

YEAR END REPORT 2019-20



Canadian Anesthesiologists' Society
International Education Foundation



MESSAGE FROM THE CHAIR

Like for everyone, Covid-19 has dominated 2020 for CASIEF. We've had to stop sending volunteers to Rwanda, Ethiopia and Guyana, primarily because we don't want to send people from a high-incidence, high resource setting to a low-incidence, low-resource setting and risk increasing COVID-19 in our partner countries. But, we haven't stopped working to support our partners, as you'll see in the more detailed descriptions in the following pages.

For a lot of us, COVID has opened our eyes to some harsh realities about healthcare in Canada and for the other 16% of the world's population that lives in "high-income" countries (as classified by the World Bank). Every day we go to work in our high-functioning healthcare systems; they aren't perfect, but we do the best we can and I think that most of us feel that our healthcare system works well for most of our patients. COVID has demonstrated how quickly systems can be overwhelmed. Lombardi is one of the richest regions of Italy, with an excellent healthcare system that seemed to collapse overnight. Closer to home there have been terrifying stories from New York City. Here in Canada, many elderly have shown how extremely vulnerable they really are in our long-term care facilities. We have had to prepare for shortages of drugs we usually take for granted. We have had to think carefully about the availability of PPE so we can safely see our patients, and in many institutions in high-income countries there simply hasn't been appropriate PPE available.

It's been terrifying, and probably most of us have lost some sleep and found at least that our baseline levels of anxiety have increased. For many of us the stress associated with COVID has been much more significant than that.

For the countries that CASIEF partners with, their healthcare systems are essentially always overwhelmed – without COVID. Perioperative care is usually a particularly weak link. We have heard about the pressure on Italian intensive care doctors during this pandemic. Can you imagine being one of only 50 anesthesiologists in Ethiopia, a country of 110 million people, when this profession is responsible for anesthesia, critical care and pain management? Procurement of essential drugs and equipment is a routine, even daily problem in Rwanda's tertiary teaching hospitals.



The death toll from the COVID pandemic is clearly a tragedy, and of course it is not over yet. Deaths from access to safe surgical and anesthesia care are easy for us to forget at this time, as COVID is all-consuming, but still 5 billion of the world's population can't access safe surgical care. Deaths from trauma alone are almost 6 million a year globally, before accounting for cancer surgery that doesn't happen, children who don't get their congenital deformities fixed and mothers who can't have a caesarean section to save their lives and those of their babies. Of course, this is only getting worse in the time of a pandemic, when hospitals are societies are becoming shut down around the world. Still more mothers and children will fail to get surgery that is either life or disability saving. So this is a particularly frustrating time for us. It's more obvious than ever that our partners need our support, both for their ongoing work to build capacity for anesthesia care, as well as immediate needs for their own responses to COVID. It's also a time when it's more difficult than ever to actually help, but we are doing what we can. We are maximizing opportunities for e-learning and distance learning. We are working with our partners on responses to COVID that are most appropriate for their contexts. We are shipping personal protective equipment. With generous support from the CAS, we have also been working on some short films to increase awareness of what we do, and help with an upcoming fundraising campaign so that we can have the means to increase our activities, both now and when travel becomes possible again. Stay tuned for these! Our help is needed more than ever now. Your help is needed too, as we can't do this without you. Many thanks to all of you who have already donated your time or money, you are making a huge difference. We hope that you can continue to support us – or even better, to increase your support as we find new ways to help build capacity for anesthesia care in Rwanda, Ethiopia, Guyana and Burkina Faso. We would love to hear from you! We plan to send out a survey later this year to get some specific feedback from our donors and volunteers, but would love to hear from anyone about how you think we are doing and anything we could be doing differently.

Stay safe!

Dylan Bould
Chair, CASIEF

FILMING IN EAST AFRICA

By: Martin Pupp

Photos: Martin Pupp, Stephen Chung & Scott Tremblay

Can one person change the world? Can one person truly make a difference? These were the questions that I'd started asking myself as I was planning to travel to Kigali and Addis Ababa to make a series of fundraising videos for CASIEF.

It all started in late 2018 when an old friend, Price George-based anaesthesiologist, Julian Barnbook asked me if I'd be interested in making a short film promoting the work of CASIEF. I'd never been to Ethiopia or Rwanda and I knew practically nothing about what anaesthesiologists actually do. How could I possibly refuse?

A documentary producer and director by trade, I've made films on subjects ranging from climate change, to dinosaurs, true-crime stories and countless subjects in-between. My work has taken me to many extraordinary places throughout the world, and part of the joy I get from the work that I do is meeting people from all different backgrounds and walks of life.



Stephen Chung and Scott Tremblay, soundman and cameraman for the project.

The goal of the films CASIEF wanted was to help with fundraising and from looking at what the big players in this field were doing, like UNICEF and Sick Kids, I realised that to pull people in, the film needed to be short, and offer stories of hope. As I was introduced to the remarkable doctors that CASIEF was working with in East Africa, I quickly realised the only challenge I was going to face was picking which story of hope we would tell.



Martin Pupp reviews footage with cameraman Stephen Chung while filming in Harar, Ethiopia.



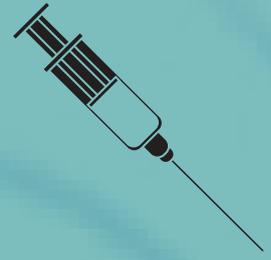
Stephen Chung, project cameraman, filming in Addis

After the genocide, Dr. Jeanne d'Arc Uwambazimana was the only Rwandan anesthesiologist in the entire country; today, she runs a team of more than thirty and has seen dozens of residents pass through her door. Gaston Nyigira was one of Dr. Jeanne's first residents; today, he is one of Africa's leading experts and travels throughout East Africa training the next generation of anesthesiologists. Sofoniyas Gatenah was a medical student in Awasa, Ethiopia when he realised there wasn't a single anesthesiologist in the entire city. Today, he is a third year resident at AAU and determined to return to Awasa to help transform a community. These were just some of the people that I've encountered, and I came to understand that all of these journeys were made possible, in part, by the work of CASIEF.

I will never forget the doctors I met while filming for CASIEF in East Africa, it was an inspiring and humbling experience. Not only did I finally learn what an anesthesiologist actually does, I found some answers to my earlier question. Can one person change the world? Can one person truly make a difference? With the right amount of determination, and with a little bit of help, I now believe that they can.

Martin Pupp is a n award-winning producer and director, for the past 20 years he has been making documentaries for broadcasters such as the CBC, BBC and Discovery Channel

PARTNER UPDATES



There has been a flurry of activity this past year in all of our partner locations. Each program lead has provided an update below.

ETHIOPIA

Dr. Julian Barnbrook, Program Lead

First of all, the bad news. As of early March of this year, CASIEF-EADP had a new Global Health Fellow settled in Addis, on month into a six-month post with colleagues due to join her in April and May. We had two visiting experienced anesthesiologists, (one from B.C. and one from California), recently arrived in Ethiopia and ready to begin a combined total of 3.5 months of teaching and mentoring at Tikur Anbessa Specialist Hospital (TASH, AKA Black Lion Hospital--the main public teaching hospital and referral centre in Ethiopia and home to the Addis Ababa University Anesthesiology resident training program). We had new and returning volunteer faculty lined up for teaching visits throughout the rest of 2020 and new simulation teaching programs and QI projects just up and running. Within a week, we had advised all our overseas faculty to return home and had to cancel all planned visits for the foreseeable future. We continue to offer remote teaching and clinical support but this is only a very limited substitute compared to the projects we had in place and planned for the remainder of 2020 and beyond.



Obviously, the potential consequences of uncontrolled COVID-19 spread in a country with such a paucity of medical equipment, infrastructure, and trained human resources as Ethiopia possesses, are devastating and any interruption to our medical program, while certainly having a small negative impact locally, is temporary and trivial in comparison. Whatever the eventual extent of morbidity and mortality from the SARS-CoV-2 virus, the effects on the economy of one of the world's poorest countries are likely to be extremely harsh.

Onto better news, all of our Ethiopian colleagues and our faculty remain, at the time of writing, well and not too overwhelmed (beyond normal) in their respective roles. While obtaining adequate supplies of personal protective equipment (PPE) in Ethiopia is an ongoing issue, it is one we are able to help with, albeit in a small way.



As of May 21st, there have been 389 confirmed cases of COVID-19 in Ethiopia, with five deaths and no current ICU admissions at TASH. While testing rates are lower than Rwanda, they are increasing and are not far behind where rates were in some high-income countries at similar stages in the pandemic. When I last visited in late January, all passengers arriving from China were being given at least a basic screening at Addis Ababa Airport, which is certainly ahead of similar measures becoming common in other countries. That said, the local count is widely agreed to be a significant underestimate and no one underestimates the likelihood of severe impacts to come.



In August 2019 Dr. Talitha de Vries and Dr. Megan Peake started their six-month posts in Addis Ababa as the first Ethiopian Anesthesia Development Project (EADP) Global Health Fellows. EADP is a partnership between CASIEF, the Global Anaesthesia Development Project (GADP) and Addis Ababa university College of Health Sciences (AAU-CHS)

The aims of the Global Health Fellow program are to provide a continuous presence in Ethiopia to support the residency training program at AAU-CHS. This allows us to develop projects that take longer to get off the ground and to build a closer relationship with the residents and staff, while maintaining the existing program of shorter-term volunteer teaching visits.

We were fortunate to have two exceptional candidates as our inaugural fellows. Talitha and Megan quickly settled into life in Addis and work at Tikur Anebessa Specialist Hospital. They were joined by a succession of excellent volunteer faculty from Canada, the UK and the USA. They got down to work on building the Vital Anesthesia Simulation Training (VAST) Foundations Curriculum into the first-year resident teaching schedule and developing a system for recording OR data and reporting adverse clinical incidents. They were not phased by an extended power



outage which saw them shuttling between temporary accommodations for three weeks and by a new cohort of 21 first-year residents starting a few months earlier than expected.

In February 2020, we were again very fortunate to have a new fellow, Reema Patel, arriving to take over the global health fellow (GHF) role, and--before COVID-19 interrupted the program--she was due to be joined in April by Justine O'Shea, (GHF at University of Ottawa) and in May, by Stephanie Connelly. The feedback from the local staff and residents regarding the GHF program has been universally positive. There is no doubt that we have been able to provide a level of involvement that has been enhanced by the continuous presence of dedicated global health professionals who are able to combine clinical and academic teaching with mentoring, QI and logistical support. Having our fellows, with the experience of adapting to life and work in Addis Ababa, able to welcome and orientate our visiting faculty and help to better tailor their teaching schedules to local needs has been another huge benefit. The relationships formed between our GHFs and the local residents and staff continue to provide mutual support in these more challenging times.

It was never the intention that the EADP GHF program should be anything other than symbiotic with our existing (and expanding) program of supporting volunteer faculty visiting Ethiopia for shorter, (typically of two-to-four-week duration) teaching visits. We have been extremely fortunate to have had an inspirational group of new and returning volunteers in this last year.

We have continued with our VAST and Inspire course programs. The Inspire Leadership course was held at AAU in November 2019 with faculty from Canada, the UK, Rwanda and Kenya and very well received (nspirecourse.com). In January of this year, we held our second VAST course preceded by our first VAST Instructors course in Addis (vastcourse.org). We had faculty from Kenya, Sudan, Canada, UK and Australia and again it was a great success. With these courses we are extremely grateful to our colleagues in Addis for their hospitality and organisational support and to our faculty for travelling long distances to help. These courses build connections globally and most importantly within the east African region and within Ethiopia. The development of simulation as a vital part of the curriculum continues to grow. More and more of the



staff and senior residents are becoming experienced as simulation instructors and facilitators. Looking ahead, these trained local facilitators are ready to organise the next VAST course with our faculty able to take a more backseat, supporting role.

In the last year we supported four Ethiopian staff to attend overseas courses, including a

mini-leadership-fellowship in Sussex, England, a comprehensive simulation for anesthesia course in Stirling, Scotland and clinical teaching skills and the high-level VAST instructors course in Halifax, Nova Scotia. The post-course reports from the attendees are a joy to read. This is an extremely important part of what we do in Ethiopia and the knowledge and connections that these staff build during these trips are great resources for the future.

So, that's about where we were in early March 2020. Obviously, COVID has changed things for everyone, particularly so for our activities that are so dependent on travel and in-country support, but we are doing what we can to adapt and support our partners from a distance. While we continue to provide remote teaching support, clinical advice and help with PPE procurement, we aim to be physically back in



03 | CASIEF Year-End Report 2019-20

Ethiopia as soon as the situation allows. We have excellent candidates for the GHF posts lined up and a new partnership supporting Queen's University and Haramaya University as they launch their new anesthesiology residency program in 2021. The AAU anesthesiology residency program currently has 51 residents and a department of 14 local staff. In January 2020 they graduated a record number of 17 local anesthesiologists from the program. We are incredibly grateful for the warm welcome and collaboration our faculty have always received from our colleagues at AAU and our thoughts are with them as they face the additional challenges of the current coronavirus pandemic.

Of course, our expanded activities in Ethiopia come with additional costs. 2020 was to have seen the launch of a dedicated Ethiopia Anesthesia Development Project (EADP) fundraising campaign--with a goal of raising \$150,000 over the next two years. This campaign is temporarily on hold, but if nothing else, this pandemic makes it even more clear how important it is to have well trained medical staff in anesthesia and critical care. We continue to rely on the wonderfully generous support of our donors in Canada and beyond and we acknowledge our enormous gratitude to you all.

BURKINA FASO

Dr. Greg Klar, Program Lead

Burkina Faso and CASIEF continue their partnership for a fifth year. Although this partnership is not in the same capacity as Rwanda, Ethiopia, and Guyana, we feel that it remains important and fruitful collaboration. We have helped on numerous occasions our colleagues in Burkina Faso to attend francophone anesthesiology conferences to promote educational opportunities and foster local partnerships. We are also pleased that we supported Bertilli Ki from Burkina Faso to take part in The Global Initiative for Children's Surgery. I would urge you to visit

the website for the important work that is being done for children with surgical disease around the world: globalchildrensurgery.org. We continue to have close contact with our colleagues and continue to work on projects collaboratively. These are difficult times globally and our colleagues in Burkina Faso remain positive, thanking you for the contributions that you make to CASIEF.

CASIEF/ASA-GHO RWANDA

Dr. Ana Crawford, Program Lead

This time last year the CASIEF/ASA-GHO Rwanda program was eager for changes coming by 2023. In addition to volunteers teaching for the University of Rwanda, work was underway to provide greater opportunities for Continuous Professional Development, focus was increasing on subspecialty training, and we were establishing anesthesia and ICU clerkships for medical students through the University of Global Health Equity. As a whole, our organizations have always discussed ways to improve, from increasing real-time mentorship, decreasing our carbon footprint, and creating more North American rotations, to improving our teaching methods and curricula.

COVID-19 creates obvious challenges. Travel restrictions prevent volunteers teaching at bedside and Rwandans participating in North American rotations. Many of us fear for colleagues abroad as COVID-19 is surely more challenging in limited healthcare systems. Lack of PPE, oxygen, basic monitoring, and isolation rooms are heavy realities. This pandemic has already brought many high-resourced healthcare systems to the end of their reserves.

Despite challenges, there have been many positives and a greater hope emerges for the future of our partnership with Rwanda. Dr. Banguti Paulin continues his strong leadership as Head of Department. Dr. Nizeyimana Françoise was named Residency Program Director in 2018 and the training program has benefited from her vision. Dr. Nyirigira Gaston hosted yet another ZeroPain conference. Junior faculty continue to pursue additional training and fellowships. Most exciting is the continued recruitment of larger class sizes of high-caliber students to the program..

Despite the unquestionable success of the Acute Care Operational Research (ACOR) program, led by Dr. Marcel Durieux and largely held online and by videoconference calls, many other teaching materials remain in slide decks or word documents, infrequently updated, and only referenced through an acute need of a volunteer. Rotating students and residents continue to request fundamental teachings be delivered in a more consistent manner. COVID-19 has motivated our partnership to find immediate solutions to long-standing barriers.



Lack of travel facilitated the development of a new Global Anesthesia and Critical Care Learning Resource Centre. Now focused on hosting COVID-19 materials and fundamentals of Critical Care, plans to build courses on Regional,

Pediatrics, Obstetrics, Pain, and other relevant content are underway. Using the highly interactive platform to host quizzes, videos, references and external resource links, on May 6th, 2020, we held our first joint webinar case discussion, which included participants from Anesthesia, Critical Care, and Emergency Medicine. Our carbon footprint was negligible. Chat functions allowed greater engagement and discussion. Real-time mentorship became a reality. Most importantly, the open and free access allows anyone to learn.

There is no silver-lining with COVID-19, but it does present an opportunity to reconsider our role. We can engage and share effectively despite limited travel, and remote exchange can be meaningful. We should reconsider when travel is necessary. As many North Americans struggle to get tested and communities brush off sound public health policy, we watch Rwandans diligently wash their hands, don their masks, shelter-in-place and contain COVID-19. When travel restrictions are lifted, we should invite them here to share their expertise.

GUYANA

Dr. Ashleigh Farrell & Dr. Joel Hamstra, Program Leads

With the intensity of the last several months, it is difficult to imagine what life was like before the pandemic began. The CASIEF-ASAGHO partnership in Guyana celebrated some significant successes in 2019/2020. Dr. Dorette Husbands completed her Masters of Medicine in Anesthesia (4 year) and Dr. Shonette Boyer completed the Diploma (2 year) program. In total, there were 9 volunteers from CASIEF/ASAGHO who travelled to Guyana in 2019/2020.

Travel to and from Guyana has been suspended due to the pandemic however we are continuing to support anesthesia education in Guyana by sharing digital resources, and establishing an online exam preparation seminar series with the final year residents. Just as in Canada postgraduate training exams have been postponed until it is deemed safe to hold them.

As if the pandemic was not enough, Guyana also had national elections in early March. There has been an extended recount going on, with a protracted legal battle, and the outcome has still not been decided. The people of Guyana have shown incredible resilience under the weight of the twin pressures of electoral uncertainty and the current pandemic. CASIEF and our partners at ASAGHO are committed to continuing to support the anesthesia education and development of the specialty in Guyana, even though our ability to provide a physical presence is likely to be limited for the near future.



If you are interested in supporting the development and provision of safe anesthesia care in Guyana, but have been unable to commit to travelling, now is a perfect time to become involved with this program. Email us at info@casief.ca to find out how you can be involved.

BOARD NEWS

CASIEF Board of Trustees Welcomes Dr. Ashleigh Farrell



Dr. Ashleigh Farrell is the newest member of the CASIEF Board of Trustees, taking over the Guyana program leadership position. Ashleigh obtained her medical degree at the University of Toronto before her residency in Anesthesiology was completed through a joint program at the University of Ottawa and the Northern Ontario School of Medicine. After her residency, she joined the Anesthesiology department at Health Sciences North and also works as an Assistant Professor for the Northern Ontario School of Medicine. She completed her Masters in Healthcare Quality at Queen's University part-time, during her first two years in practice. Ashleigh became involved with the CASIEF program in Guyana in 2017. She has travelled to Guyana to assist in residency education there as well as facilitated and supervised Guyanese anesthesia residents completing rotations at Health Sciences North, in Sudbury, Ontario. Welcome to the board!

THANK YOU TO OUR VOLUNTEERS AND DONORS

The CASIEF Board of Trustees would like to extend our deepest gratitude to our volunteers and donors. All of our programs have benefited tremendously from your generous support and we thank you all for your commitment to promoting equal access to healthcare and health education globally.

CASIEF Board of Trustees Currently Recruiting!

We are currently looking to expand our board with members with expertise in the following areas:

Fundraising

Communications

Non-profit board governance

If you are interested in learning more, please contact Dylan Bould: admin@casief.ca

VOLUNTEER WITH US

Interested in volunteering with us? Please visit our website www.casief.ca for more information or to fill out an application.

DONATE!

Our efforts depend almost entirely on your donations. As we are expanding our programming in Ethiopia, we hope to launch a new fundraising campaign in the near future. In the meantime, as our partners struggle with the onset of COVID-19 and added pressures for physicians and trainees during the pandemic, funding is still required. CASIEF is working to assist our partners remotely, source PPE, and equipment donations. Please consider a donation during this difficult time.



CONTACT US

admin@casief.ca www.casief.ca



Dr. Dylan Bould (Chair)
Dr. Joel Parlow (Vice-Chair)
Dr. Jennifer Vergel de Dios (Secretary)
Dr. Julian Barnbrook (Treasurer)
Dr. Gregory Klar (Trustee)
Dr. Louis-Pierre Poulin (Trustee)
Dr. Jason McVicar (Trustee)
Dr. Lauren Zolpys (Trustee)
Dr. Saifee Rashiq (Trustee)
Dr. Hilary MacCormick (Trustee)
Dr. Ashleigh Ferrell (Trustee)
Dr. Christopher Charles (Trustee trainee)
Dr. Talia Ryan (Trustee trainee)
Dr. Ana Crawford (Corresponding (ASA))
Ms. Krista Brecht (Corresponding (LAEF))

