



Get Ready for the Annual CAS Meeting in Montreal

Meeting Features Francophone Day, coincides with Montréal Jazz Fest



Bill Splinter
MD, FRCPC
*Chair, Annual
Meeting Committee
Ottawa, ON*

The CAS Annual Meeting Committee's primary objective is to aid with the planning and execution of the Society's Annual Meeting. The Annual Meeting Committee consists of volunteer members who represent education, research and the sub-specialties of anesthesia and contribute many hours towards a successful Annual Meeting.

The Committee works with the Local Arrangements Sub-committee, the CAS Educator, the Continuing Education, Scientific Affairs Committee and Professional Development Committee, and the CAS staff team to offer CAS members a significant educational membership benefit that complements the education provided by Canadian Journal of Anesthesia.

The CAS Annual Meeting Committee and all of the aforementioned collaborators worked together this year in a special combined effort with the French Society of Anesthesia and Intensive Care (SFAR) to put together the 2010 CAS Annual Meeting.

Delegates are invited to attend stimulating and informative refresher courses, seminars, and workshops in English as well as in French on the featured Francophone day, the 28th of June in the fitting locale of multicultural Montreal, Québec.

This year's plenary session, "My Country Has the Best Health Care System in the World" will feature speakers from Canada, the USA and France discussing their respective health care systems.

The Royal College Lecture will be presented by Dr André Lienhart, entitled, "Can We Reduce Perioperative Mortality? Lessons learned from France."

Attendees can also look forward to mix and relax at exciting social events planned



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You may contact members, representatives, and invited guests of the Board of Directors through the CAS central office.

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Get Ready for Annual Meeting cont’d

such as:

- The always popular Ninth Annual Glottis Cup Challenge.
- The President’s Dinner
- The CASIEF Dinner

The conference will be taking place at “Palais des Congrès de Montréal”, located centrally in the city. Blocks at three carefully chosen hotels have been reserved close to the conference with excellent rates secured for attendees.

The world famous Montreal Jazz Festival is taking place the same weekend and a number of events will be themed to incorporate this lively backdrop for the conference.

The Committee has responded to needs assessments and feedback from members and delegates by adding more symposia and more workshops. The Annual Meeting Committee is committed to adhering to the accreditation code and requirements set out by the Royal College, thereby improving the quality of education offered in a state-of-the-art setting at our Annual Meeting.

We thank SFAR, CAS members, Annual Meeting delegates, our volunteer committee members and the CAS staff for allowing us to offer an excellent educational benefit.

We look forward to seeing you in Montreal this June and hearing your feedback.



CAS Board Prepares to Launch a National Campaign

Anti-smoking initiative will set precedent in co-operation with organizations



Pierre Fiset
MD, FRCPC
President, CAS
Montreal, QC

Dear Colleagues, the CAS Board has been hard at work on a targeted national “Stop Smoking” campaign.

Through research and consultation last year, we arrived at key areas in the public and institutional understanding of Anesthesiology that could best be targeted for improvement.

Anesthesiologists need to be better recognized as physicians first with further specialized training.

They are not only crucial and essential members of the operating room team but also responsible for planning and managing patients’ individual pain needs before and after surgery.

The Ontario Division of CAS launched a provincial stop smoking campaign, among other activities contacting politicians, media and hospitals, providing posters and other materials that encourage smoking cessation prior to surgery for improved safety.

We are now beginning a campaign at the national level. For improved impact, we are working to integrate the campaign with existing smoking cessation programs and

interested parties in each province in a manner that helps call to attention the specialized knowledge of Anesthesiologists and raises their profile within the medical community.

The strategic partnerships will also enable a more prominent positioning of the message by cutting down on the glut and confusion of essentially similar messages in competitive environments such as hospitals.

Additionally, this cooperation with figures in the medical community and governments will help set a precedent for future negotiations and help ensure the voices of Anesthesiologists are heard in the important decisions that will affect their career and patients’ safety and care.

This is an important feat in an environment of increasing pressure on officials to find cost saving measures and a move in western medical institutions towards replacement of services provided by medical specialists with technology or training of other caregivers.

We are confident that with the strength of the stop smoking message and the backing of research and consultation, the campaign will be the most successful and efficient manner of addressing the key areas we have identified at a national level.

We look forward to its launch in the coming months.



Contributed by Dr Jeremy Sloan

MD, FFARCS, FAAP

Toronto, ON

In Memoriam: Dr Gordon Wyant – 1914-2009

Gordon Wyant [Gunter Weiss] was born in Frankfurt am Main, Germany, the elder of two sons of a non-observant Jewish family. After school studies in Germany he received his medical degree in 1938 from the University of Bologna in Italy.

When he returned home to visit his family in 1938 he was arrested by the Gestapo. He was released but stripped of his German citizenship and deported, never again living in Germany.

He was raised as a Lutheran, the religion of his nanny and traveled to the UK in 1939 sponsored by an English religious organization. Knowing little English he enrolled at Queens College, a theological school near Birmingham to prepare for overseas medical missions work.

In June 1940 when Churchill issued his notorious order “Collar the lot” edict, Gunter as a German alien was interned in a camp near Liverpool. Along with 2500 other detainees he was shipped out to Australia on the infamous HMT Dunera which had a maximum capacity of 1500 on a 57 day journey threatened by enemy fire. Brutality by the crew cou-

pled with the inhumane conditions led to the court martial of the army officer in charge.

The prisoners were detained for 18 months in NSW and Victoria where they used their time in the camps to establish an unofficial ‘university’ to pass the time.

In late 1941 Gunter as he was still known, signed on as a medical officer taking some of the detainees back to the UK on condition that they agreed to enlist in His Majesty’s armed forces. The ship put into Halifax for several days waiting for a convoy giving him a taste of a Canada winter while wearing inadequate Australian clothing.

Back in the UK he enlisted in the Royal Army Reserve and practiced medicine at Ashton under Lyne. Here he met and married Annie, an operating room sister with whom he had five sons.

Meanwhile Gunter’s parents had escaped from Germany on a sealed train sailing from Lisbon to the United States in September 1941 with very few possessions only weeks before America entered the war. Gunter and his brother who had also escaped changed their names to Wyant and Gunter to Gordon

at this time.

Gordon was serving with the Royal Army Medical Corps in Scotland and Dover and later as a Commanding Officer of a medical hospital in Accra until he was demobbed in 1947 with the rank of A/Lieutenant Colonel.

In 1949 he and his family emigrated to Chicago where his parents lived. He practiced anesthesia in various Chicago hospitals raising to Assistant Professor at the University of Illinois and Chief of Anesthesia at Stritch School of Medicine at Loyola University.

In late 1954 the family moved to Saskatoon and he became the first Chief of Anesthesia at the newly opened University Hospital – now the Royal University Hospital, a position he held until 1974. He developed a world recognized Department of Anesthesia at the University.

In 1965 he succeeded Dr John Shapley on the Canadian Standards Association Committee on Fires and Explosions.

This Committee was later revised to be the CSA Committee on Anesthesia Technology.

In 1970 he led the Canadian Standards Council to the International Standards Organisation [ISO] Technical Committee on Anesthesia and Respiratory Technology.

His clinical and scientific knowledge combined with commercial insight allowed him to make a major contribution in this field.

Curiously he did not at any time during these meetings reveal his linguistic abilities. He retired from Canadian and International Standards in 1995.

At a meeting behind the Iron Curtain in the 80's when honeymooning with Mary Gilchrist, his second wife, they were nonplussed

by the insistence of the “Security” at the hotel which phoned them regularly in the early hours of the morning to check that they were in their room. Gordon's comments were not printable.

He was the anesthesiologist on the University Hospital medical team which did the second renal transplant in Canada and later spent a sabbatical in China learning acupuncture therapy resulting in the establishment of pain management clinics in Saskatchewan.

Leaving full time medicine, he consulted for a number of years finally retiring at age 84.

In 1970-71 he was President of the Canadian Anesthesiologists' Society and Vice-President of the World Federation of the Societies of Anesthesiology for four years in the 80's.

He was Editor of the Canadian Anesthesiologists' Society Journal and a number of national and international medical journals and was widely published in anesthesia research, including textbooks.

In 1983 the Department of Anesthesia library at the University was named in his honour.

Among many other professional honours he was awarded the Hillel Feldman Award by the American Society for the Advancement of Anesthesia in Dentistry, the Award of merit of the Canadians Standards Association, the Gold Medal of the Canadian Anesthesiologists' Society and was the first non-American Honorary Member of the American Association of University Anesthesiologists.

To quote his sons – “he will be remembered as a man of vision with a drive to excel, with personal courage and strength in the face of adversity and with a clear concept of principles by which he lived his life.” RIP



The CASIEF Board of Directors with Théogène Twagirumugabe. Back: Joel Parlow, Francesco Carli, Brendan Finucane, Tom Coonan. Front: Stan Mandarich, Patty Livingston, Théogène Twagirumugabe, Joy Brickell, Genevieve McKinnon, Doug Macguire. Missing: Angela Enright.

Third Annual CASIEF/Dalhousie Global Outreach Course

Announced : May 29-June 1, 2010

Faculty:

Haydn Perndt (Hobart), Adeyemi Olufolabi (Durham NC); Holly Muir (Durham NC); Peter Daley (Lahore); Robert Neighbor (Gloucester); Richard Tully (Gloucester); Brendon Finucane (Edmonton); Doug Maguire (Winnipeg); Alison Froese (Kingston Ontario); Krista Brecht (Montreal); Franco Carli (Montreal); Julie Williams, Ron George, Adam Law, Patty Livingstone, Shawna O'Hearne, Lynette Reid, Dale Morrison. Dan Cashen, Steve Williams, Tom Coonan (Halifax).

The course will assist volunteers in preparing for work in conditions that they are unlikely to have encountered in either their training, or their normal practice, and to prepare intellectually, technically, psychologically, ethically and attitudinally for what awaits them in the many areas of the globe for whom health and medical care is a great challenge.

Space limitations prevent an inclusion of the Course Brochure and Itinerary.

Please contact Carl Stevens 902 473 4335 carl.d.stevens@gmail.com or Tom Coonan, 902 471 3846 email (any time) tjcoonan@gmail.com.

Awards Highlights from 2009 CAS Annual Meeting

Photos from award presentations in Vancouver, Monday June 29th, 2009



Gold Medal

Awarded for outstanding contribution to the field of Ultrasonography in Anesthesia.

Dr Vincent WS Chan
Toronto, ON



CAS Medical Student Prize

For his paper "A Brief Summary of Awareness during General Anesthesia" published in September's newsletter.

Austin Lamb
University of Saskatchewan
Regina, SK



CAS Clinical Practitioner Award

For excellence in clinical practice, displaying care, compassion and competence in a broad range of Anesthesiology related activities.

Dr Brian Warriner
Vancouver, BC



Dr John Bradley Young Educator Award

Awarded for excellence and effectiveness in education in anesthesia

Dr Jeffrey Granton
University of Western Ontario
London, ON



CAS Research Recognition Award

Awarded for sustained major contributions to the field of Cardiovascular Anesthesia.

Dr David Mazer
Toronto, ON



Clinical Teacher Award

Awarded for excellence in teaching clinical anesthesia.

Dr Edwin Ashbury
Queen's University
Kingston, Ontario



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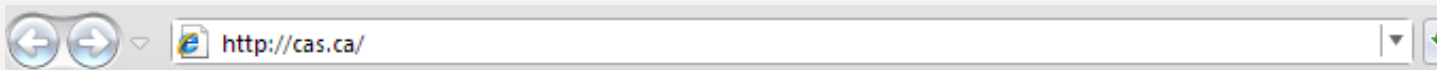
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Now Available Online: Updates from CAS



Select Annual Meeting Presentations available

As a special member benefit, CAS provides selected presentations from the Annual Meeting.

Take advantage of these free sessions, which can be downloaded as PDF files and can be used towards obtaining Section 2 or 4 MOC credits with the Royal College of Physicians and Surgeons.

Go to the members section of the CAS home page and click on "2009 Annual Meeting Presentations" to view slides from several presentations.

CEPD event and Contact Listings Now available on CAS Website

The CAS website now contains listings of CEPD activities from the ACUDA departments. To view them, click on "Meetings Calendar" on the main CAS home page and follow the link to view the general calendar.

To view the CEPD contacts for each University, click on "links" on the main CAS page, follow the link for "Association of Canadian University Departments of Anesthesia (ACUDA)", click on "Membership" and scroll down to the list.

Annual Meeting Abstracts now Available on as CJA Supplement

All abstracts presented at the 2009 CAS annual meeting in Vancouver have been published as an online supplement to the Canadian Journal of Anesthesia.

To view them click on the link to "Canadian Journal of Anesthesia" located on the Members Section of the CAS website and scroll down to

"Supplement 1" dated June 1st, 2009 (the last entry in Volume 56).

Patient Safety Symposium Sessions Available Online

To highlight and support the efforts of CAS in advancing patient safety in anesthesia, the Canadian Patient Safety Institute (CPSI) is providing the entire Symposium on the web.

To view the sessions, visit the Patient Safety section on the members area of the CAS home page and click on "CAS Patient Safety Symposium".

CAS Welcomes New Web Advisory Group Chair Dr Van Der Vyver

Dr Van Der Vyver in Toronto will bring the perspective of members to the web re-development currently underway at CAS.

He will work with CAS staff to ensure that member needs are addressed and built into the new website when it is unveiled in 2010.

CAS Guidelines to be published in January Edition of Canadian Journal of Anesthesia

In departure from publication as a supplement to the Journal, the Guidelines to the Practice of Anesthesia (the Guidelines) will now be published in the Journal, beginning January 2010.

This change will dramatically increase the international exposure of the Guidelines, as they will be accessible, for the first time, in both print and online versions.

Canadian Anesthesiologists' Society Board Update

New on the Board

Dr James Kim, Divisional Representative from Vancouver, British Columbia and Dr Asim Alam, Resident Representative from Toronto, Ontario were welcomed to their first meeting.

SFAR

CAS had a booth at the French Society of Anesthesia and Intensive Care annual meeting in Paris to promote the upcoming joint CAS-SFAR meeting in Montreal. Traffic at the booth was positive and should assist in promoting registrations from France.

Other Meetings

Dr Rick Chisholm represented CAS at the Canadian Partnership for Progress in Health Human Resources meeting in Ottawa, organized by the Royal College. He also attended the ASA meeting in New Orleans and reported that the Committee on Diversity has the goal of introducing more women and minority groups into ASA leadership. Dr Shane Sheppard represented CAS at the CMA meeting in Saskatoon.

Simulation Group Joins Education Section

The Simulation Group has joined the Education Section, which will henceforth be known as the Section for Education and Simulation in Anesthesia (SESA).

Nominations Committee

The Board appointed Dr Jenifer Ballen to serve on the Nominations Committee to nominate the next Vice President. Dr Shane Sheppard, who chairs the Nominations Committee, will seek a member-at-large to also serve on the

Nominations Committee.

CAGA

Dr Thomas Johnson of Saskatoon is the CAS representative to the Collaborative Advisory Group for General and Family Practice Anesthesia (CAGA), which also includes the College of Family Physicians of Canada (CFPC) and the Society of Rural Physicians of Canada (SRPC).

CAGA has become an official Program Committee of the new Section of Family Physicians with Special Interests and Focused Practices (SI-FP) under the organizational structure of the CFPC, without taking full membership privileges from CAS and SRPC members.

The only stipulation that the CFPC Board has placed is that a co-Chair be appointed to CAGA who is a CFPC member within CAGA. This would then ensure that at least a CFPC member would hold a leading role and position in CAGA.

Staffing Update

CAS has outsourced an expanded scope of services to Congress Canada, including management of the session proposals and annual meeting abstracts. As a result, the position of CAS Events Coordinator was eliminated and Ms Anne Aleixo is no longer employed by the Society.

Ms Josée Ouellet, who was an interim Communications Officer during Ms Temi Adewumi's maternity leave, found permanent employment in October. Ms Adewumi is now working a limited number of hours per week on the web site during the final months of her leave.

Ms Pamela Santa Ana, Administrative Assistant, returned from maternity leave in August.

ACUDA Update

Dr Homer Yang presented the ACUDA report on behalf of Dr David Campbell.

He outlined some of the changes to the ACUDA Bylaws that were ratified at the ACUDA meeting in June. ACUDA has agreed that the progression to president be via chair of the management committee, then secretary/treasurer.

At this time Dr Campbell is the President, Dr Mike Murphy is the Secretary/Treasurer and Dr Davy Cheng is the Chair of the Management Committee. CAS is now a voting member of the ACUDA Management Committee.

Dr Yang stated that the discussions regarding the pain management specialty is still ongoing. Dr Yang thanked CAS for the support they have provided for the ACUDA website.

Anesthesia Assistants Update

CAS will organize a retreat with all organizations involved in the AA Task Force (CAS, ACUDA, CSRT, NARTRB, CNA, NAPANc, and CAAAC). The retreat will be facilitated by Ms Jane Tipping, CAS Education Consultant, to review the taxonomy for the knowledge competencies of anesthesia assistants in Canada.

CAS IEF Update

Earlier this year Drs Angela Enright, Francisco Carli and Hafez Sami (an American Anesthesiologists who has volunteered in Rwanda) were invited to Palestine to tour their facilities, see first hand what equipment they have and review the safety of anesthesia in the territory. The CAS IEF Trustees discussed the pro-

posal at the June meeting. At that time CAS IEF agreed to work under the umbrella of the WFSA (which has always had an interest in Palestine) to coordinate the educational program for Palestine.

In October the WFSA Management Committee met and approved this program.

The program would be very similar to what has been set up for Rwanda although the volunteers would come from all over the world.

The volunteer forms and stipend provided for the volunteers (through the Save the Children Program) will be managed by the WFSA.

CAS IEF's involvement is only the establishment of the curriculum. Dr Brendan Finucane, Alberta, has agreed to oversee the set up of the education program – the curriculum. At this time the commitment is only for a maximum of 4 years with a review each year.

To start Dr Finucane will do a full assessment of what exists and set up a memorandum of understanding with the universities and hospitals so that all know their role. Accommodation for the volunteers will be established. The CAS Board agreed to support the CAS IEF program in Palestine.

Annual Meeting

Planning is underway for the 2010 annual meeting in Montreal, with a number of speakers to be invited from France.

The 2014 annual meeting will be in St John's, Newfoundland and Labrador, and CAS will return to Vancouver in 2016.

Committee

The Board of Directors adopted "The Healthy Anesthesiologist" paper as recommended by the Ethics Committee (see next page).

The Healthy Anesthesiologist (Summary)

For full text click "Position Papers" on the members section of the CAS home page

The Canadian Medical Association and American Society of Anesthesiologists both have in their code of ethics a section that deals with physician's responsibilities toward themselves.

The physician's responsibilities include maintaining physical health both by seeking medical attention in the case of ailments and by employing preventative measures to reduce and manage occupation related stress through the development of coping strategies.

The latter is of particular importance to anesthesiologists, who face:

- Expectations from patients, family and co-workers of successful outcomes despite possible age and illness factors.
- A requirement to keep up to date on the latest literature and practice evidence based medicine
- Long and unpredictable working hours with minimal relief breaks
- Exposure to chemical and radiation hazards, noise pollution and a lack of natural light
- Possible experience of the death or other catastrophic event to a patient under their care
- Fatigue, which becomes a greater concern as the anesthesiologist ages.
- Higher rates of addiction than other physicians. Representing 3% of the physician population, anesthesiologists account for 20-30% of drug-addicted physicians.
- Higher rates of suicide than internists

The ethical responsibilities concerning the

health of anesthesiologists can be categorized into three main areas:

- 1) **Personal Responsibility:** Be aware of potential general and individual health issues, seek treatment and slow or cease practicing where warranted. Address issues of fatigue by institutional and individual action such as limiting time commitment to maintain quality of clinical work. Maintain disability insurance so that personal health needs can be attended to properly without financial strain.
- 2) **Responsibility of the institution:** Promote and support the health of anesthesiologists and their workplace, taking into account any special needs. Have clear legislation directing support for anesthesiologists' health and wellness issues and to prevent them as much as possible with healthy work place practices including ensuring adequate rest. Deal with health issues confidentially, refer them as appropriate to support groups and agencies and to place limits on the individual's practice where appropriate, while supporting the continued employment of physicians capable of effective service within a limited scope.
- 3) **Individual Responsibilities towards Health Care Workers, Trainees, and Colleagues:** anesthesiologists have a duty to be aware of warning signs of the aforementioned health risks in the profession and to address them in a confidential manner by assisting, referring or reporting as appropriate when patients are at risk.

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from the *Canadian Journal of Anesthesia*



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unrestricted educational grants from these industry partners:*



Residents Report from Dr Carly Peterson.

2009 American Society of Anesthesiologists' Annual Meeting In New Orleans

This past October I was honoured with the opportunity to represent the resident members of the Canadian Anesthesia Society at the annual American Society of Anesthesiologists' meeting in New Orleans.

Leaving Vancouver on a dreary, rainy autumn day I was delighted for the chance to explore the deep south. Although the locals were quick to inform me that it was in fact "unseasonably cold" I found the warmth of the people and the vibrancy of the city were enough to overcome any question of temperature.

The city of New Orleans has experienced its share of tragedy and rebuilding over the past several years and certainly tourism conventions such as this bring have been a huge benefit to the city. People in New Orleans are quick to recognize a "foreign accent" and were eager to share their recommendations for places to see and eat.

I officially become a New Orleans Saints fan; a resident colleague managed to get us tickets to watch the trouncing of the New York Giants. We sat next to a 72 year old gentleman who hadn't missed a Saints' game in 36 years and who was overjoyed to have a Canadian girl jump on the bandwagon. I went on a "swamp tour" where I saw beautiful scenery and 'gators' devour marshmallow snacks. Our guide was excellent and gave us an important perspective on the ecological role these waterways play in protecting the area from the devastating tropical storms that happen each year. And then there was the food....amazing café au laits and beignets for breakfast, seafood gumbo for lunch, Drago's oysters for a snack and the Commander's Palace for "contemporary Creole cuisine"... it was a gustatory delight!



But New Orleans was not all tourism for me! This was my first time to the ASA meeting and I was impressed by all the education it had to offer. This year there were over 15 000 delegates, including anesthesiologists from around the world, nurse anesthetists, anesthesia assistants, respiratory therapists and industry exhibitors. The riverfront convention center in New Orleans is a huge facility and it was entertaining to watch old friends and colleagues reunite and discuss the educational sessions. The Exhibit Hall was filled with the most recent and innovative equipment relevant to the practice of anesthesia filled with industry experts eager to impress.

I attended several refresher courses in a variety of scientific disciplines. I am presently studying for my Royal College Exams so I found these refreshers to be extremely useful and I was able to select courses to supplement my knowledge with lectures from the leading authorities on

these topics. After I complete my residency in June 2010 I will be pursuing a cardiothoracic anesthesia fellowship at Brigham and Women's Hospital in Boston. The subspecialty "Learning Tracks" allowed me to immerse myself in cardiac anesthesia topics and allowed me an excellent opportunity to network with future colleagues and to discuss some of my research ideas.

There was a strong political undertone to the meeting and certainly the potential changes to the American health care system were a common topic of discussion. My American resident colleagues were extremely interested to hear

my perspective on our Canadian system and to speculate on how these health care reforms may influence anesthesiology and residency training in the future.

I truly enjoyed New Orleans and the diverse educational topics the ASA meeting had to offer. I will look forward to attending future meetings and thank the Canadian Anesthesia Society for its gracious and generous support.

Sincerely, Dr Carly Peterson

PGY5 UBC Anesthesia

WFSA Newsletter October 2009

The WFSA has had a productive year working with the World Health Organization on the Safe Surgery Saves Lives project, led by Atul Gawande which resulted in the Safe Surgery Checklist. Several WFSA member societies have championed the use of the checklist and in a number of countries, such as the UK, the checklist is being introduced to all hospitals. This work has now led on to the WHO Global Pulse Oximetry Project aiming to facilitate the provision of pulse oximeters and training in their use to every operating theatre in the world. Specifications have been produced for a low cost WHO oximeter, and it is hoped that following the tendering process an oximeter will be selected and tested. The WFSA have been particularly involved in producing training materials for the project which will be tested at the All Africa Anesthesia Meeting in Nairobi in September. This educational work has been led by our President Angela Enright. Special thanks are also due to Isabelle Murat for the French translation of the WHO oximeter manual, Gonzalo Barreiro for the Spanish edition and to Rafael Ortega for his superb instructional video.

A major effort to raise the profile of this lifesaving project is required to ensure that demand

for oximeters is realized in parts of the world where anesthesiologists work without them. This will result in hospitals and ministries of health "oximeterizing" health systems and thus improving perioperative safety. Major donors will be sought to support the project. Please email iainhwilson@mac.com with any suggestions you may have to ensure the success of this initiative. Without doubt this project is the largest anesthesia safety initiative ever started, and all WFSA societies will need to put energy into this project to ensure its success.

The WFSA has also assisted the work of WHO through our contact Dr Meena Cherian of the Clinical Procedures Unit. We provided input into the new WHO guideline on the Clinical Use of Oxygen which details indications for oxygen, different ways to administer oxygen and how to monitor patients receiving oxygen.

Countries seeking advice about how to improve anesthesia services will benefit from a joint WFSA / WHO blueprint describing the essential components of a national anesthesia service. This will provide guidance in organizing a service, personnel who may provide anesthesia, training recommendations, equipment required and ways of working to support safe

practice. It is anticipated that this guideline will compliment the WHO Emergency and Essential Surgical Care (EESC) program. Improvements in training methods will be coordinated with WHO. The WFSA has some experience with training masterclasses run by Mike Dobson, Shirley Dobson and Lesley Bromley from the UK with their team – “Training the trainers”.

Following participation of WFSA members in a meeting organized by WHO Essential Health Technologies Department on anesthesia equipment, WFSA and WHO have started work on generic specifications for anesthesia machines that can operate reliably in resource poor areas of the world. This work is important as many anesthesia machines in poorer countries remain unrepaired due to shortages of spare parts and maintenance facilities.

Publications Committee

The role of the Publications Committee is to further the work of the WFSA by providing appropriate educational materials for anesthesiologists working without up-to-date published materials. The vision is challenging as clinical conditions vary from one country to the next, anesthesia providers differ in their educational level and communicate in multiple languages. Modern texts which are almost exclusively written for advanced practice may be too expensive and impractical for some settings.

Update in Anesthesia is the official CME publication of the WFSA. It is designed for anesthesiologists working in resource poor settings and is edited by Dr Bruce McCormick. Each English edition is now translated into Russian, Chinese and Spanish. We are working to achieve French and Portuguese language editions. The Spanish edition is published on the internet, English and Russian editions are in paper format and on the internet.

In 2008 two editions have been produced – see www.anaesthesiologists.org. The second edition was a 200 page review of Basic Science applicable to anesthesia. This was a significant undertaking for the editorial team and has received very positive reviews. We were extremely fortunate that the Association of Anesthesiologists of Great Britain and Ireland (AAGBI) funded half the costs of production to assist the work of the WFSA. In 2009 we intend to produce another special edition – Emergencies in Anesthesia.

WFSA Anesthesia Tutorial of the Week was started in 2005 as an on-line weekly tutorial with a number of UK based editors. The tutorials provide material for trainees as well as experienced anesthesiologists, and are particularly of interest for those anesthesiologists working in isolation without access to CME, both medical and non-medical.

The tutorials vary in complexity and are divided into basic science, general anesthesia, paediatric, obstetric, regional and intensive care. The Tutorials are designed to encourage reflective learning by including questions and self-assessments and may be used for self study or teaching in the classroom.

Tutorials are issued once a week and are currently hosted on the WFSA website, and are also sent out weekly to hundreds of anesthesiologists by email. The archive on the website has around 140 tutorials at present containing a wide variety of material useful for the full range of clinical conditions which has proved popular for trainees in all countries. Since the system is based on the Internet, it is low cost and flexible, although limited where the internet is not available. The website www.frca.co.uk also publishes ATOTW.

Dr Iain Wilson

Chairman WFSA Publications Committee

Extreme Makeover: The New and Improved “Section for Education and Simulation in Anesthesia” (aka SESA)



Dr Viren Naik,
MD, FRCPC
Chair, SESA Executive
Ottawa, ON

Pop Quiz:

All of the following are reasons to join the Section for Education and Simulation in Anesthesia (SESA) EXCEPT ONE. Indicate the exception.

- To teach undergraduate, postgraduate or continuing medical education
- To become a better examiner at your university or the Royal College
- To design and deliver simulation based education
- To present and collaborate on medical education research
- To learn about medical education leadership and network with peers
- For mundane conversation over a mediocre lunch at the Annual Meeting

If you answered (f) – you are correct because we have fascinating conversations over a fabulous meal.

The Section for Education in Anesthesia (SEA) has recently undergone a restructuring to become the Section for Education and Simulation in Anesthesia (SESA). To accommodate the growing trend of simulation based education,

we have partnered with the Simulation Interest Group to become a bigger, better and more inclusive Section. With this change, we hope to be a stronger voice within the Society for all educators.

Annual Meeting 2010 – Montreal:

- Participation in “CAS Resident Day”
- Interactive workshop on simulation
- Annual luncheon to network with colleagues
- Guest Keynote Luncheon Address from Jason Frank, MD MA(Ed) FRCPC (Associate Director, Office of Education, Royal College of Physicians and Surgeons Canada)

Annual Meeting 2011 - Toronto:

- SESA will be lobbying for the inclusion of all “scholarship in education” abstracts in the SESA poster session. This would include not only research in education, but also projects describing innovative curriculum design, faculty development, and patient education

Future Goals:

- SESA will focus on developing a listserv and repository for the sharing of educational resources including templates to assist with university promotion

We hope you will consider joining SESA and participating in our various initiatives. Together we can help shape the future of Anesthesiology education in this country.

Top up your RRSPs

Why not top-up your RRSPs with an investment in the Canadian Anesthesia Research Foundation (CARF) fund? Maximize your yearly taxable deduction and make a meaningful contribution to your profession.

Visit www.anesthesia.org/CARF/Donations for an

INSTANT TAX RECEIPT

**Top up your
investment in
the future.**



Canadian Anesthesia Research Foundation

Message from the Safe Surgery Saves Lives Collective

Checklist Action Series taking place January – April, 2010

The goal of the Safe Surgery Saves Lives (SSSL) Collective is to bring people together who are working on improving surgical safety in Canadian healthcare.

The Checklist Action Series is the first program to be launched. It is a 3 month virtual initiative for Canadian surgical programs, teams and individuals to assist with effective implementation of a surgical checklist.

We will be engaging National and International speakers

- Michael Leonard – Culture expert, US
- Mark Fleming – Culture expert, Nova Scotia
- Rhona Flin – OR behaviour researcher, Scotland
- Sarah Fraser – Spread and Sustainability Expert, UK

This virtual program will focus on seven key areas of challenge through web based sessions:

- Choose and adapt a checklist
- Engage the surgical team
- Integrate the checklist in the workflow and local processes
- Measure success
- Patient engagement
- Implementation, standardization and spread across institutions and large systems
- Improve safety culture

Who should join?

- Surgeons, Anesthesiologists, QI Professionals, OR Nurses, Nurse Managers, Senior Leaders or any other healthcare professionals

The Checklist Action Series will include:

- Orientation for all individuals and teams about our action steps over the 3 month program
- Learn from experts - build cutting edge knowledge
- Collaborate with peers
- Optional Deep Dive webinars for certain topics like culture surveys and measurement
- Share with organizations that are similar size and stage with implementation through virtual break-out sessions
- Access to faculty and topic experts throughout the program

Benefits of participation include:

- Learning from expert Faculty and colleagues across Canada
- Sharing experiences and advice on overcoming barriers
- Guidance on measurement and implementation

Register Now!

For more information please visit www.safesurgerysaveslives.ca
or contact westernnode@saferhealthcarenow.ca