

CAS

ANESTHESIA NEWS

VOLUME 35 • DECEMBER 2020 • NUMBER 4



CANADIAN ANESTHESIOLOGISTS' SOCIETY

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MESSAGE FROM THE PRESIDENT



**"Looking forward to a backwards view....
2020 in the rear-view mirror and 2021 on the road ahead."**

“

As 2020 draws to a close, I reflect on the difficult and unusual year faced by our CAS members and their families. I sincerely hope you have remained safe and healthy.

COVID-19 is forcing us to face new challenges as healthcare teams. Many frontline healthcare workers, and anesthesiologists in particular, are putting themselves in harm's way. We are a profession that is normally relatively happy to be invisible, but are now being recognized and even featured on the cover of TIME magazine's special report on *Heroes of the Frontlines*. I am proud of the accomplishments we have all achieved throughout COVID-19, and sincerely thank you for your service on behalf of all Canadians. This is an unprecedented battle we are fighting for our patients and our communities, and we all must fight it together. We acknowledge there have also been some silver linings and many new opportunities, I look forward to the development of a vaccine, better therapeutics, and getting back to a new normal at some point in 2021.

Returning to the present, I want to highlight that it is an exciting time, with Awards season being upon us with opportunities for members in the CAS Honour Awards, Research Program and the Annual Meeting Best Paper Awards. CAS Honour Awards are special because they do just what the name implies – honour and award our colleagues. They allow us to recognize and celebrate the great work and contributions in our CAS community. The awards span teaching, practice, research, humanitarian efforts, and overall contribution to anesthesia. After the year we've had, celebrating is more important than ever. I encourage you to take the opportunity to give kudos to colleagues and friends and shine a light on someone. And don't forget, honourees are chosen from the nominees you put forward – they have to be "in it to win it". You may remember a few years ago we had an unusual year with all winners being male. Make no mistake, they were all deserving of their wins but, and I quote Dr DuVal and Dr McKnight who addressed this at the time, "we need to make a conscious effort to ensure that the gender shift in our anesthesiology profession is reflected appropriately in award recognition as well as in positions of leadership". Please consider diversity in your nominations. The deadline to nominate is around the corner – December 15th.

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The deadline for the Research Awards is also coming quickly: December 22. Did you know that our Research Awards Program has been around since 1985? That is 35 years of supporting research in our profession. This year, the Board developed its **3-year strategic plan**, which includes five pillars of focus, one of which is the Practice, Policy & Research Pillar. Research has long been, and will continue to be, a key strategy. We are fortunate to have Dr Gregory Bryson as the Chair of the Research Advisory Committee. Be sure to [read his message](#) about the 2021 Research Awards.

Closing out the awards season are the **Best Paper Awards** for the Virtual Annual Meeting. The deadline for submission of abstracts is February 4, 2021. As noted above, supporting research is important to CAS and the entire anesthesia community. Led by Dr Tim Turkstra, the Scientific Affairs Committee manages and reviews the submitted abstracts. It's a huge undertaking and I am grateful to him and all Committee members.

Speaking of the Virtual **Annual Meeting**, the 2021 event is shaping up to be impressive. While we would love to meet in person, as anesthesiologists we need to lead the way, and the right way for 2021 is to continue physical distancing and do the meeting virtually. The 2020 Virtual Annual Meeting was great, as we, led by Dr Adriaan Van Rensburg, did a quick pivot to deal with lockdowns. As time has gone by, the pandemic continues, and virtual meetings have evolved. For 2021, we have time and technology improvements allowing us to plan and produce a great event. It will be more of a conference style, with concurrent sessions, networking, chats, ePosters, an exhibit hall, and more.

The expanded program allows us to create a large number of options for your participation, but it will not quite match the breadth of our in-person Annual Meeting. With education being identified as one of

our key pillars, we will be developing more education throughout the year, with webinars, modules, podcasts, and Problem-based Learning Discussions (PBLDs). Members and Sections are encouraged to connect with the office if there are topics they want us to focus on.

A huge and vitally important undertaking for 2021 will see CAS advocating for the profession. CAS is here to be your voice and the voice of the anesthesiology profession. Among other impactful issues, we are facing several substantial policy issues, including potential changes to scopes of practice around anesthesiology that could see alternative anesthesia providers. The CAS, as a national specialty society, needs to be a part of a national workforce planning strategy and, with our partner organizations and stakeholders, help provide solutions that allow all Canadians equitable access to safe physician-led anesthesia care. We will be reaching out to the membership to get a clear idea of needs, positions, thoughts, and fears. Using your feedback as well as an environmental scan, we will be developing CAS' formal position on the issue and building and executing an advocacy plan. I encourage you to come to CAS with comments to guide us in the direction of our membership. Help us be your voice. I encourage you to not only renew your membership, but to encourage your colleagues to renew or become members too. As a united voice, we are stronger.

Hindsight may be 20/20 but we are ready for foresight, advocacy, and an active year ahead. On behalf of the CAS Office, your Board of Directors, the CAS Foundations (the Canadian Anesthesia Research Foundation and the Canadian Anesthesiologists' Society International Education Foundation) and the *Canadian Journal of Anesthesia*, I extend my sincere hopes for a peaceful, happy, and healthy holiday season.

Dr Dolores McKeen

2020-2021

BOARD OF DIRECTORS

As of November 2020

EXECUTIVE COMMITTEE

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Dr Dylan Bould, CASIEF Chair
Dr Hilary Grocott, CJA Editor-in-Chief
Dr Hélène Pellerin, RCPSC Representative

[CLICK HERE TO VIEW ONLINE](#)

JUNE 12-13, 2021

CAS VIRTUAL ANNUAL MEETING

SAVE THE DATE AND JOIN US!

In keeping the health, and well-being of our entire network in mind, CAS will again host the 2021 CAS Annual Meeting virtually on June 12-13, 2021. The meeting will continue to provide some of the best, highest impact speakers and content available.

We were extremely pleased with the final outcome and the participation in the 2020 Virtual Annual Meeting (VAM), and CAS is grateful to the long list of presenters and moderators who worked tirelessly to develop the scientific program. The support and flexibility shown by our speakers, moderators, and organizers made everything possible.

There were many highlights of the 2020 VAM. We were delighted to have Lieutenant-General the Honourable Roméo Dallaire deliver the opening keynote, where he shared his hard-earned wisdom on the demands of managing through difficult situations. The meeting also featured the annual John Wade Patient Safety Symposium, the popular annual Residents' Competition, the Richard Knill Competitions, sessions on obstetric anesthesia, hot topics in regional and acute pain, and an important closing panel on lessons learned during COVID-19.

As a member you have free, complete access to all 2020 VAM recordings and resources. [Visit our website.](#)



With more time to prepare for the 2021 meeting, and armed with important feedback from our delegates and members from 2020, we anticipate an engaging and robust VAM 2021! The structure of the meeting will be a conference-style program, with multiple concurrent sessions, and will feature a more stable online platform, with greatly improved display, audio, and interactive options. One of the biggest additions to our meeting is a social or interactive aspect of the virtual meeting. Although a virtual setting will never replace an in-person meeting, networking opportunities for delegates continue to be an important part of our planning process.

As our conference program grows, we will advise and update members via our social media, website, and email communications.

Please **save the dates** for **June 12 and 13, 2021** and plan to join us online. We look forward to welcoming you!

“

**"This was an outstanding recovery,
given the current circumstances.
'Well done' to the organizers!!"**

**"The Lt. Général Dallaire conference
was outstanding and very useful and
valuable."**

**"The virtual meeting was a good way
to provide information on the selected
topics."**

**"Education was great, relevant, and
very easy to access."**

”

Thank you for the positive feedback!

DR STEPHAN SCHWARZ APPOINTED CANADIAN JOURNAL OF ANESTHESIA's EDITOR-IN-CHIEF

The Canadian Journal of Anesthesia (CJA/Journal) is the official publication of the Canadian Anesthesiologists' Society and boasts a distinguished history of editors and contributors who are among the leaders in the specialty of anesthesia.

The Canadian Anesthesiologists' Society is pleased to announce the appointment of **Dr Stephan Schwarz** as the next CJA Editor-in-Chief (EIC), as of January 1, 2021. Dr Hilary Grocott ends his outstanding seven-year term on December 31, 2020.

The EIC provides leadership and vision in journal publication and interactive communication. The EIC is also responsible for developing the editorial policy and content for the CJA, and will develop and implement appropriate strategies to ensure the ongoing scientific and financial viability of the publication.

An active member of the Canadian Anesthesiologists' Society for over 20 years, Dr Schwarz –MD/PhD/FRCPC-trained and a graduate of the Royal College Clinician Investigator Program (CIP) – brings an established track record in biomedical research and publication in both the clinical and basic sciences. Dr Schwarz's direct experience with the CJA is extensive, including a six-year term on the Editorial Board as well as 15+ years as a veteran, internationally recognized editorial reviewer.

Dr Schwarz is a Professor in the Department of Anesthesiology, Pharmacology & Therapeutics at The University of British Columbia (UBC), where he holds the Dr Jean Templeton Hugill Chair in Anesthesia and directs the Hugill Anesthesia Research Centre. Concomitantly, he is a member of the Department of Anesthesia at Vancouver's St Paul's Hospital, where he has served three terms as Director of Research. In 2017, Dr Schwarz was awarded a Killam Teaching Prize, UBC's most prestigious recognition of excellence in education.

**Please join us in welcoming
Dr Stephan Schwarz to the role of
Editor-in-Chief!**



Q&A WITH DR SCHWARZ

When applying, what drew you most to the role of Editor-in-Chief?

As a clinician-scientist anesthesiologist, I have always had a strong passion not only for clinical practice and research — the pursuit of the natural truth — but for scientific writing and medical publication, that is, the communication of science. The latter was what drove our Journal's founding father, Dr Rob Gordon. I have had the tremendous privilege to serve the Journal as a regular peer reviewer since 2004 (originally called upon by Dr Don Miller) and subsequently, since 2014, as Editorial Board Member, following an invitation by my immediate predecessor, Dr Hilary Grocott. There is no doubt that Drs Miller and Grocott, as well as Dr James Eisenach (past EIC, Anesthesiology), have been huge inspirations and role models. I felt that the position of EIC represents a unique and rare opportunity to serve our patients and community: to give back and productively deploy some of the skills and things that I think I have picked up and learned along the way — although I have the strong sense that the learning curve ahead of me is much steeper than the one behind me! I realized that I would regret it later if I would not at least send in an application. But the other very important aspect that drew me is the community, our Journal's amazing team of extremely dedicated, talented, and selfless individuals.

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What would you say are the most important goals of your tenure as EIC? What areas do you feel the Journal could improve in, if any?

Dr Hilary Grocott as EIC and Dr Gregory Bryson as Deputy EIC have led the *Journal* to tremendous highs. Our Impact Factor is the best it has ever been; reader usage is at a level of almost 1.4 million downloads in 2019; and submissions are at a record level, approaching 1,300 by end of this year. As I wrote in my inaugural editorial as the new EIC [doi: 10.1007/s12630-020-01841-y], the most important goal hence is not to sink the ship [laughs] but to firmly keep the *Journal* on a steady forward course along this positive trajectory. But there are a number of important portfolios that I want to work on with our team — in fact, some of this work has been underway since the summer of 2020. These include further advances in the domain of diversity, equity, and inclusivity; enhancement and sharpening of editorial content; work with our publisher to explore options for update appearance, appeal, and utility for readers; and tightening the engagement, links, and visible representation of our CAS Sections/sub-specialties, our resident colleagues/members, and the Canadian Perioperative Anesthesia Clinical Trials Group (PACT), to name but a few.

Where do you want to be in terms of your vision for the Journal in five years?

My vision is that if we look at the *Journal* in five years, we will find a carefully modernized top-quartile journal for anesthesiology, perioperative medicine, critical care and pain, with a robust Impact Factor that reflects a vibrant diversity of authors, reviewers, and Editorial Board members; has an international reputation for scientific excellence, rigor and quality as well as respectful and professional peer review; engages CAS members from coast to coast to coast; and instills a strong sense of pride into our community.

What would you like to tell readers of the Journal?

Two things immediately come to mind: First, with every manuscript in front of me, I always have our patients in mind and our readers who provide care informed by what is published. Second, my view of our *Journal*'s mission and my leadership closely reflects the CAS' mantra: *Serving members and advancing the specialty through leadership, advocacy, education, and research*.

An important part of serving CAS members and our readers is to have an open ear: I sincerely want to hear from readers of the *Journal* and very much welcome and hope for ongoing input, feedback, and dialogue.

Briefly describe why the CJA is important to the national and worldwide anesthesia profession.

The CJA is one of the core aspects of the CAS that members value the most. It unifies (and, I hope, inspires) us from coast to coast to coast. That said, the majority of our readers are international, and we proudly are a global publication. I believe that authors and readers around the world appreciate our Canadian perspective as well as emphasis on respectful and constructive quality peer review. Lieutenant-General, the Honourable Roméo Dallaire's extraordinary 2020 CAS Annual Meeting's keynote lecture strongly resonates with me. There was a lot in there, but amongst other important topics it spoke to Canadian efforts and contributions to global well-being. To make the world a better place. I feel that never has this been more urgent. While incomparable to the monumental sacrifices made and hardships endured by our peacekeeping troops, I would like to think that the CJA can make a tiny yet meaningful contribution in that regard.



THANK YOU, Dr Hilary Grocott

for an incredibly successful term as the Canadian Journal of Anesthesia's Editor-in-Chief

CAS would like to thank **Dr Hilary Grocott** for his commitment and dedication to the *Canadian Journal of Anesthesia* (CJA) as outgoing Editor-in-Chief (EIC). Dr Grocott's dedication, arduous work and long list of achievements have gone a long way to increasing the profile and academic scope of the CJA.

Dr Grocott reflected on his seven-year term as EIC of the Journal.

What do you feel is your greatest achievement(s) as EIC of the CJA?

The CJA is an incredibly complex operation. Distilling one single "great" achievement from all of the interactions that I had with the *Journal*, its component society, editorial office, authors, reviewers, publishers, and even other journal editors, would underrepresent this complexity.

Building the *Journal*'s author base and nearly doubling the number of submissions, consistently balancing its budget, continuing the improvement in the quality of its published material (including its reporting standards), and expanding the international stature of the *Journal*, in part, through growing its impact factor to its highest level to date, have all been achievements that I will remember fondly in the months and years after I leave the *Journal*.

During your term as EIC, are there any changes in technology and/or advancements that you would like to highlight? How will they affect the profession of anesthesia moving forward?

Some might not realize just how dynamic a specialty anesthesiology is. In our day-to-day routines, we often miss the opportunity to step back and see the progress that has been made. In the past seven years as Editor-in-Chief, I have been privileged to have a front-row seat to observe some of this progress, including collaborating with authors to help communicate their important messages to readers. One of my goals upon starting the position as EIC was to foster this collaborative spirit. Notable advancements in anesthesiology have come not only with new discoveries, but also in the discovery that previously reported advances may not be as useful as once thought. In our own *Journal*, we've helped disseminate important information on new airways techniques, including emergency front-of-neck access, and novel regional anesthesia techniques such as the erector spine plane block. We've also been witness to



understanding where some therapies have not borne out to be as useful as once thought (for example, gabapentanoids for acute pain management).

What would you do, if anything, differently during your term as EIC?

There is always room for improvement, no matter what you are doing. I have the personal insight to admit that I am my best critic, and without doubt, there are other improvements that could have been made to the *Journal* during my tenure. That said, on the balance of things, I look more forwards than backwards. Although significant headway was made on the Editorial Board composition, particularly with respect to gender diversity, further expansion of the Editorial Board, both domestically and overseas, is something that could also have been further improved.

Do you have any "advice" for Dr Schwarz and for future Editors of the CJA?

The "buck stops here" – so to speak – meaning that one needs to take personal responsibility for every detail of every article, despite delegating some editorial tasks to others. Eventually, every editorial decision and detail, good or bad, ultimately rests with the EIC.

What's next for you professionally and personally?

I've been asked this question many times in recent weeks and my answer has been consistent – that is, I'm not looking to immediately fill the time and bandwidth freed after being relieved of the almost 24/7 involvement that the *Journal* has required. I will definitely take a break to carefully consider my next steps, though it will be hard to drop the habit of starting, filling, and ending each day with the *Journal*'s activities.

If asked to summarize your term as EIC one sentence, you would say:

“

Serving as Editor-in-Chief has easily been the most enriching and satisfying professional endeavour in my career.

”



2021 CAS MEMBERSHIP RENEWAL

2020 has been a challenging year, adding the stressors that come with a global pandemic to an already high-stress industry. As always, CAS was there at the start to support our members.

We prioritized the safety of the anesthesiology community with COVID-19 supports for our members and the healthcare community at large, shifted the Annual Meeting to a virtual setting, and added new online educational offerings and member resources.

CAS wants to ensure you have everything you need to stand out in your field, and in 2021 we will be bringing you:

- A member-driven advocacy plan outlining our formal position, strategies, and solutions to ensure equitable access to safe physician-led anesthesia care
- New educational modules, including but not limited to Royal College accredited programming
- Virtual Annual Meeting (June 12th - 13th), promising a fulsome educational program, all accessible from wherever you are
- Expanding the member exclusive forums to connect you to the wealth of knowledge available within our membership

HELP SHAPE YOUR ASSOCIATION AND THE FUTURE OF YOUR PROFESSION!

RENEW NOW!



WWW.CAS.CA/MEMBERSHIP

MEMBER BENEFITS

CAS, Making a Difference with You and for You

CAS is dedicated to continually serving the anesthesiology community via high quality professional development, valuable networking opportunities for members, advocating for the best in patient care, and advancing the field by supporting and promoting the best in research and innovation.

CAS is...

Serving the anesthesia community by:

- **Elevating the specialty** and increasing recognition of the critical role of anesthesiologists and anesthesia professionals.
- **Advocating on key issues** as a relevant voice for the profession recognized by government, media, anesthesia professionals and the Royal College.
- **Sharing professional knowledge** to promote best practices and inform on key sector news, including an open subscription to *Anesthesia News* (quarterly newsletter), access to the **Guidelines to Anesthesia, COVID-19 webinars, Continuing Professional Development** offerings and other valuable resources.

Advancing members in their respective fields by:

- **Keeping members in the know with:**

Full online access to the Canadian Journal of Anesthesia (CJA) for the latest in anesthesia and pain management.

Timely access to news impacting the profession via "members only" updates relating to the general field of anesthesia and the various specialties within the **Section membership** categories.

- **Sharing knowledge and building professional networks by:**

Participation in Discussion Forums to work through opportunities and challenges, with forums set up to address various specialties within anesthesia and anesthesiology.

Access to the Resource Library, with information as gathered from members and shared to members to help deepen member knowledge on relevant topics.

Opportunity to lead the sector by participating on CAS Committees and Sections.

- **Providing significant discounts on:**

Continuing Professional Development at a significant discount including Section 1, 2 and 3 Royal College accredited courses and materials.

Virtual 2021 Annual Meeting discounted registration, promising another robust and engaging program to further your professional development.

- **Research and data collection through:**

Surveying the CAS membership – surveys can be targeted to the various specialties (at a cost, and further to review and approval).

CAS Research Grants and Awards supporting innovation and recognizing the best in anesthesiology and anesthesiology research – an excellent opportunity to further contribute to your chosen field, support your colleagues through nominations, and elevate your name in your field.

CAIRS (Canadian Anesthetic Incident Reporting System) anonymous reporting helps identify systemic issues and contributes to the ongoing collection of data to further enhance the safety and efficacy of anesthesia and pain management practices.

We continue to proudly serve as a driving force for the advancement of anesthesia in Canada and look forward to continuing to grow our offerings in 2021. We are grateful to our members for their ongoing support and involvement – we simply could not do this without you.



**Not yet a member?
Join now for 2021.**

CALL FOR ABSTRACTS NOW OPEN

Submission Deadline:
February 4, 2021
www.cas.ca/annual-meeting/CFA

Share your research with colleagues and enhance both the speciality and your resume.

The CAS is happy to offer multiple ways for you to get involved in the Virtual Annual Meeting (VAM).

One way that you can ramp up your experience at the VAM is to submit an abstract. Doing this allows you to share your research in a variety of ways and might also place you in friendly competition with your colleagues.

Three reasons to submit an abstract:

- ① Enhance your resume—accepted abstracts are published online in the *Canadian Journal of Anesthesia*
- ② Share your research
- ③ Network with colleagues to boost your knowledge, make new connections, and strengthen existing ones

**CAS
2021
VIRTUAL
ANNUAL MEETING**

JUNE 12-13, 2021

Meeting Highlights

- ★ Annual Business Meeting
- ★ Residents' Oral Competition
- ★ Richard Knill Competition
- ★ Problem-Based Learning Discussions
- ★ Test-Enhanced Learning Session
- ★ ePoster Video Presentations

www.cas.ca/annual-meeting/CFA

Contact us at: abstracts@casmeeting.com

MEMBER NEWS

Congratulations to Dr Mandeep Singh and Dr Duminda Wijeysundera for receiving individual awards for professional acclaim.



Congratulations to **Dr Mandeep Singh** for receiving the Society of Anesthesia and Sleep Medicine's 2020 Presidential Scholar Award! The award recognizes members who have demonstrated outstanding scientific and sustained contributions to perioperative sleep medicine in the last 10 years. Dr Singh was the winner of the 2019 CAS Career Scientist Award in Anesthesia and the 2020 CAS Research Award.



Dr Duminda Wijeysundera has been recognized as a Web of Science Highly Cited Researcher in 2020, for his work in the field of Clinical Medicine. Dr Wijeysundera is part of an influential list of researchers and medical professionals recognized as true pioneers in their fields over the last decade. Dr Wijeysundera also recently completed his term as Chair of the CAS Perioperative Section.

Congratulations to both!



CANADA'S ANESTHESIA HISTORY CORNER

Remembering

Dr Gladys Enid Johnson MacLeod (1909 - 2001)

By Dr Michael Wong, FRCPC

Neuromuscular blockade has long been ubiquitous as part of a general anesthetic, and was first employed for this purpose in 1942 by Dr Harold Griffith and his senior resident Dr Enid Johnson. Griffith's contributions to anesthesia research, education, and organization are well known among members of the CAS but Johnson, among the first residency-trained female anesthesiologists in Canada, is also a noteworthy figure in her own right.

She was born in 1909 in the village of Jacksonville, New Brunswick. During childhood, her family frequently moved around New Brunswick and Nova Scotia on account of her father's work as a Baptist minister. With an initial ambition of becoming a medical missionary, she worked for several years as a secretary and applied for bursaries to support a university education. After graduating from Acadia University in 1932 with a BA in Biology (Minor in Chemistry), she attended medical school at Dalhousie University. Among an incoming class of 40 students, she and 28 others graduated in 1937.

However, her medical training opportunities were limited on the basis of her sex. As a medical student, she was not permitted to work at the Victoria General Hospital, the main teaching site in Halifax, and was instead sent to train in smaller hospitals in the province's outlying communities. After graduation, it was exceedingly difficult for her to be considered for internship positions. After applying widely across Canada and the United States, she eventually found work as an interne at the Cornwall General Hospital in Cornwall, Ontario and then at the Middle River Sanitorium in Douglas County, Wisconsin, because there were no male applicants for those openings.

In order to seek out residency opportunities, Johnson attended the 1939 Canadian Medical Association annual meeting in Montreal. There she met Griffith who seeing

her potential offered her an anesthesia residency on the spot! She trained closely with him at the Montreal Homeopathic Hospital (now, Queen Elizabeth Health Complex), learning from his knowledge of cyclopropane anesthesia and his mastery of endotracheal intubation, a skill not often used in that era. In her third year of residency they embarked on their series of historic cases using curare.

Although curare's paralytic effects were well-known, it had yet to be applied to the practice of anesthesia. Interestingly, the drug had been given in low doses starting in 1939 for preventing fractures in psychiatric patients receiving metrazol shock therapy, a precursor to electroconvulsive therapy. However, concerns about respiratory paralysis hampered its adoption in anesthesia. Griffith's unusual acumen in endotracheal intubation and controlled ventilation would negate this risk. On January 23, 1942, Johnson and Griffith administered curare to induce abdominal relaxation in a 20-year-old patient having an appendectomy, the first use of a paralytic agent in clinical anesthesia. They published an account of this technique for 25 patients undergoing a variety of operations, and the practice of providing neuromuscular blockade for surgery became widespread in years to come.

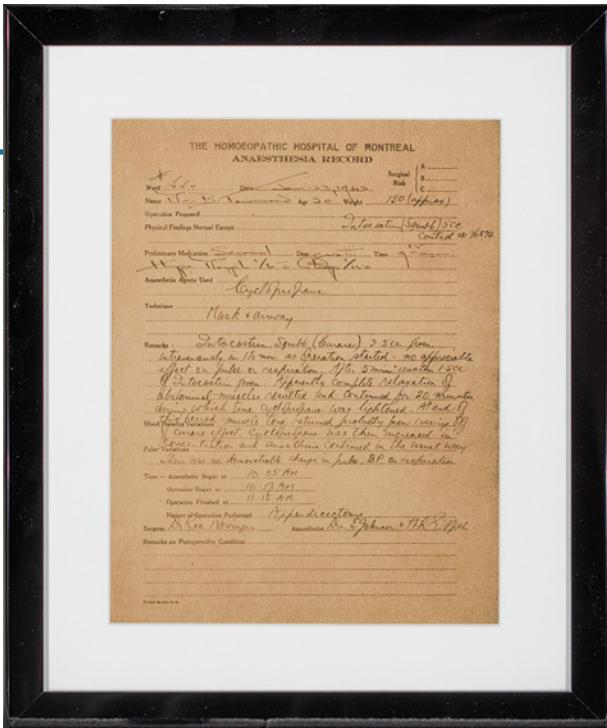
Following her residency, Johnson was recommended for a position at the Montreal Hospital Unit for the Overseas Army Service, but was apparently passed over because she was not allowed to be housed alongside the unit's male physicians. She subsequently married lawyer Innes MacLeod and moved to Sydney, Nova Scotia, where she practiced anesthesia, worked as medical officer for the Red Cross Blood Transfusion Service, and was involved in the executive of the provincial medical society. She later stepped away from anesthesia to focus on raising her family though she continued to work in a primary

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care capacity from time to time and was an active member of the Federation of Medical Women of Canada (FMWC), even serving as its president from 1969 to 1970. Today the FMWC commemorates her memory through its Enid Johnson MacLeod Annual Award bestowed annually on an advocate of women's health research and health education.

In 1960, she joined the Department of Physiology and Biophysics at Dalhousie University. She lectured for students in medicine, dentistry, and allied health professions, earning many accolades during her career as well as honorary degrees from Dalhousie and from Acadia. She is remembered for being very invested in her students both on- and off-campus, on at least one occasion providing a personal loan to a graduate student buying a house. Appointed Professor Emeritus in 1978, she continued teaching until 1982.

After retirement, she remained active in the FMWC and was proud to see generational progress in the advancement of women in medicine. In 1990, she published the book *Petticoat Doctors*, describing the first female graduates of Dalhousie Medical School during its early decades. Her last years were spent in Ontario, close to her adult children. She died in 2001 at the age of 91, leaving behind an impressive legacy as a dedicated educator and, of course, an indelible impact on the practice of anesthesia worldwide.

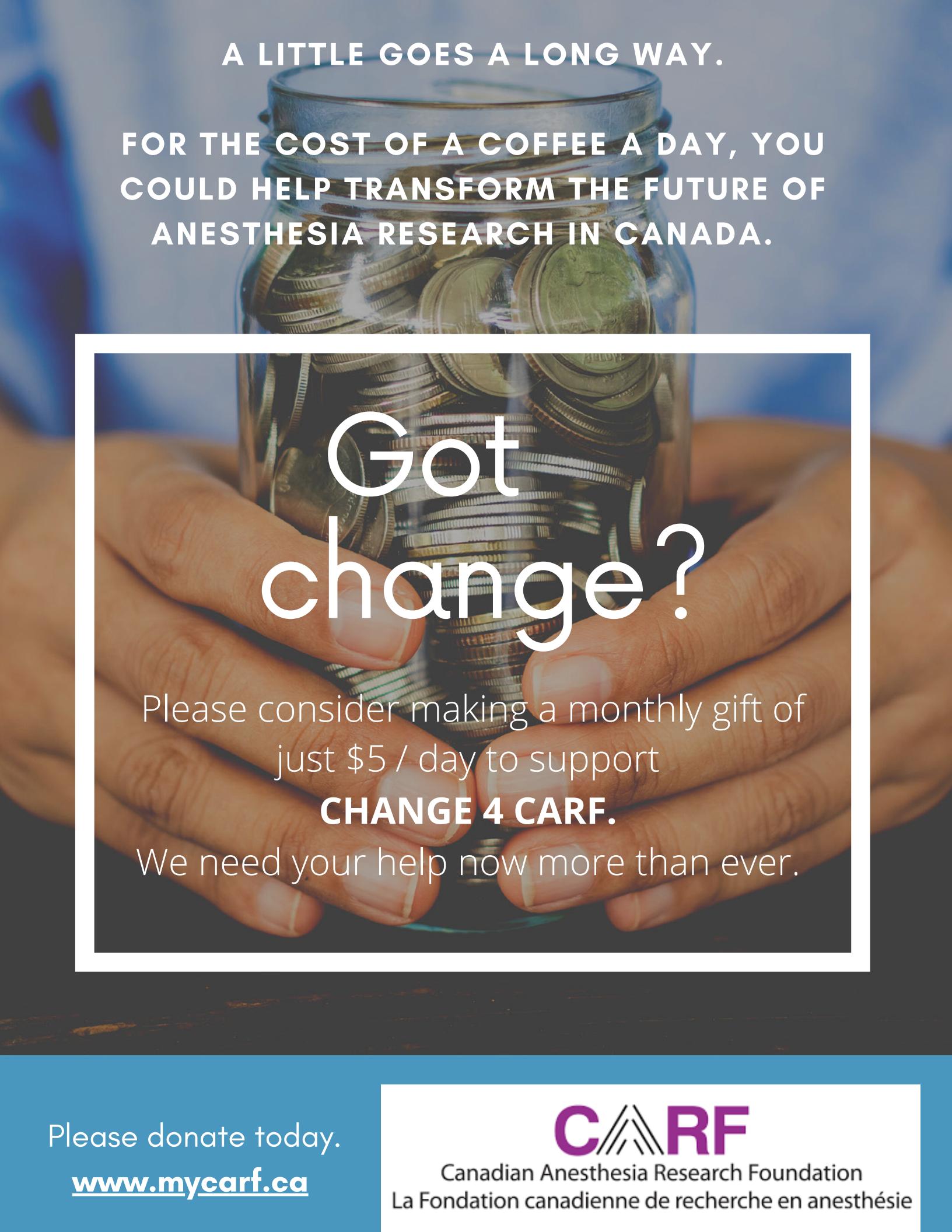


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A LITTLE GOES A LONG WAY.

FOR THE COST OF A COFFEE A DAY, YOU
COULD HELP TRANSFORM THE FUTURE OF
ANESTHESIA RESEARCH IN CANADA.

A close-up photograph of a clear glass jar filled to the brim with Canadian coins. Two hands are visible, one on each side of the jar, gripping it firmly. The background is a soft-focus blue.

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change?

Please consider making a monthly gift of
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Canadian Anesthesia Research Foundation
La Fondation canadienne de recherche en anesthésie

COMMITTEE UPDATES

By Dr Saroo Sharda, FRCPC, Chair, CAS Physician Wellness Committee

Physician Wellness Committee: Peer Support Training, A Standard of Care

A group of 20 anesthesiologists from around Canada gathered virtually on October 24th to attend a peer support training day designed specifically for anesthesiologists. Organized by the Physician Wellness Committee, the day started with our instructor, Critical Incident Stress Management certified trainer, Patty McCord, asking about our work stressors. As comments began to appear in the chat box, themes emerged and we all immediately felt a sense of connection as we realized that many of our stressors, fears, and anxieties are the same. Add to the baseline complexity of our work as anesthesiologists, a COVID-19 pandemic, home schooling, other types of caregiving, workplace uncivil behaviour and even bullying, and it becomes obvious that we often overlook our own health and well-being. This becomes detrimental to us, our colleagues, our patients, and our loved ones. Even when we know we need support, access to resources can be a challenge.

While peer support programs are not a replacement for appropriate psychiatric or psychological care, they have emerged in the literature as a pillar of well-being and are recognized as an important institutional intervention in supporting physicians and other frontline workers. As we learned in our training session, as anesthesiologists we

may face individual distressing events, but we also have cumulative stress. These regular "micro-traumas" can build up and potentially cause harm. If not addressed adequately, the skills we develop to stay in the workforce (e.g., compassion, altruism, leadership, autonomy) can become detrimental to our own well-being.

Experiencing emotion and stress after a distressing event is normal – it is human. What is potentially harmful is when these challenging emotions remain unresolved. Peer support is NOT an operational debrief or a critique of performance. Peer support is confidential and relies on active listening. The peer is trained to provide support through conversation. They offer direction, encouragement, and resources to their colleague(s) in an individual and/or group setting.

Peer support programs have emerged as the "standard of care" in many branches of public safety and healthcare. As anesthesia departments and hospitals start to think about development of such programs, a few key points are imperative to bear in mind. These are summarized in the live tweet thread from the day of our training, which can be found here (about a 10-minute read). I encourage you to read it as it contains theory as well as some very useful practical tips: twitter.com/SarooSharda_MD

Most importantly in addition to learning how to conduct peer support, the training emphasized that:

- Critical incident stress affects us in a myriad of ways. We must treat psychological injury just as rigorously as we do physical.
- Individuals providing peer support MUST be adequately trained. If not, we risk causing harm versus good.
- Peer support after crisis/cumulative stress is not a substitute for psychotherapy.
- Peer support aims to normalize reactions, facilitate a recovery process, and restore individuals to adaptive function.

- Peer support after a crisis targets the RESPONSE to the event, NOT the event itself. It is confidential. It is not operational.
- Peer support can be targeted at individuals or groups (just because something isn't distressing to everyone else doesn't mean it is not distressing to you).
- Peer support should be the standard of care.
- We need to normalize asking for help, provide trained support for our anesthesiologists, and teach our next generation of students and trainees how to recognize their own distress and how to support themselves and one another.

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I am incredibly grateful to the Vice-Chair of the Wellness Committee, Dr Anita Chakravarti, for helping me to bring this vision to fruition. She spent a lot of time and effort adapting some of the content to be relevant to anesthesiologists. Patty McCord was an excellent and knowledgeable facilitator, and our hope is to invite her to work with us again. CAS staff, particularly Athisaya Satgururajah, were invaluable in executing this event.

Mostly it was a pleasure and honour hearing the stories of my colleagues in the large and small group sessions. I am in awe of your bravery and vulnerability.

Our next Wellness Committee event will be in early 2021. It is a panel discussion and small group sessions with guest speakers from Canada and the United States, all of whom have set up peer support training programs at their own institutions. They will walk us through the practical aspects of such an undertaking and be available for questions as we work in our small groups. Registration information is coming soon.

We hope you click on the Twitter thread for some more insights and that amongst all your work and priorities that you remember to prioritize your own well-being.

twitter.com/SarooSharda_MD

We will consider another peer support training day if we have enough commitment from members. If you are interested in committing to a day of virtual training, please reach out to us at anesthesia@cas.ca.

CAS NATIONAL OFFICE TEAM UPDATES...

CAS extends a warm welcome to Ms Kamilla Molnar and Ms Erin Vanderstelt who have joined the staff team.



Ms Kamilla Molnar

As Director of Finance, Human Resources & Information Technology, Kamilla Molnar is a member of the senior management team and contributes to Society oversight and leadership. She is responsible for all aspects of financial processing, accounting, and reporting for CAS and its Sections as well as affiliated organizations including the Canadian Anesthesia Research Foundation (CARF), and the CAS International Education Foundation (CAS IEF). Kamilla works with the CAS Treasurer and is also responsible for human resource operations, overseeing all IT functions, and accountable for managing all CAS contracts.



Ms Erin Vanderstelt

Erin Vanderstelt is Manager, Membership Engagement & Growth. In this role, Erin leads the Society's overall efforts to recruit, retain, and engage membership and to build a strong membership culture within the Society. She is also responsible for the effective planning and implementation of activities related to the CAS membership recruitment and retention strategy.



Happy Holidays



and best wishes for the New Year



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CAS welcomes comments and suggestions from readers.

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Publisher:

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