

CAS

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CANADIAN ANESTHESIOLOGISTS' SOCIETY

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www.cas.ca

MESSAGE FROM THE

CANADIAN ANESTHESIOLOGISTS' SOCIETY PRESIDENT



Dr. James Kim, CAS President

Dear Colleagues,

It is a great honour to begin my term as President of the Canadian Anesthesiologists' Society (CAS), and I am very pleased to share my first message with you in *Anesthesia News*. I am looking forward to working with colleagues from across the country to build on the strong foundation created by the Presidents, Board members, volunteers and staff who have come before us. Their dedication has helped shape CAS into the organization it is today, and I am excited to continue that work together.

I am particularly looking forward to working closely with the CAS Board, National Office, our Sections and Committees, volunteers and partners. There is a tremendous amount of expertise, enthusiasm and commitment within our community, and I am continually reminded that CAS is at its best when we bring our perspectives together and work toward common goals.

There is plenty to discover in this issue of *Anesthesia News*. I encourage you to take some time to explore the excellent work happening across our Society, from our dedicated volunteers, Sections and Committees to the important initiatives supported by our foundations [CARF](#) and [CASIEF](#), as well as the [Canadian Journal of Anesthesia](#). So much of what CAS accomplishes is driven by members who generously share their time and expertise, and this newsletter offers just a glimpse of that work.

We are also excited to introduce our "Meet an Anesthesiologist" series, which takes a closer look at the people behind our specialty and the many different ways anesthesiologists contribute to patient care, education, research and leadership. Our first feature highlights [Dr. Dolores McKeen](#), Past President of CAS. I hope you enjoy getting to know more about Dr. McKeen's experience and perspective.

This year, we are also pleased to welcome two new CAS Sections: [Rural and Remote Anesthesia Section](#) and the [Innovative Technologies and Artificial Intelligence Section](#). Both were created in response to requests from our members and reflect the changing needs and interests of our specialty. From delivering care in rural and remote communities to understanding how artificial intelligence and emerging technologies may transform anesthesia and perioperative medicine, these Sections will help CAS ensure that we are addressing the issues that matter to our members and preparing for what comes next.

...continued on page 2

Congratulations to all **2026 award winners**, the recipients of the CAS Honour Awards, Research Program Awards, Best Abstract Awards and Medical Student Prize! These individuals represent the exceptional work and dedication found throughout Canadian anesthesiology, and it is a privilege for CAS to recognize their contributions.

Looking ahead, Honour Award nominations for 2027 are **now open**, and I encourage you to consider nominating a colleague who has made an exceptional contribution to our specialty, our patients or our Society. Recognition from peers can be incredibly meaningful, and there are many deserving members whose work deserves to be celebrated. The 2027 CAS Research Program will open in October, so stay tuned for more information about opportunities to support and advance anesthesiology research across Canada.

It was also wonderful to see so many members and colleagues come together at the 2026 CAS Annual Meeting in Ottawa last June. The Annual Meeting is always a highlight of the CAS calendar, but what makes it truly special is the opportunity to connect with one another — to share ideas, learn from colleagues, celebrate achievements and build relationships that extend well beyond the meeting itself. I encourage you to **read the recap** in this issue and revisit the highlights from Ottawa.

And while we are still reflecting on Ottawa, work is already underway for #CASAM2027 in Winnipeg, June 11–13. Our **Call for Content** is now open to all CAS members, and I strongly encourage you to get involved. Whether you have an idea for a session, an area of expertise you would like to share or a topic you think deserves greater attention, this is your opportunity to help shape the program. The Annual Meeting belongs to our members, and your ideas and participation are what make it valuable.

Our **educational programming** also continues throughout the fall and into December. From Rounds and webinars to other learning opportunities, there will be many ways to stay connected with CAS and continue learning alongside colleagues. Be sure to check out the full programming overview on our website **www.cas.ca/upcoming-events** regularly for the latest information.

Membership renewal is also just around the corner, launching in October. I encourage you to renew your membership and continue being part of the CAS community. Our Society is stronger when members are engaged and involved, and your membership helps CAS continue its work in education, research, advocacy, professional development and supporting the future of our specialty. More importantly, I hope you will see CAS as a place where your voice matters and where you can help shape the direction of anesthesiology in Canada.

As I begin this term as President, I am excited about what we can accomplish together. There are important opportunities ahead for our specialty, and there are also challenges that will require us to listen, collaborate and advocate with a strong, unified voice. CAS has an important role to play, and I am grateful to be working alongside such a committed community of anesthesiologists and healthcare professionals.

As always, I welcome your feedback, ideas and perspectives. Please feel free to **reach out to me** directly or contact the **CAS National Office**. Whether you have a suggestion for CAS, an idea for a future initiative or simply want to share your experience as a member, we want to hear from you.

Thank you for your continued support of CAS and for everything you do for our specialty and our patients. I look forward to working with you throughout my term ahead.

Warm regards,



Dr. James Kim,
President, Canadian Anesthesiologists' Society



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National Office News



WELCOME NEW CEO

CAS is pleased to welcome **Stéphanie Roy** as Chief Executive Officer.

A fully bilingual association executive, Stéphanie brings more than two decades of experience leading member-funded, volunteer-governed organizations and advancing the interests of regulated professionals.

At CAS, Stéphanie is committed to amplifying the expertise and perspectives of anesthesiologists and translating that knowledge into meaningful impact for patients, safer care, stronger health systems and a more sustainable future for the profession.

Read Stéphanie's full bio: www.cas.ca/stephanie-roy



THANK YOU KAMILLA

We would like to extend our sincere thanks to Kamilla Molnar for her six years of dedicated service as Director of Finance at the CAS National Office. Throughout her time with CAS, Kamilla has made an invaluable contribution to the organization, bringing her expertise, professionalism and commitment to her role. We wish her the best in her retirement.

THE CAS TEAM

AS OF SEPTEMBER 2026

EXECUTIVE COMMITTEE

Dr. James Kim, President
Dr. Mateen Raazi, Vice President
Dr. Vivian Ip, Secretary
Dr. Hilary Grocott, Treasurer
Dr. Giuseppe Fuda, Past President

DIVISIONAL REPRESENTATIVES

Dr. Alixe Pellerin (Saskatchewan)
Dr. Darcy Bishop (Nova Scotia)
Dr. Jadon Harding (Newfoundland & Labrador)
Dr. Joseph Desreux (Prince Edward Island)
Dr. Lily Chiu (British Columbia)
Dr. Matthew Banasch (Alberta)

Dr. Nikola Joly (Quebec)
Dr. Soniya Sharma (Ontario)
Dr. Thomas Hall (Manitoba)
Dr. Yannick Duguay (New Brunswick)

EX-OFFICIO MEMBERS

Dr. Janice Chisholm, ACUDA President
Dr. Alex Bak, Resident Representative

CAS NATIONAL STAFF

Stéphanie Roy,
Chief Executive Officer
Ashley Smith,
Director, Programs and Member
Engagement
Tracy Williams,
Director of Finance and Administration

Athisaya Satgururajah,
Executive Office and Committee/
Section Coordinator

Cristina Mita,
Manager, Education and Awards
Program

Mack Chabelski,
Manager, Marketing and
Communications

Calvin Barr,
Public Relations and Marketing
Coordinator

Ana Kanwal,
Administrative Assistant

Angela Chen,
Membership and Database Coordinator

Fatima Khan,
CJA Editorial Assistant

CAS Engages Federal Parliamentarians on Anesthesia Workforce and Environmental Sustainability

The Canadian Anesthesiologists' Society (CAS) recently engaged federal parliamentarians and political staff as part of its ongoing advocacy efforts to address Canada's anesthesia workforce challenges and advance environmental sustainability within the healthcare system.

The discussions highlighted broad political interest in strengthening Canada's healthcare workforce, improving access to surgical care, and identifying opportunities to make healthcare delivery more efficient and sustainable.

Addressing Canada's Anesthesia Workforce Challenges

Workforce shortages continue to be a key concern across the healthcare system, with discussions emphasizing the need for coordinated federal and provincial action to address barriers to physician mobility, workforce planning and surgical capacity.

There was particular interest in developing practical policy solutions that can support the recruitment, retention and mobility of healthcare professionals while exploring innovative models of care. Anesthesia assistants were identified as one potential avenue to help address workforce pressures, with Manitoba's established model providing an opportunity to examine best practices and lessons that could be applied more broadly across Canada.

Federal immigration and workforce planning were also identified as important areas for further engagement, particularly given the role that immigration policy can play in addressing physician shortages.

Importantly, discussions reinforced that increasing the healthcare workforce alone may not be sufficient to expand surgical capacity. Provincial funding, licensing requirements and operational constraints will also need to be considered to ensure that additional workforce capacity translates into improved access to care.

Advancing Environmental Sustainability in Healthcare

Environmental sustainability was another area of significant interest, particularly opportunities to reduce waste and the environmental footprint of healthcare delivery.

CAS has an opportunity to further develop its policy work on hospital waste, single-use plastics and sustainable procurement by examining international best practices, existing Canadian and provincial procurement policies, and opportunities to support domestic solutions.



There is also an opportunity to highlight Canadian leadership on reducing the greenhouse gas emissions associated with anesthetic gases. Building awareness of successful approaches already being implemented across the country could help demonstrate practical pathways toward more sustainable healthcare delivery.

Strengthening Federal-Provincial Collaboration

A recurring theme throughout the discussions was the importance of stronger coordination between federal and provincial governments.

While the federal government has important levers through healthcare funding, immigration and national workforce planning, many decisions affecting physician licensing, healthcare delivery and surgical capacity remain within provincial jurisdiction.

CAS can play an important role in connecting these policy areas and demonstrating how coordinated action can improve access to care, strengthen healthcare capacity and ensure more efficient use of public resources.

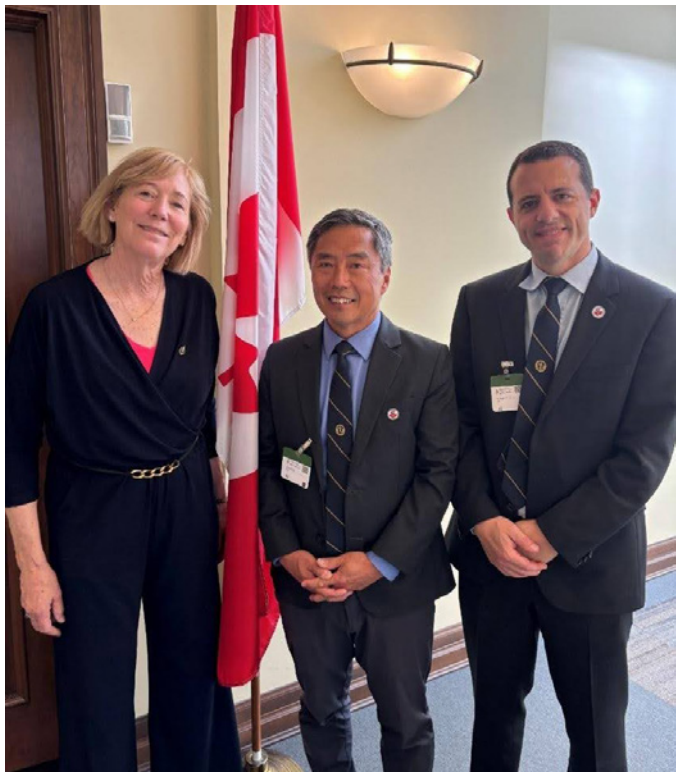
Next Steps

The Day on the Hill discussions provided CAS with several concrete opportunities to advance its federal advocacy agenda. Immediate priorities should include further developing the anesthesia workforce policy package, advancing the environmental sustainability agenda, and pursuing stakeholder connections identified through the meetings.

CAS should continue positioning itself as a trusted source of clinical and policy expertise on anesthesia workforce planning, surgical access and environmental sustainability, while building broader political support for practical solutions that strengthen Canada's healthcare system.

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Day on the Hill, June 9, 2026 - Ottawa, Ontario



Dr. James Kim (CAS President, middle), Dr. Giuseppe Fuda (CAS Past President, right) with Helena Konanz, Member of Parliament and Member of the House of Commons Standing Committee on Health



Drs. Kim and Fuda with Helena Jaczek, Member of Parliament and Member of the House of Commons Standing Committee on Health



Dr. Kim with Dan Mazier, Member of Parliament, Shadow Minister of Health and Vice-Chair of the House of Commons Standing Committee on Health



Drs. Fuda and Kim with Carol Anstey, Member of Parliament and Member of the House of Commons Standing Committee on Environment and Sustainable Development



Drs. Kim and Fuda with The Honourable Marjorie Michel, Minister of Health

A FINAL MESSAGE OF THANKS FROM DR. GIUSEPPE FUDA



Dear Colleagues and Friends,

As my term as President of the Canadian Anesthesiologists' Society (CAS) comes to an end, I wanted to send one final message to you - not another President's Report, but simply a thank you and a few reflections on what these past years have meant to me.

Serving as President of CAS has been one of the great privileges of my professional life.

I came into this role with a conviction that I have held for a long time: anesthesiologists are essential to the functioning of our healthcare system, yet our contribution is still too often poorly understood and underappreciated.

We see it every day. Without anesthesia there is no surgery, no safe obstetrical care in many hospitals, no functioning trauma system, and increasingly no comprehensive procedural or perioperative care. We look after some of the sickest patients in the healthcare system, often at their most vulnerable moments, and much of what we do happens quietly and out of public view.



With CAS delegates at the 2025 CAS Annual Meeting, St. John's, Newfoundland

I have always felt that we needed to do a better job of telling that story. We made progress.

One of my main goals as President was therefore to help CAS become a stronger and more visible national voice for anesthesiologists - not simply to promote our profession, but because anesthesiologists need to be part of the conversations that determine how healthcare is delivered in Canada.

Our advocacy became more active and more organized. CAS engaged with federal and provincial decision-makers, including appearing before the House of Commons Standing Committee on Health and strengthening relationships with national healthcare organizations. We continued to advocate for the anesthesia perspective on workforce challenges, surgical access, rural and remote care, patient safety, and evolving models of healthcare delivery.

We also developed a much closer working relationship with Health Canada around medication and equipment shortages. These issues can seem remote until a drug or piece of equipment that we depend on suddenly becomes unavailable. I am proud that CAS increasingly became an organization that Health Canada could turn to for practical clinical advice, and that our members could rely on to advocate for the medications and resources necessary to safely care for patients.

We also took a stronger position on environmental sustainability, trying to approach that issue in the same way: responsibly, scientifically and practically, recognizing our obligation to reduce unnecessary environmental harm while preserving safe patient care.

One of the initiatives I am most proud of was the creation of the Anesthesia Delivery Taskforce.

Workforce problems cannot be reduced to a simple headcount. Canada is enormous, and anesthesia care looks very different depending on geography, local resources and the populations being served. We needed a place to seriously discuss anesthesia care teams, family physician anesthesia, anesthesia assistants, rural and remote care, changing practice patterns, non-operating-room anesthesia, private facilities, new technologies and the evolving role of the anesthesiologist.

Those conversations were not always easy, nor should they have been. The objective was never to defend one model simply because it was familiar. It was to ask how we can improve access and adapt to a changing healthcare system while continuing to protect patient safety and the quality of anesthesia care.

I am tremendously grateful to every member of that Taskforce who believed in what was, at the beginning, probably one of my crazier ideas. They gave their evenings to the project, challenged my assumptions, brought perspectives I did not have, and were willing to have difficult conversations without reducing complex issues to slogans. Bringing that work to the membership through the President's Symposium in Ottawa was an important step, and I hope the Taskforce continues to help shape the national conversation in the years ahead.

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With Dr. André Denault at the 2026 CAS Annual Meeting in Ottawa

Internally, we also tried to make CAS function more like a collective.

Our Sections and Committees contain an extraordinary amount of expertise. We worked toward clearer mandates, better communication with the Board, and stronger links between the work of our volunteers and CAS priorities in advocacy, education, and policy. The objective was never more bureaucracy. It was to make better use of the people and ideas already within our Society.

At the same time, we continued investing in what CAS should provide to its members. The **Annual Meeting** evolved, year-round educational opportunities expanded, the CAS Pinnacle Rounds series returned, new collaborative educational programs were developed. We also increased our focus on residents and early-career anesthesiologists.

These partnerships are an important part of CAS and the broader Canadian anesthesia community. Our relationships with the *Canadian Journal of Anesthesia*, CARF, CASIEF, ACUDA, provincial organizations and specialty partners remain essential to our shared success.

I am also particularly proud that we began speaking more directly to patients and the public.

For too long, we have assumed that people understand what anesthesiologists do. Most do not.

Our **public-facing education and communication** efforts began trying to change that - explaining that anesthesiologists do much more than 'put people to sleep.' We are physicians responsible for physiology, resuscitation, pain, perioperative care and critical decisions before, during and after procedures.

That may sound like a simple message, but I believe it matters enormously. If Canadians do not understand our role, it becomes much harder for policy-makers to understand why anesthesia capacity is so fundamental to surgical access and to the healthcare system as a whole.

Internationally, CAS also strengthened its relationships with peer national societies and the World Federation of Societies of Anaesthesiologists (WFSA). Hosting the World Congress of Anaesthesiologists in Vancouver in 2028 will be an extraordinary opportunity to showcase Canadian anesthesiology on the world stage.



With CAS staff and members in WCA 2026 Morocco

There was also a great deal of less visible work: implementing our **strategic plan**, modernizing governance, improving how the Board functions, strengthening our financial stewardship and navigating significant leadership transitions at National Office.

But when I look back on my years with CAS, those accomplishments are only part of what I will remember. CAS gave me much more than I could ever have expected when I first joined the Board.

It taught me about governance, management, negotiation and politics. It taught me that leadership is sometimes about speaking and sometimes about listening; that disagreement, when handled properly, can make an organization stronger; and that almost nothing meaningful is accomplished alone.

Most importantly, it introduced me to extraordinary people.

I had the privilege of working with provincial representatives from every part of Canada. They taught me how different anesthesia practice can look from one province and one community to another, and many of those professional relationships became real friendships.

I was also extraordinarily fortunate in the people with whom I shared the CAS leadership table. Drs. Lucie Filteau, Hilary Grocott, Andrew Nice, James Kim and Vivian Ip each contributed to my growth in different ways. Through advice, debate, challenge, experience, humour and friendship, every one of them taught me something about leadership and about myself. We did not always agree - nor should an effective Executive Committee always agree - but I became a better leader because of the people around that table.

Hilary's mentorship over the years deserves particular recognition. He has been extraordinarily generous with

his experience, advice and friendship, and I have learned a great deal from him both professionally and personally.

And now I have the privilege of handing the presidency to James, with whom I have shared countless CAS discussions and a few adventures along the way. Anyone who can convince me that climbing Mount Toubkal together is a reasonable way to spend a few days clearly has considerable powers of persuasion. More importantly, I know CAS will be in very capable hands.

I also feel very fortunate to have worked so closely with Vanessa Foran, the CAS CEO from October 2022 to May 2026. The relationship between a President and CEO is an important one, and I genuinely enjoyed our partnership. I learned a tremendous amount from her about managing a national organization, and turning ideas into things that can be delivered.

The *Canadian Journal of Anesthesia* has also been an important part of my CAS experience. I am grateful to Dr. Stephan Schwartz for his commitment to the *Journal*, for the many conversations we have shared and for the friendship that developed along the way. Working with him and the *Journal* leadership gave me an even greater appreciation for the enormous amount of work required to sustain its international reputation.

I also want to thank Dr. Greg Dobson. I spent many years on the **Clinical Practice Guidelines Committee** and saw firsthand the care, persistence and judgment that go into producing one of CAS' most important contributions to our specialty. Greg's commitment to the **Guidelines to the Practice of Anesthesia**, patient safety and professional standards taught me a great deal about a quieter but equally important form of leadership.

I also want to recognize our two foundations, **CARF** and **CASIEF**. They represent two important parts of CAS: advancing anesthesia research at home and supporting education and capacity building beyond our borders.

I am grateful to Drs. Stuart McCluskey and Terri Skelton for their leadership of CARF and CASIEF and for the collaboration we shared during my presidency. Both brought enormous energy and commitment to their respective foundations, and both consistently reminded me that the strength of CAS extends well beyond the work of the Board itself. Their volunteers, donors and supporters contribute enormously to our broader mission, and I hope the relationship between CAS and both foundations continues to grow.

There are many other people I could name, and inevitably I would leave somebody out. That in itself says something about what CAS gave me. I entered this organization knowing anesthesiologists from my own institution and province. I leave it with friendships and relationships across Canada and around the world that I expect will last for the rest of my career.

And none of this happens without the National Office.

Ashley Smith, Athisaya Satgururajah, and Kamilla Molnar deserve particular thanks for the countless things they did to support me, the Board and the work of the Society. I know how many last-minute requests, emails, meetings, presentations and ideas they helped turn into something useful - usually with far more patience than I deserved.

But I also want to thank the entire CAS staff. Without exception, I have found the people at National Office to be kind, competent, resourceful and genuinely committed to the Society. Presidents receive a lot of the visible credit, but the staff are the people who quietly make things happen every day. I will always be grateful to them.

I leave this role a better physician, but I also believe I leave it a better person.

My time at CAS has deepened my understanding of leadership and, perhaps most importantly, of public service.

Medicine gives us an enormous privilege. People trust us with their lives, and society gives us a voice that carries weight. I have come to believe even more strongly that this creates an obligation to use that voice beyond the individual patient in front of us - to improve the systems in which our patients receive care, to defend the standards of our profession, and to contribute when we have something useful to offer.



At the CAS Annual Meeting in St. John's, June 2025.



With Dr. Lucie Filteau, past CAS President, at the 2026 Annual Meeting in Ottawa

That sense of responsibility will remain with me long after my presidency ends.

Finally, I need to thank the people who sacrificed the most for me to be able to do any of this: my family.

Ripa, Luca, Sofia and Mikaela lived this presidency with me whether they chose to or not. They gave up evenings and weekends to meetings and calls, tolerated travel and endless emails, and accepted more than a few occasions when I was physically at home but mentally somewhere else dealing with a CAS problem.

I am profoundly grateful for their patience, support and generosity. Whatever I was able to contribute to CAS over these years belongs partly to them as well.

Ultimately, it belongs to all of you: our CAS members.

Thank you to everyone who joined a committee, reviewed a document, taught at a meeting, contributed to a guideline, participated in a survey, answered one of my many emails, spoke up about an issue in your province, mentored a resident, challenged us when you thought we were wrong, or simply took the time to tell us when you thought CAS was heading in the right direction.

There is still a great deal of work ahead.

Workforce pressures will continue. Models of anesthesia care will evolve. Technology and AI will change aspects of

our practice. Governments will continue looking for ways to increase surgical capacity. CAS will need to remain open to change while never losing sight of patient safety, physician leadership and the standards that have made anesthesia one of the safest areas of medicine.

And we need to continue telling Canadians who we are and why what we do matters.

I am confident that CAS is well positioned for that next chapter, and I have tremendous confidence in James and in the Board, staff and volunteers who will carry the work forward.

At my final Board meeting, I said that the momentum we had built did not belong to any individual. It belonged to the Society.

I believe that more strongly than ever.

Thank you for the trust you placed in me, for everything you taught me, and for the opportunity to serve as your President.

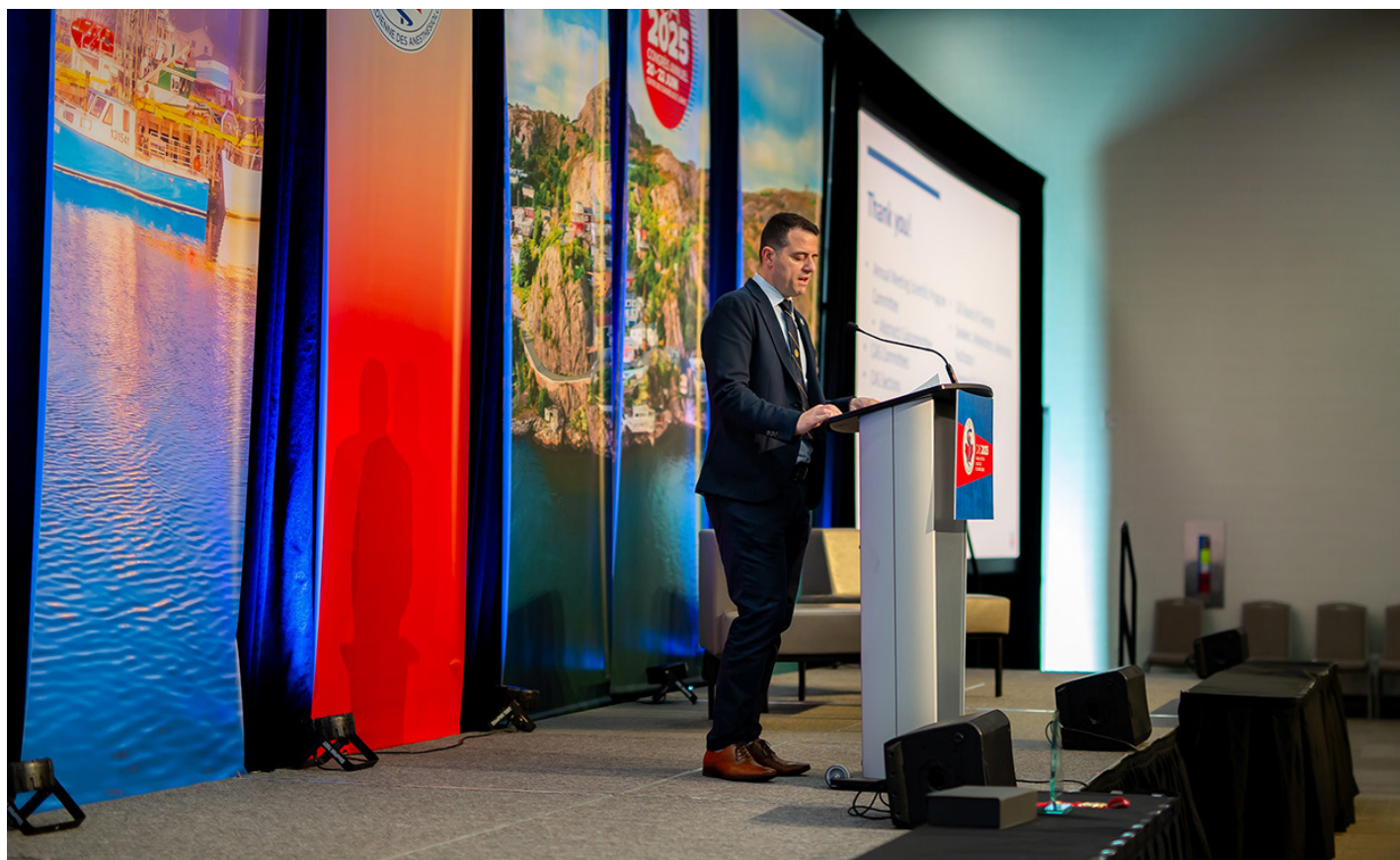
It has truly been an honour.

Warmly,

Giuseppe Fuda, MD, FRCPC

President (September 1, 2024- August 31, 2026)

Canadian Anesthesiologists' Society



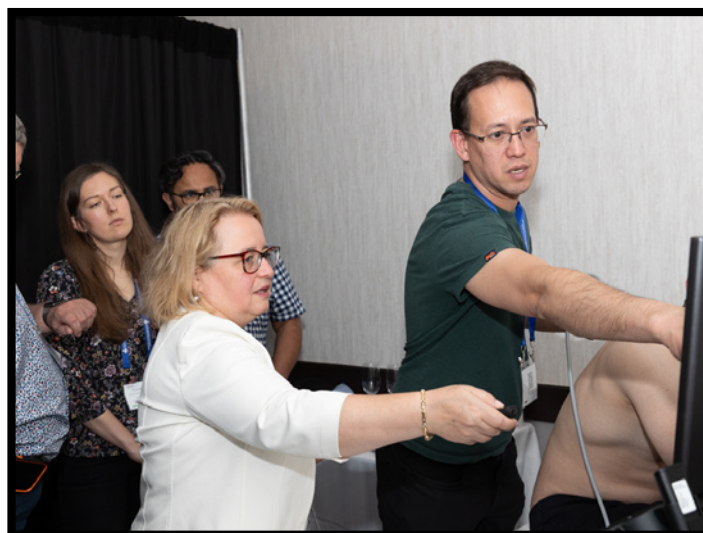


CANADIAN ANESTHESIOLOGISTS' SOCIETY
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

CAS MEMBERSHIP

CAS puts members first. We strive to provide the right support for members at all stages of their respective journeys in anesthesia. For over 80 years we've acted as a collective voice for the profession. Find out what CAS membership can do for you.

WWW.CAS.CA/MEMBER-BENEFITS



For membership-related inquiries, please contact membership@cas.ca

YOUR CAS MEMBER BENEFITS: WHAT YOU MAY NOT KNOW

Whether you're a seasoned anesthesia care provider or just starting your career, we are grateful to everyone who has been part of the CAS community this year. In **early October**, membership for 2027 will open, and we encourage you to renew early to prevent your benefits from lapsing.

As we move further into our five-year strategic plan, CAS' leadership is excited to continue expanding the programs and services we offer members. We also understand that your membership with us is an investment that you expect tangible value from. While you may be familiar with CAS' **core member benefit tenets**, we've broken down some these advantages with details you may be less familiar with:



CAS Member Benefits

Here's a breakdown of what you may not know is included your annual membership benefits package:



Renew now

~30 hours of free CME annually  Section 1 and 3 credits via education led by and for Canadian anesthesiologists. Roughly 60 hours are available at the CAS Annual Meeting.	Updates every month  Medication safety bulletins, clinical practice guidelines, upcoming CME, member interviews, event listings, job postings, and more.	Engage with anesthesia research  Through grants, abstract collections, special <i>Canadian Journal of Anesthesia</i> articles, surveys from healthcare institutions and more.
Unique finance and insurance services  Tailored to physicians' needs to offer you and your family lifelong protection and peace of mind.	Custom online learning centre On-demand webinar and Annual Meeting recordings, self-paced education modules, course pre- and post- tests, and more. 	Personalized volunteer roles  Apply your passion to sub-specialties, quality and patient safety, research, sustainability, and more.
Year-round advocacy  Dedicated government and public relations initiatives that drive recruitment and retention and guidance for self-advocacy in your workplace.	+5,000 premium discounts  Airline, hotel, dining, entertainment, fitness, wellness, and shopping experiences, and much more from Perkopolis.	* ~50% Annual Meeting savings Spend less and be first to get updates on program highlights and special workshops and courses.  *subject to member type and registration deadlines.

We look forward to another remarkable year with you as part of the CAS community. Please reach out to membership@cas.ca with any questions about our **member benefits program** or requests to change to your **membership type**.



Congratulations to Dr. Beverley Orser on her appointment as an Officer of the Order of Canada.

Announced by the Governor General of Canada on June 26, 2026, Dr. Orser is being recognized for her exceptional contributions as an anesthesiologist, neuroscientist, researcher and academic leader. She is internationally recognized for defining the molecular mechanisms of anesthesia, with discoveries that have transformed our understanding of how anesthetic drugs influence memory, consciousness and brain function. Her work has also contributed to advancing patient safety worldwide through influential advocacy initiatives and internationally adopted best-practice standards.

Dr. Orser is a long-standing member of CAS and a distinguished leader within the Canadian anesthesiology

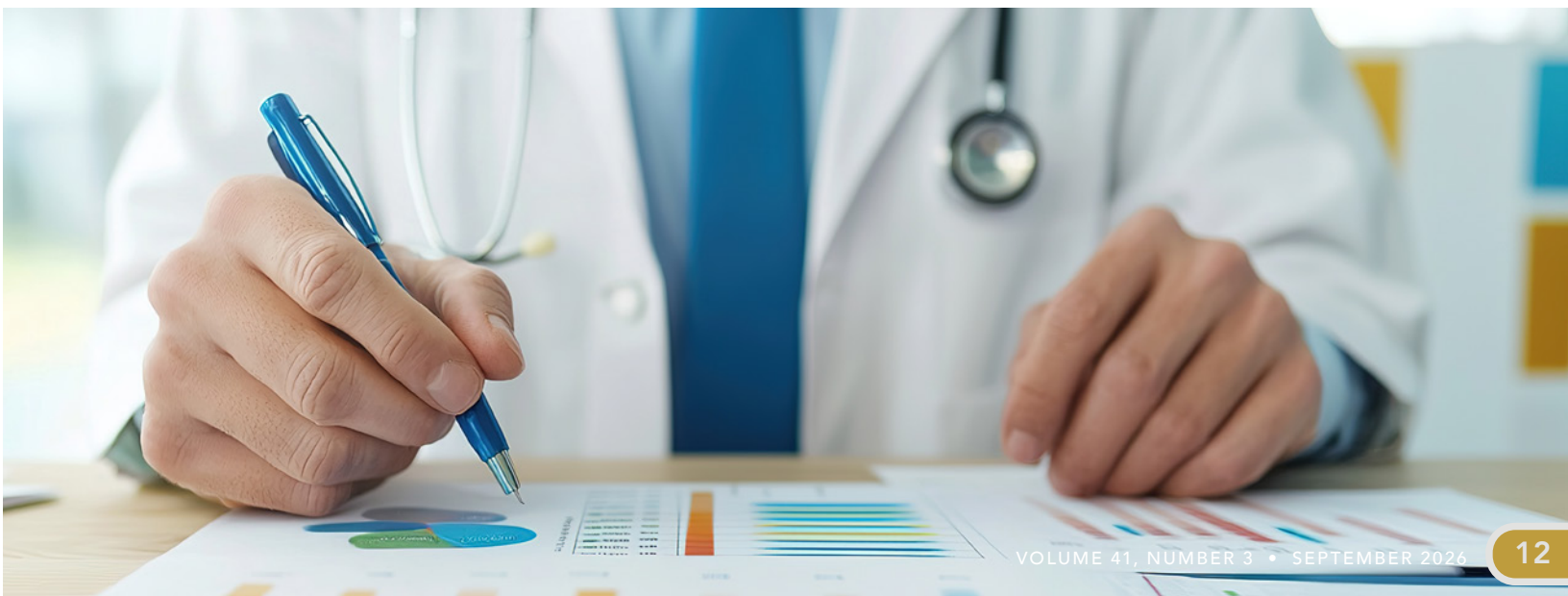
community. Her contributions have been recognized by CAS on multiple occasions throughout her career. In 2006, she received the **CAS Research Recognition Award** in recognition of her exceptional contributions to the specialty through research into the molecular and cellular mechanisms of anesthetic action, as well as her work to prevent medication-related adverse events and enhance patient safety.

In 2015, Dr. Orser was the recipient of the **Canadian Journal of Anesthesia Research Award** for her research project, *Repurposing Anesthetic Drugstha for the Treatment of Depression*.

Two years later, in 2017, Dr. Orser received the **CAS Gold Medal**, one of the Society's highest honours. She was recognized alongside the other 2017 Honour Award recipients for her outstanding achievements and contributions to anesthesiology.

Dr. Orser has also continued to contribute to CAS education and professional dialogue. Most recently, she served as a presenter for CAS programming on **Addressing Anesthesia Workforce Challenges in Canada**, sharing her expertise on the state of the anesthesia workforce and strategies to improve access to anesthesia services through research, education and innovative models of care.

Her career exemplifies the profound impact anesthesiologists can have not only in the operating room, but also through research, education, advocacy and leadership. From advancing fundamental understanding of how anesthetic drugs interact with the brain to helping shape safer practices and supporting the future of the specialty, Dr. Orser's work has had a lasting influence in Canada and internationally.



NEW FEATURE - MEET AN ANESTHESIOLOGIST



Dr. Dolores McKeen

Memorial University of Newfoundland
Former CAS President

"Let's Be Louder"

What does it really mean to be an anesthesiologist in Canada today?

Meet an Anesthesiologist, a new interview series from the Canadian Anesthesiologists' Society (CAS), goes beyond the operating room to explore the essential—and often unseen—work anesthesiologists do every day. Through conversations with CAS members and volunteers, the series highlights their experiences, perspectives and contributions to patient care, healthcare leadership, education and the future of the specialty.

Our first interview features **Dr. Dolores McKeen**, an anesthesiologist, obstetrician and researcher who discusses the importance of making anesthesiologists' work more visible and celebrating the impact of the specialty. She is also the past President of CAS, serving from 2020-2022.

For Dr. McKeen, one of the most rewarding aspects of anesthesiology is the unique relationship anesthesiologists build with patients in moments of vulnerability.

"Before we go into the OR, I am asking my patients to put their life in my hands."

She also emphasizes the importance of personalized, patient-centred care. Her message to patients is simple:

"You are the most important person in this room right now."

[CHECK OUT A CLIP HERE](#)

Dr. McKeen believes greater visibility is also essential for the future of anesthesiology. She encourages anesthesiologists to step beyond the OR, engage with learners and share their enthusiasm for the profession.

"We need to share that loudly."

From healthcare leadership and workforce challenges to mentoring the next generation and the profound moments that stay with anesthesiologists throughout their careers, Dr. McKeen offers a candid look at what it means to practice anesthesiology—and why the specialty has so much to be proud of.

As she puts it, being vocal about the value of anesthesiology "isn't boastful." Greater recognition of the specialty, she says, can help drive innovation, strengthen the profession and ultimately save more lives.

Read the full interview with Dr. Dolores McKeen and discover more from the Meet an Anesthesiologist series on the CAS website.

[READ THE FULL INTERVIEW](#)

2026 CAS ANNUAL MEETING RECAP – JUNE 5-7, 2026



From June 5–7, 2026, anesthesiologists from across Canada and beyond came together in Ottawa, the nation's capital, for an inspiring three days of learning, collaboration, and connection at the **2026 Canadian Anesthesiologists' Society (CAS) Annual Meeting**.

Guided by this year's theme, **"Shaping the Future of Anesthesiologists: Strong Voices, Skilled Hands,"** the Meeting brought the specialty together to explore the ideas, innovations, and expertise shaping the future of anesthesiology. From hands-on workshops and thought-provoking educational sessions to engaging discussions, research presentations, and opportunities to connect with colleagues, the program offered something for every stage of an anesthesiologist's career.

Beyond the sessions, attendees had plenty of opportunities to build relationships, exchange ideas, celebrate achievements, and strengthen connections across the Canadian anesthesia community. For those unable to join us in person, a select virtual program provided additional opportunities to participate and learn from wherever they were.

FRIDAY PROGRAM HIGHLIGHTS

- **Ace It! Royal College Exam Prep** — Residents kicked off the Meeting with a full day of focused exam preparation.
- **Hands-On Workshops** — Attendees built practical skills through workshops on POCUS, airway ultrasound, gastric ultrasound, TCI/TIVA and clinical mindfulness.
- **Expert Insights** — Sessions explored timely topics spanning regional and obstetric anesthesia, AI, transfusion, pain, perioperative care, placenta accreta and anesthesia education, with Section 3 credits available.
- **Leadership & Innovation** — Four distinguished CAS Gold Medal recipients shared their insights on leadership, innovation and the future of Canadian anesthesiology.
- **Exhibitor Welcome Reception & Poster Presentations** — Attendees connected with colleagues, explored new products and innovations, and discovered the latest research in the Exhibit Hall.
- **Flexible Learning** — Virtual attendance options allowed participants to join select Friday sessions remotely.

CHECK OUT THE FULL PROGRAM ONLINE



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SATURDAY HIGHLIGHTS AT #CASAM2026



- **A morning of interactive learning** — Attendees took part in Problem-Based Learning Discussions covering microaggressions in the OR, heart failure, prone resuscitation, neurologic devices, obstetric emergencies, and pediatric hemorrhage.
- **Celebrating excellence** — The Opening Ceremony recognized this year's CAS Award winners, followed by keynote speaker Dr. Balachundhar Subramaniam's presentation, "Access the Pause: The Cognitive Edge in Modern Anesthesiology."
- **Showcasing leading research** — The Richard Knill Research Oral Competition highlighted outstanding research from CAS members across Canada.
- **A diverse afternoon program** — Attendees explored Discovery Talks, obstetric anesthesia, clinical trials, TIVA, sustainability, regional anesthesia, AI in anesthesia, legal insights, patient safety, pain strategies, and innovation.



- **Exploring psychological safety and leadership** — A featured session brought together medico-legal and clinical perspectives to examine how psychological safety can strengthen professionalism, leadership, and crisis resource management.
- **Continued learning into the late afternoon** — Sessions covered psychological safety, TIVA in obstetrics, echocardiography, pharmacology, wellness, and culture.
- **Ending the day in celebration** — The CAS Soirée brought attendees together for an evening of networking and celebration, with live music by JW Jones.



SUNDAY PROGRAM HIGHLIGHTS



- The final day of #CASAM2026 brought together attendees for a full program focused on the future of anesthesiology and the theme, **"Shaping the Future of Anesthesiologists: Strong Voices, Skilled Hands."**
- The day began with the **President's Symposium, "Meeting the Challenge: The Evolving Landscape of Anesthesia Care Delivery in Canada,"** exploring the changing models of anesthesia care and the challenges and opportunities facing the specialty.
- **Morning sessions** covered a diverse range of topics, including CAS strategy and advocacy, cardiac assist devices, the Canadian anesthesiology licensure pathway, pain management in military and civilian settings, and women shaping the future of anesthesiology in Canada.
- The **Residents' Oral Competition** showcased scientific excellence and highlighted top-ranked research abstracts from anesthesiologists in training across Canada.
- Attendees also took part in a hands-on workshop on **managing the pediatric airway in the community**, focused on building confidence, competence, and crisis readiness.



- The **Annual Business Meeting** provided members with updates on CAS accomplishments, financial performance, upcoming initiatives, advocacy, and reports from CAS partner organizations.
- **Afternoon plenary sessions** explored topics including perioperative pulmonary hypertension, nerve injury guidelines, research translation, resident wellness, and EEG monitoring in anesthesia.
- The **Closing Symposium** focused on perioperative resource stewardship and innovation in anesthesia systems, highlighting strategies to improve patient flow, PACU efficiency, preoperative assessment, and postoperative virtual monitoring.
- The closing program also celebrated the winners of the **Residents' Oral Competition, Richard Knill Research Oral Competition, and SIM Olympics.**
- The conference concluded with a **Closing Social Hour**, giving delegates an opportunity to celebrate #CASAM2026, reflect on an inspiring few days, and connect with colleagues one last time before heading home.

Thank You!

CAS 2026

ANNUAL MEETING



CANADIAN ANESTHESIOLOGISTS' SOCIETY
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

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WINNIPEG

2027 CAS ANNUAL MEETING CALL FOR CONTENT



Deadline for Submissions is November 16, 2026

We are pleased to announce that, for the third consecutive year, the CAS Annual Meeting “Call for Content” is open to all CAS members. This initiative provides an opportunity for members to submit independent session proposals without requiring affiliation with a CAS Section or Committee. By continuing this inclusive approach, we hope to encourage a broader range of ideas, perspectives, and emerging topics from across the anesthesia community, while maintaining the important role that Sections and Committees play in contributing their expertise and helping shape a high-quality scientific program.

The Annual Meeting Scientific Program Committee (AMSPC) will review all submissions with the goal of developing a diverse, engaging, and evidence-informed program that reflects the evolving needs of our specialty. The AMSPC is committed to curating sessions that

highlight innovation, address current challenges in anesthesia practice, and provide meaningful learning opportunities for attendees.

CAS is proud to represent a membership with diverse regional, cultural, clinical, and subspecialty backgrounds. We encourage members to share their expertise, experiences, and unique perspectives by submitting proposals that will inspire discussion, foster collaboration, and contribute to the advancement of anesthesiology in Canada and beyond.

With your continued support and engagement, CAS looks forward to presenting a dynamic Annual Meeting program featuring impactful speakers, innovative sessions, and relevant content that addresses the educational needs and interests identified by our members for the 2027 conference.

START YOUR SUBMISSION



2026 CANADIAN ANESTHESIOLOGISTS' SOCIETY AWARD WINNERS

For more than half a century, CAS has recognized, promoted and fostered excellence in anesthesia through our extensive award programs.

Each year at the CAS Annual Meeting, we celebrate the outstanding achievements and lasting contributions of our colleagues during the CAS Awards Ceremony. This year, the awards were presented during the Opening Ceremony in Ottawa on June 6, recognizing individuals whose dedication has advanced anesthesia practice, education, research, and leadership across Canada.

Thank you to everyone who joined us in celebrating this year's recipients, and congratulations to all of our deserving award winners. We also extend our sincere appreciation to our Committees, Sections, volunteers, donors, applicants, and nominators, whose ongoing support and commitment make the awards program possible.

CAS Honour Awards

The **CAS Honour Awards** are dedicated to recognizing the remarkable individuals who have advanced anesthesiology through innovative leadership and excellence. **Nominations are open until December 31, 2026.** Congratulations to the **2026 Winners!**



Dr. André Denault

Award: Gold Medal

Location: Université de Montréal,
Montreal, QC



Dr. Hamed Umedaly

Award: Clinical Practitioner Award

Location: University of British
Columbia, Vancouver, BC



Dr. Ahtsham Niazi

Award: Clinical Teacher Award

Location: University of Toronto,
Toronto, ON



Dr. Pablo Pérez d'Empaire

Award: John Bradley Young Educator
Award

Location: Sunnybrook Health Sciences
Centre, Toronto, ON



Dr. Jonathan Bailey

Award: Humanitarian Award
Location: Dalhousie University,
Halifax, NS



Dr. Gregory Dobson

Award: CAS Outstanding Volunteer
Award

Location: Dalhousie University,
Halifax, NS



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CAS Research Program

The CAS Research Program administers over \$200,000 annually, through the **Canadian Anesthesia Research Foundation (CARF)**, and provides support to researchers in anesthesia who are CAS members. The competition will reopen in the fall. Please **visit our website for updates** and keep an eye out for an email announcement. Congratulations to the **2026 Winners!**



Dr. Akash Goel

Grant: CAS Career Scientist Award in Anesthesia
Amount: \$60,000
Location: University of Toronto, Toronto, ON



Dr. James Macaskill

Grant: Ontario's Anesthesiologists – CAS Residents' Research Grant
Amount: \$10,000
Location: University of Saskatchewan, Saskatoon, SK



Dr. Leandra Amado

Grant: CAS Research Award
Amount: \$30,000
Location: The Ottawa Hospital, Ottawa, ON



Dr. Pascal Laferriere-Langlois

Grant: Dr. James Beckstead Award
Amount: \$20,000
Location: University of Montreal, Montreal, QC



Dr. Nader Ghasemlou

Grant: Dr. R.A. Gordon Research Award
Amount: \$30,000
Location: University Health Network, Toronto, ON



Dr. Rob Anderson

Grant: Environmental Sustainability Award
Amount: \$20,000
Location: NOSM University, Sudbury, ON



Dr. Howard Meng

Grant: BCAS Dr. Pieter Swart Perioperative Research Award
Amount: \$15,000
Location: Sunnybrook Health Sciences Centre, Toronto, ON



Dr. Simone Schiavo

Grant: Education and Simulation in Anesthesia Section Research Grant
Amount: \$10,000
Location: University of Toronto, Toronto, ON



Dr. Christian Lehmann

Grant: Neuroanesthesia Section Research Grant
Amount: \$10,000
Location: Dalhousie University, Halifax, NS



Dr. Juliana Kruthof

Grant: Obstetric Anesthesia Section Research Grant
Amount: \$20,000
Location: University of British Columbia, Vancouver, BC

A special thanks to our sponsors



Canadian Anesthesia Research Foundation
La Fondation canadienne de recherche en anesthésie



CAS Best Abstract Winners

Annually CAS recognizes the **best abstracts submitted to the CAS Annual Meeting**. Abstracts are available in a wide variety of anesthesia streams, and the abstract competitions are sponsored by CAS Sections and Committees. Congratulations to the **2026 winners!**



Dr. Priyanka Singh

Award: Award for Best Abstract in Ambulatory Anesthesia

Location: Western University, London, ON



Maira Machhiwala

Award: CVT Raymond Martineau Prize

Location: University of Alberta, Edmonton, AB



Dr. Huzaifa Saeed

Award: Award for Best Abstract in Chronic Pain & Residents' Oral Competition (Onsite)

Location: University of Saskatchewan, Saskatoon, SK



Eric Zhang

Award: Award for Best Abstract in Critical Care Medicine

Location: University of Toronto, Toronto, ON



Athavan Murugaanathan

Award: Award for Best Abstract in Education and Simulation in Anesthesia

Location: University of Toronto, Toronto, ON



Kayla Liu

Award: Award for Best Abstract in Environmental Sustainability

Location: University of Toronto, Toronto, ON



Mouad Elganga

Award: Award for Best Abstract in Neuroanesthesia

Location: University of Toronto, Toronto, ON



Dr. Sunti Barahi

Award: Award for Best Abstract in Obstetric Anesthesia (Anesthesiologist)

Location: Mount Sinai Hospital / University of Toronto, Toronto, ON



Sanskriti Shrestha

Award: Award for Best Abstract in Obstetric Anesthesia (Residents/ Medical Students)

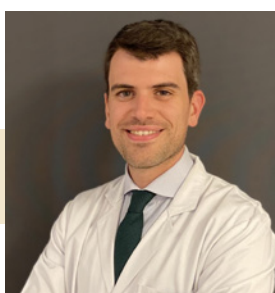
Location: University of Saskatchewan, Saskatoon, SK



Radostina Zhekova

Award: Ian White Patient Safety Award

Location: Dalhousie University, Halifax, NS



Iñigo Rubio Baines

Award: Award for Best Abstract in Perioperative

Location: University Health Network, Toronto General Hospital, Toronto, ON



Dr. Lewis Han

Award: Award for Best Abstract in Regional Anesthesia and Acute Pain

Location: University of Manitoba, Winnipeg, MB



Dr. Ronan Noble

Award: Richard Knill Competition

Location: University of Calgary, Calgary, AB



CAS Medical Student Prize Winners

The Medical Student essay competition seeks to increase awareness among undergraduate medical students of the specialty of anesthesia and the role of anesthesiologists in modern healthcare. A first, second and third prize are awarded annually.



Shawn Silver

Award: Medical Student – First Prize

Location: University of Saskatchewan,
Saskatoon, SK

Essay Title: The Anesthesiologists' Role
in Undergraduate Medical Education



Arielle Alcindor

Award: Medical Student – Second Prize

Location: University of Montreal,
Montreal, QC

Essay Title: L'Anesthésiologie : Un
Art Vitruvien



Cédric Campeau

Award: Medical Student – Third Prize

Location: McGill University,
Montreal, QC

Essay Title: Stacking the Odds: A
Glimpse Into a Future for Anaesthesia

[CLICK HERE TO READ THE WINNING ESSAY](#)

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2026 CAS OUTSTANDING VOLUNTEER AWARD WINNER

THIS DISTINCTION IS AWARDED TO CAS MEMBERS THAT HAVE MADE A SIGNIFICANT AND SUSTAINED CONTRIBUTION TO THE SOCIETY AND HAVE HELPED IMPROVE ITS IMAGE AS VOLUNTEERS.



Dr. Gregory Dobson (right) was presented the award by Dr. Giuseppe Fuda (left) at the 2026 CAS Annual Meeting

Dr. Gregory Dobson

Dr. Dobson grew up across Canada before earning a degree in biochemistry from Dalhousie University and completing medical school there. After an anesthesia residency at the University of Toronto, he began his career at Credit Valley Hospital in Mississauga, where he helped establish and grow the department's Quality Improvement program. In 1998, he returned to Halifax and Dalhousie University, where he joined and later led the Department of Anesthesia's Quality Improvement and Patient Safety Team, developing a strong interest in clinical practice guidelines and their role in advancing patient care.

In 2014, Dr. Dobson joined the Canadian Anesthesiologists' Society Standards Committee, later becoming Chair in 2016. As steward of the [Guidelines to the Practice of Anesthesia](#), he has helped shape one of the profession's most important resources while working alongside exceptional colleagues and mentors. Reflecting on more than a decade of contributions to the Guidelines, he considers it the most rewarding and meaningful chapter of his career and remains deeply grateful for the opportunity to serve the specialty.

2026 WINNING CAS MEDICAL STUDENT ESSAY: THE ANESTHESIOLOGISTS' ROLE IN UNDERGRADUATE MEDICAL EDUCATION



By Shawn Silver

AI Disclosure: This work was authored entirely by [De-Identified]. Grammarly (Grammarly Inc., Desktop Version, Feb 2026) was used solely for spelling, punctuation, and grammatical refinement. No generative features were used to draft original content, research, or arguments. All AI-suggested edits were reviewed and manually accepted by the author on February 20, 2026.

The anesthesiologist has historically played a minor, often peripheral role in undergraduate medical education (UGME), particularly during the pre-clerkship years. Traditionally, the specialty's expertise was perceived as too technical, too high-stakes, or perhaps too narrow for the generalist-focused foundation of early medical training. However, as medical education undergoes a progressive shift toward integrated, competency-based curricula, this perception is no longer merely outdated. Rather, it is an active barrier to producing well-rounded, physiologically grounded physicians. As a third-year medical student and someone who, in a former life, served as a health professions educator with a Master of Education, I believe the anesthesiologist is uniquely positioned to serve as a primary synthesizer of basic and clinical sciences within the undergraduate medical curriculum. By bridging the gap between theoretical knowledge and clinical application, reclaiming a central role in foundational clinical skills, and leading the charge in medical simulation, the anesthesiology department can transform from a peripheral elective to the very foundation of undergraduate medical training.

Advocating for greater involvement of anesthesiologists in the UGME curriculum should begin by addressing a significant and persistent educational gap in Canadian medical schools. Research has indicated a stark disparity between faculty size and educational contribution. While anesthesiology departments are often among the largest

in medical faculties, their contribution to total pre-clerkship teaching hours is often less than 1% ⁽¹⁾. In a study examining the role of anesthesiologists in pre-clerkship, Dr. Viren Naik described this statistical underrepresentation as "a missed opportunity". He suggested that anesthesiologists are failing to provide students with transformative experiences that define a physician's understanding of acute care and early-career trajectory, which he termed "sentinel moments," potentially losing strong applicants to specialties with greater curricular involvement. ⁽²⁾ Even for the undifferentiated learner, the operating room and an anesthesiologist should not be viewed merely as an opportunity to perform technical procedures such as intubation or intravenous access. Instead, the specialty must improve its approach to teaching the core aspects of the field to all future doctors, whether they ultimately pursue anesthesia or another perioperative patient management specialty ⁽³⁾. To achieve this, the operating room must be reframed in the curriculum as a living laboratory where the abstract concepts, such as cardiovascular and respiratory physiology, are applied and managed in real time.

The true value of the anesthesiologist in the curriculum lies in their deep, interconnected knowledge of multi-organ system physiology and their ability to provide immediate interventions based on that knowledge. In a traditional classroom setting, students learn about conditions such as Aortic Stenosis, COPD, or Down Syndrome as discrete

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entries in a pathology textbook. However, under the guidance of an anesthesiologist, these diagnoses become dynamic management challenges. For a student pursuing general practice, aortic stenosis may present as a murmur that should be noted for eventual referral. However, for an anesthesiologist, it is a high-stakes lesson in the fixed cardiac output and the critical need to maintain systemic vascular resistance and preload. Similarly, a patient with Down Syndrome is not just a collection of phenotypic traits, but a real-world lesson in the interplay between macroglossia and atlantoaxial instability during airway management. When an anesthesiologist teaches these concepts, they demonstrate how a patient's baseline condition directly affects clinical decision-making. This approach to patient encounters allows students to move beyond rote memorization of what a disease is toward how it behaves under the stress of an intervention. This skill is as relevant in a rural clinic as in a tertiary-care trauma bay.

Beyond the classroom and the operating room, anesthesiologists are underutilized in teaching foundational clinical skills, particularly the art of physical examination and preoperative risk stratification. A preoperative assessment is a focused yet comprehensive evaluation of a patient's functional reserve, determining their ability to tolerate the acute physiological stress of surgery, which contrasts with internal medicine's emphasis on long-term disease management ⁽³⁾. Teaching medical students to perform these focused, systems-based assessments provides them with a toolkit for identifying the critically ill patient before the monitors begin to alarm. By participating more actively in clinical skills modules, anesthesiologists can help students understand that a preoperative consult is not just a checkbox for surgery, but an intensive investigation into the survival and recovery implications of a patient's comorbid conditions.

As someone with a career foundation in health professions education, I strongly believe that medical simulation is perhaps the most vital tool in medical education for bridging the gap between theory and practice. Anesthesiology has long been a pioneer and expert in Simulation-Based Medical Education (SBME), yet this expertise is frequently siloed within postgraduate

residency programs. Hamlin et al. highlighted that despite the specialty's leadership in simulation, anesthesiologists remain underrepresented in the pre-clerkship environment where these skills are first learnt ⁽¹⁾. In the past few decades, evidence has demonstrated not only academic and performance benefits of simulation for UGME students, but also positive perceptions and a desire for more of it ^(4,5). Therefore, there is increasing demand for students to have psychologically safe environments in which to apply their knowledge of pharmacology and physiology and receive meaningful, productive feedback. The anesthesiologist is well-equipped to meet this demand. Through simulation, anesthesiologists leverage their skills as OR Theatre managers to develop Crisis Resource Management (CRM) skills, such as closed-loop communication and leadership under pressure. In a simulated environment, a student can administer a vasopressor and observe the immediate effect on hemodynamics or manage a difficult airway and understand the anatomical consequences of their choices, without risking a patient. I believe that, through their proficiency in SBME, paired with their expert clinical knowledge, clinical skills, and non-technical skills, anesthesiologists are well-positioned to support UGME learners in transitions from knowledge to action and to develop well-rounded competence ⁽⁶⁾.

The role of the anesthesiologist also extends to the humanistic and perioperative side of medicine. The perioperative period encompasses a vast spectrum of care, including preoperative optimization, the ethical complexities of end-of-life care in the ICU, and the management of the opioid crisis through acute pain services. By integrating these topics into the core undergraduate curriculum, anesthesiologists can demonstrate their role as perioperative physicians who care for the whole patient. Within the surgical environment, this introduces a conceptual shift for the learner, that while the surgeon focuses on treating the pathology, the anesthesiologist focuses on treating the patient. This perspective is essential for students in any specialty, emphasizing the collaborative and interdisciplinary nature of modern healthcare and challenging the stereotype behind the "ether screen" by presenting the anesthesiologist as a vital consultant and

patient advocate. ⁽⁷⁾ This advocacy is particularly important in an era of increasing surgical complexity and aging populations, when generalist physicians must understand the long-term implications of surgical interventions. By further integrating anesthesiology into the UGME curriculum, students can learn from experts in perioperative medicine to better understand these complexities and advocate for their patients, ensuring optimal outcomes in this high-stakes, vulnerable interaction with the healthcare system.

The further integration of anesthesiology into the modern UGME curriculum is not solely a strategy for attracting specialty recruits; it is crucial for enhancing the quality and safety of graduating physicians. Anesthesiologists, as experts in clinical physiology, bridge the gap between surgery and medicine through applied science. They equip students with foundational skills in resuscitation, clinical reasoning, and patient safety, which are fundamental to the development of any competent physician. As Canadian medical education institutions move toward more longitudinal and integrated models, it is imperative that the specialty advocate for a curriculum that seamlessly incorporates anesthesiologists' expertise throughout the undergraduate years. By introducing anesthesiologists and their extensive clinical knowledge and skills earlier in the UGME curriculum and providing a longitudinal educational experience, we can offer essential, life-saving instruction that considers the patient as a whole. This approach will also foster an optimal environment for early UGME learners to thrive and become safe, competent physicians.

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2026 EDUCATION: FALL LEARNING IN FULL SWING

As the seasons change, CAS is bringing members an exciting lineup of exclusive virtual education opportunities this fall and winter. From emerging clinical advances and perioperative care to best practices in ambulatory anesthesia, the upcoming sessions feature expert presenters, timely topics, and opportunities to learn alongside colleagues from across Canada—all while earning valuable CME credits.

Whether you're looking to expand your clinical knowledge, explore new approaches, or stay up to date on the latest developments in anesthesia, there's something for everyone in this season's education lineup.

**CHECK OUT
OUR FULL
LINE-UP**

CAS Pinnacle Rounds: Celebrating National Anesthesia Education

January 21, 2026

Our member-exclusive education series continues in 2026 with anesthesia teaching rounds submitted by universities across Canada, offering diverse perspectives to enhance your clinical practice.

CAS PINNACLE ROUNDS SERIES
**Pain During
Caesarean Delivery**
September 2, 2026
8 pm ET

Moderator:
Dr. Dolores
McKeen

Presenter:
Dr. Milena
Bullen

www.cas.ca/pinnacle-rounds

VIEW RECORDING

Pain During Caesarean Delivery

September 2, 2026

8 pm ET

Pain during caesarean delivery under neuraxial anesthesia is common but often under-discussed. This session examined the incidence, risk factors, recognition and management of inadequate neuraxial anesthesia, including its psychological and medicolegal impact. Participants explored evidence-based strategies to prevent and manage intraoperative pain while improving communication, patient-centered care, and safety in obstetric anesthesia.

Perioperative Anaphylaxis

November 4, 2026

8 pm ET

Perioperative anaphylaxis is a rare but life-threatening event requiring rapid recognition and management, often without classic allergic signs. This talk provides a practical, anesthesia-focused approach to intraoperative recognition, immediate management, and post-event investigation, emphasizing collaboration with allergists to identify triggers, prevent recurrence, and improve patient safety.

LEARN MORE

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CAS SAMBA Ambulatory Anesthesia Collaborative Rounds Series

Developed in collaboration with the CAS Ambulatory Section and SAMBA, this new series offers one-hour educational rounds aimed at enhancing ambulatory anesthesia skills through shared expertise.

October 7 – Cross-Border Pathways: Same-Day Joint Arthroplasty in Canada and the United States – 8 pm ET

December 3 – VTE Risk Assessment and Prevention in Ambulatory Surgery – 8 pm ET

[LEARN MORE](#)

Online Webinars

Stay current with the latest advances in anesthesiology through CAS online webinars. Featuring expert speakers and practical, evidence-based content, these member-exclusive sessions cover timely clinical topics, emerging practices, and key issues relevant to anesthesiologists across Canada. Join from anywhere and earn valuable CME credits while connecting with colleagues and expanding your knowledge.

THE GENDER PAY AND LEADERSHIP GAP IN ANESTHESIOLOGY

SEPTEMBER 16, 2026
8 PM ET

Closing the gender gap in anesthesiology is essential to building a stronger, more sustainable workforce.

DR. LISA ISAAC
MODERATOR

DR. MONICA OLSEN
PRESENTER

REGISTER ONLINE AT WWW.CAS.CA/GENDER-PAY

[VIEW RECORDING](#)

Gender Pay Gap in Anesthesia Webinar

September 16, 2026

8 pm ET

Despite the growing participation of women in medicine, gender-based inequities persist in pay, career and leadership opportunities. Opportunities for all anesthesiologists to earn, to participate and to advance their careers contribute to a healthy workforce. This webinar explored the evidence for systemic gender disparities in pay, occupation and leadership in medicine and anesthesiology.

Save the Date

October 14 – World Anesthesia Day Webinar – 8 pm ET

November 25 – Problem-based Learning Discussion (PBLD) – When Minutes Matter: Pediatric Massive Hemorrhage and the 7Ts of Rapid Recovery – 8 pm ET

Why Attend?

All sessions are **member-exclusive, one-hour (Section 1) accredited learning activities** approved by the Royal College of Physicians and Surgeons of Canada—making them an excellent opportunity to earn CME credits while staying at the forefront of anesthesia practice.

CANADIAN ANESTHESIOLOGISTS' SOCIETY INTERNATIONAL EDUCATION FOUNDATION (CASIEF) FALL UPDATE



Many dozens of Canadian anesthesiologists have travelled to our programs in Rwanda, Ethiopia and Guyana, finding these trips exciting, rewarding and fun! Our partners need the experience of our anesthesiology educators to move their medical systems forward. Travel costs and accommodations are reimbursed, so this is also a great opportunity to see the world! Please contact us at info@casief.ca if you'd like to get involved- you will never regret it!

VOLUNTEER TEACHERS NEEDED FOR OUR OVERSEAS PROGRAMS!

Please visit our [website](#), and if you haven't yet seen the fantastic [videos](#) about CASIEF's partnerships, please visit our YouTube channel [HERE](#).

Through CASIEF and its partners, Canadian anesthesiologists are known around the world for their charity and dedication to promoting safe anesthesia for all. Please consider providing your expertise and [donations](#) to support our very worthy cause.



DONATE

CASIEF VOLUNTEER SPOTLIGHTS

Have you recently completed a global health mission or elective? We'd love to hear about your experience!

CASIEF is featuring volunteers in our **Global Health Spotlight Series**, highlighting the experiences and insights that make global health work meaningful. Share your story, reflections, and insights through our short submission form.

TELL US YOUR STORY



Dr. Hilary MacCormick recently shared her experience volunteering in Rwanda with CASIEF, describing global health work as **rewarding, challenging and humbling**, with a lasting impact on how she approaches her work.

She was drawn to CASIEF's model of **bidirectional partnership**, which builds lasting relationships and supports goals identified by the local anesthesia workforce. One of the most meaningful parts of her experience has been returning to Rwanda and seeing former residents grow into confident anesthesiologists and leaders.

Her advice for those considering global health? **Connect with others involved, be open about your questions and concerns, keep an open mind—and take the leap!**

[CHECK OUT THE FULL SOCIAL POST](#)



Dr. Brownbridge recently returned from Rwanda, where he supported anesthesia education through operating-room teaching and weekly simulation sessions, while learning alongside local residents and consultants across three hospitals. Beyond the clinical experience, he explored Rwanda's culture and communities, from Nyungwe National Park to Kigali.

His advice for those interested in global health? **Find a mentor, connect with colleagues who have experience, ask questions, and approach the experience with curiosity and an open mind.**

[CHECK OUT THE FULL SOCIAL POST](#)

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CASIEF EXPANDS RWANDA PROGRAM TO INCLUDE THE AFRICA HEALTH SCIENCES UNIVERSITY

A strong sign of the impact that CASIEF has had in Rwanda is the burgeoning number of postgraduate trainees (residents). Recently, a new university was established in Rwanda featuring six new postgraduate training programs, with anesthesiology designated as a priority area. Africa Health Sciences University (AHSU) was established two years ago and has already recruited 17 anesthesiology trainees, with another cohort starting this September.

Given the increase in postgraduate trainees in Kigali, AHSU has established two remote training sites at regional referral hospitals in Kibuye and Kibungo. This will allow junior trainees to develop fundamental anesthesia skills in a community hospital setting, in keeping with the plan to decentralize healthcare across the country. In their senior years, postgraduate trainees will return to King Faisal Hospital in Kigali to gain experience with complex cases and subspecialty care.

Kibuye is located on the Eastern shore of Lake Kivu. It is a beautiful city with many hotels and restaurants overlooking the water. The hospital has four operating rooms supported by three consultant anesthesiologists. Kibungo is located in Eastern Province, approximately one hour from Akagera National Park. This hospital has four operating rooms with more operating rooms under development. Cases include pediatrics, obstetrics, general surgery, ENT, and plastics, often presenting with advanced pathology. At the moment, there are two consultant anesthesiologists in charge of clinical care and training. The anesthesia team also oversees four intensive care beds at each hospital. Each of these training sites expects 7-9 anesthesia trainees rotating from AHSU at a time.

AHSU has asked for CASIEF's support in their remote sites since there will be a large number of learners with a limited number of consultant anesthesiologists to provide mentorship. We are aiming to meet this need by asking volunteers to spend one week in one of these remote sites. Volunteers would spend their remaining time supporting Rwandan educators with the University of Rwanda program in Kigali.



Kibungo Level Two Teaching Hospital



Kibuye Referral Hospital

CASIEF-LIFEBOX RESIDENT CHALLENGE WINNERS!!!!

The CASIEF-Lifebox resident challenge is a fundraising initiative across Canada where Canadian anesthesiology programs compete to raise funds to support the purchase of capnographs in low-resource settings. The funds raised will help send capnographs to hospitals in need around the world, alongside providing training on their usage. Though capnography is critical for keeping patients safe during anesthesia and has been standard in high-income countries for decades, it remains almost entirely absent across low- and middle-income countries. Many anesthesia providers Lifebox works with had never even seen a capnograph before we supplied one!

We are thrilled to announce that the 2026 Challenge winner is the **University of British Columbia** with Dalhousie University taking second place!!! The team at UBC was led by residents Caitlyn Lee & Kathryn Haegedorn with a total of \$7435 raised. Overall, more than \$10,000 was raised this year by our residents, which is an incredible achievement.

Thus far, funds raised will support the purchase of four capnographs that will arrive in Burundi in October 2026, alongside a collaborative visit with educators from CASIEF, SickKids, and the Vital Anaesthesia Simulation Training programme (VAST, <https://vastcourse.org/>). Training will take place alongside the delivery of VAST courses and the exploration of future partnerships between CASIEF and Burundi. We will also support the purchase of capnographs and training in CASIEF partner sites, including Ethiopia, in 2027.

The CASIEF-Lifebox Challenge will run again in the 2026-2027 training year, and we encourage more university sites to join in and take the challenge! Winners will be announced at the annual CAS meeting in Winnipeg, Manitoba on June 12, 2027.

Please consider donating generously to your residents raising funds as they are working hard, and it is a great cause!! Donations can be made by contacting a resident in your department, and donations are tax-deductible through the **CanadaHelps platform**.



Dr. Terri Skelton
Chair, CASIEF
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FALL UPDATE



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Advancing Anesthesia Research: A Heartfelt Thank You to the CAS Membership

On behalf of the Canadian Anesthesia Research Foundation (CARF) Board of Trustees, we want to express our deepest gratitude to the entire Canadian Anesthesiologists' Society (CAS) membership. Your continued commitment, engagement, and generous financial contributions serve as the bedrock of our specialty's scientific growth.

Every breakthrough in perioperative care, patient safety, and clinical practice begins with an idea—and the resources to investigate it. Without ongoing donations from our colleagues across the country, the future of research supported by CARF simply would not be expanding.

A Resounding Success in the Nation's Capital

Our recent Annual Meeting in Ottawa showcased the incredible generosity and camaraderie of our community. Thanks to your enthusiastic participation, our fundraising initiatives were a remarkable success:

- **The CARF Photo Booth:** A lively, spirited way for us to connect with colleagues from coast to coast while supporting our shared mission.
- **The Silent Auction:** Featuring fantastic vacation getaways, generously supported once again by Bartlet Auction House. We are deeply grateful for their continued partnership and dedication to advancing Canadian anesthesia research.
- **The 50/50 Draw:** Expertly organized and run by our own Dr. Summer Syed, the draw brought tremendous excitement to the floor. In a wonderful display of philanthropic leadership, the winner—one of our most accomplished academic colleagues—graciously donated his entire winning purse back to the Foundation, elevating the event's impact even further.

The Impact of Our Collective Generosity

Together, our contributions directly translate into tangible advancements across Canada's anesthesia research ecosystem:

- **Empowering Early-Career Investigators:** Providing vital seed funding to new researchers, launching academic careers that will shape our specialty for decades.

- **Funding High-Impact Science:** Supporting operating grants and targeted research awards that address critical questions in perioperative medicine, patient safety, and pain management.
- **Championing Environmental Sustainability:** Fueling targeted research and quality improvement initiatives that reduce the environmental footprint of perioperative care while upholding the highest standards of clinical safety.
- **Expanding Research Capacity:** Ensuring we continue to fund emerging priorities and innovative clinical trials nationwide.

Congratulations to Our 2026 Grant and Award Recipients

We are thrilled to celebrate this year's exceptional cohort of investigators whose innovative work represents the very best of Canadian anesthesia research.

Research Award Winners

In future newsletters, you will hear directly from our award recipients so you can learn firsthand how your research dollars are being spent and the meaningful difference your support makes in their clinical investigations.

Recognizing the Research Advisory Committee (RAC)

Behind every grant cycle is a dedicated team working tirelessly out of the spotlight. The often-unrecognized engine of this entire process is the **CAS Research Advisory Committee (RAC)**, responsible for the rigorous peer review and adjudication of all award submissions to ensure the highest academic standards and integrity.

We extend our sincere thanks to the entire committee for their time, diligence, and expertise:

Full Member List

We look forward to next year's Annual Meeting in Winnipeg, where Dr. Tran will take the stage to formally present the awards to our recipients.

Looking Ahead to 2027 and Beyond

While the final list of awards for 2027 is still being finalized, we are planning to award over \$300,000 again next year. Key updates for the upcoming cycle include:

- **Environmental Sustainability Grant Enhancement:** Increasing funding for the Environmental Sustainability Award to \$30,000 to further support vital ecological initiatives in perioperative medicine.

...continued on page 33

- **Dr. James Beckstead Award Alignment:** The award will now be proudly associated with the Ambulatory Anesthesia Section.
- **Supporting Emerging Priorities:** With several new Sections on the horizon within the CAS to represent the expanding interests and passions of our membership, CARF is committed to being there to support their development and research capacity.

Get Involved, Smart Giving & Leaving a Legacy

If you are interested in helping us raise funds or joining our initiatives, please reach out—we welcome your energy and ideas!

For those exploring impactful ways to contribute, **donating publicly traded securities and equities** is a seamless and highly tax-effective giving strategy. By transferring appreciated stocks directly to CARF:

- **You eliminate capital gains tax** on the accrued value.
- **You receive a charitable tax receipt** for the full fair market value of the securities.

It is a simple, high-impact way to maximize your contribution to Canadian anesthesia research while optimizing your personal tax planning. If you would like to learn more about how to set up a gift of shares, we are here to assist and guide you through the straightforward transfer process.

Please contact the **National Office** to initiate a transfer or ask any questions about donating securities.

Stay tuned for more information on legacy giving in upcoming newsletters—*where legacy becomes impact*.

The momentum we are building is entirely fueled by your trust, energy, and generosity. We thank you once again for your dedication to fostering discovery, advancing sustainable practices, and improving patient outcomes nationwide.

Sincerely,

Dr. Stuart McCluskey, MD, PhD
Chair, Canadian Anesthesia Research Foundation



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Dr. Leandra Amado (right), 2026 CAS Research Award Winner



Dr. Howard Meng (right), 2026 BCAS Pieter Swart Perioperative Research Award winner

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CJA ON THE CUTTING EDGE

MISSION STATEMENT: "Excellence in research and knowledge translation in anesthesia, pain, perioperative medicine, and critical care."



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About: Hypoxemia is an important complication of general anesthesia and procedural sedation and is associated with cardiopulmonary complications, increased hospital length of stay, and increased mortality. Through this Continuing Professional Development module, we aim to guide anesthesiologists in the safe use of high-flow nasal oxygen (HFNO). It examines the potential advantages and limitations of HFNO across the spectrum of anesthesiology practice, from procedural sedation to airway management, highlighting its role in enhancing patient safety.

ACCESS ONLINE

CJA at the 2026 CAS Annual Meeting, Ottawa June 5-7

Thank you to everyone who joined the *Canadian Journal of Anesthesia* (CJA) at the 2026 CAS Annual Meeting in Ottawa for the panel discussion, "Artificial Intelligence and Anesthesiology Research: Balancing Innovations, Risks, and Responsibilities."

Co-moderated by CJA Editor-in-Chief Dr. Stephan Schwarz and Deputy Editor-in-Chief Dr. Philip Jones, this session explored the evolving role of artificial intelligence in anesthesiology research and clinical care, highlighting both the opportunities for innovation and the importance of addressing potential risks and limitations.

The panel brought together experts who shared insights on evaluating AI research, understanding the future impact of AI in medicine, addressing bias and equity in AI systems, and recognizing the differences between prediction and causation in AI-driven studies. The discussion emphasized the importance of thoughtful, responsible approaches to integrating AI into research and practice.



CJA Board Members at the 2026 CAS Annual Meeting in Ottawa

Richard Knill Oral Research Competition

Endorsed by the CJA Editorial Board, this annual competition showcased the highest-scoring abstracts submitted by CAS members. The presenting authors delivered their work to an engaged audience, with CJA editors serving as judges to determine the winners. Congrats to Dr. Ronan Noble for his abstract, "Non-Invasive Assessment of Cardiac Oxygenation Using Photoacoustic Imaging."

Dr. Stephan Schwarz Receives 2026 Editor of Distinction Award

Congratulations to Dr. Stephan Schwarz on receiving the **2026 Springer Nature Editor of Distinction Award – Editorial Contribution Award** for his outstanding contributions to the *Canadian Journal of Anesthesia*.

This recognition celebrates Dr. Schwarz's dedication to advancing scholarly publishing, supporting authors, and strengthening the peer review process. Through his thoughtful editorial leadership and commitment to maintaining the highest standards of research excellence, he has played an important role in supporting the journal's continued success.

The Springer Nature Editor of Distinction Awards recognize exceptional contributions from members of the editorial community. The Editorial Contribution Award honours editors who demonstrate exemplary stewardship of the peer review process through their careful evaluation of submissions and commitment to supporting high-quality research.

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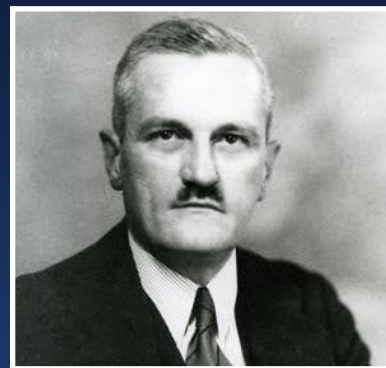
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ANESTHESIA NEWS HISTORY CORNER – DR. WESLEY BOURNE: A LEGACY OF VISIONARY TRANSFORMATION



By Dr. Anne Wong

Every so often, a person comes along to catalyze a new vision of being. Dr. Wesley Bourne was such a person. As an extraordinary clinician, a “gifted teacher who *enthralled* generations of students and peers”¹, and a visionary renaissance man, he transformed how we think about and practice anesthesia.

Born in British-colonial Barbados in 1886, Bourne moved to Montreal to study medicine at McGill University, graduating in 1911. He originally intended to train as a surgeon under Dr. Edward Archibald at the Royal Victoria Hospital, but fate intervened when he was asked by Dr. Francis Nagle, then the hospital’s only anesthetist, to help “pour ether”² due to staffing shortages. Bourne became so fascinated that he made the pivotal career change to anesthesia.

At the time, anesthesia was not considered a specialty, rather, a “boring technical procedure that could be carried out by students, interns or doctors who had failed at the important aspects of the practice of medicine.”³ But Bourne held a much greater vision for anesthesia—as a noble calling to alleviate pain and human suffering and a scientific discipline worthy of rigorous study. Over the next few decades, Bourne would lead the transformation of anesthesia, establishing the foundations of the specialty that we know today.^{1,4}

Anesthesia as Science and Art

Early in his career, Bourne distinguished himself from his predecessors by his intense interest in studying the scientific basis of anesthesia and applying research to advance clinical practice. Alongside his busy clinical anesthesia practice, his initial appointment as a lecturer in the McGill Department of Pharmacology enabled him to collaborate extensively with other researchers to elucidate the pharmacologic and physiologic mechanisms of anesthesia^{4,5}. He would go on to publish over 130 scientific papers that received international recognition, advancing clinical practice and research.⁴

But beyond anesthesia as a science, Bourne also saw anesthesia as an art to be constantly perfected throughout his career. A deep thinker and philosopher, he wrote:

“Although in the truly etymological sense, anaesthetic and aesthetic are antithetic, and it may seem paradoxical to speak of them in the same breath, yet there is much of the one in the other and aesthetic tendencies are not uncommon to anaesthesia...”⁷ For Bourne, nowhere is the art of anesthesia more fully realised than in the care of the patient: “One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is caring for the patient...the treatment of a disease may be entirely impersonal; the care of a patient must be completely personal.”⁷

Anesthesia as a Profession

Dr. Wesley Bourne was a consummate communicator and tireless advocate for anesthesia as a profession. He collaborated nationally and internationally, forming key relationships that helped organise and promote the specialty. As a highly sought after speaker, he presented at numerous meetings and congresses in North America, and Europe. He also played a major role in scientific sharing, educating the public and elevating the profession.⁵ He was a prodigious writer, not only of scientific papers but many deeply reflective papers on anesthesia education and the profession’s responsibilities in serving society and humanity. Many of his key writings were compiled in his book, “Mysterious Waters to Guard: Essays and Addresses on Anaesthesia”, published in 1955.⁷

He held many major leadership positions including: founding member of the Canadian Society of Anesthetists in 1920, Vice-President of the Section of Anesthesia of the Canadian Medical Association in 1932 and founding member of the 1943 Canadian Anesthetists Society.^{1, 4, 6} He was the President of the International Anesthesia Research Society (IARS) in 1925 and in 1940. In 1942, he became the first non-American President of the American Society of Anesthesiologists.^{1,4,6} He was recognised with the Henry Hill Hickman Medal from the Royal Society of Medicine in London in 1935, and a silver loving cup for his role as a “builder of bridges to the coming generation”.^{1,6} In 1962, he was one of the first recipients of the Canadian Anesthetist’s Society Gold Medal Award.^{2,4,6}

...continued on page 37

Education and Training

While research and clinical practice dominated Bourne's early career, education became a major focus in the latter phase. Bourne was described as a "great and a greatly beloved teacher, who inspired countless men and women to lives of devoted service in this hitherto neglected specialty"². Prior to World War II, the only formal anesthesia residency training program in Canada was established in 1934 at the University of Toronto. This changed in 1940 when Bourne led the development of a two-year graduate anesthesia training course at McGill University, which became further amplified with the urgent need to train medical officers for frontline war time use.^{2, 4-6} In response, Bourne along with colleagues Drs. Leigh Digby and Harold Griffith, developed an intense four-month training course for military medical officers based on the original two-year training course.⁶

Wesley Bourne's visionary leadership and contributions to anesthesia were undeniable. In 1945, he was appointed the inaugural Chair of the first independent academic department of anesthesia in Canada at McGill University, serving until 1950.^{4,6} Building on the success of the original two year graduate anesthesia course, Bourne spearheaded the development of a rigorous three year diploma course in anesthesia that later became the model for residency training in other Canadian medical schools and throughout the world.^{2, 4,5} Bourne deliberately designed the curriculum so that residents rotated through different hospitals every six months in order to "gain a diversity of experience under the tutelage of many leaders"^{5,7} This teaching approach reflected Bourne's "constitutional distaste for orthodoxy" and need to always question, examine and push the limits of knowledge.⁷ As he stated: "Let us avoid becoming too fond of any one idea or thing and any one drug or method even be it method of teaching. Let us rather... do all in our power to bring it about that the anesthetists of tomorrow be more accomplished than we are"^{2,5,7}

Beyond his work as an anesthesiologist, Bourne was an erudite renaissance man schooled in the classics, humanities and philosophy. A bibliophile, he read extensively and studied multiple languages in addition to Greek and Latin.⁵ His grounding in science and the arts was reflected in his design of the iconic crest of the Canadian Society of Anesthesia in 1920 that was later adopted by the Canadian Anaesthetists' Society from 1943 to 1999.9 He commissioned local artist, A. Sherriff Scott to depict the mythical god Hypnos in his cave, pouring the essence of the poppy from his horn to induce sleep. Poppies on one side of the cave represented sleep, while thistles on the other represented awakening.^{5,7,9} The motto, "katheudontas parateroumen" ("we watch closely those who sleep") was inspired by Dean Moyse, then Professor of Classics at McGill University.⁹

Throughout most of his life, Dr. Wesley Bourne was described as a person of great energy, enthusiasm and passion with an "enormous capacity for both work and play."⁵ It is an unfortunate irony that his later years would be constrained by poor health and Parkinson's disease. He passed away on Feb. 26, 1965 at the age of 79. While anesthesiology lost a remarkable visionary, Dr. Wesley Bourne's legacy endures, resonating in the foundations of science, art, education and service to humanity that define the profession today.

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Ref. Wesley Bourne, M.D.* - Wood Library-Museum of Anesthesiology (WLM)

INTRODUCING THE CAS SECTION ON INNOVATIVE TECHNOLOGIES AND ARTIFICIAL INTELLIGENCE

By Dr. Pascal Laferrière-Langlois and Dr. Arnaud Mbadjeu Hondjeu, Inaugural Co-Leads of the Section



Dr. Pascal Laferrière-Langlois



Dr. Arnaud Mbadjeu Hondjeu

We are delighted to introduce the CAS Section on Innovative Technologies and Artificial Intelligence (Section de la SCA sur les technologies innovantes et l'intelligence artificielle). Anesthesiology has a long history of early adoption, from pulse oximetry to processed electroencephalography. Artificial intelligence is proving to be no exception.. Algorithms that predict postoperative complications, closed-loop systems that titrate drug delivery, and large language models that draft documentation are no longer abstract possibilities, and they are entering perioperative practice. They will increasingly shape how we monitor, decide, teach, and conduct research.

The momentum is real, and so is the gap. Canadian anesthesiologists already evaluate these technologies, purchase them, and in some centres build them. Our specialty had no structured national forum in which to learn about them, appraise them critically, and support the colleagues developing them. A 2025 survey of CAS members documented a strong, broad-based appetite for exactly such a forum. Supported by a signed petition of CAS members, we submitted a formal application in June 2026 in accordance with the Society's policies, and the Board of Directors has since approved the creation of the Section. We are grateful to the Board, to the CAS office for their support, and to every colleague who signed.

The Section's mission is to make knowledge of innovative technologies and artificial intelligence accessible to CAS members while supporting their responsible development, evaluation, and implementation in perioperative care. It also equips anesthesiologist innovators with the

resources, expertise, and networks needed to turn ideas into meaningful clinical impact. The scope is deliberately broad, encompassing artificial intelligence, including machine learning and large language models, as well as digital health, wearable and sensor technologies, robotics, advanced monitoring, simulation, and virtual reality. These technologies are explored through their applications in anesthesia and perioperative medicine.

Six values will guide this work:

1. education that assumes no prior technical background;
2. scientific rigor, with evidence-based evaluation before clinical adoption;
3. ethical and responsible innovation, prioritizing patient safety, equity, transparency, and data privacy;
4. collaboration with the PACT (Canadian Perioperative Anesthesia Clinical Trials) group and CAS committees rather than duplication of their efforts;
5. inclusivity and bilingualism, serving members in academic, community, rural, and remote practice;
6. and patient-centeredness, with clinical value as the ultimate measure of any technology.

Membership is open to every CAS member. No technical credential is required: the Section is meant as much for the curious as for the builders. To make joining accessible, Section membership is \$25.

The Section will meet for the first time at the upcoming CAS Annual Meeting and will report to you every year in *Anesthesia News*. We want to hear from you! Tell us which topics you would like us to cover, which technologies deserve closer scrutiny, and whether you wish to contribute to future working groups on education, research, or regulatory and industry liaison.

La Section se veut pleinement bilingue, et nous vous invitons à y participer dans la langue officielle de votre choix. Look for the Section when membership renewal opens, or connect with us through the CAS office. We look forward to building this community with you.

INTRODUCING THE NEW CAS RURAL AND REMOTE ANESTHESIA SECTION

We are thrilled to announce the approval of a new CAS Section of Rural and Remote Anesthesia. Across Canada, there are a small, but substantial portion of patients who live in rural and remote communities who require timely access to anesthetic care close to home. Physicians providing anesthetic care in these environments often face unique challenges related to geography, resource limitations, workforce shortages, professional isolation and a broad scope of practice that often differs substantially from large urban Canadian centers. This section is excited to bring together both the Family Physician Anesthetists (FPA) and Anesthesiologists who practice in rural and remote environments across Canada.

Our first goal is to create a national community and professional identify for physicians practicing rural and remote anesthesia. Research demonstrates that physicians practicing in rural and remote are often professionally isolated despite delivering essential and lifesaving care to their communities. This dedicated section will intentionally work to bring together physicians who provide anesthetic care and build a national home within CAS for sharing the realities, challenges, and opportunities of rural and remote practice.

Secondly, we look forward to developing educational opportunities and continuous medical education (CME) relevant to Canadian rural and remote practice.

Educational needs in smaller hospital environments differ from those of large tertiary care centers. This Section of Rural and Remote Anesthesia will help support and advocate for the development of targeted CME, virtual learning educational partnerships for anesthesiologists and anesthetists to learn skills that are specifically relevant to the needs of their patient populations. By learning together, we hope to strengthen the collaboration across the different academic anesthesia training pathways in Canada. Our Section leadership also looks forward to liaising with the Society of Rural Physicians of Canada (SRPC) and Canadian Armed Forces (CAF) Health Services anesthesiologists to identify training opportunities and practice needs.

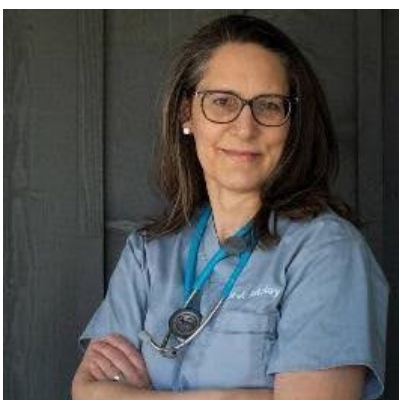
If you provide anesthesia care in a rural or remote community of Canada, whether full-time, part-time or on a locum basis, we want you involved! We want to thank all those physicians who supported this new Section – it has been years in the making. We will be forming working groups on how to accomplish our sections objectives and support anesthesia providers in rural and remote communities. Please join us in building a national home for rural and remote anesthesia practice in Canada.

Sincerely,

Dr. Sarah McIsaac, Dr. Joy Hataley, Dr. Razvan Purza



Dr. Sarah McIsaac



Dr. Joy Hataley



Dr. Razvan Purza

CVT SECTION UPDATE – BUILDING ON MOMENTUM FROM #CASAM2026

The Cardiovascular and Thoracic Section of the Canadian Anesthesiologists' Society continues to advance its mission of education, collaboration, innovation, and research in perioperative cardiovascular and thoracic care. Following a highly active year for the Section, the 2026 CAS Annual Meeting in Ottawa provided an important opportunity to reconnect with members, showcase practical educational programming, and plan the next phase of Section activity.

Highlights from CAS 2026 in Ottawa

The CVT Section was proud to contribute to a strong and clinically relevant Annual Meeting program. This year's sessions reflected the breadth of cardiovascular and thoracic anesthesia practice, with emphasis on point-of-care ultrasound, perioperative echocardiography, mechanical circulatory support, multidisciplinary decision-making, and the evolving role of anesthesiologists in complex perioperative care.

The Section's ultrasound programming continued to be a major area of strength. The Perioperative POCUS Workshop, led by Drs. Yannis Amador, Elmar Neethling, and Pablo Perez d'Empaire, was very well received and fully subscribed. The workshop provided foundational perioperative ultrasound skills for anesthesiologists, residents, and fellows, reinforcing the growing role of bedside ultrasound in anesthetic assessment, diagnosis, and management.

Gastric ultrasound was also highlighted through the hands-on workshop, "In Doubt? Scan It Out! Hands-On Gastric Ultrasound for Aspiration Risk Assessment," led by Drs. Laura Giron-Arango, Andrés Merchán Padilla, Anahi Perlas, Cristian Arzola, and Javier Cubillos. This practical session emphasized image acquisition, interpretation, and clinical application in aspiration-risk assessment.

The CAS Discovery Talk, "From Probe to Plan: Real Cases Where Ultrasound Changed Management," delivered by Dr. Tonia Tauh, provided a powerful reminder of how ultrasound can meaningfully alter perioperative decision-making. Through real cases, the session illustrated how focused imaging can move clinicians from uncertainty to actionable management plans.

Echo Jeopardy again proved to be one of the Section's most engaging educational formats. Organized by Dr. Meggie Raymond, with Drs. Marcus Salvatori and Marjorie Couture, the session brought energy, friendly competition, and high-yield echocardiography teaching to the Annual Meeting. Its continued success highlights the value of interactive, case-based learning for perioperative echocardiography.

The CVT program also addressed complex cardiovascular care beyond the cardiac operating room. The session "Mechanical Cardiac Assist Devices: What Should a Non-Cardiac Anesthesiologist Know?" featured Drs. Hilary Grocott, Kathirvel Subramaniam, Camila de Souza, and Rick Singh, and provided clinically practical guidance for anesthesiologists caring for patients with advanced cardiac support devices in non-cardiac settings.

In addition, "The Pause Before the Cut: Rethinking Goals of Care in the OR for Major Surgery," moderated by Dr. Elmar Neethling and featuring Dr. Meggie Raymond, encouraged reflection on decision-making, communication, and patient-centred care in high-risk surgery. These themes are increasingly relevant as anesthesiologists care for older, more complex patients undergoing major procedures.

Problem-based learning discussions with cardiovascular relevance further broadened the program, including sessions on advanced heart failure for non-cardiac surgery, cardiac disease in labour and delivery, and resuscitation in the prone position.

Research, Collaboration, and Sustainability

The Section remains committed to supporting research and innovation in cardiovascular and thoracic anesthesia. A major priority for the coming year is strengthening the Earl Wynands Research Fund and its partnership with the Canadian Anesthesia Research Foundation. The Section is working toward a sustainable recurring grant framework that can provide meaningful support for member-led research.

Improved communication will be central to this goal. The Section plans to advertise the CVT research opportunity

...continued on page 41

more actively through the fall newsletter and social media, with the intention of increasing awareness among members, trainees, and early-career investigators. The Research Program will open in October 2026 and close in January 2027.

The Section also continues to strengthen national and international collaborations, including ongoing engagement with the Society of Cardiovascular Anesthesiologists, European Association of Cardiothoracic Anesthesiology and Intensive Care (EACTAIC), International Academy of Cardiac Anaesthesiologists (IACA), and Canadian cardiovascular partners. These relationships support knowledge exchange, speaker development, educational collaboration, and broader representation of Canadian cardiovascular anesthesiology.

Looking ahead, the Section is also exploring new educational formats, including more regular webinars, enhanced social media communication, and opportunities to engage members through surveys. We hope to better understand what members value most about the CVT Section, what they feel is missing, and how the Section can better support anesthesiologists across different regions and practice settings.

Executive Transition and Volunteer Opportunities

The coming year marks an important leadership transition for the CVT Section. Dr. Diem Tran will be stepping down after eight years of dedicated service to the Section, completing her term as Past Chair. We extend our sincere gratitude for her leadership, mentorship, and long-standing contributions.

Dr. Tarit Saha will transition from Chair to Past Chair for the 2026–2028 term. Under his leadership, the Section has strengthened its educational profile, financial stewardship, research planning, and national and international collaborations. Dr. Elmari Neethling will transition from Vice-Chair to Chair, and Dr. Jacobo Moreno Garijo will transition from Secretary-Treasurer to Vice-Chair for the 2026–2028 term.

The Section's POCUS Course Directors, Dr. Yannis Amador and Dr. Pablo Perez d'Empaire, will continue to lead and support the Section's ultrasound education activities.

We particularly encourage applications from members across different regions of Canada, early-career anesthesiologists, and colleagues with interests in cardiovascular anesthesia, thoracic anesthesia, perioperative ultrasound, echocardiography, research, education, or interdisciplinary collaboration. A strong and geographically representative executive will help ensure that the Section reflects the diversity of cardiovascular and thoracic anesthesia practice across Canada.

Details regarding the nomination process, timelines, and eligibility will be communicated through the official CAS process once available.

Looking Forward

The CVT Section enters the next year with strong momentum. Our priorities are clear: deliver high-quality educational programming, support member engagement, strengthen research funding, expand collaboration, and create meaningful opportunities for members to contribute.

We thank all CVT Section members, workshop faculty, speakers, moderators, and collaborators who contributed to the success of CAS 2026. Your work continues to advance cardiovascular and thoracic anesthesia in Canada and supports the Section's role as a national home for education, innovation, and collaboration.



WHAT YOU'VE BEEN MISSING : THE AMBULATORY ANESTHESIA SECTION

The Ambulatory Anesthesia Section has seen a year of exceptional growth and academic productivity in 2026. Our focus remains on enhancing the safety and quality of outpatient surgical care through robust international collaborations and the support of high-impact Canadian research.

Membership Growth

We are pleased to report that Section membership continues to increase : 36 members in 2024, 48 members in 2025, 55 members in 2026.

Research & Grants

The Section continues its commitment to advancing the field through the Ambulatory Section Research Grant.

CAS-SAMBA Collaboration

Our ongoing partnership with the Society for Ambulatory Anesthesia (SAMBA) has yielded impressive educational results:

Webinar Success: Six collaborative webinars have been held since 2025, each attracting 120-250 attendees from all over the globe. The webinars are accredited for Section 1 CME credits.

Member Benefits: Webinars are free for CAS members. Recordings are currently available on the CAS website for member review. <https://www.cas.ca/en/education-accreditation/events-archive>.

Save the Date: The next webinar of 2026, "Fast-Track Joints, Different Systems: Anesthesia Frameworks in the U.S. and Canada" will be held on Wednesday, October 7, 2026 at 8PM ET

Save the Date: Our last webinar of 2026, "VTE Risk Assessment and Prevention in Ambulatory Surgery", will be held on Thursday, December 3, 2026 @ 8 PM ET

CAS 2026 Meeting Highlights

The Section was honored to host Dr. Subramanyam Mahankali (Regional Director, Anesthesiology Services at KIMS Hospitals, Bengaluru, India). Dr. Mahankali is a champion of technology-driven care, with interests in precision anesthesia, ultrasound-guided techniques, and digital health applications including AI and automation.

The Ambulatory Section held two, 1.75hr accredited workshops : a) Airway Ultrasound b) TCI and TIVA – Pump it Up! Thank you to Dr. Mandeep Singh, Dr. Joanna Fifen, Dr. Ryan Endersby, Dr. Fabricio Zasso, Dr. Anna Wyand, Dr. Juan Morales, Dr. Mohamed Eissa, and Dr. Mahankali for a very successful 2026!

Sincerely,

**Dr. Mandeep Singh, Dr. Natalie Clavel and
Dr. Mohammed Eissa**

CAS Ambulatory Section Executive



Dr. Mandeep Singh



Dr. Natalie Clavel



Dr. Mohammed Eissa

RESIDENTS' CORNER

Thank You for an Incredible CAS Annual Meeting!

Resident programming at this year's CAS Annual Meeting in Ottawa was an outstanding success. Thank you to the more than 200 medical trainees and physicians, including residents, International medical graduates (IMGs), fellows, and medical students, who registered to attend. It was truly a pleasure to learn, celebrate, and connect alongside so many of you.

Friday kicked off with the second year of Ace It! A Prep Course for the Royal College Exam Written Course. Over 80 anesthesia residents and other physicians attended the packed all-day event. Each of the 14 lectures on anesthesia specialties and key exam focus areas was led by a past examiner or recent Royal College graduate with in-depth insight into the assessment. Attendees also took part in Q&A sessions and were invited to take pre- and post-course mock exams to strengthen knowledge retention and improve content relevance.

On Saturday morning, Ace It! offered an Oral Exam Problem-Based Learning Discussion (PBLD). Participants were placed in small groups and given the opportunity to practice a mock oral exam question in a secure, supportive group setting. An expert facilitator for each group provided feedback and led discussions for each question.

Saturday afternoon marked the 6th Annual Simulation Olympics, which welcomed 25 residents from six universities to the University of Ottawa Skills and Simulation Centre. Five teams worked through four fun-focused escape-room-style simulation challenges and two finalist teams proceeded to a traditional SIM scenario. **Congratulations to our new champions from Dalhousie University and Memorial University of Newfoundland: Drs Alexander MacPherson,**

Emma MacLean, MengQi Zhang, Parnian Hosseini, and Andrew Watson.

During Saturday evening's annual CAS Soirée, CASIEF Chair Dr. Terri Skelton announced the winners of the Lifebox-Resident Challenge, which raises funds to bring Smile Train-Lifebox capnographs to operating rooms in low-resource countries. Congratulations to Dr. Caitlyn Lee and Dr. Kathryn Haegedorn, our top fundraisers at the University of British Columbia (UBC)! Details on the second year of the program will be released in the coming months.

Once again, the Residents' Oral Competition was held on Sunday morning. This year, six residents who submitted their abstracts to the Annual Meeting were selected to present before a judges' panel. Congratulations to the 2026 winner, Dr. Huzaifa Saeed, for his project: "Opioid Tapering Strategies and Patient Outcomes in Long-Term Opioid Therapy: A Systematic Review and Meta-Analysis."

Finally, "Not Another Wellness Panel: What Can Residents Actually Do to Improve Their Mental Health" closed out this year's residents' program. Drs. Laurel Charlesworth, Catherine Smyth, Claudia Gomez, and Mark Czuczman took the stage to share their unique wellness expertise, as well as actionable, evidence-informed habits to minimize burnout and transition into practice smoothly. Presentation topics spanned across optimizing sleep patterns, breaking avoidable stress cycles, prioritizing physical activity, monitoring caffeine consumption, boosting nutrition, and more. Thank you to all our speakers for lending your support to the next generation of anesthesiologists!



Congratulations to our winners from Dalhousie University and Memorial University of Newfoundland





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- An updated approach to ambulatory pediatric adenotonsillectomy - **November 2024**
- Ambulatory total hip and knee arthroplasty: a literature review and perioperative considerations - **February 2024**

How to Access the Modules:

Instructions can be found on the Canadian Anesthesiologists' Society website at:
www.cas.ca/cpd-online

All modules are an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification (MOC) Program of the Royal College of Physicians and Surgeons of Canada, and approved by the Canadian Anesthesiologists' Society.

Successful completion of a module entitles readers to claim up to four hours (credits are automatically calculated), for a total of 12 maintenance of certification credits.



**CANADIAN
ANESTHESIOLOGISTS'
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