

# Canadian Anesthesiologists' Society

## ANNUAL REPORT FOR 2017



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## REPORT OF THE PRESIDENT

*Dr Douglas DuVal, FRCPC*

I am pleased to report that 2017 was a year of several successes for the Canadian Anesthesiologists' Society (CAS).

Our Executive Director, Debra Thomson, has continued to assemble an efficient and effective office team committed to the advancement of our society. Their efforts have resulted in an increase in membership of over 10% from 2016, to a total of 2,070 members. This increase is an impressive actualization of a rather ambitious goal which Debra had set for her administration. Augmented membership revenues, coupled with continued strong fiscal management on the expense side, have yielded a second consecutive modest financial surplus.

The *Canadian Journal of Anesthesia (CJA)*, under the directorship of its current Editor-in-Chief, Dr Hilary Grocott, is a continuing source of pride to CAS. This year, the *CJA* embarked on a bold new initiative, entering into an agreement with the Canadian Critical Care Society (CCCS) to become that society's official journal.

Dr Kyle Kirkham, Chair of the CAS Choosing Wisely Committee, worked closely in 2017 with Ontario's Anesthesiologists to produce an "Implementation Guide", <https://static1.squarespace.com/static/53753bcde4b02080802a6711/t/59401e3d9de4bb74f38b77fc/1497374301772/Choosing+Wisely+Implementation+Guide+Print+Version+reduced.pdf> which uses a case study approach describing the experiences of five Ontario hospitals of various sizes with respect to their adoption of the five CAS Choosing Wisely "don'ts". These five evidence-based "don'ts" <https://choosingwiselycanada.org/anesthesiology/> were selected in 2015 from a short list proposed by a CAS team of experts and appraised in a survey of members. The Implementation Guide was made available to all CAS members as a valuable resource to assist with the systematic uptake of the CAS Choosing Wisely recommendations within their own institutions.

The CAS continued in 2017 to provide significant administrative assistance to its highly-valued independent affiliated foundations, the Canadian Anesthesia Research Foundation (CARF) and the Canadian Anesthesiologists' Society International Education Foundation (CASIEF). Both of these organizations, whose Boards of Trustees are chaired by Dr Doreen Yee (CARF) and Dr Dylan Bould (CASIEF), perform important work on behalf of Canadian anesthesiology – CARF providing financial support for high-quality Canadian research, and CASIEF extending global educational outreach. CAS demonstrated additional support of global health in 2017 by joining the G4 Alliance, comprised of over 80 organizations working in more than 160 countries, seeking greater political priority for surgical, obstetric, trauma, and anesthetic care. CAS has, of course, been a member of the World Federation of Societies of Anesthesiologists since its founding in 1955, with Dr Harold Griffith from McGill University elected as its Founder-President.

The Canadian Anesthesia Incident Reporting System (CAIRS) is a safety and quality assurance tool based on the Australia/New Zealand “webAIRS”, and adopted by CAS in 2015 under an agreement with the Australia and New Zealand Tripartite Anesthetic Data Committee (ANZTADC). CAIRS continued in 2017 to be prepared for implementation under the medical direction of Dr Scott Beattie. A CAIRS interest group met on two occasions to explore essential considerations. Although the system did not “go live” as anticipated during 2017, important groundwork was laid in anticipation of a launch early in 2018.

The highlight of any year is our Annual Meeting, which in 2017 was held in Niagara Falls, Ontario - a novel location. The year 2017 was the 150<sup>th</sup> anniversary of the Confederation of Canada, as well as the 150<sup>th</sup> anniversary of the founding of the Canadian Medical Association. The President’s Symposium titled “Pride, Patriotism, and Professional Association” acknowledged these anniversaries, with presentations by Canadian Medical Association past-president Chris Simpson, and by four presidents of international anesthesiology societies. Overall, the scientific and educational content of the meeting was enthusiastically appreciated. My sincere thanks go to the Chair of the Annual Meeting Committee, Dr Adriaan Van Rensburg!

It is always a pleasure to recognize the achievements of our colleagues at the annual Awards Ceremony held at the conclusion of the Annual Meeting. This year’s Honour Award winners were Dr Steven Kowalski (Clinical Practitioner Award), Dr Jean Bussièrès (Clinical Teacher Award), Dr Paul Wiczorek (John Bradley Young Educator Award), Dr Gregory Hare (Research Recognition Award), Dr Diane Biehl (Emeritus Membership Award), and Dr Beverley Orser (Gold Medal). The Canadian Anesthesia Research Foundation (CARF) presented six cash awards in support of Canadian anesthesia research. In addition, Best Paper Awards were presented in 11 categories, and recognition was also conferred upon winners of Medical Student Prizes, the Residents’ Competition, and the Richard Knill Competition. Congratulations to all winners!

One of the privileges of serving as CAS President is the understanding and appreciation gained for the volunteer efforts of many dedicated and talented members who contribute so much to the betterment of the practice of anesthesiology, of our society, and of our country. I gratefully acknowledge the efforts of all members and Chairs of our Sections and Committees, all members of the Board of Directors, and the CAS Executive Committee: Dan Bainbridge, Susan O’Leary, David McKnight, and James Kim. Sincere thanks also to Debra Thomson and her CAS office team.

## REPORT OF THE TREASURER

*Dr James Kim, FRCPC*  
**Treasurer's Report 2017**

The Canadian Anesthesiologists' Society (CAS) financial statements are divided into three business areas: the Society's administration (CAS), the Annual Meeting (AM) and the *Canadian Journal of Anesthesia* (CJA).

As of December 31, 2017, the CAS has \$3,238,448 in assets and \$1,303,921 in liabilities. Included in the total asset value was an investment portfolio of \$1,714,409 that generated a return of 0.31% in 2017.

The general table below gives an overview of the Society's financial situation (Table 1).

**Table 1**

	2016 (millions)				2017 (millions)			
	AM	CAS	CJA	TOTAL	AM	CAS	CJA	TOTAL
<b>Revenues</b>	1.185	1.103	0.639	2.926	1.115	1.171	0.650	2.936
<b>Expenses</b>	1.239	0.843	0.661	2.743	1.172	0.901	0.609	2.682
<b>Surplus (Deficit)</b>	(0.055)	0.259	(0.022)	0.182	(0.057)	0.270	0.041	0.254

### **Annual Meeting (AM)**

Thanks to the Annual Meeting Committee's outstanding work, the 2017 AM had a small deficit. The AM attendance in Niagara (2017) was lower than Vancouver (2016), but with higher sponsorship and exhibitor revenue combined with excellent cost control, we were able to maintain the small deficit level from 2016. Although the goal for the AM is not to generate profit, with the industry trend of decreasing sponsorship revenue and ever-increasing costs, it is crucial to find revenue growth and expense reduction opportunities.

### **Society's Administration (CAS)**

The CAS component, although fragile, always generates a positive balance. Revenue is higher in 2017 mainly due to a significant increase in membership. With respect to investments, while following our capital protection policy for a not-for-profit organization, we depend on the volatile market. In 2017, the return is quite minimal because of low interest rate.

### **Canadian Journal of Anesthesia**

As a main source of exposure for the Society, the *CJA* must consistently deal with the ups and downs of print media and still depends on royalties. Thanks to the hard work of Dr Hilary Grocott, the Editor-in-Chief, and the Editorial Board, the *CJA* successfully turned around financially and generated a surplus in 2017. This is the first surplus the *CJA* generated since 2013, which was the last year of guaranteed royalty payment from our publisher. The surplus is a

result of reduced cost in HR and board expenses, combined with a favourable USD exchange rate. However, with the publisher contract renewal due at the end of 2018, this financial picture will no longer be possible, and a review of *Journal* management systems and ongoing expenses will be reviewed and reconsidered. We must look for new and creative ways to grow revenue and reduce expenses.

### **Conclusion**

I am happy to announce that our 2017 financial results are extremely positive. We maintained our surplus position from 2016 and are building a healthy reserve for the Society. This success can be attributed to impressive membership growth, and the success of the 2017 Annual Meeting in Niagara Falls, combined with overall tight cost controls.

This positive outcome is a result of exemplary contributions from many people. I especially want to emphasize the work of Executive Director, Debra Thomson; Director, Finance, HR & IT, Iris Li; Annual Meeting Committee Chair, Dr Adriaan Van Rensburg; and, *Canadian Journal of Anesthesia* Editor-in-Chief, Dr Hilary Grocott. I also want to thank all Finance Committee members and the Board of Directors, chaired by Dr Douglas DuVal, and all the Society's staff.

It is indeed a time for celebration. However, the Society's financial state remains fragile and as the Treasurer, I encourage caution. The goal is to always attain a balanced budget. We must stay vigilant and keep up our efforts to maintain revenue and monitor expense levels.

## REPORT OF THE EDITOR-IN-CHIEF

*Canadian Journal of Anesthesia*

*Dr Hilary Grocott, FRCPC – Editor-in-Chief*

### **CJA MISSION STATEMENT:**

*“Excellence in research and knowledge translation related to the clinical practice of anesthesia, pain management, perioperative medicine and critical care.”*

### **Overview**

This May 2018 report outlines the progress of the *Canadian Journal of Anesthesia/Journal canadien d’anesthésie (CJA, Journal)* over the course of the past year and will address some of the key points in the *Journal’s* progress. It also reflects the progress of the *Journal* in the fifth year of my term as Editor-in-Chief. Highlights of this year’s editorial contents, *Journal* usage and other metrics, as well as our online development will be described.

The *CJA* is owned by the Canadian Anesthesiologists’ Society (CAS) and is published by Springer Nature (New York). Articles are received (and published after peer-review) in either English or French, with articles accepted for publication appearing in the original language of submission. Translations of all abstracts, editorials, and continuing professional development (CPD) modules are also published. Published articles appear online first, and then in print. The *CJA* is also the official journal of the Canadian Critical Care Society.

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 SpringerOpen™ program. The international exposure and reach of the *Journal* continues to increase. In 2017, 65% of online referrals (and article downloads) were from outside North America, with Asia-Pacific countries and Europe being the regions of the world with the most full text requests from the online *Journal*. In regard to readership and the number of authors submitting articles, in 2017, the *Journal* received 781 article submissions from authors in 20 different countries. Two hundred and thirty-two articles were published in 12 monthly issues (*Can J Anesth* 2017; Volume 64). Article types included invited editorials, reports of original investigation, case reports/case series, narrative review articles, systematic reviews, CPD modules, images in anesthesia, and letters to the editor. The content of articles, in accordance with our mission statement, spanned the fields of anesthesia, acute and chronic pain, perioperative medicine, and critical care.

### **Usage**

Content of the *CJA* can be accessed electronically through a number of indexed sources including: 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.

The content of the *Journal* is available through direct mail subscription to all CAS members (approximately 1,850). In addition, there were approximately 8,770 institutional library consortia that accessed the *Journal*. The *Journal* continues to be accessed by an ever-increasing number of other users. The number of full text article requests continues to increase from a total of 402,928 in 2010, to more than 80,000 per month in 2017. In terms of full-text article requests by geography, approximately 10% of requests originate from Canada, in comparison to 25% of requests originating from the United States, with the remaining 65% of requests coming from international sites, and it reflects the observation that the *Journal* is truly international in scope.

### **Production**

There were 232 articles published in 2017, which is comparable to the 250 articles in 2016. The *Journal* continues to achieve a more rapid turnaround time to publication. The average time from submission to decision was 12 days in 2017. The “time to first decision” is an important metric that we are constantly working towards reducing. It is essential to optimizing the author experience. However, at less than two weeks, it is unlikely to improve further. The average production time between receipt of an accepted article at Springer and online first publication also decreased, from 31 days in 2009, compared to 12 days in 2017.

### **Editorial Content**

The editors continued to be highly selective in 2017 regarding which articles to publish. Manuscript scope, novelty, scientific merit, and overall importance are considered. Each issue contains, on average, 2-3 editorials, 5-7 reports of original investigations, 1-2 review articles, occasional special articles, continuing professional development modules (4 per year), occasional case reports (4-6 per year), correspondence items, and book reviews. Although our overall acceptance rate is approximately 30%, the rate varies according to article type. For reports of original investigation, it is closer to 15%, but for invited editorials it is near 100%.

Each January, the *CAS Guidelines to the Practice of Anesthesia* is updated. The last update was in January 2018. Interestingly, the CAS Guidelines continue to be cited on a regular basis and contribute approximately 18-20 citations to our impact factor. They are also downloaded more than 1,000 times per year.

We continue to publish annual “**Theme Issues**”. Past theme issues, and those in planning include:

February 2015: **Enhanced Recovery after Surgery (ERAS)**

February 2016: **Defining Important Outcomes in Perioperative Research**

February 2017: **The Physician at Risk: Disruption, Burn-Out, Addiction, and Suicide**

April 2018: **Perioperative Ultrasound (POCUS)**

### **Updates to the Online *Journal***

With the most recent CAS membership renewal process, the CAS website offers members the ability to receive the *Journal* electronically or in print. Thus far, almost 50% of members have elected to receive the electronic copy only.

Social media platforms, such as Twitter, are becoming social utilities, providing meaningful professional and social benefits. To take advantage of these benefits, the *CJA* must be part of the conversation. The modern approach to staying informed and disseminating valuable anesthesia content includes engagement in social media. This medium is becoming an accepted venue for discussion among physicians, researchers, and professional groups including patients.

Our online presence and content is now managed by Dr Ron George of Dalhousie University, who serves as an editorial board member. He curates our Twitter feed (@CJA\_Journal), providing links to *Journal* content to our current 4,600+ followers.

Our iPad/iPhone/Android app for the *Journal* was launched in 2013 and continues to be available. Readers also have access to online articles published in both Portable Document Format (PDF) and HyperText Markup Language (HTML) formats. Electronic versions of metadata related to each article, which includes different forms of supplementary material, are now sent automatically to all relevant bibliographic organizations on the day of online publication.

The *Journal* is available online via SpringerLink™ and 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. The eTOCs (electronic Table of Contents) are sent monthly to every member of the CAS.

### ***Journal Metrics***

The 2016 impact factor (IF) was 2.31. This resulted in a ranking 11 out of the 31 anesthesia journals currently being published in print. The 2017 IF data is expected to be released in June 2018. In addition to traditional metrics (i.e., IF), journals and their content are now also evaluated according to alternative metrics – or so-called *Altmetrics*. For example, of the more than six million articles that had been tracked by Altmetrics, the article “Physical and Psychological Abuse in Canadian Operating Rooms” (*Can J Anesth* 2017;64:236-7) ranked in the top 5% of all articles ever tracked by Altmetrics.

### ***Other CJA Accomplishments***

In the August 2017 issue of *Anesthesia & Analgesia* (DOI: 10.1213/ANE0000000000002508), a study of the 150 top-ranked departments of anesthesia in the USA and Canada reported that the *Canadian Journal of Anesthesia* was the third ranked destination for publication, just behind *Anesthesiology* and *Anesthesia & Analgesia*.

## COMMITTEE REPORTS

### ANNUAL MEETING

*Dr Adriaan Van Rensburg, FRCPC – Chair*

The 2017 Annual Meeting was held for the first time in Niagara Falls and the theme for the meeting was “Competence by Design”. Both the opening lecture, by Dr David Gaba from California, and the Dr Angela Enright Lecture, by Dr Jason Frank, representing the Royal College of Physicians and Surgeons of Canada, highlighted new trends in medical education. Dr Frank gave an in-depth look at the new Competence by Design residency curriculum.

New at the 2017 Annual Meeting was problem-based learning discussions (PBLD). Educational evidence has shown that this format is a highly effective platform for learning, and the PBLD sessions were very well-attended and the feedback was extremely positive. A pre-conference day had a sold-out Point of Care ultrasound workshop, and a negotiation and conflict managed workshop was also held. New for 2017 was also a very successful simulation day, held at the McMaster University Centre for Simulation-based Learning (CSBL) in Hamilton, Ontario.

During the meeting days, most of the workshops ran at full capacity, and the attendees' feedback on workshops was again very complimentary of the educational experience. The online “Go to Meeting” Webinar live stream was again offered and has grown significantly from the 2016 edition. The meeting was honored to have a highly respected international and national faculty. Despite having slightly lower registration numbers compared to 2016, the feedback from the overall meeting showed again that the CAS Annual Meeting is a high-quality international and national meeting.

The CAS was also very honoured by having numerous worldwide anesthesiology society presidents as guests of Dr DuVal, the 2017/2018 CAS President, including the American Society of Anesthesiologists, Association of Anaesthetists of Great Britain and Ireland, New York Society of Anesthesiologists, and the Australian Society of Anaesthetists, to name a few.

Planning is at a well-advanced stage for the 2018 CAS Annual Meeting to be held in Montreal. The theme for the meeting will be “Advancing Anesthesiology, Excellence and Leadership”. This will also be the CAS 75<sup>th</sup> anniversary and CAS is honoured that numerous previous Gold Medal winners and Presidents have confirmed their presence at this very special celebration. The program will again have a pre-conference day with workshops, and a simulation day both in English and French will be held at various simulation centers in Montreal. Based on the positive feedback from the problem-based learning discussions in 2017, this platform will be expanded to 20 sessions.

I would like to recognize and thank the members of the Annual Meeting Working Group for all the hard work they have done making the Annual Meeting so successful in a modern era. Also, I would like to express a special “thank you” to the CAS office staff team under the leadership of

CAS Executive Director, Ms Debra Thomson, and the staff at Intertask, for all they have done for the Annual Meeting.

## **ARCHIVES AND ARTIFACTS**

***Dr Daniel Chartrand, FRCPC – Chair***

In 2017, the Archives and Artifacts (A&A) Committee presented the sixth CAS history symposium during the Annual Meeting in Niagara Falls. As 2017 was the 75<sup>th</sup> anniversary of the introduction of curare into anesthetic practice, the A&A Committee has planned the annual History Symposium entitled “The Contribution of Harold Griffith to Modern Anesthesia - 75<sup>th</sup> Anniversary of the Introduction of Curare into Clinical Practice” with Drs David Bevan, François Donati, and John Savarese as guest speakers. We also paid tribute to Dr Griffith with a special editorial in the *Canadian Journal of Anesthesia*: “Harold Griffith’s legacy: a tribute on the 75<sup>th</sup> anniversary of the introduction of curare into anesthetic practice”. While hoping that Dr Griffith would be inducted to the Canadian Medical Hall of Fame (CMHF) on this 75<sup>th</sup> anniversary, the A&A Committee has also proposed a second great Canadian anesthesiologist for this honour.

As mentioned in last year’s report, we have also continued to investigate the content of our nearly 600 boxes of archives. More historical gems have been found and some will be made available on the CAS website and/or presented at the 2018 Annual Meeting in Montreal. As 2018 will be the CAS’ 75<sup>th</sup> anniversary, we have started to prepare posters, a special exhibit of some artifacts, and an audiovisual presentation. On top of a very special 75<sup>th</sup> anniversary History Symposium, we also started to prepare a list of several historical sites and museums for those who are planning to learn more about the history of Canadian anesthesia while visiting Montreal and Quebec.

Once again, I encourage all of you to send us your questions and suggestions about the history of Canadian anesthesia. Finally, I would like to thank the members of the A&A Committee – without them none of this would have been possible.

## **CAS CHOOSING WISELY**

***Dr Kyle Kirkham, FRCPC – Chair***

The CAS Choosing Wisely Committee has continued its focus on implementation of our Society’s recommendations and supporting practising anesthesiologists with effective change management strategies. This stage of the Choosing Wisely campaign has been a challenge for almost all specialty societies and a frequent focus of the discussion at the national society lead meetings. There has been considerable effort and success by CAS members at implementing change with leading examples in Saskatchewan, Manitoba, Ontario, and Newfoundland among others. We will be highlighting an example of this work at the 2018 CAS Annual Meeting.

There is national recognition of the importance of our CAS recommendations toward appropriate pre-operative care. The Canadian Institute of Health Innovation (CIHI) released its first nationwide report on low-value care in mid-2017, with the CAS recommendations prominently

featured. This report highlighted significant variation in practice across the jurisdictions studied, suggesting an opportunity for us to find better strategies to support implementation. The CAS recommendations have become a priority focus for many quality improvement organizations, including all of the provincial Choosing Wisely regional committees and high-profile government organizations like Health Quality Ontario and the National Surgical Quality Improvement Program.

The Choosing Wisely Canada national campaign is seeking effective strategies that it can disseminate to all specialty strategies in support of their efforts to address this practice variation. They reached out to members of our Society to engage in this Canada-wide effort and have recently announced a Choosing Wisely Canada National Research Network. The Network has applied for a multimillion-dollar grant to investigate knowledge translation and implementation science strategies with one of the two clinical focuses to be the CAS pre-operative investigation recommendations. A leading implementation science researcher from the Network will speak at the CAS Annual Meeting to inform our members of the work and how it will affect our members.

On two additional fronts, the CAS Choosing Wisely Committee has been developing relationships with outside organizations. Last year, we highlighted collaboration between Choosing Wisely Canada and the Royal College of Physicians and Surgeons to create a system where clinicians could gain continuing medical education (CME) credit for their practice audit and implementation work around Choosing Wisely recommendations. This work is ongoing and the CAS is one of a small group of societies that is engaged in this early collaboration. There is still considerable work to be done on this project but we are hopeful that the result will provide considerable value to our members. Finally, we are developing links with anesthesiologists in the United Kingdom (UK), Australia, and other jurisdictions who are engaged in Choosing Wisely work to explore opportunities for collaboration and to gain perspective on potential recommendations that could form later CAS lists. We are very pleased that Dr Ramai Santhirapala will be attending the Annual Meeting in order to share the UK experience with our members.

## **COMMITTEE ON ANESTHESIA CARE TEAM (COACT)**

*Dr Susan O'Leary, FRCPC – Chair*

### **Establishing National Standards for the Practice of Anesthesia Assistants – An Update**

COACT has been working in close collaboration with the Canadian Society of Respiratory Therapists to establish national standards for the education and practice of Anesthesia Assistants (AAs). Over the past few years, members of the Committee on Anesthesia Care Team (COACT) participated in the validation of a national competency framework for AAs. Since January 2017, there was a lot of work to establish a national examination and examination matrix for AAs and an accreditation process for Anesthesia Assistant Education Programs.

### **National AA Exam**

In early 2017, an Interprofessional Anesthesia Assistant Exam Committee was established and included the following members:

- Dr Claire Middleton, Anesthesiologist
- Jessie Cox, RRT who works as an Anesthesia Assistant
- Wendy So, RN who works as an Anesthesia Assistant
- Faylene Funk, clinical assistant who works as an Anesthesia Assistant and also has expertise in examination question development
- Paul Williams, instructor and coordinator of an Anesthesia Assistant education program
- John Patton, clinical instructor in an Anesthesia Assistant education program

The Interprofessional Anesthesia Assistant Exam Committee met in February, May, and June 2017 and developed case studies and stand-alone questions all based on the AA Competency Framework. Over the course of June, July, and August 2017, the members of the Interprofessional Anesthesia Assistant Exam Committee continued the editing and review process of the examination questions, in particular the case studies.

The AA National Exam includes 95% questions based on clinical competency areas and 5% based on professionalism. The AA National Exam also includes 80% case-based questions and 20% multiple choice stand-alone questions. Because all AA programs are in English, the exam will be offered in English only (having a good English exam was the priority for the first few years). Each candidate will be allowed to write the exam three (3) times.

The first national AA exam was scheduled for March 28, 2018 and the exam was available on an on-line platform managed by CBRC and Yardstick. Unfortunately, the March 28 AA exam was cancelled and re-scheduled to October 20, 2018. Several factors guided the decision:

- Only three candidates had registered for the exam; the registration process was made available on December 18 and the deadline for registration was January 26.
- Despite the holiday timing of the registration process, education programs have indicated that they have very few graduates available for the March 28 exam.
- The AA Program Coordinators advised that an October date would be more effective as there will be approximately 15 graduates over the spring and summer months.
- Having limited exam writers will compromise the ability to have an effective cut score study.

The October 22, 2018 date for the first national AA exam will likely prove to be successful. There is a commitment from the AA program coordinators in getting a good number of candidates for this exam.

A cut score study will then be completed to establish the pass mark.

### **National Accreditation Process for AA Education Program**

As of December 31, 2017, all but one of the full-time AA education programs have obtained provisional accreditation. The AA Education Programs from Fanshawe College, The Michener Institute, Thompson Rivers University, and the Vancouver General Hospital have all signed on for the accreditation process. The University of Manitoba AA Education Program has not made a decision as to whether it will pursue accreditation at this time.

Accreditation objectives focus on four areas that must be achieved:

- Students attain the competencies outlined in the national AA competency framework.
- The program has the resources to allow students to attain the competencies.
- There are effective communication processes between the program, the clinical sites, and the students.
- The program has ongoing quality improvement processes in place.

An accreditation visit is planned for each AA Education Program. Accreditation of AA programs will be done over a period of two days. The Interprofessional Accreditation Team will include one Anesthesiologist, one RT AA and one RN or Clinical Assistant AA. The accreditation decision will be the responsibility of the AA Interprofessional Accreditation Team and the Director of Accreditation Services, who will establish one of the following accreditation status after each accreditation visit: (1) accredited; (2) accredited with conditions; and (3) non-accredited. Each AA Education Program will pay an annual accreditation fee of \$500.

The first accreditation visit was completed in March 2018 at The Michener Institute. The accreditation team included Jessie Cox, who has been instrumental in the validation of the AA competency framework, Dr Kathryn Sparrow, an anesthesiologist who is also an anesthesia educator, and Carolyn McCoy, Director of Accreditation and Professional Practice Services, Canadian Society of Respiratory Therapists. The Michener Institute program was granted full accreditation status and the other programs will undergo an accreditation visit from an inter-professional team over the next 18-24 months.

## **CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT**

*Dr Jordan Tarshis, FRCPC – Chair*

The Continuing Education and Professional Development (CEPD) Committee has been active throughout the year with a significant increase in the volume of accreditation work being done. With the aid of Justine Gill in the CAS office, and Jane Tipping, the Society's professional educator, the processes involved for applicants of accredited activities have been extensively standardized and streamlined. The applications have been revised, the communication with the CAS team that reviews the applications has been refined, and a cloud-based file system created to track the progress of all applications. The fee structure has also been revised and standardized.

From 2014 to 2016, the number of accredited events ranged from 9-16 per year, generating revenues of approximately \$7,000 – \$8,000 per year. In 2017, there were 33 events accredited, with another one event being co-developed with an external non-physician organization. These activities generated approximately \$18,000 of revenue including the co-development project. The turnaround time for applicants has also decreased from 6-8 weeks to approximately four weeks.

The Annual Meeting (AM) Committee continues to receive input from the CEPD Chair and the professional educator. In collaboration with the AM Chair and the AM Working Group, the meeting schedule has been revised to continue to increase the interactivity during the meeting,

and to provide more time for the Sections to schedule events unopposed by other activities. The feedback received from the 2017 AM in Niagara Falls was positive, and we are looking forward to more attendees and further feedback from the 2018 AM in Montreal.

The CEPD Committee adopted the Royal College's national standard for support of accredited CPD activities at its annual meeting in June. This standard has been adopted by all Royal College accreditors as of January 1, 2018 and the document can be found here: <http://www.royalcollege.ca/rcsite/cpd/providers/tools-resources-accredited-cpd-providers/national-standard-accredited-cpd-activities-e>

The Society continues to plan for the next accreditation cycle by the Royal College regarding our status as an approved accreditor. The cycle length of the accreditation has been increased from five to eight years, and this application to the Royal College will require significant time and attention over the next year.

Other challenges over the next year will be: maintaining the level of support and expertise from the CAS office in the face of high staff turnover; planning for continuing education activities in view of the changing landscape of Competence by Design; and continuing to engage younger members of our specialty to get involved with the Society, and national CEPD initiatives.

## **CPD MODULES SUB-COMMITTEE**

*Dr A Stephane Lambert, FRCPC – Chair and CPD Editor*

Sub-committee members: Dr A Stephane Lambert (Chair), Dr Jordan Tarshis, Dr Douglas DuVal, Dr Hilary Grocott, Dr May-Sann Yee, Dr Alexander Poulton  
Staff: Ms Jane Tipping, Ms Carolyn Gillis

The CPD Modules Sub-committee met in Niagara Falls in June 2017 at the Annual Meeting of the Society. In 2017, the *Canadian Journal of Anesthesia* published three CPD Modules on topics previously approved by the Sub-committee:

- *Managing the Perioperative Patient on Direct Oral Anticoagulants, by van Vlymen et al*
- *Massive Hemorrhage and Transfusion in the Operating Room, by Muirhead et al*
- *The Impaired Anesthesiologist: What you should know about Substance Abuse, by Beaulieu*

The Sub-committee also approved the following topics for publication in 2018:

- *Malignant Hyperthermia*
- *Obstructive Sleep Apnea in Ambulatory Patients*
- *Electroencephalography for Anesthesiologists*

Given reciprocity agreements between the Royal College of Physicians and Surgeons of Canada and the American Medical Association – Accreditation Council of Continuing Medical Education, credits can now be claimed on both sides of the border for completing the *Canadian Journal of Anesthesia's* CPD Modules. At this time, access is still limited to CAS members, but the CAS-*Canadian Journal of Anesthesia* is working on a structure that will allow non-CAS

members in Canada and the United States to have access to CPD Modules in the future via an external portal. CAS members will continue to have access through their CAS membership.

## **ETHICS**

*Dr Ian Herrick, FRCPC – Chair*

I am pleased to provide the following report for the period January – December 2017 on behalf of the Ethics Committee.

The Ethics Committee met twice in 2017: on April 27 by teleconference and on June 28 during the CAS Annual Meeting in Niagara Falls.

The Committee welcomed Dr Miriam Mottiar this year as a member. Dr Mottiar is an anesthesiologist practising in Ottawa and holds a post-graduate degree in bioethics.

The 2017 Ethics Symposium was held during the Annual Meeting on June 28. The topic this year was “Healthcare Communication and Social Media – The Ethics of Privacy in an Electronic World”. The session was moderated by Dr David McKnight, who was joined by three panelists: Dr Karen Devon, a general surgeon at Women’s College Hospital with fellowship training in surgical ethics at the University of Chicago; Dr Clyde Matava, an anesthesiologist from the Hospital for Sick Children and Director, eLearning and Technology Innovations at the University of Toronto Department of Anesthesia; and Dr Dennis Desai, Senior Physician Advisor/Deputy Privacy Officer, Canadian Medical Protective Association. A lively discussion followed the presentations.

Potential topics for the 2018 Ethics Symposium were explored at the Annual Meeting held on June 28, 2017 and, after considerable discussion, “Ethical Issues in Teaching Anesthesia” was identified as the focus for next year’s symposium. Dr Mottiar agreed to serve as moderator and several potential panelists were considered.

The Committee bid farewell to Dr Margaret Casey, our Resident representative since 2014. Dr Casey’s enthusiastic support and participation were gratefully acknowledged as she departed to complete her training.

## **MEDICAL ECONOMICS/PHYSICIAN RESOURCES**

*Dr Jean-François Courval, FRCPC – Co-Chair*

*Dr Eric Goldszmidt, FRCPC – Co-Chair*

The Medical Economics/Physician Resources Committee met on June 24, 2017 in Niagara Falls during the CAS Annual Meeting.

The annual Medical Economics/Physician Resources survey was discussed. The online format continues to work well. Not all provinces completed the survey. From the data collected, it seems that the provinces continue to struggle with their healthcare budgets and that physician remuneration is mostly flat or under threat of decrease.

The 2017 federal budget discussed planned tax reforms that would have significantly affected incorporated physicians along with other professionals and small business owners. The Committee urged the Board to support the Canadian Medical Association and other professional organizations that will need to lobby against these changes if we are to have any chance of affecting them. Over the summer and fall, the federal Finance Minister revealed more of the plan, which would limit the ability of professional corporations to income split with spouses and adult children. They also planned technically complex changes to the way in which they would tax the gains on retained corporate earnings, potentially limiting the use of corporations to save for retirement in the way they were intended. The Ontario Medical Association (OMA) banded together with other professional groups and small business organizations and has been lobbying against these changes. The final version will be part of the 2018 federal budget.

The other tax issue discussed by the Committee was a Canada Revenue Agency (CRA) publication that suggested that on-call stipends do not constitute patient care and should be considered a supply that is taxable for GST/HST purposes. The only exception would be if the compensation is a component of a provincial government health funding program, which is the case in Ontario but may not be the case in all provinces. The OMA will be challenging this document. To the Committee's knowledge, the CRA has yet to pursue anyone on this matter.

From a manpower perspective, the Royal College reported that the data from 2010 to 2014 shows that the number of anesthesiologists has been stable, with first year residents increased, along with licensed anesthesiologists. There is also good age distribution. The number of retirees was less than the number of new certificants last year, with the current retirement rate at 2% per year. However, there is no current data on how the new certificants have been faring in terms of employment.

Dr Dale Engen reported on some preliminary data from the 2017 Canadian Anesthesia Human Resources and Anesthesia Assistants' Survey, the third iteration of this survey. The response rate was 33%. Some challenges were encountered in knowing who had received the initial survey, but improvements were made when it was re-sent. Concerns of survey fatigue were also raised. Manpower models from the early 2000s suggested that we would experience a significant shortage of FTEs (full-time equivalents) by now but this has not come to pass. The survey does suggest that there may be some anticipated increase in FTEs required over the next five years.

The amount of annual leave taken by anesthesiologists remains level at 5-8 weeks per year but over 50% report being requested to take additional leave on average of 1.8 weeks due to staffing overages and/or OR closures.

## **PATIENT SAFETY**

*Dr Claude Laflamme FRCPC – Chair*

### **2017 CAS Annual Meeting**

On June 24, 2017, the “Dr John Wade - CPSI Patient Safety Symposium” was a great success. Drs Fedorko, Hamilton and Microys addressed “Medication Errors don't need to Happen: Solutions for Everyone”.

### **Enhanced Recovery Canada (ERC)**

Partnering with the Canadian Patient Safety Institute (CPSI), the Canadian Medical Protective Association (CMPA), the Royal College of Physicians and Surgeons of Canada, Canada Health Infoway (CHI), provincial Health Quality Councils, Accreditation Canada, and others, CAS' Patient Safety Committee led the creation of Enhanced Recovery Canada (ERC). This comprehensive national approach to quality of care is unprecedented. The project will be launched in November 2018 and anesthesiologists will be kept informed via CAS' website.

**ERC Vision:** Patients participate in, inform, and lead best care to get home and recover sooner. Health systems reduce cost, length of stay (LOS), complications, and re-admissions resulting in improved access to services for others. ERC mobilizes knowledge-making knowledge tools and strategies to “Enhance Recovery” readily available everywhere in Canada.

**ERC Mission:** To enhance the uptake of evidence-based practices in surgery by bringing people (patients, healthcare providers, knowledge users, and stakeholders), processes and information together to impact outcomes. We work locally and have national and international influence.

### **ERC Objectives:**

- Develop care pathways for colorectal, gynecologic, orthopedic, obstetrics, and other surgeries.
- Implement and evaluate care pathways in pilot studies in several provinces.
- Disseminate care pathways, strategies, and tools more broadly across Canada.

### **Teamwork and Communication**

Canadian organizations are implementing Team Steps, which is a comprehensive program that originated from the US and teaches teamwork and communications.

### **Canadian Anesthesia Incident Reporting System (CAIRS)**

Dr Daniel Chartrand continues to represent the CAS Patient Safety Committee on the CAIRS committee. Patient Safety Committee members were asked to raise awareness in their respective network about the launch of CAIRS.

### **Collaboration with the CAS Standard Committee**

The 2018 edition of the *CAS Guidelines to the Practice of Anesthesia* include comprehensive recommendations to achieve perioperative normothermia.

### **Anesthesiologists' Carbon Footprint**

A focus group led by Dr Stephan Malherbe is reviewing the literature to inform the CAS on actions that should be taken to reduce the negative impact our practice has on the environment. This work is still ongoing.

## **RESEARCH ADVISORY**

### ***Dr Dolores McKeen, FRCPC – Chair***

The Canadian Anesthesiologists' Society (CAS) Research Advisory Committee (RAC) is comprised of 35 CAS members that include the Chair (Dr Dolores McKeen), Dr Gregory Bryson (Vice Chair), the *Canadian Journal of Anesthesia* Editor-in-Chief (Dr Hilary Grocott), the Annual Meeting Committee Chair (Dr Adriaan Van Rensburg), and a resident member (Dr Janny Ke). The RAC membership attempts to provide representation from each Canadian University Department of Anesthesia (ACUDA), the CAS Executive Board (Drs Daniel Bainbridge and Douglas DuVal), the CAS Office (Debra Thomson), as well as key research stakeholders such as the Canadian Anesthesia Research Foundation (CARF) and the Perioperative Anesthesia Research Trials (PACT) group.

The RAC oversees the administration of the CAS Research Awards Program that offers annual Operating Grants and a biannual Career Scientist Award. The CAS Awards Program is administered on behalf of CARF. This year, the 2017-18 program offered five operating grants (two in subspecialty fields, one that is an open award, and one grant designated for new investigators) as well as a CAS Residents' Research Grant that offers support for individuals committed to doing research during their residency training.

The grant application period closed in January 2017 and the committee received 37 applications. By way of process, each CAS grant application has three reviewers and is adjudicated at the annual Research Grant Standing Sub-Committee meeting to nominate deserving recipients for each award. It is due to the commitment of these Committee members that the RAC is able to discern which proposals are of sufficient merit for CAS Awards Program funding.

The Committee also reviewed and awarded a 2017 CAS Career Scientist Award in Anesthesia, which provides partial salary support for two years (2017 – 2018) to fund protected research time. The Career Scientist Award is ordinarily awarded every other year and requires universities to make commitments to their researchers by providing matching funds and guaranteeing protected research time.

### **Research Recognition Award**

The RAC was very happy to review the nominations for the 2017 Research Recognition Award. This prestigious award is “to honour a senior investigator who has made major contributions to anesthesia research in Canada”. We were delighted to put forward Dr Gregory Hare's name to

the CAS Board for the 2017 Research Recognition Award. Many thanks to those who put forward nomination packages and congratulations, Dr Hare!!

### **2017 Recipients – Research Operating Grants & Awards**

**Career Scientist Award** – Dr Daniel McIsaac, University of Ottawa, Ottawa, ON  
*Enhancing the Care and Outcomes of our Aging Surgical Population: Design and Implementation of a Perioperative Surgical Home for the Frail Elderly.*

**New Investigator Award - Canadian Anesthesiologists' Society Research Award** – Dr Mandeep Singh, University of Toronto, Toronto, ON  
*Developing a Novel Clinical Tool to evaluate Obstructive Sleep Apnea (OSA) with Airway Ultrasound – A Prospective Cohort Study.*

#### Subspecialty Awards

**CAS Research Award in Neuroanesthesia in memory of Adrienne Cheng** – Dr Miguel Arango, University of Western Ontario, London, ON  
*GASTROKE – The Effect of General Anesthesia versus Sedation for Patients with Acute Ischemic Stroke Undergoing Endovascular Treatment on Three-month Morbidity and Mortality: A Feasibility Study.*

**Dr Earl Wynands Research Award in Cardiovascular Anesthesia** – Dr Alexander Gregory, University of Calgary, Calgary, AB  
*Aortic Strain, Advanced Modeling of Aortic Mechanical Properties and Techniques for Future Clinical Research: Comparison between Speckle Tracking Echocardiography and Magnetic Resonance Imaging Modalities.*

#### Open Award

**Dr R A Gordon Research Award for Innovation in Patient Safety** – Dr Scott Beattie, University of Toronto, Toronto, ON  
*Troponin Elevation After Major Surgery (TEAMS II): A prospective, Matched Cohort, Study Investigating the Relative Incidences of Asymptomatic Pulmonary Embolism in Patients with Post-operative Non-infarction Troponin Elevation.*

#### Residents' Research Award

**Ontario's Anesthesiologists - CAS Residents' Research Grant** – Dr Gavin Hamilton, University of Ottawa, Ottawa, ON  
*Assessing the Impact of Anesthesiology Interventions on Post-operative Outcomes in Adult Patients Undergoing Ambulatory Shoulder Surgery.*

**Research Recognition Award 2017:** Dr Gregory Hare

## SCIENTIFIC AFFAIRS

*Dr Timothy Turkstra, FRCPC – Chair*

For the 2017 Annual Meeting in Niagara Falls, Ontario, there were a total of 182 submissions, comparable to 199 in Vancouver and 201 in Ottawa. The majority (~90%) of the submissions originated in Canada, with the remainder not concentrated in any geographic area. The distribution of abstracts, case reports, and Resident submissions remained much the same. There were no Technical Booth submissions. There was an overall rejection rate of 18% for inadequate scientific quality. Abstracts and case reports were scored by four to six hardworking reviewers from the Scientific Affairs Committee. There were nine rejections based on ethical concerns, such as missing patient consent. Electronic posters were used for the poster discussion sessions, and hard copy posters for the poster display sessions. Poster displays were arranged by section/topic.

Planning for 2018, we have shortened the review process to allow more time for applicants and reduce the time between submission and presentation for authors. This allowed us to extend the submission deadline to hopefully allow a greater number of abstracts to be submitted.

It was noted in 2016 that several submissions from the developing world did not meet the standards for acceptance, but there was the perception amongst several reviewers that the research had merit, and with writing assistance, the abstracts could be brought to a suitable level for acceptance. For 2017 and 2018, Scientific Affairs Committee members volunteered their assistance to work with such authors. Although one author took advantage of this service each year, the abstracts were still not of sufficient quality for acceptance. However, we remain hopeful and will review the process after three years.

### Origin of Submissions

<b>Canada</b>	<b>155</b>
Alberta	6
British Columbia	12
Manitoba	9
Nova Scotia	10
Ontario	106
Quebec	10
Saskatchewan	2
India	7
Iran	6
Japan	1
Singapore	4
South Korea	3
Taiwan	2
United Arab Emirates	1
United States of America	3

## STANDARDS

### *Dr Gregory Dobson, FRCPC – Chair*

The Standards Committee had a very productive year in 2017. We had our annual face-to-face meeting in Niagara Falls, which was very successful, and several teleconferences throughout the year. Membership structure continues to be the same as in previous years but we did have some member changes. The 2017 members included:

- Dr Gregory Dobson, Chair
- Dr David McKnight, Executive Liaison
- Dr Claude Laflamme, Patient Safety Chair
- Dr Alana Flexman, BC
- Dr Lorraine Chow, Alberta
- Dr Shean Stacey, Alberta
- Dr Matt Kurrek, Ontario
- Dr Annie Lagace, Quebec
- Dr Barton Thiessen, Newfoundland
- Dr Matthew Chong, Resident member, Ontario

Dr Thiessen and Dr Lagace stepped down from the Committee in 2017 and we thank them for their valuable contributions. Dr Chong finished his two-year term as Resident member.

Dr Chong and Dr Kurrek were instrumental in initiating and creating the early drafts of a complete revision of the Procedural Sedation Appendix #6 started during 2017; it will be ready to seek Board approval in 2018 with a view towards publication in 2019.

There were several new members appointed to the Committee including:

- Dr Pieter Swart, British Columbia
- Dr Heather Hurdle, Alberta
- Dr Michel-Antoine Perrault, Quebec
- Dr Kathryn Sparrow, Newfoundland
- Dr Michael Wong, Resident member, Nova Scotia

We strive to achieve wide national representation on the Committee.

The Committee's primary responsibility relates to the ongoing review and annual updates to the *CAS Guidelines to the Practice of Anesthesia (Guidelines)* and the associated appendices published annually in the January edition of the *Canadian Journal of Anesthesia* and online on the CAS website. In so doing, we review the available literature, including other national anesthesia guidelines and respond to feedback and ideas from CAS members and other physicians who use our *Guidelines*. It is a collaborative committee process and we are working hard to move it toward a more structured, evidenced-based guideline development methodology. We were successful in achieving an important change to the *Guidelines – revised edition 2017*. The change related to strengthening our position on the use of real-time ultrasound during the

placement of internal jugular central venous catheters. It is now strongly recommended that it be used routinely.

A new process and timelines for presenting and achieving CAS Board approval for *Guidelines* change proposals that was initiated in 2017 was very successful and led to the approval of several important changes for the 2018 edition of the *Guidelines*. Approval was achieved for publication of new and revised content for 2018 in the following areas:

- The importance of systematically monitoring the quality of anesthetic care delivery;
- The use of cognitive aids for the management of critical perioperative emergencies;
- General principles and specific changes to recommendations for pre-operative testing;
- The critical importance of maintaining patient normothermia perioperatively;
- Enhancing structure, process, and documentation of patient care handovers;
- The cautious use of non-depolarizing neuromuscular blocking agents including vigilant monitoring; and
- Small but important changes related to recommendations for patient care and monitoring in the Post Anesthesia Care Unit (PACU) and during patient transport.

The Standards Committee would like to thank the CAS Executive and Board of Directors for championing and co-operating with the new process and helping us to achieve proposal approval in a more efficient and effective manner. The number of changes for 2018 reflects this improvement.

At the CAS Annual Meeting in Niagara Falls, the Standards Committee supported a successful symposium entitled “The Anesthesia Care Team in Canada, Current Practice and Future Directions”. An excellent panel included Dr Susan O’Leary and Dr Claire Middleton, and Anesthesia Assistants (AA) Wendy So and Mark Ratz. Engaging presentations, audience questions, and discussions highlighted the success of our AA programs and anesthesia care teams in Canada, and identified areas for potential growth and improvement. Please refer to the Committee on the Anesthesia Care Team (COACT) annual report for an update on the anesthesia care team (see page 13).

The Standards Committee receives a significant number of queries and questions annually relating to interpretation of our *Guidelines* as well as suggestions for improvements. The excellent and sometimes difficult questions we receive highlight how widely read and important the documents are to anesthesiologists and administrators striving to practise the safest possible anesthesia. We reply to all queries even when we may not have a satisfactory answer. It helps us focus on areas of the *Guidelines* that may be vague, in need of revision, or are completely lacking.

Areas that continue to receive our attention for potential new and revised *Guideline* content include pediatric anesthesia, further improvements to recommendations for pre-operative testing, and enhanced monitoring during patient transport and in PACU.

## SECTION REPORTS

### AMBULATORY

*Dr David Wong, FRCPC – Chair*

The Ambulatory Section executive is currently composed of the Chair, Dr David Wong, and the Vice-Chair, Dr Mahesh Nagappa. Immediate Past-Chair is Dr Jean Wong, who continues to provide advice on sectional affairs.

The Annual Meeting in Niagara Falls, Ontario in June 2017 was very successful with good attendance and participation in the Ambulatory Section sessions. International speakers from Asia, Australia, and the United Kingdom joined Canadian faculties in our program.

Professor Andre van Zundert, Chair, University of Queensland, Australia, delivered an outstanding refresher course and lecture entitled “Videolaryngoscopy and SGA in Ambulatory Cases: Is that all we Need?” Professor Matthew Chan, Chinese University of Hong Kong, provided another refresher course lecture entitled “Lessons from Recent Large RCTs: Clinical Applications in Ambulatory Anesthesia”. Professor Chan shared his expertise and insight in applying evidence-based medicine in everyday cases.

One of the highlights of the Annual Meeting was a symposium on “Improving Perioperative Outcomes in Ambulatory Patients”, presented by experts from three continents. Dr Anil Patel, author of the landmark paper on THRIVE and high-flow nasal oxygen, presented on “Nasal/Apneic Oxygenation in Patients at High Risk of Hypoxemia”. Dr Adam Law, lead author of the 2013 Canadian Airway Focus Group guidelines on ASA, Canadian, and DAS Airway guidelines, presented “What’s my take for Ambulatory Cases?”, and Professor Matthew Chan presented “Depth of Anesthesia and Patient Outcome”. Dr David Wong, University of Toronto, conducted a lively problem-based learning discussion with a case involving a patient with atrial fibrillation on rivaroxaban for ambulatory surgery.

The Ambulatory Section has 90 members and the finances are stable. We welcome members to actively participate in our Section.

### CANADIAN PEDIATRIC ANESTHESIA SOCIETY

*Dr David Rosen, FRCPC – Chair*

*Dr Jeremy Luntley – Vice-Chair*

The 2017 Canadian Pediatric Anesthesia Society (CPAS) Board comprised Dr David Rosen (Chair, Ottawa), Dr Jeremy Luntley (Vice-Chair, Calgary), Dr Simon Whyte (Immediate Past Chair, Montreal), Dr Katherine Taylor (Secretary, Toronto), Dr Koto Furue (Treasurer, Montreal), Dr Clyde Matava (Communications Officer, Toronto), Dr Desigen Reddy (Scientific Committee Chair, Hamilton), and Dr Papu Nath (Member-at-large, Montreal).

The 2017 CPAS Scientific Committee comprised Dr Desigen Reddy (Chair), Dr Conor

McDonnell (Toronto), Dr Jonathon Gamble (Saskatoon), and Dr David Rosen (Ottawa). The Board and Scientific Committee co-opted Dr Sarah Stevens as the Chair of the local organizing committee of the 2018 CPAS meeting to be held in Halifax on October 26-28, 2018.

CPAS had another busy year organizing educational content for the 2017 CAS Annual Meeting and for the 2017 CPAS meeting.

The 2017 CPAS Annual Meeting was held in Toronto as a joint venture with the Hospital for Sick Children's Pediatric Anesthesia Conference (PAC). Themes of the meeting included: Practical Solutions to Common Clinical Problems, New Evidence in Transfusion Medicine, and Enhanced Recovery After Surgery. As well, there were well-attended workshops covering point-of-care ultrasound, regional anesthesia, simulation, and airway management. The conference set a record for the highest attendance at either PAC or CPAS conferences and received excellent evaluations. The 2018 CPAS meeting will be held in Halifax and the 2019 meeting will return to Toronto.

The website [www.pediatricanesthesia.ca](http://www.pediatricanesthesia.ca) is active and amid a significant upgrade. Our Twitter following continues to grow both in number and geographical distribution – we can be followed @PedsAnesthesia. The recent PAC/CPAS meeting included local social media ambassadors who tweeted throughout the weekend to followers around the globe.

We continue to work with our colleagues both at home and internationally to provide the voice of pediatric anesthesia in Canada. We have active representation on several committees of the World Federation of Societies of Anesthesia including the Pediatric Committee. We also collaborated with the CAS Standards Committee towards increasing pediatric-specific content of the *Guidelines to the Practice of Anesthesia*.

The issues surrounding safety of anesthesia and the developing brain are still at the forefront of clinical and research interests. CPAS is a signatory to the SmartTots Consensus Statement on the use of anesthetic and sedative drugs in infants and toddlers. Our Board recently provided a position statement in response to the new Health Canada Advisories about the use of anesthetic drugs in young children and pregnant women. This statement can be found on our website. We look forward to contributing at the 2018 CAS Annual Meeting in Montreal and continuing to promote education, networking, and new knowledge targeting pediatric anesthesia in Canada.

## **CARDIOVASCULAR AND THORACIC**

***Dr A Stephane Lambert, FRCPC – Chair***

***Dr Surita Sidhu, Vice-Chair***

***Dr Ronit Lavi, Secretary/Treasurer***

***Dr Caroline Goyer, Member-at-Large***

***Dr Summer Syed, Perioperative Echo Representative***

The Cardiovascular and Thoracic Section (CVT) had a successful 2017 Annual Meeting in Niagara Falls, with many excellent sessions, and the lecture on *Frontiers in Cardiovascular Medicine* discussed new percutaneous interventional approaches to mitral regurgitation. We also

enjoyed an insightful symposium on fluid management in cardiac surgery and excellent workshops and problem-based learning discussions (PBLDs) on 3D TEE, trans-thoracic echo, and LVADs. The always-popular *Best Imaging Cases* session once again allowed fellows and young faculty from across Canada to showcase their best cases of the year, and the popular Pro-Con Debate returned with an informative and entertaining discussion on the virtues of inhalational and intravenous anesthetics for thoracic surgery.

In 2017, the Section mourned the tragic passing of one of its Executive members, Dr Masaru Yukawa. The Executive also thanked Dr Robert Chen at the end of his many years of service, and welcomed two new members, Drs Caroline Goyer and Summer Syed.

Acting on the results of its membership survey, the Section Executive undertook to identify opportunities for CVT members to connect outside of the CAS Annual Meeting. More than just networking opportunities, the intent is also to increase the visibility of the CVT Section at regional meetings and to promote interest in the CVT Section outside of CAS. This aligns with the Section's ongoing sponsorship of the Society of Cardiovascular Anesthesiologists' annual Earl Wynands Lecture, whose stated goal is to showcase Canadian contributions to the field of cardiovascular anesthesiology.

Membership was stable at about 160 members and the Section's financial health is good. This allowed the Executive to invite several high-quality guest speakers for the 2018 Annual Meeting in Montreal, and to co-sponsor (with CARF) this year's Wynands CVT Research Award.

The 2018 Annual Meeting in Montreal will bring exciting echo-related PBLDs in English and French, New Frontiers in Lung Transplantation, and a comprehensive update on Atrial Fibrillation. Finally, the Section event will be accompanied by wine and cheese, and the Pro-Con debate will address the status of the PA catheter: is it really the swan song...?

## **CHRONIC PAIN MANAGEMENT**

*Dr John Hanlon, FRCPC – Chair*

The Chronic Pain Management Section remains committed to increasing awareness regarding the challenges facing individuals living with chronic pain. We also continue to advocate for safe and effective pain practice through education, guideline support, and policy reform.

The 2017 Annual Meeting in Niagara saw some important changes in educational focus to the Chronic Pain Management Section. The Section increasingly recognizes that the ongoing opioid epidemic must be addressed by the pain community and addictions community in an increasingly collaborative fashion. We also recognize the increased requests for medical cannabis as a stressor on the physician/ patient relationship and the need for physician education around cannabis.

To this end, we organized a workshop led by an addictions-trained psychiatrist, Dr Wiplove Lamba, in educating anesthesiologists how to initiate and manage patients on buprenorphine/naloxone (suboxone<sup>®</sup>), as well as a problem-based discussion on the perioperative management of the patient on methadone and cannabis. We also held a session on safe opioid

prescribing and a sold-out session on various aspects of medical cannabis. These were all well-received and we plan to continue this format and focus going forward.

Chronic pain management continues to be an area of intense clinical research and new discoveries, and the Section is committed to ensuring that the topics at the upcoming 2018 Annual Meeting in Montreal reflect this, while still catering to the clinical needs of the general community anesthesiologist. The educational program will include a session on the management of APS patients with substance use disorders; we will also have a review (and update) of the 2017 opioid guidelines, a cannabis update, and a hot-off-the-press session describing innovations in pain medicine and new ketamine infusion guidelines. Our French-language problem-based learning discussion (PBLD) will be on the management of lumbar spinal stenosis while the English-language PBLD will be on the management of patients with whiplash associated myofascial pain. We will also be running our popular ultrasound-based pain interventions and pain physical exam workshop this year.

We thank our approximately 100 members for their support and look forward to another fruitful year ahead for the Section.

## **CRITICAL CARE MEDICINE**

*Dr Duane J Funk, FRCPC – Chair*

The Critical Care Medicine Section had another successful event at the CAS last year. The talk on “Novel Therapies for Sepsis” by Dr Edgar Hockman was particularly well-received.

This year, the Section has numerous events, including another refresher course with guest speakers, Dr Faisal Siddiqui (University of Manitoba, “ID for the Anesthesiologist”), and Dr Andrew Steele (University of Toronto, “Organ Donation in Canada and Organ Donor Management”). We will also have a problem-based learning discussion on perioperative cardiac arrest, and some members of the Section will be preceptors for the Echocardiography Workshop that precedes the CAS Annual Meeting. We look forward to interacting with our colleagues in Montreal.

## **EDUCATION AND SIMULATION IN ANESTHESIA**

*Dr Fahad Alam, FRCPC – Chair*

The Section for Education and Simulation in Anesthesia (SESA) continues to grow and remain active. The Section has increased from 120 members in 2016 to 139 in 2017. As of June 2017, Dr Peter Ramon-Moliner transitioned SESA’s chair position to Dr Fahad Alam. SESA is thankful for Dr Ramon-Moliner’s dedication and the success the Section had under his leadership. Additionally, as of February 2018, Dr Gianni Lorello takes on the role of Vice-Chair for the Section.

This past Annual Meeting in Niagara Falls (2017) marked the first time a pre-conference simulation-based workshop was offered. This was a great success, receiving glowing feedback. As such, at the Annual Meeting in Montreal (2018), the Section is offering it once

again but expanding to two English streams and a third in French. Additionally, SESA is excited to offer a new Section event where members can enjoy hors d'oeuvres and refreshments while watching a lively debate on the topic of failing to fail trainees. Drs Zeev Friedman and Amy Fraser will try to convince members that either failing or remediation is the correct path. In addition to the Section event, the Section is hosting a unique and controversial panel on the topic of Competency by Design (CBD). This will not be the usual CBD lectures but rather five knowledgeable speakers who will discuss challenges and opportunities in areas such as gender equality, wellness, implementation, business, and continuing professional development.

Lastly, SESA members will be receiving a survey (in development) as a needs assessment for what they would like to see the Section offer during the Annual Meeting and throughout the year. We welcome input and strongly encourage it.

## **NEUROANESTHESIA**

*Dr Marie-Hélène Tremblay, FRCPC – Chair*

The Neuroanesthesia Section executive comprised: Dr Marie-Hélène Tremblay (Chair, Québec), Dr Alana Flexman (Vice-Chair, Vancouver), Dr Venkat Raghavan Lakshmikumar (Secretary, Toronto), and Dr Timothy Turkstra (Past Chair, London). We will be looking for a new member of our Section Executive in 2018 and for other members-at-large to help with the neuromonitoring workshop and Annual Meeting organization.

The Neuroanesthesia Section had a successful Annual Meeting in Niagara Falls in June 2017. The sessions were well-attended, especially the refresher course given by Dr Michael Todd on “Cervical Spine Biomechanics and the Unstable Neck” and the symposium on “Management of Coagulopathy During Neurosurgical Procedures” given by Dr Jean Wong, Dr Katerina Pavenski, and Dr Sandro Rizoli in reviewing the use of tranexamic acid during spine surgery, the management of novel oral anticoagulants in patients with intracranial hemorrhage, and the management of coagulopathy in traumatic brain injury. Also, as a novelty in 2017, we offered two problem-based learning discussions (PBLDs) in neuroanesthesia.

The Neuroanesthesia Section is trying to increase value to its Section members. We distributed the first edition of our newsletter in January 2018, revising two recently published trials on the prevention of post-operative delirium. Also, members can follow us on Twitter for interesting articles and updates @cas\_neuro.

The Neuroanesthesia Section continues to grow in membership with currently 81 members and the finances are stable. We continue to support the Best Paper Award in Neuroanesthesia and are looking forward to the 2018 Annual Meeting in Montreal where we will offer a new neuromonitoring workshop.

## **OBSTETRIC**

*Dr Giselle Villar, FRCPC – Chair*

The Obstetric (OB) Anesthesia Section had an increase in the number of members from 136 to 150. We are pleased to be able to continue to provide a yearly update in obstetric anesthesia at the CAS Annual Meeting, as well as an opportunity for members from different parts of Canada to network and exchange experiences and opinions on current related obstetric topics.

The Executive Board (as of June 2017) consists of Dr Giselle Villar (Chair, Vancouver), Dr Clarita Margarido (Vice-chair, Toronto), Dr Valerie Zaphiratos (Secretary-elect, Montreal), and Dr Ron George (Past-chair, Halifax).

Regarding our financial status, as of December 2017 the OB Anesthesia Section had a surplus of equity in comparison with the previous year (surplus of \$4,352.33). We continue to support the annual Best Paper Award in Obstetric Anesthesia.

At the 2017 Annual Meeting in Niagara Falls, we had a successful series of events. We had the participation of Dr Lisa Leffert from Harvard University and Chief of Obstetric Anesthesia of the Massachusetts General Hospital, current 1<sup>st</sup> Vice-President of the Society of Obstetric Anesthesia and Perinatology (SOAP), and who presented an outstanding lecture on “Substance Abuse Disorder and Labour and Delivery”. The Complex Parturient Symposium was on “Multi-disciplinary Approach to the Obstetric Patient with Neurological Disease: from Assessment to Management of Complications”, presented by a panel consisting of Dr Lisa Leffert and Dr Cynthia Maxwell (an obstetrician from McMaster University). We had an update in Obstetric Anesthesia, where Dr Ron George spoke about the “Use of PIB (Programmed Intermittent Bolus) in Labour Analgesia” and Dr Roanne Preston spoke about the “Current Recommendations for the Airway Management of the Obstetric Patient”. Dr Villar facilitated a problem-based learning discussion (PBLD) session on “Anesthesia for a Patient with Severe Pre-eclampsia”, and Dr Leffert facilitated a PBLD session on “The Patient with Postpartum Headache”, both very popular events and a new format for the Section. Our poster discussion was also very well-attended with participants and authors of diverse Canadian universities.

We continue to secure excellent speakers and in 2018 in Montreal, our international guest will be Dr Carolyn Weiniger from Tel Aviv, Israel, who has published extensively in obstetric anesthesia and has been part of the faculty at Stanford University. Once again, we will offer the popular obstetric neuraxial ultrasound workshop led by Dr Jose Carvalho from Toronto, as well as two PBLD sessions. We will include presentations in French, as part of the French track at the CAS Annual Meeting. We are sure Montreal will attract many members and we will have another successful meeting.

## **PERIOPERATIVE MEDICINE**

### ***Dr Massimiliano Meineri – Chair***

The Perioperative Section Vice-chairs, Drs Duminda Wijesindera and Gregory Bryson continue to co-chair the Canadian Anesthesiologists' Society's Choosing Wisely Canada campaign <http://www.choosingwiselycanada.org/recommendations/anesthesiology/>.

The Perioperative Section Chair, Dr Massimiliano Meineri, in collaboration with the Cardiovascular and Thoracic Section and the Critical Care Section led the second Canadian Point-of-care Ultrasound course at the last CAS Annual Meeting in Niagara Falls. The course covered all perioperative application of point-of-care ultrasound, was attended by 50 anesthesiologists from across the country, and sold out three weeks in advance.

The course will be offered again in Montreal on Friday, June 15, 2018. This year's edition will include a basic and a newly developed advanced course.

Dr Massimiliano Meineri is leading a Canadian Consensus of Experts to define guidelines in perioperative point-of-care ultrasound. The guidelines are to be released later this year.

The Section has appointed Dr Andrew Shaw, Chair of Anesthesiology at the University of Alberta in Edmonton as the new Section's secretary. His expertise in perioperative medicine is well known internationally and his contribution to the Section will certainly allow further growth.

We look forward to meeting the Canadian perioperative medicine community at the Annual Meeting in Montreal for the first CAS Perioperative Medicine Section event on June 17. Members will have free admission to this networking event.

## **REGIONAL AND ACUTE PAIN**

### ***Dr Ki Jinn Chin, FRCPC – Chair***

The 2017 Regional Anesthesia and Acute Pain Section Executive Committee comprised Dr Ki Jinn Chin (Chair, Toronto), Dr Kwesi Kwofie (Deputy Chair, Halifax), and Dr Kyle Kirkham (Treasurer, Toronto). Invaluable leadership support was also provided by the ex-Chairs, Dr Derek Dillane (Edmonton), Dr Shalini Dhir (London), and Dr Marie-Josée Nadeau (Quebec City).

Regional anesthesia continues to be a subspecialty of growing interest to many anesthesiologists, particularly as the use of perioperative ultrasound becomes more and more common. The focus on the Section in 2017 was continuing to ensure that the regional anesthesia-related educational content at the 2017 Annual Meeting in Niagara Falls addressed the needs of not only the enthusiasts, but also those who are just beginning to embrace regional anesthesia. We therefore increased the availability of our popular workshop, "Essential Blocks for the Non-specialist in Regional Anesthesia", while retaining a workshop on more advanced blocks of the trunk and

spine. We also included a well-received lecture on the practical use of point-of-care ultrasound by Dr Richelle Kruisselbrink (Toronto) during our final Monday morning symposium.

The Section's symposia were graced by two of the leading lights in anesthesiology, Dr Ed Mariano (Stanford) and Dr Steve Orebaugh (Pittsburgh). Dr Mariano, who is a highly influential figure in both traditional and social media, provided insights on how to harness modern technology to advance education in regional anesthesia, and followed that with an update on how regional anesthesia can contribute to improvement in perioperative patient outcomes. Two of our own faculty then spoke on the application of regional anesthesia to two specific and common scenarios that face most anesthesiologists: trauma (Dr Stephen Choi, Toronto) and breast surgery (Dr Patrick Wong, Ottawa). In keeping with the overall meeting theme of competency, Dr Orebaugh drew on his extensive experience as an educator to give us his perspective on the essential elements that comprise competency in regional anesthesia practice. Dr Kyle Kirkham (Toronto) complemented that with a look at how we might define this competency, which is especially relevant as we move towards a competency-based curriculum for our residents. In our well-attended final session on Monday morning, we concluded with a discussion of practical point-of-care ultrasound applications

Going forward, the Section remains committed to our educational mission: (1) to impart skills and knowledge related to regional anesthesia that would be useful for the general anesthesiologist, and (2) to present cutting-edge advances that appeal to the enthusiasts. Canada is fortunate to have several leading centres of excellence and research, and many of the faculty from these centres will attend the Annual Meeting in Montreal in 2018.

Our invited international speaker for this year is Dr Alan MacFarlane from Glasgow, Scotland. He is a well-published expert and international speaker who is also the senior author on one of the few studies to show a true impact of regional anesthesia on clinical outcomes (Aitken E, Jackson A, Kearns R, Steven M, Kinsella J, Clancy M, Macfarlane A. Effect of regional versus local anaesthesia on outcome after arteriovenous fistula creation: a randomised controlled trial. *Lancet*. 2016;388:1067-1074.). He will be lecturing on why regional anesthesia is a valuable part of any hospital's practice, as well as its specific role in two commonly-encountered clinical scenarios: shoulder surgery and hip fracture.

For the first time, we will also be featuring two community anesthesiologists, Drs Greg Ip and Brian Kashin from North York General Hospital in Toronto, sharing their experience on setting up and running a regional anesthesia service in a non-academic setting. Another new initiative is a Section Event that will feature an "Ask the Expert" panel session, at which attendees can engage in a Question & Answer discussion with Dr MacFarlane and several of our national experts on the most pressing clinical questions they may have related to regional anesthesia. These questions will be solicited by a short survey sent out to members ahead of the meeting.

We thank our members for their continued support and look forward to another fruitful year ahead for the Section.

## RESIDENTS

### CAS Residents' Section Executive

Chair – Dr Janny Xue Chen Ke (Dalhousie PGY3)

Board of Directors Representative – Dr Rohan Kothari (University of Toronto PGY3)

Vice-Chair – Dr Claire Allen (University of Calgary PGY2)

Vice-Chair – Dr Soniya Sharma (University of Toronto PGY3)

Treasurer – Dr Cheng Zhou (University of Toronto PGY3)

Director, Dr Carla Henderson (University of Ottawa PGY3)

Director, Speakers – Dr Julie Fattal (McGill University PGY4)

Director, Simulation Olympics Sub-committee – Dr Curtis Nickel (Queen's University PGY5)

Webmaster – Dr Yin Hui (University of Ottawa PGY3)

### Highlights

Our team of residents from across Canada has been putting together exciting education and social events for residents, including Simulation Olympics, Career and Fellowships Fair, Residents' Social, as well as speaker sessions focusing on tips on examinations, publications, and career planning. New initiatives this year include:

- To support our expanded mandate, our executive team expanded from four to nine members, with the addition of a four-member Simulation Olympics Sub-committee. We have been building the groundwork towards our vision of engaging residents both at the CAS Annual Meeting and during the rest of the year.
- To support resident attendance at the CAS Annual Meeting, we also advocated for decreased registration fees for residents and established the first annual CAS Residents' Bursary Fund. In addition, in discussion with the Association of Canadian University Departments of Anesthesia (ACUDA), executive members of the Residents' Section will receive full funding from their residency programs to attend the CAS Annual Meeting.
- Building on the historically well-attended fellowship fair, we expanded the fair to include both fellowships and careers. Fellowship directors and recruiters are also invited to join the first two hours of the Residents' Social.
- To learn more about how we could best engage and support Canadian anesthesiology residents at future Annual Meetings and beyond, we distributed a needs assessment survey and will be presenting the results at our Residents' Section Annual General Meeting and CAS Board of Directors' meeting.

### Our Mandate

This year, we expanded our goals to further engaging residents both at CAS and beyond. Our vision includes:

1. **Facilitating a community** of Canadian anesthesiology residents
2. **Connecting** Canadian anesthesiology residents with the CAS
3. **Representing** Canadian anesthesiology residents at the CAS
4. **Creating programming** relevant to anesthesiology residents

### **1. Facilitating a community of Canadian anesthesiology residents**

We expanded our social media presence (Facebook, Twitter, [www.CASresidents.ca](http://www.CASresidents.ca)). We added a webmaster position to our executive team to further engage residents through our blogs and fellowship and career database. Through our blog, we aim to collect and share stories of anesthesiology residents across Canada, including achievements, wellness initiatives, tips for success, and hobbies and interests outside of medicine. We are excited to get to know our resident community at the CAS Residents' Social, and to host more events in the coming years.

### **2. Connecting Canadian anesthesiology residents with the CAS**

We distributed two Residents' Section newsletters through the CAS residents' mailing list to keep residents posted with our initiatives. We created Residents' Section-branded marketing materials such as scrub hats, lanyards, and posters. We reached out to residents through a booth at one regional conference (Lower and Upper Canada Anesthesia Symposium (LUCAS), Montreal 2018, with the hope of participating in more regional events in the future. With the help of our school representatives, we also distributed a needs assessment survey to all Canadian anesthesiology residents to learn about what CAS and the Residents' Section could do for our resident community.

### **3. Representing Canadian anesthesiology residents**

Our resident representative to the Board of Directors, Dr Kothari, attended the Fall 2017 Board of Directors' meeting. As well, there is a resident representative on every CAS committee. We participated in the adjudication of CAS Honour Awards. Dr Roherty (Memorial University) represented our Section at the American Society of Anesthesiologists' meeting in Boston in October 2017.

This year, we advocated for increased support for residents to attend the Annual Meeting, including the creation of a \$2,000 Bursary Fund, decreased registration fees, and full support from programs for Section executive committee members as per ACUDA. We believe that encouraging residents to attend the Annual Meeting regularly is a key step in connecting residents to the CAS community during residency and beyond.

### **4. Creating programming relevant to anesthesiology residents**

We would like to create educational and social events for residents not only at the CAS Annual Meeting but also during the rest of the year. Our needs assessment survey will help inform us of what events to host in the 2018 – 2019 year.

## **EVENTS FOR RESIDENTS AT THE CAS ANNUAL MEETING**

### **Residents' Social**

Residents and their significant others are invited to a relaxed get together at Joverse in Montreal, to meet other fellow residents before the start of the main conference. Fellowship directors and recruiters will be dropping in from 7:00 pm – 9:00 pm and will be present at Sunday's Career and Fellowship Fair.

### **Second Annual CAS Residents' Simulation Olympics Competition**

Building on the 2017 successful inaugural Residents' Simulation Olympics, we created a Simulation Olympics Sub-committee to plan for the 2018 event. Residents can compete in teams of three in either French or English for cash prizes totaling \$5,000. One can catch a glimpse of this event filled with fun, education, and adrenaline at the Exhibit Hall. Our sponsors include the Kingston Resuscitation Institute.

### **SPEAKER SESSIONS**

#### **Theme: Transition to practice**

- What to expect at your Royal College exam: Tips from the Royal College Examiner (Dr Rolf Gronas, English Co-Chair, Anesthesiology Examination Committee)
- How to get published: Tips from the Editor (Dr Hilary Grocott, Editor-in-Chief, *Canadian Journal of Anesthesia*)
- Annual Residents' Section business meeting (Facilitated by Dr Janny Ke, Chair, CAS Residents' Section, and Dr Rohan Kothari, Resident Representative, CAS Board of Directors).
- Career choices: A breadth of possibilities in practice settings (Dr Patricia Livingston: Global Health, Dr Franco Carli: Academic Career, Dr Alex Yeung: Community, Dr Mark Ansermino: Research and Innovation)
- The hidden curriculum: Life (Dr Philip Waters, McGill)

#### **Fellowships and Career Fair**

An engaging meet-and-greet for residents to get to know departments, fellowship directors, and recruiters from across Canada – watch for details to be posted on our website.

[www.CASresidents.ca](http://www.CASresidents.ca)

## OTHER REPORTS

### ASSOCIATION OF CANADIAN UNIVERSITY DEPARTMENTS OF ANESTHESIA (ACUDA)

The ACUDA Executive is currently comprised of these members:

- President: Dr Roanne Preston, University of British Columbia
- Vice-President: Dr Jeremy Pridham, Memorial University
- Secretary-Treasurer: Colin McCartney, University of Ottawa
- Past President: unfilled due to resignations of Chairs

The Annual General Meeting of ACUDA occurs in June in advance of the CAS Annual Meeting and took place on June 23, 2017 in Niagara Falls, Ontario. The Annual Meeting day is composed of three parts:

1. Educational Plenary from 0800 – 1200 hrs
2. Sub-committee meetings from 1200 – 1500 hrs
3. Annual General Meeting of ACUDA from 1500 – 1700 hrs

- 1) Incoming and Outgoing Chairs:** There are several new chairs that changed over in 2017/early 2018. Dr Andrew Shaw is the Chair in Edmonton, Dr James Paul is the Chair at McMaster, Dr Mateen Raazi is the Chair in Saskatchewan, Dr Homer Yang has moved west and is the new Chair at Western University, and finally a second woman has joined the ranks – Dr Beverley Orser is the Chair in Toronto.
- 2) ACUDA Plenary June 2017:** The ACUDA Plenary in June 2017 addressed “The Anesthesia Care Team Model: Current State of Development in Canada”. It was an interesting session as we heard from a practising Anesthesia Assistant, who is a clinical leader in Toronto (Elihu Henry), an expert on interdisciplinary education (Dr Ivan Silver), and the former Ontario Medical Association Section Chair in Anesthesiology (Dr Stephen Brown). It is clear that across Canada the role of the Anesthesia Assistant and the concept of an anesthesia care team are not uniformly subscribed or adhered to.
- 3) Competency by Design (CBD) for Anesthesiology Resident Training Programs:** July 1, 2017 was the go-live date for the remaining 15 anesthesiology residency programs in Canada. The experiences of Ottawa (started July 2015) and Halifax (July 2016) have been very different, but the two pilot sites extensively shared their work and findings. The Entrustable Professional Activities (EPAs) have been completed for all five years by the working group comprised of the 17 PG Directors. However, it is recognized the EPA list is very long and will get shortened. The mandatory simulation scenarios, created by CanNASC, will total five and must be completed by senior residents (Years 4, 5). Resources continue to be an ongoing issue, with Deans indicating they had little say in how CBD had to roll out/be run in the programs. Other associated issues to be resolved include the role of the Resident Logbook and FITERS. The PG Education Group met as usual in November 2017, and the discussions will continue in June 2018 on these issues. In addition, the Royal College now

requires the program directors to have role appraisals done by both the department head and the appropriate education Dean at each program.

- 4) Research: Perioperative Anesthesia Clinical Trials Group (PACT):** Dr Eric Jacobsohn will explore a relationship with the International Anesthesia Research Society (IARS) to create a link for North American clinical trials group. A research priority-setting exercise has been launched, with a request for funding support from ACUDA (Dr McKeen). A motion was approved for support of \$17,000 from ACUDA. This was felt to be a 'one-off' funding payment to support a crucial area of mission for ACUDA and the specialty. A national retreat for research is planned for next winter's PACT meeting.
- 5) Pain Medicine Residency:** The number of residency programs now running is seven: University of British Columbia, University of Calgary, Western University, University of Toronto, McMaster University, University of Ottawa, and University of Montreal  
Number of Royal College pain subspecialists: 33 (22 are anesthesia)  
By formal Pain Medicine residency: 3 (plus one who has moved to Saudi). Two are from anesthesia.  
By PER-sub exam (three exam cycles so far): 15  
By founder status: 14  
By "Associate" category: 1 (Gofeld)  
By Posthumous award: 1 (Nelems)  
Applications for practice eligible exam 2017: 10, 2018: 6

It has been decided to add interventional competencies to the curriculum as it is felt that over a two-year program, all residents, regardless of background, should be able to acquire basic interventional skills. In addition, anesthesia elective time will be counted, which may facilitate more anesthesia residents applying for this residency program.

At the CAS 2018 Annual Meeting, ACUDA will hold another symposium for the general audience. It will be on "The Next Generation of Canadian Anesthesiology Research".

## CANADIAN ANESTHESIA RESEARCH FOUNDATION

*Dr Doreen Yee, FRCPC - Chair*

In 2017, The Canadian Anesthesia Research Foundation (CARF) celebrated its 32<sup>nd</sup> year as the CAS Research Award Program's funding partner. In total, six awards were funded and a total of \$180,000 was given to CAS Research Award winners.

CARF's lead sponsor, Medtronic, generously contributed \$80,000 to support three awards. **The CAS Research Award in Neuroanesthesia in memory of Adrienne Cheng**, the **Dr Earl Wynands Research Award in Cardiovascular Anesthesia**, and the **Dr R A Gordon Research Award for Innovation in Patient Safety** were fully funded by Medtronic. In addition, the Ontario's Anesthesiologists funded the **CAS Residents Research Grant** and CARF funded the **Canadian Anesthesiologists' Society Research Award and Career Scientist Award** totaling \$100,000.

In May, CARF had an opportunity to celebrate Canadian-American research partnerships over many years at the Canadian Embassy in Washington, D.C. during the annual International Anesthesia Research Society (IARS) meeting. Canadian academic leaders, Drs Davy Cheng and Beverley Orser (IARS Board Chair and Meeting Co-Chair) hosted this evening with a special reception after some brief presentations.

At the Annual Meeting, the CARF Research Lecture was given by 2009 award winner, Dr André Denault, who is an Associate Professor at the Université de Montréal. His talk titled "How Ultrasound Research is Changing Perioperative Anesthesia" was well attended and received.

At the end of 2017, the CARF investment portfolio had a value of \$2.16m compared to \$2.03m at the end of 2016. CAS continues to contribute \$20,000 to CARF's endowment annually, which is now worth \$200,000 (principal only). The interest generated from this fund has been used towards the awards. CAS member donations in 2017 totalled \$70,196.88 compared to \$68,113.59 in 2016. The CARF Fun Run in Niagara Falls was enjoyed and praised by all participants and raised \$3,000.

The British Columbia Anesthesiologists' Society (BCAS) launched a research grant in perioperative quality outcomes, and \$5,000 has been raised to date. The goal is for it to be an annual award, and will be matched with donations from members, with a goal of \$10,000. CARF also received a \$5,000 donation from Merck towards supporting the 2018 CAS Research Award Program, and the Cardiovascular and Thoracic Section has confirmed a commitment of \$15,000 towards the 2018 Dr Earl Wynands Research Award in Cardiovascular Anesthesia.

CARF held three Board meetings in 2017, including teleconferences in February and October in addition to the face-to-face Annual Meeting in June. CARF also welcomed a new Board Trustee, Dr Stuart McCluskey, who is an Associate Professor in Anesthesia from the University of Toronto.

Thank you to all who supported CARF in 2017!

## CANADIAN ANESTHESIOLOGISTS' SOCIETY INTERNATIONAL EDUCATION FOUNDATION

*Dr Dylan Bould, FRCPC – Chair*

In 2017, we welcomed three new members to the Canadian Anesthesiologists' Society International Education Foundation (CASIEF) board: Lauren Zolpys (Victoria), Dr Joel Hamstra (McMaster) and Dr Jennifer Vergel de Dios (London). We also had to say “goodbye” to some senior Board members who have contributed a huge amount to CASIEF over many years: Dr Alez Dauphin and two former CASIEF chairs, Dr Franco Carli and Dr Angela Enright. It's difficult to overstate what Alez, Franco, and Angela have contributed to anesthesia in the many countries in which they have worked – too many to list in full but include Nepal, Rwanda, Haiti, Uganda, Niger, and Burkina Faso. We are sad that they have left the Board but grateful for their ongoing mentorship.

The Board has voted on a restructuring of the Board, such that the Vice-Chair is anticipated to transition to the chair at the end of the Chair's term(s). Terms for the Chair and the Vice-Chair remain three years, renewable once. The Chair will assume an “Immediate Past-Chair” position on the Board in order to provide ongoing guidance to the new chair. Dr Dylan Bould has been voted as Chair for a second term from 2018 – 2021. Dr Joel Parlow has been voted as the Vice-Chair from 2018 – 2021 and will assume the chair position in 2021, subject to a vote by the Board.

Dr Jennifer Szerb continues to lead our fundraising sub-committee and there have been fundraising events for CASIEF at the CAS Annual Meeting as well as at the Dalhousie University Department of Anesthesia and at the Lower and Upper Canada Anesthesia Symposium (LUCAS). We are particularly grateful to Ontario's Anesthesiologists (of the Ontario Medical Association), which remains the largest single donor from within the anesthesia community. We have received generous sponsorship from industry, including Scotiabank. We have also received support from the American Society of Anesthesiologists, the New York School of Regional Anesthesia, and the European Society of Regional Anaesthesia.

We have continued to refine the CASIEF website, <https://casief.ca/> which includes information about our foundation, a link to donate through the CAS website, and an online application for prospective volunteers. Recent news can be found on our blog <https://casief.ca/blog/>. We also have a social media strategy, including a Facebook page, which can be found at <https://www.facebook.com/anesthesiaoverseas/>. Our Twitter account @CAS\_IEF is growing, with 881 followers. We released an inaugural annual report at the 2017 CAS Annual Meeting and have started regular email updates/newsletters about our work to “collaborate with partners to build capacity for safe, sustainable anesthesia and perioperative care globally through education, knowledge translation, and advocacy”.

Our partnership in Rwanda is now in its 12<sup>th</sup> year, also in collaboration with the American Society of Anesthesiologists (ASA) Global Health Outreach Committee. This program goes from strength to strength and, over this time, CASIEF has sent volunteers to have an almost continuous presence in Rwanda, teaching anesthesia. CASIEF Chair, Dr Dylan Bould, has taken

a sabbatical year to work in Kigali with the program there, in partnership with the US Human Resources for Health (HRH) program. Dr Bould is “twinned” with the anesthesia chair at the University of Rwanda to work on transitioning the program to independence from external support. Particularly encouraging is that the intake into the Rwandan program has quadrupled over the last three years compared to the earlier years of the program, with 31 residents through post-graduate years 1-3. The potential benefit of locally-trained physician anesthesiologists is hard to quantify but goes far beyond the thousands of patients that they will care for directly. CASIEF is now focusing on mentoring graduates of the program to be the educators and leaders of the specialty and to create Rwandan solutions for improving perioperative care in Rwanda.

The CASIEF-Addis Ababa University Partnership continues. There is a huge need for anesthesia training in Ethiopia, and the Black Lion hospital has many new PGY1 residents this year but few local faculty to train them. The Ethiopian government has identified the need for 350 new anesthesiologists to be trained over the next five years. CASIEF aims to build this partnership by increasing the external support that we provide to anesthesia training in Addis Ababa.

CASIEF continues to work with the University of Guyana, McMaster University, and the American Society of Anesthesiologists to support the new anesthesia residency program in Georgetown, Guyana. This partnership is a similar model to our Rwanda program, with visiting faculty from both Canada and the US, as well as placements for Guyanese anesthesia residents at McMaster and Northern Ontario School of Medicine to learn competencies that cannot be readily taught in Georgetown. We plan to grow this program over the coming years to match the demand for anesthesia training in Guyana, and are actively looking for volunteers for both the Guyana and the Ethiopia programs.

Unfortunately, the security situation has deteriorated in Burkina Faso, with the Canadian government recommending against all but essential travel. The Board has decided it will not support CASIEF volunteers in countries with that level of security concern. We continue to communicate and work with our partners there to improve anesthesia in that country, including sponsorship of events for their faculty outside of Burkina Faso.

In summary, the last year has seen further growth in our programs and activities. We are actively looking for volunteers for exceptional opportunities to visit Guyana and Ethiopia and contribute to real change to surgical and anesthesia care in those countries by training the future leaders of anesthesia and patient safety where the need is greatest.

## **ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA – SPECIALTY COMMITTEE IN ANESTHESIOLOGY**

*Dr H  l  ne Pellerin, FRCPC – Chair*

*Specialty Committees (SC) are established for every specialty and subspecialty recognized by the Royal College of Physicians and Surgeons of Canada (RCPSC). Their role is to advise on specialty-specific content issues (e.g., standards, credentials, evaluation and accreditation). Membership of the Specialty Committee in Anesthesiology consists of a Chair, a Vice-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 17 accredited Canadian Anesthesiology Training Programs.*

### **Competence by Design**

On July 1, 2017, medical schools across Canada launched a new approach to medical education: Competence by Design (CBD), the Royal College's initiative to introduce competency-based medical education (CBME) into specialty education in Canada. Anesthesiology and otolaryngology – head and neck surgery are the two first specialties to introduce this model in their training program. The first-year residents in all Canadian anesthesiology programs are now following a competence-based curriculum. In the field, this has translated by more direct observations done by faculty. The supervisors are asked to observe the residents while they are doing various "Entrustable Professional Activities" (EPA). These are specific tasks of our profession that an individual can be trusted to perform once sufficient competence has been demonstrated. Demonstration of competence is through regular observation and coaching. The coaching model is a critical key in the development of this new educational mindset. Another new addition is the establishment of a competency committee in each program. Members of the competency committee will review the multiple observations of each task for each resident, they will provide feedback on an individualized learning plan and they will decide on the progression into the next stage of training.

The key enabler of this transition has been the creation of a comprehensive set of EPAs. For the Royal College CBD anesthesiology program, there are 87 EPAs that are mapped to four different stages of training, which serve to guide the learner through their five years. With rigorous documentation of multiple observations of each specific task, we will have evidence that residents have earned trust, and they should be able to progress in their training in a better customized fashion. It must be emphasized that these EPAs are simply a clearer definition of the minimum standard used to organize the training program. Residents will target mastery and excellence in performance.

Being a pioneer is not an easy role and like any change, the implementation of this initiative has its ups and downs. An extensive report was produced at the end of November highlighting the successes and challenges of the first five months following implementation of CBD. Members of the Specialty Committee are being proactive by suggesting measures to improve the CBD program and overcome the challenges that are faced.

### **Canadian National Anesthesia Simulation Curriculum (CanNASC)**

The CanNASC group has developed and implemented a curriculum of standardized high-fidelity simulation scenarios, including a standardized assessment methodology, addressing high risk/low frequency events and key events in anesthesiology. Successful completion of five simulation-based assessments using the CanNASC methodology is now part of the certification requirements for residents who began their residency training in July 2017. This curriculum is an important addition to enhance the rigour of assessment of competence of residents. However, this is also a challenge for many programs as the resources involved in simulation are substantial.

### **Canadian Residency Accreditation System**

The Canadian Residency Accreditation System is being reformed. The newly developed *General Standards of Accreditation for Residency Program* and *General Standards of Accreditation for Institutions with Residency Programs* were approved by the Royal College's Residency Accreditation Committee in March 2017. The new standards and new accreditation process will be fully tested during the regular accreditation reviews of Dalhousie University (November 2018) and McGill University (April 2019). Anesthesiology has a new *Standards of Accreditation for Residency Programs in Anesthesiology* document that is in line with the new standards format. For more information, visit the CanRAC website - [www.canrac.ca](http://www.canrac.ca).

### **Royal College Medical Workforce Knowledgebase**

This new feature, accessible through the Royal College website, provides key insights on the size and composition of Canada's current and future physician workforce. It unites fragmented medical workforce data from five key sources yielding several indicators of physician supply including the number of residency positions, the number of physicians entering residency training, data on newly certified specialists, supply data, and age data.

### **GP/FP Anesthesia**

This remains an important topic in Canadian Anesthesiology. Collaboration and communication between the RCPSC, College of Family Physicians of Canada (CFPC), Canadian Anesthesiologists' Society, and Association of Canadian University Departments of Anesthesia (ACUDA) is of utmost importance. The CFPC also introduced CBME into the training for a Certificate of Added Competence in Family Practice Anesthesia (FPA). However, the CBME approach used by the CFPC is completely different than the approach used by the RCPSC. The assessment of competence in Family Practice Anesthesia is based on a set of priority topics and key features. These are available on the CFPC website:

[http://www.cfpc.ca/uploadedFiles/Education/FPA\\_KF\\_Final\\_ENG.pdf](http://www.cfpc.ca/uploadedFiles/Education/FPA_KF_Final_ENG.pdf)

## **Membership Lists as at December 31, 2017**

### **CAS BOARD OF DIRECTORS**

#### **Executive Committee**

President: Dr Douglas DuVal, Edmonton, AB  
Vice-President: Dr Daniel Bainbridge, London, ON  
Secretary: Dr David McKnight, Toronto, ON  
Treasurer: Dr James Kim, North Vancouver, BC  
Past President: Dr Susan O'Leary, Hamilton, ON

#### **Divisional Representatives**

Newfoundland & Labrador: Dr Angela Ridi, St. John's, NL  
Prince Edward Island: Dr Mohamed Hassan, Charlottetown, PE  
Nova Scotia: Dr George Kanellakos, Halifax, NS  
New Brunswick: Dr John Murdoch, Fredericton, NB  
Quebec: Dr Jean-François Courval, Dorval, QC  
Ontario: Dr Christopher Harle, London, ON  
Manitoba: Dr Mehdi Sefidgar, Winnipeg, MB  
Saskatchewan: Dr Kyle Gorman, Regina, SK  
Alberta: Dr Michael Cassidy, Calgary, AB  
British Columbia: Dr Michelle Scheepers, Vancouver, BC

#### **Ex-officio Member**

ACUDA President: Dr Roanne Preston, Vancouver, BC

#### **Resident Representative**

Dr Rohan Kothari, Toronto, ON

#### **Executive Director**

Ms Debra Thomson, Toronto, ON

#### **Invited Guests**

CARF Chair: Dr Doreen Yee, Toronto, ON  
CASIEF Chair: Dr Dylan Bould, Ottawa, ON  
CJA Editor-in-Chief: Dr Hilary Grocott, Winnipeg, MB  
RCPSK Representative: Dr H el ene Pellerin, Qu ebec, QC

## **CAS NATIONAL OFFICE**

Debra Thomson – Executive Director  
Iris Li – Director, Finance, Human Resources & IT  
Amanda Cormier – Director, Marketing, Communications & Events  
Nadina Holca – Executive Assistant  
Mack Chabelski – Marketing & Engagement Assistant  
Victor Gonzalez – Member & Office Administrator  
Pascal Lalonde – Membership Coordinator  
Cristina Mita – Education & Programs Coordinator  
Leanne Moss – Administrative & Communications Assistant  
Carolyn Gillis - CJA Editorial Assistant

## **CAS STANDING COMMITTEES**

### **Annual Meeting**

Chair: Dr Adriaan Van Rensburg, Toronto, ON

### **Local Arrangements**

(Annual Meeting Sub-Committee)

2018 Montreal Chair: Dr Daniel Chartrand, Montreal, QC

### **Scientific Affairs**

(Annual Meeting Sub-Committee)

Chair: Dr Tim Turkstra, London, ON

### **Archives and Artifacts**

Chair: Dr Daniel Chartrand, Montreal, QC

### **Bylaws and Constitution**

Chair: TBD

### **CAS Choosing Wisely Canada**

Chair: Dr Kyle Kirkham, Toronto, ON

### **COACT (Committee on Anesthesia Care Team)**

Chair: Dr Susan O'Leary, Hamilton, ON

### **Continuing Education and Professional Development**

Chair: Dr Jordan Tarshis, Toronto, ON

### **CPD Modules Sub-Committee**

(CEPD Sub-Committee)

Chair: Dr André-Stéphane Lambert, Ottawa, ON

**Ethics**

Chair: Dr Ian Herrick, London, ON

**Finance**

Chair: Dr James Kim, North Vancouver, BC

**Medical Economics/Physician Resources**

Co-Chair: Dr Jean-François Courval, Dorval, QC

Co-Chair: Dr Eric Goldszmidt, Toronto, ON

**Nominations**

Chair: Dr Susan O'Leary, Hamilton, ON

**Patient Safety**

Chair: Dr Claude Laflamme, Toronto, ON

**Research Advisory**

Chair: Dr Dolores Madeline McKeen, Halifax, NS

**Standards**

Chair: Dr Gregory Dobson, Halifax, NS

**CAS SECTION EXECUTIVE MEMBERS**

**Ambulatory**

Chair: Dr David T. Wong, Toronto, ON

**Anesthesia Assistants**

Chair: Mr Mark Ratz, Dufresne, MB

**Canadian Pediatric Anesthesia Society (CPAS)**

Chair: Dr David Rosen, Ottawa, ON

**Cardiovascular and Thoracic (CVT)**

Chair: Dr André-Stéphane Lambert, Ottawa, ON

**Chronic Pain Management**

Chair: Dr John G Hanlon, Toronto, ON

**Critical Care Medicine**

Chair: Dr Duane Funk, Winnipeg, MB

**Education and Simulation in Anesthesia (SESA)**

Chair: Dr Fahad Alam, Toronto, ON

**Neuroanesthesia**

Chair: Dr Marie-Hélène Tremblay, Quebec City, QC

**Obstetric**

Chair: Dr Giselle Villar, West Vancouver, BC

**Peri-operative Medicine**

Chair: Dr Massimiliano Meineri, Toronto, ON

**Regional and Acute Pain**

Chair: Dr Ki Jinn Chin, Toronto, ON

**Residents**

Chair: Dr Janny Ke, Halifax, NS

## **2017 Financial Statements**

For access to the full version of the audited financial statements, please visit the Members Only area of the CAS website: [www.cas.ca](http://www.cas.ca)