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Chair's Comments on Shields Day 2008

Dr. Brian Kavanagh

The Annual Shields Research day is nearly upon us (Thursday, May 2nd at the MTCC). This event has evolved considerably in the last several years, with state-of-the-art web-based programming and registration, and modifications in the way the day is organized. There are three key changes that I would like to review.

First, the presentation of the research abstracts has changed. Formerly, abstracts were presented as either posters *OR* as oral presentations. Last year, all abstracts were presented as posters *AND* as oral presentations, the idea being that detailed discussion of the research could take place at the poster; discussion around the posters of course also forms a social nexus for many of the faculty and trainees from different hospitals who get little chance to meet during the year.



There has been a lot of comment on the abbreviated oral presentations, with many feeling that at ninety seconds talking time, the presenters don't get sufficient opportunity to transmit their work, and instead had to hurry in order to cram as much as possible into too short a time. My feelings on this are different. I believe that describing the *crux* of any research, that is, the key question and the key answer, can usually be accomplished in one or two minutes. However, that does not mean that most of us can stand up and give an effective (off the cuff) two-minute presentation of our work that will have meaning for the listener. On the contrary, most of us would require repeated drafting and redrafting of our work over several days, to ensure that the communication is clear and that the presentation is crisp. In communicating research work to colleagues who do not have a background in the specific area, the aim is to be neither 'deep' nor detailed, but concise.

To an extent, this opinion is vindicated in that one of the briefest (*of all the very brief*) presentations delivered at the last Shields day was a highly effective presentation, winning first place in the competition there, and going on to win first place in the national residents' research competition. Nonetheless we have listened to the feedback, and have doubled the allotted time.

This year there will be a '3 minute-5 slide' rule. Trainees who submit more than one abstract will be asked to present *ALL* of their abstracts as posters (*assuming that they reach the traditional high standard*) and will be asked to present *ONE* (*their highest-ranked submission*) as an oral presentation. The five slides should be constructed as follows:

- 1 slide with an outline of the background and brief hypothesis
- 1 slide describing the methods
- 2 slides containing the main results
- 1 slide describing the significance of the work

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Chair's Comments continued....

What we ask is that the presenters (*and their mentors*) make sure that the allotted three minutes are very well spent for the presenter, but more importantly for the audience -those to whom to work is presented. Insightful presenters and mentors will realize that for the slides, less is indeed more, and clarity is everything. Remember the idea is to share the research, not to preach it; practiced and thoughtful presentations that are clear and concise (*and no longer than three minutes in length!*) are the way to achieve that. The adjudicators will have prepared questions and there will be a 5 minute discussion/question period after each presentation. All of us who ask questions from the floor will take care to match the presenters in terms of brevity and clarity.

The second development is the participation of individuals who help to make sure that we don't lose sight of our history. Last year, Mrs. Frances Lang (*daughter of Dr. Harry Shields, after whom the day is named*) described what it was like to grow up in the Shields household in the first two decades of the last century. This year we have invited Dr. Stuart Vandewater, who together with Dr. Barrie Fairley, performed much of the early work on hypothermia and respiratory physiology, for which Toronto was justly so well known. Dr. Vandewater will describe what anesthesia was like in Toronto in the 1960s, providing another short historical vignette that will help us respect our heritage.

The third major change is the afternoon 'Open Forum'. This was developed because of the perceived need to address issues that are not fundamentally scientific in nature, but that are of critical importance to the profession. This year, we will have presentations representing several points of view concerning the anesthesia care team concept. Sioban Nelson, Dean of the Lawrence S. Bloomberg Faculty of Nursing, Andrew Baker, Professor of Anesthesia and Cara Phelan Chair of Trauma Research, and Keith Rose, Associate Professor of Anesthesia and Chief Medical Executive, Sunnybrook Health Sciences Centre, will provide differing perspectives on how – and why - anesthesia care teams will work. The participation of all is strongly encouraged in the subsequent panel discussion.

By continually reevaluating and contributing to our annual Shields Day, we can progressively develop a forum that permits us a chance to participate and learn in areas historical, profession and political, as well as scientific. All of these elements combine to characterize the day, and it takes all such elements to maintain a profession.



Clinical Practice Update: IT = ET?

Dr. Gerald O'Leary, Vice Chair, Clinical Practice

I have long recognized that I am a dinosaur (after watching my 5 year old boys ski last weekend, I now have to add the prefix "old" to dinosaur). My initiation into anesthesia preceded pulse oximetry, end tidal CO₂, automatic BP, cardiac outputs and I used to be able to open up the back of the ventilators to fix them. I have used both ether and cyclopropane without blowing up the OR. I consider myself a strong proponent of the "art" of the medical practice of anesthesia, so why my interest in IT as it applies to anesthesia? Frankly, it is already as pervasive in the workplace as in our personal lives, where strangely we choose to embrace it as innovative, facilitative, time saving, irreplaceable, etc. I think we should urgently reflect, engage (AKA use your words), and reach a consensus as where we want to go, rather than blindly stumbling forwards.

Do we want a simple electronic record keeper to record the mundane data we currently enter onto paper by rote, with both varying accuracy and timeliness? Would this change in practice improve our vigilance and patient outcomes?

Do we want to replace the current illegible anesthesia record with an anesthesia specific e-record that is yet another inaccessible silo or should we demand intra hospital and indeed trans-hospital flow of information?

Would codifying preoperative patient information to generate patient specific problem lists and evidence based investigations result in improved patient outcomes? This is currently under review at UHN.

Shields Day 2008: Friday, May 2nd

Metro Toronto Convention Centre
North Building, Rooms 201-203

Register at: <http://shields.anesthesia-online.org/>

Would drug errors (1 in 1,000 drug administrations) be reduced or at least recognized if we were to scan our bar coded syringes with meds into the e-record before administration? Would the reward of concurrent automatic entry into the e-record facilitate this practice change? Would intuitive alerts warn us of errors of omission (missed antibiotic dose) and commission (wrong drug/wrong time) in a manner that would be constructive rather than sufficiently intrusive for us to respond by deactivating all alarms/alerts?

How do we design systems while avoiding the erroneous image that a black box "big syringe/little syringe" driven protocol equates to good practice? Have we learned nothing from the ongoing level of consciousness discussions that a monitor is just a monitor and it is the interpretation and the response or non-response to ALL the information that is important?

Can we learn from the air industry that anonymizing data encourages the self-reporting of adverse events, which allows issues to be identified and addressed? How do we offset the "big brother" mentality to ownership of information?

I recently attended a HIMMS (Healthcare Information and Management System Society) conference in the States. The scope of this multibillion-dollar industry can be conceptualized by realizing that there is not a venue in Toronto that could come close to accommodating this conference. I saw an ad for "ET" down there. In retrospect ET was frankly quite ugly, even scary looking, initially non communicative but quickly adopted by the young. However, before we all blindly saddle up our IT bicycles to ride off across the moon into the sunset, we need to engage to decide what is the "it" that we want IT to do for us. To many, IT is a part of a four-letter word and if wish to take the IT out of suit, the least we can do is to find the suit that fits our needs best. To disengage and passively allow a suit to be ordered for us (even if we get to choose the color) may result in a suit that not only chaffs at the neck but is several sizes too small to ride our IT bicycles. I guess we could order tricycles?



Appointment of Fellowship Director, UT Anesthesia Dr. Doreen Yee, MD MBA FRCPC

It is our great pleasure to announce the appointment of Dr. Doreen Yee to the position of Fellowship Director, UT Department of Anesthesia, effective March 1, 2008, for a five-year term. Dr. Yee is an Assistant Professor in the department and is a Staff Anesthesiologist at Sunnybrook Health Sciences Centre. Dr. Yee graduated from the University of Toronto medical school in 1982 and worked as a general practitioner for a few years in northern Ontario before returning to complete residency training in anesthesia at Queen's University. After a fellowship at St. Michael's Hospital in Toronto, she joined the staff at Sunnybrook Health Sciences Centre. At Sunnybrook, she served in a number of important roles including Medical Director of the PACU and the Preadmission Clinic. She was the first President of the Medical-Dental Staff Association of the former combined Sunnybrook and Women's College HSC.

Dr. Yee's clinical areas of interest include trauma resuscitation and health systems improvement. She became Treasurer of the OMA Section on Anesthesiology in 1998, and also served as Secretary to the Board of the Canadian Anesthesiologists' Society from 2001-2004. In 2004, Dr. Yee received her MBA from the Ivey School of Business. Most recently, she has become the Chair of the Canadian Anesthesia Research Foundation (CARF), the national anesthesia research fundraising organization.

In her new role with the UT Department of Anesthesia, Dr. Yee will be responsible for coordinating the department's Fellowship program. In this role, she will work with the UT affiliated teaching hospitals to harmonize Fellowship education across all the hospital departments.

Dr. Yee can be reached at (416) 946-0608 or d.yee@utoronto.ca.

Please join me in welcoming Dr. Yee to this important new role in the department, and wishing her well.

Continuing Medical Education Committee

By: Dr. Martin van der Vyer

The UT Anesthesia Continuing Medical Education Committee (chaired by Dr. Peter Slinger) has expanded its mandate to also include continuing professional development (PD). In order to facilitate this process, we need more information about the needs of staff in our department before any activities can be planned. I will be conducting an online survey of all the staff members across all sites in order to assess the needs and decide on optimal time and format of these activities. The survey will be sent-out. Your cooperation and support is essential to ensure the success of this process.

Special UT Anesthesia Workshop: Promotions

By: Wendy Kubasik, Business Manager

On Wednesday, April 23, 2008 at 5:00 p.m., the UT Department of Anesthesia will be hosting a special workshop on Promotions at the University of Toronto. The location is room 103, FitzGerald Building. Topics to be addressed include:

- The Documents and the process (Dr. B. Kavanagh)
- Timelines and Available UT Resources
- Preparation and Presentation:
 - I'm a Researcher – My CV, which plank? (Dr. B. Orser)
 - I'm Mostly a Teacher – My CV, Teaching Dossier and which plank? (Dr. P. Houston)
 - I'm a Clinician, Heavily Involved in Professional Activities - How do I best articulate what I do? (Dr. K. Shulman)
 - My Advice as a Colleague (Dr. G. Fox)
 - My Advice from the Decanal Committee (Dr. K. Shulman)

Dr. Ken Shulman, Chair of the Decanal Promotions Committee, has kindly agreed to participate in this workshop. Note that the workshop is of particular interest to anyone seeking promotion in the next two years or any of our faculty on the IMG track. As a light meal will be served, please RSVP for this workshop to wendy.kubasik@utoronto.ca by *Friday, April 18, 2008*.

Faculty Appointments

Dr. Gordon Fox has agreed to act as the Chair of the Department's Promotions Committee for the 2008-2009 promotions cycle. We thank Dr. Fox for his continuing commitment to the department.

UT Anesthesia Departmental Staffing

There have been a few recent changes to our UT Anesthesia administrative staffing complement. **Kathryne Bailey** returned to a long-term sick leave in January of 2008. We wish Kathryne a speedy recovery. **Danny Cavanagh** received a promotion at the University, and has taken on the position of Program Assistant at OISE. We wish Danny all the best and congratulate him on his promotion!

Membership Program: UT Centre for Faculty Development

By: Imran Noorani

In honor of our 5th anniversary, we are pleased to announce the launch our Membership Program. With a goal of promoting and advancing faculty development, our membership program serves to capitalize on our valuable network of teachers and educators while simultaneously 'giving back'. Through this formal affiliation, Membership with the CFD will offer opportunities and benefits such as an enhanced platform for networking with colleagues, mentoring and career development, invitations to attend special member's only events, access to CFD educational resources, etc.

With the successive launch of three categories, CFD Membership supports faculty to promote excellence in teaching, research, education scholarship and leadership. The membership categories are:

- Academic Educator: Currently accepting applications
- General Member: Launch date in April 2008
- Honorary Member: Launch date in June 2008

The Academic Educator category is the first to launch. Eligible participants are UT Health Sciences faculty members who have demonstrated accomplishment in educational scholarship and leadership which could include curriculum planning, program development, program evaluation, teaching /supervision innovation, and/or faculty development. Recognizing your commitment to education and teaching, we encourage you to apply.

For more information about our membership, please visit our website at <http://www.cfd.med.utoronto.ca/aboutus/membership.html>. Should you have any questions or would like to speak to us directly, feel free to contact Imran Noorani at 416-864-6060 x 7938. We look forward to receiving your application!

Honors and Awards

Congratulations to **Dr. Sharon Davies**, who won the Fred Fallis Award for Online Learning for the "University of Toronto Web-Based Anesthesia CME Program".

Drs. Peter Slinger and **George Kanellakos** were awarded 1st prize for their "Web-based Bronchoscopy Simulator" in the Best Scientific Exhibit segment at The New York State Society of Anesthesiologists, Inc. 61st Postgraduate Assembly Meeting, New York, December 2007.

Congratulations to **Dr. Alejandro Jadad**, who recently received an award at the inaugural Allied Health Recognition awards in December 2007. Dr. Jadad was selected by his peers, and a selection of top Canadian journalists, as one of the 10 Most Influential Hispanic Canadians in 2007. The award is given to a Hispanic individual who, through their work, serves as a model for the community.



Report from the Postgraduate Education Office

Dr. Mark Levine, Director, Postgraduate Education

This is always an exciting time of the year. The results of the latest CaRMS match have been revealed and planning for the next academic year is well under way. We had over 80 applicants in the Canadian Medical Graduate match and 120 applicants in the International Medical Graduate group and selection of our top picks was made difficult by the large number of very good applicants. Fourteen applicants matched to our regular program, 4 from the University of Toronto, 4 from the University of Western Ontario and the remainder from as far a field as UBC and Dalhousie. One new resident will enter the program in the Clinician Investigator Stream – a pathway designed to prepare him for a career as an independent Clinician Scientist. In addition, two International Medical Graduates and one physician sponsored by the government of Saudi Arabia will be entering the program. Six of the eighteen new residents are female compared with 13 of 20 in 2007.

A new initiative to be introduced in July 2008 will be to incorporate a one-month anesthesia rotation for junior General Surgery residents. This rotation will have a number of potential benefits including: education for surgery residents regarding preoperative evaluation and assessment of patients; intraoperative management and postoperative acute pain management; enhancing the collaborative nature of the relationship between surgeons and anesthesiologists early in training; and provide further opportunities for senior anesthesia residents to teach as they will be "buddied" with the surgery residents during these rotations.

I would like to take this opportunity to welcome our new residents and to wish all those writing the Royal College Examinations this spring every success.

Making a Mark (MAM) Program Enters Seventh Successful Year!

By: Dr. Doreen Yee, Fellowship Director

The seventh annual MAM program for almost 140 candidates sitting the Royal College Exams in Anesthesia this spring was held February 7-10, 2008 at the Banff Centre. Sponsored by Organon-Schering Plough, the MAM weekend is a 3-day educational review program offered to individuals sitting their exams this spring in Anesthesia (a similar program in Obstetrics & Gynecology has been running even longer.) The curriculum was developed by national educational leaders: Program Chair – Dr. David Archer (University of Calgary), and two Co-Chairs – Dr. Sal Spadafora (University of Western Ontario) and Dr. Andrew Clark (Dalhousie University). Over 50 teaching faculty from across Canada (many ex-Royal College examiners) were invited to participate in the course. In addition to me, faculty from UT included Drs. Bruce Macpherson (HSC) and Patricia Murphy (UHN-TGH). Over 20 final year residents and other exam candidates attended from Toronto. Residents from across the country were given an opportunity to meet and compare concerns and anxieties.

A written MCQ exam was administered one evening to all the candidates. Interactive review lectures incorporating Multiple Choice Questions on a variety of topics covering everything from pediatrics, chronic pain, pharmacology to obstetrical and regional anesthesia was given by faculty. Touch-pad technology was provided for answering the questions to compare the audience's choices. Simultaneously running with these lectures was a complex schedule for oral exams for residents à la Royal College style. Every effort

was made to ensure that the candidates had two oral exams with examiners they did not know. These sessions simulated "the real thing" as much as possible. Residents I spoke with found the weekend helpful, despite finding themselves nervous.

The final evening included off-program social activities in town. There were rumored sightings of stage dancing by faculty and residents at a dance club! I had best say no more. Our Chair might be shocked and dismayed by this behavior, or merely envious...



Research News

Dr. David Mazer, Vice-Chair, Research

A recent article in the prestigious journal *Nature* titled "Science in Retreat" highlighted the precarious position of scientific research in Canada (*Nature* 451, 866; Feb 28, 2008). Although this country continues to be among the top 10 in the world, challenges with research funding and infrastructure programs are threatening to destabilize science in Canada. The article predominantly criticized the government's 'disregard for science' which, among other things, contributed to the dismal success rate of 16% for CIHR grants last year, the lowest ever. This makes the recent successful CIHR grants by two members of our department (Drs. Beverley Orser and Brian Kavanagh) even more noteworthy, and we congratulate them on their success.

Challenges with research funding are not just limited to CIHR. The CAS research program received the highest number of grants ever this year, but the number of awards was reduced by 2. The loss of the BMS Career Scientist award is especially disturbing, since it was the largest grant ever awarded by the CAS and since 2 of the 3 previous awards went to members of our UT Department of Anesthesia (Drs. Greg Hare and Keyvan Karkouti). These grants are instrumental in establishing the careers of outstanding clinician scientists. Similarly, the success rate is decreasing for PSI grants, another historically important source of funding for members of our department.

But just as the *Nature* article notes that "Canada has made good investments in its science infrastructure and its future research leaders", so has our department. In this challenging environment we must ensure that our precious departmental resources are appropriately allocated to maximize their benefit. Changes to existing programs and new initiatives for academic support (such as new AFP funding) must be carefully thought-out and implemented so as to enable future successes without destabilizing existing programs. We can also continue to be public advocates ensuring that our profession, the government and pharmaceutical industry increase their support to research agencies. We may be at a crossroads; choosing the right path will ensure we continue to be the leading department of anesthesia in Canada.

Recent Publications

Baker A, Park E, Hare GMT, Liu E, Sikich N, Mazer CD. Effects of resuscitation fluid on neurologic physiology after cerebral trauma and hemorrhage. *J Trauma* 2008;64(2):348-57.

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Grasso F, Engelberts D, Helm E, Frndova H, Jarvis S, Talakoub O, McKerlie C, Babyn P, Post M, Kavanagh BP. Negative-pressure ventilation – Better oxygenation and less lung injury. *Am J Respir Crit Care Med* 2008;177:412-18.

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Orser BA. Depth-of-anesthesia monitor and the frequency of intraoperative awareness. *N Engl J Med* 2008;358(11):1189-91.

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Whitty R, Moore M, Macarthur A. Identification of the lumbar interspinous spaces: palpation versus ultrasound. *Anesth Analg* 2008;106:538-40.

Vaschetto R, Kuiper JW, Chiang SR, Haitisma JJ, Juco JW, Uhlig S, Plötz FB, Della Corte F, Zhang H, Slutsky AS. Inhibition of poly(adenosine diphosphate-ribose) polymerase attenuates ventilator-induced lung injury. *Anesthesiology* 2008;108(2):261-8.

Zaki A, Abrishami A, Wong J, Chung FF. Interventions in the preoperative clinic for long term smoking cessation: a quantitative systematic review. *Can J Anesth* 55(1):1

Internal UT Grant Review Process

The goal of this process is to ensure that all grants submitted by our UT faculty undergo some form of internal review prior to being submitted to a granting agency, to increase the success rates of grants submitted by our department. The grant review will be conducted in a constructive and confidential manner by chosen reviewers with expertise in research methods and/or the subject of the research.

Process: Please contact Dr. David Mazer (mazerd@smh.toronto.on.ca) or Dr. Brian Kavanagh (brian.kavanagh@utoronto.ca) a minimum of three weeks in advance of the grant deadline.



Report from the Undergraduate Education Office: Anesthesia Information Night

Dr. Isabella Devito, Director, Undergraduate Education

This academic year, two second year medical students, Julie Mathew and Robert Bechamp, formed an Anesthesia Interest group. Both students had done research projects through CREMS at the Toronto General Hospital, where their interest in Anesthesia developed. The Anesthesia Interest Group held its first meeting February 21, 2008. Invited speakers included Dr. Beverly Orser, speaking on research in Anesthesia, Dr. Pat Murphy speaking on life outside of Anesthesia, and Dr. Mital Joshi speaking on life as an Anesthesia Resident. The evening was a huge success due to the efforts of the students organizing the evening and the faculty attending. Their next organized event will occur tentatively in April 2008 when an airway workshop will be held.

The Undergraduate Committee has developed a new mandate for Undergraduate Education in Anesthesia.

"The Undergraduate Education Committee's mandate is to promote excellence in Undergraduate education from the onset to completion of Medicine, specifically promoting excellence in teaching Perioperative medicine; including preoperative evaluation skills, resuscitation, pain management, technical skills, team centered care and other essential skills necessary for all physicians. Development and implementation of innovative teaching through simulation and web-based educational tools will be incorporated to achieve these goals."

A new curriculum will be developed within the next year incorporating the objectives of our mandate.

The composition of the Undergraduate Committee has seen numerous changes this year. Dr. Hossam El-Beheiry has left the Toronto Western Hospital and was replaced by Dr. Anahi Perlas as the Undergraduate Coordinator. Dr. Ryan Mai has replaced Dr. Devan Chandra at St. Michael's Hospital as the Undergraduate Coordinator. Dr. George Kanellakos has left the Toronto General Hospital, and therefore, Dr. Lisa Bahrey has resumed her previous position as Undergraduate Coordinator at the Toronto General Hospital. We would like to thank Drs. El-Beheiry, Chandra and Kanallekos for their tremendous efforts on behalf of the Undergraduate committee, and welcome Drs. Perlas, Mai and Bahrey in their new roles.

Future UT Anesthesia CME/Professional Development Courses

By: Dr. Peter Slinger, Chair, CME Committee

| Date | Event | Location | Contact Person |
|------------------------------------|--|---|--|
| April 24-28, 2008 | 5 th Annual International Symposium on Ultrasound and Regional Anesthesia | Metro Toronto Convention Centre and TWH | Vincent.chan@uhn.on.ca |
| May 2, 2008 | 29 th Annual Shields Research Day | Metro Toronto Convention Centre, Rooms 201-203 (North Building) | Guy.petroz@sickkids.ca |
| January 11-13 and June 20-22, 2008 | Advanced Workshops for Ultrasound Guided Nerve Blocks | Toronto Western Hospital | Vincent.chan@uhn.on.ca |
| September 2008 | Regional Anesthesia and Pain Medicine | TBA | Vincent.chan@uhn.on.ca |
| September 2008 | Critical Care Canada Forum | Metro Toronto Convention Centre | Brian.kavanagh@utoronto.ca |
| October 2008 | Obstetric Anesthesia | Mount Sinai Hospital | Jose.Carvalho@uhn.on.ca |
| November 2008 | Perioperative Transesophageal Echocardiography Symposium | TBA | julie.nigro@uhn.on.ca |
| November 2008 | Toronto Anesthesia Practice | TBA | pamela.angle@sw.ca |
| February 2009 | Tremblant Anesthesia Meeting | Fairmont Hotel, Mount Tremblant | jordan.tarshis@sw.ca |
| May 17-22, 2009 | Controversies in Perioperative Medicine | TBA | mark.friedlander@rogers.com |

People News

- **Karen Caputo** (Resident), has been accepted to the Master's of Public Health program at the Harvard School of Public Health beginning in 2008-09. Congratulations Karen!
- Congratulations to **Dr. Paul Tumber** and his wife Aruna on the birth of their beautiful baby boy (Nashaan) who was born on Friday December 21, 2007, weighing in at 7lbs 7oz.
- Congratulations to **Dr. Duminda Wijesundera** and his wife Sindhu on the birth of their daughter, Isabella Anjali Wijesundera, at 5:58 am on January 13, 2008 a couple of weeks early and weighing in at 5 lbs 4 ounces.
- Congratulations to **Dr. Ann Gris ** who completed her Executive MBA at the Rotman School of Management, University of Toronto in December 2007.
- **Dr. George Kanellakos** and his wife Tanya have moved back to Halifax, Nova Scotia (Jan 08) to be closer to family and await the arrival of their first baby due March 11, 2008.

Volunteer Opportunities in Anesthesia

Women for Women of Sierra Leone USA Needs a Volunteer Anesthesiologist with knowledge of Spinal Anesthesia

The humanitarian non profit organization of Women for Women of Sierra Leone USA (WWSL), formed in the '90's by concerned US Citizens, needs a volunteer Anesthesiologist. for the surgical repair of hernias (all forms), especially, in teenagers and adults. The Surgical Team will be led by Thomas McIntyre, MD, a General Surgeon in New York, who has worked in underdeveloped countries. The Dr. Muriel Petioni Medical Center was set up by, and is serviced by WWSL Medical-Dental volunteers only. The Surgical Team departs the US and Canada on Sunday, June 15, 2008 via London-Heathrow and arrives back in the US or Canada on Saturday, June 28, 2008. If you would consider volunteering for this worthwhile cause, please contact WWSL by phone: **646.456.3436** and/or by email with their credentials: wwslinc@gmail.com Round-trip airfare and expenses to be incurred while volunteering in Sierra Leone will be paid for by WWSL, should the volunteer not be able to secure sponsorship.

The Morpheus Reporter

[Please keep in touch!](#)

Faculty, Residents, Alumni and Staff – send us your news, updates and photos to share!

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Fellowship Director: Doreen Yee