In its ongoing efforts to ensure its continuing education and professional development programming are in-line with the needs of its members, the Canadian Anesthesiologists’ Society conducted a survey of its members’ education requirements in May and June 2014. The CEPD Needs survey was conducted for CAS by the Association Resource Centre Inc.

As part of that survey, the CAS also wanted to gather data on the use and preferences surrounding the Canadian Journal of Anesthesia (CJA) and its quarterly newsletter Anesthesia News. This report summarizes the results from the readership component of the survey.
Respondent Profile

Gender (N=389)
- Male: 70%
- Female: 30%

Age (N=394)
- Under 25: 0.3%
- 25-34: 19%
- 35-44: 24%
- 45-54: 24%
- 55-64: 23%
- 65 and Over: 9%
- Over 74: 1%

Professional Activity (N=402)
- Specialist Anesthesiologist - academic hospital: 40%
- Specialists Anesthesiologist - community hospital: 28%
- Resident: 22%
- Family Practice Anesthetist: 3%
- Retired: 3%
- Anesthesia Assistant: 2%
- Researcher/scientist: 1%
- Other: 2%

Work Setting (N=392)
- University/teaching hospital: 71%
- Other hospital/healthcare facility: 24%
- Private practice: 4%
- Other: 2%

Survey Questions

Q32. In which region/province are you based?
Q37. What is your gender?
Q36. What is your age?
Q30. Which of the following best describes your professional activity?
Q31. Which of the following best describes your work setting?
The tables on this page and the previous page present a summary of the demographic characteristics of the respondents to help provide context to the results in the report.

<table>
<thead>
<tr>
<th>Community Size (N=401)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural (population of less than 50,000)</td>
<td>8%</td>
</tr>
<tr>
<td>Semi-urban (population of 50,000 to 100,000)</td>
<td>7%</td>
</tr>
<tr>
<td>Small city (population of 100,001 to 500,000)</td>
<td>31%</td>
</tr>
<tr>
<td>Large city (population of 500,001 to 1,000,000)</td>
<td>22%</td>
</tr>
<tr>
<td>Major city (population of greater than 1,000,000)</td>
<td>33%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of Membership (N=397)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one year</td>
<td>4%</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td>7%</td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td>22%</td>
</tr>
<tr>
<td>6 to 10 Years</td>
<td>12%</td>
</tr>
<tr>
<td>11 to 20 Years</td>
<td>23%</td>
</tr>
<tr>
<td>More than 20 Years</td>
<td>33%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Years in Practice (N=397)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years</td>
<td>26%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>16%</td>
</tr>
<tr>
<td>11-20 years</td>
<td>18%</td>
</tr>
<tr>
<td>21-30 years</td>
<td>26%</td>
</tr>
<tr>
<td>More than 30 years</td>
<td>14%</td>
</tr>
</tbody>
</table>

Survey Questions

Q33. Which of the following best describes the size of the community in which you work?

Q34. How long have you been a member of CAS?

Q35. Number of years in practice?
Readership of the *Canadian Journal of Anesthesiology (CJA)* is almost universal – 93% of members have read at least one issue of the publication in the past 12 months. The *CJA* also has a strong core of engaged readers, with 27% of members having read all twelve issues of the monthly publication in the past year. On average, members read eight of twelve (or two thirds of the) issues in the past 12 months.

The 7% who did not read any issues of the *Canadian Journal of Anesthesiology* in the past 12 months were asked why they did not. Nearly half (48%) could not cite a reason. Of those who did give a reason, the top mentions were that they did not need the service right now (22%) and that they accessed this information from another source (17%).

Readership of the CAS Newsletter *Anesthesia News* is also strong – 76% of members have read at least one issue of the publication in the past 12 months. *Anesthesia News* also has a strong core of engaged readers, with 30% having read all four issues of the quarterly publication in the past year. On average, members read three of the four (or three quarters of the) issues in the past 12 months.

The 24% of members who did not read any issues of the CAS Newsletter *Anesthesia News* in the past 12 months were asked why they had not. Again, nearly half (47%) could not cite a reason. Of those who did give a reason, the top mentions were that they did not need the service right now (21%), that they accessed the information from another source (18%), that the content was not relevant (14%), and that the content was not interesting (12%).

### Issues Read in Past 12 Months

<table>
<thead>
<tr>
<th>CANADIAN JOURNAL OF ANESTHESIOLOGY (CJA) (MONTHLY) (N=405, MEAN=8.1)</th>
<th>0%</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td>6%</td>
<td>4%</td>
<td>6%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>12%</td>
<td>12%</td>
<td>11%</td>
<td>27%</td>
<td>24%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Q20. In the past 12 months, how many issues of each publication have you read?
Following is a summary of the significant differences between subgroups:

- The *Canadian Journal of Anesthesia (CJA)* is read less often by members in Western Canada (BC, AB, SK, MN); the CAS Newsletter *Anesthesia News* is read more often by members in Ontario.

- Active members were more likely to read the *Canadian Journal of Anesthesia*, with 97% reading at least one issue of the Journal in the past 12 months. Active members read nine of the twelve issues in the past 12 months, two issues more, on average, than other members.

- Residents are less likely to have read the *Canadian Journal of Anesthesia*, with only 77% taking the time to read at least one issue of the Journal in the past 12 months. On average, Residents have read only five of the twelve issues in the past 12 months, far fewer than the number of issues read by Specialist Anesthesiologists working in an academic hospital (nine of twelve) or a community hospital (ten of twelve).

- Members working in Other Hospital/Healthcare Facilities were more likely to read the *Canadian Journal of Anesthesia*, with 98% reading at least one issue of the Journal in the past 12 months. Members working in Other Hospital/Healthcare Facilities read ten of the twelve issues in the past 12 months, three issues more, on average, than members working in a University/Teaching hospital.

- Members residing in a major city were more likely to have read all four issues of the CAS Newsletter *Anesthesia News* in the past 12 months.

- Readership of both the *Canadian Journal of Anesthesia* and the CAS Newsletter *Anesthesia News* increases with age. Readership among the younger members (25 to 34) is half that of the oldest members (65+) for both publications. Following suit, readership of both the *CJA* and *Anesthesia News* increases as both the length of membership and the years in practice increases.

- Clearly, younger members are not taking advantage of these two benefits of membership – only 73% have read the *Canadian Journal of Anesthesia* and 55% have read the CAS Newsletter *Anesthesia News* in the past 12 months. The same holds true for those with five or less years in practice – only 79% have read the *CAJ* and 59% have read *Anesthesia News* in the past 12 months.
### Reasons for Not Reading CJA (N=14)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I DON'T NEED THIS SERVICE RIGHT NOW</td>
<td>22%</td>
</tr>
<tr>
<td>I ACCESS THIS INFORMATION FROM ANOTHER SOURCE</td>
<td>17%</td>
</tr>
<tr>
<td>THE PUBLICATION CONTENT IS NOT RELEVANT TO ME</td>
<td>3%</td>
</tr>
<tr>
<td>OTHER</td>
<td>18%</td>
</tr>
<tr>
<td>NO PARTICULAR REASON</td>
<td>48%</td>
</tr>
</tbody>
</table>

### Reasons for Not Reading Anesthesia News (N=74)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I DON'T NEED THIS SERVICE RIGHT NOW</td>
<td>21%</td>
</tr>
<tr>
<td>I ACCESS THIS INFORMATION FROM ANOTHER SOURCE</td>
<td>18%</td>
</tr>
<tr>
<td>THE PUBLICATION CONTENT IS NOT RELEVANT TO ME</td>
<td>14%</td>
</tr>
<tr>
<td>CONTENT IS NOT INTERESTING</td>
<td>12%</td>
</tr>
<tr>
<td>POOR QUALITY</td>
<td>2%</td>
</tr>
<tr>
<td>CONTENT IS TOO BASIC</td>
<td>2%</td>
</tr>
<tr>
<td>OTHER</td>
<td>21%</td>
</tr>
<tr>
<td>NO PARTICULAR REASON</td>
<td>47%</td>
</tr>
</tbody>
</table>

Q21. Why don’t you read ...  
Note: Base is those who do not read the publication.
While readership of the two publications – the Canadian Journal of Anesthesia (CJA) and the CAS Newsletter Anesthesia News – is high, results show that, for the most part, the publications are not being read in-depth. For the CJA, most merely skim the headlines (62%) or read only one or two articles (16%). Similarly, for the Anesthesia News publication, many merely skim the headlines (51%) or read only one or two articles (15%).

That said, there is a core group of in-depth readers of the two publications – almost a quarter (23%) read most or all of the Canadian Journal of Anesthesia, while just over one third (35%) read most or all of the CAS Newsletter Anesthesia News.

Following is a summary of the significant differences between subgroups:

- Specialist Anesthesiologists working in a community hospital are more likely to read the Canadian Journal of Anesthesia from cover to cover. Residents are less likely to read the CAS Newsletter Anesthesia News from cover to cover.
- In-depth reading of the Canadian Journal of Anesthesia increases with age, length of membership and years in practice. For the CAS Newsletter Anesthesia News, in-depth reading increases with age only.

Q22. When you do read the publication, how would you classify the extent to which you read each of the following CAS publications?

Note: Base is those who read the publication.
Results clearly show a preferential difference between the two publications – the Canadian Journal of Anesthesia (CJA) and the CAS Newsletter Anesthesia News – when looking at how members access and prefer to access each publication.

Members show preference for having a print copy of the Canadian Journal of Anesthesia available; more than half (53%) prefer to read a hard-copy version, two in ten (20%) access both the print and online version, and one in ten (8%) show no preference. With one in five (19%) preferring to access the publication online, CAS should consider continuing to offer the CJA to members in both formats.

As for the CAS Newsletter Anesthesia News publication, members prefer to access the publication online; nearly six in ten (58%) prefer to access the publication online, one in ten (11%) access both the print and online version, and 7% show no preference. With one quarter (25%) preferring to read a hard-copy version, CAS should consider continuing to offer Anesthesia News to members in both formats.

Following is a summary of the significant differences between subgroups:

- Active members are more likely to currently read the Canadian Journal of Anesthesia in hard-copy format.
- Residents are not fond of the print version of the Canadian Journal of Anesthesia, choosing instead to read the publication online.
- Members working in Other Hospital/Healthcare Facilities are more likely to currently read their printed copy of the Canadian Journal of Anesthesia (71% vs. 57% for members working in University/Teaching hospital).
- Members who have been a member for 5 years or less and/or have been in practice 5 years or less are more likely to currently read the Canadian Journal of Anesthesia online vs. others.
- As member age, length of membership and/or years in practice increases, so does the choice of reading a printed version of the Canadian Journal of Anesthesia. The inverse is true for the choice of reading an online version of the CJA – it declines as age and/or length of membership increases.
- Following suit, as member age and/or years in practice increases, so does the choice of reading a printed version of the CAS Newsletter Anesthesia News publication.
Q23. In what format do you usually access each publication?
Q24. In what format do you prefer to access each publication?
Members who have read the *Canadian Journal of Anesthesia (CJA)* were asked to rate the publication on nine metrics. Members awarded “good” ratings across the nine metrics, with 82% to 93% indicating the *CJA* was good, very good, or excellent for each. However, there is considerable room for improvement as 53% or less awarded ratings of good or better to each and the portion awarding full marks is 11% or lower.

Topping the list, members indicated that the *Canadian Journal of Anesthesia* provided insightful editorials (93%), was readable (92%), and provided quality images (90%).

Ratings were also good for overall content (88%), appropriateness to their experience level (87%), and usefulness (86%).

Rounding out the list, members indicated that the *Canadian Journal of Anesthesia* met their professional needs (84%), was relevant to their interests (84%), and had quality research articles (82%).

Following is a summary of the significant differences between subgroups:

- Residents were less likely to rate the insightfulness of editorials and the appropriateness to their experience level as ‘excellent’.
- Members in major cities were less likely to indicate that the *Canadian Journal of Anesthesia* was appropriate to their experience level (80%) vs. others.
- Those who have been members for 5 years or less were more likely to indicate that the *Canadian Journal of Anesthesia* was relevant to their interests (93%) vs. others.
Q25. How would you rate the Canadian Journal of Anesthesia (CJA) on each of the following?

<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readability (N=380)</td>
<td>8%</td>
<td>43%</td>
<td>41%</td>
</tr>
<tr>
<td>Insightfulness of Editorials (N=372)</td>
<td>11%</td>
<td>42%</td>
<td>40%</td>
</tr>
<tr>
<td>Quality of Images (N=377)</td>
<td>9%</td>
<td>39%</td>
<td>42%</td>
</tr>
<tr>
<td>Appropriateness to Your Experience Level (N=382)</td>
<td>9%</td>
<td>35%</td>
<td>43%</td>
</tr>
<tr>
<td>Overall Content (N=381)</td>
<td>6%</td>
<td>36%</td>
<td>46%</td>
</tr>
<tr>
<td>Usefulness (N=381)</td>
<td>7%</td>
<td>35%</td>
<td>44%</td>
</tr>
<tr>
<td>Ability to Meet Your Professional Needs (N=379)</td>
<td>8%</td>
<td>33%</td>
<td>43%</td>
</tr>
<tr>
<td>Relevance to My Interests (N=383)</td>
<td>5%</td>
<td>32%</td>
<td>47%</td>
</tr>
<tr>
<td>Quality of Research Articles (N=370)</td>
<td>7%</td>
<td>35%</td>
<td>40%</td>
</tr>
</tbody>
</table>
According to members, the Continuing Professional Development (CPD) modules and the Review articles are the two must have sections in the *Canadian Journal of Anesthesia*; a quarter (26%) of members ‘always’ read these two sections. Editorials are also popular, with one in five (21%) members ‘always’ reading that section as well.

The readership scores (% of members who read the section at least ‘occasionally’) for each section of the *Canadian Journal of Anesthesia* are shown below:

- Editorials – 97%
- Case reports – 97%
- Reports of original investigation – 97%
- Review articles – 95%
- Continuing Professional Development (CPD) modules – 89%
- Correspondence section – 80%

Following is a summary of the significant differences between subgroups:

- Regionally, a handful of differences can be found in the readership scores for each section of the *Canadian Journal of Anesthesia*, namely:
  - Members from Western Canada (BC, AB, SK, MN) are more likely to read two sections of the *CJA* – Continuing Professional Development (CPD) modules and Correspondence.
  - Members from Eastern Canada (NB, NS, PEI, NL) are less likely to read two sections of the CJA – Review Articles and Correspondence.
- Active members were more likely to read the Case reports and Correspondence section ‘often’, and less likely to read the Editorials and Case reports ‘occasionally’.

(cont’d on next page)
Following is a summary of the significant differences between subgroups: (cont’d)

- Residents were more likely to ‘occasionally’ read the Editorials and Case reports. Residents were less likely to ‘often’ read the Case reports and ‘always’ read the Correspondence section.
- Readership scores were lowest for Continuing Professional Development (CPD) modules for Specialist Anesthesiologists working in an academic hospital.
- Readership scores are higher for members working in Other Hospital/Healthcare Facilities for Continuing Professional Development (CPD) modules and Correspondence vs. others.
- Members working in Other Hospital/Healthcare Facilities were more likely to ‘occasionally’ read the Editorials and Case reports, and to ‘always’ read the Continuing Professional Development (CPD) modules.
- Members working in a University/Teaching Hospital were more likely to ‘always’ read the Case reports, and ‘occasionally’ read the Continuing Professional Development (CPD) modules.
- Members from a major city were more likely to ‘often’ read the Reports of original investigation.
- Members of less than 5 years are less likely to ‘often’ read the Case reports; members of more than 20 years are more likely to ‘often’ read the Correspondence section.
- The study reveals some interesting stepwise trends:
  - Readership scores for the Correspondence section increase as age, the length of membership and/or years in practice increases.
  - The reading of Editorials and Correspondence ‘always’ increases as age, length of membership, and/or length of practice increases.
  - The reading of Editorials and Case reports ‘occasionally’ decreases as age, length of membership and/or length of practice increases.
  - The reading of Case reports ‘often’ increases length of membership increases.
Q26. To what extent do you refer to the Canadian Journal of Anesthesia (CJA) for updates in the following areas?

- REVIEW ARTICLES (N=383):
  - Always Read: 26%
  - Read Often: 49%
  - Read Occasionally: 20%

- EDITORIALS (N=383):
  - Always Read: 21%
  - Read Often: 46%
  - Read Occasionally: 30%

- CONTINUING PROFESSIONAL DEVELOPMENT (CDP) MODULES (N=383):
  - Always Read: 26%
  - Read Often: 32%
  - Read Occasionally: 31%

- CASE REPORTS (N=383):
  - Always Read: 14%
  - Read Often: 41%
  - Read Occasionally: 42%

- REPORTS OF ORIGINAL INVESTIGATION (N=383):
  - Always Read: 5%
  - Read Often: 35%
  - Read Occasionally: 57%

- CORRESPONDENCE SECTION (N=383):
  - Always Read: 7%
  - Read Often: 23%
  - Read Occasionally: 50%
More often than not, members look to the *Canadian Journal of Anesthesia* for updates to the guidelines to the practice of anesthesia; 54% of members ‘usually’ refer to this section. Airway management and perioperative medicine updates are also ‘usually’ referred to by one third (33%) and one quarter (26%) of members, respectively.

The referral scores (% of members who refer to updates ‘usually’ or ‘sometimes’) for each topic are shown below:

- Guidelines to the practice of anesthesia - 91%
- Airway management updates - 87%
- Perioperative medicine - 86%
- Clinically related research - 78%
- Anesthetic pharmacology - 71%
- Pain medicine - 63%
- Issues in medical ethics - 56%
- Critical care medicine - 52%

Following is a summary of the significant differences between subgroups:

- Referral scores are higher for members from Western Canada (BC, AB, SK, MN) for the following types of updates: Clinically related research, Pain medicine, Critical care medicine, Anesthetic pharmacology, and Issues in medical ethics.
- Referral scores are lower for Active members for the following types of updates: Perioperative medicine and Issues in medical ethics.
- Residents are more likely to use the *Canadian Journal of Anesthesia* for updates on Clinically related research, Pain medicine, Critical care medicine, Anesthetic pharmacology, and Issues in medical ethics.
- Specialist Anesthesiologists working in community hospitals are more likely to ‘usually’ refer to updates on Perioperative medicine and Airway management.

(cont’d on next page)
Following is a summary of the significant differences between subgroups: (cont’d)

- Members working in a University/Teaching Hospital are more likely to ‘sometimes’ use the *Canadian Journal of Anesthesia* for updates on Clinically related research, Perioperative medicine, and Airway management.
- Members working in Other Hospital/Healthcare Facilities are more likely to ‘usually’ use the *Canadian Journal of Anesthesia* for Perioperative medicine, Anesthetic pharmacology, and Airway management updates.
- Members in rural/semi-urban areas are more likely to ‘usually’ use the *Canadian Journal of Anesthesia* for updates on Perioperative medicine.
- Referral scores for Pain medicine and Issues in medical ethics are lowest for members of 6 to 10 years vs. others.
- Members of 5 years or less are more likely to use *Canadian Journal of Anesthesia* for updates on Issues in medical ethics.
- Members who have been in practice for 5 years or less and those aged 25 to 34 are less likely to ‘usually’ use *Canadian Journal of Anesthesia* for seven of the eight types of updates – all but Guidelines for the practice of anesthesia.
- Members who have been in practice for 5 years or less are more likely to ‘sometimes’ use the *Canadian Journal of Anesthesia* for Perioperative medicine, Guidelines for the practice of anesthesia, and Airway management updates.
- Members aged 25 to 34 are more likely to use *Canadian Journal of Anesthesia* ‘sometimes’ for Clinically related research, Perioperative medicine, and Airway management updates.
Q27. To what extent do you refer to the Canadian Journal of Anesthesia (CJA) for updates in the following areas?

**Extent to Which Members Refer to CJA**

<table>
<thead>
<tr>
<th>Area</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUIDELINES TO THE PRACTICE OF ANESTHESIA (N=379)</td>
<td>54%</td>
<td>37%</td>
<td>8%</td>
</tr>
<tr>
<td>AIRWAY MANAGEMENT UPDATES (N=379)</td>
<td>33%</td>
<td>54%</td>
<td>10%</td>
</tr>
<tr>
<td>PERIOPERATIVE MEDICINE (N=375)</td>
<td>26%</td>
<td>60%</td>
<td>12%</td>
</tr>
<tr>
<td>ANESTHETIC PHARMACOLOGY (N=377)</td>
<td>19%</td>
<td>52%</td>
<td>24%</td>
</tr>
<tr>
<td>CLINICALLY RELATED RESEARCH (N=374)</td>
<td>19%</td>
<td>60%</td>
<td>17%</td>
</tr>
<tr>
<td>PAIN MEDICINE (N=373)</td>
<td>17%</td>
<td>46%</td>
<td>30%</td>
</tr>
<tr>
<td>ISSUES IN MEDICAL ETHICS (N=369)</td>
<td>14%</td>
<td>42%</td>
<td>36%</td>
</tr>
<tr>
<td>CRITICAL CARE MEDICINE (N=375)</td>
<td>12%</td>
<td>40%</td>
<td>38%</td>
</tr>
</tbody>
</table>
Members were asked to identify up to five topic areas they would be most interested in reading about in the Canadian Journal of Anesthesia. Results are shown on the next page.

Airway management (56%) and review articles (53%) are the two topics that members would be most interested in reading about in the Canadian Journal of Anesthesia. Also garnering a fair amount of interest are obstetrical anesthesia (38%) and perioperative medicine (37%). At 29%, patient safety rounds out the top five topics of interest.

The topics of least interest, mentioned by fewer than one in ten members, are: international issues/trends (7%), science and research (7%), finance and economics (6%), politics and policy (5%), and management and administration (3%). These issues are not seen as relevant to the membership at large, with only a handful expressing an interest in having these topics featured in the Canadian Journal of Anesthesia.

Following is a summary of the significant differences between subgroups:

- Members from Eastern Canada (NS, NB, PEI, NL) are less interested in patient safety as a topic for the Canadian Journal of Anesthesia, and more interested in trauma, pediatric anesthesia, and simulation. Members from Ontario are more interested in Ethics as a topic for the CJA.
- Active members are more interested in the following topics: review articles, patient safety, and management and administration. Active members are less interested in simulation as a topic for the Canadian Journal of Anesthesia.
- Residents are less interested in the following topics: International issues/trends, management and administration, patient safety, and review articles. Residents are more interested in topics related to simulation and trauma.
- Specialist Anesthesiologists working in community hospitals are more interested in topics related to perioperative medicine, obstetrical medicine, and obesity. They are less interested in topics related to education/teaching, neuroanesthesia, and science and research.
- Members working in a University/Teaching Hospital are more interested in the following topics: Cardiac anesthesia, Education/Teaching, neuroanesthesia, science and research, and simulation. Members working in Other Hospital/Healthcare Facilities are more interested in: geriatric and elderly, obesity, obstetrical anesthesia, and perioperative medicine.
- Members in rural/semi-urban areas are more interested in obstetrical anesthesia as a topic for the Canadian Journal of Anesthesia.
Q28. What topic areas are you most interested in reading about in the Canadian Journal of Anesthesia?
Note: Multiple response. Maximum of 5 selections.
Following is a summary of the significant differences between subgroups:

- Younger members (25 to 34) and members who have been practicing for 5 years or less are less interested in articles on ethics, and are more interested in articles on simulation. Older members (55 to 64) hold the highest interest for ethics as a topic for the *Canadian Journal of Anesthesia*.

- Members for 5 years or less are less interested in International Issues/Trends, Management and administration, patient safety, and science and research. They are more interested in simulation as a topic for the *Canadian Journal of Anesthesia*, as are members who have been in practice for 5 years or less.

- Members who have been in practice for 30+ years are more interested in equipment as a topic for the *Canadian Journal of Anesthesia*.

- Members who have been in practice for less than 5 years are less interested in Ethics as a topic for the *Canadian Journal of Anesthesia*.

- The study reveals some interesting stepwise trends:
  - Interest in patient safety as a topic increases as age, length of membership, and/or length of practice increases.
  - Interest in trauma as a topic decreases as both age and/or length of practice increases.
  - Interest in equipment as a topic increases as age increases.