Canadian Anesthesiologists' Society Presidential Interviews
Dr. Patricia Houston, interviewed by Archives & Artifacts Committee Chair Dr. Mike Wong
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Mike
Today I am joined by Dr. Patricia Houston, who served as president of the Canadian Anesthesiologists' Society from 2012 until 2014. She is a professor at the Department of Anesthesiology and Pain Medicine at the University of Toronto, practicing at St. Michael's Hospital in Toronto. She is also involved in the Temerty Faculty of Medicine at the University of Toronto, as Vice Dean of Medical Education since 2020, and also served as Acting Dean. She has been recognized with the CAS Gold Medal in 2020 and was bestowed the Ian Hart Award by the Canadian Association of Medical Education.

Welcome, Dr. Houston, and thanks for joining us!

Let's start from the beginning – can you describe your family background and childhood?

Patricia
I'd be happy to. I grew up in a small town, Stouffville [Ontario], it had 3,000 people in it. When I was in primary school, my father owned a pharmacy and my mother worked in the pharmacy. I have two siblings: an older brother and a younger sister. Above the pharmacy was a family medicine group of three physicians. From the age of 6, I decided I wanted to be a doctor.

I lived a fairly ordinary life in this small town in Ontario. I did figure skating three times a week, because if you didn't play hockey you had to do figure skating. I really didn't know much about Toronto and what it was like to live in a city, until I moved here to do my undergrad. I only did two years because [at that time, you could get into medical school with two years of university]. I was so naïve! I didn't quite understand the politics of getting into medical school. I actually applied to only one medical school, because I was outraged that each one of them charged you money to apply! I only applied to [the University of Toronto], after two years [of university], and I got in!

My life changed after that. I became part of a medical school class and developed some long-lasting relationships with many of my friends and colleagues in my medical school class, and I married one of my classmates.

Mike
Certainly, a big change moving from a small town to Toronto, but it worked out well. What experiences did you have during medical school that led you to become interested in anesthesiology?

Patricia
All through medical school, I wanted to be a family doctor. I knew about family medicine from growing up [with the family medicine practice above the family pharmacy]. I applied to, and was accepted into, the family medicine program. I started it in July. My husband [and I] got married in my first year of internship. He was in orthopedics, and he was having the time of his life. He was loving it, but he was never home. I wasn't very good at family medicine; I wasn't patient enough, probably, and maybe wasn't empathetic enough [either]. It did not suit my personality, but I didn't understand that about myself until I'd gotten partway through the first year of family medicine.

So, I had to do a sort of step back and reflect upon what kind of medicine I really did enjoy. In those years, you didn't do your clerkship until your 4th year [of medical school], so you actually didn't get to experience [possible specialties] in time to get ready to apply for residency. I decided that what I really

was interested in was – I liked things when they are difficult and complex. At that time again it was a different world… I had the fortune to go to the program director in Anesthesia [at University of Toronto] and said, "You know, I would really like to change programs." Both program directors agreed, so I switched to anesthesia.

I quickly learned that I didn't like just anesthesia, that I really liked cardiac anesthesia. I did some time as a fellow at Toronto General Hospital when I finished my residency, and I never looked back.

Mike
Who are some of your important mentors and preceptors in those years?

Patricia
Dr. Ron Crago was an educator at Toronto Western Hospital, where I first went into practice. Dr. Sallie Teasdale was a cardiac anesthesiologist. [I also was impacted by] some of my colleagues that were residents with me. Dr. Brian Kavanagh and I were residents at the same time. Those were really people that had an impact on me and helped to shape who I am today. And, Dr. Martyn Roberts, he was a cardiac anesthesiologist at Toronto Western as well.

Mike
And how would you describe your first years in practice?

Patricia
Crazy!

The reason why I'm saying that is because I had a child when I was in my second year of residency. Then, I had a second child in my first year of practice, so now I had two children, just over two years apart! I was out in practice, but my husband was still a resident, because it [took] forever to become an orthopedic surgeon. So, I had to go back to work again four weeks after my second child, not because the program demanded it but because we needed the money! It was a crazy time in life because my husband was studying for his exams while I was figuring out how to be an attending anesthesiologist, and I had two babies that I was trying to take care of when I came home from work every night. I don't even remember much of that part of my life; I was so sleep deprived! But it was also very exciting because I got to know and really cement and develop my knowledge, expertise, and sense of belonging as a cardiac anesthesiologist. First, [I was at] Toronto Western Hospital. Then, cardiac moved to the Toronto General Hospital when the two hospitals merged. I really [enjoyed] being part of the team, doing both cardiac anesthesia and critical care. It was a wonderfully exciting time.

It was also when I discovered my love of teaching and I took on a major role teaching medical students, [as well as] the residents of the Toronto Western Hospital. It really was just a fantastic time.

I don't know how I did it all. I could never do it again.

[It was about] just learning every day, coming to work and really experiencing joy at work, as well as joy at home.

Mike
It is a feat of incredible stamina. It is definitely a challenge to train and start practice with one, let alone two, children in tow. In those years [mid-1980s], how did your typical cardiac or noncardiac anesthetic compare to the most recent lists that you've done?

Patricia
When I started out, there were no pulse oximeters or end-tidal CO_2 monitors. Can you imagine? Like, cardiac's bad enough, but imagine a thoracic case where the only way you know that your patient's properly oxygenated is [by looking] at them – are they blue or are they pink? So, the monitoring was completely different, Swan-Ganz [pulmonary artery] catheters were just coming into use when I started anesthesia. We had thiopentone (there was no propofol), curare, pancuronium, and eventually vecuronium. For narcotics there was basically morphine and fentanyl.

The technical equipment, the ability to monitor your patient, the drugs you had, the understanding of how the drugs work, [it was] just so rudimentary compared to what's available to us today. How much [now] you can better monitor your patients, and tailor your anesthetic to the patients' needs.

There also is much more of a sense of [the operating room] as a team. When you're in the operating room now, your cardiac surgeon, the perfusionist, the nurses, the anesthesia assistant, and you, are all a team trying to do the best together. All for the best outcome possible for the patient. When I started, it was a lot more like you were on your own and it was all on you [as an anesthesiologist].

Mike
At what point did you first come to be involved in the Canadian Anesthesiologists' Society?

Patricia
Dr. David McKnight, [who was] secretary of the CAS and program director for anesthesia at [University of Toronto] walked into my office at Saint Michaels [around 2000], where I was the Chief of the Department of Anesthesia. At the time, I had just finished doing five years as [Resident Coordinator at University of Toronto Department of Anesthesia], to help the residents become prepared for their exams. [McKnight] said, "Well, you are always looking for something to do. The CPD [Continuing Professional Development] committee at the CAS is in trouble. What do you think about becoming chair of that?" So, I said sure! It sounded interesting.

It was not until the first committee meeting that I found out from the minutes, that the committee had decided to disband itself [at the previous meeting]! So, it was a great opportunity to [evaluate what] was the CPD committee's role. Really, the role [of the committee is] to provide educational resources to all of the membership, through the meeting, the journal [Canadian Journal of Anesthesia], and through other opportunities. I was able to recruit to that committee and really revitalize it. Then, from sitting at the CAS Board of Directors as chair of that committee, I became [further] interested in what can be done.

I felt and still feel passionately about the importance of anesthesiology as a practice of medicine. [Anesthesiologists are] leaders in the hospital and healthcare system. So, I stepped up [because I identified areas] where change was needed in our society. I was disturbed by, and needed to really impact, the fact that [although] 30% to 40% of anesthesiologists across Canada were women [but] they weren't represented on the [CAS] Executive for decades.

It really was an opportunity to say that we had to become a much more inclusive, welcoming society, and better understand the needs of our members.

Who are our members? How can we better serve them?

That's what this society is about. It really should be about serving the needs of its members, so that our members can better serve the needs of our communities.

Mike
Yeah, I was just about to mention that Dr. Angela Enright was the first female president of the CAS [1994 to 1995], and then there was a long hiatus until your own term as president. Did you identify any specific factors that seemed to be impediments for such advancement?

Patricia
I think you choose your own, to a large extent at the Executive. A lot of the Executive was chosen by people nominating those that they knew from people that were already in leadership positions. If you look at the gender distribution or diversity across leadership roles at universities – Chairs, Deans, all the roles in academic medicine – women are woefully underrepresented. It's getting better but they're woefully under-represented. They should move up the ranks. It's not because they don't want to do the jobs. It's because they don't have and haven't had the same opportunities. They haven't been sought out to have those opportunities.

A lot about it is about changing who you look for, who you include, and who you invite to the table as you make decisions about who should have leadership roles. Empowering people to know that they have a voice and that they can do the job. Women tend to have more of an impostor syndrome than men do so sometimes it's more difficult for them to put their hand up and go, "I can do that!"

Mike
Absolutely. It seems in recent years that there has been some reversal of fortunes. Drs. Susan O'Leary and now Dolores McKeen [were subsequent female Presidents of CAS]. Things are hopefully coming around, with Diversity, Equity, and Inclusion as a standing committee on the CAS. It still seems to be a challenge and work in progress. Were there other changes that you felt needed to be made or other initiatives that you needed to continue?

Patricia
I had three priorities when I started out as president. But first [there was a sort of calamity]. It wasn't a pandemic but [rather] a flood that had a huge impact on my presidency. During my first year, at the annual meeting, the flood in Calgary occurred [during the start of the conference], and we had to cancel the annual meeting. I was actually in Banff in a sort-of pre-meeting for the meeting. The Friday morning of the meeting, we had to call the whole meeting off. There was a lot of work that had to be done subsequent to that, for the financial implications [for CAS] and for the impact on all of our members.

[Anyway], when I started out as president, I had three priorities.

The first was that we had to make the annual meeting something that people wanted to come to. The number of attendees to the meeting had been falling year over year, and we weren't really meeting their educational needs. Again, it [required evaluating] the CPD committee, surveying the membership, and sorting out what we need to do to make the meeting more approachable, feasible, and more impactful for members. We have had some great directors of the annual meeting that have really made significant changes since that time, and I think we've done a lot to improve the meeting.

The second [priority] was the journal [Canadian Journal of Anesthesia]. The journal had to be [focused on] not just getting a better impact factor, but in improving the education it provided, being the resource that it was, [improving] the value of it and its impact to the members. I worked with the two editors-in-chief [Drs Donald Miller (2005 – 2013) and Hilary Grocott (2014 – 2020)] at the time that I was president.

The last [priority] was to develop an incident management system for reporting [critical events] across Canada, similar to what had been developed in the United States. [This later became the Canadian Anesthesia Incident Reporting System; CAIRS].

I moved all three [priorities] along, though I didn't get it all done in my two years as president. A lot of work continued to be done after I was no longer the president. Two years is not enough time to finish any big projects like that, but at least I felt that I could set those priorities out in the Board of Directors, and the membership could get behind that as something important to them as well.

Mike
Was *Choosing Wisely* also around that time as well?

Patricia
As I was leaving the executive, yeah, I was involved in the first year where we chose the first five [points].

Mike
Among these things, what would you look back upon as your proudest accomplishment during your time as CAS president?

Patricia
I think my biggest accomplishment was in [advocating for] the importance of having different voices at the table. You know, bringing women into leadership roles. Making it not easier [per se] but opening up pathways. We have to embrace different types of people around this executive table, at this board, to better represent our membership and to better represent our communities. I think starting that process is really what I would be most proud of.

Mike
[In addition to your work with CAS], you also have quite an extensive history of service in other professional and educational capacities: AFMC [Association of Faculties of Medicine of Canada], CaRMS [Canadian Resident Matching Service], the Royal College of Physicians and Surgeons of Canada. I believe you took the initiative to complete a Master of Education from OISE [Ontario Institute for Studies in Education] and also completed a number of executive leadership training programs. Can you speak to some of these other hats that you have also been wearing in recent years?

Patricia
I left the University Health Network and moved my practice to St. Michael's in 1997 to take an educational role there. In 2000, the hospital leadership was tapping on my shoulder and asking me to apply to be chief of the department, which I did. It was a great [experience] and that's when I really took on a lot more leadership education – I had done my masters previous to that. It was an opportunity not just to be the chief of anesthesiology but also to be the medical director of surgical services, perioperative services, and to have a seat at the MAC [Medical Advisory Committee] which I chaired for three years, and to really be part of the hospital leadership. [We thought about questions of], how do we improve clinical care and how do we do it in a fiscally responsible way? [It was] at a hospital very much focused on the care of the inner city and marginalized individuals. I loved the work that I was doing.

The same CEO came and tapped me on the shoulder in 2009 when we were building a new building in St. Michaels, the Li Ka Shing Knowledge Institute. "This hospitals never really had its own Vice President of Education, and we're going to need one of those as we build this new building, to think about how education becomes a pillar of this hospital in the same way that we've done for research." (They had a VP of research starting in 2000). The same way that quality and clinical care had already been [developed]. It

was a huge opportunity. What I did was [to develop] a more fulsome role for a Vice President of Education at a health care institution. Instead of focusing on medical education, I had a vision that it had to be about *every* person walking through the door. I had to be a teacher *and* a learner. So, I had patient and family education. I had all healthcare professional education, including medical education. I had education for staff and the physicians, the library, simulation centre, tele-medicine centre, E-learning centre, and the Centre for Faculty Development. I had this huge portfolio with many directors. The best part of it was recruiting and building an incredible team. By the time we did our second strategic plan, for that portfolio in 2015, I could just let the team go. They were [already a] highly functioning team, and it was my responsibility to get the resources.

I sat at the executive table with the president of the hospital, and I really changed what the meeting and job description was for a Vice President of Education at an academic health sciences institution, not just in Toronto but it's been taken up across Canada and beyond. And, I thought – to be honest with you – that that would be good enough. That I could continue to do that for like seven or eight years. I'm not very good at just maintaining the status quo. I'm pretty good at building but I'm not good at just maintaining [developed projects]. Then, it would be maybe time [for me] to step back.

I went to Royal Roads [University] while I was still doing that, on Vancouver Island, for a coaching course because I decided what I would do with the rest of my career was to continue to do some anesthesia but also take some time to pull up those coming behind me, and coach particularly early- and middle-career women around leadership, [about] how to how to make opportunities, how to have a life, and find happiness in enjoying work and [one's] personal life.

But, then the Dean [at the University of Toronto Temerty Faculty of Medicine] came and tapped me on the shoulder and said, "You know, we've got this tricky new curriculum that we're going to be introducing. Accreditation is just around the corner. The Vice Dean for the MD program's tenure is up. I really want you to do that job." No, no, no, no, I didn't wanna work that hard. But he got to me again. It was a chance to build the team to really take on a challenge. We introduced the new Foundations curriculum, which is absolutely spectacular. It's a mostly technology-based curriculum for the first two years, with a lot of experiential learning for learners. This, of course, got interrupted by the pandemic. But we went to accreditation successfully in 2020. Then, what the Dean offered to me – mostly because I put it in his ear that this would be a good thing to do – is to be the Vice Dean of Medical Education, so I oversee MD [Medical Doctor], PGME [PostGraduate Medical Education], and CPE [Continuing Professional Education] and Integrated Physician-Scientist Training Program and the Office of Learner Affairs. Again, an opportunity to build a team and have integration, alignment, innovation, and inclusivity across this continuum of education. When he stepped away to be Acting Provost and took a sabbatical, he asked me to be the Acting Dean. I am much lighter since that job ended [a few weeks before this interview]. It was a great, great opportunity but a huge responsibility for sure.

Mike
Congratulations [on completing the role as Acting Dean]. All I can say is it's a very impressive portfolio you have been handling! Your vision of a broader, more inclusive idea of education within medical institutions is very innovative and forward-thinking. That said, now stepping back from your role as Acting Dean, where do you see the next couple of years taking you at this point?

Patricia
Now, I am back to the role of Vice Dean of Medical Education, with this portfolio of five programs reporting to me. I have to see them through the follow up to accreditation, and through this integration work. MD and PGME [historically] were on two different mountains with a canyon between them. There really has to be more alignment, integration, and focus on the transitions in our careers: transition into medical school, transition into clerkship, transition into residency, transition into early career. Building

supports for better learning environments, learning experiences. One thing we've created is the Office of Learner Experience, and multiple pathways for learners to report on mistreatment, [to allow] us to manage that in a much more objective and supportive manner without fear of retaliation than existed previously.

I still have a lot of work to do there. I think, in a couple more years, I'd hope to ski and hike and paddleboard more.

Mike
Finally, if you're talking to early career anesthesiologists or trainees, what would be your top [pieces of advice], on how to have a productive, satisfying, and edifying career?

Patricia
First of all, *be open to opportunities*. Don't think that what you're doing now is what you're going to be doing in five years, or eight years, or 15 years.

Be open to change and opportunity.

[You're] always learning, so commit to [your] own life-long learning.

Mike
Great advice. Thank you again for participating in this interview and sharing your experience!