It is with great pleasure that I report that the long awaited, Anesthesia specific, Advanced Cardiac Life Support Simulation Course is now up and running. To date, we have conducted three courses, each with eight individuals, in addition to a course for the PGY-5 residents. The feedback from participants after completing the online review of material, followed by an involved simulation session, has been great. At present, there are 10 scheduled courses a year, based on a 3 year cycle (which means that one should participate in a course every three years).

The road to get here has been a long one. It is not easy to plan and coordinate a course for an entire city of Anesthesiologists. Especially when there is a prior course pre-requisite (Basic Life Support), developing scenarios which reflect, and are relevant to our day to day practice, applying for MOC credit, and coordinating Instructors’ schedules. I put out a very big “thank you” to everyone involved.

The first step was to deliver a city wide BLS recertification, to ensure eligibility for ACLS. This was achieved by providing didactic material on our website for review. Any participant also had the option of reviewing the BLS provider manual. Next, BLS Instructors, a number of our ACAs, provided AEDs and Mannequins on site at each centre, for hands-on demonstration of the skills. Following this, ACLS Instructors and Simulation experienced staff coordinated efforts to come up with a set of scenarios which reflect situations that Anesthesiologists see day to day. Finally, the last step was to jump in and conduct the course.

The course is based on, and extrapolated from the traditional ACLS program. All of the elements of the traditional course are present, but with a peri-operative perspective. As we all know, the traditional course is fairly generic in its approach and, in all reality, caters to primary care specialists. Quite often, Anesthesiologists see malignant arrhythmias which are caused by conditions or events which the traditional course does not include in their differential diagnosis. Anesthesiologists are essentially left to treat two issues at once; the arrhythmia, and the precipitating cause. Therapies, at times, may also need to be adjusted.

Following this, ACLS Instructors and
We are indeed happy that Gaslines has emerged from hibernation. I am delighted to welcome Dr. Amit Chopra as the new Editor of Gasline and thank him for his willingness and enthusiasm in restarting the publication. Amit is ably being assisted by Bruce Knoll and Sean Jardine.

As many of you are aware, the Faculty of Health Sciences is now a reality at the University of Manitoba. This initiative was undertaken by the University of Manitoba President’s Office in order to streamline the number of faculties within the University of Manitoba. The Faculty of Health Sciences resulted from the larger University of Manitoba initiative to merge the functioning of faculties around areas sharing common teaching, education, research and practice. As a result, the new Faculty of Health Sciences consists of five member Colleges which include Dentistry, Medicine, Nursing, Pharmacy and Rehabilitation Sciences. The goal of the Faculty of Health Sciences is to promote collaboration amongst these various disciplines, and evolve the way students are taught. It is anticipated that Interprofessional Education (IPE), as learners learn together, will become a cornerstone of the functioning of the Faculty of Health Sciences. As anesthesiologists, we have had a leadership role over the years in IPE and have been pioneers in areas such as simulation, which is one of the best ways of teaching IPE.

Although the major focus of these academic restructuring initiatives have focused on the realignment of faculties, a question often addressed to Department Heads is “what will be the implication for the current department structure of medical colleges”? It is fair to postulate that there are likely no major implications for departments in the near future, but that embracing IPE, teaching, research and clinical care will be something that will continue to be required in modern health care delivery. I see these changes as opportunities and not as threats to Departments of Anesthesia.

Another important development in the College of Medicine has been the reorganization of the Med 1 to 4 curriculum. Many of the changes in the curriculum have tried to incorporate a more longitudinal approach to student learning, modern teaching modalities (such as simulation), as well as an increased integration of IPE. The Department of Anesthesia contributed significantly to the curriculum renewal process; I thank all of you who contributed! As things stand regarding our contributions to the medical student education, we undoubtedly have a robust Clerkship Program; that is well-rated by the students. The Department appreciates the faculty efforts in the clerkship and understands that a full day of teaching in the operating room, while challenging, is also extremely rewarding. However, in addition to clerkship, medical students have over 2,000 hours of Pre-clerkship instruction. In this area, we currently have a small footprint. We have identified this as an opportunity to further our role in curriculum, and in many ways, it is our obligation. Medical schools are increasingly expecting that the curriculum, at all levels, is delivered by the faculty from all disciplines. In addition to making a difference in the education of medical students, we will have opportunity to showcase our knowledge and skills, and potentially sow the seeds in some that will eventually become our residents and future colleagues.

We had another successful CaRMS match this year. The CaRMS process continues to be one that engages many members of the faculty, involves a tremendous amount of work by many committed people. The CaRMS process resulted in 80% of Manitoba students matching within the province. This represents a record retention rate for the province and exceeds the 75% goal set by the Dean of the College of Medicine two years ago. Of course, the debate on the right percentage will continue for years i.e. offering opportunities to local medical students versus “cross-pollination” with medical students from other provinces. Other provinces are grappling with the same issue. As Canadians we value portability opportunities within Canada, but also understand that it is affected by fundors at the Provincial level. In addition to the aforementioned opportunities, significant challenges exist as well. The College of Medicine has been
As co-editor of the Department of Anesthesiology and Perioperative Medicine Gasline newsletter, I would like to welcome all readers to our re-launch for the spring/summer season. When I was approached about helping re-start Gasline, the idea seemed interesting. The University of Manitoba, Department of Anesthesiology and Perioperative Medicine is one of the biggest, most diverse departments in the University of Manitoba Faculty of Medicine. It plays a fundamental role in providing a high standard and expansive service of clinical care, medical research and education. From teaching medical students, training residents and fellows to a vibrant and productive research program as well as providing a broad clinical service base from adult general anesthesia to critical care, pain medicine and various other subspecialty disciplines, our department is a vital asset to our faculty of medicine, city and province. It is with this thought that I wanted to help relaunch Gasline, to showcase the accomplishments and vital contributions of our department. We hope to connect our numerous subspecialties to promote our department vision and mission as a cohesive and collaborative faculty. Gasline should be fun as well and so we want it to serve as a platform to bridge department social and academic events. It is still a work in progress and as such we are open to suggestions for changes people would like to be made. I hope you enjoy this re-launch and the articles as much as I have.

Some excellent articles have been written that range from medical standards by Dr James Enns, to the global health initiative by Dr Greg Klar and anesthesia centric ACLS by Drs Kelvin Williamson, Marshall Tenenbein and James Bohn. Dr Arya, our visiting professor, provided an insightful piece on his spiritually guided path to medicine and becoming an anesthesiologist as well as relaying his novel experiences and observations here as a visiting consultant in Winnipeg, Manitoba. For those of you that remember Dr Andrew Sawka, he has graciously provided an update of how he has been doing in our popular “where are they now” segment. And of course we have written articles by the leaders of our department Drs Rob Brown, Steve Kowalski, Craig Haberman, Trevor Lee and our chair Dr Eric Jacobsohn. On behalf of the staff involved in this Gasline re-launch, our co-editors Sean Jardine and Bruce Knoll, once again we hope you enjoy our spring/summer Gasline 2014 edition.

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As always, there is a lot happening in our department. In future issues of Gaslines, look for discussion on our evolving UGME opportunities, Competency-Based education, and the new and improved Ventis.

Today I would like to highlight our Anesthesia-Centric ACLS. It has now been through two sessions, and the reception has been overwhelmingly enthusiastic. Over the last few years, the APC has quite appropriately recognized the need for anesthesiologists to be current with principles of emergency management. This presented a challenge, in that the de facto standard for this is the ACLS course designed by the Heart and Stroke Foundation. Though not irrelevant to our practice, it completely misses the problems we really do see. Thanks are due to Kelvin Williamson, James Bohn, Marshall Tenenbein and Barry Bradley as well as ACA’s Regina Kostetsky, Sean Jardine, Jared Campbell and Mark Ratz who have all put in a tremendous amount of work to design our own U of M course. The content is informed by the ASA’s anesthesia-centric ACLS supplemented by feedback from our own quality assurance. Participants review online material on ACLS and anesthesia-centric ACLS, and then come to the hands-on session, where they rotate through various roles in a team managing four simulated anesthetic emergencies. This is followed by a review and team discussion of management principles. This session has been approved for the elusive Section 3 MoCert points and is available on a roughly monthly basis for 8 participants at a time. The goal is to have everyone in the region certified in two years time, at which point we will generate new scenarios and continue with a biannual certification loop. Links for registration can be found on the anesthesia website.
specific to the situation at hand. Sometimes the therapy is quite simple, at other times the therapy can be cumbersome and complex.

As it is designed, the course allows the didactic review of material at the convenience of the participant (a link to the material is on the Anesthesia website). The practical session is held at the Simulation Centre in the basement of the Brodie Centre. The participants get a quick orientation to the site and then all participate in the scenarios (as a Leader, Observer, or active participant). After each scenario, there is a debrief session, allowing for questions and reflection. Critical Resource Management and adapting the Team Concept are other cornerstones of our program.

This is a very important step within our group. For the first time, we are developing a resuscitation standard, unique to Anesthesia. I truly feel that this standard is a level above and beyond that of a generic ACLS course. This is a positive step; and, in my opinion, sets a high standard within our department that reflects a dedication and devotion to providing up to date, safe patient care. Other departments will be envious of our strength and steps we are taking to be role models in resuscitative care.

The Future will involve building and developing a number of different scenarios, to ensure the program is always evolving. Improvements based on participant feedback will also drive improvements in the program. Of course, as ECC (Emergency Cardiovascular Care) guidelines change, our programming will reflect the most up to date standards and guidelines. We are also currently in the process of increasing our teaching faculty. The requirement, at present, is successfully completing a BLS or ACLS Instructor program through the Manitoba Heart and Stroke Foundation, and/or being experienced with Simulation and developing simulation scenarios.

### ACLS Education Team

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<tr>
<td>Dr. Kelvin Williamson (Dir.)</td>
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<td>Dr. James Bohn (Sim)</td>
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<td>Dr. Marshall Tenenbein (Sim)</td>
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### Instructors:

- Mark Ratz
- Sean Jardine
- Jared Campbell
- Regina Kostetsky

### BLS Education Team

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<td>Dr. Barry Bradley (Dir.)</td>
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### Instructors:

- Mark Ratz
- Sean Jardine
- Jared Campbell
- Regina Kostetsky
- Jeff Kobe
- Marshall Lawrence
- Victor Duarte
- Bela Gurik
- Karen Babian
- Amanda Eyjolfson
- Faylene Funk
I wanted to alert all of you of a recent change to our Grand Rounds format. We have requested that the sessions be recorded and pending lecturer agreement, the session will be available via video archive through a link that is now active on our main department (U of M Anesthesia) website. Please note that certain sessions may not be available via this format (inappropriate topic for broadcast, lecturer refuses webcast, etc.). It is still expected that most individuals will attempt to view the sessions via the standard viewing mode (on site) as an integral part of these sessions is the ability to provide immediate feedback and pose questions. The interactive component of our rounds is very important to preserve. Lastly other sessions such as subspecialty rounds and journal club will not be available in this fashion as they are not recorded events.

The portal may be accessed by clicking the link “Grand Rounds/Video Archive” in the bottom right hand corner of the website under the area of “Current Events”. You will also notice that for those unable to attend the sessions live on site or via the TeleHealth linked sites, there is now the ability to logon to the live webcast. This link exist on the same page as the video archive near the top of the page. Please be aware that particular software modifications may be required in order to view the webcast (also see the link for the software on the page in the upper right hand side). The portal will be protected with the standard anesthesia website login and password.

I have clarified with the Royal College that the sessions viewed either archived or via live webcast are eligible for MOCOMP Category 2 credit. This is because we are unable to provide any interaction between staff and the presenter during question period in the present. We are looking into possibilities to accommodate this in the future.

I hope this advanced use of technology enhances your CPD experience. This format should allow more inclusive viewing of most sessions.

As this is new for us there may be a few technical issues to work out. Please let us know how the system works for you and as usual we welcome any feedback.

Dr. Joel Loiselle

MESSAGE FROM THE DEPARTMENT HEAD: cont. from page 2

faced with yearly budget reductions in the last two years. Further budget reductions are expected in the next two years, which will require us to potentially examine how we deliver and pay for our educational programs.

From the Winnipeg Regional Health Authority perspective, our sites continue to operate very effectively. The Anesthesia Program continues to deliver exemplary care and have demonstrated cost consciousness. Anesthesia driven slate cancellations are exceedingly low. We are working very closely with our surgical program colleagues to assure the appropriate matching of slates versus required clinical volume. This process is one that continuously evolves, but I am pleased that expertise and resources of the Anesthesia Program are being used, in a collaborative fashion with other programs, to assist in this matter. A major challenge that has to be addressed in the clinical area is the lack of an electronic patient record (EPR). EPRs, with all their limitations and frailties, are increasingly required for effective clinical delivery; they are seminal to quality assurance outcome measurement, and for research. We are in discussions with the Region and Government to develop a substantive business case for introduction of this technology.

I want to take this opportunity to invite all faculty and alumni to join us at the Alumni Reception at the CAS. I also want to use this opportunity to wish you an enjoyable summer and look forward to your ongoing to commitment and involvement in the Department.
2014 Annual Department of Anesthesia Gala: Celebrating completion of training for PGY 5’s and Fellows
Foreign aid is defined as a voluntary transfer of supplies, knowledge or service from one country to another (Carol Lancaster 2007). Global health is an expanding field in medicine that is gaining momentum seen by an increase in governmental spending, increase in number of health care workers traveling abroad and a increase in postgraduate and undergraduate involvement. At the University of Manitoba, we have seen the same increase in awareness and enthusiasm in global health. Over the last several years many residents have traveled abroad to assist in humanitarian work.

Providing helpful foreign aid is difficult and often carries many ethical and logistical considerations. We have seen many disasters caused by well-intentioned organizations as a result of lack of understanding and appreciation of the complexity of providing aid.

To help unravel and understand issues that pertain to effective aid delivery, the Department of Anesthesia is developing a global health curriculum. The curriculum will be directed towards residents who will take part in humanitarian projects. The curriculum will explore the history of foreign aid, navigate through types of foreign assistance, consider several public health topics, critically appraise aid organizations and discuss ethical aspect of global health. The Anesthesia U of M website will provide a list and description of foreign experiences to better match the trainee. Helpful preparatory information will be available to make the trip safe, enjoyable and above all to do no harm.

We look forward to working with you, and welcome any input and feedback that you might have.
Medical documentation facilitates enhanced patient care through communication with others on the health care team and is paramount to the continuity of care.

Risk-management paradigm handles failure to document relevant data as a breach of care standards. However, even the Anesthesia Standards Chair’s highly revered advice is often truncated to the admonition that “you guys ought to write more”.

Nevertheless, lengthy notes are not predictably superior. Indeed, quality offsets quantity in the medical record. Documentation of risk vs. benefit is a widely accepted concept with regard to consent issues, but it is particularly important considering the principles of medical decision analysis. Many anesthetic records contain documentation that “risks were discussed”, and even contain a litany of particular vulnerabilities, but lack the corollary that any attention was given to potential benefits, or indeed, the risk of not receiving the intervention or treatment. A simple written summary of the decision algorithm demonstrates an implicit thought process. In standards review, or even litigation, a physician may be shown to have made a wrong decision, but could not be judged as negligent given validation by a prudently considered cognitive process.

More importantly, recording the use of clinical judgment when making critical decisions is fundamental. Prudent use of clinical judgment is predicated on assessment of the clinical situation and provision of a congruent response. Such a summary in the chart is advantageous because reasonable consideration of management alternatives infers clinical judgment and is axiomatically inconsistent with negligence.

Physicians derive immeasurable medi-co-legal benefit by documenting justification for their decisions. Jurisprudence recognizes that clinical judgment is based on both subjective and objective factors from the encounter with the patient and the “primacy of the on-site observer” is routinely emphasized during legal proceedings. The benefit of the doubt is given to the physician who actually interviewed and examined the patient since they had access to ephemeral details and subjective clinical data (vocal tone, body language and facial expression) that are customarily never recorded in the medical record. Expert witnesses implicitly acknowledge that no one else had that direct experience with the patient and must carefully deliberate this premise while determining whether the standard of care was met. This benefaction is lost without clinical notes indicating prudent reflection on management alternatives and the associated contexts that have influenced the process.

Simply stated, recording management options in the medical record is beneficial, but explanation of the rational for selecting a particular option catapults its fundamental value.

It’s hard to believe that the 2013/2014 academic year is already coming to a close. The past few months have been busy for the residency program, with accreditation, CaRMS, and end-of-year activities all occurring within a relatively short period of time. We are all very pleased that our program has once again received full accreditation. Many thanks to Dr Haberman and Tara De Castro for all their hard work! The CaRMS match also went very well this year, and we look forward to welcoming the new PGY1s to the resident group.

As we welcome the new residents, we must also say goodbye to the current PGY5s. Congratulations to the graduates Mullein, Daniela, Purnima, Erika, Mehdi, and Alex, we’re grateful for the many contributions that you’ve made to the residency program over the past five years, and we look forward to having you as our attendings next year! Special congratulations to Purnima, recipient of the Resident of the Year award, and many thanks to Mullein for all her hard work as Chief Resident.

A number of resident activities are already in the works for the next academic year. Our annual resident retreat will be held in September 2014. Residents continue to show significant interest in international outreach, and Raegan Cleven will go to Nicaragua with Operation Walk in October 2014. Resident involvement in UGME teaching has expanded over the past year, and we will continue to lead Med 3 teaching sessions in both the classroom and CLSF setting. We anticipate another great year in 2014/2015!
It has been a busy but exciting time for the Postgrad office of late. Most notably the program underwent its accreditation review in February of 2014 which turned out very well for us. The recommendation of the accreditation survey team was full accreditation with no noted weaknesses. This recommendation has been forwarded to the RCPSC Anesthesia Specialty committee and we will receive the official report in June. Preparation for the accreditation was a tremendous amount of work and many thanks and much credit go to Tara De Castro for her efforts in preparation for accreditation. Likewise, many thanks to the anesthesia faculty whose efforts in resident education and ongoing commitment and contributions to the program were noted at accreditation as a great strength in our Department. Your time, effort and commitment are greatly appreciated both by me as well as all of the residents.

February also was CaRMS month and we were very pleased both with the process and our match result. Dr. Eric Sutherland serves as the chair of the CaRMS committee and along with Tara they have done a terrific job in streamlining our CaRMS process. This year the PGME office granted us 5 spots for Canadian Medical graduates as well as one spot for an international medical graduate. We are very happy to welcome to the Department for the next academic year Ethan Bohn, Andrew Geisheimer, Robert Hardy, Jeffrey Heinrichs, Calvin Loewen and Daniel Rodrigues.

The 5th year residents are currently studying for the oral exam component of their exam having completed the written exam in early April. The Oral exams will occur in the first week of June and we wish Erika, Daniela, Alex, Purnima, Mullein and Mehdi the best of luck and congratulate each of them on completion of their 5 years of residency.

We recently celebrated both the 5th year residents graduation as well as a number of other faculty awards at the Department Gala on April 12. I would like to extend congratulations and thanks to all of the teaching award recipients and nominees on a job well done. A special word of congratulations also goes out to Dr. Purnima Rao who was this year’s recipient of the Douglas B. Craig Resident of the Year award – well done Purnima.

On the educational horizon are a couple of changes. From a University perspective VENTIS PGME will roll out effective in the very near future so that all of PGME will use this program both for scheduling as well as for evaluations. From a Royal College standpoint CaNMEDS 2015 will be introduced next year which will require us to reshape some of our curriculum. More information on the changes and effect that will have for our program specifically will be forthcoming as the RCPSC releases more information to us. The RCPSC is also moving toward a competency based approach to medical education – this transition will happen over the course of the next few years, and the full ramifications of this with regard to how anesthesia education will look or change are not yet known. A couple of Anesthesiology programs – Ottawa and Halifax - are piloting competency based programs already and these will presumably help to shape from a national level how competency based components will be implemented into Anesthesia residency training.

For those attending the CAS conference in St. John’s we are excited that a number of residents have been accepted to present their research and would encourage you to come and support them at their presentations. Information with regard to who is presenting and when they will be presenting will be forthcoming on the department website.
It's hard to believe that it's been 11 years since I left Winnipeg. When I think about HSC and St. Boniface and the people I worked with there it seems like it was just a short time ago.

When I was considering moving out to Vancouver in 2002, it was common knowledge that the only places in Canada that didn't need anesthesiologists were Ottawa and downtown Vancouver and Vancouver specifically was a “closed shop”. So… I skipped the big hospitals and started sending letters to the anesthesia departments in Langley, Burnaby, Richmond and the other suburbs. It was an email from another U of M alum that changed my plan. Fred Clark (remember him) had heard that UBC Hospital (a small 6 OR community hospital) was suddenly short staffed and looking for locums, so I called the head there and was offered a locum over the phone. That very quickly led to some locums at Vancouver General Hospital and an unexpected offer of a staff position at VGH. The regional anesthesia teaching I received at the U of M was in large part responsible for this offer as I was hired specifically to help start a regional anesthesia program out here. In the last 11 years I have been fortunate enough to be part of a lot of exciting programs here at VGH.

The VGH anesthesia group reminds me a lot of the Winnipeg anesthesia groups of the late 90's. It is a group practice/cost sharing arrangement with defined subspecialty groups and a high standard of clinical practice. In addition to helping launch the regional anesthesia program I have been a part of the liver transplant group almost from the time I started here. A year later I was asked if I wanted to be the anesthesia fellowship director for VGH and continued in this role until 2010. This led to various other administrative roles including the clinical director for the department of anesthesia from 2010 to 2013. In September of 2013 I was asked to take on the role of Medical Director of Perioperative Services for Vancouver Acute (VGH and UBC Hospitals). Perioperative services include the Anesthesia consult clinic, the operating rooms, and postoperative care area and my role includes allocation of resources (including OR time), strategic planning and quality assurance.

One of the things I have enjoyed most about working at VGH has been the opportunity to be one of the founding members of the Regional Anesthesia Research Team (RART). This is basically a small group of hobby researchers getting together with residents and fellows to carry out small scale projects answering simple but relevant clinical projects with little or no budget. Since we are all hobby researchers with absolutely nothing to gain from this endeavor we decided when the group was founded that we would avoid complicated time consuming projects and that if the RART became too stressful or anyone became too emotionally invested in this work that we would disband the group and quit research. Despite our modest goals we have generated around 20 publications in the last three years and since we are all still having fun RART lives.

The most important part of my life is of course my family. My wife Judy and I have three beautiful daughters; Justine 5, Claudia 3 and Andie 18 months. We also have three cats (not the original plan) and a dog. We both live close to work (22 minute walk for me and 25 for Judy) so we don't waste any time commuting at all. We love living in Vancouver, it's a beautiful city with great winters and 600 sushi restaurants, but I have to admit we haven't taken advantage of all things that this city has to offer. We only go skiing once per year, but we do spend as much time as possible at our cottage in Qualicum Beach. The highlight of our year is the time spent there in the summer. It never gets as hot near the ocean as it does at the Manitoba lakes but the days are long, sunsets spectacular and our beach virtually empty even on long weekends in the summer.

I wish all the best to my old friends and colleagues in Winnipeg. I miss you all.
THE NEW KIDS ON THE BLOCK

Dr. Robert Hardy, PGY1 Anesthesia

Robert Hardy is a born and raised Manitoban, and graduated from the University of Manitoba, Faculty of Medicine. Prior to starting medical school, Robert was a licensed Pharmacist, working at Cancer Care Manitoba for 2 years and briefly at Concordia Hospital. He played competitive golf during high school, and still enjoys playing recreationally. He also enjoys staying physically active by running, cycling and going to the gym.

Dr. Ethan Bohn, PGY1 Anesthesia

Ethan grew up in Winnipeg, Manitoba. He has an undergraduate background in science, and completed his medical degree at the University of Manitoba. In his spare time, he enjoys playing basketball, road cycling, and traveling. He looks very forward to meeting everyone in the department and beginning his residency.

Dr. Daniel Rodrigues, PGY1 Anesthesia

Daniel was born and raised in the Seven Oaks community in Winnipeg, Manitoba. After completing his undergrad degree at University of Manitoba, he attended Ross University School of Medicine in the Caribbean, where he completed his basic medical sciences and then moved to the US to complete his clinical rotations in Miami and Chicago. Daniel is a huge sports enthusiast. His dream growing up was to be the QB for the Blue Bombers but realized it would be a long shot, so instead became one of their biggest supporters. He enjoys spending time outdoors and is a huge foodie. In his spare time he enjoys trying new restaurants and cooking new dishes. Daniel is honored and excited to be part of the Anesthesia Residency Program.
Dr. Calvin Loewen, PGY1 Anesthesia

Calvin was born and raised in Edmonton and received a Bachelor of Science degree with a Minor in Music from the University of Alberta. Prior to entering medical school Calvin worked as a Respiratory Therapist, which gave him some initial exposure to the field of Anesthesiology. Although he loved that job, he was ready to pursue his schooling further. He then moved to Calgary where he completed his medical degree. Outside of medicine he enjoys playing the trumpet and bagpipes, and has a love for cooking. During the summer he enjoys playing Ultimate Frisbee.

Dr. Andrew Geisheimer, PGY1 Anesthesia

Andrew is from Vancouver, British Columbia. Many people assume that he must not like winter but his time during medical school in Kingston at Queen’s University has prepared Andrew for life in Winnipeg. Outdoor recreation has always been very important to him, especially in distance running and road cycling. Andrew hopes to enter some running races this fall and take advantage of the city cross-country ski trails in Winnipeg next winter. He also enjoys travel, cooking, photography, and reading. Prior to medical school, he completed his B.Sc. and M.Sc. in chemistry at Simon Fraser University. Andrew is thrilled to be starting a new adventure in Winnipeg and joining the Anesthesia Residency Program.

Dr. Jeffrey Heinrichs, PGY1 Anesthesia

Jeffrey grew up in Calgary, Alberta and moved to Edmonton where he completed both his undergraduate and medical education at the University of Alberta. Jeffery enjoys cycling, skiing, and music of all sorts. He looks very forward to spending some time bike touring this spring before making the move out to Winnipeg.
Research and the creation of new knowledge is crucial for the specialty of Anesthesiology to grow and develop. As Dr. Jacobsohn has reiterated numerous times, if we are just practitioners of anesthesia, we risk becoming a guild, but as researchers, we expand the boundaries of our specialty and create a true profession.

Over the past eight years, the infrastructure to promote and support research in our Department has expanded considerably. First and foremost is Ms. Linda Girling, the Research Administrator. She has had many years experience conducting both small and large animal research as well as clinical studies. Her curriculum vitae is very impressive with over 80 publications. She is knowledgeable in statistical analysis and the preparation of both posters and manuscripts, and has extensive experience with grant and ethics submissions. She is willing and able to provide support in any phase of the research endeavor be it planning, running, analyzing or writing up a project. We are indeed very fortunate to have someone of her caliber to support us.

Secondly, there have to be "boots on the ground" to help in recruiting patients, conducting clinical studies and chart reviews. There are a number of research assistants working in the Department providing support on various projects. Mr. John McVagh, Mr. Alex Villafranca and Mr. Hessam Kashani provide support on various clinical research projects at St. Boniface Hospital. At the Health Sciences Centre, Ms. Regina Legaspi and Ms. Marita Monterola assist with clinical studies. Each summer Departmental faculty hire several students and take part in the BScMed program to support undergraduate research.

Finally, nothing can occur without money. The Academic Oversight Committee (AOC) is a sixteen person committee formed from broad representation within the Department. This group meets twice a year, to review and consider applications for research funding from members of our Department. The AOC can award grants of up to $10,000 which act as "seed money" for research projects. In discussion with colleagues from across the country, this is a unique institution and the envy of other Departments. It has been successful in promoting research and the academic profile of the Department. At the last meeting of the Canadian Anesthesiologists' Society in 2012, we had a total of 18 papers, lectures, case reports presented at the meeting, which was the single largest representation from the University of Manitoba. AOC grants either alone or in part have been responsible for eleven publications of original research in peer-reviewed publications. In addition, AOC grants have been crucial in allowing us to participate in multicenter trials such as the BAG-RECALL Study, TRICS III, POISE and VISION studies and the upcoming PODCAST and ISOS studies, resulting in publications associated with these studies. In today's evidenced-based world there is a need for large, randomized clinical trials to answer essential questions in our specialty and participation in these clinical trials is crucial.

However, serious research requires serious money and various members of our Department have been successful in competing for and obtaining external grants for research. Recently Dr. Alan Mutch and his colleagues in the Canadian North Concussion Network (CNCN) were awarded two grants, one from the Manitoba Health Research Council Partnerships Program and the other from Health Sciences Centre Foundation to support their work with MRI imaging in concussion. Dr. Ruth Graham received funding from Manitoba Institute of Child Health for her bench animal studies in ARDS. Dr. Duane Funk has been awarded a Subspecialty Award from the Canadian Anesthesiologists Society for his project in cerebral oxygen saturation monitoring and peri-operative outcomes.

The University Department of Anesthesia is committed to promoting and supporting the academic mission and research endeavours of our faculty.

Dr. Stephen Kowalski
For the 2014 fiscal year, there are a number of ongoing equipment and drug projects that UM/WRHA Anesthesia is involved in:

1. Spinal and epidural trays: The region is continuing to work with WRHA Logistics services on improving the spinal and epidural trays for Anesthesia use within the WRHA.

2. Intravenous supplies and volumetric pumps: The UM/WRHA Anesthesia Program is involved in an integral manner with the provincial project to renew the intravenous supplies and volumetric pump contracts. The next phase of this project will involve the introduction of new intravenous lines and software upgrades to the Baxter Colleague volumetric infusion pumps.

3. WRHA medication shortage: As you are aware, there are ongoing shortages of various Anesthesia medications in Canada. The UM/WRHA Anesthesia program continues to work with Pharmacy Logistics to contingency plan for these shortages.

4. Specialized and basic equipment 2013/2014: The acquisition and installation of Philips Vital Signs monitors at SBH, and acquisition and installation of difficult airway equipment at HSC are proceeding.

5. Specialized and basic equipment 2014/2015: Mr. Reid McMurchy and I attended the specialized and basic equipment meetings for 2014/2015, on your behalf. We await the funding announcements for specialized equipment awards based on our submissions.

6. Provincial Surgery Information System (SIMS) Advisory Team: The Equipment program is now actively involved in the strategy and planning for the WRHA regional OR computerized management system, with a future goal of incorporating an Anesthesia Information Management System (AIMS) into this project.

Thank you for your continued support of the Equipment and Drug/Supply and Acquisitions program.

In planning for the 2014/2015 academic year, the Clinical Operations program is working with UM/WRHA Anesthesia Leadership in reviewing new staff appointments and in reviewing current and future UM/WRHA Anesthesia Program clinical human resources needs. Incorporating incoming Anesthesia Fellows and locum staff into the clinical services map is also a priority of the Clinical Operations Program.

The Clinical Operations program is collaborating with the WRHA Surgery program in taking a closer look at operating room slate utilization. Together, we are working on methods to improve transparency and efficiency in overall slate utilization.

Dr. Trevor Lee
Head, Clinical Operations

The success and efficiency of having a centralized system in place for Clinical Operations HR management was well demonstrated with the recent flooding at St. Boniface Hospital. Thank you to all of the members of the UM/WRHA Anesthesia Program at all clinical sites for helping to minimize the impact of this occurrence on patients and their families.
Dr. Eric Jacobsohn, Professor and Head, and Dr. Stephen Kowalski, Professor and Associate Head Research and Academic Affairs, are pleased to announce the recent hiring of three research assistants in the department.

**Hessam Kashani**
previously practiced general medicine in Iran until moving to Canada in 2008. Mr. Kashani recently completed his MSc in Physiology at the University of Manitoba.

**Regina Legaspi**
previously practiced obstetrics/gynecology in the Philippines until emigrating to Canada in 2010. Prior to her employ in our department, Ms. Legaspi worked in the Department of Surgery at the University of Manitoba on the VISION trial.

**Marita Monterola**
previously practiced pediatric medicine in the Philippines, emigrating to Canada in 2008. Ms. Monterola recently worked at Health Sciences Centre conducting clinical research studies in Nephrology.

Mr. Kashani and Ms. Monterola will be conducting the PODCAST trial at St. Boniface Hospital and Health Sciences Centre respectively. Ms. Legaspi is providing research support on various research projects at Health Sciences Centre.
Dr. Hilary Grocott has been appointed by the Canadian Anesthesiologists’ Society Board as the new editor-in-chief, Canadian Journal of Anesthesia, for a 5-year term effective January 2014.

The Board of Governors of the University of Manitoba has recommended Dr. Stephen Kowalski be promoted to Full Professor, effective March 30, 2014

Dr. Archie Benoit and Dr. Trevor Lee have assumed Co-Site Leadership at the Misericordia Health Centre April 1, 2014.

Dr. Marshall Tenenbein has assumed the position as Undergraduate Program Director, University of Manitoba, Department of Anesthesia, effective April 1, 2014. He has also assumed the position of the Undergraduate Medical Education (UGME) Site Coordinator at the Victoria General Hospital.

Dr. Vincent Wourms has assumed the position of Neuro Anesthesia Fellowship Director, University of Manitoba. Effective January 1, 2014.

Dr. Ainsley Espenell has assumed the position of Postgraduate Medical Education (PGME) Site Coordinator at the Children’s Hospital, effective March 1, 2014.

Welcome Dr. Virendra Arya, a Visiting Professor from the Postgraduate Institute of Medical Education and Research in Chandigarh, India.

Welcome Dr. Suresh Panduragan, a Visiting Professor from Bangalore, India. Dr. Panduragan started clinical practice on May 12 in the WRHA Anesthesia program based initially at St. Boniface Hospital.

Welcome Dr. Saurabh Nagpaul, a Visiting Professor from London, UK. Dr. Nagpaul started clinical practice at St. Boniface Hospital on May 22.

Dr. Chris Christodoulou won the “Outstanding Mentor and Role Model Award” as an Educator of the Year nominee. Dr. Duane Funk was also nominated.

Dr. Alan Mutch was recently awarded two Research Grants on which he is the Principal Investigator. The first grant from the Manitoba Health Research Council (MHRC), the second was awarded by the Health Sciences Centre Foundation. These research funds are associated with the establishment of the Concussion Research Group at the Univ. of MB, in collaboration with the Pan Am Concussion Clinic and with the KIAM at HSC.

Dr. Diane Biehl was awarded the rank of Professor Emeritus at the University of Manitoba in 2014.

New Staff
Kristin McCrea, Assistant Professor
Pediatric, January 2014

Vincent Wourms, Assistant Professor
Adult, July 2013

Ryan Brinkman, Assistant Professor
Adult, July 2013

Ian McIntyre, Assistant Professor
Pediatric, July 2013

Greg Klar, Lecturer (Locum)
Adult, July 2013

James Bohn, Assistant Professor
Adult, July 2013

Virendra Arya, Visiting Professor
Cardiac, August 2013

Suresh Pandurangan, Visiting Professor
May 2014

Saurabh Nagpaul, Visiting Professor
May 2014

New Babys
Patricia Mykytiuk had a Baby girl, Anya born July 18, 2013 8lbs 12oz.

Retirements
Dr. Peter Duke – March 31, 2013

Dr. Suzanne Ullyot – June 1, 2013

Dr. Brian Pickering - June 2014

Fairwell Dr. Fahd Al-Gurashi, returning to Saudi Arabia - June 2014
I was sitting alongside Dr Amit Chopra in the hospital OR lounge in Concordia when he asked me if I could write something for Gasline about my experiences in Winnipeg and compare them with those in India. I was undecided what to write as experiences of anyone depends how he perceives them. So I decided to start with my background so that the reader will have opportunity to understand my point of view about these experiences.

I was born on 24th June 1969 in a remote village Johru of Hamirpur district in Himachal Pradesh in India. My grand father was conventional medicine doctor (Ayurveda) and wanted me to be a doctor as he considered this a very noble profession to serve the humanity, as commercialization of this profession had not taken place in India in those days. Both my parents were schoolteachers and their job was transferable from place to place. Hence, my initial schooling took place at various remote areas of Himachal Pradesh and I developed special interest in teaching perhaps due to inheritance of teacher genes. I did my BSc from Government Degree College Hamirpur in 1985. I had a special interest in physics and wanted to become engineer; however, as luck would have been I got selected in Indira Gandhi Medical College, Shimla through entrance test in 1986 and completed M.B.B.S (Bachelor of medicine and bachelor of Surgery) including one year compulsory rotational internship training in June 1992. Now when I look back into the past, I consider this undergraduate training period and stay at Shimla as the best period of my life. Shimla is the town established by the British on the foothills of mighty Himalaya Mountains and has a very scenic beauty and a very nice climate throughout the year. This town used to be the summer capital of British rule in India before 1947 and now it is capital of Himachal Pradesh. One of my medical school mentor Dr Beli Ram used to go for Eye camps and I used to accompany him. This created special interest for ophthalmology and I did six-month House job in it from July 1992 to December 1992. In those days Postgraduate Institute of Medical Education and Research (PGIMER) Chandigarh and All India Medical Institute of Medical Sciences (AIIMS) Delhi were two most prestigious postgraduate medical training institutes in India and doing postgraduate specialist training from either of these institutes used to be the dream of every medical graduate. (These institutes are still considered to best in India). In January 1993, I was selected for postgraduate training in Anesthesia at PGIMER Chandigarh. I wanted to try my luck again for ophthalmology next year by quitting it; however, my father advised me to continue quoting a very famous quote from Hindu sacred book ‘Gita’ that “As human beings we only have the right to work hard and sincerely for our aspirations, the results are in God’s will, and we should accept and let the God’s will prevail.” So I continued in Anesthesia specialty and never had to regret this decision till date! I was awarded MD anesthesia degree with distinction ‘Bronze Medal’ in December 1995 and after completing six years of training in anesthesia as junior resident for three years and senior resident for another three years, I was selected as Assistant Professor Anesthesia at PGIMER Chandigarh in February 1999 and continuing till date there. During early nineties the anesthesia training at PGIMER was recognized in UK and PGIMER trained used to get registrar position in anesthesia there under over seas trained doctors scheme (OTDS). I had a strong desire to train outside India soon after I completed my post graduation from PGIMER Chandigarh and got an offer from Sandra Wood who used to be OTDS coordinator in UK. However, I could not join due to my family commitments from being an only child.

As a faculty in PGIMER Chandigarh I got ample opportunities to refine and improve my skills in practicing and teaching anesthesia. As PGIMER faculty I visited various overseas institutes for learning and training purposes including Sir Charles Gairdner Hospital Perth, Westmead Hospital Sydney, Austin Health Melbourne, UCSF Moffitt Long Hospital San-Francisco, Virginia Commonwealth University Hospital Virginia. In 2009 an anesthesia resident exchange Programme for one month between university of Manitoba and PGIMER Chandigarh was started after Prof Eric Jacobson and his team visited PGIMER Chandigarh. In May 2012 I along with our cardiac surgeon visited Winnipeg on our way to US and interacted with anesthesia residents. Subsequently residents from both sides were exchanged for one month. Professor Eric Jacobson offered me to have experience of work culture here and that is how I am here as locum staff at present.
I have very beautiful experiences to share from my stay here. I have just felt as one of the family member from day one and never felt home sick despite being alone here. I admire the way I was exposed to the health care system here and opportunities were given to understand this system gradually. The anesthesia department works in a very organized way here. There are well-defined protocols, EPR system, implementation of WHO check list, professionalism of all the health care workers, work evaluation and feedback system on ventis etc. all these are very impressive. Here once you have signed off, you can switch off your self from the hospital and that is very important for your personal as well as family life and other social activities.

The skill of surgical specialties in laparoscopic procedures and joint replacement arthroplasties is amazing and many critically sick patients undergo these procedures safely as surgical procedures are done in a very precise way without much alteration in body homeostasis. Well-structured postoperative pain management facilities are highly impressive. Working of staff members at various hospitals (at least two) has helped to keep the standards of health care system more or less uniform in all WRHA hospitals.

The professionalism of nursing staff and ACAs is highly laudable. This is something I have seen in all the developed nations of India; may be due to differences in patient population and management strategies. The fast tracking in cardiac anesthesia here is impressive; however, final discharge from hospital appears same about 4-6 days here is impressive; however, final discharge from hospital appears same about 4-6 days in both places for straightforward cases. Very critically sick patients die in 6-7 days in PGIMER Chandigarh and I feel in 6-7 months here after a very high resource intensive ICU management.

Grand rounds are impressive academic events here that I enjoy the most. We have similar events by name of seminars back in India. Residency program at both places are very demanding except with one difference. In PGIMER Chandigarh, residents in anesthesia get a huge amount of exposure under one roof and do not have to go to various hospitals to complete their residency. I have found Winnipeg anesthesia residents enthusiastic to learn. PG 4 and 5 residents are well read at both places.

In summary there is always scope to learn and share wherever you work. I am always of the concept that in medicine we are dealing with God's most complex and amazing creation i.e. human beings. We as a part of creation can never fully understand Creator's creation. Hence, there is always scope for more learning and no scope for macho attitude. Medicine can only be practiced with a most humble and a team spirited attitude. I feel there should always be scope for collateral thinking when we make and follow protocols because pathophysiology in human beings is very versatile. I have always found unique strengths and beauties in all the systems; wherever, I have worked so far. These mutually beneficial exchange programmes open new horizons of wisdom, experiences and opportunities to improve upon and share experiences for all concerned whether developed or developing.

Dr. Virendra Arya
Dr. Eric Jacobsohn
Invites you and your guest
Alumni Reception
Sunday, June 15, 2014
5:30 p.m. to 7:30 p.m.
Sheraton Hotel
St. John’s Newfoundland
The Battery Room
Complimentary drink and hors-d’oeuvre followed by cash bar

Please RSVP to Corina Garant at cgarant@wtha.mb.ca before June 9, 2014