



The Morpheus Reporter

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Chair's Comments

Dr. Brian Kavanagh

Last month was very special – I had the privilege of saying farewell to our graduating residents at a delightful reception in the University Club. Almost all of the departing residents attended, many with their partners, as did the hospital residency coordinators. I asked them to remember their teachers and, in the midst of ever-changing professional circumstances, to always remain focused on their patients. I further asked them to be generous -especially with their time- to their Universities and hospitals. Two days later, I welcomed our new incoming group: there were similarities. The credentials of the incoming group are as expansive as those departing: gifted individuals privileged to have received outstanding educations, and many with interests and accomplishments extending far beyond medicine. To this group I reflected on the combined talent and potential which they bring to the amazing university medical system of which we are fortunate to be part. This synergistic context, I said, is the ideal setting in which to make themselves into the best clinicians, researchers and teachers that they could possibly become. And that should be their aim. The overall advice –pleading might be a more appropriate term- that I exchanged with these two groups of residents might sound profound; it's not, nor is it original: it's just what the more insightful and savvy of our mentors have always said (and continue to say) to all of us. Closing the loop, this reminds us of course, that advice we meet out to incoming and departing residents is entirely applicable to all of us, at any stage in our careers. In general, we should all try to take it!

Over the past year I have been fortunate to meet with almost all of or 235 faculty. While without doubt a scheduling challenge for all concerned, it is more than that; it is an opportunity for me to connect in a way that is not otherwise possible. My clinical practice in is Critical Care in the Hospital for Sick Children and my laboratory is in the Research Institute, and so my 'exposure' to many is limited. Although our departmental executive is very comprehensive and connected it is still difficult for me to keep in touch without each of the faculty agreeing to meet me in person. In these meetings I have learned a tremendous amount about the interests and reflections of the individual faculty, about their accumulated experience, their thoughts about the profession, their opinions about teaching and their sense of priorities. Indeed many faculty unconsciously (or sometimes consciously) got me firmly back on track when I digressed into some of my more imaginative plans! All in all, I have found the experience to be important in shaping the strategic planning document upon which we are currently working. I am humbled and grateful to all the faculty who took the time to meet me and share in the ongoing development of the department.

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Strategic Planning: *Why Bother, What Steps?*

Submitted by: Dr. Brian Kavanagh, Chair

The idea of a strategic planning exercise, coupled with the inevitable 'mission' and 'vision' statements leaves many of us cold. Me too, until I got involved and understood, progressively, why a strategic plan is indeed necessary, and what such an exercise tells one about one's department (*and oneself*). So why is our department embarking upon just such an exercise? We will address the issue of strategic planning in a series of simple questions.

WHAT'S THE RATIONALE?

Quite simple, really – we need to know where we are going, or at least where we wish to go. In the process, we seek to find out as much as possible about ourselves, our environment, and the future trends. Armed with the basic information, some highly reliable (*e.g. demographics, achievements*) and some less so (*e.g. how good we are, what the future holds*), we can plan. Some see this as avoiding a negative, in the frame of mind: if we don't have a plan (*albeit a modifiable, responsive one*) we will become someone else's plan. We see the issue in the positive: we will devise a plan, and use it to make our department and the profession the very best they can be.

WHAT'S THE CONTEXT?

In some ways, context is everything. The University of Toronto has a detailed and highly ambitious plan '*Towards 2030*' (<http://www.towards2030.utoronto.ca/>) which is well worth a read. This covers the demographics of the city, province and the country, and examines and projects the role of the UT in that social-cultural-economic context. Within the framework of the UT's *Towards 2030*, the Faculty of Medicine has developed its own planning document, "*Renewal and Focus of the Faculty of Medicine's Strategic Plan: A White Paper*" (<http://www.facmed.utoronto.ca/Assets/about/strategicplan.pdf>) which focuses on research and education in academic medicine in Toronto. As well, many of the hospitals in which we work have undertaken strategic planning exercises, and we will be wise to take careful note of where our particular hospital sees itself heading.

Aside from our 'parent' organizations' approaches to strategic planning, there are other important context issues of which we need to be assiduously cognizant. We are working in an environment of changing professional roles. In anesthesia, the advent of the Anesthesia Care Team is only one of the important changes. In other settings, other members of health care team are becoming involved -and in many cases, substituting for- roles that were traditionally in the domain of physicians only: thus, our job descriptions are becoming broader, and team leadership as well as interpersonal abilities may be one of the key skills for the anesthesiologist of the future.

Our financial context is also evolving. All university-affiliated anesthesiologists are members of the evolving alternative funding plan (AFP) which promises greater financial security for those who combine clinical and academic pursuits. The flip side of such an advantage is accountability: those of us used to working on a fee-for-service basis fully understand the very concrete linkage of income and 'deliverables', and the good news that academic contribution will be rewarded to a greater level will have its own 'accountability' elements incorporated as such plans evolve. Beyond accountability, the era of the AFP promises to enable recruitment -as well as work practices- that permit anesthesiologists to provide academic as well as clinical contributions while not suffering unacceptable income differentials.

WHAT'S ALREADY ESTABLISHED?

We have a wonderful faculty whose expertise ranks among the best in the world. We attract strong residents to our program and -as far as we can tell- we train them very well. We provide a large volume of clinical service and our academic productivity has continued to grow, virtually on an annual basis. We also have an excellent UT administrative department that is fully equipped to manage the planning process, as well as support the implementation of subsequent change. Finally, we are realigning the departmental stipends make all university income competitive and available to individual anesthesiologist researchers, educationalists and administrators who wish to engage in creative projects.

WHAT'S THE PROCESS?

Strategic planning exercises are often highly expensive and time-consuming processes. While many departments go through complex procedures; we plan to keep it simple.

- Strength Weakness Opportunity and Threat (SWOT) analysis among the departmental Executive Committee - DONE
- Executive retreat to consolidate the SWOT analysis – DONE
- Individual meetings between chair and each faculty member – DONE

- Meetings between the chair and groups of residents and fellows – ongoing
- Solicitation of key questions and challenges from the leaders in education (*undergraduate, postgraduate, fellowship and CPD*) and research – DONE
- Grand Rounds presentation of key issues to each hospital department - Fall 2008 (dates TBA)
- Open Forum for all members of the department (*Faculty, trainees*) – December 2008 (date TBA)

WHAT'S THE 'DELIVERABLE'?

The deliverable from this process will be a document to which we can refer, for planning and metrics, for the following issues:

- What are our strategic priorities?
- Are we recruiting and retaining the best residents, fellows and faculty?
- Is our research trajectory where it should be?
- How will we fundraise for academic endowed chairs?
- Are we responsive to the community needs?

WHAT'S MY ROLE/HOW CAN I CONTRIBUTE?

- Review existing plans for the hospital, Faculty of Medicine and University
- Think about the questions above
- Attend/participate in the Open Forum sessions and grand rounds presentations
- Send feedback or suggestions to myself (brian.kavanagh@utoronto.ca), or any of the following individuals within the UofT Department:
 - Dr. Gerald O'Leary, Vice Chair, Clinical Practice, gerald.o'leary@uhn.on.ca
 - Dr. Patricia Houston, Vice Chair, Education, houstonp@smh.toronto.on.ca
 - Dr. David Mazer, Vice Chair, Research, mazerd@smh.toronto.on.ca
 - Ms. Wendy Kubasik, Business Manager, wendy.kubasik@utoronto.ca

Please join us in forging this document – it is, after all, attempting to define what it is that we wish to become!

Promotions

We are very pleased to offer our most enthusiastic congratulations to the following faculty members who were promoted to the rank of Associate Professor effective July 1, 2008:

- Dr. Simon Abrahamson, St. Michael's Hospital
- Dr. Ludwik Fedorko, University Health Network (Toronto General Hospital)
- Dr. Mark Levine, The Hospital for Sick Children
- Dr. Viren Naik, St. Michael's Hospital
- Dr. Gerald O'Leary, University Health Network (Toronto General Hospital)
- Dr. Philip Peng, University Health Network (Toronto Western Hospital)
- Dr. Guy Petroz, The Hospital for Sick Children

Please join us in congratulating the following faculty members who have achieved promotion to the rank of Assistant Professor:

- Dr. Stephen Brown, North York General Hospital
- Dr. Charles Knapp, North York General Hospital
- Dr. Claire Middleton, University Health Network (Toronto General Hospital)

Apologies: Annual Report Misprints

We wish to apologize to Drs. Pamela Morgan and Uma Tharmaratnam for errors in the entries in the 2007-08 Annual Report:

- Dr. Morgan was listed as an Assistant Professor; of course, Dr. Morgan has been a full Professor of Anesthesia since July 2005.
- Dr. Tharmaratnam was listed as a Lecturer, but has been an Assistant Professor since September 2004.

While much effort and expertise went into the newly formatted report, we offer no excuses for these mistakes. Academic rank is an important indicator of the accomplishments and contributions of our faculty, and as such is taken most seriously by the University and faculty. We apologize unreservedly to Drs. Morgan and Tharmaratnam for these errors.

Awards

It is our great pleasure to announce the recipients of our departmental awards, 2008. Please join us in congratulating the following individuals whom were presented with these awards at our 29th Annual Shields Research Day event on May 2, 2008:

Award Recipient	Award Name
Dr. Bill Middleton (Assistant Professor, UHN/Toronto Western Hospital)	The <i>Dr. John Desmond Award</i> in recognition of excellence as a clinical teacher of undergraduate students
Dr. James Teresi (Assistant Professor, University Health Network – Mount Sinai Hospital)	The <i>Dr. Gerald Edelist Award</i> in recognition of excellence as a clinical teacher of residents in anesthesia
Dr. Vincent Chan (Professor, UHN/Toronto Western Hospital)	The <i>Dr. David Fear Award</i> in recognition of outstanding contributions to continuing medical education and continuing professional development in anesthesia
Dr. Frances Chung (Professor, UHN/Toronto Western Hospital)	The <i>UT Anesthesia Faculty Research Award</i> in recognition of sustained contributions to research in anesthesia
Dr. M. Dylan Bould	The <i>R.J. Byrick Award for the Best Fellow's research paper at the Annual Shields Research Day</i>
Ms. Tenille Ragoonanan	The <i>A.C. Bryan Award</i> – for a graduate student judged to have presented the best research project at the Annual Shields Research Day
Dr. John Hanlon (PG-4)	The <i>Dr. Hynek Rothbart Award</i> , for the best paper presented by a Resident at the Annual Shields Research Day
Dr. Hance Clarke (PG-5 Resident)	The <i>Thomas Donald Hammell Memorial Award in Anesthesia</i> , in recognition of outstanding contributions to the Residency Program, as chosen by other residents
Dr. Ronit Lavi (Clinical Fellow, UHN/Toronto General Hospital)	The <i>UT Anesthesia Best Shields Day Poster Award</i>
Ms. Natasha Ruth Saunders (Year 4, Undergraduate MD Program)	The <i>Dr. Evelyn Bateman Award</i> in recognition of excellence in anesthesia at the undergraduate level



Dr. Sharon Davies won the Faculty of Medicine, University of Toronto Fred Fallis Award for her online CME module. Dr. Davies was presented with her award at a special reception hosted by the Dean on May 20, 2008. Congratulations to Dr. Davies!

Dr. Davies is shown here with (from left to right): Dr. Isabel Devito, Dr. Zeev Friedman, Dr. Sharon Davies, Dr. Patricia Houston and Dr. Brian Kavanagh.

Postgraduate Program Update: Welcome New Residents!

Submitted by: Dr. Mark Levine, Director, Postgraduate Education



The Postgraduate Education Program welcomed 18 new residents on July 1, 2008. We have enrolled fifteen Canadian Medical Graduates, two International Medical Graduates and one from Saudi Arabia. The Canadian residents are graduates from as far afield as Dalhousie in the east, and UBC in the west, while our IMG's received their medical training in England and Romania. We were very happy with the results of the CaRMS match and, for the first time, matched an applicant to the Clinician Investigator Program (CIP). Please join me in wishing them well in their studies here at the UofT.

In addition, we have 2 new PG2 residents; one IMG and one reentry physician who has been working as a family physician in Ontario. Two senior residents were transferred to us from another institution.

Fifteen PG5 residents were successful in completing the Royal College Exams held this spring. This year, the UT department held a reception on June 26, 2008 in honor of the PG5 who successfully completed the residency program. Congratulations to all! Congratulations also go out to Dr. Richard Ahn who successfully completed an MBA at the Rotman School of Management and to Dr. Karen Caputo who was accepted into the Master's of Public Health Program at the Harvard School of Public Health.

Two longstanding members of the Program Committee, Drs. Jeff Wassermann and Henderson Lee, have stepped down from the committee. They have both been tireless advocates for resident education and are both highly rated teachers. I'd like to thank them for the tremendous contribution they have made and look forward to working with them in different roles in the future.



Dr. Fahad Alam



Dr. Sinziana Avramescu



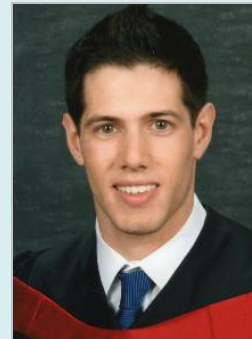
Dr. Minal Desai



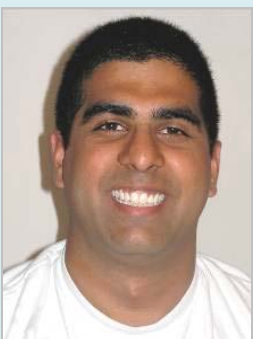
Dr. Michael Fader



Dr. Sarah Farsi



Dr. Ryan Gamez



Dr. Alim Ladha



Dr. Mandy Lam



Dr. Sang Lee

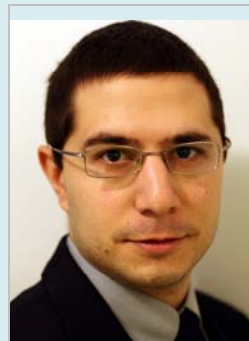
Welcome to New PG1 Residents *continued....*



Dr. Peter Liu



Dr. Aaron Macon



Dr. Azad Mashari



Dr. Chris Perkes



Dr. Lisa Pillo



Dr. Laura Puopolo



Dr. Praveen Sivananthan



Dr. Teresa Skelton



Dr. Oskar Singer

New: Fellowship Committee

Submitted by: Dr. Doreen Yee, Director, Fellowship and IMG Programs

The new Fellowship Committee met for the first time on June the 23rd. This committee represents our first structured attempt at developing a higher level, coordinated, University program for our anesthesia fellows. Currently, fellowships are run entirely at the hospital site level with minimal collaboration between sites. There is an initiative to change that, not only within our department, but also, in the entire Faculty of Medicine. Dr. Sarita Verma, our Associate Dean of Post-Graduate Medical Education, has struck a Fellows' Working Group with representation from each department – the goal is to address a number of common issues. I currently represent the Department of Anesthesia in this group.



Our own committee members consist of the Fellowship coordinators from each hospital site: Dr. Gail Wong (HSC), Dr. Josh Rucker (sitting in for Dr. Eric You-Ten) and Dr. Jose Carvalho from MSH, Dr. Mary McCloone (SMH), Dr. Martha O'Driscoll (SBH), Dr. Jane Heggie (TGH), Dr. Atul Prabhu (TWH) and Dr. Steve Halpern (WCH). Topics discussed included general educational goals of the fellowship year(s); the fine balance between education and service requirements; the need for a more formal evaluation process; and follow-up of our alumni fellows. We also had the input of our fearless leader, Dr. Brian Kavanagh, into many of these areas for this meeting. The next meeting is planned for mid-autumn. As always, constructive ideas towards making our fellowships better are always welcome – please feel free to contact me at anytime! I can be reached at d.yee@utoronto.ca.

Announcement: New Director Family Practice Anesthesia Program

Submitted by: Dr. Brian Kavanagh, Chair



We are delighted to announce the appointment of **Dr. Henderson Lee** as the Program Director, Family Practice Anesthesia.

Dr. Lee received his MD from the University of Western Ontario in 1990, and completed his residency at the University of Toronto. He was appointed to the staff of Toronto East General Hospital in 1996 and to the faculty at the University of Toronto in 1997, and was promoted to the rank of Assistant Professor in 2000. Widely regarded as an excellent mentor, Dr. Lee's evaluations mark him out as a gifted, enthusiastic and highly engaged teacher of anesthesia; he has been one of the prime reasons for the ongoing expansion of anesthesia resident rotations to Toronto East General Hospital. As resident coordinator, Dr. Lee has served as TEGH representative on the postgraduate education committee, where he has made substantial contributions.

The Family Practice Anesthesia Program has been restructured with the appointment, and Dr. Lee is the inaugural Program Director. In this new role, he will be reporting jointly to the Postgraduate Program Director for Anesthesia (Dr. Mark Levine) and the Director for Specialty Programs in Family and Community Medicine (Dr. Roy Wyman). One of Dr. Lee's key initial responsibilities will be to lead curriculum renewal. The Family Practice Anesthesia program has a long and distinguished track record for educating excellent physicians for community practice, focusing in particular on rural and underserved areas of the country.

Please join in welcoming Dr. Lee to his new position - and remember to support his training of the next generation of Family Practice Anesthetists in any way that you can!

Dr Lee can be reached at: Tel: (416) 469-6580, ext. 6212. Email: henderson.lee@utoronto.ca

New Appointments

It is our great pleasure to welcome the following new faculty members to the UofT Department of Anesthesia:

- Dr. Aaron Hong, Assistant Professor, St. Michael's Hospital
- Dr. Jonathan Kong, Lecturer, Sunnybrook Health Sciences Centre
- Dr. Paul McHardy, Lecturer, Sunnybrook Health Sciences Centre
- Dr. Diana Tamir, Lecturer, University Health Network (Toronto General Hospital)
- Dr. Paul Tenenbein, Assistant Professor, University Health Network (Toronto Western Hospital)

Dr. Vincent Chan has been appointed the President of the Association of Societies of Regional Anesthesia (ASRA)

The Department of Anesthesia and Pain Medicine is thrilled to announce that **Dr. Patricia A. McGrath**, Scientific Director of the Divisional Centre of Pain Management and Pain Research, has been elected to the Executive of the International Association for the Study of Pain (IASP). We congratulate Dr. McGrath on this important new position where she will also be representing SickKids on an international scope for our work in pain.



Anesthesia Interest Group Meet our PGY3's

Submitted by: Dr. Isabel Devito, Director, Undergraduate Education

On May 8th, three of our PGY3's volunteered their time to stimulate interest in Anesthesia as a specialty to our newly formed Anesthesia Interest Group. Dr Stephen Choi, Dr John Hanlon and Dr Michael Hiscox discussed the merits of Anesthesia as a career and informed interested students about the Anesthesia Residency program in Toronto. The evening was organized by the two co-chairs of the Anesthesia Interest Group, Julie Mathew and Rob Bechamp. I am pleased to announce that Rob Bechamp will be joining the Undergraduate Education committee as the Year 3 representative. John Kim will continue on as the Year 4 representative.

High Risk Assessment in the Bolivian Andes

Submitted by: Dr. Pat Murphy, Associate Professor,
UHN-TGH

The crashing sound of ice reverberates and echoes in the stillness of the alpine night. I am attempting to sleep at 18,000 feet in the Bolivian Andes, but sleep is fleeting and short-lived. My tent is perched on a rocky ridge sandwiched between two glaciers with spectacular icefalls. The sound of seracs collapsing and snow avalanching on both sides of me fills the night. Icefalls are noisy places, a testament to the constant motion of the ice within them. Finally I drift off, but all too soon I hear Barry's voice outside the tent at 2 am, beckoning me to crawl out from the warmth of my sleeping bag and face the frigid, minus 20 night outside. We have a mountain to climb! As my head pops out through the tent fly the blast of frigid air stings my eyes shut. The wind has picked up. I assemble my equipment and summit pack before we leave camp. The last thing I check is that my supply of emergency drugs, Diamox, Sildenafil, Lasix, Dexamethasone and analgesics (in case of a fall) is in the top of my pack. Our



objective is above 6000 meters, therefore the risks of altitude sickness are very real and probable. I have been in the Bolivian Andes for 17 days filled with spectacular scenery, and technically challenging climbing. As we climb, we are constantly assessing risk, especially in the unstable snow and ice of the Andes. I have also had to "work", treating various medical ailments amongst my teammates. As the only physician on my team, I have by default, become the "expedition physician". In the anesthesiology environment, risk assessment and risk management have become the dogma for our specialty. But risk assessment and management has a totally different meaning in the mountains. A climber accepts risk, yet every effort is made to climb as safely as possible and hence reduce "their risk". During this trip my medical knowledge was constantly put to the test, diagnosing and treating altitude sickness, dehydration, traveler's



diarrhea, pink eye, a severe case of gastroesophageal reflux and frostbite! Certainly very different from the usual diseases I see on a daily basis at work. 5 of 7 climbers had some degree of altitude illness, only myself and another appear unscathed by 6000 meters. It has been a successful climb as I summited Pyramida Blanca (17225 ft), Pequeno Alpamayo (17582 ft), Huyana Potosi (20,000) and climbed to my personal best of 6200 meters (20,500ft) on Illimani. All of these climbs were on technical and involved steep 55 degree snow and ice climbing as well as travel on heavily crevassed glaciers. We carried a portable oximeter and my saturation was a respectable 75% above 6000 meters. As I had acclimatized properly, I tolerated this with no ill effects. Risk assessment is really different in the mountains.

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.

University of Toronto Student wins the CAS Medical Student Essay Contest

Submitted by: Dr. Isabel Devito, Director, Undergraduate Education

Trevor Arnason, a first year medical student at the University of Toronto is this year's winner of the CAS medical student essay contest for his essay entitled "Canada's Other "Great Triumvirate" of Anesthesia". His essay explores the contributions of Edward Dagge Worthington, James Douglas and Horace Nelson to the early development of Anesthesia. Trevor received his award in Halifax at the CAS meeting. His essay will be published in the CAS Newsletter. Trevor is the first University of Toronto student to be a recipient of this award.

Lindsay Diane MacKenzie, also a first year medical student at the University of Toronto tied for third place for her essay "The Anesthesiologist's Role as a Communicator: Critical to Practice". Lindsay's essay discusses the importance of communication skills in Anesthesia.



People News



Congratulations to **Dr. Josh Rucker** and his wife Janet, who welcomed a baby boy to their family on April 10th. His name is Desi Michael (see his photo on the left!) and he weighed in at 8lb. 4oz. Josh and Janet would like to thank Sharon Davies for the great epidural!

We would also like to update our readers about some staffing changes over the last 6 months. **Ms. Simone Olivero**, who has been in the position of temporary Departmental Assistant since March of this year, has departed to undertake extensive travels in Europe, and will pursue a career as a secondary school teacher on her return to Canada. **Ms. Kathyne Bailey**, who held the position of Program Assistant since August 2001, has also left the department. We wish Simone and Kathyne the best in their future endeavors.

Ms. Jennie Powell Retires from Women's College Hospital

Submitted by: Dr. Jean Kronberg, Anesthesiologist-in-Chief, Women's College Hospital

Ms. Jennie Powell has retired as of May 31, 2008, after 35 years of service as the Departmental Secretary for the Department of Anesthesia College Hospital.

Before coming to Canada in 1970, Jennie worked at the University Hospital of the West Indies, Jamaica. She worked in the Department of Anesthesia, for then Anesthetist-in-Chief, Dr. John Sandison (deceased).

In October 1973, she joined the staff at Women's College Hospital as secretary for the Anesthetist-in-Chief, Dr. Edith Rogoman and remained in the role of Department secretary through the terms of three subsequent Anesthetist's-in-Chief. For many years she provided administrative support for Anesthetic Practice.

Jennie has watched, with interest, the growth and development of the Department of Anesthesia at the University of Toronto, arriving only a short time after Women's College Hospital joined the University of Toronto in 1969.

She has many friends and colleagues within the other Departments of Anesthesia and the University of Toronto, and she will be greatly missed.

In her retirement, Jennie plans to focus on her church community and is looking forward to spending time with her friends and family.



CME Needs Assessment Survey: We Need You!!

Submitted by: Dr. Martin van der Vyer

The UofT Department of Anesthesia's Continuing Education Committee has recently expanded its mandate to include professional development for faculty members. I am currently conducting an online survey to assess our faculty members needs, including teaching skills, mentoring, use of new technologies, etc. The data generated by this needs assessment will be used to plan for the future. Please feel free to contact me should you require further information (my email address is martinvan@me.com).

A survey was sent-out to the UT department's listserv. Our Business Manager, Wendy Kubasik, will be sending out the survey again in the next week or so, and we would be grateful if you could take a few minutes to complete the survey. The survey can be found at https://www.surveymonkey.com/s.aspx?sm=JzwfJ_2f488QEwYNdvpNsb9w_3d_3d. For those of you that have already completed the survey, thank you very much! If not, please do complete the survey by **Friday, September 5, 2008**. Note that the first 50 people to complete the survey will be registered into a draw – you will have a 20% chance to win a **\$50.00 gift voucher from Indigo Books!**

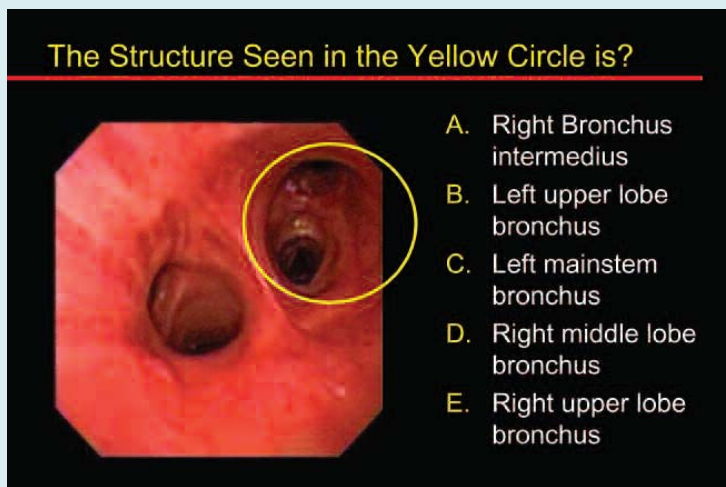
Web Tool Opens Online Door to Bronchial Anatomy

Submitted by: Dr. Peter Slinger, Director, CME

(From: By Paula Rasich, from Anesthesiology News, June 2008)

Apart from having access to an operating room with state-of-the-art bronchoscopic video equipment and a good teacher, anesthesiologists working outside that realm have another option—virtual training. Clinicians interested in brushing up on their knowledge of airway anatomy can head to the Web site, www.Thoracic-Anesthesia.com. "What's become clear is that since there's been an explosion of interest in one-lung ventilation, there are thousands of anesthesiologists in practice that need to know bronchial anatomy better," said Peter Slinger, MD, professor of anesthesia at the University of Toronto Faculty of Medicine in Ontario, Canada. "But it's the kind of knowledge you only get by doing hundreds of cases and they just don't have that opportunity." To help clinicians get a better grasp of bronchial anatomy, Dr. Slinger and his colleagues developed an online bronchoscopy simulator and made it available to anyone

who signs on at Thoracic-Anesthesia.com. The tool allows users to navigate the tracheo-bronchial tree in real-time video. Clicking on screen labels gives details of the anatomy in view, and the Bronchial Tree Navigational Map shows the simultaneous location of the bronchoscope in the airway. By investing 15 minutes to take a 16-question anatomy quiz, users gain ongoing access to the simulator. Philip Meade Hartigan, MD, director of thoracic anesthesia at Brigham and Women's Hospital in Boston, said the result of Dr. Slinger's "generous" effort is a simple, yet effective teaching tool. "It's enormously important because it has become increasingly apparent that the main stumbling block for people learning to master lung isolation for thoracic surgery and the correct placement of double lumen tubes and bronchial blockers is their understanding of bronchial anatomy," Dr. Hartigan said. "The incorporation of a pretest is a great teaching technique. It's revealing for many people when they find out that they do get easily confused beyond the carina."



For Clifford Gevirtz, MD, MPH, who averages just one thoracic case per month, taking a simulator run is the best way to hone his skills. "This virtual reality simulator really puts you in the driver's seat," said Dr. Gevirtz, associate professor of anesthesiology at Louisiana State University School of Medicine in New Orleans, and medical director of Somnia Pain Management. "If I'm on call and know a thoracic case is coming in, I'll do a quick review and get myself tuned up to 100%. Afterward, I'm confident and can tackle the case, no problem." The anatomy quiz and simulator have been accessible since April 2007; more than 1,000 residents and anesthesiologists have logged on so far. After using the simulator once, physicians are prompted to take a post-test. Confidential scores and correct answers are posted, as well as mean scores of those with similar experience with bronchoscopy. "People with the lowest levels of experience in bronchoscopy seem to have a very large improvement between their pre- and post-test scores," Dr. Slinger

Web Tool Opens Online Door to Bronchial Anatomy continued...

said. "Those people's test scores improve by 50%." Approximately 100 people have retaken the test at a three-month interval, and the preliminary results suggest they are retaining their knowledge, he added.

In developing the anatomy quiz and bronchoscopy simulator for Thoracic-Anesthesia.com, Dr. Slinger collaborated with anesthesiologists George Kanellakos, MD, of Dalhousie University Faculty of Medicine in Halifax, Nova Scotia, and Geoff Dugas, MD, of Credit Valley Health Centre in Toronto. "The finished product far exceeds anything I imagined," said Dr. Slinger, who said he plans to have the site accredited by the American Medical Association for continuing medical education. He hopes physicians will be able to get 2.5 credits for taking the anatomy quiz and using the simulator. "This Web site perfectly addresses a key problem," said Dr. Gevirtz, a member of the editorial board of *Anesthesiology News*. "And it's quick, straightforward and free—one of my favorite prices."

29th Annual Shields Research Day

Submitted by: Dr. Brian Kavanagh, Chair

The 29th Annual Shields Research Day took place on Friday, May 2nd at the Metro Toronto Convention Centre. This year, we welcomed over 300 participants to this very successful event! In the morning, Dr. Charles Natanson, Senior Investigator and Head, Anesthesia Section, NIH Clinical Center, delivered the annual Shields Lecture on "*Unintended Consequences of Randomization in Clinical Trials*". In the afternoon, an Open Forum on the Anesthesia Care Teams was presented featuring Dr. Keith Rose, Dean Sioban Nelson (Bloomberg Faculty of Nursing), Dr. Andrew Baker, and Dr. Stephen Brown. These panelists eloquently highlighted and discussed developments around the implementation of the ACTS, and our specialty more broadly. Dr. Start Vandewater, Emeritus Professor of Anesthesia, Queen's University, and a former faculty member of our own UT department, provided an entertaining and thoughtful historical perspective on anesthesia in Toronto during the 1940s and 1950s.

45 very strong posters were presented throughout the day. I received excellent feedback – about the quality and format of the presentations this year; we changed the format such that each individual presented orally only once, but additional time was allocated for each speaker.

We were also pleased to present the awards listed on page 8 at Shields Day, and we congratulate all of the very worthy and accomplished recipients on their successes.

I would like to take this opportunity to extend my gratitude to Dr. Guy Petroz, Ms. ShueLin Loo, and our University of Toronto administrative staff for all their hard work and organization of this event. I would also like to thank our guest speakers and panelists, as well as acknowledge the generous unrestricted educational grants provided in support of this event by Abbott Laboratories, Draeger Medical and Bristol Myers Squibb. Last, but certainly not least, I would like to thank all of our participants for attending this event – we look forward to an even bigger and better event in 2009!

Thank you, and please do contact me should you wish to provide any suggestions or feedback on this event.

**MARK YOUR
CALENDARS:**

**The 30th Annual Shields
Research Day event will
take place on
Friday, May 8, 2009.**

Future UT Anesthesia CME/Professional Development Courses

Submitted by: Dr. Peter Slinger, Chair, CME Committee

Date	Event	Location	Contact Person
September 25-28, 2008	Regional Anesthesia and Pain Medicine	White Oaks Conference Centre, Niagara-on-the-Lake	Vincent.chan@uhn.on.ca
September 20, 2008	Obstetric Anesthesia	Mount Sinai Hospital, Ben Sadowski Auditorium	obanesthesia@mtsinai.on.ca
November 11-13, 2008	Critical Care Canada Forum	Metro Toronto Convention Centre	Brian.kavanagh@utoronto.ca
November 1-2, 2008	Perioperative Transesophageal Echocardiography Symposium	TBA	julie.nigro@uhn.on.ca
November 28-30, 2008	Toronto Anesthesia Practice 2008 Meeting	Sutton Place Hotel, Toronto	martinvan@mac.com . To register: aho@nygh.on.ca
February 13-16, 2009	Tremblant Anesthesia Meeting	Fairmont Hotel, Mount Tremblant	jordan.tarshis@sw.ca or cme@nygh.on.ca
April 4-5, 2009	Toronto Anesthesia Symposium	Marriott Eaton Centre, Toronto	Peter.slinger@uhn.on.ca
May 8, 2009	30 th Annual Shields Research Day	TBA	guy.petroz@sickkids.ca
May 17-22, 2009	Controversies in Perioperative Medicine	TBA	mark.friedlander@rogers.com

The Morpheus Reporter

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