

CAS

ANESTHESIA NEWS

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CANADIAN ANESTHESIOLOGISTS' SOCIETY

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www.cas.ca

MESSAGE FROM THE CAS CEO AND CAS PRESIDENT



Dr Lucie Filteau
CAS President



Vanessa Foran
CAS Chief Executive Officer

Joint Message from the President and CEO

We sincerely hope all of you had an opportunity to enjoy some vacation time during the summer months. Our national shortage has led to tremendous production pressures, but we must always remind ourselves of the importance of self-care and the critical need to take breaks along the way.

We'd like to thank everyone who joined us for the **2023 CAS Annual Meeting** in Quebec City this past June. #CASAM2023 brought together leading experts, cutting-edge research presentations, and engaging discussions, all of which helped foster a collaborative platform. More than 650 in-person and virtual attendees participated in the action-packed weekend. We would also like to extend a special thank you to our CAS leaders, speakers, organizers, national office, and everyone else that helped make the event a success. You can read a detailed summary of the weekend in this [newsletter](#). Please take some time to check out our photo gallery from the weekend on our [Facebook page](#).

Preparations for the **2024 CAS Annual Meeting** are already underway. Taking place June 7-10, in beautiful Victoria, BC, the conference will be the first one prepared by our new **Annual Meeting Scientific Program Committee (AMSPC)**. Each AMSPC member brings diverse expertise and perspectives, enabling comprehensive topic selection, speaker recruitment, and session planning that features current topics in our profession. Please stay tuned for our upcoming "Call for Content" available in the next few weeks.

CAS Membership Renewal will open on October 1. Being a CAS member offers a multitude of **valuable benefits** that enrich both our professional and personal lives. CAS membership and Annual Meeting attendance fosters connections with peers, renowned experts, and leaders in the field. Membership also offers excellent career

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development opportunities through involvement in Committees and Sections. We are always striving to deliver new educational offerings to enhance our members' professional development. We recently launched our new CPD module, "**Equity, Diversity and Inclusion in Anesthesiology: a Primer.**" We are now finalizing webinars developed by the Neuroanesthesia, Perioperative, and Chronic Pain Sections, as well as the Archives & Artifacts Committee. Our 2024 education program will include a new National Rounds series, which will showcase some of the best anesthesia grand rounds in the country. Stay tuned!

On top of events and education, CAS members gain access to a **wealth of resources**, including the *Canadian Journal of Anesthesia* and the Canadian Guidelines to the Practice of Anesthesia, all of which are available on our **user-friendly member portal**. Beyond the professional realm, CAS offers a sense of belonging to a community of dedicated professionals, providing a platform for shared experiences, collaboration, and support.

In the fall we will continue our **advocacy** efforts with policy makers, resuming dialogues in provinces where we have established relationships, and moving forward with introductory meetings throughout the rest of the country.

CAS also has two position statements under review, one on health human resources and surgical backlogs and the other on sustainable anesthesia practice, spearheaded by CAS' Environmental Sustainability Section. We look forward to sharing these with the membership in the coming months.

As we move into the remaining months of 2023, we highly encourage interested individuals to become involved on a national level and help us shape the future of the anesthesia profession. There are several opportunities available on our **website, from representative to executive roles**. Leadership roles at CAS offer a rewarding opportunity to contribute to the advancement of the field while fostering meaningful connections and expanding a professional network. Much of the work featured in this newsletter comes from our incredible leaders and engaged members.

Sincerely,



Lucie Filteau, MD, FRCPC
President



Vanessa Foran, CAE
Chief Executive Officer

BOARD OF DIRECTORS

AS OF SEPTEMBER 2023

EXECUTIVE COMMITTEE

Dr Lucie Filteau, President
Dr Giuseppe Fuda, Vice-President
Dr Andrew Nice, Secretary
Dr Hilary Grocott, Treasurer
Dr Dolores McKeen, Past President
Vanessa Foran, CEO (Non-Voting)

DIVISIONAL REPRESENTATIVES

Dr Jadon Harding
Dr Dennis Drapeau
Dr Joseph Desreux
Dr Vatsal Trivedi
Dr Nikola Joly
Dr Jennifer Landry

Dr Jennifer Plester
Dr Melanie Orvold
Dr Saifee Rashiq
Dr Annika Vrana

EX-OFFICIO MEMBERS (Voting) – Invited Guests

Dr Mateen Raazi, ACUDA President
Dr Melissa Liu, Resident Representative

INVITED GUESTS (Non voting)

Dr Stuart McCluskey, CARF Chair
Dr Joel Parlow, CASIEF Chair
Dr Stephan Schwarz, CJA Editor in Chief
Dr Michael Cummings, RSCPC Representative

[CLICK HERE TO VIEW ONLINE](#)

ADVOCACY UPDATE

The Canadian Anesthesiologists' Society (CAS) has long been at the forefront of anesthesia advocacy, playing a pivotal role in shaping the standards and practices of anesthesiology across Canada.

To learn more about what we're doing, visit www.cas.ca/advocacy.

September Update

CAS continues to build on the advocacy work that began earlier this year through ongoing discussions with British Columbia policy makers. This includes a mid-June meeting with BC Member of the Legislative Assembly (MLA) Shirley Bond, former Health Minister and current Shadow Minister for Health, Senior Services and Long-Term Care, and continued our dialogue this fall with Mark Armitage, BC's Assistant Deputy Minister for Health Sector Workforce and Beneficiary Services Division Miranda Mason, Executive Director for Health Workforce Planning and Implementation about anesthesia care delivery in the province.

CAS also plans to have introductory discussions with policy makers in Saskatchewan, Manitoba, PEI, Newfoundland, and New Brunswick in the coming months. We also have two key position statements under review. One is focused on Health Human Resources, while the other is focused on environmental asks, developed by the CAS' Environmental Sustainability Section. We are looking forward to sharing these with members in the coming months.





CANADIAN ANESTHESIOLOGISTS' SOCIETY
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

CAS
2024

ANNUAL MEETING
JUNE 7-10
VICTORIA, BC

JOIN US IN
Victoria, BC
JUNE 7-10, 2024

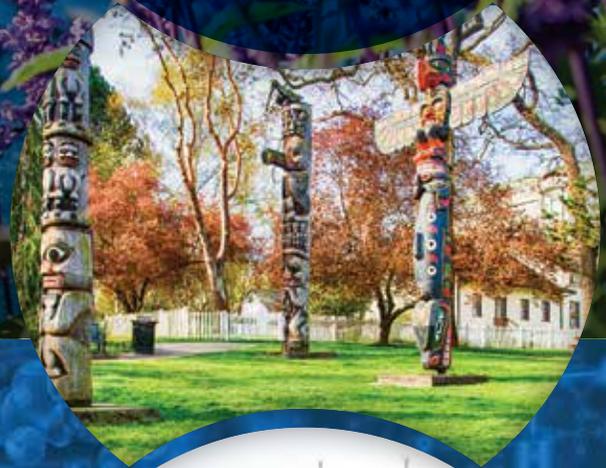
Mark Your Calendars!

The CAS Annual Meeting offers delegates an outstanding scientific program, the multi-tiered agenda will include:

- ★ Residents' Competition
- ★ Richard Knill Competition
- ★ Problem-Based Learning Discussions (PBLDs)
- ★ Workshops
- ★ Test-Enhanced Learning Sessions
- ★ Exhibits and Sponsor Showcase
- ★ Posters
- ★ Annual Business Meeting

AND much more...

www.cas.ca/annual-meeting



2023 CAS ANNUAL MEETING – A REAL (FRENCH) CONNECTION!

June 9-12, Quebec City, QC

CAS hosted its 80th Annual Meeting on June 9-12, in beautiful historic Quebec City, QC. The conference was primarily hosted in the Quebec City Convention Centre.

#CASAM2023 proved to be a resounding success, gathering anesthesiologists, medical professionals, and researchers from across Canada and beyond. The conference offered a platform for the exchange of groundbreaking ideas, innovative research, and best practices in the field of anesthesiology. The integration of in-person and virtual attendance options enhanced accessibility and participation, allowing a broader audience to engage in the enriching discussions.

- Teams competed in the Residents Competition and Richard Knill Competition; and we recognized our on-site competition and abstract winners at our Closing Ceremony/Awards Ceremony on Monday, June 12.
- The President's Party, a fun and informative night at the Musée de la Civilisation, closed the night.

Sunday seamlessly continued the momentum set by the successful first day of **#CASAM2023**. Attendees were greeted with a rich array of thought-provoking sessions and interactive workshops that delved even deeper into the realms of anesthesiology innovation and patient care.



Friday and Saturday Highlights:

- The **#CASAM2023** officially launched Friday with the popular POCUS workshops happening all day, and a Welcome Reception at the Quebec Convention Centre, as well as CARF's Pub Night at Brasserie Inox. To support CARF, [click here](#).
- On Saturday, **#CASAM2023** started with an Opening Ceremony, acknowledging our 80th Anniversary! Our keynote speaker was Dr Alike Lafontaine, CMA President, who discussed, "CMA Advocacy and the Impact on Canada's Anesthesiologists."
- At the Opening Ceremony, we also recognized our Honour Awards and Research Awards winners. For a full list, [visit our website](#).
- Our Saturday scientific program featured plenary sessions, workshops and Problem-Based Learning Discussions (PBLDs) on neuroanesthesia, perioperative, cardiovascular and thoracic, pediatrics, environmental sustainability, obstetric and other anesthesia streams.

Sunday Highlights included:

- Dozens of engaging sessions, workshops and Problem-Based Learning Discussions (PBLDs), featuring leading speakers and moderators in our profession.
- Several streams of anesthesia covered, including chronic pain, perioperative, cardiovascular and thoracic, regional and acute pain, patient safety, obstetric, neuroanesthesia, critical care, and environmental sustainability and more.
- CAS Annual Business Meeting, featuring reports from CAS, CARF, CASIEF, CJA and WFSA and the election of several divisional representatives.
- The John Wade Patient Safety Symposium: "Canadian Success in Quality Improvement: How PREHAB & ERaS transformed B.C."
- President's Symposium led by CAS President, Dr Lucie Filteau: "The Future of Anesthesia Delivery in Canada: The Good, the Bad, and the Ugly."

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- The *Canadian Journal of Anesthesia* hosted its annual symposium, with the topic this year: "Does it Matter What We Do? Recent Landmark RCTs and Systematic Reviews that Challenge Dogma."
- CASIEF Symposium 2023: "The Impact of Climate Change on Global Health and How Canadian Anesthesiologists Can Help"
- Several exciting section events, including Neuroanesthesia, CVT, Obstetric and Ambulatory.
- In the evening, CASIEF hosted its Pub Fundraising Night at Chez Murphy's Pub. To support CASIEF please [click here](#).

The CAS Annual Meeting finished with a shorter program on Monday, along with a presentation of on-site winners: Residents' and Richard Knills Competition.

Save the date!

Get ready for the highly anticipated event of the year - the **2024 CAS Annual Meeting** in picturesque Victoria, BC, taking place from June 7th to 10th. This premier gathering promises to be a hub of cutting-edge insights and discussions in the field of anesthesia. What sets this year apart is the dynamic involvement of the newly appointed Annual Meeting Scientific Program Committee. Comprising a diverse array of experts and visionaries, this committee is already in full swing, meticulously crafting a program that will cater to the diverse interests and evolving trends within the actuarial profession. From thought-provoking keynotes to interactive workshops, and networking opportunities that foster meaningful connections, the committee's dedication ensures an unforgettable and enriching experience for all attendees. Mark your calendars and stay tuned for a journey into the future of anesthesia amidst the charming coastal beauty of Victoria.

Visit www.facebook.com/casupdate for more photos from #CASAM2023.



CONGRATULATIONS TO THE 2023 CAS AWARD WINNERS

For more than half a century, we have made it our mission to recognize, promote and foster excellence in anesthesia through our award programs.

From medical school to retirement, there is an award for every dedicated individual in the anesthesia world. Below you will find a list of our 2023 award winners. Congratulations to everyone!

The 2024 Awards Cycle will start in the fall. Visit www.cas.ca/awards-grants for upcoming deadlines.

2023 CAS RESEARCH PROGRAM WINNERS



Dr Catherine Duclos	Dr Calvin Diep	Dr Tim Ting Han Jen	Dr Karim Ladha	Dr Lorraine Chow	Dr Homer Yang	Dr Katherine Taylor	Dr Ahtsham Niazi
CANADIAN ANESTHESIOLOGISTS' SOCIETY RESEARCH AWARD - \$30,000	ONTARIO'S ANESTHESIOLOGISTS' CAS RESIDENTS' RESEARCH GRANT - \$10,000	DR JAMES BECKSTEAD AWARD - \$20,000	CAS CAREER SCIENTIST AWARD IN ANESTHESIA - \$60,000	OBSTETRIC ANESTHESIA SECTION RESEARCH GRANT - \$20,000	DR EARL WYNANDS RESEARCH AWARD - \$30,000	DR R A GORDON RESEARCH AWARD - \$30,000	SECTION FOR EDUCATION AND SIMULATION IN ANESTHESIA RESEARCH GRANT - \$10,000

Research Program

Peer-reviewed research project and program competition adjudicated by our Research Advisory Committee.

CAS HONOUR AWARDS WINNERS



Dr Peter Slinger
Gold Medal
Toronto, ON



Dr Lakshmikumhar Venkat Raghavan
Clinical Practitioner
Toronto, ON



Dr Michelle Chiu
Clinical Teacher Award
Ottawa, ON



Dr Vincent Chan
Emeritus Award
Toronto, ON



Dr Richard Chisholm
Emeritus Award /
CAS Outstanding
Volunteer Award
Islandview, NB



Dr Diana Noseworthy
John Bradley Young
Educator Award
Sudbury, ON



Dr Jane Heggie
CAS Humanitarian
Award
Toronto, ON



Dr Ki Jinn Chin
Research
Recognition Award
Toronto, ON



CAS Honour Awards

The CAS Honour Awards program celebrates the diverse representation of anesthesiologists across Canada and their achievements. We are proud to recognize outstanding contributions to the field of anesthesia by awarding the following distinctions.

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2023 BEST ABSTRACT WINNERS

				
Ambulatory Anesthesia Dr Behzad Nazemroaya	Chronic Pain Anesthesia Dr Yeshith Rai	Obstetric Anesthesia (Residents) Dr John Bartolacci	Neuroanesthesia - Best Paper Dr Jaeun Yang	Pediatric Anesthesia Dr Michelle Correlia

				
Perioperative Medicine Anesthesia Dr Calvin Diep	Regional and Acute Pain Anesthesia Dr Samantha Frost	CAS Critical Care Medicine Award Dr Stefan Hall	Ian White Patient Safety Award Dr Maggie Zao	

2023 BEST ABSTRACTS - ON SITE

		
CVT Raymond Martineau Prize Dr Ben Chen	Richard Knill Competition Dr Sabine Nabecker	
		
Residents Oral Competition Dr Jaeun Yang	Best Abstract in Education and Simulation in Anesthesia Dr Zoe Brown	

Presented at the 2023 CAS Annual Meeting

Best Abstract Winners

Pre/screened by the Scientific Affairs Annual Meeting Subcommittee and the Quality and Patient Safety Committee, for related abstracts; judged by the same groups or by an on-site jury.

 2023 CAS MEDICAL STUDENT PRIZE WINNERS							
	First Place Second Place Third Place						
	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Robert D'Cruz</td> <td style="width: 33%;">Yoel Yakobi</td> <td style="width: 33%;">Morgan Rosenberg</td> </tr> <tr> <td>University of Toronto</td> <td>McGill University</td> <td>McMaster University</td> </tr> </table>	Robert D'Cruz	Yoel Yakobi	Morgan Rosenberg	University of Toronto	McGill University	McMaster University
Robert D'Cruz	Yoel Yakobi	Morgan Rosenberg					
University of Toronto	McGill University	McMaster University					

Medical Student Award

Essay competition organized through anesthesia university departments and judged by a national review committee.

CAS FALL EVENT SCHEDULE

Get ready for an exhilarating end to 2023! Autumn's CAS event lineup offers a diverse range of educational topics, crafted to cater to the professional growth and evolving needs of our members. CAS remains steadfast in its commitment to fostering a vibrant community of medical practitioners.

[Click on image for registration and event details.](#)



CHRONIC PAIN WEBINAR - OUTCOMES OF NEUROMODULATION IN CHRONIC PAIN CONDITIONS

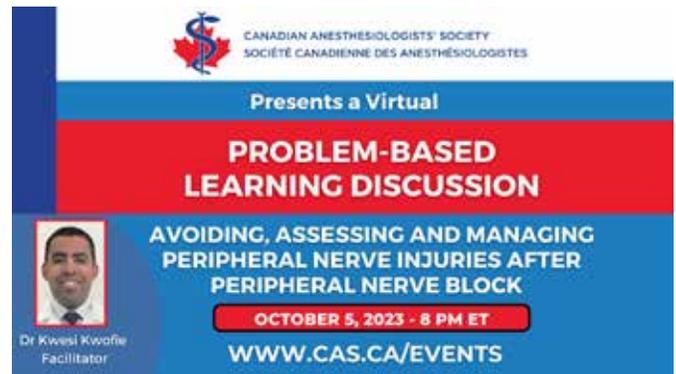
September 27, 2023
8:00pm ET

DR DAVID SUSSMAN
MODERATOR

DR VISHAL VARSHNEY
SPEAKER

www.cas.ca/events

September 27 - CAS Chronic Pain Webinar - Outcomes of Neuromodulation in Chronic Pain Conditions



CANADIAN ANESTHESIOLOGISTS' SOCIETY
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

Presents a Virtual

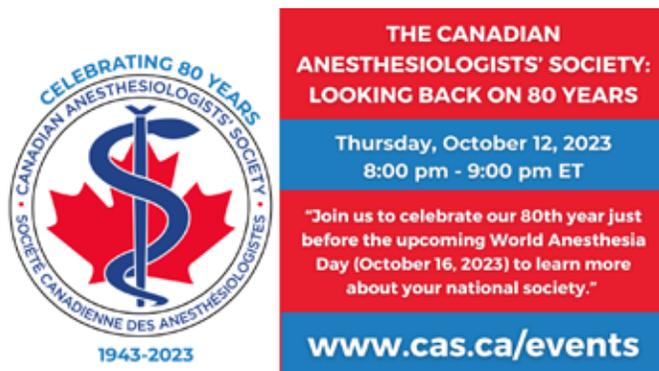
PROBLEM-BASED LEARNING DISCUSSION

AVOIDING, ASSESSING AND MANAGING PERIPHERAL NERVE INJURIES AFTER PERIPHERAL NERVE BLOCK

OCTOBER 5, 2023 - 8 PM ET

WWW.CAS.CA/EVENTS

October 5 - Problem-Based-Learning Discussion - Avoiding, Assessing and Managing Peripheral Nerve Injuries after Peripheral Nerve Block



CELEBRATING 80 YEARS
CANADIAN ANESTHESIOLOGISTS' SOCIETY
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES
1943-2023

THE CANADIAN ANESTHESIOLOGISTS' SOCIETY: LOOKING BACK ON 80 YEARS

Thursday, October 12, 2023
8:00 pm - 9:00 pm ET

"Join us to celebrate our 80th year just before the upcoming World Anesthesia Day (October 16, 2023) to learn more about your national society."

www.cas.ca/events

October 12 - Archives Webinar - The Canadian Anesthesiologists' Society: Looking Back on 80 Years



CAS PERIOPERATIVE WEBINAR - THE ROLE OF RESUSCITATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY

Tuesday October 24, 2024
8:00 pm - 9:00 pm ET

DR ANGELA JERATH
MODERATOR

DR PABLO PEREZ D'EMPAIRE
PRESENTER

www.cas.ca/events

October 24 - Perioperative Webinar - The role of resuscitative transesophageal echocardiography

Full event details available at www.cas.ca/upcoming-events



2023 CAS OUTSTANDING VOLUNTEER AWARD WINNER

THIS IS AWARDED TO CAS MEMBERS THAT HAVE MADE A SIGNIFICANT AND SUSTAINED CONTRIBUTION TO THE SOCIETY AS VOLUNTEERS.

CONGRATULATIONS TO OUR 2023 WINNER!



Dr Richard Chisholm

Dr Chisholm has been an active CAS volunteer and member for over three decades. He began as the New Brunswick Division Secretary-Treasurer in 1989, immediately after completing his residency at Dalhousie University. He has served as the New Brunswick Division Chair and CAS Board Representative two times, CAS Vice-President, Chair of the Physician Resource Sub-Committee, CAS Representative to the CMA Conjoint Accreditation Services Process, and a member of the CAS Member Economics, Allied Health, and Human Factors committee. He was also the Chair of the Planning/Implementation Committee, and prime organizer for the 2009 CAS Regional Atlantic Canadian Meeting in Fredericton NB. From 2010 to 2012, Dr Chisholm served as CAS President. He represented the Society across the globe, attending meetings on behalf of CAS, and has presented to the Federal Government of Canada, Parliamentary Committees in Ottawa, including those on physician manpower and critical drug shortages.

WWW.CAS.CA/HONOUR-AWARDS

2022 CAS ANNUAL REPORT - A YEAR OF CHANGE AND CELEBRATION AT CAS



The Canadian Anesthesiologists' Society is proud to share our achievements and organizational milestones in our inaugural **2022 CAS Annual Report**. The CAS Annual Report stands as a comprehensive reflection of the achievements, progress, and endeavors of CAS throughout the year. Thank you to our members and volunteer leaders for making 2022 a successful year.

Highlights include:

- [Reports from the CEO and President](#)
- [An Anesthesia Advocacy Update](#)
- [2022 Membership Summary](#)
- [Education - A Year of Learning](#)
- [Celebrating our Members - CAS Award Winners](#)
- [Canadian Journal of Anesthesia Report](#)
- [Section, Committee and Foundation Highlights](#)
- [CAS Teams and Leaders](#)

[View Flipbook](#)

[PDF Download](#)

MEMBERSHIP RENEWAL OPENS OCTOBER 1

Being a member of the Canadian Anesthesiologists' Society (CAS) offers a multitude of invaluable benefits that enrich both your professional journey and the broader field of anesthesia. By joining CAS, you become part of a distinguished community of anesthesia professionals, renowned researchers, educators, and advocates. This membership provides access to a wealth of resources, from cutting-edge research publications and educational opportunities to exclusive events and networking platforms. Engage in meaningful discussions, stay informed about the latest advancements, and contribute to shaping the future of anesthesia care through policy and advocacy initiatives. CAS membership also facilitates collaboration with peers and mentors, fostering a supportive environment that nurtures continuous learning and growth. Whether you seek to enhance your clinical skills, expand your knowledge base, or make a lasting impact on the field, being a member of CAS empowers you to elevate your expertise, forge lasting connections, and contribute to the ongoing excellence of anesthesia practice in Canada and beyond.

Education & Professional Development

Using member feedback, CAS works to ensure its education offerings remain topical with rapidly evolving perspectives to help you fulfill your Royal College CME requirements (Section 1, 2, and 3)

- **CAS Annual Meeting**, the largest anesthesia conference in Canada, with significant discounts for members (with savings outweighing the cost of a membership for anesthesiologists)
- **CPD Online Modules** at either a significant discount, or complimentary, to CAS members
- **Webinars & Town Halls** – member exclusive and public webinars at a discount (both soft skills and anesthesia related)
- **Members Only Videos** and **Resource Library** (login required), including webinar recordings to ensure education is always available

Renew or join online starting October 1
on www.cas.ca/membership



CANADIAN
ANESTHESIOLOGISTS'
SOCIETY

Advocacy

Be part of the collective voice for the profession. Advocacy work is a key pillar of CAS; we promote patient health and safety, elevate the profession, and represent your interests. Our advocacy efforts include:

- Advocating for the interests of anesthesiologists, and the betterment of patient health and safety, including in the ongoing work with government to address the HHR crisis and surgical backlog.
- Supporting best practices and patient safety; members receive **Medication Safety Bulletins** to ensure you are up to date on supply shortages and new risks
- Updating and publishing annual revisions to the **Guidelines to Anesthesia**
- Representing the profession's interests on national and international committees focused on anesthesiology or medicine in general, extending CAS' influence for the betterment of the profession on the global stage.
- Build sustainable training programs for anesthesiologists in low resource settings across the globe through the Canadian Anesthesiologists' Society International Education Fund (**CASIEF**)
- Supporting the future of anesthesia in Canada with CAS membership offered to anesthesia **residents** nationwide on a complimentary basis for the entirety of their residency

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Research

CAS is dedicated to empowering innovation and encouraging new researchers in the specialty, supporting members in both continuous learning and in funding.

- The **Canadian Journal of Anesthesia (CJA)**, is provided as an electronic subscription to all members; this academic journal is a source of clinical knowledge and research in anesthesia in Canada
- The **CAS Research Program**, delivered through CAS' foundation Canadian Anesthesia Research Foundation (**CARF**), and in conjunction with various CAS Sections, providing approximately \$200,000 annually in funding to CAS members
- The opportunity to present your **Abstract** at our Annual Meeting
- **Member-only Survey Program** – have your research survey distributed to the CAS membership (CAS administered surveys available exclusively to members at a cost).

Additional Benefits

CAS members also benefit from discounts on CPD accreditation, and personal insurance coverage.

- As an **accredited CPD provider** of the Royal College of Physicians and Surgeons of Canada, the CAS CEPD team can provide you with assistance in organizing and accrediting your meeting/program. Members that meet accreditation criteria get 1/3 off the regular rate (\$750 - \$1,500).
- Exclusive group rates and customized coverage on home and auto insurance with **ThePersonal**
- With **MD Financial** members can access customized financial services through the CAS website, including a full range of educational content, advice and financial planning solutions tailored to your specific needs as a healthcare provider caring for patients before, during and after surgery.
- Special Discounts on other society meeting registration including ASA, and Australia.

Networking & Recognition

- Connect with other anesthesia leaders and contribute to the future of your association with participation in various CAS roles. Click here to see open **volunteer opportunities**
- Share your knowledge on your specialty, join a **CAS Section** and build a reputation as a resource with your fellow members
- Make lasting connections with anesthesia professionals from across the country at the CAS Annual Meeting, the largest anesthesiology meeting in Canada, and at a significant discount for members.
- Elevating the profession and recognizing excellence, both within the anesthesia community and to the broader public. This is achieved through the annual CAS **Honour Awards, Best Abstract Awards**, social media channels and media relations



CJA CUTTING EDGE - EQUITY, DIVERSITY, AND INCLUSION IN ANESTHESIOLOGY AND CRITICAL CARE:

A TIME FOR REFLECTION, ACKNOWLEDGEMENT, AND CHANGE

An introduction to the Special EDI Issue from Guest Editors Dr Alana Flexman and Dr Sangeeta Mehta

Equity, Diversity, and Inclusion (EDI) has risen to the surface as a critical issue facing anesthesiology and critical care in recent years. Many of our patients and colleagues face ongoing discrimination and oppression within the health care system and academic institutions based on their personal identities—including race, ethnicity, gender, sexual orientation, ability, socioeconomic status, geographic location, and the intersection of these factors.

In May of this year, the *Journal* dedicated an entire Special Issue to EDI in Anesthesiology and Critical Care. Although the issue shared a broad-ranging collection of EDI-related articles from around the world, several high-priority topics were missing and require further thoughtful examination (e.g., Indigeneity and ability).

Equity, Diversity, and Inclusion are key priorities for the *Journal*, in both the content and editorial oversight; this imperative has been championed by Editor-in-Chief, Dr. Stephan Schwarz. When we first conceptualized this Special Issue on EDI, we had several aspirations, and we were not disappointed. We hoped to receive and curate a collection of articles touching on diverse aspects of EDI, and to provide an opportunity to highlight perspectives and important research being done in this area. This Special Issue also provides an opportunity for EDI thought leaders who are driving change to bring their perspectives to our readers. Lastly, and most importantly, the Special Issue highlights areas where urgent change is needed—across research, education, and clinical care. The “finished product” has become a rich collection of stories, perspectives, research articles, and solutions for change.

Several articles in this Special Issue highlight the professional challenges faced by patients, trainees, clinicians, and researchers experiencing systemic marginalization in anesthesiology and critical care. Other articles highlight that the concepts of EDI must be considered broadly and globally, and not

focus solely on high-income countries or settings. Numerous articles offer strategies and solutions for enacting change; as a specialty, we should pay careful attention to these recommendations and learn from this work.

The process of addressing inequities and systemic discrimination in health care is complex, continuous, and long-term. This month's Special Issue of the *Journal* highlights the incredible work and advocacy that is already taking place within our specialties, and several articles offer strategies for change, while others outline key priorities for further work. We hope that our readers, like us, feel inspired to make a change—whether in their own clinical practice, hospital system, or academic institutions.

This special issue not only highlights the pressing need to create more inclusive environments within various fields but also provides a platform to explore diverse experiences, voices, and challenges. Engaging with this content fosters empathy, stimulates critical thinking, and encourages active reflection on personal biases and privileges. By delving into the complexities of equity and inclusion, readers can play an essential role in driving positive change within their own spheres of influence.

[Read full CJA article](#)



Canadian Journal of Anesthesia
Journal canadien d'anesthésie

Excellence in research and knowledge translation in anesthesia, pain, perioperative medicine, and critical care / L'excellence en recherche et en transfert des connaissances en anesthésie, en douleur, en médecine périopératoire et en soins critiques

CAS CELEBRATING 80 YEARS – PRESIDENTIAL INTERVIEWS PROJECT

The Canadian Anesthesiologists' Society (CAS) proudly marks a significant milestone as it celebrates its 80th anniversary as a pioneering anesthesia membership society. For eight decades, CAS has stood at the forefront of advancements in anesthesia, fostering a vibrant community of dedicated professionals who have shaped the landscape of healthcare across Canada. With a rich history of collaboration, innovation, and knowledge sharing, CAS has consistently united anesthesia practitioners, researchers, educators, and advocates to elevate patient care, drive research breakthroughs, and provide a platform for continuous learning.

As part of our 80th anniversary, the **CAS Presidential Interviews Project** aims to document the lives and contributions of the past presidents of the Society. These individuals, in holding the highest office of the Society, have had major impacts on the evolution of CAS and have been vocal proponents for anesthesia practice in Canada and beyond.

Contributors to the Presidential Interviews Project include members of the **Archives & Artifacts Committee** (Drs. Michael Wong, Garrett Barry, Daniel Chartrand, Étienne de Medici, Justine Denomme, Karim Mukhida, Wesley Rajaleelan, Sonya Soh), consultant Dr Sue Ferreira as well as a dedicated medical student volunteer Dr Amy Liu who embarked on residency training in psychiatry.



Interview – Dr Angela Enright



Make sure to check out the **Archives and Artifacts Webinar, October 12**, when will we celebrate the 80th year just before the upcoming World Anesthesia Day (October 16). Learn all about the history of CAS and anesthesia in Canada!

Full project available on our CAS history page

[Learn More](#)

ANESTHESIA HISTORY CORNER – VASOPRESSOR USE IN CAESAREAN SECTIONS



**By James Zhou MD BSc (PGY-3),
McMaster University, Hamilton, ON**

Over the years, there has been much research investigating the optimal vasopressor for Caesarean sections. The unique interplay of obstetric physiology, concern for fetal well-being, and effects of individual vasopressors on uterine perfusion result in an exciting and evolving field of research. As well, new guidelines recommending tighter blood pressure control after neuraxial blockade in Caesarean sections further emphasize the need for safe and effective vasopressors.¹ It is therefore interesting and important to understand the historical perspectives that brought us where we are today.

The details of the first caesarean section in Canada are murky. Most obstetric practices in colonial Canada were led by midwives or “barber-surgeons”, bringing little formal training and leaving even less written record.² Among Canada’s indigenous people, some reports describe that healers were observed “on rare occasions, to [resort] to Caesarean section”.³ Contemporary to Canadian Confederation, British traveller RW Felkin in Uganda reported a case of successful Caesarean section under a general anaesthetic of banana wine such that “she uttered no cry”. As well, he describes use of cautery, uterine massage, and aseptic technique, such that the woman was breastfeeding 2 hours post-op and fully recovered after eleven days.⁴ Thus, while today’s histories focus on Caesarean sections in a Western context, it is important to acknowledge that societies across the world have accumulated a wealth of knowledge on this topic, much of which has been traditionally overlooked by Western medicine.

While the first spinal anaesthetic for Caesarean section – using intrathecal cocaine – was performed by Oskar Kreis in 1900, general anaesthesia remained the mainstay for operative delivery for over 60 years. Chiefly, the profound hypotension following neuraxial anaesthesia resulted in maternal collapse and poor fetal outcomes. For such reasons – paired with reports of permanent neurologic injury⁵ and other adverse events like postdural puncture headache – classic obstetrics textbook Bourne and Williams strongly condemned spinal anaesthesia for Caesarean section in their 1948 edition.⁶

By the 1960s, advances including safer local anaesthetic preservation, pencil point needles, and improved monitoring resulted in more widespread acceptance of spinal anaesthesia for Caesarean section.⁷ However, a

number of landmark studies – all done on animals – refuted the use of vasopressors, instead advocating for large volumes of fluid administration to prevent hypotension.

One such landmark study published in JAMA in 1965 examined gravid ewes under a general anaesthetic using invasive monitoring to assess uterine blood flow and blood pressure.⁸ Notably, the effects of spinal associated vasodilatation were simulated using trimethaphan – a nicotinic receptor blocker – and the animals did not receive any actual intrathecal injections. Regardless, the study found that while several vasopressors, including phenylephrine, raised the mean arterial pressure, it resulted in comparably decreased uterine blood flow compared to a fluid bolus of dextrose in water. Thus, based on physiologic first principles of decreased uterine perfusion and concern for its effect on the fetus, the authors advocated for fluid administration to be the mainstay of hypotension management in Caesarean section, citing “vasopressor agents accomplish a false sense of security with respect to the fetal environment”.⁸ Because no large studies at the time examined any direct clinical or fetal outcomes in humans, crystalloid bolus became dogma.

Attitudes slowly changed towards the latter half of the century. A 1974 landmark study published in *Anesthesiology* – again using invasive monitoring on pregnant sheep – found that pure α -agonists akin to phenylephrine caused decreased uterine blood flow compared to combined α and β -agonists, namely ephedrine.⁹ While fluids were still the mainstay of treatment, ephedrine became more accepted for cases of severe hypotension.⁷

A turning point occurred during the 1990s, coinciding with cultural shifts towards evidence-based medicine. As opposed to animal studies that attempted to abstract from physiologic principles, large randomized controlled trials aimed to study direct fetal or maternal outcomes. One critical study from South Africa published in *Anesthesiology* in 1993 found that fluid bolus had no effect on maternal hypotension nor fetal status.¹⁰ In personal communication with a Canadian author who participated in the study, research such as this drastically changed local and eventually global attitudes in favour of vasopressors like ephedrine.

...continued on page 17

More recent research focused on benefits of specific vasopressors. Dr. Ngan Kee's 2002 landmark systematic review on healthy elective Caesarean sections found that ephedrine was associated with fetal acidosis.¹¹ Gradually, phenylephrine came to be the preferred agent, though interestingly neither Dr. Ngan Kee's original study nor several follow up studies on high-risk Caesarean sections found any difference in rates of true fetal acidosis (pH <7.20), APGAR scores, maternal outcomes, or rates of hypotension.^{11, 12, 13} Regardless, out of concern for fetal well-being, some Canadian and international guidelines now recommend phenylephrine over ephedrine.^{1, 14} Ironically Ralston's 1974 study mentioned earlier used the same principle of concern for high-risk pregnancies to advocate for ephedrine instead.⁹

Today, the topic of hypotension in Caesarean section remains a continued topic of debate. Most recently, norepinephrine has been investigated as an alternative to phenylephrine.^{15, 16, 17} This is mainly out of desire to avoid bradycardia associated with phenylephrine. While more research is still pending, these studies indicate that norepinephrine is associated with improved cardiac output and heart rate but have yet to demonstrate any clinical improvement in maternal or fetal status.

Thus, there remains many unanswered questions and new research on optimal management. Regardless of which vasopressors we use or study, historical appreciation sheds context on our current practices.

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2023 CAS MEDICAL STUDENT WINNING ESSAY – THE TRANSLATIONAL RESEARCH BRIDGE AND WHY ANESTHESIOLOGISTS ARE POSITIONED TO CLOSE THE GAP



By Dr Robert D'Cruz

Translational Research – 'Bench-to-Bedside'

Medical research over the past 30 years has centered around the concept of translational research, where bench-side basic science findings are progressed to direct clinical improvements at the patient's bedside. The overall goal of translational research is 'the multidirectional integration of basic research, patient-oriented research, and population-based research with the long-term aim of improving the health of the public¹.' In 1921 when a team at the University of Toronto led by Dr. Frederick Banting successfully devised an experimental approach to isolate insulin, it would mark a bench-side level finding that forever changed the landscape of diabetic patient care. More recently in 1989, Dr. Lap-Chee Tsui discovered the disease-causing *CFTR* gene in patients with cystic fibrosis. This bench-side discovery was a significant breakthrough in human genetics and would pave the way for the development of modern cystic fibrosis pharmacologic drugs and therapies to substantially improve patient outcomes.

Challenges to Translational Research

These landmark Canadian achievements showcase the goals and patient-centered benefits of translational research. Unfortunately, too few basic science research findings are ultimately implemented into clinical practice. An article published in *The American Journal of Medicine* suggested that under 1% of findings published in leading basic science journals resulted in clinical trials, and even fewer lead to the development of drug therapies². While the focus of medical research should always be improving the health of patients and the public, our efforts to date have lacked efficiency and effectiveness.

The process of translating bench-side findings to the patient's bedside is incredibly extensive and complex. There are many levels along this path where a potential finding can lose ground and fail to progress. While

improvements to aspects such as funding, private sector involvement, and the overall clinical trial process can help facilitate effective and efficient research translation, too few studies are designed with this end-goal in mind. It was estimated that only 2% of articles published in top basic science journals discuss future applicability of findings to patient care³. This demonstrates a clear need to improve the initial phases of translational experimental design and the research questions being investigated. Further, it is likely that potential patient improving findings are hidden within many of these basic science articles that are not being progressed along the translational ladder.

The Field of Anesthesiology is Positioned to Improve the Translational Research Process

Successful research translation is dependent on close collaboration between clinicians and basic science researchers; however, these parties are often disconnected. Clinicians often lack knowledge in cellular physiologic mechanisms and bench-side techniques, while basic science researchers are often unable to directly appreciate the gaps that exist in patient care. This disconnect contributes to inefficiencies in the initial phases of translational research design, the formulation of research questions, and the progression of basic science level findings into clinical care. Anesthesiology is a unique specialty that is well-positioned to help bridge this gap in the translational research process for the following reasons: **(1)** Anesthesiology is centered around a thorough understanding of physiology and molecular-cellular biology, **(2)** Anesthesiology is involved across the perioperative and medical care spectrum, and **(3)** Anesthesiology is a uniquely diverse speciality offering multiple avenues for improvement of patient care.

Physiology and molecular-cellular biology are the foundation of anesthesiology

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The field of anesthesiology, more than any other medical specialty, is centered around a thorough understanding of pharmacodynamics, physiology, and molecular-cellular biology. These concepts are at the foundation of anesthesia training and clinical competency. Anesthetics exert complex effects on the body by inducing intricate mechanisms at the cellular and molecular levels. Therefore, unlike any other medical specialty, an up-to-date knowledge of molecular biology and pharmacologic pathways are crucial to the field. Research translation requires close collaboration and understanding between clinicians and basic science researchers, but unfortunately, a gap in understanding often exists between these two parties. A primary reason for this disconnect is the lack of a common foundation in pharmacodynamics and cellular physiology. Anesthesiologists operate at the critical junction between molecular-cellular biology and patient-level care and can help bridge this knowledge gap between clinicians and researchers. The field of anesthesiology can help basic scientists translate molecular level findings such as the binding affinity of GABA to its conjugate receptor into the clinical application of developing novel anesthetics similar to propofol. Similarly, anesthesiology can help clinicians translate molecular level findings into potential clinical trials. As discussed above, the rate at which basic science level findings are being translated into clinical trials and practice is alarmingly low. Moving forward, the field of anesthesiology is well suited to help bridge this gap.

Anesthesiology is involved across the perioperative and medical care spectrum

Anesthesiology takes a broad focus on patient care, extending throughout perioperative and medical care. Across the perioperative care spectrum, anesthesiologists are involved in considering pre-operative risk stratification, intraoperative management, and post-operative management. Within the medical care spectrum, anesthesiologists play critical roles in long-term recovery and return to function of patients, outpatient pain management, and end-of-life care. Although the field of anesthesiology is often not considered to be as patient-facing as other medical specialties, a case can be made that it is the most involved medical speciality across the patient care continuum. These roles position anesthesia at the optimal setting to evaluate and realize the need for patient level improvements across the continuum of medical care. Combined with a foundational knowledge of molecular-cellular biology, anesthesiologists operate at the optimal junction to identify gaps in patient care and design basic science level questions aimed at directing translational improvements.

Anesthesiology is uniquely diverse

The landscape for patient-level medical care improvement is vast. Across patient care, there are multiple avenues for improvements in broad aspects such as population-level risk assessment, the use of non-invasive devices, and the identification of novel therapeutics. Anesthesiology is uniquely diverse and far reaching across all of medicine. Subspecialties within the field of anesthesiology include, but are not limited to, cardiothoracic, neurosurgical, gynaecologic, orthopaedic, intensive care, paediatrics, palliative care, and acute and chronic pain management. Further, training in anesthesiology involves competency in a combination of procedural and medical duties. This diversity showcases the research potential within the field of anesthesiology. At the perioperative level, research can be done to assess potential improvements in pre-operative risk stratification, intra-operative monitoring and drug delivery devices, and long-term recovery. More generally across medical care, research can help direct improvements in chronic pain management, identification of novel pharmacologic compounds, and critical care management. The field of anesthesiology is uniquely diverse, and perhaps no other speciality is better suited to identify and direct translational research across all aspects of the patient care spectrum.

Summary

Knowledge translation from the 'bench-to-beside' is core to medical research. Unfortunately, the process of research translation lacks efficiency. The field of anesthesiology is far-reaching across patient care and operates at the junction between molecular-cellular biology and clinical practice. For these reasons, anesthesiologists are well-positioned to help close the gap between basic science level discoveries and patient-level implementation.

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RESIDENTS REPORT

Hello members of the Canadian Anesthesiologists' Society (CAS)! I am honored to introduce myself as the new Chair of the CAS Residents Section. As a passionate advocate for the field of anesthesiology and the welfare of our resident members, I am thrilled to embark on this journey and lead our vibrant community of aspiring anesthesiologists!

The upcoming year promises to be an exhilarating one for the CAS Residents Section, with a keen eye on the 2024 CAS Annual Meeting scheduled to take place in the picturesque city of Victoria. We have a plethora of exciting plans in store to enhance the educational, networking, and professional development opportunities for our residents at the conference - including the possibility of re-launching our eagerly anticipated SIM Olympics, a fun-filled friendly inter-university resident competition that was a key pillar of our residents' conference programming prior to COVID. We are also committed to the ongoing creation and enhancement of resident programming throughout the year, ensuring that our members have access to valuable educational and networking opportunities. This includes a one-stop resource center for residents on the CAS website as well as virtual educational sessions with content specifically targeted for residents.

To help achieve our goals, we are actively seeking dedicated leaders to join the CAS Residents Executive. Whether you are passionate about organizing educational events, advocating for resident issues, or simply want to contribute your unique skills and ideas to shape the future of anesthesiology, we invite you to be a part of our dynamic team!

Roles Include:

Co-Vice Chair (1 position): Work closely with the chair and vice chair to organize resident engagement initiatives, arrange resident speaker sessions for the CAS Annual Meeting, and coordinate the SIM Olympics.



Dr April Liu,
Chair, CAS Residents Section

Resident Engagement Representative (1 position):

Act as the point of contact for all CAS university representatives and help implement resident outreach initiatives.

Simulation Olympics Representatives (3 positions):

Work closely with the chair and vice chairs to organize the SIM Olympics event at the CAS Meeting, including planning simulations, finding sponsorships, liaising with university teams, and running the simulations on the day of the event.

Generally, most roles will require you to attend monthly Zoom meetings (usually 1 hour in length) over the course of the year. In addition, depending on your role, you can expect to spend approximately 2-5 hours per month on initiatives, emails, and/or networking.

To apply, please fill out the nomination form at the link below. The application deadline is Friday October 27, 2023.

Nomination Form

Thank you for your dedication and commitment to our profession, and I can't wait to see all that we can achieve together.

Thank you,

Dr April Liu
McMaster University, PGY3

CANADIAN ANESTHESIOLOGISTS' SOCIETY INTERNATIONAL EDUCATION FOUNDATION (CASIEF) – FALL UPDATE

Dear CAS Colleagues:

As highly trained Canadian anesthesiologists, CASIEF represents YOUR ability to share your knowledge and experience with our colleagues in resource-limited areas. Since the pandemic, CASIEF has now ramped up all of its partner programs, in Rwanda, Guyana, and two in Ethiopia. Please visit us at www.casief.ca, and let us know if you are interested in becoming a volunteer educator- we would love to talk to you about the opportunities available.

CAS Quebec City

CASIEF had a very productive presence at the CAS Annual Meeting, Quebec City, June 9-13, 2023. The CASIEF symposium was fascinating, and one of the most well attended we've had; Drs. Vivian Ip and Stephen Williams addressed the global impact of the climate crisis, and the adverse effects that health care systems currently contribute to climate change. CASIEF's annual dinner changed its format this year, with a casual fundraising evening at Chez Murphy's Pub. The evening was a fun, well attended event with great music and stories, food and drinks, auctions and raffles. CASIEF program leads were able to network with many of our supporters and volunteers in a social atmosphere. Watch for our information about CAS Victoria, in June 2024, where CASIEF is planning more fun and informative events!

Board member search

CASIEF is looking for new members to join our Board. In particular, individuals with a financial, accounting or fundraising background are needed. These positions are open to non-physician volunteers as well. If you or anyone you know would be interested in joining our Board, please email info@casief.ca.

Thank you donors!

CASIEF would like to thank all of our one-time, annual and monthly donors; without your generosity we could not carry out our important programs (see list next page). Are you a monthly donor? If you have

not signed up, please think about doing so- monthly donations help provide consistency and predictability in our partnerships to train new anesthesiologists in areas in the world that need assistance the most.

Novel items up for auction

Two interesting and valuable items have been donated for a coming on-line auction! First, a generous supporter has donated a high tech **Nelo kayak** to CASIEF to auction/ raffle. This is an exquisite machine with many customized options and carbon fibre add-ons. It even has the ability to add a small sail for downwind speed! Please indicate your interest by writing to info@casief.ca, and you will be sent full details.



Second, a set of Virtual Reality goggles were donated by the Drager group. They have included a subscription to their impressive VR program for **anesthesia education**; they can also be used with any gaming platform. These goggles would be an ideal educational tool for anesthesiology residency programs and simulation. Further information at info@casief.ca.

Please support CASIEF, the Canadian anesthesiology community's contribution to anesthesia education in less fortunate areas of the world. Are you interested in volunteering in any of our partner programs to Ethiopia, Rwanda and Guyana? We have some dates for some locations available for 2023 and are looking to fill 2024 as well. For more information please email info@casief.ca. If you have not seen our videos about CASIEF's partnerships please visit our **YouTube channel**, and find us on Twitter, Facebook and LinkedIn.

Thank you for your support!

Joel Parlow,
Chair, CASIEF

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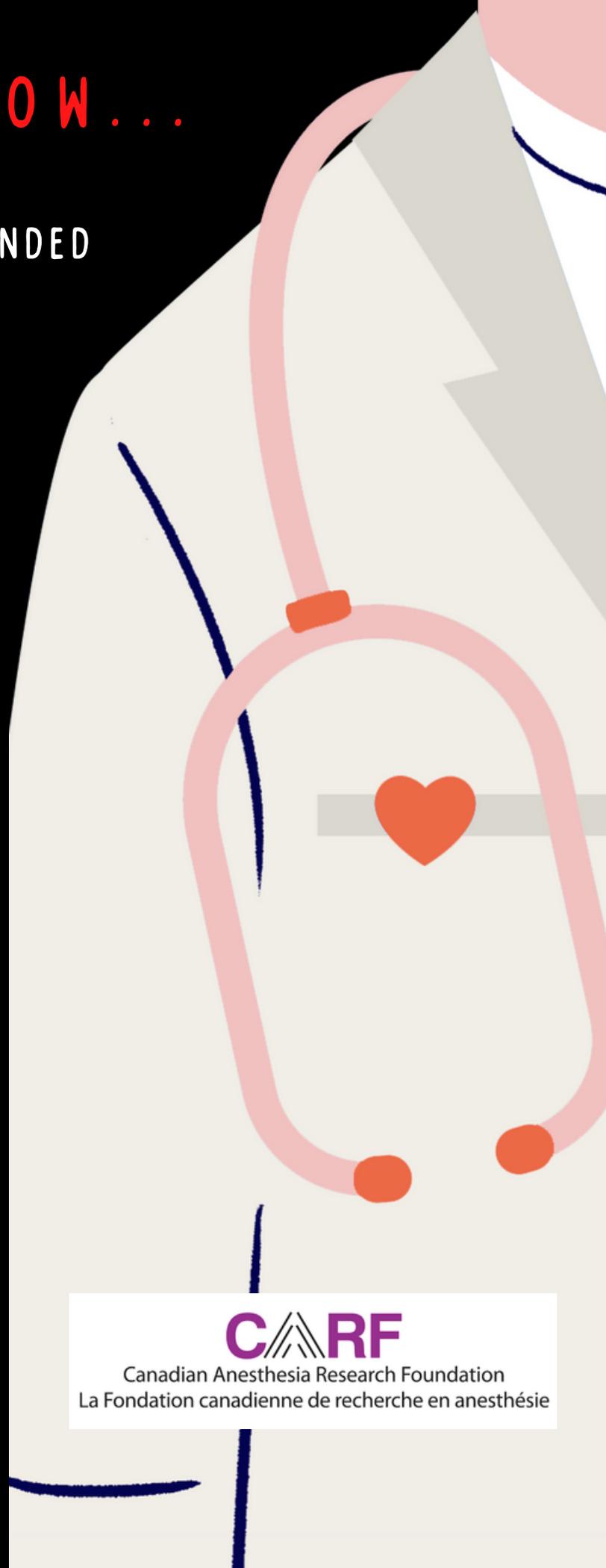
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CANADIAN INCIDENT REPORTING SYSTEM (CAIRS) – AN UPDATE

After careful review, the CAS Board of Directors has made the very difficult decision to cease funding CAIRS. This was not an easy decision as the Board recognized the incredible potential of CAIRS but despite much effort, investment, and promotion, buy in and utilization by our colleagues has been minimal. Starting September 1, 2023 the CAIRS system and committee will be retired.

In the future, CAS will be asking members to report any medication related adverse events, including near misses, through departmental and health facility adverse event reporting systems or the Institute for Safe Medication Practices (ISMP Canada) reporting system, ideally both. Members will also be encouraged to share any safety concerns with the Quality and Patient Safety Committee at anesthesia@cas.ca

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Wondering if incorporating your medical practice is right for you?

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ONTARIO'S ANESTHESIOLOGISTS INVITES YOU TO OAM

Ontario's Anesthesiologists Invites You to Our Ontario Anesthesia Meeting and Conference Weekend (OAM)!

- Leadership Development Day: October 26, 2023
- Main Conference: October 27-29, 2023

Register today for the 68th annual Ontario Anesthesia Meeting and Conference Weekend, and join us at the Marriott Downtown at CF Toronto Eaton Centre.

As one of the country's largest anesthesia conferences, this event features interactive workshops, and current and clinically relevant topics that speak to both academic and community practice. Outstanding speakers will present sessions on obstetrical, neurological, and cardiac anesthesia and much more. For more details, **please explore the conference program.**

The 2023 OAM launches on Thursday, October 26, with our Leadership Development Day. Aimed at enhancing your understanding of Ontario's health-care system governance and funding, this day will show how to

navigate our health-care system's stakeholders to enact change. Space is limited; be sure to sign up when you register for the OAM.

Other events include the chiefs' luncheon, the FP-A luncheon, and the Saturday Evening Social, which this year takes place at the Marriott's PAR BAR powered by Topgolf Swing Suite.

Also returning is Ontario's Anesthesiologists' **Distinguished Service Award**. Do you know an Ontario anesthesiologist who goes "Beyond the Mask" to provide significant service to our profession? Nominate them today!

A registration early bird rate is available until October 5. If you have any questions about this exciting event, please contact us at info@ontariosanesthesiologists.ca

Registration Now Open



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Ontario Anesthesia Meeting & Conference Weekend

REGISTER NOW!

bit.ly/OAAM2023Register

Oct 27-29
Marriott Downtown
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Leadership Development Day: Oct 26
Saturday Night Social: Oct 28

We look forward to seeing you at the OAM!

Equity: The Forgotten Element



Originally published in March 2023 issue of Anesthesia News.

The 6 domains of healthcare quality include: Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency and *Equitability*



What is Equity?

Equity in healthcare is defined as “care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.”*

Quality = Equity, is this a balanced statement?

When we improve quality of healthcare we also expect to close the the disparity gap.

Unfortunately, despite our well-intended efforts often the gap remains, and sometimes worsens (see examples below).

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Gaps in Application

For example, QI initiatives significantly improved time to diagnosis and management of autism using the novel "arena" model. However, for non-English-speakers, the wait time remained the same or longer due to delays with interpreters.*

Gaps in Methodology

According to a secondary analysis of a systematic review, less than 1/3 of diabetes quality improvement trials included considerations for equity.*

Lapse in Accessibility

Similarly, new initiatives for bilirubin screening in newborns brought modest improvement in follow-up time. But this changed occurred primarily in families of higher SES, and little to no change was seen in lower SES families. This is likely due to competing demands which prevented them from attending the more frequent follow-ups.*

...continued on page 28

How do we bridge the difference?



BUILD A BETTER BRIDGE

A functional bridge overcomes an obstacle to bring two communities together

We know we cannot improve what we do not measure, but *why do certain metrics go repeatedly unmeasured?* In order to 'build a better bridge' we need to model **Recognition, Acknowledgement, and, Engagement**, as part of our foundational work

Language-capabilities and socio-economic status can no longer be 'exclusion criteria', instead, such inequities should be considered **opportunities to include**

We also know there is a paucity of data around the extent of disparities, both known and unknown. Moving forward, we should aim to bridge those known paucities through inclusion, while identifying, clarifying and addressing new unknowns whenever we discover them; in doing this we will ...

...tend the bridge

Through active close listening, reflective consideration and critical forward thinking we can commit to address the neglected domain in Quality Care by identifying areas that need strengthening and actively seeking opportunities across all of our communities

Our Quality Improvement interventions, and the way we implement them, should be routinely re-examined to ensure the bridges we build reach the people who need them most: equitable interventions begin with inclusive recruitment, and implementation is not complete until all patients have equal opportunity and access to all improvements

★ Develop & Evolve the Landscape

"Guideline Recommendations" should not be direct results of exclusion criteria
"Unexpected gaps" are an opportunity to do better next time around
By placing equity central to the primary objective,
we improve quality in healthcare across Canada for all

CAS QPSC Commitments:

- QPSC hosted workshops at the 2023 CAS Annual Meeting in Quebec which addressed equity considerations when designing QI projects
- Collaborative efforts between QPSC and CAS Ethics committee will foster conversation, collaboration and healthcare development
- Increased focus on promotion & support of remote-community QI projects which address under-resourced departments & patients



*REFERENCES



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THE SELF ASSESSMENT PROGRAM FROM THE *CANADIAN JOURNAL OF ANESTHESIA* - CPD ONLINE

LATEST CPD MODULE

Now Available! Equity, Diversity, and Inclusion in anesthesiology: a primer

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- The incidence, risk, presentation, pathophysiology, treatment, and effects of perioperative acute kidney injury - **March 2021**
- An updated introduction to electroencephalogram-based brain monitoring during intended general anesthesia - **December 2020**

How to Access the Modules:

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Successful completion of a module entitles readers to claim up to four hours (credits are automatically calculated), for a total of 12 maintenance of certification credits.



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