

Canadian Anesthesiologists' Society

2009 Annual Report





Report of the President

Pierre Fiset, MD, FRCPC

AA task force retreat

The AA knowledge document which is meant to become the foundation for academic training of anesthesia assistants in Canada was submitted to a review process by representatives of nurses, respiratory therapists and anesthesiologists. All participants agreed to have a face to face meeting which was put together by the CAS. Jane Tipping was appointed to lead the discussion with the mandate to identify the contentious issues and generate solution. The meeting was held on December 7th in Toronto. After a whole day of discussion and negotiation, we reached a consensus on the document. It has been presented for approval to all concerned Boards, including the CAS Board. Final approval of the stakeholders should be confirmed at the CAS Allied Health Committee Meeting in Montreal at the CAS annual meeting. Although the Canadian Nurses Association participated and supported this process, they advised that their organization does not endorse this type of document.

Stop Smoking Campaign

The Board of Directors agreed to consider a national Stop Smoking Campaign based on the initiative underway in Ontario. Len Domino and Associates were mandated to initiate the process. They established direct contact with officials of provincial jurisdictions to determine their interest in our

campaign. All provincial jurisdictions expressed a genuine interest. They created a Q & A document with a reference list in order to familiarize division representatives with the strategy. They organized meetings between division and governmental officials, assisted our members and provided feedback.

Red Cross link for Haiti

Following the Haiti earthquake, we created a link on the CAS website in order to encourage our members to participate financially to the rescue efforts. We have raised over \$22,000 in the name of the CAS.

Sedation guidelines

The Board of Directors has reviewed a draft position paper on Sedation. We are expecting to include it as a new appendix to the CAS Guidelines to the Practice of Anesthesia.

ACUDA Management Committee

I have attended my first meeting as a member and representative of the CAS. This new assignment for the CAS President will undoubtedly result in a much improved partnership between the CAS and ACUDA. Two of the issues raised during the meeting are of particular interest to the CAS:

- We will explore the possibility of supporting a newly created **Perioperative Anesthesiology Clinical Trials Group**. That group will foster pan-Canadian

collaboration between research groups in order to improve sample sizes and quality of research.

- It becomes obvious that a national manpower survey needs to be done this year in order to update our knowledge of the situation and help planning for future needs.

Finally, the RCPSC survey on pain medicine as a sub-specialty of Anesthesiology has been released. CAS sought input from the Chronic Pain Section to submit the survey. The Royal College independently sent the survey to ACUDA and the Specialty Committee.



Report of the Treasurer

Susan O'Leary, MD, FRCPC

This report is a brief overview of the financial position of the CAS in 2009. The revenues and expenses of the CAS arise from three main sources: the Society Administration, the Annual Meeting and the *Canadian Journal of Anesthesia* (CJA). The overall financial management and reporting integrates all three, as one area is dependent on the other. I will report on each separately and provide a summary of the 2009 CAS financial position.

In 2009, CAS total revenues were approximately \$2,900,000. Total expenses came in just under this. The surplus of revenue over expenses was \$59,500.

The society administration primary sources of revenue are membership dues and investment income. Expenses include human resources, various administrative services, meetings, committees, and office costs. 2009 human resource expenses include the cost of hiring a human resource consultant for staff coaching and to promote teamwork in the CAS Toronto office. Len Domino Associates, a public relations firm, was further utilized by the society as we moved forward with the "Stop Smoking for Safer Surgery Campaign". These are the two areas of additional expense in 2009.

2009 was the first full year the Canadian Journal of Anesthesia was published by Springer Publishing. This simplified the office financial involvement in the CJA. Primarily the society collects the subscription dues from members and remits the dues to Springer. Royalties from Springer are \$750,000 for each year of the five-year contract. The CJA Editorial Board has been expanded and the Journal's human resource costs reflect this expansion. The journal generated \$360,000 excess revenue over expenses.

The Annual Meeting account produced a surplus of \$35,500 for 2009. The CAS annual meeting is a large meeting to plan and organize. Congress Canada is the company we have contracted to provide this service. The Brown Group, who work on a commission basis, secure sponsors for the meeting. They have successfully maintained our sponsorship base in a time of sponsor fiscal restraint. The office continues to have a significant role producing the Scientific Program, doing the local arrangements, and providing various support staff functions to Congress Canada.

My thanks to the CAS office staff especially Stan Mandarich and Sue Witts for their help and guidance. I truly appreciate the support of the executive and board. It is a privilege to serve the Canadian Anesthesiologists' Society as its Treasurer.



Report of the Editor-in-Chief

Donald R. Miller, MD, FRCPC

Canadian Journal of Anesthesia

MISSION STATEMENT: "Excellence in research and knowledge translation related to the clinical practice of anesthesia, pain management, perioperative medicine and critical care"

Overview

The past year has been highly successful on several fronts, resulting from opportunities associated with transferring publication of the *Journal* to Springer Science + Business Media LLC, in early 2009. The international exposure of the *Journal* has broadened considerably, manuscript submissions have increased (30% increase in 2009 to 813 new submissions, on-track to well exceed that number in 2010), and the Impact Factor (IF) which represents journal mean citation frequency, has been rising gradually (2008 IF = 2.05; the 2009 IF data were not available at the time of writing). A unanimously supported decision made in 2008 to add three new editors, and to expand the editorial board with new international board members, and three Guest Editors, has enhanced the depth of content expertise and provided crucial new statistical expertise. Unquestionably, these changes have benefitted the review process and editorial decision making. Editorial workflow has also become more streamlined with much improved tracking since the adoption in the past year of a web-

based manuscript submission system using Editorial Manager™. Furthermore, over the past year there has been enhanced editorial focus on improving the accuracy and clarity of scientific reporting for the benefit of our readers and the scientific record. Finally, the *Journal* is on a stable financial platform which has been beneficial to the Society, while also having allowed for strategic investment in editorial operations.

Faster Editorial Peer Review and Faster Publication

Authors submitting articles to the *Journal* have naturally come to expect rapid turnaround times. In response, by minimizing delays in determining which articles advance to external review, and by reducing the requested time for reviews, and by having a better tracking system to follow-up on late reviews, the average time from submission to "first decision" (*review lag time*) has now been reduced to just 22 days. The time from submission to final acceptance of published articles usually requires 6 - 12 weeks, and occasionally longer, taking into consideration time for revisions and re-assessments. An important enhancement for the *Journal* has been the new capacity to publish each article online within 4 - 6 weeks after acceptance of the final version, and up to eight weeks ahead of the printed version (*publication lag time*). The proprietary Online First™ system offers an accelerated

publishing track on SpringerLink™ where the online journal is now hosted.

Updates to the online *Journal*

Readers have access to online articles published in both Portable Document Format (PDF) and HyperText Markup Language (HTML) formats. The electronic versions of related metadata, which includes different forms of supplementary material related to each article, are now sent automatically to all relevant bibliographic organizations on the day of the online publication. A redesign of SpringerLink™ has enhanced the online *Journal* with functionalities and innovative new features such as semantic analysis of documents and “look inside” preview capability to allow readers to view and browse the content of any document without having to download it first. We are now able to publish more color images, simulations, and additional electronic supplementary material (ESM) to be posted online, for dynamic article types such as the new Perioperative Hemodynamic Rounds section.

Editorial Content

The editors are increasingly selective in regards to choosing articles based upon their overall novelty, scientific merit and overall importance. While the number of submissions continues to increase, the acceptance rate is currently 25% (2010 data YTD for all article types). The *Journal* published 12 issues in 2009, with the same number of issues planned for 2010 and 2011. Each issue contains, on average, 2 -

3 editorials, 4 - 6 reports of original investigations, one report of a laboratory investigation, in addition to review articles, special articles, continuing professional development modules, perioperative hemodynamic rounds, book reports and correspondence items. Looking ahead into 2010, there is a planned “theme issue” on the subject of mechanisms of anesthesia, and a series of articles on innovation in education is also under development.

The *Journal's* Conflict of Interest (COI) Policy

For the first time, the *Journal* has an established and posted online its Conflict of Interest and Publishing Integrity Policy Statement. The principles of this document conform with the general principles for integrity of scientific publishing which are advanced by the International Committee on Publication Ethics (COPE). Since 2009, the *Journal* has been a member of COPE, which serves as an invaluable resource for the editorial board members and the editors. Regrettably, cases of scientific misconduct continue to be identified in the scientific literature, and the procedures to review suspected scientific misconduct, and actions required by the Editor-in-Chief and the publisher, are now clearly defined for the *Journal*.



Committee Reports

Annual Meeting Committee

William Splinter, MD, FRCPC
Chair

Abstracts Processing

For a third year the abstract submission process used a web-based product (Abstract Central, Scholar One). It was very well received by both the applicants and the members of the Scientific Affairs Committee.

Anesthesia Assistants Section involvement at the Annual Meeting

The newly formed Anesthesia Assistants Section met at the 2009 Annual Meeting. The Chair was invited to join the Annual Meeting Committee and he will oversee the events that relate to this section.

Vancouver 2009 Annual Meeting

Meeting

A total of 1179 delegates registered. Total meeting attendance (including attending partners and exhibitors) was 1447. I have received very positive feedback on the program. The core committee members (Annual Meeting Committee), Section Chairs, David Parsons and the local arrangements committee need to be recognized for their huge efforts. I would like to thank Stan Mandarich and the CAS office staff including Anne Aleixo, Joy Brickell, Pamela Santa Ana, Randa Fares Josée

Ouelette and Susan Witts. Finally, I wish to recognize the planning, experience and coordination provided by Maria Martins and Teri Emerson-Doyle and their team from Congress Canada.

Residents Day

There were 132 registered residents. The program was judged to be high quality and relevant.

Satellite Symposia

There was 1 satellite symposium at the 2009 meeting.

Sponsorship

This was the first year with The Brown Group coordinating sponsorship for the CAS Annual Meeting. The process has been well received.

Exhibitors

The exhibit space was sold out.

I-clickers

The introduction of i-clickers was well received by both presenters and attendees. We thank Jane Tipping, Educational Consultant, for bringing the idea forward as well as working with the presenters to ensure that the i-clickers complemented the presentation.

Planning for 2010 Meeting

The 2010 CAS Annual Meeting, in Montreal, is to be a joint meeting of the CAS and SFAR. It was agreed that Residents from

France could enter the Residents' Competition.

Local Arrangements Sub-Committee

David Parsons, MD, FRCPC
Chair

Vancouver

The local arrangements committee was struck in 2008 to help coordinate a number of social and educational events for the annual meeting held in Vancouver in June 2009.

Being the first large organization to use the new convention centre was a great opportunity for the CAS and proved to be relatively smooth. The building and facilities were well used by the meeting and would in the future serve even a much larger gathering.

The Fairmont Waterfront Hotel was also convenient and cooperative in all aspects of catering and hotel services. From the lobby of the hotel the Sunday Fun Run was organized by the committee and used a somewhat longer than 10K run which was noted by some of the more competitive participants. A Golden Glottis competition was held with an Olympic theme in conjunction with our meeting sponsor which was well received by the reception guests.

While all of the meeting events were successful on most levels, the President's Dinner had its problems.

The setting, meal and entertainment were of excellent quality but the price for the guests did not deliver good value. The hotel did not price this meal sharply and the perceived need to make the dinner a break-

even event forced guests to purchase wine for their tables at excessive prices. This matter has previously been taken up at the board level and hopefully has been resolved for Montreal 2010.

The committee received excellent support from the CAS staff and Stan Mandarich as well as from the volunteers from the Vancouver anesthesia community.

Research Committee

Neil Badner, MD, FRCPC
Chair

In 2009, the CAS Research Grants, Career Scientist and Resident program provided \$305,000 (including matching funds for the Career Scientist Awards from the successful applicant's institutions). This funding was made possible from individuals and groups who donated to the Canadian Anesthesia Research Foundation (CARF) and through support from our corporate sponsors Abbott Laboratories Ltd, Baxter Corporation, GE Healthcare Canada, Smiths Medical Canada Ltd, Vitaid Ltd, and the Canadian Patient Safety Institute. This funding supported operating grants offered as open awards to new and established investigators as well as targeted awards for neurosurgical, cardiac, regional and pain, perioperative imaging and patient safety specific studies.

In addition to operating grants, our program included one Career Scientist Award, which provided salary support for investigators: the CAS/Abbott Laboratories Ltd Career Scientist Award, which provided support for up to two years. The Career Scientist Award required the corresponding university to

make a commitment to their researcher by providing matching funds and guaranteeing protected research time. With the CAS/Vitaid-LMA Resident research award, we were able to offer support for individuals in their residency training as well.

We received 41 high quality applications for these awards. All grants were reviewed by two corresponding and one core committee. It is due to the commitment of these committee members, that we were able to discern which proposals were worthy of our funding. In 2009 we again used an online submission site maintained by Scholar One. Using this web-based site we were able to make improvements and incorporate the use of the same CV module used by CIHR.

Standards Committee

Richard N Merchant, MD, FRCPC
Chair

The Standards Committee meets yearly at the Annual Meeting and by teleconference as required. The committee consists of the Chair, the CAS President ex officio, the Chair of the Patient Safety Committee, a corresponding member from the CMPA, CAS staff, and a representative group of CAS members from the regions. The Committee examines and updates the Guidelines as necessary and answers questions from members and others in regards to standards of anesthesia care.

The Guidelines underwent a major publishing change in 2009/2010 with the incorporation of the document into the pages of the *Canadian Journal of Anesthesia*: this served to enhance the availability of the Guidelines to our

members and to make them accessible through medical reference engines. With some logistic issues, this was accomplished in January 2010 and consequently the document was called 'the 2010 revision' and a revision dated '2009' was not issued.

The changes to the Guidelines accepted for 2009/10 incorporated modifications to recognize changes in the organizational structure of health care, e.g., the term "hospital" is largely replaced with the term "health care facility". "Fast Track" recovery or postanesthesia care unit bypass has become common, and terminology has been amended to recognize that an alternative nursing care unit may be used for some aspects of immediate postoperative care. Finally, there are several editing changes where careful scrutiny has detected redundancies and duplication of terms.

For 2010/11 the committee has been working to develop a position paper on procedural sedation for anesthesiologists. Other recurring issues remain of concern: these issues include physician fatigue and reasonable hours of work, and issues regarding "professionalism". The Chair responds to a number of questions over the year about various issues. This year concerns included issues such as non-clinical personnel in obstetric operating rooms. Responses continue to involve referral to other sources: specifically the Committee continues to recognize that the CAS does not have the resources to develop guidelines on all possible topics and thus has maintained 'Appendix 4' in which it has listed resources available from other organizations on a variety of topics to which members can refer for answers to specific questions on anesthesia care.

Physician Resources Committee

**Rick Chisholm, MD, FRCPC
Chair**

The Physician Resources Committee met in Vancouver on June 28, 2009. Provincial representation was good. Most provinces with the exception of Quebec and British Columbia, have adequate and stable anesthesia human resources. Quebec has increased residency numbers and the shortfall should be addressed within four years. The lower mainland in British Columbia has adequate numbers with deficiencies in the remainder of the province.

The Ipsos Reid survey for the Wait Times Alliance included questions from the CAS on human resources. Fifty five percent of respondents felt there were adequate anesthesia human resources. British Columbia and Quebec strongly felt there were inadequate human resources.

Dr Homer Yang, reporting for ACUDA, stated residency numbers are adequate to meet future needs.

A survey of chiefs of anesthesia services across Canada is planned in the near future. It is hoped data will be gathered assessing anesthesia resources currently and five years into the future. The plan is to repeat the survey on a regular basis.

Medical Economics Committee

**Shane Sheppard, MD, FRCPC
Chair**

The Medical Economics Committee of the CAS met at the annual meeting in Vancouver to discuss economic issues around the country. As per the Board's suggestion in February, we did not pursue the previous process of tracking fees from each province's Fee Schedule. The move to alternative payments and the higher emphasis placed on annual billings makes pure fee schedule comparisons less relevant. Many provinces have modifiers and top-up deals to compensate for poor fees. Billable time varies from province to province making annual income heavily dependent on rules and hours worked. Knowing the average weekly work hours from the National Physician Survey, we can compare annual income from all sources and calculate an average hourly rate. Allowance for hours worked per week and total weeks per year will have to be considered.

After a lengthy discussion the members of the committee decided to revisit the fee schedule comparison stripped of all modifiers. In addition, we will consider a range of questions to delineate some of these modifiers, top-ups and contracts. These will be tabulated and presented to the Board when available.

The terms of reference were reviewed and approved.

Continuing Education and Professional Development Committee

Martin Van Der Vyver, MB, ChB, M Med, FFASA
Chair

A. Accreditation/MOC

Issue 1. We are pleased to be able to inform you that the CPD Accreditation Committee of the Royal College of Physicians and Surgeons of Canada has granted the Canadian Anesthesiologists' Society accreditation for a further **5-year** period. This accreditation period came into effect **June 1, 2009** and will end **June 1, 2014**.

We have received an exemplary mark by exceeding the following standards:

- Our educational structure – with specific reference to the work done by Jane Tipping, an educational consultant whose services the Canadian Anesthesiologists' Society has obtained.
- Provision of learning objectives to individuals and program planners
- Selection and implementation of learning formats consistent with the identified needs and established.

The next step is to submit an action plan that should outline how the association intends to address all non-adherent and partially adherent standards no later than December 2010. The chair, Stan Mandarich and Jane Tipping have had a teleconference with Dr Craig Campbell in

order to clarify some of the issues raised by the Royal College of Physicians and Surgeons of Canada.

Issue 2. Effective January 1, 2010, The Council on Education of the AMA agreed that all Accredited CPD Providers reviewed and recognized by the Royal College should be offered the ability to provide AMA PRA Category 1 credits. This agreement will extend until June 30, 2012.

Issue 3. The Royal College of Physicians and Surgeons of Canada has evaluated their MOC program and is considering significant changes. The Royal College of Physicians and Surgeons of Canada would appreciate feedback from as many specialty organizations and individuals as possible before implementing any change. Please respond either directly to Dr Campbell or to the chair of the Continuing Education Professional Development Committee.

The Royal College of Physicians and Surgeons of Canada has now sent out a proposed new MOC system with significant changes from the current system and is inviting feedback from fellows.

B. Web site

The Continuing Education and Professional development committee are in the process of updating the education section to be posted on the new web site which is currently still under construction. In addition to the current content, continuing education resources and relevant links will be posted. Faculty Development resources will be developed with the assistance of Jane Tipping, educational consultant to the Canadian Anesthesiologists' Society and posted on web site too.

C. Speaker education

In an ongoing effort to increase interactivity and the quality of the presentations at the annual meeting, we have in cooperation with the annual meeting planning committee done the following:

- Sent out Tip sheet to make lectures more interactive to all speakers at the annual meeting in 2010.
- Increased the use of an Interactive audience response system (i.e. iClickers) from one to two days at the annual meeting in 2010. We have also developed a brochure and face-to-face education with speakers on the use of these devices.
- Introduced the use of question cards at the annual meeting in 2010.

The following events were approved by the Canadian Anesthesiologists' Society as an Accredited Group-Learning Activity (Section 1) as defined by the Maintenance of Certification (MOC) Program of the Royal College of Physicians and Surgeons of Canada:

July 2009 to June 2010

CAS Division and Section meetings (5)

Divisions:

Atlantic 2009 meeting - September 2009

BCAS/WSSA Meeting - December 2009

Ontario meeting - October 2009

Saskatchewan (Bev Leech Education Day in Anesthesia) - May 2010

Sections:

CPAS meeting at Sick Kids - November 2009

Other Physician organized events (8)

University of Ottawa Gary Johnson
Research Day - May 2010

North York General Hospital
Anesthesia & Perioperative Medicine
Conference, Mont Tremblant - February
2010

Ski & Scan, Lake Louise Alberta - March
2010

University of BC Cdn Critical Care
Conference, Whistler - March 2010

University of Toronto Shield Research Day -
May 2010

Faculty Development Day - November 2009

UHN, Toronto General Hospital Great
Canadian Fluid Debate - June 2010

Archives and Artifacts Committee

Kim Turner, MD, FRCPC
Chair

The Committee continues to pursue options for the optimal preservation and display of our collection.

Research is ongoing to compile an optimal list of desired archival material to enable sorting and cataloguing of our current

archival collection of approximately 400 boxes.

The historical content on the Society's website is being reorganized to be accessible from one portal. The entire artifact collection has been digitized and plans are underway to enable members and the public to view our artifacts on-line.

The committee has created an audio visual display of some of our artifacts which will be displayed in Montreal along with a portion of a live interview of Montreal's Dr Harold Griffiths by Dr Earl Wynands courtesy of ASA's Wood Library Museum.

Patient Safety Committee

Pam Morgan, MD, CCFP, FRCPC
Chair

The Patient Safety Committee has been involved with a number of issues including the Safer Healthcare Now Initiative, the Surgical Safety Checklist (SSC) and the Medication Safety Checklist. With respect to the Surgical Safety Checklist, Dr Jan Davies helped develop the Canadian version of the SSC with respect to human factors' design.

On the CAS website, safety alerts can be posted and the audio portion of the Patient Safety Symposium, recorded at the annual meeting, can be downloaded. The committee wants to encourage more postings of safety alerts and Dr Orser was charged with contacting Dr Homer Yang, Chair of ACUDA to advertise and invite all University departments to help facilitate these safety alert postings.

In honour of the former Chair of the Patient Safety Committee, Dr Ian White, an annual award has been established in his name. This award will be presented annually to the best patient safety research abstract submitted by a Canadian group and the award will be presented with the other awards at the annual award ceremony.

The very successful Halifax meeting was held on October 22-24 in Montreal and thanks to Jan Davies to all her work with respect to the organization of this meeting.

We are very pleased with the excellent turnout at our 2009 Patient Safety Symposium and the very interesting and interactive discussion. The following speakers made wonderful presentations and these included:

Dr Jesse M. Ehrenfeld, MD, MPH
Harvard Medical School, Massachusetts General Hospital
"Patient Safety & Technology: A Historical Perspective on Strengthening the Weakest Link"

Dr Bryce Taylor, Surgeon-in-Chief and Director of Surgical Services, University Health Network, Toronto, ON

Chris W Hayes, MD MSc MEd FRCPC
Assistant Professor, University of Toronto
Staff Physician

Medical Director, Quality and Patient Safety, St Michael's Hospital

Medical Officer, Canadian Patient Safety Institute
Safe Surgery Checklist: But I'm Already Doing That!

Special thanks to Abbott Laboratories, Alveda Pharmaceuticals, Baxter Corporation, Covidien Ltd. and Masimo Corporation for providing support for our 2009 Patient Safety Symposium.

Ethics Committee

**Richard I Hall, MD, FRCPC, FCCP
Chair**

At its annual meeting in June, I had the privilege of assuming the Committee Chair. Many thanks to David McKnight for his leadership over the years.

Over the year 2009-2010 we have seen the successful introduction of The Healthy Anesthesiologist and its publication on the CAS website. Many thanks to Robin Cox for his leadership in the creation of this document.

We continue to solicit issues of concern regarding any topic the Board wishes us to address.



Section Reports

Ambulatory Section

Ian McConachie, MD, FRCPC
Chair

The Ambulatory Anesthesia Section contributed fully to the program of the CAS annual meeting in 2009 in Vancouver, BC. The Refresher Course lecture on the subject of The Triple Challenge of Ambulatory Anesthesia Education – Surgeons, Residents and Staff was given by Dr Zeev Friedman from Toronto. The Ambulatory Section Breakfast meeting included a lively debate between Dr Ian McConachie and Dr Kevin Armstrong, both from London, Ontario on controversies concerning single shot peripheral nerve blocks for ambulatory surgery patients.

The Section web pages (accessed through the Sections link on the CAS main page) are up and running. Dr Zeev Friedman from Toronto has taken over the overseeing of our website and I would encourage members to contact him if they have suggestions for contributions to the content of these pages.

In addition, I would like to encourage members of the Society to join the Section if they are interested in helping develop Ambulatory Anesthesia in Canada.

Cardiovascular and Thoracic (CVT) Section

Richard I Hall, MD, FRCPC, FCCP
Chair

In June 2009 I had the pleasure of assuming the Presidency following on the capable leadership of Dr Peter Slinger. The year has been taken up with several items:

1. CVT Section program for the CAS 2010 meeting.
2. PACT – The CVT section has taken the lead on developing a multicentre clinical trials group for Anesthesia in Canada (PACT – Perioperative Anesthesia Clinical Trials). It will be patterned after the very successful Canadian Critical Care Trials Group model. To date expressions of interest have been obtained, the model developed and presented to the Management Committee of ACUDA and a business plan developed at their request. We will establish a steering committee and executive committee at the meeting to be held in Montreal at the Montreal Heart Institute June 25. We currently have 5 proposals to be presented. Dalhousie has agreed to provide in kind support for a secretariat. The success or failure of this endeavor will to a large extent depend on the enthusiasm of members to put forth ideas and bring them to fruition in the form of multicentre clinical trials.

Chronic Pain Management Section

Brian Knight, MD, FRCPC
Chair

1. We had a lecture on hypnosis at the 2009 Annual Meeting by Dr Haleh Saadat, Pediatric Sedation Services, Yale University, New Haven, CT, as well as a case presentation by the same speaker. Dr Chris Spanswick presented at our breakfast "How to deal with the difficult patient". We had a successful all day workshop on Ultrasound guided blocks.
2. Dr Brenda Lau from Vancouver has agreed to serve on our informal executive along with Dr Norm Buckley and myself.
3. We are still concerned about the long waiting lists for chronic pain treatment and the lack of access by our section members to resources.

Education and Simulation in Anesthesia (SESA) Section

Viren Naik, MD, MEd, FRCPC
Chair

The Education in Anesthesia Section saw several changes in 2009:

- First and foremost, the CAS Board approved our name change to the Section for Education and Simulation in Anesthesia (SESA). This name change reflects a partnership with the Simulation Interest Group to better reflect the growing trend of simulation based education in Anesthesia.

- Second, the Section saw the departure of several of its Executive: Drs Sal Spadafora (Chair), Ramona Kearney and Patricia Houston. This Executive ably guided this Section through a period of increased growth and exposure. All were instrumental in petitioning the idea that "Education" be made a section, and for increased involvement with ACUDA, and the CEPD Committee. SESA is grateful for their contributions and ongoing dedication to education.
- SESA Executive has been reorganized to include: Chair (Viren Naik), Simulation Rep (Jordan Tarshis), Postgraduate Rep (Peter Moliner), Undergrad Rep (Lindsay Patterson), and Member at Large (Lucie Filteau).

SESA continued to have a strong presence at the 2009 Annual Meeting:

- Annual Luncheon and Business Meeting focused on new directions for the Section
- Involvement and guidance in the program for Resident's Day
- The Resident's Only Lecture on Portfolios
- Workshop on Simulation Debriefing
- Faculty Development on Improving Lectures
- Annual Poster Session with Awarded Prize

Future directions for SESA include:

- Inviting international leaders in education and simulation as guest speakers.
- Increased involvement in faculty development.
- Increased recognition and inclusion of all “scholarship in education” projects in the annual poster session.

Obstetric Section

Raouf Wahba, MD, FRCPC
Chair

The section of Obstetric Anesthesia has 115 members. As a section we continued to support CARF organization. We also support OB anesthesia research in Canada by providing a \$1000.00 prize to the best research project presented at the CAS annual meeting.

This year at the meeting the section welcomes Dr Cynthia Wong from Northwestern University in Chicago, who is a world renowned researcher in OB anesthesia particularly in the area of neuroaxial anesthesia. Dr Wong will also debate Dr David Campbell of the University of Saskatoon the use of combined spinal and epidural in morbidly obese parturient. The Obstetric Anesthesia Symposium this year will deal with the important issue of Maternal Hemorrhage. Once again the Ultrasound Epidural workshop lead by Dr Jose Carvalho of Mount Sinai Hospital, University of Toronto has proven to be very popular for 2 years in a row.

Our future plan is to enhance the benefits for our OB Anesthesia section members. We are hoping to build on our current membership base and improve communication and cooperation within the section.

Anesthesia Assistant Section

Patrick Nellis, RRT
Chair

It is a privilege to submit the first annual report of the Anesthesia Assistant Section. I would like to begin by thanking Mike Wills RRT from New Brunswick for his diligent work in helping to form the AA Section and for being the first Chair from June to December 2009. On behalf of the Section, I'd also like to acknowledge Dr Pierre Fiset for his vision and leadership in support of the Anesthesia Care Team model and Anesthesia Assistants as an emerging new profession in Canada.

Last June, we held our inaugural AA Section meeting in Vancouver. As a new Section of the CAS, we had an opportunity to participate in the planning of Montreal 2010. We took advantage of this opportunity and are pleased to offer two AA Section events. There will be an ultrasound-guided regional anesthesia workshop targeted to AAs (a warm thank-you to Drs Paul Tumber, Ahtsham Niazi, Anahi Perlas & Sheila Riazi for providing their expertise). We will also have a Section luncheon where we will welcome Kevin Hall (Anesthesiologist Assistant, New Mexico) to share a seminar on crisis management.

This is an exciting time for AAs across the country and your energy and participation is

needed! Elections for a Vice-Chair and Secretary-Treasurer will be held at the Section annual meeting in Montreal. Please contact us if you are interested in becoming involved as a member of the Section executive or have ideas about its future work and direction. Your feedback on our AA events in Montreal is most welcome.

Neuroanesthesia Section

Hélène Pellerin, MD, FRCPC
Chair

The Neuroanesthesia Section has contributed to the CAS annual meeting with an interesting program for the 2009 meeting held in Vancouver, BC. The Refresher Course lecture was given by Dr Adrian Gelb from UCSF in San Francisco, California on Subarachnoid Hemorrhage. Two case discussions on specific neuroanesthetic challenges were presented. Dr Arthur Lam from University of Washington in Seattle presented on jugular bulb and transcranial Doppler monitoring and Dr Cynthia Henderson from University of British Columbia in Vancouver presented on intraoperative cerebral aneurysm rupture. Our Section Luncheon included a heated debate on neuroprotection done by Dr Gelb and Dr Lam.

The section also supports in conjunction with CARF the Canadian Anesthesiologists' Society Research Grant in Neuroanesthesia, a \$10,000 grant. The recipient of this award in 2009 is Dr Gilles Plourde from Montreal Neuro Hospital in Montreal for his work "Electrophysiological Study of the Mechanisms of Action of General Anesthetic Drugs." Our section is now looking for new options to fund the

neuroanesthesia award as it has been more and more difficult to have support from the pharmaceutical industry during the past years.

The section's web page is also in the process of being developed. Members of the section are always welcomed to contact the executive to submit suggestions for topics for future meetings or suggestions to contribute to the development of the section.

Residents' Section

Tracy Kok, MD
Chair

This year has been an exciting one for the Residents' Section of CAS! We have expanded our Resident Group to include university representatives and have involved them in the organization of Residents' Day at the Annual Meeting in the selection of topics and speakers. This year's Residents' Day will focus on the international involvement of Canadian anesthesiologists and will feature Dr Fiona Turpie from Médecins Sans Frontières and Dr Lalitha Rupesinghe from the Canadian Armed Forces, as well as anesthesiologists involved with the CAS IEF project in Nepal.

Following the sessions, we will be hosting a Resident Business Meeting where we hope to discuss a number of issues including the implementation of section fees, the creation of a Resident Educator Teaching Award, the involvement of residents in CAS IEF projects and the need/desire for a Mentorship Program. In addition to the academic sessions, this year we will be hosting the first ever Resident Social Event

after Resident's Day. It will be held at the W Hotel on the Friday night and we hope that it will give all the residents across the country a chance to socialize and network with each other.

And lastly, we have been working on a bylaw document to present to all the residents at the Business Meeting. This

bylaw document is to create a formal structure for the Resident's Section and will allow for continuation of the workings of the section after current members move on from their residency training. We hope that after we receive feedback from the residents we will be able to present this document at the next Board of Directors meeting for approval.



Report of the Association of Canadian University Departments of Anesthesia (ACUDA)

David C. Campbell, MD, MSc, FRCPC

1. ACUDA membership includes representation from every University Department on each of the following Committees: Management Committee (Committee of all University Department Heads); Research Committee; Postgraduate Medical Education Committee; Undergraduate Medical Education Committee; and the Continuing Education and Professional Development Committee. Of importance, membership on these various Committees is not restricted to “Academics” or University Faculty appointees, but includes a large number of “Generalists” or Community Faculty members. Consequently, ACUDA draws from a large cross section of our Society’s membership providing a national forum for extensive information transfer amongst those actively engaged in moving our Society’s academic mission forward.

2. ACUDA By-laws were revised and recently approved by the membership. Importantly, the CAS President, who is an invited member to the ACUDA Management Committee (Committee of University Department Heads) biannual meetings, has been officially

recognized as an Officer and Voting member of the Management Committee. This extremely significant change in our By-laws is hoped to further improve communication and strengthen the relationship between the entire ACUDA organization and the CAS Board as, together, we move our Anesthesia community forward. The 2 non-voting, invited members include 1) Editor-in-Chief of the *Canadian Journal of Anesthesia* and 2) Chair of the Anesthesia Specialty Committee, Royal College of Physicians and Surgeons.

3. It was noted that the CAS Board was planning to initiate another national Anesthesia Human Resource study as it had been some time since the results of the 1999 ACUDA study using the Workforce Planning Model (Eva Ryten - Director of Research, Association of Canadian Medical Colleges) and a second study (Engin et al) conducted at Queen’s University were published nearly a decade ago in the CJA. ACUDA Management Committee has discussed the importance of this process as it pertains to the current

and projected Human Resource status in the Academic Health Science Centres, where it was identified that many Centres are now facing 1) a growth in service demands which may be new or previously neglected due to a lack of Human Resources; 2) increased pressures from their respective Ministries to address surgical waitlist issues; and 3) significant increases in the number of medical learners (both UGME and PGME learners) and the impact on both University and Community faculty. There was an acknowledgement of several other factors including delayed retirements due to the recent economic downturn, decrease in the need for 24 hour call (or longer than 24 hour call) resulting in the need for more Human Resources, as well as a desire of new graduates to work part-time (i.e. < 5 days per week).

The importance of determining how many Anesthesiologists are actually needed to run the operating rooms was strongly emphasized, especially by the Department Heads from Quebec. Interestingly, a review of the expected number of residents graduating 2010 to 2013 was presented and the number of graduates remains between 110 and 120 pr annum. ACUDA is very supportive of the CAS initiative and will be actively participating in the development of the data collection fields as a collaborative effort.

4. ACUDA CEPD Committee Chair, Dr. François Donati, highlighted the Committee's action plan to have the list of CEPD activities taking place at each University Department linked to the CAS website for all members of the Society. This will permit all members of the Society to access CEPD activities taking place throughout our country via one centralized information site.
5. Having previously passed a motion endorsing the implementation of the Canadian Patient Safety Institute's Surgical Safety Checklist, the ACUDA Management Committee encouraged the ACUDA Research Committee to undertake an impact study to assess the effects of the implementation of the Surgical Safety Checklist (i.e. mortality/morbidity). ACUDA will also provide seed money towards this initiative while awaiting the results of an application for external funding from CIHR.
6. ACUDA and the CAS Board are very much aligned with a vision of ensuring that Anesthesia Assistants have a very tightly controlled and well-defined intraoperative role. To ensure continuity of this ongoing process, the immediate past Present of ACUDA (Dr Yang) has agreed to continue to represent ACUDA and work jointly with our Society on the Anesthesia Assistants Task Force, together with CSRT, NARTRB, CNA and NAPANc.

7. Dr Rick Hall (Dalhousie University) has embarked on an exciting initiative to create a Canadian Perioperative Anesthesiology Clinical Trial group. This would provide an opportunity to bring together Canadian Anesthesiologist Researchers in a similar manner as has been done in Critical Care with the Canadian Critical Care Trials network. The identified need results from 1) the lack of presence at CIHR and 2) the recognition that single centres are too small to produce significant outcomes from single-centre Randomized Controlled Clinical Trials.

The goal is to produce standards, protocols and guidelines based on curiosity-based (not industry-based) “Canadian” multi-centred research. The current action plan involves contacting researchers across Canada to establish a Steering Committee. The Steering Committee’s goal is to support a “Canadian” researcher with an idea by a proposed process which includes study development followed by a pilot study then submission to major funding agencies for support. The ACUDA Management Committee unanimously supports this multi-centered clinical trial initiative and each University Department Head agreed to fund at

least one faculty member to attend an initial meeting planned for June 25 at the CAS meeting in Montreal.

8. A Fellowship Fair for residents has been organized at the upcoming CAS meeting in Montreal. There will be representation from 10 of the Canadian University Departments of Anesthesia currently offering subspecialty Fellowships.
9. The plenary session of the 2010 ACUDA AGM will have a focus on Medical Simulation. It will include presentations discussing the impact and role of our members involved in Medical Simulation as a learning tool integrated in UGME, PGME and potentially CEPD.
10. The ACUDA website: (http://www.cas.ca/members/related_organizations/ACUDA/en/membership.html) is now operational and is being continuously updated.



Report of the Canadian Anesthesiologists' Society International Education Fund (CAS IEF)

Franco Carli, MD, MPhil, FRCA, FRCPC Chair

The CAS IEF Board at the June meeting has increased its membership with the newest members of the Board, Dr Patricia Livingston from Halifax, Dr Joel Parlow from Queens', and Dr Genevieve McKinnon, replacing Dr Janius Tsang as the representative of the Resident Section of the CAS. The Board approved also to extend the membership to Ms Krista Brecht, Clinical Nurse Specialist in Pain as a corresponding member. Ms Brecht is going to provide expertise on pain management, and a link with the Canadian Pain Society and the Louise and Alan Edwards Foundation.

CAS IEF mission in Rwanda

a. Postgraduate anesthesia training

The Rwanda Mission continues to be successful. In 2009 9 staff volunteers (8 Canadian, 1 American), 4 residents of Canadian anesthesia residency programs and 1 biomedical technician spent a total of 9 months in Rwanda. This educational endeavour is very popular amongst Canadian anesthesiologists, with many volunteers already booked to cover most of 2010 and 2011. Many Canadian residents are interested in the mission and have requested to participate. This is regarded as a positive step for building future humanitarian missions.

The residency training in Rwanda continues to be the main program of CAS IEF, and is highly regarded and praised by the government of Rwanda as an excellent model of sustainability and capacity building. Dr Theogene was appointed director of the anesthesia program and Dr Jean Nepo assistant director in 2008 with the task of supervising the program, maintaining a strong liaison with the volunteers and coordinating the teaching program on site in order to maximize efficiency and expertise of the volunteers. In 2009 there were 9 Rwandan residents in the postgraduate program with the first 2 graduating in 2010. In April Dr Theogene spent 3 months in Canada shadowing the program directors of McGill and Dalhousie, and becoming familiar with the educational aspects of the residency program. During his stay, he met many residents, attended many educational meetings and seminars and spoke to the residents at the CAS resident meeting in Vancouver.

On another note the Anesthesia International Health office at Dalhousie, under the leadership of the Chairman Professor Mike Murphy and Dr Patricia Livingston, is working closely with CAS IEF to bring two 4th year Rwandan residents, Drs Paulin and Bona, to Halifax where they will be spending 6 months of their residency program. This initiative will provide the Rwandan resident exposure to a greater variety of anesthesia and surgical practice.

b. Pain management

Teaching pain management is another aspect of the CAS IEF mission in Rwanda, and, thanks to a donation from the Louise and Alan Edwards Pain Foundation in Montreal, Canadian Pain nurses have spent some months teaching pain management in Kigali and Butare. Plans are underway to bring a Rwandan nurse to Canada for a period of 3 months during which she will be engaged in educational and clinical activities related to pain management. Hopefully, this approach will facilitate the work of our volunteer pain nurses so that we work towards capacity building and set up on site a group of Rwandan nurses engaged in various aspects of acute, chronic, cancer adult and pediatric pain.

CAS IEF mission in Palestine

Through the auspices of an ASA member who has volunteered repeatedly in the Rwanda program, an invitation was sent to CAS IEF to develop a program of assistance in Palestine in order to enhance and support the current residency training program in anesthesia. In July, Drs F Carli, A Enright and H Sami of Chicago spent 5 days in East Jerusalem and the West Bank. Their conclusion was that help for the anesthesiologists could be on two levels:

1. Assistance from the WFSA with continuing medical education via its Education Committee.
2. Assistance with the training of residents under the direction of the WFSA while the didactic structure can be prepared by CAS IEF. Intense discussions have been undertaken at the level of WFSA and CAS. Both WFSA and CAS at their Board meetings in the fall have approved the new

mission and requested CAS IEF to provide the necessary educational assistance. The volunteers will be chosen by the WFSA and the educational structure and the curriculum provided by the CAS IEF. Dr Brendan Finucane has volunteered to be the Program director. A Memorandum of Understanding will be signed in the spring of 2010, and the first volunteers will start after January 2011. Funding for the expenses incurred by the volunteers will be provided by the WFSA.

Other CAS IEF activities

1. Canadian course on Anesthesia for Challenging Environments

The Canadian course on Anesthesia for Challenging Environments organized by the Dalhousie University Department of Anesthesia and the CAS IEF, and held for the second time in Halifax, May 23-26, 2009, was well attended. Again, the comments received were very positive. It is felt that this course could attract the interest of our American colleagues, and efforts are now made to advertise south of the border. We will continue to invite speakers from Europe and Australia to help out with the course. We are all grateful to Dr Tom Coonan who dedicates a great deal of time to make sure the course is a success.

2. CAS IEF Dinner

The CAS IEF dinner on Sunday June 28th evening was very well attended. Our guest speaker was Dr Tarek Razek, Chairman of the Canadian Network for International Surgery who spoke on "Surgery Saves Lives".

3. *CAS IEF and Nepal*

We continued to support Nepal and the SACA meeting which it was hosted in Spring 2009.

4. *CAS IEF support for Mr Damascene*

CAS IEF has supported Mr Damascene, a anesthesia nurse working in Kigali to attend a course on administration and management in Congo.

5. *CAS IEF and the All Africa Anesthesia Meeting in Nairobi.*

In the fall Of 2009, CAS IEF supported 3 anesthesiologists staff and residents and 2 nurse anesthetists to present their research.

Dr Theogene received the award for the best poster.

6. *Donation of books to CAS IEF for Rwanda*

A Christian group in the USA has donated \$10,000 to purchase books for Rwanda.

Report of the Canadian Research Foundation (CARF)

Doreen Yee, MD, FRCPC, MBA
Chair

The CARF endowment has tolerated the rocky financial times relatively well because of its Investment Policy Statement. It has been recovering from its all time low in March 2009 steadily. The Awards program however, has suffered from multiple industry partners pulling their support for many business related reasons. While 12, 13 and 14 Research Grants were awarded annually during the years 2006 – 2008, only 10 grants were awarded in 2009. The total dollar value also dropped by more than half, from \$450,000 to \$305,000. Some of the awards have been maintained from direct CARF support, as well as continued support from the Sections for the Subspecialty awards.

Donations have enabled CARF to sustain some of the lost awards. In better times, interest from the endowment would be sufficient to cover this, but not for the last few years. There are a number of loyal industry partners who have continued their support through this time, and CARF is grateful to them. The Society has also committed its support on an annual basis.

The CARF Hockey tournament raised \$10,000 at the Vancouver meeting last year,

largely from corporate donations. Also, a large donation from an industry partner, who was no longer able to continue an annual named award, was also received. Some of the provincial sections have pledged their annual support. The most challenging uphill battle is still the actual CAS membership. Less than 12% of the membership made a donation to CARF in 2009 (down from 16% in 2005). New Brunswick, British Columbia and Ontario lead the country in the highest average donation amount, while New Brunswick, Nova Scotia and Northwest Territories have the highest percentage of members that donate.



Royal College of Physicians and Surgeons of Canada Specialty Committee in Anesthesiology

Josée Lavoie, MD, FRCPC
Chair

During the past year the Specialty Committee in Anesthesiology has been busy reviewing and editing various documents such as the pre-survey questionnaire, the Specific Training Requisites (STR) and the Objectives of Training documents. The revised pre-survey questionnaire document was approved by the committee and was sent to the Education Standards Unit for approval and final draft. The members of ACUDA approved and contributed to the changes in the STR document whereby equivalencies for month-long rotations in 4-week blocks were introduced.

Examination

The examination format for 2010 will be similar to the 2009 version. The site of examination is being moved to the Cité Collégiale (Ottawa) this year. This year, the board will be introducing the first so-called simulation questions. Questions will be posed using Power Point videos which will ask a candidate what the next steps in a given scenario would be. Anesthesiology is a specialty that is at the forefront of medical simulation and the Specialty Committee acknowledges the importance of simulation in education and certification.

New categories of recognition

The Office of Education has presented information to the Committee on Specialties regarding the proposed new categories of recognition (Foundation programs, Diploma Programs and Special Interest Groups of Medical Activity). The Office is proceeding with a communication and consultation plan to explore possible mechanisms for the accreditation of programs and assessment of residents and review and update the criteria for primary and subspecialty recognition. The Committee on Specialties also voted to delay further consideration of any new applications for recognition until a vote is made regarding the Diploma proposal. However, current applications, such as for Pain Medicine will be followed through.

Pain Medicine

The Part II application for subspecialty recognition of Pain Medicine was voted to proceed. It was discussed and approved at the April 2010 meeting of the Committee on Specialties. The application will now be brought forth to the Education Committee's Fall meeting. As Pain Medicine will become a subspecialty of Anesthesia, it will be important to anticipate repercussions at the National Specialty level. Adjustments in the structure of the CAS may be required in order to accommodate Pain Medicine specialists from other specialties.



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