

Canadian Anesthesiologists' Society Presidential Interviews

Dr. Susan O'Leary, interviewed by Archives & Artifacts Committee Member Dr. Sonya Soh

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Sonya

Today, I have the pleasure of speaking with Dr. Susan O'Leary. She served as the President of CAS from 2014 to 2016 and has been involved with several other roles in the CAS. She currently is Chief of Anesthesia and Perioperative Medicine and Medical Director for Surgery, Anesthesia and Perioperative Services at Brant Community Health System. Dr. O'Leary began her practice in St. John's, Newfoundland where she fulfilled many roles beyond her clinical duty including being program director of the anesthesia residency program.

So welcome Dr. O'Leary, thank you for joining me.

Susan

Thank you, Sonya.

Sonya

Just to start off our interview, I'd like to start with the first question, which is I'd like to know a bit more about your childhood growing up and your family background.

Susan

Okay. I grew up in rural Newfoundland in a very small community, [named] Whitbourne. It was a little bit outside of St. John's. I am the second of four children, [with] an older brother and two younger brothers. We lived in a nice sort of country setting: myself, my brothers, and my parents. I think coming from a very small community and then later on into university in St. John's, it really grounds you well in family and what becomes important to you later on. I guess [it was] a sort of quiet upbringing. My parents were very supportive of post-graduate, post-secondary education – really encouraged all of us to do that and supported us to do that. And I'm sure at times it was to their financial detriment, but we were all encouraged and did go to university and have gone on to further careers. They were forward-thinking at the time.

Sonya

And what was your educational and vocational background before pursuing medicine?

Susan

Well, [I did] secondary school in a small town in Newfoundland, did a couple of years of university at Memorial [University], and then I studied physical therapy at the University of Western Ontario. I graduated there in 1984, worked in St. John's as a physiotherapist for about the next three years, and then started medical school at Memorial and stayed there as a resident. From there, most of my career was in St. John's.

Sonya

And would you say that your experiences as a physiotherapist were influential in choosing medicine and even anesthesia as a career?

Susan

I would say, yes, in choosing medicine. I was doing a lot of rehab type of physiotherapy, a lot of neurological patients with neurological problems. I found that to be quite interesting. I sort of found myself wanting to figure out their problems rather than only dealing with their physical rehabilitation. I



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think that sparked my interest in medicine. I also had some friends who were physicians, and they were doing some things that I found quite interesting. My original plan was to do something like internal medicine or physical medicine. Then, you know how medical students get to do all their different rotations? Lo and behold, they took me to the operating room, which became the area that I was happiest working. I discovered anesthesia and then decided that perhaps that was the route I was going to go.

Sonya

Were there any particular experiences that were influential in you choosing anesthesia?

Susan

I can't say there was any one thing. I think it was that I liked the operating room. I liked the – [this] sounds very stereotypical – I liked the physiology of anesthesia. Yet, you had some clinical connection with your patients. And it was very much in the moment. Things change all the time. I think it was that environment, being able to put your knowledge of pharmacology and physiology into practice to see how things changed. Being able to work with different patients with complex or simple problems. It just was the place where I was the most interested and felt the most comfortable, getting to know some of the physicians then who worked in the operating room in St. John's when I was a medical student. Then, I did a rotating internship, so I had an extra six months to make up my mind. [I] was able to use some of that time to do some different electives to narrow it down. So, it came down to anesthesia or internal medicine, and my number one choice worked out.

Sonya

That's excellent. It's also the two specialties that piqued my interest in medical school. And I think I ended up in the right place as well.

Susan

Good for you.

Sonya

How did you come to be involved in the CAS?

Susan

When I was at Memorial, I was doing some other things. I was program director, an examiner for the Royal College [of Physicians and Surgeons of Canada] and was involved in the provincial society as well. I had the opportunity to meet some people and travel around the country a little bit. So, when the position of [CAS] treasurer became available, you know the way it works, the past president seeks interest from people. The past president at the time contacted me directly to ask if I would have any interest in being treasurer. I mulled it over for a day or so and thought, yeah, this would be something that'd be interesting. I think there is value in giving back to your profession and organization, so I saw it as an opportunity to participate in that. I will confess, I had never been a treasurer. I don't think financial management is in any way my strength. But he convinced me that it was a lot more than about being treasurer, it was about being part of the executive and leadership of the society, and that was what sort of got me at the beginning. I will say I felt very overwhelmed and unskilled at the beginning. But people were very inviting and helpful. And in my experiences in medicine in the various different areas that I've worked, I think being part of the CAS executive really was one of the most coherent and effective groups of people that I've ever worked with. I truly valued that experience.

Sonya

How did you then progress from being treasurer to the role of president?

Susan

There was a process to go through. When they're then seeking a VP, people put their names in. You interview, send your CV. Just like many other roles. The first year I put my name in, Dr. Patricia Houston became the president – and, I will say that if you've had the chance to interview her, she is some pretty stiff competition. The next year I did get the VP role and worked with Patricia who was president at the time, [along with] the other executive members and treasurer. From VP, it's pretty much a given that you move on provided that you still want to do it at that point in time.

Sonya

During your role as president of CAS, what would you consider to be your biggest accomplishments?

Susan

When I was VP with Dr. Houston as president, we did an exercise with a number of members as well as the provincial directors at the time to see what's important – what do we think is important to the society right now? A couple things came out of the talk. Of course, the journal [Canadian Journal of Anesthesia] is always important, the annual meeting was seen to be important, and we were doing some governance work and developing the CAIRS database. We divided and conquered. Rebooted and revamped the annual meeting, which was the project that I was going to lead. I think that's certainly something I was very proud of. We had a strategic plan of how we wanted to improve upon the meeting based on a lot of feedback we had from members as well as using the standards for education from the Royal College in order to amp up our educational standards a little bit and provide a program that would be of value to members and others attending the meeting. From an educational point of view: doing things like incorporating objectives, helping our instructors to teach better, bringing in interactive sections more, [Royal College Maintenance of Certification] Section 3 credits, et cetera. Focusing on the education as well as networking piece of the meeting were deemed to be two of the most important things for the members and attendees. I think it took the better part of three years. The annual meeting chair at the time was Dr. Daniel Bainbridge. We had a small working group with some education experts as well. I think the changes made to the meeting at the time was something I was really proud of, and I'm really grateful to the people that I work with. Many of us put in lots and lots of work to develop the process and standards that are set into the meeting now.

Sonya

Is there a particular annual meeting that stands out to you among the years?

Susan

I would say Vancouver when I was president. I think that was a fabulous meeting, we had great turn out, we had great speakers, fabulous venue. And I think the timing of that was just really good for me personally, where I was CAS president.

I don't want to say Calgary [2013], but the canceled Calgary meeting will always stand out in my eyes, as well as the St. John's meeting on my home soil.

There have been so many really great meetings over the years that it's hard to pick one. The Ottawa meeting, the Quebec meeting. Hard to pick one that really stands out.

Sonya

Yeah, for sure. During your role as president of the CAS, were there any particular challenges or major challenges that you faced?

Susan

The cancelled Calgary meeting – although I wasn't president – was certainly a difficult time for the

society. You may not recall, but we actually cancelled the meeting on the Friday morning of the meeting. So just being part of that from a communication point of view: how do we manage the finances, rebooking, etc. It went on for several years after that. I think that was a big challenge. We went through some changes in our office leadership while I was president. You know, people don't always see behind the scenes, the administrative work that must happen in order to have a large society function. That at the time provided some challenges as well. I mean, overall, we have such a good group of people. Even though many of them are volunteers, they're very committed, and we are able to work through most things as they arise.

Sonya

Now to change gears just a little bit, can you tell me a little more about your career after leaving your role as president of the CAS?

Susan

When I was president of the CAS, at that time I was initially still working at St. John's at Memorial and my clinical practice was at St. Clare's hospital. I actually left there and moved to Ontario where for five years I was chief of anesthesia at Hamilton Health Sciences and on faculty at McMaster [University] in the Department of Anesthesia.

About a year, maybe a year and a half ago, [I] changed jobs again and I came to work in Brantford, Ontario at the Brant Community Health Care Services. Here I am Chief of Anesthesia and Perioperative Medicine and Medical Director for Perioperative Medicine. So, it's a busy community hospital where there is lots of opportunity to make change, not only for anesthesia and perioperative services, but within the medical staff as well. It's been a pleasant change, and in some ways, going back to your very first question, in some ways I feel that maybe I've done a 180 and come back to my home hospital in making this change. It reminds me very much of working at St. John's when I started my career.

Sonya

What influenced you to move from Newfoundland to Ontario?

Susan

Probably a personal decision. I had made some changes in my personal life, and I was looking really to do something different; looking for a leadership position in anesthesia or within medicine, and the Hamilton one arose. My children were becoming independent, and it was the right time in my life to make a fairly significant change.

Sonya

Did you find that transition to be fairly smooth, or were there particular challenges that you faced?

Susan

I think, leaving home where you've been for 20+ years in the same environment and coming to a very different environment in a much larger tertiary care hospital – it did take a while to settle in. Even coming to Ontario from Newfoundland, I think that took about five years [to settle in]. But it was the right move at the time. And I am pretty good with change overall. Change is always happening, and I've made changes in career and job through most of my life. So, I think I'm pretty adaptable from that point of view.

Sonya

I was reading on the Hamilton Health Sciences website a little bit about you, and it said that some of your interests beyond clinical care include communication, professionalism, and continuing professional

development. Can you tell me a little bit more about why one or more of these topics are important to you?

Susan

I would say that now with this move, in this organization, I've had a really good opportunity to pursue some of those other interests. I think the professionalism, and now the introduction of Just Culture into this environment is one of the most important areas for me. I've learned a lot over the years about physicians, physician behaviors, and institutional behaviors.

I think being a physician advocate – not just for anesthesiologists, but for all physicians – to represent our interests in these areas of professionalism [and] behavior, is an opportunity that we now have. Not only for me but I think across medicine, this is certainly rising to the top and we're talking about it a lot more. Even from the point of view of physician wellbeing – I'd like to say post-pandemic, but I don't think we're quite there – coming out of the pandemic with the significant burnout that we see and the changes that we've all been through. It's now, how do we all get through that together? [How do we] make sure that physicians are well and able to provide not just the best in patient care but also be the best for their families, their colleagues, and everyone else? I think right now that is the area that I feel most committed to. And being able to create policy and process and some environment and culture changes to facilitate and build on that.

Sonya

I personally feel that that is a very important topic that's sometimes not discussed enough. Were there any experiences during your residency in particular that influenced that interest, maybe good ones or bad ones, that led you to want to impact change?

Susan

I think you know looking back, many years ago, when I even started working in health care, so much has changed since then. Behaviours that we accepted then are certainly not accepted now. I think there's just been so much change over the years. Of course, I experienced and witnessed things that I feel were inappropriate. I think now, at this point in my career, I do have the – I don't want to say maturity but – insight and experience that now there is opportunity to influence change and make things better. I think when you're very junior and sort of really focused on your career, it's hard to do everything. So now is a good time to be able to think about that. I think the environment is right for it.

Sonya

For sure. Looking back on your career, were there any important mentors or sponsors that led you to where you are today?

Susan

I think there were any number of clinicians who I worked with, certainly as a resident from St. John's and early on in my career. I can't say there was any one person in particular at that time. We were a small faculty and very many people helped to influence and shape your clinical skills at that time. I think from then, my experiences with being a program director at that level, [I can identify] Dr. Ramona Kearney, who was head of the exam board when I went on there. Patricia Houston was and is a role model when I was part of CAS [executive]. I really admired these individuals, looked up to and would reach out to them for advice, guidance, etc. These strong leaders in anesthesia were people who I would strive to reach their level of excellence in very many ways.

Sonya

Are there any particular qualities or traits that you talked about that you still strive for today?

Susan

Certainly. Always a high level of professionalism, treating people always with respect, constantly striving to up the standard, to make things better, and having the knowledge and the skills and abilities to do that. It just doesn't happen magically. You learn how to do things better. You learn how to bring in process. You educate yourself and people around you. I watched them do that sort of thing and do it very well. I think, learning that you have to educate yourself in order to change things not just clinically but administratively and from a leadership perspective. So, really watching how they developed their own leadership skills, and asking advice from other people on how I would develop my leadership skills.

I think that's a big piece of what I saw in people who I trusted and would reach out to for advice and guidance. In a very simplistic way, I wanted to be like them. Because they were so very well respected and effective in their roles.

Sonya

Certainly a very admirable thing. So, something that we like to ask in these interviews, I don't know if it will be relevant or not, is asking our past presidents if you can describe a typical anesthetic during your first year of practice, so maybe your first year of residency in anesthesia, and compare it against your most recent anesthetic delivered.

Susan

I don't know if I can describe the anesthetic difference. But I think I can talk a bit about practice changes, what's changed in twenty-five years.

I started out in the days of pentothal as an induction agent, as an example. Actually, I [personally] had an anesthetic that had pentothal, and I'm going to tell you there's a reason patients don't like it. I've seen changes certainly in drugs, going from pentothal and sux [succinylcholine] and vecuronium, to propofol and other induction agents.

Even the use of halothane – I'm sure you've never seen halothane and hopefully never will – but the changes in pharmaceuticals, the common drugs that we've used, it's really changed dramatically. I would've given pentothal, sux, and turned on the halothane in one of my first anesthetics. We have sux but we certainly don't have any of those other drugs anymore. Drugs have changed dramatically [and] technology has changed dramatically from the first anesthetic machine I used to the very high-tech anesthesia machines that we have now; you can't lift the cover off and look at the flow tubes inside the machines anymore or fix anything with duct tape. That's changed dramatically. Now I have a high-tech machine that I do my very best to use effectively.

Equipment has changed. Difficult intubations were truly difficult intubations. We didn't have a Glidescope [videolaryngoscope] or any technology to go by.

So, I think, it'd be the drugs, technology and of course the knowledge and skills you develop over time that's made the changes. Even the simplest anesthetics that you give now is very different from the simplest anesthetic that I would have done twenty-five years ago.

Sonya

That's fascinating. Are there any advances in anesthesia or medicine at large that you feel had the greatest impact on your career and practice in anesthesia?

Susan

In my clinical practice, I've just alluded to one of them, that's the Glidescope, as well as the LMA [Laryngeal Mask Airway]. Airway tools have made a huge change in practice, in the ease of airway

Dr. O'Leary (2014-2016)

management and improving airway management. Of course, the other thing that I was just talking about is the drugs. Would I ever go back to pentothal? Absolutely not. From a clinical point of view, the introduction of new anesthetic drugs, muscle relaxants, improved volatiles, and some of the technical monitoring that we have now. Things like BIS [Bispectral Index], and neurostimulators are much better than they used to be. The ability to monitor patients in a very different way, including intraoperative echocardiogram, has all come in practice since I started. So, I think it's the technology, airway, drugs, those would be the big things in clinical practice.

Sonya

Are there any advances that are currently in development or that you look forward to being developed in your career moving forward?

Susan

I think they'll always continue to develop things. I'm going to say AI [artificial intelligence]. I think with some of the newest health information systems in anesthesia technology that becomes integrated and gives you more information back in the moment based on what's happening with the patient.

From the point of view of physiology, cardiac output, brain functioning, you know you have those basic functions. I think we're going to be able to get much more in the way of objective information. It informs you about the patient and how to improve the quality of anesthesia. I think those are the next kind of intuitive technologies that we're going to see. I don't think they're going to happen in my career, but they should in yours.

Sonya

I have a couple more questions for you. Are you currently involved in perioperative medicine at large, out of the operating room? Is this one of your interests?

Susan

No, I don't currently do that. I did for a while in Hamilton, but I'm not doing that now.

Sonya

When you were involved in Hamilton, could you tell me a little more about what interested you in that area or some of the things that you did?

Susan

For me, it was a small role in my job there. It came about during the pandemic with a study to look at postoperative at-home management for patients and some technologies that were being used. It was a fairly large trial, and I represented a small piece of it. I think from a community perioperative medicine point of view, it's [about] managing our pre-op clinics. It's managing all of the things we do outside of the operating room and there's always more and more of that. Even if it's in ambulatory care, or ICU, my perioperative interest now is, how do we get better and expand our role effectively outside of the operating room? Much more of anesthesia is happening outside of the operating room than it ever did. I think in the day to day, most of the generalist anesthesia practice, that's our piece of perioperative medicine.

Sonya

My last question for you just to close off the interview is, do you have any advice for the next generation of trainees and anesthesiologists that you would like to share?

Susan

I would say that residency is such an amazing opportunity. You're in a situation of five years of being

able to practice clinical anesthesia, clinical medicine. [It's a] golden opportunity to learn a whole lot while you're doing it. In Canada, every program is a fabulous teaching environment. I would encourage every resident to take advantage of every opportunity that's given to them.

And remember that you're still there to look after patients. We are all, at the end of the day, there to look after our patients. I think you want to really keep [in mind], not only the training, but also the fact that **these are your patients**. Think of them as your patients. Because all of a sudden, five years later, you're out working. I think that transition is an important one.

I also recognize that the practice of medicine in many ways has changed over the years. I see in young physicians an interest to ensure that they keep some of that balance in life. You have your medicine practice and the work that you do, [as well as] family and other things outside of work that are very, very important. You've got a long career; residents have a long career ahead of them. You want to be able to see it through for the next twenty-five or thirty years and take care of yourself and your family, and other things that are important to you at the same time. This is probably something that you've heard from other people. For many of us when we started, we worked, worked, worked. I don't think in retrospect that that was the best lifestyle decision, but it is what it was at the time. I think that young physicians need to think a little bit differently than that, but still very much maintain focus on being excellent in your job, having strong clinical skills, excellent knowledge, and focus on patient care.

Sonya

What, in your personal experience, has helped you maintain that balance and be well even in times where you find yourself kind of stretched thin?

Susan

You know what, that was a challenge – working [with] two small children, and life was very busy, and other things [would] come along. Even doing things like being involved in the CAS or being an examiner. These are things that are not particularly remunerative or part of your [work] day – it was that opportunity to be with people who were like-minded. You could learn a whole lot in these roles, I think that actually helped to balance out the busy-ness of clinical practice and give additional perspective from a work and professional point of view.

I have always loved outdoor activities. I never gave up running, hiking, biking, being outside, doing things with my kids and my family. That remains to this day my solace when things get difficult. I went hiking through the escarpment yesterday, and I would say that that's one of the most important things to me. In recent times and certainly through the pandemic when stresses were extremely high and everyone was on that verge of burnout and the difficulties of life, I've actually found that resources like the OMA [Ontario Medical Association] podcast series, some of the readings, the mindfulness/meditation apps or opportunities have been pretty helpful.

I think it's being able to reset with some of those things that's been very useful in the past two years or two and a half years. But there is always the need to check yourself. You don't want to get on that treadmill and not be able to get off. What are the things every single day that help all of us to be well? Not only physically but mentally and emotionally well?

Hopefully, as a resident now, you have some of that actually built into your teaching program, and I think it's more than likely that you do. What have I done? Tried to always find a little bit of time for myself, value my family, and pick those things that are really good for me to stick with.

Sometimes you can get a little stretched and you have to know where your limits are. Count on family and friends to give [you] solid advice when needed.

Sonya

For sure. That's great advice. Thank you so much, I think that's a good way to end our interview.