

Critical Care Canada Forum 2009

Monday October 26

Welcome Reception

Monday, October 26, 2009
5:00 pm - 8:00 pm
Sheraton - 43rd Floor - Pinnacle & Club Lounge

Perspective: Antifungal Therapy in Current Medical Practice.

Lunch Symposium

Monday, October 26, 2009
12:30pm - 1:30pm
The Sheraton Centre Toronto
Sheraton C - Lower Concourse Room

Sponsored by Astellas Pharma Canada

Sunday's Conference Highlights



Dr. Iain J. McCullagh FRCA Conference Reporter

Welcome to the Critical Care Canada Forum 2009 at its fantastic new venue, the Sheraton Centre in Toronto. Pre-conference events began on Saturday with the Canadian Critical Care Trials Group meeting, followed by an expert conference on cardiovascular management on the ICU, which will be reported in tomorrow morning's opening session. Several interesting courses were held on Sunday, the first an introductory course in the use of bedside ultrasound in the ICU from Dr. Yanick Beaulieu (Montreal). This was a high quality demonstration of the potential of this technology, and the enthusiasm of the faculty for the utility of ultrasound in daily practice shone through.

For residents and fellows from across Canada a "residents' day" was held on Sunday. As in previous years, the fact that this day is held in close proximity to the conference proper gives these junior doctors an excellent opportunity to learn from genuine international experts. After a morning concentrating largely on physiology, afternoon highlights included a lively discussion between Drs. Ferguson and Kavanagh (Toronto) on the correct approach to setting PEEP, with the "answers" provided by Dr J. Marini (Minneapolis) and Dr. J Hall. Earlier, on the day that President Obama declared an emergency in regards to the H1N1 pandemic in the USA, Dr. R Fowler (Toronto) gave delegates an update on the Canadian experience so far. Further discussion of this most topical of subjects will be one of the key aspects of the conference as a whole.

The day ended with a look back on how intensive care has progressed in the last 20 years and a tantalizing glimpse into the future from Dr. J Marshall. Also, a timely discussion on the human resource landscape in critical care was held at the Hilton.

It may be that many countries experience caseloads in the coming weeks that will change our perceptions of what critical care can achieve when the pressure is on, but I feel certain that we will all be better prepared for whatever H1N1 throws at us by the end of the day on Wednesday. Enjoy the conference and good luck!

Monday Highlights

8:00-8:30 Critical Care Canada Forum report from the expert conference on beta-blockade in the ICU.

8:30-10:00 Rehabilitation from Critical Illness
Drs. Herridge, Magder, Hall and Needham address methods of improving the vital functional outcomes of critical care survivors.

10:30-12:00 H1N1 Pandemic: Drs. Morris, Dominguez, Fowler and Kumar provide current thinking on this issue. Moderators are Dr. T. Stewart and Dr. S. Lapinsky.

12:00-12:30 Resident scheduling study results.

1:30-3:00 Saudi Critical Care Society Session I: Drs. Al Shimemeri, Memish, Mandourah and Al-Qahtani present a new perspective on critical care from the Middle East. Included is a further session on the Saudi experience of H1N1 and a description of critical care during the Hajj.

3:30-5:00 Saudi Critical Care Society Session II: Drs. Arabi, Qutob, Qushmaq and Alsaawi present Saudi experience of Simulation in intensive care training, noise in the ICU, use of ultrasound, and end of life issues, culture and religion in Saudi intensive care.

5:00-5:30 Pro-Con Debate with Drs. Evans and Vincent; SIRS: Still a useful construction in 2009.



Q & A with Dr. Brian Kavanagh

Critical Care Canada Forum Chair of Organizing Committee, Staff Physician in Critical Care Department, Clinician/Scientist, Hospital for Sick Children, University of Toronto, Chairman of the Department of Anesthesia.

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Q: How was CCCF first formed?

A: It was the brainchild of Dr. John Marshall from the University of Toronto and it has been organized through the university interdepartmental division of Critical Care for the past 13 years. It was formed to showcase Canadian Critical Care and to bring the best and brightest in critical care worldwide face to face with Canadian clinicians. We thought that was vitally important to ensure that the best ideas are in circulation; that the best practices are up for discussion and that our trainees are exposed to the very best opinion leaders in the field.

Q: How has it grown over the years?

A: This has grown from a moderate meeting of 200 attendees to a full scope conference which attracts more than 1000 participants from around Canada and the world.

Q: What are your goals for the conference?

A: The goals of the conference are to ensure that the most current, interesting and useful ideas and information are available to clinicians in critical care.

Collaboration is a key Canadian characteristic and no more so than Critical Care Canada Forum. The Canadian Critical Care Trials Group routinely holds its fall meeting in conjunction with the CCCF. And several other investor groups and consensus conferences are successfully held at CCCF – for example this year in addition to hosting the Canadian Critical Care Trials group, as well as other expert panels, we are hosting a joint session of

the Saudi Critical Care Society and the Canadian Critical Care Society at the conference. This represents a major stride forward in networking on a truly international basis among practicing intensivists.

Q: What are you particularly looking forward to this year?

A: I am looking forward to several highlights this year. We have two sessions dedicated to critical issues relating to the H1N1 problem. We have the report from the expert round table on beta-blockade in critical care. We have two joint sessions – with the Saudi and Canadian Critical Care Societies. There is a special session on doctor-industry relationships featuring Drs. Stossel and Detsky. In addition we have a fantastic wealth of receptions for the opening evening and the conference overall has multiple opportunities for people to network. There are educational breakfast and luncheon sessions, all of which are I am looking forward to experiencing.

Q: How is this event supported?

A: This event is a mammoth organizational undertaking, the motivation for which is the ongoing participation of many intensive care physicians from across Canada – it is enabled in part by the generous contributions of our many sponsors for which we are extremely grateful.



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