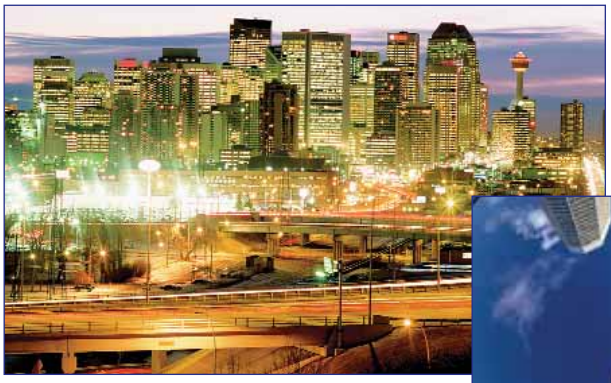
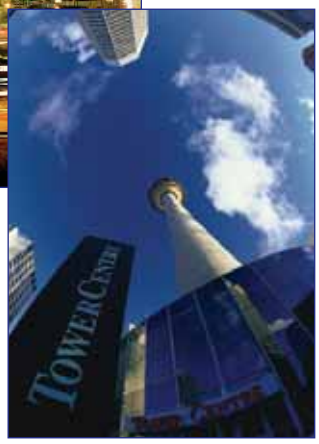
Anesthesia News
Volume 22
Number 2

Less than a Month Away





With about a month to go, we are all gathering our energy for that last push to complete the arrangements for the upcoming Annual Meeting in Calgary. As I write this, the snow has just melted, along with our hopes for a chance at the Stanley Cup. We're assured (ahem) that spring will soon arrive and that it will be warm enough by late June to encourage delegates to take in some of the sights of our city. But enough about the weather; we are Canadian after all.

The sixth-annual Golden Glottis Cup Challenge, on the Saturday night, is sure to be a lot of fun. The venue, the Art Gallery of Calgary, is located close to the convention centre. Assisted by local artists, teams from across the country will put brush to paper to give us a look at their creative talents, and a judging panel will chose the team most worthy of taking the beautiful Golden Glottis Cup home. This will be a lighthearted, painless event for those involved, so I encourage those of you who have been approached by your provincial reps to get involved. The reception to follow will once again be graciously supported by GE Healthcare.

The CARF Fun Run, sponsored by Baxter, is still set to go, as is the hockey tournament. On the Monday night, the President's Dinner in the ballroom at the Hyatt is sure to be a feature attraction. We have kept entertainment at a minimum, so you should have ample opportunity to catch up with the colleagues you haven't seen in years. Come to dinner, mix it up afterward, and then have a bite of dessert later in the evening.

I continue to encourage all delegates to book their hotel rooms as soon as possible. All of our booked hotel blocks are now full. There may be rooms available outside those blocks. Also, please make use of the link to the restaurants in Calgary and consider booking at least a week in advance for a weekend reservation.

See you in Calgary!

Joel Fox, MD FRCPC
Chair, Local Arrangements Sub-committee

2007 Calgary

Now available online

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In This Issue

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President's Message

Dear Colleagues,

The 2007 Annual Meeting is quickly approaching, and we hope to welcome you and your colleagues to join us in Calgary, June 22 to 26. The CAS Annual Meeting, in addition to being one of the premier forums for research and practice in anesthesia, is also the best venue to interact with anesthesiologists from across the country.

We have many social events planned, not least of which is the sixth-annual Golden Glottis Cup Challenge. This year's competition will be held at the Art Gallery of Calgary, where provincial teams will compete to produce a piece of art with the assistance of a local artist. The art will be auctioned and proceeds will be donated to CARF. If you have an artistic flare and would like to take part in the competition, please contact your provincial representative about joining your divisional team.

The recent Ontario government announcement to fund two anesthesia health care roles to ease wait times has generated considerable attention. The Anesthesia Assistant Graduate Certificate Program at the Michener Institute in Toronto is based on the CAS position paper released last year. Please join us at the Political Forum on Saturday at 1330 where we will discuss Anesthesia Assistants.

The CAS Board will be studying the implications of the newly created Acute Care Nurse Practitioner master's program at the University of Toronto. I refer you to Dr Steve Brown's article *(see page 7)* on recent Ontario developments. The Board will have to struggle with the definition of what constitutes an anesthetic and which procedures do not require one. As shared care becomes more common, we may have to redefine what service we are providing so as not to conflict with the one-to-one requirement in our "Guidelines". Redefining our service has major financial implications, as supervision is not a billable item in most provinces, including Ontario.

Our executive director, Stan Mandarich, represented the CAS at the launch of an expanded Wait Time Alliance in Ottawa. The CAS was invited by the other participating societies to join the alliance, and we felt it was important to be at the table while the medical community examines the multiple factors — including availability of anesthesiologists — that can reduce wait times. As part of this initiative, we have invited ACUDA to project the number of national anesthesia graduates over the next several years. Early indications show that new additions will exceed retirements by next year. Given the current national deficit we may be fully recruited by 2012, although demographic trends and unforeseen changes in practice make accurate forecasting virtually impossible.

Shane Sheppard, MD FRCPC
President

Wait Time Alliance
Making the Grade

The Canadian Anesthesiologists' Society has joined the Wait Time Alliance (WTA), a national coalition of medical societies that is grading governments on their progress in reducing wait times. The WTA's spring report card looks at meaningful reductions in wait times compared to last year for five priority areas:

- Sight restoration: grade rose from C to B.
- Hip replacement*: grade rose from C to B.
- Knee replacement*: grade remained unchanged at C.
- Cardiac care: grade remained unchanged at A.
- Cancer care: grade remained unchanged at A.
- Diagnostic imaging: no benchmarks were established.

In terms of "access enablers" (actions taken by government to address the key barriers to access in each of the five priority areas), the national grades are as follows:

- Cardiac care (bypass grafting only) and sight restoration: A.
- CT, hip replacement, and cancer care: B.
- Knee replacement and MRI: C.

The report card shows that progress was made in reducing wait times between 2005 and 2006 in most areas and in a majority of provinces. However, the WTA has identified significant challenges that must be overcome and is now calling for action in several other areas, including the following:

- Clarifying and standardizing wait-time definitions/criteria among provinces.
- Creating a National Health Workforce Strategy.
- Creating a Health Delivery Infrastructure Fund.
- Expanding wait-time reduction efforts and the creation of wait-time benchmarks in other areas of care.

While continuing to focus on the original five priority areas, the WTA will develop access benchmarks for the areas of emergency care, psychiatry, gastroenterology, and facial reconstruction. Further information on WTA can be found at www.waittimealliance.ca.

Stan Mandarich
CAS Executive Director

**In 2006, hip and knee replacement were assessed together as joint replacement. They are now assessed separately.*

Residents' Announcements

Second Annual CAS Residents' Day

June 22, 2007 • Hyatt Regency Hotel, Calgary

Sign up now for Residents' Day on Friday, June 22, 2007!

There will be ample opportunity to share and discuss ideas with fellow residents from coast to coast. The day will offer an educational program tailored to residents' interests and facilitate communication and interaction between Canadian residents. Topics will include "Updates from the Royal College — changes to the written exam," "The economics of community vs tertiary anesthetic practice," "Managing arrhythmias in the OR — applying the new ACLS guidelines," "Fellowships home and abroad — experience from Canada, Australia, and the USA," and "Regional anesthesia — tips for successful upper limb blocks." In addition, we will hold elections for the Residents' Section executive committee.

Stay on for the CAS Annual Meeting and sign up for additional resident-only workshops and lectures.

For complete details, please visit the CAS website at www.cas.ca/annual_meeting/registration. We look forward to seeing you there!

Call for Resident Volunteers

At the June meeting, the Residents' Section will elect its next executive committee. Individuals interested nominating someone or in putting their names forward are invited to contact me at desmondsweeney@hotmail.com before the Annual Meeting or in person during Residents' Day. Available positions are: Section Chair, Section Vice-Chair, and Representative to the CAS Board of Directors. This is your opportunity to become more involved with your anesthesia community and represent residents throughout Canada. The commitment is not onerous, and the experience is great!

Desmond Sweeney
Chair, Residents' Section

Your Donations Make a Difference

CAS IEF Sponsorship Program

Obstetric Fellowship

Dr Beatriz Contreras

The CAS International Education Fund, together with the Obstetric Section, has sponsored a young physician from Venezuela as a fellow in obstetric anesthesia in the World Federation of Societies of Anaesthesiologists program in Medellin, Colombia. The program is run by Dr Mauricio Vasco at Universidad Pontificia Bolivariana.

Dr Beatriz Contreras spent 3 months training in Medellin and has now returned to her home university of Merida in Venezuela. She wrote enthusiastically of her experience.

"The obstetric suite has 24-hour coverage by an anesthesiologist. The anesthesiologists work as a group and have great communication about the management of pregnant patients, whether elective or emergent, pre-, intra-, or post-op. They all use the same protocols. They have eight anesthesiologists dedicated to OB anesthesia, all used to managing high-risk obstetric patients. All the patients arriving in the unit get information about all the procedures and explanations of the benefits of analgesia. They give informed consent. Ninety-five percent of patients receive labour analgesia, usually epidural or CSE. The operating rooms are dedicated and are set up for emergency deliveries, including anesthesia machines, invasive and noninvasive monitors, difficult airway equipment, BIS, and Level 1 infusers. They have pumps for all the various medications that might be required. They do not have pumps for the labouring patients, as it is customary to give the medication via a bolus dose. However, on the floors they do have patient-controlled analgesia. It may have something to do with cost. The nursing staff are all dedicated to obstetrics.

"They all work as an interdisciplinary team — the anesthesiologists, obstetricians, nurses, pediatricians, etc. The anesthesiologists have a strong academic program and manage the sick OB patient as if in an intensive care unit. The unit is a referral centre for other hospitals when OB patients get into difficulties. Dr Vasco (the program director) travels throughout Colombia teaching about obstetric anesthesia. They make rounds every morning and evening and at other times as necessary to look after sick patients.

"I saw lots of obstetric surgery and gynecology, neonatal surgery, and even surgery in utero."

Basically, she had a fantastic learning experience and is most grateful for the opportunity.

Pediatric Fellowship

Dr Sanie Varela

The CAS International Education Fund, together with the Pediatric Section of the CAS, supported a young Paraguayan anesthesiologist, Dr Sanie Varela, for subspecialty training in pediatric anesthesia at the World Federation of Societies of Anaesthesiologists pediatric anesthesia training centre in Santiago, Chile. Here is a description from the program director at Calvo McKenna Hospital, Dr Silvana Cavallieri.

"Concerning Sanie, she is a 35-year-old woman coming from Asunción, Paraguay. She is married, and she has a 7-year-old child, who is at Asunción with her husband. She arrived at our hospital in September last year. She has spent 4 months in general pediatric anesthesia, and she is currently finishing a 2-month rotation in cardiac surgery. We perform 35–40 open-chest pediatric cardiac surgeries a month. This is the most important pediatric cardiac surgical program in Chile.

"One of our goals during this rotation is to allow our fellows and residents to perform invasive anesthesiologic procedures and feel comfortable with highly complex anesthesia techniques. Sanie, back home, will be working in a children's and women's hospital, performing pediatric anesthesia. During her training period at our hospital, she has taken

Continued on page 6.

World Federation of Societies of Anaesthesiologists
Update

The World Federation of Societies of Anaesthesiologists (WFSA) was established at the first World Congress of Anaesthesiologists in The Netherlands in 1955. At that time, there were 28 member societies. Currently there are 116 from nations around the globe.

Worldwide Education

The WFSA Education Committee has been very active throughout the year under the direction of its chair, Angela Enright, MB (Canada). The Committee endeavours to work cooperatively with other organizations in support of education for anesthesiologists from more than 40 counties in the developing world.

Rwanda has been the scene of much anesthetic activity over the past two years. Phillip O Bridenbaugh, MD, chair of the American Society of Anesthesiologists' (ASA) Overseas Teaching Program, and Dr Angela Enright, chair of the Canadian Anesthesiologists' Society International Education Fund, are cooperating in assisting the Rwandans to develop a training program in anesthesia for their physicians.

First Pediatric Fellow

In September 2005, the first Fellow in pediatric anesthesia arrived in Cape Town from Nairobi, Kenya. This was the culmination of many years of effort, particularly by program director Adrian Bosenberg, PhD. The Fellows have the opportunity to take part in all aspects of pediatric anesthesia, including regional anesthesia and pain management.

Charles J Coté, MD, ASA member on the WFSA Executive Committee, has been instrumental in the development of this and similar pediatric anesthesia training programs in Santiago, Chile and Vellore, India.

Success in Ghana

A real success story of "teaching the teachers," program in Accra, Ghana, has been a cooperative venture of ASA and WFSA. All regional hospitals in Ghana have now been supplied with those trained in anesthesia. There is now also a Fellowship Program of the Ghana College, and more trainees are applying for those positions. Since its inception in 2000, the training program has 15 graduates from Ghana, one from Sierra Leone and two from Nigeria.

Flagship Bangkok Program

The Bangkok Anaesthesia Regional Training Centre (BARTC) continues to be the flagship training program led by Professor Thara Tritrakarn.

Education Materials for All

During the past year, the WFSA Publications Committee, chaired by Iain Wilson, MB (United Kingdom), has worked together to improve access to educational material for anesthesiologists worldwide. Over the past year, The Publications Committee has continued its work on journal and book exchanges, which has been led by Berend Mets, MB ChB PhD (United States). Those willing to donate literature are asked to register on the World Anaesthesia website (www.anaesthesiologists.org).

In a continuously violent and dehumanizing world, the scientific and cultural diplomacy aspects of WFSA are our hope for sanity and our path to safe anesthesia care for our fellow human beings.

We hope to see you all at the World Congress of Anaesthesiologists in Cape Town, March 2 to 7, 2008, www.wca2008.com.

John R Moyers, MD
WFSA Honorary Secretary
www.anaesthesiologists.org

Pediatic Fellowship, continued from page 4.

advantage of all the opportunities she has had concerning hands-on anesthesiologic procedures. Sanie is a very nice person, hard-working and highly reliable, and very enthusiastic in performing new tasks."

Sanie herself writes that she wishes to thank us for giving her such a great opportunity to train at Calvo McKenna hospital. The first 4 months were spent in the general operating rooms, doing ophthalmologic, trauma, urologic, abdominal, and plastic surgery. The second quarter was in the cardiac operating rooms. She has developed skills in managing critically ill patients, doing invasive and noninvasive procedures, and using general and regional anesthesia procedures in children. Academically, she has prepared seminars and produced papers.

She found it difficult in the beginning with a new culture, a new type of work, and the various things that were unfamiliar to her, but day by day she has grown personally and professionally. As noted above, when she goes home she will work in a hospital for women and children, where she can offer her skills and knowledge to the poor of Paraguay.

This is the second fellow in pediatric anesthesia supported by the CAS IEF and the Pediatric Section. The first was from Belary in India; he was trained at the WFSA centre at Christian Medical College in Vellore, under the direction of Dr Rebecca Jacob.

Anesthesia Care Teams in Ontario:
Collaboration vs Competition

Ontario anesthesiologists have been working directly with the Ministry of Health and Long-Term Care to address the critical shortage of anesthesiologists in the province. The recent announcement of the anesthesia care team (ACT) pilot project has been controversial. This model formally endorses two anesthesia-related healthcare roles that will be under the supervision of an anesthesiologist. Anesthesia assistants provide intraoperative technical and operational support to anesthesiologists (similar to the Quebec model), and acute care nurse practitioners will assume a peri-operative role in pre-admission centres, postoperative pain management, and procedural sedation. This team-based model will extend the capabilities of the consultant anesthesiologist; it will improve working conditions, enhance access to certain types of procedures, and allow anesthesiologists to work more efficiently, using their skills where they are needed most.

This approach does not create independent, US-style nurse anesthetists; it provides a better alternative. Anesthesiologists will lead ACTs and continue to be responsible for direction and quality of care, patient safety, and resource planning. ACTs also preserve the doctor-patient relationship. Existing examples of this model include intensive care units (multiple intubated patients), dialysis units, labour and delivery (multiple regional anesthetics), family health teams, critical care response teams, and the ACT model for psychiatry.

It is imperative that we recognize that not all "medical acts" need to be performed by doctors. Other specialties have embraced this concept (through medical directives) and have prospered. There are significant risks to our specialty if we don't engage the interprofessional movement. Competitive and inefficient situations have arisen in ophthalmology (optometry), obstetrics (midwives), and US nurse anesthetists, partly due to protectionism and issues of "turf." What is best for patients in the long run?

The ACT project is only one component of the solution to the anesthesia shortfall in Ontario. Medical school enrollment has increased, re-entry and residency spots for anesthesia have expanded, rules for IMGs are being revisited, there have been improvements to the fee schedule, and GP anesthesia is more prevalent. Ontario anesthesiologists are still at the table with government and will participate in the thorough evaluation of these pilot projects.

The ACT model in Ontario does not reduce standards — it is a responsible use of a limited resource. We anticipate that this team-based approach will improve working conditions, extend the capabilities of anesthesiologists, and allow us to improve our profile with our colleagues and patients.

Stephen Brown
Chief, Department of Anesthesia
North York General Hospital
Chair, Section on Anesthesiology
Ontario Medical Association
www.ontarioanesthesiologists.ca

Guidelines Change: Residents

At its February meeting, the CAS Board of Directors approved a change in the Guidelines as recommended by the Standards committee.

"Residents in anesthesia are registered medical practitioners who, as part of their training, participate in the provision of anesthesia services both inside and outside of the operating room. All resident activities must be supervised by the responsible attending staff anesthesiologist, as required by the Royal College of Physicians and Surgeons of Canada and provincial and local regulatory authorities. The degree of this supervision must take into account the condition of each patient, the nature of the anesthesia service, and the experience and capabilities of the resident (increasing professional responsibility). At the discretion of the supervising staff anesthesiologist, residents may provide a range of anesthesia care with minimal supervision. In all cases, the supervising attending anesthesiologist must remain readily available to give advice or assist the resident with urgent or routine patient care. Whether supervision is direct or indirect, close communication between the resident and the responsible supervising staff anesthesiologist is essential for safe patient care. Each anesthesia department teaching anesthesia residents should have policies regarding their activities and supervision."

Daniel Chartrand, MD FRCPC
Chair, CAS Standards Committee

Anesthesia News

Please send contributions to:
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CAS Staff