



Simulation Comes to the OR

➔ Several years ago, as part of a regional mandate, the Children's Section as a group spent a weekend recertifying in Pediatric Advanced Life Support (PALS), an exercise which included team practice of resuscitation scenarios.

The overwhelming feedback was that while it was valuable, it could be far better if practiced for targeted scenarios on location in the OR with the personnel we commonly work with. There has been recent substantial turnover of OR staff, with recruitment of many junior nurses who have never participated in resuscitation, and many have expressed concern about the ability to cope in a critical situation. Additionally, true critical scenarios, such as exsanguinating hemorrhage and cardiac arrest, are uncommon in Children's OR.

In May 2011, concept became reality, and "Code Blue" practice came to Children's OR.

Anesthesiologists, residents, anesthesia clinical assistants (ACA), nurses, surgeons and multi-skilled workers (MSW) participated after the slate in an empty operating room. The goals were to foster teamwork and communication, identify, teach, and maintain needed competencies, and identify system issues that could hinder patient care.

High fidelity infant and child mannequins were brought from the U of M Faculty of Medicine Clinical Learning and Simulation Facility. Local faculty wrote code blue scenarios and the computer based mannequin's activity such as vital signs, breath sounds and so forth were manipulated by simulation physician Marshall Tenenbein and simulation technician Ed Walker. "Sim-child" and "Sim-baby" breathe, have pulses, reflexes and make crying, retching and grunting noises, creating life-like scenarios.

For each simulation, the "hot seat" participant was provided with the patient's age, weight, type of procedure, relevant history and medical findings as well as other participants' roles. Simulations were 20-25 minutes in length followed by a 30-60 minute debriefing.

Overall staff found the mocks to be invaluable in identifying strengths and weaknesses in resuscitation competency. Opportunities for improvements have been identified in three general areas; individual performance, team performance and system processes.

Individual deficiencies were noted in technical skills such as basic life support, defibrillation, mechanical infusion pump operation and accessing infrequently used equipment and resources. Non-technical skills in leadership declaration and role assignment, closed-loop communication and role responsibilities were also identified as areas to improve upon.

As a team it was identified that closed loop communication, teamwork and leadership needed practice. Debriefings where participants rated the overall performance best were those where the leader declared themselves early, assigned roles and led the code as opposed to "doing it all themselves".

The exercises have uncovered system problems such as slow access to emergency blood due to its storage location, and absence of diagnostic ECG services.

To date, 14 simulations have been run. Scenarios have included laryngospasm, hyperkalemic arrest, arrest in the prone position, severe bradycardia, and tonsil hemorrhage. Resuscitations with involvement of PICU staff during "Code Blue" practice sessions are currently underway in an attempt to simulate weekend or nighttime arrest situations. Participation has included all of the Pediatric anesthesia staff, 3 ACAs, anesthesia residents at Children's, greater than 90% of OR nurses, 100 % of MSWs and 3 surgeons. More complex scenarios are being planned for the future.

Submitted by: Lisa Gardewine BN Nurse Educator, Child Health Program and Heinz Reimer MD FRCP



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The simulations have been invaluable in identifying strengths and weaknesses in resuscitation competency.
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A Word from the Department Head and Medical Director

➔ It is indeed a pleasure for me to report on the activities of our Department and region over the last several months.

I will start by providing an update regarding the development in our Undergraduate portfolio. After several years of excellent service, Dr. Chris Christodoulou completed his term as Undergraduate Program Director for the Department. In addition, he played a seminal role in the University accreditation site visit from the accrediting authorities. We thank Chris for his tremendous service and wish him success in his future endeavours. We are most delighted and pleased that Dr. Rajamohan has taken over the position of Undergrad Program Director. He inherits an excellent portfolio and I am sure will continue to build on the excellence that Chris has created. I wish Raj well in his new endeavours.


In relation to Undergraduates, it is indeed a pleasure to report that the University of Manitoba Medical School has received notification that they are to be fully accredited. There is a requirement for some issues to be addressed in the first year. However, this is a tremendous accomplishment and many members from our Department contributed to the success of the site visit. I thank all the faculty and staff for these efforts.

The internal review of the Residency Program will occur on Friday, December 2nd. This internal review is in preparation for the next Royal College visit. Preparations are progressing well and I believe the Department is well prepared for the internal review. I also thank all the faculty members and staff who have played an important role preparing for the internal review.

In Continuing Medical Education, the mission of the Department continues to evolve under the directorship of Dr. Joel Loiselle. As you have noticed, the Visiting Professor program is very well developed this year. The Manitoba Anesthesia Conference will take place on May 5, 2012. Please keep your calendars open for this event.

The Department is delighted with the evolution of APMSS system. This system continues to respond to the needs of the faculty and has made OR scheduling and calendar tracking extremely convenient for faculty. Recent Grand Rounds presented by the developers of this program were very useful for many faculty and we received very constructive and good feedback. I remind faculty that we have developed this program to serve

you and if there are any improvements in the APMSS system please provide us with that feedback and we will try to incorporate those into the program. I wish to remind the Department of important events. Similarly, please mark your calendar for the annual Resident Graduation/Resident Appreciation night which will be held at the Fairmont Hotel on April 21, 2012. This was an overwhelming success last year and we look at making this an even a more auspicious occasion. The Department will have another Alumni Reception at the CAS in Quebec. The event will be on Saturday, June 16, 2012. Please consider this event as you make plans for your CAS visit.

Thank you again to all those who contribute in the clinical, teaching, research and citizenship domains of our Department and regional functioning. Your efforts are appreciated. 



Dr. Eric Jacobsohn
Department Head,
Medical Director



Anesthesia Equipment and Drug/Supply and Acquisitions Report

➔ For Fall and Winter, 2011, there are a number of ongoing equipment and drug projects that WRHA Anesthesia is involved in:

- 1 Spinal and epidural trays: The region is continuing to work with WRHA Logistics services on spinal and epidural trays for Anesthesia use within the WRHA. Your participation and feedback via your site leader is appreciated.
- 2 Central line supplies: WRHA Anesthesia is working in conjunction with other WRHA stakeholders on the renewal of the central line contract. This project is still ongoing.
- 3 Intravenous supplies and volumetric pumps: WRHA Anesthesia is involved in an integral manner with the provincial project to renew the intravenous supplies and volumetric pump contracts. This is a very large, province-wide initiative for which Anesthesia is taking on a leadership role.

4 Specialized and basic equipment 2011/2012: Mr. Reid McMurchy and I attended the specialized and basic equipment meetings for 2011/2012. We await the funding announcements for specialized equipment awards based on our submissions.

5 Pharmaceutical shortages: Subsequent to the notice from Hospira that they will no longer be supplying sodium thiopental in Canada, the WRHA Anesthesia Program, along with WRHA Pharmacy Logistics and SBH Pharmacy, have been unable to obtain thiopental via the special access program (SAP). We are still investigating other options with respect to possible Canadian suppliers. Etomidate is currently available via SAP as an alternative induction agent.



Dr. Trevor Lee

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

A Few Words From Associate Head, Research

➔ Congratulations to Sophie Davey and her supervisor, Dr. Hilary Grocott for their study "The Impact of Extracranial Contamination on Regional Cerebral Oxygen Saturation: A Comparison of Three Cerebral Oximetry Technologies". Sophie did her BSc med project with Dr. Grocott as her supervisor. She presented this study at the Canadian Anesthesiologists' Society Meeting in June 2011. She was singled out for special mention because she was the first medical student ever to present at the Residents' Competition. In addition, she won the second prize award for this year's CAS Medical Student Essay Competition. She also presented her work at the following conferences:

Society of Cardiovascular Anesthesiologists
2011 Annual Meeting (May 2011)

Cardiac Sciences Resident Research Day (May 2011)

Canadian Anesthesiologists' Society 2011 Annual Meeting
(June 2011) – selected for presentation at the Richard Knill
Competition (top 6 submitted meeting abstracts)

AWARD: T. Edward Cuddy Summer Student Award
*Award Presented at Institute of Cardiovascular
Sciences Awards / Winnipeg Heart
International Conference (October 2011)*

Congratulations again to Sophie and Dr. Grocott,
for their work and their success.

Dr. Grocott is also supervising another BSc med student,
Lindsey MacDonald. Her project is entitled "Delirium
Following Cardiac Surgery: Incidence and Risk Factors".
She received the following award at the University of
Manitoba's BSc Medical Student Presentation this year.

AWARD: Allyn Rossen Award for the best project in
Cardiovascular research
*Award Presented at B.Sc. (Med) Student
Dissertation – 2011*

A Few Words From Associate Head, Research CONTINUED FROM PAGE 3



Dr. Stephen Kowalski

Research activities within the department are quite active, supported in large part by the Academic Oversight Committee. The committee met in the spring approving six new studies and again in September 2011, approving an additional four studies.

In addition, the AOC has approved two faculty development grants. The first is for Dr. Al Mutch who will be taking a one year sabbatical to the University of Toronto and to the Wolfson Brain Imaging Centre in Cambridge, England. He will be learning the skills to lead a team in neurocritical care research at the Kleyesen Institute for Advanced Medicine when he returns.

The second award is to Dr. Fahd Algurashi who has undertaken a number of collaborative studies with Dr. Eleni Giannouli in Respiratory Medicine, studying the prevalence and impact of OSA in the pregnant population.

At the recent ACUDA meeting in June, it was mentioned that there are only three other Universities in Canada who have a similar support structure like the AOC for research endeavors. The investment from the AOC is already having a substantial impact in terms of the number of active studies (30) and I believe we will be successful in obtaining external funding in the near future.

In addition, the Research Office (Linda Girling!) is working on having the Research website up and running in the near future.

Peter Duncan: Where are They Now?

I cannot believe it was a quarter century ago that my family and I left Winnipeg! I had graduated from the University of Manitoba ('70), and its anesthesia residency ('76). After a year in Seattle on a MRC research fellowship I returned to Winnipeg Children's Hospital in 1976 as an anesthesiologist and Director of PICU.

In 1986 I returned to my home province to chair the Department of Anesthesiology at the University of Saskatchewan. After 7 years our family left to sample Upper Canada and Queen's University. In 1998 we returned west, to Victoria, British Columbia. I remain here doing clinical anesthesiology (emphasis on pediatrics), teaching (UBC residency and the Island Medical Programs), and contributing to addiction medicine in Vancouver.

Since departing Winnipeg I have had the honour of being President of both the CAS and ACUDA, and of serving on the editorial boards of CJA and Anesthesia & Analgesia. Personal highlights include completing the West Coast Trail with old friends (and our sons), completing the Victoria marathon (once only), and taking introductory programs in fly-fishing, kayaking, and slower living on "Island time". Of course, I have also begun "extreme gardening", Victoria's year-round pastime. We still keep in touch with our Manitoba friends, and I return annually to Lake of the Woods to control your surplus walleye population.

Through this itinerant journey in anesthesiology I have gained a greater respect for Manitoba medicine, the medical school, and its anesthesia residency. Of the five medical schools in which I have been appointed (and in the others I have reviewed), the importance of education has been most honoured in Winnipeg. I believe this stems from the very origin of medical education in the province. Manitoba's Medical College began when the clinicians of the community petitioned the University to provide a medical education for the province's students. This relationship led to mutual respect between the clinician and the academic, a critical component of professional training. In contrast, in other Canadian centers the university virtually imposed medical students upon the practicing physicians, generating "town-gown" distrust. That disharmony is less important in times of plenty, but when resources are stretched the basics of cooperation in education often become compromised. No place is perfect, but the U of M program seems to do it best!

Congratulations on your continuing excellence, and "thank you" for the memories.



No place is perfect, but the University of Manitoba program seems to do it best!



Publications & Lectures Corner

Homi HM, Jones WL, de Lange F, Mackensen GB, **GROCOTT HP**. Exacerbation of systemic inflammation and increased cerebral infarct volume with cardiopulmonary bypass after focal cerebral ischemia in the rat. *J Thorac Cardiovasc Surg* 2010;140:660-6

GROCOTT HP, Tran T. Aortic atheroma and adverse cerebral outcome: Risk, diagnosis, and management options. *Sem Cardiothorac Vasc Anesth* 2010;14:86-94

GROCOTT HP, Davie S, **FEDOROW C**. Monitoring of brain function in anesthesia and intensive care. *Curr Opin Anaesthesiol* 2010;23:759-64

Qing M, Shim JK, **GROCOTT HP**, Sheng H, Mathew JP, Mackensen GB. The Effect of Blood Pressure on Cerebral Outcome in a Rat Model of Cerebral Air Embolism during Cardiopulmonary Bypass. *J Thorac Cardiovasc Surg* 2011;142:424-9

Ali AA, White P, Xiang B, Lin HY, Tsui SS, Ashley E, **LEE TW**, Klein JR, Kumar K, Arora RC, Large SR, Tian G, Freed DH. Hearts From DCD Donors Display Acceptable Biventricular Function After Heart Transplantation in Pigs. *Am J Transplant*. 2011 Aug;11(8):1621-32.

Avidan MS, **JACOBSON E**, Glick D, Burnside BA, Zhang L, **VILAFRANCA A**, et al. Prevention of intraoperative awareness in a high-risk surgical population. *N Engl J Med*. 2011 Aug 18;365(7):591-600.

Avidan MS, Palanca BJ, Glick D, **JACOBSON E**, **VILAFRANCA A**, O'Connor M, Mashour GA; BAG-RECALL Study Group. Protocol for the BAG-RECALL clinical trial: a prospective, multi-center, randomized, controlled trial to determine whether a bispectral index-guided protocol is superior to an anesthesia gas-guided protocol in reducing intraoperative awareness with explicit recall in high risk surgical patients. *BMC Anesthesiol* 2011; 9:8.

Avidan MS, Smith JR, Skrupky LP, Hill L, **JACOBSON E**, Burnside B, Tymkew H, Eby C, Damiano R, Despotis GJ. The occurrence of antibodies to heparin-platelet factor 4 in cardiac and thoracic surgical patients receiving desirudin

or heparin for postoperative venous thrombosis prophylaxis. *Thromb Res*. 2011 Jul 25. [Epub ahead of print]

BARON CM, **GIRLING LG**, **MATHIESON AL**, Menticoglou SM, Seshia MM, Cheang MS, **MUTCH WAC**. Obstetrical and neonatal outcomes in obese parturients. *Jour Mat-Fetal Neonatal Med* 2010 Aug 23:906-13

Bokesch PM, Szabo G, Wojdyga R, **GROCOTT HP**, Smith PK, David Mazer C, Vetticaden S, Wheeler A, Levy JH. A phase 2 prospective, randomized, double-blind trial comparing the effects of tranexamic acid with ecallantide on blood loss from high-risk cardiac surgery with cardiopulmonary bypass (CONSERV-2 Trial). *J Thorac Cardiovasc Surg*. 2011 Jul 1. [Epub ahead of print]

ESPENELL AEG, **GULATI H**, **MCINTYRE IW**, **GIRLING LG**, Silvaggio JA, Koulack J, Harding GEJ, Kaufmann AM, Wilkinson MF, **MUTCH WA**. Point-of-care monitoring during carotid endarterectomy under general anesthesia: Correlations between lactate flux and cerebral oximetry. *Can J Anaesth*. 2010 Oct 57:903-12

Graham MR, Gulati H, Kha L, Girling LG, Goertzen A, Mutch WA. Resolution of pulmonary edema with variable mechanical ventilation in a porcine model of acute lung injury. *Can J Anaesth*. 2011 Aug;58(8):740-50

GRAHAM MR, Goertzen AL, **GIRLING LG**, Friedman T, Pauls RJ, Dickson T, Espenell AE, **MUTCH WA**. Quantitative computed tomography in porcine lung injury with variable versus conventional ventilation: recruitment and surfactant replacement. *Crit Care Med*. 2011 Jul;39(7):1721-30.

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MUTCH WA, Fransoo RR, Campbell BI, Chateau DG, Sirski, M Warrion RK. Dementia with ischemic heart disease: A population-based longitudinal study comparing interventional approaches to medical management. *PLoS ONE* 2011 Feb 28;6(2):e17457.

MUTCH WA. Academic fraud: perspectives from a lifelong anesthesia researcher. *Can J Anaesth*. 2011 Sep;58(9):782-788.

STRUMPHER J, **JACOBSON E**. Pulmonary Hypertension and Right Ventricular Dysfunction: Physiology and Perioperative Management. *J Cardiothorac Vasc Anesth*. 2011 May 25. [Epub ahead of print]

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Yafi FA, Aprikian AG, Chin JL, Fradet Y, Izawa J, Estey E, Fairey A, Rendon R, Cagiannos I, Lacombe L, Lattouf JB, **BELL D**, Drachenberg D, Kassouf W. Contemporary outcomes of 2287 patients with bladder cancer who were treated with radical cystectomy: a Canadian multicentre experience. *BJU Int*. 2011 Aug;108(4):539-545.

Every issue, we will be listing all upcoming publications and lectures involving our staff. If you would like to submit your publications or let your fellow members of the Department know when you have been invited to lecture please email us at lbouchard@hsc.mb.ca so we can print it in a future issue of Gasline.

Running Across Canada For Prostate Cancer BY DR. GREG KLAR

So as we all know, our dear friend and peer Riley Senft ran across Canada in record time to raise money and awareness for the treatment of prostate cancer. Riley's dedication, persistence and compassion has taught him the value of pursuing his goals to the end.

Riley started running in May from the most Eastern part of Canada (Cape Spear). The task must have seemed exceedingly daunting for him. The thought of running ten hours a day for more than 7000 kilometers through rain or shine must have been an immense stressor. But our cheerful friend never took a step back. In every picture Riley had a big grin on his face even when his feet were in complete shambles.

We were very pleased to have Riley run through Winnipeg, and the support he received clearly demonstrated that to him. The only problem is that we missed having Riley around, and we did not want to see him go. This is classified information, however a few of us devised an elaborate plan to trap Riley in Winnipeg for a while. To our advantage we had secret connections with the Winnipeg Police Department (WPD) who helped us carry out this plan.

During the scheduled run through The Forks we had the WPD send Riley's mobile van under a low underpass hoping he would get stuck for several days. The scheme almost worked, however Riley's dad being an inquisitive man and an astute driver realized the scheme and backed out in time. The only damage ensued was a partial decapitation of Riley's air cooling

units in the van. This unfortunately backfired for us as Riley only ran faster to get to the cool mountain breeze of his home province British Columbia.

Aside from the partially fictional story related to you above, we all missed Riley's presence and "raison d'être" here in Winnipeg. He is the talk around the hospital. He is truly an outstanding person and a new role model for many people. We are all very proud of him and we thank him for his compassion to his friends, family and the Canadian people. GL

Riley's dedication, persistence and compassion has taught him the value of pursuing his goals to the end.



Pediatric Acute Pain Service BY COLLEEN WEPPLER, RN

The Pediatric Acute Pain Service Medical Director is Dr. David Lambert. The rest of the team consists of three Anesthesiologists: Dr. Harley Wong, Dr. Krishna Raghavendran and Dr. Karthik Sabapathi, and a Nurse Clinician. We were the last center in Canada to have adopted a Pediatric Acute Pain Service.

I joined the APS team a year ago. Previously my Career had been 90% working as a Pediatric PACU nurse. When I look back at some of my first experiences of pain management they were of my patient spitting out their airway and I would almost have to "hog tie" them and give them an IM injection of Nisentil. For those of you who have never heard of this medication it is an opioid analgesic chemically related to Meperidine.

Very few patients had an IV so if they were sore you gave an injection. What do you think most children would choose; suffer in "silence" or get a shot?

Then we went through a time when you knew the analgesia like a formula: Tylenol for mild pain; Codeine for moderate pain; Morphine for severe pain. We now utilize pain scales to help us assess our patient's pain. Medication was every 4 hours and prn. Now we understand the importance of scheduling medications. Also, we have added many other medications to our list: IV: Fentanyl, Hydromorphone; PO: Tramacet; NSAIDS: Ketorolac, Diclofenac

Old drugs are used in new ways. For our Tonsillectomy and Adenoidectomy patients with OSA we start them on Ketamine infusions. Patients themselves have not required narcotics; it is not just APS not ordering an opioid. One 5 year old girl on her first post operative morning was eating pancakes for breakfast.

Our Spinal Fusion Program had been in jeopardy because patients' pain was not managed well. APS, in collaboration with the Spine Service, started Paravertebral Catheter infusions in conjunction with PCA+ and Ketamine infusions. Not only has the patient's pain control improved: now many patients are discharged slightly sooner.

PCA is started in CPACU. Although patients are comfortable before they leave, the transfer ride to the ward is over a bumpy cobblestone path way. Often waiting on the ward for PCA to be set up would seem like forever to the patient and then the nurses would have to play catch up for pain control.

Epidurals and Peripheral Nerve Blocks are becoming second nature to us. Initially, ward nurses felt these modalities took more time but now they realize that a comfortable patient requires less care. A 13 year old young lady, weighing 138 kilograms, underwent a laparotomy for removal of an ovarian cyst. Bilateral tap block infusions were initiated in the OR with PCA. The patient was up mobilizing on her first post operative night with minimal PCA use.



Dr. David Lambert and Colleen Wepler

A major role of APS in Children's Hospital is education. Recent studies still show pediatric health care providers consider numerous factors when assessing and managing children's pain. These include pain level, vital signs and facial expression; however, frequently they still rely on behavioral and physiological manifestations as opposed to self report when choosing whether to administer Morphine. They demonstrate misconceptions about pharmacokinetics and unwarranted adverse effects concerns. These findings explain why children continue to report high levels of pain after surgery and why adequate analgesia is not administered to relieve a child's pain. Physicians, nurses, parents and patients themselves need to know and understand how detrimental pain is to healing.

Optimal pain management is the right of all patients and the responsibility of all health care providers. APS strives to meet this responsibility daily. GL

People in the Crowd

Best wishes to **DZANA ISMAILOVIC**, Anesthesia/Surgery Financial Analyst who has relocated with her family to Ontario.

Congratulations to **DR. C. RAJAMOHAN** "Raj" on his appointment to Undergraduate Program Director effective October 1.

Thank you to **DR. CHRIS CHRISTODOULOU** as he steps down as Undergraduate Program Director.

Thank you to **DR. DIANNE LIEBERMAN** for her term as Site Medical Manager, Grace Hospital effective December 30.

Welcome to **LARRY MUDGE** as Anesthesia Technician at St. Boniface Hospital

Welcome to **JULIETA PETRELLI**, who joins the Pain Clinic

Best wishes to **MARK ACALA** as he leaves Anesthesia and begins a new position at HSC

Best wishes to **MIRANDA MA** who has left the Anesthesia Lab and taken a position in Internal Medicine

Congratulations to **FAYLENE FUNK** and her husband Kirby on their marriage held on April 9

Congratulations to **MANI BHANGU** who married Jasdeep on July 16

Congratulations to **MARSHALL TENENBEIN**, his wife Candice and big brother Jacob on the birth of their second son and brother, Ethan Ari born on September 26

Congratulations to **RILEY SENFT** on his recent engagement to Sarah O'Connor

Welcome to **DR. ABDULLAH BAWARITH** as an Obstetrical Anesthesia Fellow for one year effective September 22

Congratulations to **RYAN BRINKMAN** and his wife Shauna on the birth of their first child, a daughter Natalie who arrived on July 16

Congratulations to **BRUCE ANDERSON** who graduated from the WRHA/RRC Health Services Management Course with honours in June.

Welcome to **MARTA CENKOWSKI** who joins the Residency Training Program as a PGY2 Anesthesia Resident.

Congratulations to **WIMPIE VAN DEN HEEVER** and his wife Jurien on the birth of their son Johann born on October 6, 2011.

Congratulations to **DR. JAY DAYA** and **DR. JOHN MANSFIELD** on their appointments as Co-Site Medical Managers at the Grace Hospital effective January 2, 2012.

Long Service Recognition

30 YEARS

Bruce Anderson
Dr. Laurence Brownell
Linda Dalton
John Gomes
Evelyn Hofer
Judy Timkin

25 YEARS

Dr. Jack Cannon

20 YEARS

Glenda Klein



Larry Mudge



Dzana Ismailovic



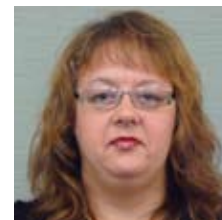
Bruce Anderson



Abdullah Bawarith



Marta Cenkowski



Julie Patrelli



C. Rajamohan

↪ Every so often it is nice to stop and recognize the professional and personal achievements in our Department. Here are just a few...

If you have information that you wish to share with members of the department and alumni, please forward to Laura-Lee Bouchard at lbouchard@hsc.mb.ca

The Researcher's Corner



Alex Villafranca

↪ Alex underwent his postsecondary education at the University of Manitoba. He received his Bachelors degree in Exercise and Sport Sciences, with a focus on Exercise Physiology. During this time, he appeared multiple times on the Dean's Honour List. Following this, he was awarded a University of Manitoba Graduate Fellowship to study

the neuromechanics of biarticular muscles under Dr. Dean Kriellaars of the School of Medical Rehabilitation. This culminated in a thesis based M.Sc. degree in medical rehabilitation. He has worked with the department of anesthesia and perioperative medicine since March 2009, and locally coordinated as well as contributed intellectually to the "BIS or Anesthesia Gas to Reduce Explicit Recall" clinical trial (BAG RECALL), recently published in the New England Journal of Medicine. He has particular expertise in batch processing of large datasets, filtering and processing of physiological signals, and statistical analysis.

When he isn't writing matlab code or scientific manuscripts, Alex can be found drumming, lifting weights, or reading philosophy (mainly pragmatism and logic).

RECENT PUBLICATIONS

PUBLISHED:

1. Avidan MS, Jacobsohn E, Glick D, Burnside BA, Zhang L, **VILLAFRANCA A**, Karl L, Kamal S, Torres B, O'Connor M, Evers AS, Gradwohl S, Lin N, Palanca BJ, Mashour GA; BAG-RECALL Research Group (2011). Prevention of intraoperative awareness in a high-risk surgical population. *New England Journal of Medicine*. Aug 18;365(7):591-600.
2. Avidan MS, Palanca BJ, Glick D, Jacobsohn E, **VILLAFRANCA A**, O'Connor M, Mashour GA (2009) "Protocol for the BAG-RECALL clinical trial: a prospective, multi-center, randomized, controlled trial to determine whether a bispectral index-guided protocol is superior to an anesthesia gas-guided protocol in reducing intraoperative awareness with explicit recall in high risk surgical patients". *BMC Anesthesiology* 9(1):8

IN PRESS:

3. Whitlock, EL.* , **VILLAFRANCA, AJ.***, Lin, N., Palanca, BJ., Jacobsohn, E., Finkel, KJ. Zhang, L., Burnside, B.A., Kaiser, HA., Evers, AS., Avidan, MS. (In press- to be published Dec 2011) Relationship Between Bispectral Index Values and Volatile Anesthetic Concentrations during the Maintenance Phase of Anesthesia in the B-unaware Trial. *Anesthesiology*.

*Dual primary authorship- contributed equally to manuscript

SUBMITTED AND CURRENTLY UNDER REVIEW:

4. **VILLAFRANCA, A.**, Pryce, R., Kriellaars, D. "Biceps femoris muscle modelling".
5. **VILLAFRANCA, A.**, Arenson, B., Avidan, M., Glick, D., Mashour, G., Jacobsohn, E. "Volitionally delayed reporting of intraoperative awareness with explicit recall following two Brice interviews- A case report".



John McVagh

↪ John completed his postsecondary education at the University of Manitoba receiving a BA (Hons) in Psychology. He was awarded a Natural Sciences and Engineering Research Council (NSERC) Undergraduate Scholarship of

Canada which enabled him to complete his graduate studies in 2006 at the University of Manitoba with an MA in Psychology in the field of Neuroscience. While completing his studies, John developed a line research at the Spinal Cord Research Centre examining coordinated locomotor-like activity produced in the isolated neonatal rat spinal cord by activation of the endogenous cholinergic system. After graduating, and prior to joining the Department of Anesthesia & Perioperative Medicine in his current role, John worked as a Research Technician and Research Coordinator in both the Departments of Physiology and Medicine.

When not at work, John spends his time building custom furniture while keeping an eye on his young family.

PUBLICATIONS AND PRESENTATIONS:

- MCVAGH, J.R.** & Wilson, L.M. (2001). Chronic leptin normalizes core temperature, but does not alter thermal selection in B6J.V-lepob/lepob mice. *Obesity Research*, 9 (Suppl. 3), p.119S
- J. Liu, **J.R. MCVAGH**, P.B. Hedlund, L.M. Jordan. 5-HT – induced locomotor-like activity is defective in 5-HT7 receptor knock-out mice. *Program No. 516.6 2005 Abstract Viewer/Itinerary Planner*. Washington, DC: Society for Neuroscience
- L.M. Jordan, **J.R. MCVAGH**. Well coordinated locomotor-like activity can be produced in the isolated neonatal rat spinal cord by activation of the endogenous cholinergic propriospinal system. *Program No.883.8. 2004 Abstract Viewer/Itinerary Planner*. Washington, DC: Society for Neuroscience
- North American Association for the Study of Obesity (NAASO) Annual Meeting. (2001, October) Obesity: From Laboratory Investigation to Clinical Practice. Quebec City, PQ, Canada. *Poster Title: Chronic leptin normalizes core temperature, but does not alter thermal selection in B6J.V-lepob/lepob mice.*
- Prairie Undergraduate Psychology Conference. (2001, April) University of Winnipeg, Winnipeg, Manitoba, Canada. *Poster Title: Chronic leptin normalizes core temperature, but does not alter thermal selection in B6J.V-lepob/lepob mice.*

Manitobans at CAS - June 2011

➡ The 2nd annual alumni function was held at CAS on Saturday, June 25 at the Westin Harbour Front in Toronto. This event will continue to be held annually at CAS. We encourage all current faculty, residents, staff and all alumni to attend. @



Photo 1: Dr. Danny Chen, TJ Chen and son Alex
Photo 2: Dr. Mae Tsang, Dr. Shuen Tan,
 Dr. Trevor Rudge and Kiera Rudge
Photo 3: Dr. Joel Loiselle and Dr. Trevor Lee

Photo 4: Dr. Subash Sethi, Laura-Lee Bouchard
 and Dr. Unni Nair
Photo 5: Dr. Alastair Ewen, Dr. Jim Beckstead,
 Doreen Beckstead and Dr. Jo Swartz

Photo 6: Dr. Sanjay Sareen and
 Dr. Eric Jacobsohn
Photo 7: Dr. Hilary Grocott and Sophie Davie

The Residency Program BY DR. CRAIG HABERMAN

➡ The Residency Program is well underway for the 2011/2012 academic year. The residents held their first annual Resident Retreat at the Manitoba Museum on September 16, it was very well received and the residents are very grateful for the opportunity to hold a retreat.

The training program will undergo an internal review on Friday, December 2 in the administrative offices. Internal reviewers for Anesthesia will be Dr. Kinny Limba and Dr. Les Garber; the internal review is not as expansive as the external review and will only include a small number of faculty members. The itinerary has been circulated to those who are required to participate.



We were pleased to welcome Dr. Doug Craig back as the adjudicator for the Resident Research Symposium on November 8 at Bergmann's on Lombard. Thank you to all the many faculty who were able to attend the event and to all the residents and their preceptors for all their hard work with their research projects.

We are starting to gear up for the CaRMs process which opens on December 1 for file review. I am pleased to welcome Dr. Eric Sutherland as the Chair of the Admissions Committee. Eric will oversee the CaRMs process from December 1 through to our interviews to be held on February 3, 2012. The Education Office will be very shortly putting a call out for volunteers to participate in the interview process in February, I would encourage everyone to consider participating.

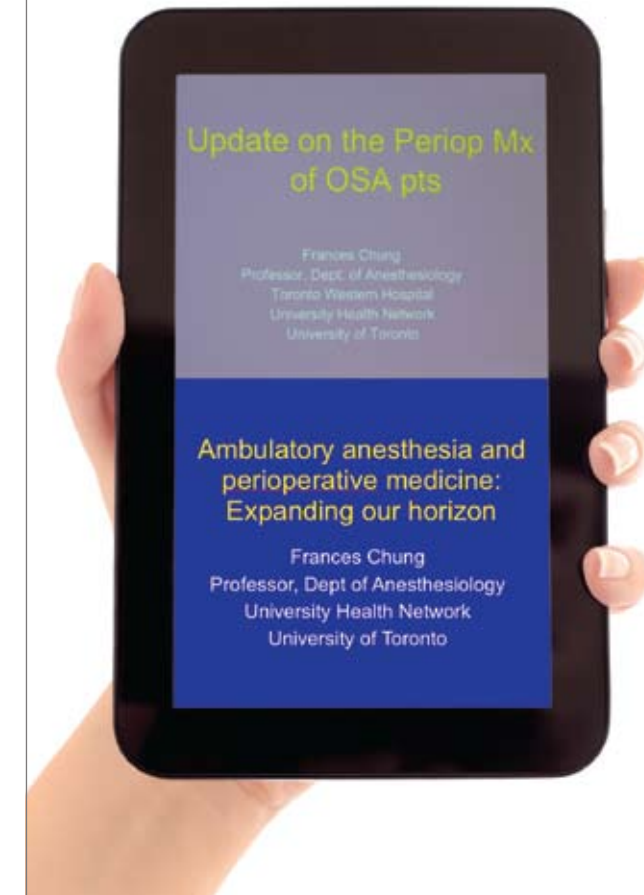
I would like to welcome Marta Cenkowski who joined the current PGY2 resident cohort effective October 28, Marta has transferred from the University of Calgary, Obs/Gyne Program.

As we move forward with electronic evaluations, the residency program will be rolling out the daily evaluations (current purple form) for anesthesia residents within the next few weeks. The electronic form is meant to provide the program with more reliable and consistent daily evaluations. I strongly encourage faculty to continue to provide daily face to face constructive feedback to the residents at the end of the OR day.

Residents are currently completing electronic evaluations for seminars and that feedback will be forwarded by the Educational Office to faculty presenters shortly after the seminar presentation. Residents are also required to complete monthly evaluations on all faculty and/or fellows that they are assigned to through the APMSS system, which is collated and forwarded to faculty twice per year. @

Dr. Frances Chung

Visiting Professor, Sept 2011



First Annual Resident Retreat

➔ **The first Annual Resident Retreat was held on September 16, 2011.** Dr. Ryan Amadeo led a well rounded discussion on being a resident; preparing for Royal College exams; fellowship planning; and lifestyle as a resident, fellow and faculty member. The “food lady” Carla D-Andreamatteo, Registered Dietitian, provided an interactive session of cooking healthy; making the right choices for a busy life and right choice food supplements for cooking. Dr. Jacobsohn offered time for interactive questions and answers over lunch. Massages were provided by Waterfront Massage Therapy and many of the residents participated in bike rentals at the forks. The day was capped off with an evening BBQ hosted by Craig and Kristine Haberman. Special thanks to David Bergmann and his team for provided refreshments for the day! [G+](#)



THE DEPARTMENT OF ANESTHESIA
&
PERIOPERATIVE MEDICINE

University of Manitoba

2012 MANITOBA ANESTHESIA CONFERENCE

Saturday, May 5, 2012

Theatre B
727 McDermot Avenue
University of Manitoba
Brodie Centre
Bannatyne Campus

KEYNOTE SPEAKER

Dr. Jonathan Moss, MD, PhD
Professor of Anesthesia and Critical Care
Professor of the College
University of Chicago



UNIVERSITY
OF MANITOBA

Professor Emeritus

Retirement of Paulette Morrison

Anesthesia Technician, HSC

➔ Paulette worked for the anesthesia department on the 4th floor of Women's for over 30 years. Even though she was a member of the anesthesia department she was a much loved and valued member of the Women's OR/PACU team. Paulette was devoted to making our patients feel safe and comfortable and many knew of her through word of mouth from other patients and requested Paulette by name. She was one of the first staff members patients encountered and she always went out of her way to help ease their fears and worries. Paulette joyfully participated in staff functions and events and we consider her not only a coworker but a dear friend. She will be sorely missed by all. *GL*

RESPECTFULLY SUBMITTED BY, LEAH RESTALL, WOMEN'S OR CRN



Dr. Doug Craig and Dr. Brian Postl

➔ **Congratulations to Dr. Doug Craig on receipt of Professor Emeritus, Department of Anesthesia, Faculty of Medicine, University of Manitoba.** Dr. Craig officially received his Emeritus status on September 8, 2011 from Dr. Brian Postl, Dean, Faculty of Medicine. Dr. Craig is the first member of the Department of Anesthesia to receive Emeritus status at the University of Manitoba

Dr. Wojciech Godlewski: Moving On

➔ **After a decade of practicing Anesthesia here in Winnipeg, Dr. Wojciech Godlewski left Manitoba to continue his Anesthesia practice in Alberta, but more importantly, be closer to his family.** Dr. Wojciech married Ewa in 1976 in Warsaw and had been married 34 years prior to her passing. During their life together, they were inseparable despite their busy professional lives and the fact they were raising 3 young children.

Son Bart, is now living in Edmonton and in his last year of residency in Anesthesia, along with his wife Heather, their children Kate and Eva. Daughter Joanna, is also living in Edmonton, practicing Dentistry. Daughter Kathy in her second year of

residency at University of Manitoba, is taking Northern and Remote Family Medicine.

Wojciech completed his internship in Warsaw and residency in General Surgery in 1980. In 1982 he also completed First Level Specialization in Anesthesia and General Surgery.

Wojciech and Ewa immigrated to Canada in 1986. At this time, he completed a Diagnostic Ultrasonography Program and received his F.R.C.P.C., completed a Fellowship in Acute & Chronic Pain Management, all by 1996.

We are all sorry to see you leave and will miss you. Live with the best of happiness as you move to another chapter of your life. *GL*

The Annual Resident Research Symposium



➔ **The Annual Resident Research Symposium was held on Tuesday, November 8 at Bergmann's on Lombard.** The Dr. Joe Lee Visiting Professor – Dr. Doug Craig, Professor Emeritus, University of Manitoba was the guest adjudicator for the symposium. Posters were presented by the PGY4 Anesthesia Residents and BSc student Lindsay MacDonald. Oral presentations were completed by the PGY5 Anesthesia Residents. Congratulations to Christine Pickering on her poster presentation win and to Ryan Brinkman on his oral presentation win. The annual Ben Shell Award for Overall Best Research Project was awarded to Kristin McCrea.

This year (and for future years) the symposium also included the Joe Lee Award for Humanistic Approach to Patient Care. The Joe Lee Memorial Fund was established in 2002 following the sudden death

of Dr. Lee. Dr. Lee's family established the Joe Lee Award to recognize an Anesthesia Resident and Critical Care Fellow for their humanistic approach to patient care. This year in keeping with Dr. Lee's belief that the entire health care team played a role in the care of the patient his family has developed the Joe Lee Allied Health Professional Humanistic Approach to Patient Care award. Dr. Craig provided those in attendance with a glimpse of the man Joe was and Dr. Heather McDonald, Chair of the Selection Committee highlighted what the two award recipients resembled in Joe's beliefs. Dr. Greg Klar was awarded with the 9th Anesthesia Resident Joe Lee Award and Victor Duarte (Anesthesia Clinical Assistant) received the first Joe Lee Allied Health Professional Humanistic Award for Patient Care.

Congratulations to everyone! *GL*

“ In keeping with Dr. Lee's belief that the entire health care team played a role in the care of the patient, his family has developed the Joe Lee Allied Health Professional Humanistic Approach to Patient Care award. ”



Photo 1: PGY4 Research Award – Dr. Doug Craig, Dr. Eric Jacobsohn, Dr. Christine Pickering, Dr. Steve Kowalski

Photo 2: Dr Ben Shell Research Award – Mrs Cal Shell, Dr. Doug Craig, Dr. Kristin McCrea, Dr. Eric Jacobsohn



Photo 3: PGY5 Research Award – Dr. Doug Craig, Dr. Eric Jacobsohn, Dr. Ryan Brinkman, Dr. Steve Kowalski

Photo 4: Dr. Joe Lee Humanistic Awards – Dr. Doug Craig, Victor Duarte, Dr. Heather McDonald, Dr. Greg Klar, Dr. Eric Jacobsohn





Managing Daily with APMSS BY DR. ROB BROWN

➔ I am very pleased that we are now beginning to manage daily evaluations electronically through APMSS. This is an enormous evolution in our critical mission of providing quality evaluation for our trainees. The use of this electronic platform will greatly increase the efficiency of collection, tracking and reporting of this data. It should also simplify the process for the evaluator, as it will come to you in exactly the same way that our Grand Rounds evaluations do. As a result we will be able to provide to our trainees an extremely high quality, timely and accountable evaluation that they can use to direct their development.

However, as good as this system is, the ultimate impact will only be as good as the effort we all individually put into our content. We have gone to great lengths to alleviate as much of the administrative burden as possible, but it does not change the responsibility we all have for thoughtful, constructive and candid feedback. As a teacher, you can be completely confident that whatever feedback you provide will be



recognized and included in the final analysis. Please remember that it remains as important as ever to maintain personal communication and give feedback directly to our trainees for their day-to-day development and peace of mind. GL

December 9: 65th Postgraduate Assembly in Anesthesiology (PGA), New York, New York, www.nyssa-pga.org

December 17: 10th Annual Symposium on Regional Anesthesia and Acute Pain Management, New York, New York, www.nysora.com

January 17: Visiting Professor, Dr. Alexis Turgeon, Laval University, Quebec.

February 7: Journal Club, Dr. Daniela Goldie and Dr. Erika Bock

March 11: Society for Cardiovascular Anesthesiologists, SCA 17th Annual Update of Cardiopulmonary Bypass, Aspen Snowmass Village, Colorado, www.scahq.org

March 13: Journal Club, Dr. Mehdi Sefidgar and Dr. Purnima Rao

March 22: Society for Obstetric Anesthesia and Perinatology SOAP Sol Shnider, MD Obstetric Anesthesia Meeting, San Francisco, California, www.soap.org

March 25: 15th World Congress of Anaesthesiologists WCA, Buenos Aires, Argentina, www.wca2012.com

April 3 & 4: Royal College Written Certification Examinations

April 4: Visiting Professor, Dr. Viren Naik, Department of Anesthesia, Ottawa Hospital Civiv Campus

April 21: Departmental Gala Dinner recognizing PGY5 Completion of Training and Annual Faculty Teaching Awards, Fairmont Hotel.

Editor-in-Chief: Dr. Shawn Young
Co-Editors: Mr. Bruce Anderson
Mrs. Laura-Lee Bouchard

APMSS – What You Should Know

- Google Calendar push of clinical schedule available to all faculty, fellows, residents and ACA's. Please contact Laura-Lee Bouchard or Reid McMurchy for your username.
- Resident daily evaluations go live November 21. When a faculty member is scheduled with a resident they will receive an automated email to complete the daily evaluation for the resident on the day they are slated together in APMSS.

Teaching Overseas



➔ Dr. Alan Mutch began a one year visiting professorship on November 1, 2011 at the Wolfson Brain Imaging Centre at Cambridge University, England and the University of Toronto learning advanced Magnetic Resonance Imaging techniques. This training will be integral to future research at the Kleysen Institute for Advance Medicine (KIAM) Centre in Winnipeg. GL



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GASLINE published quarterly and posted on our University website at www.umanitoba.ca/faculties/medicine/anesthesia/ Suggestions, comments and story ideas are always welcome. Please forward them to Laura-Lee Bouchard at lbouchard@hsc.mb.ca