

CCCS Winter

THE VOICE OF CRITICAL CARE TO PROMOTE AND ENHANCE CRITICAL CARE MEDICINE IN CANADA

An update from the president

Dear colleague it has been a while since we last wrote you about the activities of the society. Please accept my apologies for not keeping you up to date.

Change in the structure of the CCCS

Following our strategic retreat we have worked on revisions to the organizational structure of the society. We elected to move away from our prior structure to a task oriented administrative structure. In so doing we hope to be able to better meet the needs of our community by delivering in the key areas of education, advocacy, and knowledge translation. Ultimately we feel that this will aid the CCCS in becoming more effective and productive. The new governance structure is provided in the accompanying figure. The move to the new structure was approved by the CCCS executive and announced at the general meeting. Details about each committee can be found on the CCCS web site. We welcome input from the membership about this proposed change in governance.

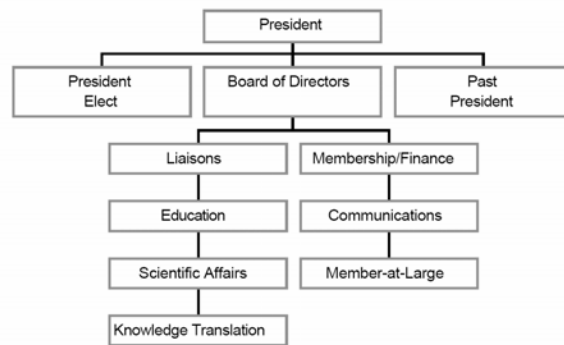
We encourage members to become involved in their society. If you are interested in helping set the course for the society and participating in one of the working groups, please write to me at john.granton@uhn.on.ca. I welcome the opportunity to discuss your role in the evolution of the CCCS into a dynamic and responsive organization.

Bedside ultrasound

The use of bedside ultrasound in critical care is becoming a standard of care. The CCCS recently participated in an international meeting of several critical care societies to help develop standards and expectations regarding the expected competence of intensivists in performing and interpreting bedside ultrasound. I believe that it is our responsibility to provide guidance to our members on competencies that are required and pathways to competency.

With the Royal College of Physicians and Surgeons we will be working towards a statement regarding competency in bedside ultrasound and echocardiography. This document will advocate for the importance of bedside ultrasound for patient care and safety as well as provide a framework for current practices. We recognize that there will be a period of growth in the clinical application of ultrasound and that it will take time for us to acquire the skills and experience in bedside imaging. We look forward to helping our membership meet their educational needs and advocate for the availability of bedside ultrasound in day to day practice.

B. Governance



Ex Officio: Chair, RCPSC Specialty Committee in CCM
President, CCCTG
Chair, Canadian Intensive Care Foundation

CCCS Executive: President, President-Elect, Past President, Treasurer



Dr. David Leasa

Frank Rutledge Teaching Award

The Frank S. Rutledge Critical Care Teaching Award is a unique award open to any critical care clinical teacher in Canada. It has been developed in partnership between the Critical Care Program at The University of Western Ontario and the CCCS. It is a fitting tribute to a man who loved to teach. Frank had an amazing memory for facts, and could convey them enthusiastically whether it was physical exam skills to undergrads, pharmacology to junior residents, or practical issues to the seniors. He always showed compassion to patients and families and was an excellent mentor for having difficult conversations and breaking bad news.

The inaugural recipient in 2010 was Dr. David Leasa, from University of Western Ontario. David was presented with the award at the Critical Care Canada Forum where he delivered a talk entitled "Training Intensivists in Canada: Do we have it right?".

Nominations for the award are solicited from critical care trainees. The deadline for receipt of nominations in the current year will be May 1, 2011. An updated call for nominations will be available soon on canadiancriticalcare.org.

CCCF



Congratulations go out to the organizers and scientific advisors of the CCCF

for pulling off another spectacular conference. The calibre of presentations and speakers continues to make this conference the premier international critical care conference.

CCCF / CCCS research competition

A total of 95 abstracts were submitted this year via Abstract Central. We had 47 trainee abstracts (our largest number ever!) submitted for the oral competition. The oral competition judges this year were Dr. John Drover, Dr. Margaret Herdige and Dr. Taylor Thompson. The quality of the 6 oral presentations was outstanding and the scores for the top 3 were very close. The awards were presented to:

Garner King Award - 1st place - Trainee Oral Presentation A MOZART EFFECT ON REDUCING SEDATION IN CRITICALLY ILL PATIENTS IN CANADA: A RANDOMIZED CONTROLLED TRIAL Mr. William To (Supervisor: Dr. Cindy Hamielec), McMaster University

Allan Spanier Award - 2nd Place - Trainee Oral Presentation PREDICTING KIDNEY RECOVERY IN PATIENTS WITH ACUTE KIDNEY INJURY REQUIRING RENAL REPLACEMENT THERAPY Dr. Benjamin Bell (Mentor: Dr. Ronald Wald), University of Toronto

Merit Award - 3rd Place - Trainee Oral Presentation MESENCHYMAL STEM CELLS ENHANCE REPAIR FOLLOWING VENTILATOR-INDUCED LUNG INJURY Dr. Gerard Curley (Supervisor: Dr. John Lafey), National University of Ireland

Congratulations also to Mr. James Jung, Dr. Jean-Nicolas Dubé and Dr Rafeek Mikhael for their excellent work and presenting at the oral competition.

The MD/ graduate track poster had 61 posters. We thank the judges and all the participants. Two additional trainees were chosen as poster award winners.

Best Basic / Transitional Science Poster (MD/graduate track)

REGULATION OF MITOCHONDRIAL CHANNELS BY FLUOXETINE IN RATS: IMPLICATIONS FOR CARDIAC ISCHEMIC PRECONDITIONING Dr. Marcin Karcz, University of Rochester

Best Clinical Poster (MD/graduate track)

CONTINUOUS MONITORING OF MONRO-KELLIE DOCTRINE IN TRAUMATIC BRAIN INJURY Dr. Dong-Joo Kim, Hospital for Sick Children, University of Toronto

There were 20 posters presented in the Inter-professional Track. A group of their colleagues selected the following award winners:

Best Research Poster for Nursing and Allied Health

NEEDS OF SURVIVORS OF MECHANICAL VENTILATION AND THEIR FAMILY CAREGIVERS ACROSS THE CARE CONTINUUM: A PILOT STUDY Anna Czerwonka, University Health Network and the University of Toronto

Best Quality Improvement Poster for Nursing and Allied Health

POST-PYLORIC FEEDING TUBE (PPFT) INSERTION BY DIETITIANS IN CRITICAL CARE Andrea Ho, RD, Sunnybrook Hospital

CCCF / CCCS Resident's day

We were once again pleased to partner with the CCCF and present the annual Residents' Day on November 7th, 2010. This event is traditionally held during the preconference activities for the CCCF. The goal of this event is to bring renowned critical care experts from around the globe to meet with Canadian critical care trainees in a more intimate and interactive environment.

By all accounts it was another successful day. Over 100 residents and fellows from across the country attended. The line up of faculty and topics / sessions was phenomenal and rivalled many international conferences. Highlights included talks by Drs. Jean-Louis Vincent, Mervyn Singer and Martin Tobin. A segment particularly popular with the trainees was the small group case-based sessions with some of the most influential critical care physicians in the world.

A special thanks to Drs. Jeff Granton, Damon Scales and Elizabeth Wilcox whose tireless work made this day possible. We look forward to a great conference in 2011. Save the date November 13 to 16, 2011.



Canadian Cardiovascular Care Society—CANCARE



We would like to formally welcome CANCARE as a partner in the care of critically ill patients. CANCARE is a multidisciplinary group of individuals who have come together with the goal to improve the quality of care of critically ill cardiovascular patients. They were formed by a committed group of individuals led by Dr. Rakesh Arora and include Dr. Gurmeet Singh, Dr. Dave Nagpal, Dr. Ansar Hassan and Dr. Yoan Lamarche. Their website may be found at www.cancare-society.com. We look forward to working closely with their group to foster education, research and clinical care.

RCPSC

The Critical Care Objectives of Training have been finalized and now include content on competency with ultrasound technology. Sites will be required to have Ultrasound on-site and this will give the CCM Programmes some leverage when applying for equipment funding. The RCPSC CCM Nucleus Committee has determined that CCM training will no longer allow overlap years with other subspecialties or specialties. This new training requirement will come into effect in 2011 and is similar to decisions made by other specialty groups (ie: Respiriology).

There are some changes in the CCM Examination Board and Richard Hodder is stepping down from his role of Chair of the CCM Examinations. Alison Fox-Robichaud will be taking over this position.

On December the 17th, 2010 Council voted unanimously to approve GIM as a subspecialty of Internal Medicine.

GIM will now progress towards becoming a distinct two-year curriculum leading to subspecialty certification. To this end, the Office of Education will work with applicants to establish a working group responsible for finalizing standards documents, creating the examination blueprint and approving Canadian programs. The Internal Medicine stream (four years) continues to exist and there is no intention to remove it as a route to practice.



Palliative Care in Canada. A time of action.

*Guerir quelquefois, soulager souvent,
consoler toujours.* Edward Livingston Trudeau

The focus of Intensive Care Units (ICUs) is usually to cure disease or prolong life, but many ICU patients suffer progressive disability or death in spite of these efforts. Recent data has shown that 20% of deaths in the US occur during or shortly after an ICU admission, and that this number is increasing. A recent federal non-partisan parliamentary committee has been struck to develop recommendations on the provision of palliative care in Canada.

Research suggests that in patients with a terminal illness, an ICU admission may be at odds with their wishes and goals of care. In practice, however, there is a concern that patients and physicians opt for ICU care in the belief that the patient will survive and return to their previous state of health. Unfortunately, even when previously healthy patients survive an ICU admission, they often have a profound deterioration in their health status and function. Only 15% of patients receive pallia-

Intensivists must consider this a call to action and ensure that the needs of our community are provided

tive care before they die. A focus on efforts to enhance end of life decision making and end of life care is not part of the Canada Health Act, as it is not a considered an essential health service. It is our view that resources must be allocated for palliative care. There is also a lack of clear health care policy to support end of life decision making. The CCCS has submitted a document to the parliamentary committee to assist in raising the awareness of these issues and address the gaps in care

**CCCS
MEMBERSHIP**
It has its
advantages



Remember to renew your CCCS membership. We are dependent upon dues to support the activities of your society. The benefits from membership are offset by several advantages: As a member you receive reduced registration to the Canadian Critical Care Forum and the Canadian Critical Care Review. Members also receive a reduction to join the ESICM.



Most provinces are reporting an increase in Influenza A infections. The majority of documented infections have occurred in Manitoba, Ontario and Quebec. As of January 8th, the predominate infection is with seasonal Influenza A/H3N2—identified in over 90% of positive influenza tests subtyped this flu season, while pandemic H1N1 2009 currently accounts for less than 10% . H1N1 continues to produce severe respiratory failure in younger individuals while seasonal H3N2 preferentially affects individuals > 65 years of age or the very young. The majority of deaths reported relate to H3N2 and occurred in the older age groups. It is hoped that the peak in flu has occurred and that a reduction in rates of infection will start to subside. However, in the interval influenza infection may contribute to regional surges in acute care hospitals and intensive care units.

Weekly updates may be found at FluWatch <http://www.phac-aspc.gc.ca/fluwatch/index-eng.php>. Regular updates are also provided thru the Canadian Critical Care Trials Group and the ICUFlu Newsletter. We encourage all participating sites to enrol patients in either the ROSII (high dose tamiflu vs. standard dosing) study or the CHAT (rosuvastatin vs. placebo) study .



Canadian Critical Care Society

c/o Deborah Wilson
Administrative Assistant
10E-207
Toronto General Hospital
200 Elizabeth St
Toronto Ontario. M5G 2C4
deborah.wilson@uhn.on.ca