Anesthesia News

President's Message

Dear colleagues,

Anesthesia Assistants in Canada

I want to seize the opportunity offered by this issue of Anesthesia News to update you on this important matter. This year, CAS has been actively involved in designing and developing a Canadian anesthesia assistant program. We strengthened our links with our partners in respiratory therapy and nursing and reached a wide consensus about the role of anesthesia assistants. The anesthesia assistants' field of prac-tice described in our guidelines has been endorsed by the Canadian Society of Respiratory Therapists, and the Canadian Nurses Association (CNA), the National Association of Perianesthesia Nurses of Canada (NAPANc), and the Operating Room Nurses Association of Canada (ORNAC) have not raised any major concerns. For several months the discussions have been extremely constructive and helped us progress towards an anesthesia care team model that benefits from the strengths of the various groups involved. Therefore, an anesthesia assistant will be a professional who will specifically assist the anesthesiologist during the intra-operative period. These assistants will have trained in one of the colleges offering the anesthesia assistant program.

We established, with our partners in respiratory therapy and nursing, a work committee to define the basic knowledge requirements of a standardized educational program that would be relatively the same in every Canadian training environment. The final version of the document describing this basic knowledge will be adopted in June. Representatives from Canadian colleges that currently offer or that will offer the anesthesia assistant program were involved in the process and designed their curriculum according to these criteria. This approach is important to ensure that candidates receive quality training with a standardized content as well as to enable graduates to work everywhere in Canada. I want to acknowledge the significant contribution of the Canadian Society of Respiratory Therapists, who produced the document on basic knowledge and who monitored its evolution towards the final version.

We had several meetings with our professional partners and established strong links with representatives from colleges offering the program. We will closely monitor the evolution of existing training programs as well as the introduction of new programs. The involvement of CAS and ACUDA on that matter is apprecia-ted and actively sought. Incidentally, the CAS wants to play an active role in the evolution of the "Anesthesia Care Team" in Ontario. We support initiatives from Ontario's anesthesiologists and we observe that the model developed in Ontario is promising and relevant. We are happy that CAS is regarded by the representatives in this matter as a significant resource and credible stakeholder. We support implementation of Phase 2 of this program and hope that the Government of Ontario will provide the funding required for its achievement.

The implementation of the anesthesia assistant concept in Canada is well underway and is progressing very positively. In several hospitals, professionals who graduated from the existing programs (Michener, Manitoba, graduates from Quebec, program in Alberta) are already working and are starting to be part of the care team. In the coming months, we will address program accreditation (existing and new), the certification exam concept, and problems related to supervision and professional liability. Since health is under provincial jurisdiction, each province will need to define the legal framework and incorporate these new professionals into their professional code. The model that has been in place in Quebec for several years can certainly be used as an example.

There is still a lot of work to do, but I am extremely proud of what has been accomplished and of the way the concept evolved. We are building a unique care model, tailored to our needs, a truly Canadian model. This work is done systematically, in harmony, with enthusiasm and in a healthy collaborative atmosphere. It will result in an improvement of the services delivered to the population and a significant evolution of anesthesiology practice conditions in Canada.

Finally, I am pleased to announce that the CAS Board of Directors endorsed, during its October 2008 meeting, the creation of a new section dedicated to anesthesia assistants. This section will hold its first meeting during the Annual Meeting in Vancouver. I want to enthusiastically welcome our new members within our organization.

Sincerely,

Pierre Fiset, MD FRCPC
CAS President

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Number 2

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Local Arrangement Chair for Vancouver

The local arrangements committee is in final countdown to the Annual Meeting in Vancouver this June 26-30.

Vancouver's weather has been record breaking this June with absolutely no precipitation so far in the month and we are hoping this continues right through the meeting.

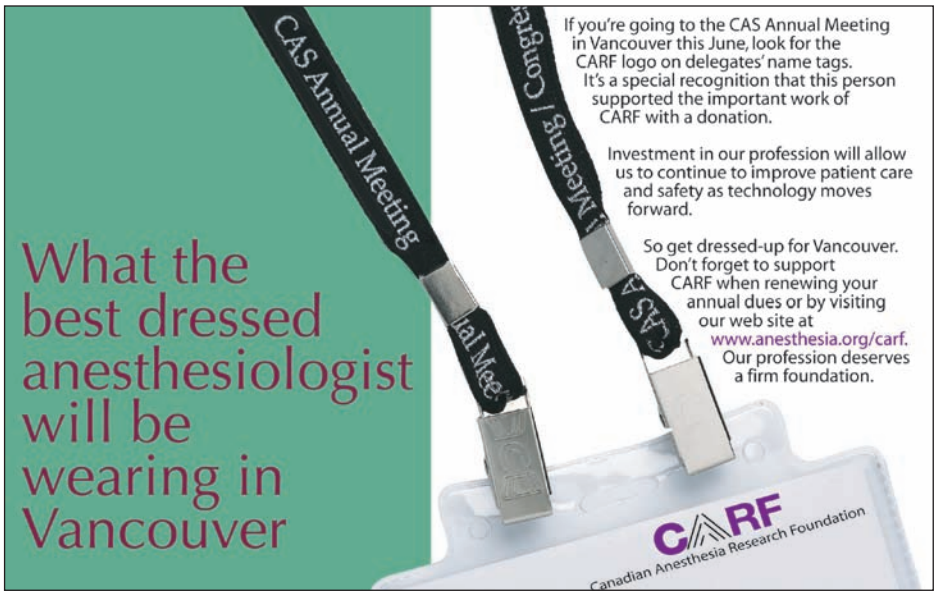
This good fortune should make the special events even more special with the wine tasting and appetizers at the top of Grouse Mountain and the annual fun run through Stanley Park.

Locally we are also negotiating with the International Olympic Committee to have one of Canada's snowboard Olympians attend the GE reception on Saturday evening. Our plan is to have the attendees compare their skills on snowboarding and ski jumping with our Olympian. Conference goers are to be assisted in this endeavour by projected Nintendo Wii runs. The best combined time and distance among Canadian provincial anesthesiologist societies will attract the Glottis Cup.

The President's Dinner will also be a memorable evening at the Fairmont Waterfront Hotel ballroom. Some local Asian flavour will be injected into both the setting and the menu.

We are looking forward to your visit to Vancouver this June – come and enjoy our weather and attractions, meet up with old friends and get refreshed with our outstanding scientific program.

David Parsons, MD FRCPC
Chair of Local Arrangements



Thank you!

Vancouver 09

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Canadian Anesthesiologists' Society

HHR Data from Anesthesiologists across Canada

Earlier this year the Canadian Anesthesiologists' Society (CAS) worked with the Wait Time Alliance (WTA), to which CAS belongs, and Ipsos Reid to collect important HHR data from anesthesiologists across Canada. We joined WTA to help understand the contribution of anesthesiologist HHR issues on access to care for Canadians. This latest collaboration with Ipsos Reid provides vital information on barriers to access by keying in on the reasons for cancelled cases.

Our recent Strategic Review identified HHR issues as a key priority to be quantified. A secondary purpose of the survey for CAS is to collect front-line data on wait time realities from anesthesiologists who treat patients with chronic pain. Further information on the results collected from the chronic pain section of the survey will be reported in the next issue of the newsletter.

Of the 255 anesthesiologists who completed the physician portion of the survey, 41 (16%) said that they practice chronic pain management and 214 (84%) said they do not.

The following summarizes the results of the survey questions.

When asked what was the main reason for the cancellation of their last cancelled case,

- 32% said Lack of beds/no room in the hospital
- 16% said OR over-booked/cases running late
- 11% said Patient not (medically) fit for surgery
- 9% said Patient illness

When asked to list the possible reasons for a case to be cancelled,

- 57% said Lack of beds (hospital is full)
- 49% said Lack of required post-op bed
- 39% said Lack of nurses
- 12% said Patient factors unrelated to infrastructure

Only 9% identified Lack of Anesthesiologists as a possible reason for a case to be cancelled.

Across Canada 53% believe there are currently about the right number of anesthesiologists in their health region, including:

- 70% in the Atlantic Region
- 68% in Alberta
- 62% in Ontario
- 54% in Manitoba/Saskatchewan

Across Canada 46% believe there is currently a shortage of anesthesiologists in their health region, including:

- 72% in British Columbia*
- 58% in Quebec*

Only 2% believe there are currently more anesthesiologists in their health region than needed.

* Quebec and British Columbia had the lowest earning potentials on the 2008 economics data.

Continuing Professional Development (CPD) Modules and the *Canadian Journal of Anesthesia*

Continuing Professional Development Modules are an important and regular feature of the *Journal.* Continuing medical education modules (now referred to as Continuing Professional Development [CPD] modules) have been published biannually since 2005, covering a board range of topics. These modules focus on the most up-to-date literature on topics as identified by our readers. We use the information from a needs assessment readership survey which identified areas of clinical importance in anesthesia, critical care, perioperative medicine and acute and chronic pain.

From the outset, the purpose of this self-assessment program was to provide a learning opportunity, rather than simply attempting to maximize the number of correct responses. Accordingly, CPD credits have been given on the basis of participation, not according to the number of correct responses. As of December 2008, a total of 1002 certificates had been issued for completion of these modules, involving 347 individuals, for a mean of 2.89 modules per participant, indicating that many users like to repeat the experience. Based upon subscriber feedback we recently revised the format of the modules, to reduce the amount of time required for completion from 10 to 4 hours. We also developed plans, in collaboration with the Office of Continuing Professional Development of the University of Montreal (which accredits these modules) to increase publication frequency from two, to four, and possibly six, modules per year. We also plan to increase the diversity of content, including topics related to anesthesia, acute and chronic pain, perioperative medicine and critical care medicine.

The original format of a short introduction to each module has now been expanded to incorporate a more complete narrative review, which still differs from review articles, in that topics are selected to fulfill educational objectives of the practicing physicians based upon a needs assessment, content provision, and self-evaluation. The required reading to complete the multiple choice questions (MCQs), which was originally 7-10 articles, is now reduced to 2-3 related articles, reflecting more narrowly focused objectives. These modules meet the requirements of the Royal College of Physicians and Surgeons of Canada CPD program. Successful completion of each module now entitles the reader to claim 4 hours of CPD under Section 3 of CPD options, for a total of eight "maintenance of certification" credits for each completed module.

The MCQs, answers and the comments for each CPD module will be made available online at www.springer.com/12630 where access is limited to CAS members and individual subscribers to the *Journal.* Unique to these modules, they are prepared so that correct answers are retrievable though reading the summary review, and two or three of the references, which should be highlighted as essential reading to meet the requirements of the self-study component of these modules.

The enhanced and more frequent CPD modules reflect one of the editorial goals of the *Journal*: to ensure that this publication is responsive to the needs of its readers. Strengthening the Continuing Professional Development offerings is an important element of this process.

Donald Miller, MD, Editor-in-Chief
François Donati, MD, Deputy Editor-in-Chief
Canadian Journal of Anesthesia

The **Self-Assessment Program**
from the *Canadian Journal of Anesthesia*

CPD online

New CPD Module
"Optimizing Preoxygenation in Adults"

Now available:

- **Optimizing Preoxygenation in Adults**
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- **Challenges in Obstetric Anesthesia and Analgesia**
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It's as easy as 1-2-3!

1. Open the article on SprinerLink and click on Go to CPD.
2. Select the module, log-in and complete the Self-Assessment Program.
3. Obtain section 3 Maintenance of Certification credits.

Successful completion of the self-assessment program will entitle readers to claim 10 hours of continuing professional development (CPD) under section 3 of CPD options, for a total of 20 maintenance of certification credits. Section 3 hours are not limited to a maximum number of credits per five-year period.

The Self-Assessment Program is made possible through unrestricted educational grants from these industry partners:

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Dr Steven Dain Receives CSA Award for 15 Years of Leadership Excellence

Dr Steven Dain, MD, FRCPC, Associate Professor, Department of Anesthesia and Perioperative Medicine, Schulich Medicine and Dentistry at the University of Western Ontario, has been presented with a Member Appreciation Award by Canadian Standards Association President Suzanne Kiraly recognizing his 16 years of Leadership Excellence and participation in the development of the Canadian National and International standards for medical equipment and clinical engineering.

Dr Dain is the Chair of The Canadian Standards Association Technical Committee on Anaesthetic Equipment, Respiratory Technology & Critical Care Equipment that oversees the development of Canadian National Standards, some of which are used as requirements for licensing of Medical Equipment for use by Health Canada.

In addition, Dr Dain is the Chair of the Canadian Advisory Committee (CAC) to ISO's Anesthetic and Respiratory equipment (CAC/ISO/TC/121) and several subcommittees under the direction of the Standards Council of Canada, representing the Canadian position in international standards work. In this capacity, Dr Dain is recognized as one of the primary Canadian experts in this area and is active in promoting Canadian interests from a practitioner's perspective while elevating the quality of Canadian standards in the international arena. Dr Dain has directly or indirectly contributed to the writing, editing or revising over 144 standards .

Standardization is essential to a vibrant economy supporting the health and well-being of a country's people, its resources, and its trade relationships. ISO and CSA's consensus model for standardization relies on national and international expertise from academia, industry, government and the public. The committee members and their sponsoring organizations work to develop standards that meet the needs of Canadians.

New CAS Partnership with The Personal

The Canadian Anesthesiologists' Society has recently signed an agreement with The Personal Insurance Company for group insurance. As a result of this new partnership, CAS members are now eligible for preferred rates on home and auto insurance across Canada.

By choosing The Personal for a three-year term, CAS will receive 1% of gross written premiums for all new policies sold to CAS members. We are also pleased to offer The Personal a booth at our upcoming meeting in Vancouver, where members can talk directly with the company's representatives about this important new membership benefit.

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News from the WFSA

In this edition of News from the WFSA, the focus will be on the work of the Safety and Quality of Practice Committee, chaired by Prof Alan Merry of New Zealand.

The goal of the WFSA is to improve the standard of anesthesia world-wide. The Safety and Quality of Practice Committee is contributing to this through several projects.

WFSA Web Site *(www.anaesthesiologists.org:)* This has been an important part of improving communication with member societies. Safety and Quality of Practice Committee member, Dr Nian Chih Hwang, contributes an *Alerts Section* which he updates regularly.

Standards**:** The International Standards for Safe Anesthesia developed by an independent task force, endorsed by the WFSA at The Hague, and published in 1993, have been revised as part of a WHO Global Challenge, Safe Surgery Saves Lives. Many people assisted with this task, notably Iain Wilson, Meena Cherian, Olaitan Soyannwo, Jeff Cooper and John Eichhorn (who was part of the original task force). The revised standards were endorsed by the General Assembly of the WFSA in Cape Town in March 2008. They can be viewed on the Website.

The Executive of WFSA has also endorsed a standard promoting the interoperability of anesthesia equipment, and this too can be seen on the website.

Global Oximetry Project: This was a collaborative project between WFSA, AAGBI and GE Healthcare, to provide low cost pulse oximeters in a package that included education, collection of data and agreements with local anesthesia providers and healthcare administrators to achieve long-term sustainable change in practice. The GO Committee was initiated from the Safety and Quality of Practice Committee, with Dr Gavin Thoms as our representative and overall Chair. Sub-projects were undertaken in Uganda, the Philippines, Vietnam and India. The aim was for each sub-project to be self-funding. GE Healthcare donated a total of 58 oximeters, 125 sensors and training materials. They also provided considerable logistical support (hosting teleconferences, delivering the oximeters, providing maintenance etc). GE proved to be a great partner in this effort and we are grateful for their support for this important effort. We are particularly grateful for the ongoing commitment of Mark Philips and Colin Hughes.

The participating anesthesia professionals have completed logbooks and data was presented at the World Congress in Cape Town. A final report is in preparation, to be followed by peer reviewed publications.

For a variety of reasons, the tripartite structure was wound up in Cape Town and the GO project returned to the oversight of the WFSA Safety and Quality of Practice Committee. It remains the Committee's single most important activity.

WHO, Safe Surgery and Pulse Oximetry: Alan Merry and Iain Wilson have also been involved in the World Health Organisation Safe Surgery Saves Lives project (not as representatives of WFSA) and have been very gratified to see the development of a universally applicable checklist with considerable relevance to the promotion of teamwork in the operating room and support for the importance of anaesthesia in safe surgery. This check-list is receiving some high-profile attention around the world.

The WHO has now developed a follow-on initiative to advance the idea of Global Oximetry. This builds on the work of the WFSA GO project and involves Alan and Iain and also several members of the WFSA Executive committee including Angela Enright, Florian Nuevo, Gonzalo Barreiro and Rob McDougall. Working with other members of the WHO team, specifications for the ideal oximeter have been developed and an educational package is being put together. Applications to be a pilot site in this effort are available on the WHO website and have been circulated to WFSA member societies. This is a very exciting development and should lead to improved peri-operative patient safety around the world.

The Virtual Anesthesia Machine (an independent educational project under the direction of Dr Sem Lampotang) is supported by the SQPC. A link to this project is in place from the SQPC section of the WFSA website.

Crisis Management Manual: We are very grateful to the Australian Patient Safety Foundation for allowing the SQPC to place a link from the WFSA website to the APSF Crisis Management Manual.

Incident Reporting: Professor Quirino Piacevoli is responsible for a new project to make incident reporting available to countries that do not currently have access to this facility.

Drug safety*:* Efforts to promote clearer, more standardised presentation of information on the labels of drug ampoules will be an activity of increased importance for the SQPC over the next four years.

Professor Merry would welcome contact if you have any comments or suggestions or would like to contribute to any of this Committee's activities.

Angela Enright
President
WFSA

Alan Merry
Chair SQP Committee
WFSA

Resident's Report from Dr Sarah Nickolet

Combined Scientific Congress held in Wellington, New Zealand, October 11-14, 2008

This past fall, I had the immense pleasure of attending the Combined Scientific Congress held in Wellington, New Zealand from October 11-14, 2008. The CAS usually sends a resident to the Australian Society of Anaesthetists' (ASA) meeting. Every four years the ASA combines with the New Zealand Society of Anaesthetists (NZSA) to hold a joint meeting and I happened to be fortunate enough to be selected for a year where this meeting was held 'off-shore'.

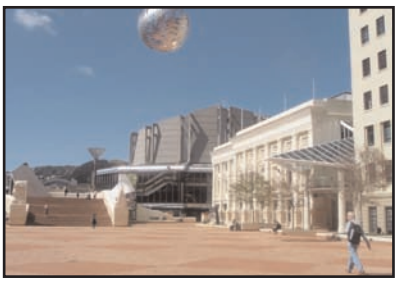
Wellington is the capital city of New Zealand located on the southern aspect of the north island. The city itself has a population just under 200,000 and it was a great location for this meeting. Set on the edge of a stunning harbour with rolling hills, it was a good size to explore and the organizing committee ensured that we saw the highlights of this city with a fantastic social program.

On the first night, there was 'Welcome Cocktails' at the National Museum of New Zealand – Te Papa Tongarewa. The Amateur Transplants provided the entertainment and they were excellent. They are two residents from the UK (one in Anesthesia) who parody well-known songs with humorous medical lyrics. If you haven't heard them, you should check out some of their songs on You Tube. There were a lot of laughs that night and an 'adult-only' selection of songs.

I participated in a 'fun run' along the Wellington waterfront where I got a better appreciation of the rolling hills of the city. Apparently the ASA/NZSA considers a 'fun run' to be 12 km! Thankfully, the scenery was beautiful so I was distracted from the distance.

There was also a Film Evening of local New Zealand made films held at the Embassy Theatre. This historic building was beautifully refurbished for the Grand Opening of Peter Jackson's Lord of the Rings. While watching the films, we enjoyed ice cream cones, popcorn and candy. The intermission was filled with gourmet appetizers and finally it finished with handmade truffles. It was a very good thing that I completed that 12km run that morning!

The final social event was the very lively Congress dinner featuring New Zealand lamb. I had the pleasure of sitting next to one of the 'Amateur Transplant' singers. A different live band entertained after dinner and I have never seen so many people up on the dance floor at a conference. The ASA/NZSA sure knows how to have a good time. They lived up to their reputation as being friendly and welcoming and I had many good conversations over the course of the conference.



The Scientific Program was equally as excellent. The design of the meeting is very similar to CAS meetings in that there were plenary sessions, small group workshops, problem-based learning discussions, simulation and quality assurance workshops. The theme of the conference was 'Communication in Anesthesia' so there were several lectures with this focus.

I decided to participate in two small group sessions that were somewhat unique. The first was an introduction to acupuncture where I spent time learning the techniques and important landmarks that are used in anesthesia. I was surprised to learn that after a two-hour workshop (where the needles were inserted into an orange), a New Zealand or Australian anaesthetist could go back to their practice and use this technique on their patients. No further licensing was required.

The other small group session that I attended was titled, 'Magic in Medicine'. I learned some interesting tricks that might be useful in pediatrics or simply for entertainment in any setting.

I was equally impressed at how much the meeting was directed towards the Anesthesia Trainees. I spent the first day attending the GASACT meeting. This is a group of Australian Trainees elected from each state who have an organized forum to discuss issues relevant to trainees. They are an established division of the ASA and have several on-going projects within the society. I gave a ten-minute presentation on 'Residency in Canada' and many were shocked at the work hours that exist in Canada. Australia, New Zealand, the United States and the UK all have maximum work hour legislation in place and they were stunned to hear that some Canadian residents are still doing 30-hour call shifts.

There was a Cocktail Function one night organized by the ASA/NZSA just for Trainees. The meeting organizers also set aside a one-hour session where the trainees had a small group discussion with the invited keynote speakers. My colleagues thought that it was interesting that I sat two chairs away from Dr Ronald Miller of 'Miller's Anesthesia'.

Despite the very long flight, the conference was overall a great experience. I would like to again thank the CAS for financially supporting residents to attend other Society meetings. I learnt a great deal and have been inspired to help establish a more active resident section for the CAS. I believe that it is important to become involved early in your society so that as a group we can collectively help to improve anesthesia as a subspecialty. Despite the distance, we share many commonalities with the other organizations, so it's in our best interest to continue to work together.

Dr Sarah Nickolet, PGY-4
Dalhousie University

Resident's Report from Dr Trevor Hennessey

2008 American Society of Anesthesiologists (ASA) annual meeting

I would like to thank the CAS for the opportunity to serve as the resident representative at the 2008 American Society of Anesthesiologists (ASA) annual meeting. I had the chance to sit in on the Resident Component House of Delegates meeting as well as to attend a variety of lectures and workshops including several with a resident focus. There were many opportunities to network with residents from the USA as well as around the world and I particularly appreciated the chance to meet with Dr. Christopher Cook, President of the ASA Resident Component who is interested in working toward forming some closer ties between the ASA and CAS resident sections. While the conference covered an enormous breadth of anesthetic practice, politically, there were two recurrent themes that I feel hold particular relevance to those of us practicing north of the border.

The first regards the central theme of the 2008 ASA meeting which is encapsulated in the new motto of the ASA: "Anesthesiologists: Physicians providing the lifeline of modern medicine". Many aspects of the meeting discussed the visibility of Anesthesiology as a specialty and the importance of representing ourselves as experts in all areas of perioperative medicine. We were encouraged to avoid restricting our roles to solely intra-operative patient care because of the risk of becoming viewed solely as a technical specialty. It was stressed that we need to maintain a presence in various aspects of perioperative medicine including pre-operative clinics, intensive care and acute and chronic pain services among others. Our continued involvement in research is critical as well. If we do not actively pursue these roles, our profession will cease to grow and develop and others will fill the voids we create.

The second and more politically charged topic regarded the use of non-physicians in providing anesthesia services. As a Quebec trained resident I am well aware of the wonderful utility of anesthesia assistants who provide technical support and help with patient monitoring. There are plans across Canada to use anesthesia assistants, however their precise perioperative role is still being defined. The ASA members I surveyed on this topic categorically stated that anesthesia is a medical act and should require the availability and supervision of a fully qualified medical doctor at all times. They also emphasized the important roll the CAS needs to play in setting educational guidelines, scope of practice limitations, and licensing criteria for all anesthesia assistants.

Again, I would like to thank the CAS for offering me this chance to represent the Canadian resident body and look forward to future involvement throughout my career. As part of my role as CAS resident representative I have informally invited the ASA to send an American resident to the 2009 CAS annual meeting to hopefully continue to foster ties between the two associations.

Sincerely,

Dr Trevor Hennessey
5th Year Anesthesia resident – McGill University

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