



CANADIAN ANESTHESIOLOGISTS' SOCIETY

Annual Report

2012

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REPORT OF THE PRESIDENT

Dr Patricia Houston, FRCPC

It has been my pleasure to work in a leadership role for the CAS over the past year with the support of the CAS executive members: Dr Susan O'Leary, Dr Sal Spadafora, Dr Douglas DuVal and Dr Rick Chisholm. We have been able to move forward several important initiatives for the Society and its members over the past year.

We have entered into a formal partnership with the Canadian Patient Safety Institute (CPSI) and will use this collaboration to seek opportunities to become engaged in research and education activities to improve the safety of anesthesia for our patients and the well-being of our members. The inaugural Dr John Wade CPSI Patient Safety Symposium will be held at the Calgary CAS Annual Meeting in June.

This year, the CAS has embarked upon two priority initiatives: the renewal of the Annual Meeting and the development of a Canadian Anesthesia Event Tracking System and possible database. Two working groups have been struck to further this work: an Annual Meeting Working Group co-chaired by Dr Susan O'Leary and Dr Daniel Bainbridge, and a Patient Registry Working Group chaired by Dr Daniel Chartrand. Both groups will be seeking members to sit on these working groups and widespread feedback from the membership to ensure that we have input and support from our stakeholders.

A formal needs assessment of the CAS membership has been undertaken so that we can identify the priorities of the members and better understand their vision as to how the CAS can support their goals. This will be used to both inform the working groups and to develop a strategic roadmap for our next several years.

Dr Donald Miller nears the end of his second term as the Editor-in-Chief of the *Canadian Journal of Anesthesiology*, effective December 2013. Don has done an amazing job in moving the *Journal* forward with improved scientific content and ease of electronic accessibility, an increased offering of CEPD modules and an engaged and productive editorial board that he has developed into a highly functioning team. A national search has been commenced and a new Editor-in-Chief will be in place by the fall of 2013 in order to ensure a stable transfer of responsibilities in this very important role for the Society. The financial success of the *Journal* has allowed the creation of a new CAS research award: The *Canadian Journal of Anesthesia Research Award*. This is an operating grant to fund a clinically-related research project in anesthesia, pain, perioperative medicine, critical care or any other anesthesia sub-specialty.

The CAS is a member of the Affiliate Advisory Council of SmartTots (Strategies for Mitigating Anesthesia-related Neurotoxicity in Tots). A consensus statement for practitioners to use when speaking with parents of children who require anesthesia will be released following the International Anesthesia Research Society (IARS) meeting in May 2013.

Dr Rick Chisholm has continued to champion the cause of drug shortages in Canada and internationally and although he was not successful in moving the federal government to legislate mandatory reporting of drug shortages, his campaign has significantly raised the awareness of both the federal and the provincial governments of this serious and widespread concern.

I would like to thank the office staff under the leadership of Executive Director, Mr Stan Mandarich, for their unfailing commitment to the Society and the CAS members for their support of the Society and its mandate.



REPORT OF THE TREASURER

Dr Douglas B DuVal, FRCPC

On a budget of approximately \$3.8 million, the auditor's Statement of Operations of the Canadian Anesthesiologists' Society (CAS) for the year ended December 31, 2012 records an excess of revenue over expenses of just over \$65,000. Overall, both income and expenses were lower than budgeted, and this will be elaborated on, below. The combined revenues and expenses of the Society are operationally divided into three budgeted components, specifically the Canadian Anesthesiologists' Society Administration, the *Canadian Journal of Anesthesia* and the CAS Annual Meeting.

The major source of income to the Canadian Anesthesiologists' Society Administration is membership revenues, which were increased modestly over 2011. Expenses consist of human resources and administration, office rent/operational costs, and committee support, all of which were under budget, and generally matched 2011 expenses quite closely. With the addition of a small amount of investment income, the CAS Administration was reported to have an excess of revenue over expenses of just over \$70,000.

The *Canadian Journal of Anesthesia* (CJA) derives the bulk of its revenue from royalties, and its expenses include human resources, administration and support to the editorial board. The Society is responsible for CJA content, while publishing and distribution are outsourced to Springer. The CAS has come to regard the CJA as a significant source of revenue, and budgets accordingly. In 2012, the CJA posted a higher than budgeted excess of revenue over expenses of almost \$440,000.

The CAS Annual Meeting is regarded as a membership benefit, rather than as a source of revenue, and this event is customarily planned and budgeted in anticipation of a deficit. The aim is to produce a high quality social and educational experience, without the expectation of full cost recovery. For 2012, Annual Meeting expenditures were budgeted at almost \$1.8 million, and there can be significant budgetary challenges for this event. Annual meeting revenues were significantly lower than budgeted, due primarily to a higher than anticipated proportion of "daily" registrations relative to "Full Meeting" registrations, and also due to fewer commercial exhibits. On the expense side, the CAS supported a number of new initiatives at the Annual Meeting, such as an expanded use of iClickers to improve the educational experience of delegates, and yet, overall expenses did come in under budget. Despite expense control, the Annual Meeting recorded a deficiency of revenue over expenses of approximately \$400,000, versus that budgeted of \$271,000. There was an additional Annual Meeting "prior year adjustment" of roughly \$45,000 accounted for in 2012, yielding a total deficiency of revenue over expenses of approximately \$445,000.

As noted in the opening paragraph of this report, the aggregate Statement of Operations combining Canadian Anesthesiologists' Society Administration, *Canadian Journal of Anesthesia* and Canadian Anesthesiologists' Society Annual Meeting reports a modest surplus of approximately \$65,000.

It is an honour to serve the Canadian Anesthesiologists' Society as Treasurer. I am grateful for the expertise and counsel of our Executive Director, Mr Stanley Mandarich, and the CAS office staff, and for the privilege of working with a dedicated Board of Directors and our esteemed Society executive, Drs Houston, O'Leary and Spadafora.



REPORT OF THE EDITOR-IN-CHIEF

CANADIAN JOURNAL OF ANESTHESIA

Dr Donald R Miller, FRCPC

Overview

The *Canadian Journal of Anesthesia* is owned by the Canadian Anesthesiologists' Society, and is published by Springer Science & Business Media, LLM (New York). The content of the *Journal* is driven by the mission statement: "Excellence in research and knowledge translation related to the clinical practice of anesthesia, pain management, perioperative medicine and critical care." Articles are received in either English or French, and articles accepted for publication appear in the language of submission. All articles are peer reviewed, and published articles appear both in print and online. The publishing model continues to be subscription-based, although authors are able to pay a fee to retain copyright of individual articles, under the Creative Commons Licence and the publisher's Open Choice™ program.

The international exposure and reach of the *Journal* remains very stable. In regards to the readership and the number of authors submitting articles, in 2012, the *Journal* received 669 article submissions from authors in 52 different countries. Two hundred and sixteen articles were published in 12 monthly issues (Can J Anesth 2012; Volume 59) representing 1,164 editorial pages. Article types included invited editorials, reports of original investigations (clinical and basic sciences articles), case reports/case series, review articles, systematic reviews, continuing professional development (CPD) modules and letters to the editor. The content of articles, according to the mission statement, spanned the fields of anesthesia, acute and chronic pain, perioperative medicine and critical care. In addition, the *Journal* published the Canadian Anesthesiologists' Society Guidelines to the Practice of Anesthesia – 2012 Edition. The February 2012 issue of the *Journal* was a special theme issue devoted to a series of important review articles from international experts, on the subject of Education in Anesthesiology.

Canadian Journal of Anesthesia Journal Citation Reports Rank by IF: Anesthesiology

The one-year journal Impact Factor (IF), which is an independent measure of mean journal citation frequency, remains stable (2009 IF = 2.306; 2010 IF = 2.18, 2011 IF = 2.346; 2012 IF unavailable at the time of this report).

CJA Rankings compared to other anesthesia journals:

- 2011: 10 out of 28 Journals (36%)
- 2010: 13 out of 26 Journals (50%)
- 2009: 10 out of 25 Journals (40%)
- 2008: 10 out of 22 Journals (45%)
- 2007: 9 out of 22 Journals (41%)

CJA Indexing

The *CJA* is currently indexed in: Science Citation Index, Science Citation Index Expanded (SciSearch), Journal Citation Reports/Science Edition, PubMed/Medline, SCOPUS, EMBASE, Google Scholar, Biological Abstracts, BIOSIS, CINAHL, Current Contents/ Life Sciences, Current Contents/Clinical Medicine, EMCare, Mosby yearbooks, OCLC, PASCAL, SCImago, Summon by Serial Solutions.

Editorial Content

The editors remain highly selective in regards to choosing which articles are published according to their novelty, scientific merit and overall importance. The *Journal* published 12 issues in 2012, with the same number of issues planned for 2013. Each issue apart from the February theme issue contains, on average, two to three editorials, four to six reports of original investigations, one report of a laboratory investigation, in addition to review articles, special articles, continuing professional development (CPD) modules, perioperative cardiovascular rounds, book reports and correspondence items. Looking ahead, the *Journal* will continue to publish updates of the CAS Guidelines to the Practice of Anesthesia in January each year, in addition to special "theme issues" every February.

Citation Alert for *Journal* Authors and eTOC Alerts for Readers

Working through our *CJA*/Springer partnership with CrossRef.org, corresponding authors are now alerted automatically as soon as their paper is cited in another journal. Authors may also use their "My Springer" account and opt to receive weekly, monthly or annual alerts listing all citations in one email. The Citation Alert further enhances the *CJA* automated, yet personalized, email communication.

Subscribers who sign up for the program and all members of the Canadian Anesthesiologists' Society now receive electronic table of contents (eTOC) alerts monthly. As of March 2013, Springer has 1,207 individuals receiving *CJA* eTOC alerts. This service has received very positive feedback.

New and Optimized SpringerLink Platform

The platform SpringerLink (link.springer.com) was re-engineered with a focus on improving the user experience based on three principles: speed, simplicity, and optimization. After more than 18 months of development, SpringerLink has received a total makeover that will change the way Springer brings its content to students, researchers and librarians. While its back-end construction and clean design are dramatically improved, the real headline is the way content is found and used. According to our publisher, "the platform promises to set a new standard in the industry."

New Open Access Policy

There is a new Open Access (OA) policy of Research Councils UK and Wellcome Trust, effective April 1, 2013. They recommend the Gold OA policy (publication paid for via APC). The government, Wellcome Trust and RCUK have made and will make gold OA funds available. Both funders insist that open access articles are published under the Creative Commons Attribution (CC BY) license. Springer and *CJA* are fully compliant.

Usage

The *Journal* continues to be accessed by an ever-increasing number of users. The number of full text article requests increased dramatically from 243,981 in 2009 to 402,928 in 2010, then to 574,963 and 526,328 full text article requests in 2011 and 2012, respectively. In terms of full-text article request by geography, 10% of requests originated from Canada in 2011, in comparison to 31% of requests originating from the United States. Twenty per cent of requests now come from Asia-Pacific countries, 26% from Europe, and 9% from elsewhere. These data reflect the observation that the *Journal* is truly international in scope.

Production

There were 203 articles published in 2012 as compared to the 212 articles in 2011. The *Journal* continues to achieve a more rapid turnaround time to publication. The average production time between receipt at Springer and online first publication decreased from 31 days in 2009, compared to 21.7 days in 2011, 20.8 days in 2012 and 17.6 days in 2013 (YTD).

Continuing Professional Development Modules

Four Continuing Professional Development modules were published in 2012, the same as in 2010 and 2011, for a total of 23 since the inception of the program in 2005. Readers may get 12 credits of Section 3 Royal College credits by completing the case scenario and associated multiple choice questions accessible on a web platform hosted at Université de Montréal. The CPD modules are published in both English and French. In 2012, 883 certificates for CPD module credits were delivered. Authors have been approached to contribute and the same rate of production is currently planned to continue well into 2014. In 2012, the Society selected Knowledge Direct, a private firm involved in web-based education, to develop an improved platform for the CPD modules. Transitioning to the new system is expected to be completed in 2013.

Focus on Faster Editorial Peer Review and Rapid Publication

Authors submitting articles to the *Journal* have naturally come to expect rapid turn-around 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 three weeks. 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 feature for the *Journal* is our capacity with Springer to publish each article online within four to six weeks after acceptance of the final version, and up to eight weeks ahead of the printed version (*publication lag time*).

There is a Journal Author Satisfaction Program, set up to optimize the journal publishing process from the authors' perspective. Fifty-two authors have responded to the CJA online questionnaire as of May, 2013. Authors rank the following three metrics to be most important when deciding to submit a manuscript to a particular journal: 1) quality of peer review; 2) the journal's reputation; and 3) speed of publication. Amongst respondents, 69% report being "very satisfied" regarding the overall publication process with the CJA; overall, 84% are either very satisfied or satisfied.

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 colour images, simulations, and additional electronic supplementary material (ESM) to be posted online, for dynamic article types such as the Perioperative Cardiovascular Rounds section.

Article Retractions 2012

Cases of isolated and serial scientific and ethical misconduct continue to be identified in the anesthesia literature. The procedures to review suspected scientific misconduct, and actions required by the Editor-in-Chief and the publisher, involve a long and difficult process. Based on the findings of investigating bodies at six universities in Japan, in response to a joint request for determination of the editors of 16 journals, a Retraction Notice was posted on the *Journal's* website on September 8, 2012 stating that further to the Expression of Concern posted online on March 13, 2012, 17 articles written by Dr Yoshitaka Fujii were retracted as a result of:

- 1) overwhelming evidence of fabrication relating to the fact that the distributions of many variables reported by Dr Fujii in these studies are exceedingly unlikely; and
- 2) the inability of Dr Fujii's institutions to attest to the integrity of the studies and/or the data conducted under their auspices, as set out in the Joint Editors-in-Chief Request for Determination of April 9, 2012.

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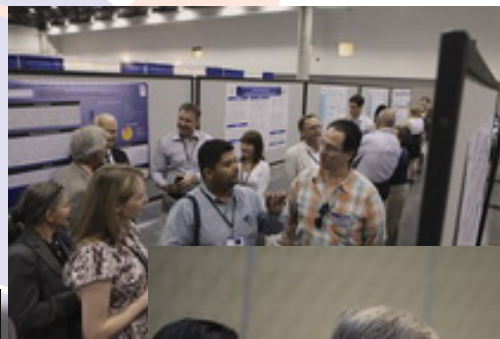
The notice also explains that the University of Tsukuba has affirmed the validity of three articles published in the *Journal* that were written by Dr S Takahashi and co-authored by Dr Fujii. In addition, Tokyo Medical and Dental University affirmed the legitimacy of two other articles published in the *Journal*; one article was written by Dr T Ebata and the other by Dr Y Saitoh; both articles were co-authored by Dr Fujii. The above five articles shall remain part of the unimpeached medical literature. In December 2012, 16 additional articles were retracted based upon the results of the investigation at the University of Tsukuba, resulting in a total of 33 article retractions in 2012. This is an unprecedented number of retractions that is highly unlikely to occur again.

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

The *Journal* has a Conflict of Interest and Publishing Integrity Policy Statement. The principles of this document conform to the general principles for integrity of scientific publishing of the international Committee on Publication Ethics (COPE), of which the *Journal* is a member. The *Journal's* Instructions for Authors include important statements on editorial policy related to rules of authorship, originality, and requirements of ethical conduct of research.

Conclusions

Despite the challenges of ethical and scientific misconduct that have been identified across a number of journals including the *CJA*, by all other measures, 2012 was another very successful year for the *Journal*. The *Journal's* editorial team remains steadfast in our ongoing commitment to ensure integrity of the scientific record, enhancing the quality of editorial peer review, and making the *Canadian Journal of Anesthesia* increasingly informative and relevant to our readership.



COMMITTEE REPORTS

ANNUAL MEETING

Dr Daniel Bainbridge, FRCPC — Chair

2012 Annual Meeting

The Annual Meeting Committee worked diligently to organize the 2012 CAS Annual Meeting in Quebec City. Hard work put in by the Section Chairs, the Annual Meeting Committee members, along with the Local Arrangements Committee, and the team at Congress Canada combined to make the meeting a big success.

Registration

A total of 977 delegates registered for the 2012 Annual Meeting, with a total meeting attendance of 1,362 (including attending partners and exhibitors). This is down slightly from the previous year.

Daily Slate

This was the first year for the “Daily Slate”, a one-page overview of the events which took place at the meeting. This was a well-received addition to the Annual Meeting and will continue next year.

AMC Meeting Review

In December, an Annual Meeting review was held with CAS members being invited to conduct a critical appraisal of the Annual Meeting, and to discuss steps necessary to make the Annual Meeting stronger. A mission statement was adopted and concrete suggestions along with timelines for implementation were formalized. These changes will be rolled out over the next several years. As always, we welcome feedback about the Annual Meeting.

President’s Dinner

While the food and entertainment at this year’s President’s Dinner were exceptional, the event had a lower than anticipated attendance likely owing to having the event on the last day of the conference. Plans are underway to move the dinner to Saturday for the 2013 meeting.

Evaluations

As always, evaluations and topic suggestions are very important to the success of the Annual Meeting. Overall, feedback was positive although sessions continue to run overtime with insufficient

time for discussion at the end of each session. This will hopefully be addressed by the use of timers at next year’s meeting.

ARCHIVES AND ARTIFACTS

Dr Brendan Finucane – Chair

The Archives and Artifacts Committee met twice during calendar year 2012. The first meeting was a teleconference held on February 27, 2012 and the second meeting was a face-to-face meeting at the Annual Meeting in Quebec City on June 16.

We now have a full complement of members on the Committee with representation from all regions of Canada and we also have Resident representation and ex-officio members.

The Committee organized a symposium for the Annual Meeting in 2012 and this was the first such symposium organized by the Committee and entitled “Remembering the Past – History of Anesthesia in Canada”. We had four speakers and a good attendance by the membership. Three of the four presentations were subsequently published in *Anesthesia News*, the CAS newsletter. We are planning a similar symposium to be presented at the annual meeting in Calgary in 2013.

The major issue that we have been grappling with for years is finding a suitable location for our collection of artifacts, which is now a sizeable collection. In order to properly care for these valuable items, we are negotiating with two museums to accept our collection. The museums that are interested in our collection are the Museum of Health Care in Kingston and the Canada Science and Technology Museum in Ottawa. The Wood Library Museum was also very interested in our collection but the Committee was of the opinion that the collection should remain in Canada. We hope to find a suitable home for some of our artifacts in the next few months.

We also addressed what to do with our huge collection of archival documents that has accumulated over many years. We are committed to finding a suitable location for these documents instead of just storing them ad infinitum at Iron Mountain at great cost to the organization. This will be a more difficult task and will have a longer time line.

The Committee has established terms of reference for the selection of additional names to be added to the list of Important Contributors to Canadian Anesthesia to those already published on the CAS website. At this time, only four important contributors are listed on the website and we intend to expand this list in the very near future.

The Committee is also attempting to add to the chronology of events by documenting important moments in the history of the CAS. The last entry to that chronology occurred in 1993.

In summary, the Committee addressed some important archival issues facing the Society and is pleased to report that some definite progress has been made this past year.

ETHICS

Dr Richard Hall, FRCPC – Chair

It gives me great pleasure to report to the Board on the activities of the Ethics Committee for 2012–2013.

Since our last annual report, the Ethics Committee notes that Code of Conduct for Sponsors at the Canadian Anesthesiologists' Society's Annual Meeting has been approved.

Drs McKnight and Hall have authored an article on the ethical approach to rationing in times of scarce resources, which appeared in the Fall issue of the CAS newsletter.

Under the leadership of Dr Robin Cox, we have participated in the development of an ethics session for the 2013 Annual Meeting.

We have provided commentary to the Board on the proposed CMA policy on life sustaining therapies.

Dr Robin Cox will be leaving the Committee after more than six years of service, including development of the document on the Healthy Anesthesiologist. I wish to publicly thank him for his advice and service while on the Committee.

MEDICAL ECONOMICS

Dr James Kim, FRCPC – Co-Chair

Dr Douglas DuVal, FRCPC – Co-Chair

The CAS Medical Economics Committee met on June 16, 2012 in Quebec City, in conjunction with the Annual Meeting of the CAS. Eight provinces

were represented. Results were reported and discussed from the 2012 Economics Survey, and information was exchanged regarding the status of general economic climate, health funding, physician compensation and anesthesia fee schedules within the various CAS provincial Divisions.

The 2012 CAS Medical Economics Survey is a fairly detailed and wide-ranging questionnaire, which attempts to describe and quantify many aspects of anesthesiologist compensation within each provincial Division in order to enable comparisons that economics representatives in each Division may find useful. The specific elements addressed include prevalence of various payment models (Alternate Funding Plans, publicly-funded Fee For Service (FFS), sessional, private, "retainers"/Guaranteed Daily Income, etc.), on-call pay and after-hours payment premiums, modifiers which enhance the anesthetic fee payable for specified patient characteristics or anesthetic interventions, financial compensation for teaching and administration, and other remuneration not directly related to patient care, such as reimbursements for Continuing Medical Education and CMPA, retention benefits, paid parental leave, RRSP contributions, health, dental, life and disability benefits, rural bonuses and funding for faculty development.

In 2012, the CAS Medical Economics Survey was virtually a duplication of the 2011 Survey, the results of which were overviewed in the Report of the Medical Economics Committee in the 2011 CAS Annual Report, available at: https://cas.ca/Members/Page/Files/129_CAS_Annual%20Report_2011%20EN.pdf

Only four Divisions reported increases in their anesthetic fees in 2012 over 2011. This reflects the reality that in some provinces, multi-year physician compensation agreements which specified annual increments, have been supplanted by a climate of austerity in which negotiations have either "stalled" or have concluded with agreements which specify "freezes" in compensation for one or more years. The maximum reported one-year increase to anesthetic fees was 3.88%. Two Divisions reported increases in the percentage of anesthesiologists funded exclusively under Alternate Funding Plans and/or the compensation afforded under such plans.

MEMBERSHIP SERVICES

Dr Richard Bergstrom, FRCPC — Chair

The CAS Membership Services Committee promotes membership growth and advises the CAS Board of Directors on membership policies and practices. The Committee also reviews nominations for the Membership Honour Awards and recommends recipients to the CAS Board of Directors for the Gold Medal, Clinical Practitioner Award, Clinical Teacher Award and the John Bradley Young Educator Award as well as Emeritus membership in the Society.

CAS Membership Honour Awards 2012

The Committee reviewed all eligible nominations for the 2012 Membership Honour Awards. In considering the nominations, the Membership Services Committee conducted an electronic vote and recommended deserving recipients who were all approved by the CAS Board of Directors.



By the end of 2012, plans were well underway for the 2013 award year. A new and fresh “In Search of Excellence” ad appeared in the September issue of the *Canadian Journal of Anesthesia*.

Recognition Event for Newly Certified Anesthesiologists

The Committee supported a Recognition Event for anesthesiologists certified over the last year; plans are under way to hold the first event during the 2013 Annual Meeting.

PATIENT SAFETY

Dr Daniel Chartrand, FRCPC – Chair

In 2012, the Patient Safety Committee interacted with Accreditation Canada, the Institute for Safe Medication Practices Canada (ISMP) and the Perioperative Safety Committee of the Canadian Standards Association (CSA). Furthermore, our long-standing partnership with the Canadian Patient Safety Institute (CPSI) has been renewed. The first initiative of this new CAS-CPSI partnership will be the “Dr John Wade - CPSI Patient Safety Symposium” in honour of Dr John Wade, anesthesiologist, “Patient Safety Champion”, and

first Chair of the CPSI Board. This symposium will take place annually during the CAS Annual Meeting and Dr Wade will be the first speaker of the inaugural symposium in June 2013.

The 2012 Patient Safety Symposium was entitled “Working and Learning as a Team to Improve Patient Safety”. Mark Daly (RRT and Patient Safety Officer, McGill University Health Centre), Dr Guy-Paul Gagné (Director of the MoreOB program in Quebec), and Dr Viren Naik (Director of the Ottawa Simulation Centre) made wonderful presentations. The 2012 Patient Safety Symposium was a big success.

In June 2012, following a recommendation of our Committee, the CAS Board has created an Anesthesia Registry Task Force to explore the possibility of creating a National Anesthesia Registry and Critical Incidents Reporting System. On December 1, the National Anesthesia Registry was one of the two main topics of the CAS Board retreat. More details about this project will be given at the 2013 Annual Meeting.

On October 4, we participated on the first ISMP “Expert Advisory Panel on Safe Labeling & Packaging” teleconference and, on November 6, we attended the first meeting of the “Operating Rooms and Surgical Services Standards Working Group” at Accreditation Canada’s offices (Ottawa). Finally, many safety alerts have been posted on the CAS website and links are provided for the Anesthesia Patient Safety Foundation (APSF) newsletter and the websites of the CPSI and ISMP Canada.

RESEARCH ADVISORY

Dr Neal Badner, FRCPC – Chair

The Research Advisory Committee adjudicates the competitions under the CAS Research Program and reviews nominations for the CAS Research Recognition Award, and recommends recipients to the CAS Board of Directors.

In 2012, the CAS Research Operating Grants and Residents’ Award program provided \$157,500 for seven awards and grants recipients.

This funding was made possible through generous donations from individuals and groups to the Canadian Anesthesia Research Foundation (CARF) and through support from our corporate sponsors, Abbott Laboratories Ltd., Baxter Corporation, Bayer, Fresenius Kabi Canada, and LMA-Vitaid Ltd., as well as the support of the CAS Neuroanesthesia

Section. We are pleased that Abbott/Abbvie, Baxter, Fresenius Kabi and LMA-Teleflex have continued their support for the 2013 awards.

This funding supported seven operating grants of which three were offered as open awards to new investigators and two targeted grants to established investigators for neuroanesthesia and cardiovascular anesthesia studies. With the CAS/LMA-Vitaid Residents' Research Grant, we were also able to offer operating grant support for individuals in their Residency training.

In 2012, we received 31 high-quality applications for these awards. Each application was reviewed by three Committee members. Members of the Research Grant Standing Sub-Committee then reviewed all applications and discussed them at the adjudication meeting before recommending deserving recipients for each of the awards. It is due to the commitment of these Committee members that we were able to discern which proposals were worthy of our funding.

SCIENTIFIC AFFAIRS SUB-COMMITTEE

Dr Robin Cox, FRCPC – Chair

Abstract Submissions for the 2013 Annual Meeting

The breakdown of submissions was as follows:

CATEGORY	TOTAL	ACCEPTED	REMOVED
Abstracts	90	84	6
Case Reports	27	23	4
Residents	33	30	3
Technical Booths	1	1	0
TOTAL	151	138	13

COUNTRY	Submissions
Canada	135
China/Hong Kong	4
India	1
Japan	2
Korea	4
Saudi Arabia	1
Taiwan	1
USA	3
TOTAL	151

FUNDING	TOTAL	ACCEPTED	REMOVED
None	120	110	10
CARF	3	3	0
Other Funding	28	25	3
TOTAL	151	138	13

Compared with 2012, there were significantly fewer submissions to the Annual Meeting. The distribution of abstracts, case reports, and Resident submissions remained much the same. Thirteen submissions were rejected, seven of which were for lack of proper blinding or ethical review. A further six were rejected on the basis of low scores from the reviewers. This year will see the piloting of an electronic display for some of the sessions. A category of "Technical Booth" was included this year, with one submission; this had to qualify for acceptance by the same criteria as other submissions, including scoring by our reviewers. As in previous years, there may be fewer abstracts at the Meeting than those accepted due to a failure of the author to register and pay for the registration fees.

STANDARDS

Dr Richard N Merchant, 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 "CAS Guidelines to the Practice of Anesthesia (Revised Edition 2013)" were published for the fourth consecutive year as a document within the pages of the *Canadian Journal of Anesthesia* in the January 2013 issue: this continues to serve to enhance the availability of the Guidelines to our members and others. The document is also available to the public via the CAS website.

The changes to the Guidelines accepted for 2013 incorporated a number of modifications as listed below:

1. Anesthetic Equipment and Anesthetizing Location: to modify the wording associated with agent-specific vaporizer filling systems to ensure filling with the correct agent.
2. The Pre-anesthetic Period (preoperative testing recommendations) to remove "age" and

“hypertension” as specific indications for EKG testing.

3. Certain numerical stages of the Ramsay Sedation Scale: some minor changes to provide consistency in the use of levels of ‘lighter’ and ‘deeper’ sedation.
4. To extend the use of respiratory monitoring: respiratory monitoring should be considered in non-OR locations (PACU and elsewhere) for sedated patients and those at risk of respiratory depression.
5. To consider monitoring for minor cases with minimal sedation: during procedural sedation for minimal procedures in selected healthy patients, the essential information provided by an EKG may be suitably provided by the pulse oximeter.

Involvement with the continuing development of Canadian and international standards through the Canadian Standards Association and the International Standards Organization has been continued with service provided. Other recurring issues remain of concern, as noted last year: 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. 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.

WEB SERVICES

Dr Salvatore Spadafora, FRCPC – Interim Chair

The CAS Web Services Committee held its inaugural meeting at the 2012 Annual Meeting. We thank those members who participated at the meeting and our current committee members for their input. We continue to seek member input on what features and content they would like on the website.

Social Media

CAS now has created accounts at two social media sites: Twitter and Facebook.

Facebook

Currently at 40 likes, the page will be used to communicate with members socially using photos and multimedia updates.

Twitter: <http://www.twitter.com/CASupdate>

Twitter is being used to alert followers of what’s new on the CAS website. We are currently at 120 followers.

Website

The content management system for the website was upgraded in compliance with the *Disability Act*. This upgrade included font size changes, keyboard (mouseless control) and a dynamically generated site map.

Website Statistics

Statistics from the website are as follows:

- Over 2012, the site recorded 88,792 visits, of which 46,851 were unique (or first-time visitors)
- Approximately 60,000 of those visits were from Canada
- Average time spent on the site was 1 minute and 12 seconds

The top 10 pages included:

- Annual Meeting page
- Side effects of anesthesia page
- Member portal
- *Canadian Journal of Anesthesia*
- Guidelines
- Upcoming meetings
- Annual Meeting schedules



Section Reports

AMBULATORY

Dr Jean Wong, FRCPC – Chair

In 2012, the Ambulatory Anesthesia Section of the CAS presented an interesting and diverse program at the CAS Annual Meeting in Quebec City, Quebec. The Symposium: "Sleep Breathing Disorders" featured the following speakers: Dr Peter Choi from Vancouver, BC; Dr Jean Wong from Toronto, ON; Dr Frances Chung from Toronto, ON; and Dr Karen Brown from Montreal, QC. The practice of Canadian anesthesiologists was compared to recommendations of clinical practice guidelines for OSA. The clinical features of Obesity Hypoventilation Syndrome (OHS), and how to screen for and manage OHS, were discussed. The perioperative management of OSA in adults and children was discussed. The refresher course: "Canadian Smoking Cessation Guidelines" was presented by Dr Peter Selby from Toronto, ON. He also presented the Case Discussion "Preoperative Smoking Cessation – Why and How to Counsel Patients: Motivating Behavior Change", which included helpful practical tips and role-playing.

The Ambulatory Breakfast session: "If Looks Could Kill – Anesthesia for Cosmetic Surgery" was given by Dr Ian McConachie from London, ON. The case discussion: "Post-PCI Patient and Ambulatory Surgery - Are Experts' Opinions Still Good Enough?" was presented by Dr Marcin Wasowicz from Toronto, ON. The significance of current guidelines for perioperative management for patients who received intracoronary stents prior to non-cardiac day surgery was discussed.

CANADIAN PEDIATRIC ANESTHESIA SOCIETY (CPAS)

Dr Davinia Withington – President

Meetings

This was another busy year. As usual, the CPAS Scientific Committee organized five pediatric sessions plus posters at the CAS Annual Meeting. We were delighted to welcome Professor Adrian Bosenberg to Quebec City as our Pierre Limoges Lecturer. Professor Bosenberg also participated in our Pediatric Breakfast meeting on the theme of Safety in Pediatric Anesthesia.

This year marked the first award of our Pediatric Best Paper, which went to Dr Joy Sanders of BC Children's Hospital for her paper "Serum Level of Oral Morphine in Children". The award was presented at our September CPAS meeting, which was in Mahone Bay, Nova Scotia. This Friday – Sunday meeting was hosted by the Pediatric Anaesthesia Department of IWK Health Centre, Halifax and included sessions on use of technology in anesthesia and anesthesia for scoliosis repair across Canada. We also hosted Fellow presentations. At this meeting, we confirmed our plans to host a joint meeting of CPAS and APAGBI in Montreal in September 2014. This follows the highly successful joint meeting hosted by APAGBI in Glasgow in 2010.

The Pediatric Anesthesia Investigators' Network of Canada (PINC) is associated with CPAS. Discussion as to how best to promote pediatric anesthesia research led to plans to incorporate PINC Updates regularly into CPAS meetings and to offer the group space on our new website.

Our Executive welcomes three new members: Dr Clyde Matava becomes our Information Secretary, and Drs Natalie Buu and Sarah Stevens join us as Members-at-Large. Our Scientific Committee, chaired by Dr Dominic Cave, is looking for new members to assist in planning meetings from 2014 on.

Working Groups

At the Annual Meeting, two working groups were proposed. After a presentation and discussion of the newly revised Association of Pediatric Anesthetists of Great Britain and Ireland "Good Practice in Postoperative and Procedural Pain Management" Guideline, it was agreed that this was appropriate for adoption by CPAS but required modifications addressing differing availabilities of drugs and practice in Canada. A working group has been struck to review the guideline and prepare a Canadian addendum, which will be discussed with APAGBI before posting on our website. Secondly, CAS has asked for a pediatric section in our practice guidelines and a second working group is in the process of producing this document.

Website

Dr Clyde Matava has followed Dr Rob Seal, who has been our webmaster, and continues to host our

on-line forum, CPAS Digest. Our website has now been revised (<http://www.pediatricanesthesia.ca/>) and we encourage visitors who will currently find information on meetings. When the website is fully operational very shortly, we will have links to other worldwide pediatric anesthesia associations, history of our Society (with photos), podcasts and relevant guidelines as these become available.

CARDIOVASCULAR AND THORACIC (CVT)

Dr André Denault, FRCPC - Chair

Vice-Chair: Dr Hilary Grocott
Secretary/Treasurer: Dr Blaine Kent
Past President: Dr Richard Hall

The CVT Section once again had a very successful program at the CAS Annual Meeting. In addition to a number of interesting workshops and seminars dealing with cardiac ultrasound, management of hemorrhagic shock, U/S-guided vascular access and new developments in the care of the post-op cardiac patient, there were symposia dealing with antiplatelet agents, the management of "Acute Circulatory Failure in the Community" and perioperative echocardiography. The Section lunch pro/con "debate" was particularly lively (and humorous) this year when Drs Trevor Lee and Avery Tung presented their sides on the benefits and risks of "Regional Anesthesia in Cardiac Surgery". A concerted effort was made to align the CVT tract with the Perioperative tract at the meeting to avoid concurrent sessions that would be of interest to the membership.

There were a large number of high quality posters presented at the Annual Meeting that covered the entire spectrum of interest within the Section. Another highlight was the increasingly popular "Echo Case of the Year" competition lead by Dr Robert Chen from the University of Toronto. This forum allowed staff, Fellows and Residents to present an interesting case where echo provided key information for management. We are looking forward to this fun "competition" to get bigger and better in the years to come.

On the research front, several of the Section members have attended PACT (Perioperative Anesthesia Clinical Trials group) meetings across the country and have planted the seeds for a variety of collaborative research projects.

In an attempt to foster better communication amongst the CVT Section members, the Executive initiated a newsletter to keep everyone up-to-date with what is going on throughout the year.

Finally, the groundwork was laid to have the Royal College of Physicians and Surgeons of Canada "recognize" Cardiac Anesthesia through the "Area of Focused Competence" program. This work is ongoing, and the program directors will be meeting in Calgary to further plan and discuss this opportunity.

CRITICAL CARE MEDICINE

Dr Duane Funk – Chair

This is the inaugural year for the Critical Care Section of the CAS. The Section's founding members are Dr Dean Bell, Dr Eric Jacobsohn (both from Winnipeg), and Dr Neil Neilipovitz (Ottawa). Our initial membership drive recruited almost 40 members.

As a new Section, we have spent the past year consulting with our colleagues across the country about what the mandate of the Section should be. There has been strong attendance during the past several years at the critical care track at the CAS Annual Meeting. We envision a Section that helps anesthesiologists keep abreast of the latest in critical care research and patient management. We are discussing the possibility of and gauging interest in the idea of creating a website that will act as a repository for the latest guidelines and review articles pertinent to the fields of critical care and anesthesiology (such as The Surviving Sepsis Guidelines, antibiotic choices for the critically ill, and recommendations for management of mechanical ventilation in patients with ARDS).

We will also continue to have a critical care track at the CAS Annual Meeting focusing on topics relevant to the anesthesiologist who doesn't do critical care. This year's speakers are Dr Alexis Turgeon (Québec), Dr Colin Bands (Calgary), and Dr Dean Bell (Winnipeg).

As anesthesiologists, we are frequently being confronted with patients that require anesthesia for a procedure while in ICU, or who will require critical care support after an invasive OR. The CAS Critical Care Section hopes to bridge the gap between the ICU and the OR in order to facilitate improved patient care.

EDUCATION AND SIMULATION IN ANESTHESIA

Dr Zeev Friedman – Chair

SESA Membership and Board

- The SESA executive structure has changed last year in accordance with the CAS recommendations as well as including a non-anesthesiologist member-at-large as part of its inter-professional educational goals: Chair (Zeev Friedman), Immediate Past-Chair (Viren Naik), Incoming Chair (Jordan Tarshis) and Member-at-Large (Agnes Ryzynski, RRT).
- At the next CAS meeting, there will be a change of guard when Dr Tarshis will become the new SESA Chair.
- During the next academic year, there will also be a new recruitment to the SESA executive to replace the Immediate Past Chair, Dr Naik.
- SESA membership reached 94 members in 2012.

SESA at the CAS Annual Meeting

- The Annual Luncheon included a lecture by a non-anesthesiologist – Dr Carol-Anne Moulton from the Department of Surgery, University of Toronto. Her talk was entitled “Judgment in Practice: Uncertainty, Risk, and Repercussions”.
- Annual Education and Simulation poster session with awarded prize.
- Several talks under the Education and Simulation track including “Getting the Most Out of Your iPhone/iPad (iDevice)” which is rapidly turning into a traditional main attraction with standing room only.

Future Directions for SESA

- Increasing the exposure of the Section at the CAS Annual Meeting.
- Recruiting out of specialty simulation and education.
- Increased involvement in faculty development.

NEUROANESTHESIA

Dr Cynthia Henderson, FRCPC – Chair

In 2012, there were 68 members in the Neuroanesthesia Section of the CAS. The executive consisted of Dr Cynthia Henderson (Chair, Vancouver), Dr Timothy Turkstra (Vice-Chair, London) and Dr Marie-Hélène Tremblay (Secretary, Quebec

City). Dr Hélène Pellerin (Quebec City) continued to assist the Section as Past Chair.

At the 2012 CAS Annual Meeting in Quebec City, the Neuroanesthesia Section carried a full schedule. Dr Miguel Arango presented an interactive Case Discussion on Emergency Orthopedic Surgery in a Patient with a Recent Cerebrovascular Accident. Dr Martin Smith, the President of the Society for Neuroscience in Anesthesiology and Critical Care, presented a Refresher Course on Systemic Complications after Brain Injury. A fascinating discussion took place between Dr Adrian Gelb and Dr Martin Smith during the Neuroanesthesia Luncheon on the topic of Pitfalls of Extrapolating Animal and Human Studies into Clinical Neuroanesthesia Practice, a timely topic given the recent reports of fraudulent research. The top Neuroanesthesia Articles of the Year were presented by Dr Alexis Turgeon and Dr Alana Flexman.

In 2012, the Neuroanesthesia Section, in conjunction with CARF, continued to support a research grant in Neuroanesthesia: The CAS Research Award in Neuroanesthesia *in memory of Adrienne Cheng*. The winner for 2012 was Dr Bernard MacLeod from the University of British Columbia for the research project titled “Peripheral Antinociceptive GABAB Receptor Activation”. Unfortunately, this award may not be sustainable in the future without ongoing contributions.

I would like to encourage all of those with any interest whatsoever in neuroanesthesia (after all the brain is the target end organ for anesthesia) to become a member of the Neuroanesthesia Section of the CAS. You may wonder what you receive for your fees – it allows us to continue to recruit excellent speakers for our annual national meeting and supports research in neuroanesthesia. Thank you!

OBSTETRIC

Dr Ronald George, FRCPC – Vice-Chair

The Obstetric Anesthesia Section continues to be an active group with the Canadian Anesthesiologists’ Society.

The 2012 Annual Meeting in Quebec City was a big success with great crowds and exciting feedback from the Obstetric Anesthesia session attendees. We had excellent sessions presented by Section

members: Drs Mrinalini Balki, Ronald George, Clarita Margarido, Christian Arzola and Giselle Villar. The neuraxial ultrasound workshop was again successful, led by Dr Jose Carvalho. Lastly, our guest was international speaker, Dr Marc van de Velde, who grabbed the audience's attention at each of the sessions he participated.

Our Section continues to conservatively manage its finances, with the balance continuing to grow. This is due to a large Section membership and a well-attended CAS workshop and luncheon. We continue to support the annual Best Paper Award in Obstetric Anesthesia (\$1,000). The Section is lending financial support to development of Canadian Obstetric Anesthesia Guidelines. This initiative is led by Dr Alison McArthur from the University of Toronto. We have a guideline meeting at this year's CAS Annual Meeting in addition to a public presentation regarding the process and content. We hope to have significant progress to report next year.

The executive currently consists of Drs Pamela Angle (Chair), Ronald George (Vice-Chair), Giselle Villar (Secretary), Raouf Wahba (Past-Chair) and Lorraine Chow (Member-at-large). At this year's meeting, Dr Wahba will be stepping down. Dr George will assume the Chair and the Section will seek a new Secretary.

We are looking forward to this year's CAS Annual Meeting in Calgary, where Dr Paloma Toldeo from Northwestern University will be our guest.

PERI-OPERATIVE MEDICINE

Dr Ashraf Fayad, FRCPC — Chair

The Peri-operative Section consisted of 86 members this year and would like to encourage all other members of the CAS with special interest in peri-operative medicine to join the Section.

Over the last few months, the Executive members of the Section have been working to organize the scientific program in close collaboration with the CVT Section. The upcoming Annual Meeting will be hosting an Annual Meeting luncheon session and two other refresher courses in addition to two symposiums that are focused on peri-operative myocardial infarction and peri-operative stroke. Finally, I would like to thank Dr Peter Choi (Vancouver) for his years of contribution on the Section Executive and welcome our new Chair for next year, Dr Heather McDonald (Winnipeg), and

Dr Gregory Bryson (Ottawa) as the Vice-Chair. A call for nomination was sent out this month for the Treasurer-Secretary position. Thank you and looking forward to a successful Annual Meeting in Calgary.

REGIONAL AND ACUTE PAIN

Dr Marie-Josée Nadeau, FRCPC — Chair

The main activity of the Regional and Acute Pain Section continues to be the CAS Annual Meeting. In 2012, in Quebec, international and Canadian speakers were invited. The English and French-speaking workshops were very popular. The annual Poster Session with the Best Paper Award was successful again this year. Instead of the usual luncheon, a breakfast was organized as the Section Event. The talk by Dr Xavier Capdevila on reducing risks in regional anesthesia was greatly appreciated among attendees although the attendance was lower than in previous years. The early time of the session was the main drawback. The Section Executive has decided to return to the lunch time for the Section event in 2013.

The members of the Section Executive have changed this year. The Regional and Acute Pain Section thanks Dr Shalini Dhir for her leadership and hard work as Chair for the past two years. Dr Dhir will continue to assist the Section as Past Chair. Dr Marie-Josée Nadeau has assumed the position of Chair and Dr Derek Dillane is the new Vice-Chair. The Section needs a Treasurer and an Educational Advisor. Members who are interested in getting involved in the Section Executive are welcome to communicate with us for details.

The Section Executives met informally in Quebec City and preliminary plans for the 2013 Annual Meeting were discussed.

RESIDENTS

Dr Jennifer Vergel de Dios – Chair

The Residents' Section returned with almost all anesthesia programs represented by a Resident with the exception of Université de Montréal (UdM)...until this past month when we incidentally found and then cajoled a UdM Resident to be the representative. Success! Since we're spread across the country and most of us have not met in person, we utilized videoconferencing via Skype for a couple of our

meetings. The free technology served us well and allowed us to put faces and voices to the names.

So, our Resident representatives include the following people:

Chair: Jennifer Vergel de Dios (Western University)
Vice-Chair: James Khan (University of Toronto)
CAS Board Representative, voting member: Meghan O'Connell (University of Calgary)
CAS Board Representative, non-voting member: Sadiq Abdulla (University of British Columbia)
University of British Columbia: Paul Zakus
University of Alberta: Eric Chou
University of Calgary: Meghan O'Connell
University of Saskatchewan: Ian Chan
University of Manitoba: Drew Weiss
University of Ottawa: Sarika Mann
Queen's University: Alex Florea
University of Toronto: Cindy Wang
McMaster University: Jaclyn Gilbert
Western University: Melissa Chin
McGill University: Ken Mast
Université de Montréal: Louis Pierre Poulin
Université de Sherbrooke: Étienne StLouis
Université Laval: Genevieve Lalonde
Dalhousie University: Ainslie Gilchrist
Memorial University: Kathryn Sparrow

Tasked with organizing the Resident-themed sessions for the CAS Annual Meeting in June 2013, we sent out a survey, organized by our Vice-Chair, James Khan (PGY2 University of Toronto), in October to Canadian anesthesia Residents to find out what topics would be of interest to them.

Amazingly, we received 120 responses and, from the results, we tailored the Resident-themed sessions to reflect those responses. There was an overwhelming interest from respondents about fellowships, including non-traditional fellowships. We didn't define what exactly a non-traditional fellowship was, but it piqued enough people's interests to say they wanted to learn more. Not surprisingly, the issue of employment prospects was also very popular.

We also get to plan the Resident's Social for the Annual Meeting. Meghan O'Connell (PGY4 University of Calgary) is in charge of organizing the event. A few changes worth noting include moving it to the Friday evening of the Annual Meeting since the President's Reception and Dinner is scheduled for the Saturday evening; changing it to a bar/pub venue, the Libertine, which is close to the Telus Convention Centre; and the fact that our funding cup does not runneth over with Voluven money.

Regardless, it will be a great time to meet other Residents in a relaxed atmosphere with some snacks and drinks.

We also plan the Fellowship Fair that will coincide nicely with our Resident sessions at the Annual Meeting. Sadiq Abdulla (PGY2 UBC), Jaclyn Gilbert (PGY2 McMaster) and Paul Zakus (PGY3 UBC) are working on this initiative to make it a win-win for Residents and fellowship programs across Canada.

Like all modern enterprising groups, we have entered the world of social media. We have a Tumblr microblog where you can see a Google calendar of anesthesia-related conferences.

We have started a new feature called "Where in the World is...?" where we interview anesthesia Residents who have done international electives. We hope to do the same with Residents involved in research. Please nominate some Residents you would like to commend or introduce to us for these features. Also, we have a Facebook page where you can get relevant and interesting updates and be sure to follow us on Twitter.

We hope to continue to have every program represented in the Residents' Section next year and look forward to 2013-2014!

Facebook: www.facebook.com/CASresidents

Tumblr: www.casresidents.tumblr.com

Twitter: [@casresidents](https://twitter.com/casresidents)

Email: casresidents@gmail.com



Other Reports

REPORT OF THE CANADIAN ANESTHESIOLOGISTS' SOCIETY INTERNATIONAL EDUCATION FOUNDATION (CAS IEF)

Dr Franco Carli, FRCPC – Chair

CAS IEF Symposium

In 2012, the CAS IEF Symposium was held in Quebec City and the topic was "Haiti Healthcare Recovery: Band Aid or Cure". A representative from the Canadian Red Cross was invited to discuss the medical situation in Haiti following the earthquake. Dr Ronald George, staff anesthesiologist in the Department of Women's & Obstetric Anesthesia at the IWK Health Centre in Halifax, was the invited speaker at the CAS IEF dinner and he presented the work of Kybele in Africa. The event took place in the beautiful Musée de l'Amérique Française.

Rwanda

Eight Canadian and four American volunteers went to Rwanda in 2012. There were also 10 Residents from Canadian anesthesia programs. Dr Theo replaced Dr Jeanne as the new chairman of the Rwandan University Department of Anesthesia. Three Rwandan Residents completed the specialty program and joined the other Rwandan staff in Kigali and Butare for a total of 11 staff. Five new Residents were accepted in the post-graduate program. In January 2012, a pharmacist from the Kigali University Hospital came to Montreal for three months of training in pain and opioid management as part of the CAS IEF pain education program sponsored by the Alan and Louise Edward Foundation.

Global Oximeter Project

The Lifebox appeal launched by CAS IEF and CAS in June 2011 was closed in June 2012. We exceeded our goal to raise funds to purchase 250 pulse oximetry kits, and the distribution to all Rwandan hospitals in need was planned for January 2013, when a course on safe obstetric care and the safety checklist would be in place. A plan was also set up to distribute oximeters to rural Nepalese hospitals.

Global Outreach Course

The fifth Global Outreach course was successfully

organized by the Department of Anesthesia of Dalhousie, and was well attended with over 40 participants. In view of the request from other centres in North America, it was decided to alternate the course between Canada and the US. In addition, the Canadian course will be housed in various Canadian cities.

Nepal

CAS IEF continues to support the Nepalese Department of Anesthesia by sending every year a Canadian anesthesiologist to teach and participate in the educational activities during the Annual Nepalese Congress of Anesthesia. In 2012, Dr Francisco Asenjo went to Nepal for one week to teach regional anesthesia and pain management. In addition, Dr Asenjo contributed to the writing of a new anesthesia curriculum, together with the Nepalese faculty.

Support of WFSA Educational Activities in Palestine

In 2012, three volunteers completed assignments in Palestine and the Residency program has now expanded to 40 Residents.



ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA SPECIALTY COMMITTEE IN ANESTHESIOLOGY

Dr Michael Sullivan, FRCPC – Chair

Specialty Committees are established for every specialty and subspecialty recognized by the Royal College and their role is to advise on specialty-specific current issues (e.g. standards, credentials, evaluation and accreditation). Membership of the Specialty Committee (SC) in Anesthesiology consists of a Chair, a representative from each of the five Regions in Canada, the French and English co-Chairs of the Examination Board, and the Program Directors from each of the accredited Canadian Anesthesia Training Programs.

This certainly is a period of significant activity for the SC in Anesthesiology. I will highlight several of the areas, with links for further information in some of the categories.

Competency-based Medical Education (CBME)

The Royal College (RC) is committed to migrating our current time-based training model to one which is focused more explicitly on the attainment of competencies across the CanMEDS domains <http://www.royalcollege.ca/portal/page/portal/rc/resources/cbme>. This enormous undertaking grew out of the review of post-graduate medical education and is elaborated in a series of white papers called Competence by Design http://www.royalcollege.ca/portal/page/portal/rc/advocacy/educational_initiatives/competence_by_design. Anesthesiology will be an early adopter specialty in this project. Already at the University of Ottawa, a competency by design Residency program is being developed for intake in July 2015. This will be one of a handful of competency-based training programs in the world.

CanMEDS 2015

In concert with the elaboration of CBME, the CanMEDS framework will be updated for 2015 <http://www.royalcollege.ca/portal/page/portal/rc/canmeds/canmeds2015>. The Royal College is looking for participation from any interested Fellows.

Canadian National Anesthesia Simulation Curriculum (CanNASC)

The SC has asked a task force to present a report regarding the development of a national simulation curriculum. This is conceptualized as a set of common scenarios, which would be used to deliver

elements of the National curriculum uniquely suited to be taught using simulation.

Pain Medicine

Dr Patricia Morley-Forster and a group of dedicated Pain Medicine physicians (many of them anesthesiologists) have done remarkable work to birth the new anesthesiology subspecialty of Pain Medicine. More work is ahead as programs are accredited and funded Residency positions are allocated to Pain Medicine trainees. The first CARMS match will take place this academic year with intake of the first cohort of Pain Medicine subspecialty trainees in July 2014.

The Royal College does not “grandparent” current practicing subspecialists when a new subspecialty is created. Some of the physicians instrumental in the development of the new subspecialty will receive a Founder designation. Access to an FRCPC in Pain Medicine for Fellows currently practicing Pain Medicine will be via a practice eligibility route http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/practice_eligibility_route_subspecialists.

Practice Eligibility Route (PER) – Anesthesiology

The Practice Eligibility Route to certification is a route to RC certification in anesthesiology available to physicians who are practicing specialty anesthesiology in Canada who, in most cases, do not have access to certification except by completing the entire (five-year) training program. Details about the process and eligibility are available at http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/practice_eligibility_route_specialists. In Anesthesiology only Route A, successful completion of the entire PER process followed by the Comprehensive Examination in anesthesiology (our traditional end-of-training examination), is available as a route to certification. The Specialty Committee has reviewed and approved some candidates based on a review of their training and scope of practice. Review of new applicants will take place annually. Psychiatry has begun to develop a Route B (in practice assessment) option for candidates in their specialty.

GP/FP Anesthesia

Academic family medicine at the College of Family Physicians of Canada (CFPC) wishes to develop a certificate of added competence (CAC) in family practice anesthesia. Two members of the Specialty Committee (Dr Clinton Wong representing the SC

and Dr Michael Cummings representing ACUDA Education) are members of the CFPC Competence Project – Working Group on FP – Anesthesia. This is a complex topic and will require thoughtful support from the Canadian anesthesia community.

CAS Recognition Ceremony for New Anesthesiologists

The June 2013 Annual Meeting will see the inaugural CAS Recognition Ceremony for New Anesthesiologists. It is hoped that training programs, new anesthesiologists and the national anesthesia community, represented by the CAS, will use this forum to celebrate and welcome newly certified anesthesiologists into our speciality.

Areas of Focused Competence (AFC) – Diplomas

The CV section of the CAS has chosen to explore the opportunity presented by a new category of recognition at the RC http://www.royalcollege.ca/portal/page/portal/rc/credentials/discipline_recognition/afc_program.

AFC diploma programs are defined as follows:

- Typically 1-2 years of additional training, but competency-based
- Built upon training in a broader discipline
- Supported within the existing Specialty Committee of the primary discipline (unless one does not already exist)
- Assessed through summative portfolio
- Training programs accredited by the Royal College (C Standards)
- A separate annual dues fee and Maintenance of Certificate (MOC) requirements

Successful completion of the program will afford the trainee the designation DRCPSC (Diplomate – RCPSC). Since the inception of the AFC diploma program, 13 Areas of Focused Competence have been recognized. Adult Cardiac Anesthesiology and Perioperative Transesophageal Echocardiography would be the first Anesthesiology AFC.

Anesthesiologists are eligible for entry into several of the current AFCs.

REPORT OF THE ASSOCIATION OF CANADIAN UNIVERSITY DEPARTMENTS OF ANESTHESIA (ACUDA)

Dr Davy Cheng, FRCPC – President ACUDA

ACUDA has added the Northern Ontario School of Medicine (NOSM) into its membership to now 17

Canadian University Departments of Anesthesia. Five committees, the Management Committee and four sub-committees of 16 members each (one from each University Department), constitute the “membership” (total of 85 members). The committees are:

- Management Committee (Department Chairs)
- Postgraduate Medical Education Committee (Residency Program Directors)
- Undergraduate Medical Education Committee (UME Directors)
- Continuing Education and Professional Development Committee (CEPD)
- Research Committee

The ACUDA Executives or Officers are drawn from the Management Committee membership:

- President (Dr Davy Cheng, Western University)
- Vice President (Dr Mike Murphy, University of Alberta)
- Secretary Treasurer (Dr Joel Parlow, Queen’s University)
- Past President (Dr David Campbell, University of Saskatchewan)

Each of the other sub-committees elects a chair from within their ranks.

Over the past year ACUDA has been engaging in the following activities:

1) ACUDA Plenary

The ACUDA Plenary Session in 2013 will be “Addictions and Anesthesia”. Similar to last year, ACUDA has applied to the CAS for three hours of credit as an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada and the Canadian Anesthesiologists’ Society. The title of the presentations are: “Addictions in Anesthesiologists: Etiology, Prevention and Management” by Dr Michael Kaufmann; “The Biology of Addictions by Dr Brent McNichol; “Regulatory and Legal Issues” by Dr Janet Wright.

2) Anesthesia Resident Log Book (RLB)

ACUDA went through the exercise of becoming incorporated in 2011. The incorporation was approved by the ACUDA membership at its June 2011 Annual Meeting in Toronto. CAS kindly supported this initiative and now the CAS’ office address also serves to be the official address for the ACUDA incorporation. Incorporation was necessary

to permit ACUDA to participate as an owner of the Resident Log Book (RLB), the development of which ACUDA supported financially, and to enable ACUDA to engage in the business of marketing and selling the product along with CISSEC, a private corporation that has performed the programming for the RLB. An official contractual agreement between ACUDA and CISSEC will be signed in 2013. The Royal College has been actively negotiating with CISSEC and update to ACUDA on the application of RLB to all Specialties and to modify the software to incorporate "competency" measures in the future. International adaptation for the RLB is also been discussed in the Middle East countries.

The Resident Log Book is a tool that provides the Resident with personal information to measure their progress during training. Aggregate data permits comparison of the training experience between and among programs leading to the development of Canadian Training Standards. Resident Log Book has been mandatory in Canadian Anesthesia Training Programs since July 1, 2012 by the Royal College Specialty Committee for Anesthesiology. Completion of the Resident Log Book will be incorporated into the B Standards of Accreditation. ACUDA supports this position taken by the Royal College Specialty Committee.

3) Anesthesia Human Resources

2013 Canadian training projection: Canadian CaRMS – 111, IMG – 10, ISR/DND – 1, FPA – 8. ACUDA recognizes that the current Residents finishing their residency programs may not find it as easy as a few years back in finding positions in academic and urban departments of anesthesia. The Management Committee counseled to Residents that they would be well advised to look at ways of positioning themselves early in their residency to determine what additional training they would need to get to make themselves better candidates for scarce academic positions. The point was made that it was too late in year 4 or 5 to do so. Finally, graduates would be well advised to look at non-academic center opportunities. The Chairs continue to message Residents in their programs that there will be jobs but maybe not where they want them to be AND that investing in additional postgraduate training may be needed to land positions in academic centers. Some of this may be non-traditional kinds of training such as Medical Informatics, Medical Education, Ultrasound, Simulation, and Perioperative Medicine. The challenge in precise HR planning is still not possible

due to other factors such as upcoming retirement, AFP funding negotiation, expansion of out-of-OR anesthesia services.

4) FPA and CAGA

CAGA stands for "Collaborative Advisory Group for General and Family Practice Anesthesia" (FPA or General Practice Anesthesia-GPA). ACUDA and CAGA have identified several issues of common interest:

1. ACUDA members have pledged to work with CAGA to establish the objectives of training and curricula for training and for the maintenance of competency of GPAs.
2. That GPA Program Directors be fully vested members of University Department of Anesthesia Education Committees and that these Program Directors be GPAs when possible.
3. That distributed learning is an important method of delivering MOCOMP to the GPA practitioners. Additionally, offerings targeted to the GPA audience be imbedded in the CAS meeting each year.

Dr Homer Yang is representing ACUDA with respect to the current discussion related to FPA training, FPA program accreditation, the need for FPA CEPD/MOC objectives and content, RN versus FPA delivered anesthesia, and the relationship among the parties (College of Family Physicians of Canada, ACUDA, Royal College, CAGA, CAS). A decision is to invite current FP-A Program Directors to attend ACUDA Education Committee meetings and in discussion is whether we should have a separate FP-A committee in ACUDA.

5) Research

The Research Committee has engaged in the following activities this year:

1. Resident research training: At the spring meeting, the committee reviewed the University of Saskatchewan online research methodology course. This course is now mandatory for all PGY-1 anesthesia residents at McMaster. It's a three-credit, graduate level course that covers the basics of research methodology over 13 weeks. The course information is presented online and there are six assignments to complete and a final project, which is a research proposal. The course also teaches about ethics and how to develop a professional CV.
2. Perioperative Anesthesia Clinical Trials (PACT): Patterned after the Canadian Critical Care Trials Network, funded in part by ACUDA member

departments and based at Dalhousie (Dr Rick Hall), PACT continues to grow and engage an ever-widening circle of interest. To find out more about this initiative, contact the Chair, Dr Rick Hall, at CanadianPact@gmail.com. Details can be found on the website: <http://canadianpact.ca>. Also, read the on-line editorial in the *Canadian Journal of Anesthesia* at <http://springerlink.com/content/97403nu20773p811>.

6) Continuing Education and Professional Development Committee (CEPD)

The CEPD Committee has been very active as individual academic departments engage more fully in supporting the educational needs of our colleagues. The CEPD Committee plans to canvass each academic program to:

1. Identify CEPD activities in which they are engaged
2. Get opinions regarding the new MOC Process
3. Identify CEPD activities targeted to GPAs (if any)
4. Explore the feasibility of a four-hour Advanced Cardiovascular Life Support (ACLS) certification program for practicing anesthesiologists
5. Identify barriers to access to simulation training for practicing anesthesiologists (attitudes, distance, access to machines, etc.)

7) Pain Medicine Residency Program:

Pain Medicine Residency Program (subspecialty) is being established across Canada. Ottawa and London (Western) will be intaking Residents in 2014. For the start, there will be no CaRMS match for this program at the outset. The governance and accountability framework is being developed.

8) NATO Survival Award to Canadian Armed Forces Surgical Services

NATO awarded the Canadian Surgical Unit in Afghanistan recognition as the surgical unit with the highest survival during the war there. Dr Vivian McAlister, a general surgeon, along with Drs Brian Church (Anesthesia) and Ray Kao (Critical Care) from Western University have established the highest survival rate for war victims recorded to date at the NATO Role 3 Multinational Medical Unit at Kandahar Airfield, Afghanistan. In recognition for their outstanding contributions, the NATO Role 3 Multinational Medical Unit was recently awarded with the Dominique-Jean Larrey Award, the highest NATO honour for medical achievements in Afghanistan. The Role 3 Medical Unit was the first ever NATO multinational field hospital involved in combat operations.

REPORT OF THE CANADIAN ANESTHESIA RESEARCH FOUNDATION (CARF)

Dr Doreen Yee, FRCPC – Chair, CARF Board of Directors

The restructuring process of the CAS Awards Program and the exit of a number of industry supporters have resulted in seven awards being granted this year. Fortunately, the year after, we should be able to again offer nine awards, including the two-year Career Scientist Award. CARF will now directly fund two full awards, and co-fund the R A Gordon Patient Safety Award.

This year, the Foundation received an extremely generous bequest of almost \$400,000 from the estate of the late Dr Bruce Knox, a clinical anesthesiologist for over 30 years at St Michael's Hospital at the University of Toronto. Although he was not a researcher himself, his contribution was evident by his consistent CARF donations over his career. His years in the field of our specialty allowed him to witness many great innovations and advances that had occurred over his career because of anesthesia research contributions.

The CARF investment portfolio had returns of 6.1% (compared to 1.3% in 2011 and 8.2% in 2010). Total CARF assets were worth around \$1.65M at the end of 2012, compared with \$1.37M in 2011. The Society continues its contribution towards building up the CAS endowment fund with an annual donation of \$20,000. It has now reached \$100K. This helps ensure the sustainability and future growth of the Foundation. Member donations were about the same as in past years.

The name and terms of reference for the *Canadian Journal of Anesthesia* Award were finalized in the latter part of 2012 with plans to give out the first award of \$30K in 2013. This was the brainchild of Dr Donald Miller, our *Journal* Editor-in-Chief, who suggested that the sum of \$90K from *Journal* profits be set aside to provide an award for three years.

Finally, we are exploring working with SmartTots (a multi-year collaborative developed by IARS and USDA) to enable Canadian anesthesiologists to donate towards this worthy cause of making anesthetics safer for children.

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