Dear Members,

Since our last newsletter, Council has met twice: on October 21 for a special council meeting and again the weekend of November 24/25 for its traditional fall council. Dr. Sanjay Acharya, an anesthesiologist from Ottawa, is now the chair of Council and he did an outstanding job of running both meetings effectively with good humour and dignity.

Ontario’s Anesthesiologists were represented at these meetings by Drs. Harle, Olsen, Goldszmidt and Yousuf as delegates to Council. There were several other anesthesiologists in attendance as delegates and alternates and in other roles. Hence, we are well represented as a specialty!

For the special council meeting, the topic of discussion was that of relativity and the report from the Relativity Advisory Committee. Not surprisingly, relativity was a major area of discussion at the fall council meeting in November as well. Members are encouraged to read the Relativity Advisory Committee’s report and the motions arising from this report that were debated at the last two council meetings. In short, we remain a “right of CANDI” section and with the resolutions to accomplish relativity by 2024, we remain vulnerable in the event of only nominal increases in funding from the provincial government. We were encouraged by the Board, which is distancing itself from the most controversial proposal of redistribution and is proposing a dispute resolution process.

At fall council, the CEO of the OMA, Mr. Allan O’Dette, addressed us at his inaugural council meeting. He gave a rousing speech and the tone was positive; Mr. O’Dette appears well suited to the role of CEO. Preliminary indications are that he will be more engaged than previous CEOs have been and that he may have a greater presence in the media as an advocate for Ontario’s physicians. Mr. O’Dette was the CEO of the Ontario Chamber of Commerce, has been Ontario’s Chief Investment Officer and has worked previously in not-for-profit organizations. In short, he has an impressive curriculum vitae that demonstrates that he is well versed in healthcare policy matters.

We heard an update regarding the charter challenge and were reassured that despite the apparent lack of progress, things are moving much as anticipated. We also had an update from the negotiations committee. At the time of Council, the first phase of arbitration was set to resume December 15. After an attempt by the provincial government to withdraw from arbitration, Phase One is now set to resume on December 18 and will conclude in mid-January. We eagerly await the outcome of this process.

Dr. Cynthia Walsh was elected to the Board as the Diagnostic Assembly Board Director, and Drs. David Esser and David Mutrie won by-elections to fill Board vacancies.

Council appeared to approve the board dispute resolution process whereby there may be an opportunity for independent sectional representation when the time comes for Phase Two arbitration. It is apparent that there is still widespread unhappiness regarding relativity and the CANDI methodology.

Spring Council will be held in Ottawa, and your section delegates will once again represent you at this meeting.

Warm Regards,

Dr. Christopher Harle, Ontario’s Anesthesiologists’ Section Chair

Season’s greetings and best wishes for a wonderful 2019!
Since the successful in-person meeting during the annual conference, members of the Beyond The Mask (BTM) Working Group have been engaged in moving the 2018/19 projects forward. Given multiple other priorities in the external environment, the intention is to put significant efforts behind one major BTM project, together with three or four smaller aligned initiatives. Per the mandate of the BTM, all of these projects are being designed to demonstrate the value that anesthesiologists are adding to the health system across Ontario as innovative, collaborative, system and peri-operative leaders.

**BTM’s Next Major Initiative**

Concerns about perioperative opioid prescribing are present in every community. Since accountability and efficiencies, as well as patient-centred care, are supported by government, OMA and the Section, a project in peri-operative pain management appears to make sense to demonstrate anesthesiologists’ value in a space with which you are closely associated. Given the scale of the issue, there are a number of initiatives in place already, attempting to tackle the problem from different standpoints. Guidelines are well established and different sets of recommendations have been developed. However, there remains widespread diversity across the province with respect to practice, cost to the health system as well as health outcomes for patients.

Special guests, Drs Steve Bodley, Deepa Kattail and Elaheh Adly, joined the Working Group’s in-person September meeting to discuss options and opportunities for anesthesiology leadership in this area. These discussions, together with expert input from Dr. Sanjho Srikandarajah, have informed the development of some initial propositions that will be firmed up and implemented starting in the new year. Objectives under discussion include:

1. Ensuring a high quality of post-operative pain control;
2. Reducing prescription of opioids for routine post-operative care;
3. Reducing time in hospital for complex patients including developing a realistic follow-up/opioid usage plan for pre- and post-surgery;
4. Improving and maintaining high levels of post-operative pain relief and
5. Reducing perioperative complications.

Supported by an Advisory Committee of experts (e.g., anesthesiologists, surgeons, pharmacists, patients, addiction care specialists), the intention is to **recruit a number of small project teams** to assemble the relevant information and case studies. Their outputs will be peer reviewed and then published in a phased and staged way, in multiple accessible formats including, potentially, via an app, in order to make this work as user-friendly as possible.

**Join Beyond the Mask**

There is no shortage of exciting initiatives on the go, as outlined in this newsletter. **Please give special consideration to joining the Pain Management Project or helping to design the Spring Leadership Day.** All BTM projects present the opportunity to get involved, apply current skills while learning new ones, extend your network and make a difference. If you would like to know more, please reach out to Lindsay Kneteman, who is temporarily filling the Section’s Administrative and Communications Coordinator role.

We would be delighted to welcome you on board.
Paul’s approach to his work is driven by the imperative to advocate for the marginalized, to tackle difficult situations and to eradicate inefficiencies. This approach was forged early in life while balancing his immigrant parents’ strong cultural beliefs, his Canadian upbringing, and his responsibility as a sibling to a differently abled older brother.

Following completion of his undergrad in biochemistry, Paul did a Master’s in Development Biology, thinking his future involved a PhD, a wet lab and lots of mice. However, with the realization that there were few available science jobs and with the encouragement of his thesis chair, he came to realize that medicine was the better path for him. Given his interest in the body’s physiology, he decided to pursue family medicine and within that, anesthesiology. The role of anesthesiologists in making critical decisions when facing high-pressure situations was a natural fit.

Being a member of the OR team who is called on to step forward and play a decisive role when needed reflects Paul’s approach to physician leadership. For him, solving workflow inefficiencies, simplifying processes or problems that do not need to be so complicated, is a team sport, particularly when processes are well entrenched. “Listen to your colleagues to understand their pain points, get them together so that they can understand what issues they are facing as a collective, and then reflect their concerns back to them to enable them to select the direction.” From there, it’s about finding an action-based way forward with a tangible product. For Paul, this is similar to helping his parents navigate their new experience in Canada. He needed to understand the cause of the confusion, simplify the solution and support them in moving on.

While this push to consensus may sound warm and fuzzy, Paul indicates that the secret lies in listening to and encouraging dissent. "The final agreement has to be arrived at with dirty, bruising arguments that are difficult," he explained as significant change often requires conflicting ideas to bring about well thought out, tested solutions. “A room of people that all agree with you is a scary place to be when planning system changes.”

Learning this approach to leadership also started in the home. Paul explains that as the middle child growing up in a “scrapy” family, learning to compromise was a regular and key part of his life. However, he really honed this skill through his work with the LHIN and with the support of both mentors and formal training, both of which he describes as critical for developing leadership skills and confidence.

Paul freely admits that he suffers from imposter syndrome. He credits mentors and colleagues for recommending and encouraging him to take on roles and challenges that he never would have considered for himself. Paul believes that everyone should seek out at least one mentor. For himself, what he has found is that formally assigned mentor relationships have been less fruitful. Rather, the best mentors are those where the relationship developed more organically. “These people have gone out of their way to share their own personal journey in medicine, including taking detailed looks at the turning points in their careers. They then used these examples and a reflective approach to help me explore career options.”

“Listen to your colleagues to understand their pain points, get them together so that they can understand what issues they are facing as a collective, and then reflect their concerns back to them to enable them to select the direction.”

Finding the opportunities to learn leadership on the job should not be difficult. “There are so many organizations that want input, they want help and they don’t know where to get clinical folks involved.” In Paul’s experience, “There’s no shortage of leadership opportunities; there’s sometimes difficulties in trying to understand where the opportunities are and how to access them.” He encourages his colleagues to put their hands up, recognizing that not every opportunity will work out. For Paul, one of the crucial leadership skills is how to extricate yourself on a timely basis from situations where the fit is not as good as initially thought. And that’s also where a mentor can be of help.

Paul points out that there are different ways to effect change. You can jump in and mobilize others. And then there are times when strong advocacy skills are required, particularly around matters of patient care. Acute pain can become chronic pain when there is no timely access. In rural areas, the situation is even more challenging given the absence of pain clinics and specialist know-how.
"There is a lot we can do to increase system capacity for the care of chronic pain patients in rural areas by helping to stand up for the infrastructure to deliver care in a more distributed model." His role as a leader for the Gateway Rural Health Institute provides the opportunity to address this important issue by gathering the evidence, building alternative models and providing a platform to draw the issue to the attention of others.

Concern about burnout and stress are part of every physician’s life. Paul speaks to the importance of having variety in your professional practice and also setting boundaries. His family are a stress alleviator and so they are a clear priority. “If there’s something that’s going to interfere with my ability to coach my son’s hockey team, the answer is no – and I then try to find a delegate.” Technologies like Google Calendar and smart phones are crucial for balancing work-life. But even better he notes, is being married to a physician who understands what a career in medicine is all about. “I have this built-in person to empathize with and vice versa.”

As for what’s next in his leadership journey, “I’m not one to have any preconceived notions about where I might go with any of this,” Paul shared, “I just let my passion take me where it will.” Given what he’s been able to accomplish so far, we have no doubt of his future success, tackling the difficult issues by taking action, enrolling others and bearing witness.

We thank Paul for his dedication to leading improvements in the practice and administration of medicine and look forward to tracking his future exploits.

**BTM Working Group Member Spotlight**

**Dr. Sylvain Gagné**

Dr. Sylvain Gagné has been a member of BTM since its inception in 2015. “I jumped on board because I really believed that as a group, Ontario’s Anesthesiologists have a lot to offer the system,” he recalls.

Sylvain is the Corporate Medical Director of the Preadmissions Unit at The Ottawa Hospital (TOH), Department of Anesthesia and Pain Medicine, a member of the hyperbaric medicine unit and is also an assistant professor at the University of Ottawa. He is known for his dedication to patients, demonstrated daily in his clinical work, and more broadly through such initiatives as having been part of a team that designed and developed a series of patient videos for TOH entitled, “Are you ready for surgery?”

He is also involved in the education remit of TOH, winning teaching awards and co-leading the preoperative medicine CBD modules and preoperative medicine fellowship. In addition, he makes time to collaborate on research, focusing on such topics as: frailty, glucose management and implementation of ERAS.

Sylvain’s track record means that he is a natural fit to work on BTM’s new Pain Management Project. He was an active member of the Choosing Wisely Implementation Guide Advisory Group, sharing details about TOH’s experience that was written up as one of the case studies and also providing guidance and counsel with respect to the overall project.

Says Sylvain, “I believe anesthesiologists have a distinct perspective on the perioperative period and as such, have much to bring to the table when it comes to designing perioperative processes and optimizing the perioperative care in order to improve outcomes for our patients. We need to go Beyond the Mask and assume our leadership role.”

**Contribute to our Newsletter**

We are always looking for newsletter topics and for recommendations of anesthesiologists who are going Beyond the Mask and should be considered for a profile. If you have any ideas or suggestions, please contact the Section’s Administrative and Communications Coordinator, Lindsay Kneteman.