

# **President's Message**



Dear colleagues,

In June 2008, a Search Committee was established to recruit an Editor-in-Chief for the *Canadian Journal of Anesthesia* ("CJA"). The appointment of Dr Miller, the then current Editor-in-

Chief, was set to expire at the end of December 2008. The opportunity was promoted widely by the Society throughout the summer, and interviews with potential candidates were held in Toronto in late September.

I am pleased to inform you that Donald R Miller, MD, FRCPC has been re-appointed for a five-year term commencing January 1, 2009. While Dr Miller was initially hesitant to renew his appointment as Editor-in-Chief, several factors resulted in his reapplication for the position, among them, significant encouragement from members of the Editorial Board, and the addition of professional publishing expertise and resources resulting from the new CAS agreement with Springer.

Dr Miller is working zealously on a large number of issues related to the transition to Springer. I suspect you will hear from him shortly in this regard, in this newsletter.

On behalf of the Search Committee (Dr Davy Cheng, Dr Etienne de Médicis, Dr Susan O'Leary and Dr Patricia L Houston) I can say we are more than pleased with the outcome of this important undertaking. We are confident that Dr Miller's leadership and enthusiasm will serve us well at this critical juncture and over the next five years.

Sincerely,

*Pierre Fiset,* MD FRCPC CAS President

# Updates from CAS

## Anesthesia Assistants task force update

In June of this year, CAS created a task force in which one representative from each anesthesiologist group, CAS and ACUDA; one representative from each nursing association, the Canadian Nurses Association and the National Association of Perioperative Nurses, and two representatives from the Canadian Society of Respiratory Therapists (CSRT), would define a uniform curriculum for advanced post-diploma training for anesthesia assistants.

Recently, CSRT has proposed the addition of another regulatory body, the National Alliance of Respiratory Therapy Regulatory Board (NARTRB). In order to maintain the member requirements, the CSRT has proposed dropping one of its own representatives so that NARTRB can be represented.

# Global Outreach Program

### - Advanced Notice

**Date:** May 23-26, 2009 **Location:** Dalhousie University, Halifax, NS

For more information please contact Dr Tom Coonan by e-mail at: tjcoonan@gmail.com

### Continuing Education and Professional Development Survey

Please note that the deadline for completing this survey is **December 22, 2008**.

As an incentive for completing the survey, CAS is offering three prizes of \$200.00 gift certificates from the Future Shop, to be awarded randomly.

Please click below to get to the survey: http://www.surveymonkey.com/s.aspx?sm=52zAViGSys3luDLIBNm5HQ\_3d\_3d

Volume 23 Number 4

#### In This Issue

President's Message
Development Survey
Wait Time Alliance Update
Award for Best Paper in Patient Safety2
Update from Regulatory Advisory Council on
Nurse Practitioners
Board Update
Member Benefits from Springer/CJA
Agreement
Get Ready for the 2009 CAS Annual Meeting5
CAS/Vitaid-LMA Residents' Award,
2007 winner
CAS website needs volunteers
CASIEF Update
CASIEF Donor list
News from the Ambulatory Section11

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

#### **Editor-in-Chief**

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#### Contributors

Dr Bill Splinter; Dr Richard Bergstrom; Dr Bryan Houde; Dr Francesco Carli; Dr Ian McConachie

## Updates from CAS (cont'd)

### Wait Time Alliance

The Wait Time Alliance (WTA) is planning to conduct a survey of physician members of participating WTA member societies, which CAS will customize for anesthesiologists. Ipsos Reid will e-mail a pilot survey to selected doctors on December 8.

The main survey will be sent to approximately 1,000 anesthesiologists across Canada and is scheduled for release in February 2009. This survey should be completed online. In the e-mail invitation will be a link to the survey, which will automatically become inactive once completed.

After initial demographic data questions, the survey will gather data on the reasons for cancelled surgeries specifically created for CAS members. This section will also gather data on whether anesthesiologists believe there is a surplus, shortage or the right number of anesthesiologists in their health region.

After completing the customized questions, anesthesiologists will be asked if they treat patients with chronic pain. Those who respond yes will be taken to the third part of the survey, which is gathering common data on wait time benchmarks for all WTA participating societies. The CAS benchmarks in WTA pertain to chronic pain management.

# Award for Best Paper in Patient Safety

The Patient Safety Committee of the CAS is offering a prize of \$500 for the best abstract in the area of patient safety. All abstracts that have requested consideration for this award will be evaluated. The abstract will be judged based on the written submission. The presentation will be made to the winner during the awards ceremony at the 2009 CAS Annual Meeting.

This award is only available to research conducted in Canada.

### Update from report developed by the Health Professions Regulatory Advisory Council on Nurse Practitioners

The Ontario Minister of Health has released a report developed by the Health Professions Regulatory Advisory Council on Nurse Practitioners (HPRAC), with reference to the newly established role of NP-Anaesthesia:

http://www.hprac.org/en/projects/resources/HPRACExtendedClass NurseReportENGMar08.pdf

On pages 75 - 76 of the printed report (79 - 80 online), HPRAC recommends to the Minister that implementation of the NP-Anaesthesia role be deferred but is convinced that the role can work in Ontario if developed properly.

# **Board Update**

October 25-26, 2008

Several new Members have joined the Board in 2008: Dr Patricia Houston (Secretary); Dr Andrew Nice (New Brunswick); Dr Claude Trépanier (Quebec), Dr Steven Bodley (Ontario), Dr Jennifer Ballen (Manitoba), Dr Jeffrey Rains (British Columbia) and Dr Sarah Nickolet (Resident).

The Board approved the 2009 operating budget.

#### Advocacy - Lobby Policy Makers

Work has begun on advocacy, goal one of the CAS strategic plan. The aim is to make decision makers, the medical field and the public become fully aware of the role of anesthesiologists. To aid the Society in achieving this goal, we obtained the expertise of Leonard Domino and Associates. The Domino firm specializes in government relations and strategic negotiations with an extensive background in healthcare.

Following a focus group session with the CAS Executive, the firm made a presentation to the Board. Key points emerged:

- CAS would like to communicate messages that are accepted throughout the profession, to enhance provincial messaging and advocacy.
- CAS wants to be a "driving force to nationally advance the interests of anesthesiologists."
- CAS should focus a national messaging campaign on the value and importance of anesthesiologists to the delivery of health care. Essentially anesthesiologists:
  - Are physicians.
  - Directly plan the process of patient pain needs before, during and after surgeries; literally "get patients to the operating room and manage them the whole way through"
  - Optimize the patient's individual needs which results in the best possible health care experience for the patient.
  - Are important without one, the operating room cannot work.

#### CNMO/FNSSC

The CMA's Committee of National Medical Organizations (CNMO) is being replaced by a new Specialist Forum. This will offer specialists a more focused avenue for discussion within the CMA, comparable to what already exists for GPs. The Federation of National Specialty Society of Canada (FNSSC) was created several years ago, in part due to concerns that the CMA was not adequately addressing the needs of specialists. Unfortunately the FNSSC lacks resources and has been eclipsed by other organizations such as the Wait Time Alliance. A number of specialty societies have withdrawn from FNSSC, and the CAS Board voted to resign from the FNSSC.

#### Annual Meeting Committee

The CAS office has launched a new online tool for organizers of educational sessions to submit proposals for review by the Annual Meeting Committee and CAS Education Consultant. To meet the accreditation requirements of the Royal College, all organizers of educational sessions need to provide session objectives.

#### **Standards Committee**

The Board approved the 2008 version of the Guidelines to the Practice of Anesthesia, to be distributed with the December 2008 *Canadian Journal of Anesthesia*.

#### **Research Committee**

The Board approved revised terms of reference, removing a set limit of corresponding members from the Canadian University Departments of Anesthesia. The official name of the Earl Wynands Award was modified to be "Dr Earl Wynands Research Award in Cardiovascular Anesthesia."

# Continuing Education Professional Development (CEPD) Report

CAS is applying for re-accreditation with the Royal College as a Continuing Professional Development (CPD) provider.

#### Patient Safety Committee

The CAS office will electronically distribute to members a link to the Anesthesia Patient Safety Foundation (APSF) newsletter.

The Board approved the Committee's request to establish the Ian White Patient Safety Award, with a value of \$500. The first award will be given at the 2009 annual meeting based on abstract reviews.

# Member benefits from Springer/CAS Agreement

*Dr Richard Bergstrom,* MD FRCPC Membership Committee Chair

Effective January 2009, the *Canadian Journal of Anesthesia* (CJA) will be published by an external publisher, Springer Science+Business Media. CAS members can expect numerous benefits from this arrangement, several of which are listed below:

- Increased revenues to CAS which will provide the ability to expand the CJA Editorial team with the addition of Associate Editors under the continued leadership of Dr Donald Miller, Editor-in-Chief;
- Decreased CAS administrative staff time and resources allocated to CJA, thereby allowing Society staff to focus more time on strategic priorities of interest to the membership;
- CAS members, upon signing up at the Springer website, can request a monthly Table of Contents;
- Reader feedback. Springer will launch bilingual reader surveys. Demographic information obtained will help the Society better tailor the Journal to member needs.
- Improved appearance with a fresh look for the cover and masthead page. For the first time, up to two articles per issue will be printed in colour. Colour presentation will be of particular importance for better interpretation of complex images and colour line drawings.
- 25% discount on any Springer books for members. Examples of anesthesiology-related books include: Atlas of Ultrasound and Nerve Stimulation-Guided Regional Anesthesia (Tsui, 2008); Complications of Regional Anesthesia, 2nd ed., 2007 (Finucane, 2007); Geriatric Anesthesiology, 2nd ed., (Silverstein, 2008) and Clinical Anesthesia: Near Misses and Lessons Learned (Brock-Utne, 2008).

#### Technological benefits include:

- The Journal will be published first online, then in print with OnlineFirst<sup>™</sup>. High quality content will be made available to readers as quickly as possible. Each accepted article will be published online, ahead of the printed version.
- With more options for searches and customization, user-friendly guided navigation tools, integration of books, journals, and reference works on a single user interface, the online journal will enhance education, research and knowledge transfer.
- More interactive content. Authors can submit electronic supplementary material (ESM) to their articles online. ESM comprises data such as illustrations, large tables, animation, video clips, sound recordings, software, URLs, streaming videos and links to website.

#### Internet benefits are:

- Partnering with CiteULike. With millions of tagged references, this site is the leading social bookmarking service for scientific researchers. It was created to promote and develop the sharing of scientific references among researchers.
- Access to Springerlink.com. The CJA will be hosted on Springerlink.com, which is fully searchable. It also contains more than 1,900 journals and 25,000 e-books of which 1,500 are in the subject area of clinical medicine. Examples of its journals include: *Journal of Anesthesia* (from the Japan Society of Anesthesiology), *The Journal of Headache and Pain*, *Pain Digest* and *Douleur et Analgésie* (the Frenchspeaking international review).

This is an exciting time for the Society, especially for those who work on the Journal. We look forward to seeing the new Journal and congratulate the efforts of those who have worked hard make this agreement happen.

# Get Ready for the 2009 CAS Annual Meeting June 26 to 30, 2009

The Annual Meeting Committee is inviting you to attend the Annual Meeting, which promises to deliver thought-provoking and remarkable sessions for delegates to participate in.

A sample of titles ranging from refresher courses to seminars, workshops and case discussions include:

- Nephrectomy in a Patient with an Anterior Mediastinal Mass
- Ethics Symposium: Futility
- TEE Case Presentations
- Turning Lemons to Lemonade Dealing with the Difficult Patient Encounter
- Neuroprotection What's the Truth!
- Perioperative Considerations in the Patient with Cardiovascular Disease, Update 2009
- Subarachnoid Hemorrhage: All You Need to Know

The Local Arrangements Committee has also been busy preparing social activities for delegates to relax, mix and mingle. Take your pick of the following activities:

- The ever-popular CARF Fun Run will be held on Sunday June 28 in Vancouver's spectacular and massive Stanley Park
- The Eighth Annual Golden Glottis Cup Challenge will definitely be an exciting event for participants.
- The President's Reception and Dinner, will be held in the ballroom of the Fairmont Waterfront hotel on Monday, June 29, 2009. Anticipate a superlative dinner menu.

The meeting will be held at the Vancouver Convention and Exhibition Centre and the nearby Fairmont Waterfront hotel. Blocks of hotel rooms have been reserved on your behalf at two hotels chosen for their comfort and convenience, and we have negotiated excellent rates.

If you are considering submitting an abstract, please note that the abstract submission deadline is **Friday January 16, 2009** at 16:00 EST. Details on awards and competitions for abstracts and instructions for online submission are posted on the CAS website (http://www.cas.ca/annual\_meeting/abstracts).

I look forward to seeing you in Vancouver!

*Dr Bill Splinter* B.Sc., MD, FRCPC Chair, Annual Meeting Committee

**Photos:** Tourism Vancouver From top to bottom: English Bay, Hiking in Whistler, Granville Island Market



# 2007 Winner CAS/Vitaid-LMA Residents' Award

Orotracheal intubation with Trachlight® and flexible fibre optic bronchoscope; comparison of cervical spine motion using cinefluoroscopy

Dr Bryan J Houde

Université de Montréal, Montréal, QC



*Dr* Houde is completing the third year of his residency in the Department of Anesthesia at the Université de Montréal. He is doing research at the Centre hospitalier de l'Université de Montréal under the supervision of Dr Stephan Williams, staff anesthesiologist.

#### **Research Project:**

Tracheal intubation of patients with unstable cervical spines (C-spines) is a challenge for the anesthesiologist. The patient should be intubated in such a way that the risk of further deterioration of their already critical situation is mimimised. Some anesthesiologists will consider a technique using a fibre-optic bronchscope (FOB) in the awake patient as a standard of care. However, in many situations, awake FOB intubation may be difficult, impossible or simply not be the best option. In some cases, general anesthesia remains necessary before tracheal intubation can be accomplished. The question of which intubation technique minimises motion of the C-spine in anesthetised patients remains open. We therefore reviewed the literature on spine motion during intubation. Two methods were retained for comparision: the Trachlight® (TL) intubation wand, and the FOB. Both methods are recognised as producing minimal C-spine motion during intubation. However to date no experiment has compared the C-spine movement produced by the TL to that engendered by the FOB in the anesthetised patient. We designed a randomized cross-over study using cinefluoroscopy to compare C-spine motion generated by each of the two intubation methods in 20 patients. Secondary end-points included the success rate and the time required to intubate with each technique. We hope the results of this study will help anesthesiologists in their selection of a method to secure the airway in patients with unstable C-spines.

# Make a difference on the CAS website!

We are inviting interested volunteers to join the Website Advisory Committee. We would like to have a team in place by **February 15, 2009.** 

Members of the advisory committee will:

- Shape direction of the website by advising on content, navigation, technology tools and design
- Provide feedback on member needs
- Serve as a focus group on website updates
- Review and approve web development proposals

Volunteers should have more than a basic familiarity with websites and website technology.

We will send Terms of Reference to interested volunteers. Please send your name to the CAS Communications Manager at communications@cas.ca, along with contact information, by **January 15, 2009**.

Sincerely Dr Patricia Houston, MD FRCPC CAS Secretary

# **CASIEF Update**

# *Dr Franco Carli,* MD FRCPC CASIEF Chair

It is my pleasure, as incoming Chair of the Canadian Anesthesiologists' Society International Education Foundation (CASIEF), to provide you with an update of the activities of the last months.

CASIEF enjoyed a high profile at the CAS meeting in Halifax in June. The inaugural Canadian course on Anesthesia for Challenging Environments was held in Halifax, June 13-15 under the auspices of the Dalhousie University Department of Anesthesia and the CASIEF, and the tenacious leadership of Dr Thomas Coonan. This is the first course of its kind in North America.

Thirty physicians from Canada and the United States attended the three-day event consisting of two and half days of interactive didactic sessions and some hands-on experience. Drs Michael Dobson from Oxford, England and Haydn Perndt from Hobart, Australia led a strong group of Canadian and International speakers on various topics dealing with anesthesia in difficult circumstances. The feedback on the course was extremely positive. In view of the enormous demand from doctors, nurses and technicians who wish to be ready for an overseas humanitarian experience, everyone felt that the course should be on-going. The CASIEF Board at the meeting in June requested that the course be held in Halifax in the spring of 2009. All those who wish to spend some time on medical missions are strongly encouraged to attend this course.

The dinner on Sunday evening was very well attended. Our guest speaker was Dr Haydn Perndt who spoke on



Butare Staff: Jeanne d'Arc, Désiré Théogène, Jules Visiting: Dr Enright



The Rwanda Residents

"Anesthesia in Challenging Circumstances: A Personal Odyssey". Dr Perndt is Australian and lives in Hobart, Tasmania. He has worked for Médecins sans Frontières, has been the Chair of the WFSA Education Committee and is still involved with the Australian Anesthesia Society overseas committee in the Pacific area. Haydn has been the director of the successful anesthesia course for working in remote locations for over 10 years and is still in great demand as one of the leading experts in this field. His lecture was passionate, and, with a great sense of humanity and humility, he invited all of us to consider the importance of delivering safe anesthesia to the poor and less fortunate.

On Monday June 16th CASIEF hosted a well attended panel meeting entitled: "Working Overseas: the Challenges" chaired by Dr Angela Enright, Chair of CASIEF and President of the World Federation of Societies of Anesthesiologists. Dr Alison Froese from Queen's University, Kingston spoke on how anesthesia residents can become interested in pursuing short term electives in developing countries. Dr Julie Williams from IWK Health Centre in Halifax presented a variety of international projects which could be chosen by those who wish to spend some time on humanitarian missions overseas. Dr Michael Dobson from John Radcliffe Hospital in Oxford, England dealt with practical issues related to anesthesia equipment in developing countries, and finally Dr Sarah Hodges from the University of Warwick in Kampala, Uganda gave an overview of some difficulties volunteers

continued on page 8

### **CASIEF Update (cont'd)**



Kigali staff: Bosco, Willy, Népomuscène Rampanjato Visiting: Prof Carli, Jeanne d'Arc

face when in contact with local cultures. A very animated discussion followed with many challenging questions and comments.

The CASIEF board met in Halifax on Monday June 16th. Dr Alan Finley completed his three-year term and Dr Brendan Finucane agreed to step in as new member. The CASIEF Board decided to have a resident representative and Dr Janius Tsang, a fifth year resident at McGill, agreed to be a member. It was felt that residents should have an important role in the CASIEF as they become more and more involved in accompanying staff volunteers on medical missions. Dr Angela Enright requested to step down as Chair due to her many commitments with the WFSA. I was proposed as the incoming Chair and Dr Alex Dauphin as Vice Chair. We both accepted the positions.

The Rwanda project, which started in January 2006, is the current primary focus of CASIEF. By the end of 2008, 36 volunteer staff anesthesiologists (most from CASIEF and some from the American Society of Anesthesiologists Overseas Training Program (ASAOTP)) together with some Canadian residents have gone to Rwanda for an average period of four weeks. For the year 2009, nine volunteers, three residents and one biomedical technician have signed up, covering nine out of 12 months. We still have some months in 2009 not covered. Recruitment for 2010 volunteers has started.

The Postgraduate Anesthesia program in Rwanda is growing with eight Rwandese residents currently. The first two residents who started in January 2006 will graduate in December 2009. We have also six Rwandese staff anesthesiologists working closely with our volunteers. This is a great improvement from only one Rwandese anesthesiologist in 2006!

We have also nominated an anesthesia program Director on site that will coordinate the educational activities of the volunteers, implement a curriculum and supervise residents' rotations.

On a recent visit to Rwanda, I witnessed how well the postgraduate anesthesia program sponsored by CASIEF is praised by the Ministry of Health, the Rector of the University and the teaching Hospitals. This is wonderful news for CASIEF, and we have to thank all those volunteers who have donated and continue to donate their time to create anesthesia capacity building and sustainability in Rwanda. It is our wish to see the establishment of a strong academic department of anesthesia in Kigali and Butare that is able to train excellent anesthesiologists and deliver the best and safest care to the population of Rwanda.

We are also pleased to report that in occasion of the 400-year anniversary of Quebec City and the international assembly of the francophonie, CASIEF was selected for the innovative project in health education in Rwanda. CASIEF was praised for the continuous effort in capacity building and commitment to sustainability. CASIEF does not receive any funding from the Canadian International Development Agency to run the Rwanda project which is supported solely with the donations of the CAS members.

continued on page 11

#### 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 Canadian A Foundation the future.



## Canadian Anesthesiologists' Society International Education Foundation

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- \* Includes sponsorship of Global Outreach

### Anesthesia News

Please send contributions to: Anesthesia News Canadian Anesthesiologists' Society 1 Eglinton Avenue East, Suite 208 Toronto, Ontario M4P 3A1

Or email: communications@cas.ca

Anesthesia News serves to inform CAS members about current CAS activities and topics of general interest to Canadian anesthesiologists.

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If you do not currently receive e-mail

notification, but would like to, please send

your full name and e-mail address to

membership@cas.ca

# News from the Ambulatory Section

*Dr Ian McConachie*, MD FRCA FRCPC Chair, CAS Ambulatory Section

Associate Professor of Anesthesia and Perioperative Medicine University of Western Ontario, London, Ontario ian.mcconachie@sjhc.london.on.ca

I have taken over the chair of the Ambulatory Section of the CAS from Dr Frances Chung. Dr Chung is truly a world authority on Ambulatory Anesthesia and we are fortunate to have had her guidance and leadership over the last few years. The strength of the section in recent years is largely due to her efforts and I will try and live up to her example.

There have been some changes in the section recently. We now have a section webpage within the overall CAS website. This can be accessed directly from the members' sign in page. The webpage is in an embryonic form but includes useful Links and an Ambulatory Anesthesia Reference list. Dr Zeev Friedman from Toronto has agreed to take over the running of this webpage and move it forward to improve its relevance and usefulness to the Section members.

After a successful CAS meeting in Halifax thoughts are already turning to the 2009 meeting in Vancouver. The Ambulatory Section component of the meeting is in development. A highlight will be a debate at the Ambulatory Section Breakfast meeting on the appropriateness of single shot peripheral regional blocks in Ambulatory patients. This debate promises to be lighthearted and entertaining as well as informative and hopefully thought provoking. This is an exciting time for Ambulatory Anesthesia with increasing emphasis on quality e.g. with regards to postoperative analgesia and postoperative nausea and vomiting. We hope to have discussions on both these areas in Vancouver.

There is a subgroup within the Ambulatory Section known as CAARE – the Canadian Ambulatory Anesthesia Research and Education group. This exists to promote research and educational activities in Ambulatory Anesthesia in Canada. Past projects include published evidence based reviews on patient selection for Ambulatory surgery. I would like to invite members of the Section to contact me if they are interested in becoming part of this group and helping develop Ambulatory Anesthesia in Canada.

I look forward to meeting more of you in Vancouver.

## CASIEF Update (cont'd)

CASIEF continues to maintain a strong tie with the Nepalese Society of Anesthesia, and the CASIEF Board has agreed to provide a travel grant for Dr Binod Gautam's attendance to the coming New York Society of Anesthesiologists meeting in December 2008. Dr Gautam has been selected as the 2008 PGA scholar and will present a poster in New York.