of Medicine* about the use of general anesthetics in children. Each year, millions of infants, toddlers and preschool children require anesthesia or sedation for various procedures.

The team of anesthesiology investigators and toxicologists analyzed existing animal and human studies for the impact of anesthetics on the developing brain. Animal studies provided evidence of brain injury and long-term behavioural deficits. Previous observational studies of children suggested a correlation between children who had received anesthetics and long-term cognitive impairments such as learning disabilities. Children between the ages of one and three appeared to be at a higher risk of adverse effects.

"The next step is to start targeted large clinical trials," said Dr Orser. "That's the only way we can determine if or how these drugs are having an impact on a child's developing brain." Long-term neuro-developmental differences between exposed and unexposed children have now been found in several studies, but the reason for these differences is still unknown.

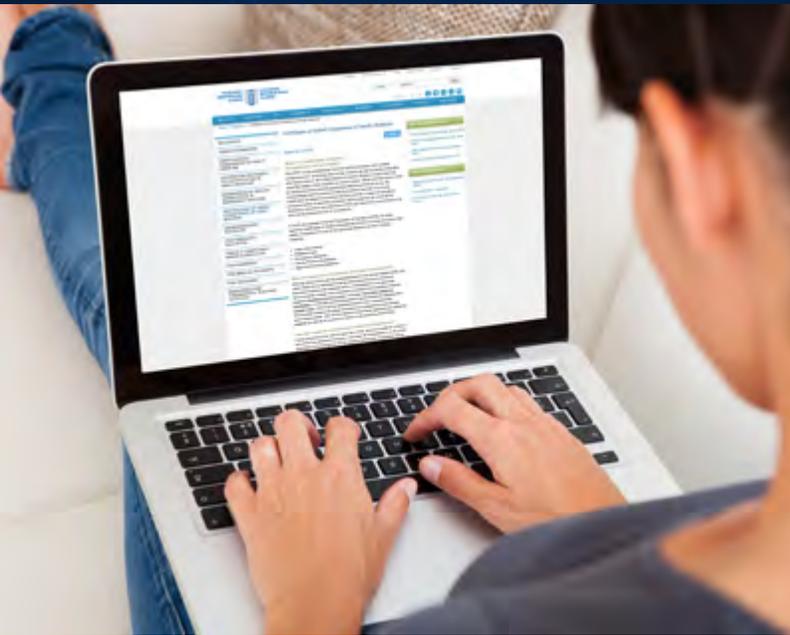
While anesthetics have convincingly been found to cause neurotoxicity in young animals, much work remains in determining whether these agents cause a similar effect in children. Much more research is needed to hone in on the question of whether the increased risk of cognitive deficits seen in some studies is truly a result of the anesthetic medications or due to another reason entirely. Ultimately, the answers to these questions are unlikely to be found unless a significant investment in research is made.

Dr Susan O'Leary, CAS President, agrees with Dr Orser's statement: "Anesthetics are generally assumed to be safe for children, and are important for conducting life-saving or other essential procedures."



CERTIFICATES OF ADDED COMPETENCE:

APPLICATION PROCESS NOW OPEN!



CAS members who practise Family-Practice Anesthesia should be aware that the College of Family Physicians of Canada (CFPC) has established the mechanisms for awarding Certificates of Added Competence (CACs) to family physicians with added competence in five approved domains of care in family medicine. The application process is now open.

Information and guidance related to the CAC application process, as well as access to the application form, can be found on the [CAC webpage](#).

Questions or comments can be directed to the CAC Coordinator at cac@cfpc.ca or 905-629-0900 (ext. 216).

UPDATE FROM CAGA

To help keep members apprised of other organizations' initiatives, *Anesthesia News* will publish occasional updates from the Collaborative Advisory Group for General and Family Practice Anesthesia (CAGA).

FEEDBACK WANTED

DO PATIENTS UNDERSTAND EXACTLY WHAT ANESTHESIOLOGISTS DO?

In a February 2015 article in *Pain Medicine News* entitled "Public Ill-informed About Anesthesia, Study Says", a recent study revealed that most patients do not exactly know what anesthesiologists do. This is problematic, as patient knowledge can help improve surgery outcomes, according to a study by Ferdinand Iannaccone, an anesthesia Resident at Rutgers New Jersey Medical School. He found that more than 90% of patients only knew that anesthesiologists "put patients to sleep."

Comments? We're looking for feedback on this topic. Tweet us your opinion at: [@CASUpdate](#)



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CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT COMMITTEE ACKNOWLEDGES CAS SPEAKERS

By Jane Tipping, MAEd, Educational Consultant

Evaluation or survey fatigue is an expression the Continuing Education and Professional Development (CEPD) Committee often hears when it asks people “what makes it hard to fill out evaluation forms at the end of a program?”

Most of us are tired of filling out survey after survey without seeing the effects of our efforts. CAS is doing its best to change this by ensuring that the feedback and results from the Annual Meeting evaluations are used and valued. In fact, evaluation responses are used in several ways: providing feedback to speakers, addressing important educational initiatives, providing ideas for future topics, and supporting program adjustments

The CEPD Committee would like to draw your attention to the significant contribution by the Annual Meeting faculty. With a few exceptions, almost all of the presenters at the Annual Meeting are volunteers, and they actively contribute to the overall success of both the meeting and to CAS members’ professional development. All speakers are well respected and chosen based on their expertise. Some of these speakers are viewed as outstanding by their audience and yet rarely get the recognition they deserve for their talents and efforts.

We would like to change that paradigm. Based on your ratings and comments from the 2014 CAS Annual Meeting, we are pleased to acknowledge the following speakers for their outstanding reviews:

Dr Mark Ansermino

Dr Viren Naik

Dr Chantal Crochetière

Dr David Rosen

Dr Tobias Everett

Dr Faisal Siddiqui

Dr Megan Hayter

Dr Luminita Tureanu

Dr Ramona Kearney

Dr David Wilkinson

Dr Christian Loubert

Dr Peter Slinger

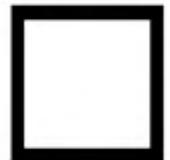
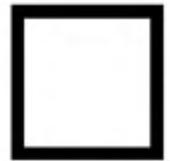
Dr Connor McDonnell

Dr Jennifer Szerb

Dr Alan Merry

Thank you to all these speakers and their dedication to quality teaching.

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Due to time constraints, we were not able to interview everyone but here are some responses from a series of questions they were all asked.

In your opinion, what makes a good speaker/presenter?

All agreed having a passion for the topic was high on the list of qualities for a good speaker, and others noted the need to be engaging and thought-provoking. Preparing well in advance, being believable and delivering the most up-to-date reasoned evidence in support of the material being presented all counted high for these speakers.

What is your philosophy of teaching/adult education?

Although some did not see themselves as having a philosophy of teaching, a few responded that they believed the focus is not on teaching but on learning. The job of a speaker then becomes to facilitate learning and to “watch the light-bulbs go on. Ignite an interest in the topic that makes them search further—leave some questions unanswered.” Others responded that it was important to treat the audience like adults and use discussion rather than lecture.

“Be visual and be slick with it. Wherever possible, try and engage people’s creative centres by using artwork, poetry, etc. The audience is usually operating at full intellectual capacity so stimulating that part of their brain creates an extra layer of engagement/concentration with what you are saying.”

“I think the key is to stimulate thought. In lecturing, I am primarily trying to gain their interest in angles or ways of thinking that they may not previously have considered. I assume they are knowledgeable, and I don’t really try to impart a great deal of detailed factual information because I am not convinced that lecturing is the best way to do this. Instead I concentrate on making difficult concepts clear.”

What tips would you give to speakers just beginning?

- Limit your points to three per session and speak slowly enough for the message to simmer.
- Practise, rehearse in front of others, get your timing right, minimise PowerPoint, particularly text on PowerPoint, don’t read your slides, practise again, and run to time (by practising).

- Remember, it’s a bit of a performance—be engaging. Follow the basic rules for slides—most people don’t. Provide handout/references.
- Pose questions.
- Watch other people present, as well as some TED talks.
- Play on your own unique strengths and interests, and try to get that into your presentation.
- For more obscure references, the visual content is more important than recognition of the title and helps to better deliver what may be an otherwise difficult concept.
- If you must show a video, make it brief and snappy.

What faculty development activities related to being an effective speaker have you participated in, if any?

This varied among speakers from none to Master’s degrees in education. Many have had some exposure to faculty development or coaching. Toastmasters was also mentioned as was feedback from colleagues. One speaker noted: “I never watch a presentation without considering the techniques, strengths and weaknesses of the speaker as well as the content, and I try to learn both from what speakers do well and what they do badly. Two years ago, presenting a major named speech, I sought specific mentorship from a colleague that I respect greatly as a speaker.”



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

CPD MODULE: Reversal of warfarin anticoagulation for urgent surgical procedures – **June 2015**

ALSO AVAILABLE

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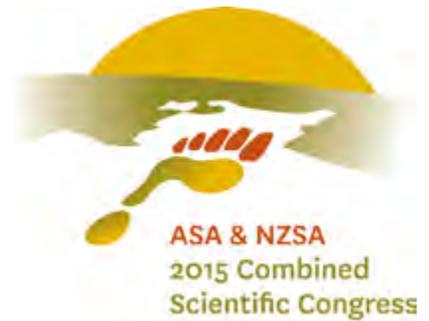
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**Anesthesia News is published by the
Canadian Anesthesiologists' Society (CAS).**

CAS welcomes comments and suggestions from readers.

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Publisher:

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Toronto, ON, Canada M4P 3A1

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