



The Morpheus Reporter

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Chair's Comments: Strategic Planning Update

Dr. Brian Kavanagh

The Strategic Planning open forum held on Dec 1st 2008 was a very special event. We had almost 100 attendees comprising clinical faculty, some non-clinical faculty, several fellows, and some residents. The forum opened with an overview of the Faculty of Medicine's approach to strategic planning given by Dr. Sarita Verma (representing Dean Whiteside), and the keynote address was given by Dr. Barry McLellan (President and CEO of Sunnybrook Health Sciences Centre). Dr. McLellan spoke

about the importance of strategic planning to academic and clinical departments in the current context, and particularly in the setting of an academic down-turn; he explained why at times like these strategic planning - and facilitating such planning - was more important and more relevant than ever before. After this address, this six study groups set to work for 90 minutes, discussing their individual focus areas over supper.

Drs. Gerry O'Leary and Mark Crawford led the group focusing on '*Productivity and Accountability*' and at the end, Dr. Crawford provided an example of what a composite metric, including all elements of academic productivity, might look like. Whilst mathematically challenging, it brought clarity to those elements that indeed are measurable and comparable vs. those which are not.

Drs. Ann Grisé and Andrew Baker led a group focusing on '*Public Relations*' (subtitled *Marketing the Profession on Behalf of Patients*). The group proposed many directions that could augment the constructive development of our image in terms of how we interact with our institutions and our patients such that we are ambassadorial for ourselves, our institutions and our profession.

Drs. Doreen Yee and Stephen Brown reviewed models of '*Advancement*', that is to say '*Financing Academic Anesthesia*'. This is going to be particularly challenging in the current economic climate. Nonetheless, it is absolutely apparent that we will need new funds - and in substantial amounts - to finance and add to our existing complement of endowed Chairs and Professorships that will be the life blood for securing and retaining the very best research and educational talent. One proposal from that group was that we should consider means of generating non-clinical income to fund such endeavors, and other, perhaps radical proposals, will all need to be considered.

Drs. Duminda Wijeyasundera and Beverley Orser led a group focusing on '*Recruiting, Retaining and Developing Outstanding Residents and Fellows*'. It was recognized that we already attract phenomenally gifted residents and fellows to our program, but that in addition to being talented, we need as high a percentage as possible of those who are determined to make a difference to the profession. A variety of strategies were considered including alternative selection criteria, conveying enhanced messages to the undergraduate curriculum and making mentorship available and effective.

Inside this Issue

Promotions and New Faculty Appointments.....	2
Resident Spotlight: Dr. Greg Silverman, PG5.....	3
Should I Do Research as a Resident? by Dr. Uma Shastri.....	5
Medical Student Information Update.....	6
GP Anesthesia Program Update....	6
2008 Mount Sinai Hospital OB Anesthesia Conference.....	7
Future CME/CPD Courses.....	7
Awards.....	8
Anesthesiology.....	8
Centre for Faculty Development....	9
Recent Publications.....	9

'Producing Results in Education' (as opposed to measuring them!) was the focus of the group led by Drs. Peter Slinger and Marianne Graham. This group concluded that all elements of education including undergraduate, postgraduate and continuing professional development need ongoing development in conjunction with the newly formed Education Council, Department of Anesthesia.

Finally the 'Research Mandate' was reviewed by the group led by Drs. David Mazer and Keyvan Karkouti who outlined a series of steps building on much of what was discussed in the other groups. Two major efforts emerged which will require focus included encouragement of inter-hospital collaborative research, in addition to deciding the best role for the Clinician Investigator Program (CIP) and enhancing our culture of research and discovery.

The summaries from the abbreviated reports were discussed in wrap-up session at the end of the forum and after a brief social event, we concluded a little after 9:00 p.m.

The fact that almost 100 very busy people attended this event conveys several important messages. *First*, there was sufficient interest and curiosity for people to register and to get involved. *Second*, there was an implicit vote of confidence in the strategic planning as led by the departmental Executive and discussed at all hospital grand rounds; to an extent, the faculty felt that the department was on the right track. However the *third* – and most important - lesson is that such an attendance rate and degree of engagement confers on the departmental Executive and the Chair, not praise, but responsibility to 'deliver' an actionable and meaningful strategic plan. In this sense, it is imperative that the interest, hard work, enthusiasm and generous dedication of time be matched with sufficient detail in planning and consultation in all aspects of the evolving plan. This is most important job that the department currently faces.

In terms of next steps, we are currently working on a draft plan. We will likely meet with the working group leaders again, and then the Executive. From there, I would like to come back to the hospital grand rounds to discuss our action plan. I look forward to your continuing engagement in this process.

Promotions

Please join us in extending congratulations to the following UT Anesthesia faculty members who were promoted from the rank of Lecturer to the rank of Assistant Professor effective November 1, 2008:

- Dr. Deven Chandra (St. Michael's Hospital)
- Dr. Marjan Jariani (University Health Network - TGH)
- Dr. Mark Kataoka (St. Michael's Hospital)
- Dr. Raynauld Ko (University Health Network - TGH)
- Dr. Arie Peliowski (The Hospital for Sick Children)

A reminder to those who are interested in seeking promotion to the rank of Assistant Professor: the next deadline to submit your completed promotions dossier is [January 26, 2009](#). Please see the department's internal website for deadlines, documentation requirements, and templates.

New Faculty Appointments

Please welcome the following new faculty members to the UT Department of Anesthesia:

- Dr. Ki Jinn Chin, Assistant Professor, TWH/UHN (effective June 1, 2008)
- Dr. Vinod Chinnappa, Assistant Professor, Women's College Hospital (effective September 1, 2008)
- Dr. Hance Clarke, Lecturer, UHN -TGH (effective October 1, 2008)
- Dr. Tara Der, Lecturer, The Hospital for Sick Children (effective October 1, 2008)
- Dr. Martin Ma, Lecturer, UHN-TGH (effective October 1, 2008)
- Dr. Arun Prasad Govindrajulu, Assistant Professor, UHN-TGH (effective September 1, 2009)
- Dr. Antoine Pronovost, Assistant Professor, St. Michael's Hospital (effective October 1, 2008)
- Dr. Sunita Sastry, Assistant Professor, UHN-TWH (effective September 1, 2008)
- Dr. Elod Szabo, Assistant Professor, The Hospital for Sick Children (effective September 1, 2008)

Resident Spotlight

Dr. Greg Silverman, MD, MSc, Postgraduate Year 5 Resident

Submitted by: Ms. Tina Nair

Dr. Greg Silverman commenced his studies at the University of Toronto as an undergraduate science student, completing his Bachelors degree in 1996. His interest in infectious disease research led to a Masters degree in the Department of Laboratory Medicine, where he looked at transgenic modeling of neurodegenerative diseases including prion diseases and Alzheimer's. Dr. Silverman served as a military officer for a number of years and is now an MD and a PG5 resident in the UT Department of Anesthesia.

Dr. Silverman's greatest passion is his family; he's grateful for his wife's love and support, and enjoys playing with his two-year old daughter. His second greatest passion is medicine – he loves coming to work everyday!

The following excerpts are taken from an interview with Dr. Silverman:

How and why did you end-up choosing the specialty of anesthesia?

I didn't choose anesthesia from the get-go. Initially I was interested in neurology because of my background in graduate school. My wife's family is all surgeons, and at first, my goal was to be a trauma surgeon in the military, mostly because I was interested in international health. I looked at neurology and surgery, and in the end, was accepted into ophthalmology. It was not my first choice of a surgical program but at least it involved surgical skills and I could use a little bit of my neurology background. Still, after a year I wasn't happy at all. I had a friend in anesthesia who persuaded me that it was the best area to go into; I ended up calling Dr. Levine, hoping that he would accept me into the program. That was probably one of the best decisions I ever made.

How and why did you decide to choose to do your residency at the UT?

I switched to anesthesia from ophthalmology, but I think regardless of your program, the UT offers the biggest teaching hospital network, the most extensive pathology, and the finest group of tertiary care physicians. I really thought this was the best place to work, to get the most experience. What I'd found during my graduate studies is that if I ever needed an expert in an area outside of my subject, I could always find an expert in Toronto.

What qualities do you think are needed to become an effective anesthesiologist?

Unfortunately, anesthesiologists are the unsung heroes of surgery – a lot of people don't know about us and there's not a lot of glamour in the profession. There are a lot of misconceptions about anesthesiology; that we don't have a lot of patient contact and that you don't have to be very good with people. In fact, the opposite is true. You have to be able to make an intense personal connection with someone in a brief period of time, to get them to trust you with looking after their body when they're not able to. You need the ability to think critically, stay level-headed and lead other members of the health care team. In a crisis situation, you have to effectively manage lots of dynamic information and process it to come up with an effective and quickly executed plan.

Compassion is most essential since we're dealing with people in very vulnerable situations, people with pain, and our job is to relieve suffering and pain; it's not just managing pain through therapeutic approaches. Certainly our techniques, our medicines are one aspect of it, but often just speaking with the patient and understanding what they're going through can offer a lot of comfort and I think that's an important and under-recognized part of our profession. Being a good patient advocate is also important.

What do you like best about your profession?

I get a tremendous amount of satisfaction helping patients and seeing the effects of my work immediately. Bringing them through a difficult operation, waking them up, and having them have no pain and feel comfortable makes you feel like a superhero – it's very satisfying. Helping women who are in labor have a comfortable delivery - that's rewarding for them and gives me a lot of satisfaction. I like all the science and physiology you get to observe on a day-to-day basis. The operating room is almost like a little laboratory. You



Greg Silverman as Army Physician

can change various little parameters and try to optimize and tweak things according to the evidence that you've been reading about in journals and books, and actually see the effects. As a former scientist, I find that tremendously satisfying too.

What advice would you give to an undergraduate student considering a residency in anesthesia?

I would tell them to try it. I think the biggest problem with our educational system now is forcing people to make choices before they've had enough time to see all the different specialties that are out there – not just with anesthesia but with other medical specialties. There's something for everyone in medicine and if you don't have a chance to see it, sometimes it's too late. I was very fortunate – it wasn't too late for me.

While you have been a resident, have you engaged in any additional training or educational programs?

As a resident, I've been very fortunate to have a supportive Program Director who's allowed me to do some interesting and non-traditional things in anesthesia. I was always interested in space and being a pilot when I was a child, and in my third year there was an opportunity to do an elective with the Canadian Space Agency, to pursue a month of space medicine down with NASA in Florida. The Canadian Space Agency gave me a travel grant to do operational space medicine at the Kennedy Space Center for a month and do medical support for launch and landing operations. My interest there led me to think about astronauts going on long duration space flight missions who would need surgical or anesthetic support but didn't have the possibility of being evacuated to earth. I wrote a paper with Dr. Colin McCartney at Sunnybrook on the possibility of using techniques in regional anesthesia and ultrasound to facilitate operations in space or medical treatment in space. I've been invited back to the Canadian Space Agency to help develop their emergency medical procedures and to see what training and equipment a chief medical officer should have for long duration space flight missions. That's something I hope to develop as a further academic interest.

What advice would you give to other residents/students considering special opportunities?

I think if residents are interested in something -- no matter how bizarre it seems – they should pursue their interest because it's a very supportive department between our Chair and our Program Director. Certainly space is not your traditional place where you'd find an anesthesiologist, but I'm there now. I would encourage students to seek out these opportunities -- early.

What is your personal motto?

Try to do your best all the time for all your patients and follow the Golden Rule. I try to live my life that way and take responsibility for all I do.

How do you manage to balance your personal (family) life with your residency program?

Family needs to come first. I have a wife who supported me all through medical school both financially and personally, getting me through the hard times. You need to acknowledge the contributions family makes, and I think that means making them a priority in terms of spending time with them. I have a two year old daughter who's my top priority. It's important to keep perspective on things -- it's really all for nothing if I don't look after my own family. I try to be the best husband and father I can be first. I think the experience I get from my family helps make me a better physician; more compassionate, more understanding of what my patients are going through.

What are your goals outside of clinical work?

Outside of clinical work, I'd like to leave something behind for when I'm gone – either as a legacy to my family or just to show why I was here. Some of that goes to my clinical work so I would like to make a contribution outside of helping patients one on one everyday in the hospital. I'd like to do some international health education and try to help people who are less fortunate have better access to medical care, especially in terms of women's access to health care.

Who are your role models?

My father always worked hard to make sure my brother and I had the best life possible. He tried to be very professional in his own practice as a dentist and I try to emulate him by conducting myself professionally and being a good person. I think I get a lot of that from my family.

Is there anything else about yourself that you would like to share?

I'm not the traditional resident – I'm a little older than your garden variety anesthesia resident. I've done some more unusual things in terms of my military background but I think all those things came together to make me the person I am now. The discipline, the sense

of responsibility, taking pride in your work, helping others, the opportunity to do international health - these were the things that drew me to the military to begin with. It's not that I was interested in the military per se, but I knew they could facilitate me travelling internationally and being able to make the greatest impact. I see now that there are other organizations like the Canadian Anesthesiologist Society that have educational projects overseas which will also allow me to do that.

Thank you, Dr. Silverman!

Should I Do Research as a Resident?

Submitted by: Dr. Uma Shastri, PG3



Everyone can remember that first week of residency as a pgy-1 when there were a million things happening all at once. Right in the middle of that week, there was also an orientation to the UT Department of Anesthesia. During that time, Dr. Levine talked about all the opportunities that are available to us as residents in the program. One of these included the option of doing 6 months of research as a pgy-3. At that time, like everyone else, I filed that in the back of my head. But, as my residency progressed, I started to look into this, and realized what a great opportunity it would be. Some of my initial concerns were how much previous experience would be expected. I had done a few basic science summer research projects, but nothing extensive, clinical, or related to anesthesia in anyway. I also had no background in statistics or data analysis. After speaking to various people in the department, I was reassured that this would not be a problem, and that I would be given assistance throughout the project. Another concern was losing 6 months of clinical anesthesia time. Again, after investigating this further, I realized that I could tailor my pgy-4 and pgy-5 rotations as necessary if I really felt my skills were lacking in certain areas. In addition, I could do clinical days and attend rounds throughout my research block. As all my concerns were addressed, I was now getting very excited to pursue this further! I began to search for a supervisor and project within the UT Department. For me, I had an interest in regional anesthesia and thought that it would be an area that I would like to delve further into. With that thought in mind, I contacted Dr. Colin McCartney at Sunnybrook Health Sciences Centre. He was very supportive and enthusiastic about supervising my 6 months. After a series of meetings, we organized my research time, and decided I would be involved in one ongoing randomized controlled clinical trial as my main project, and would also participate in writing a systematic review and working on a study that involved incorporating a filter into ultrasound images to assist as a teaching tool.

I started my rotation at the Holland Centre in July 2008, and can say that it has been an incredible learning opportunity for me. The diversity of my projects allowed me to gain an appreciation, and an understanding of, clinical research and how it is carried out. In addition, the systematic review paper provided me with an opportunity to develop my skills in writing a scientific paper. Being at the Holland Centre, I also spent time throughout my rotation in the regional block room, and was able to complete blocks under the guidance of various staff and fellows. I also believe that I gained a lot of general knowledge and skills that can be applied within and outside of anesthesia, including: problem-solving skills; literature search techniques; data analysis courses; and, self-directed learning skills. It has also been nice to work as part of an inter-disciplinary team, and really learn from people with different approaches including graduate students, nurses, fellows, and students. Seeing the research and development side of anesthesia has also fueled my interest in the area, and I think will be a great benefit to me in the future.

The 6 month research rotation has been one of the best things I have done during my residency, and I will definitely take away from this experience a vast amount of skills and knowledge. If you are considering the research option, I think it is a great chance to really explore your own interests. To get the most out of it, I'd like to suggest that you become involved in a project in an area that interests you and meet potential supervisors early on to discuss the various options. If you think that you may not have the background to undertake research, I can assure you that the only skills required are motivation, and the desire to want to pursue research -- you will be guided step-by-step through everything else. I hope that this article has answered some of the questions that you may have been thinking about, but if you may have more questions, there are numerous residents, fellows, and staff throughout the department that can help address these issues.

Hold the Date: Shields Day 2009

The Annual Shields Research Day will take place on **Friday, May 8, 2009**. Please do hold the date!

Medical Student Information Night 2008

Submitted by: Dr. Darryl Irwin

This year the Anesthesia Undergraduate Committee at the University of Toronto held its annual Medical Student Information Night on November 11, 2008. This event was initially started by Dr. Isabel Devito over 10 years ago and was designed to introduce anesthesia as a career choice to medical students as early as possible during their training. Typically students do not have a rotation in anesthesia until their fourth year clerkship rotation. In some cases, this core rotation occurs too late for some students who develop an interest in our specialty to successfully enter the CaRMS match and secure a residency position.

I would like to extend a thank you to all of the speakers who attended, all of whom were excellent advocates and ambassadors for our program. Dr. Kavanagh held the students' rapt attention introducing the noble and notable aspects of a career in anesthesia, delivering praise for our Department's researchers and educators, and encouraging the students to be all that they could be. As one attendee commented, you could have heard a pin drop during his talk. Dr. Levine discussed the many positive aspects about the University of Toronto residency program. The high profile of our excellent training program including breadth and depth of cases as well as research opportunities were discussed. Dr. Greg Silverman, a final year resident gave a presentation about his experience in the training program including the opportunity to partake in interesting elective experiences like the time he spent with the Canadian Space Agency and NASA.

The students were given an opportunity to ask questions of our distinguished panel and afterwards, a chance to mingle with staff and current residents to discuss issues more thoroughly. This year's event was our most successful to date in terms of attendance with over 70 students present. I wish to extend a formal thank you to our panel, Drs. Kavanagh, Levine, Devito and Silverman as well as the residents who volunteered their time to circulate and talk with the students, Drs. Steven Choi and Warren Luksun. The success of the Anesthesia Information Night this year would not have been possible without the exhaustive efforts of our medical student representative, Robert Bechamp. It was an excellent evening for raising the profile of our specialty and generating interest by students as early as possible in their education.

GP Anesthesia Program Update

Submitted by: Dr. Henderson Lee, Director, GP Anesthesia Program

The curriculum review is well underway for the GP Anesthesia Program at the University of Toronto. The residents in the GP Anesthesia Program will be rotating through the following hospitals: TEGH, Mount Sinai and The Hospital for Sick Children, as well as a one-month community GP Anesthesia rotation. Some of the sites that have agreed to train GP Anesthesia residents include Port Perry, Ontario as well as Collingwood, Ontario. There are talks underway to possibly have GP Anesthesia residents go to Brampton Civic Hospital where the anesthesia department there is a mixture of FRCP and GP Anesthesia staff.

There will be a 6-month written exam for the GP Anesthesia residents. They will be writing the AKT 6 month exam, along with the PGY 2 Anesthesia residents. As well, there will be an exit, oral exam at the end. Implementation will begin this year with our current GP Anesthesia resident.

Presently, the program renewal and the curriculum review have been well received by the Chairs of the other Fellowship Family Practice Programs. These fellowship programs in Family Medicine include: Low Risk Obstetrics; Geriatric Medicine; Palliative Care Medicine; Women's Health; Global health; Hospital-based medicine; Sports Medicine; Addiction Medicine; Medical Oncology; Reproductive Health; and, GP Anesthesia Residency. There were suggestions by this committee to include a GP Anesthetist in the GP Anesthesia Program renewal. Plans are underway to recruit a practicing GP Anesthetist to be part of the Post Grad Committee, so that the GP Anesthesia residents can have a "mentor" (someone who is in clinical practice) so that the residents can have an idea what GP anesthesia is like outside the 416 region.

I am also in the midst of the application process for the GP Anesthesia Program for 2009-2010. Interviews took place in November. There are two funded positions from the University of Toronto. Presently, there are 6 applicants vying for these 2 spots.

I will keep everyone updated in the next newsletter of whom we take into next year's GP Anesthesia Program.

2008 Mount Sinai Hospital OB Anesthesia Conference

Submitted by: Dr. Jose Carvalho

Chalk another one up in the winning column! The 6th Annual Mount Sinai Hospital OB Anesthesia Conference was held Saturday September 20th in the Ben Sadowski Auditorium. As always, Course Director Dr. Jose Carvalho and the Committee put together a program that featured topics of interest to all members of the L & D team -- obstetricians, nurses, midwives, respiratory therapists and, of course, anesthesiologists. This year's agenda included a talk on the consent process in the obstetric setting, given by Dr. Lorraine LeGrand Westfall of the CMPA. At the end of the day, over two-thirds of the Conference participants indicated on their evaluation sheets that they would be changing their practices based on the knowledge they gained from the lectures. Of those who said they *wouldn't* change things, several pointed out that it was because the Conference validated their current procedures.

Bolstered by a lot of good feedback from the evaluations, the organizers are already at work planning next year's Conference. Stay tuned for the announcement of the date very soon!



Conference faculty (l-r): Course Director Dr. Jose Carvalho, MSH; Dr. Eric Goldszmidt, MSH; Dr. Len Eisen, MSH; Dr. Isabella Devito, MSH.

Future U of T Anesthesia CME/PD Courses

Submitted by: Dr. Peter Slinger, Director, CME-CPD

- Ultrasound in Pain Medicine Masterclass, May 9-10, 2009. Pain Clinic, Sunnybrook Health Sciences Centre. Contact: michael.gofeld@sunnybrook.ca
- Tremblant Anesthesia Meeting, February 2009, Fairmont Hotel Mt. Tremblant. Contact: Jordan Tarshis (jordan.tarshis@sw.ca)
- Introductory Workshops for Ultrasound Guided Nerve Blocks. March 6-8, June 12-14, Oct. 2-4, 2009. Contact: Vincent Chan (Vincent.chan@uhn.on.ca)
- Toronto Anesthesia Symposium, April 4-5, 2009, Chestnut Residence, UT. Contact: Peter Slinger (peter.slinger@uhn.on.ca)
- UT Anesthesia Annual Shields Research Day, May 8, 2009. Contact: anesthesia@utoronto.ca
- Controversies in Perioperative Medicine. May 17-22, 2009. Contact: Mark Friedlander (mark.friedlander@rogers.com)
- Regional Anesthesia and Pain Medicine, September 25-28, 2009. Contact: Vincent Chan (Vincent.chan@uhn.on.ca)
- Obstetric Anesthesia, September 2009, Mount Sinai Hospital. Contact: obanesthesia@mtsinai.on.ca
- Pediatric Anesthesia, November 2009. Contact: Larry Roy (Lawrence.roy@sickkids.ca)
- Hyperbaric Medicine. October 2009. Contact: Wayne Evans (hyperbaric@utoronto.ca)
- Perioperative Transesophageal Echocardiography Symposium, 2009. Contact: Julie Nigro (julie.nigro@uhn.on.ca)
- Critical Care Canada Forum, November 2009. Contact: Brian Kavanagh (brian.kavanagh@utoronto.ca)
- Anesthesia Faculty Development Day, November 11, 2009. Contact: Patricia Houston (Houstontp@smh.toronto.on.ca)
- Toronto Anesthesia Practice, November 2009. Contact: Pamela Angle (pamela.angle@wchospital.ca)

Awards

Congratulations to Rob Bonin (PhD Candidate, Supervisor Dr. Orser) for receiving the University of Toronto Neuroscience Program 2008 Student Travel Award. The award was presented at the Society for Neuroscience meeting in Washington, DC in November 2008. Rob's work was also scored and selected for the first presentation of "Hot Topics" at the Ligand-gated Ion Channel meeting sponsored by the International Union of Pharmacologists. Rob gave an outstanding oral presentation at the meeting.

Anesthesiology

Submitted by: Dr. Brian Kavanagh

The leading journal in our profession is *ANESTHESIOLOGY*, and this month's issue (*December 2008*) provides our university department with a bit of a 'bumper crop'! Let me explain.

First, and this should always be first, is the original contribution by Deven Chandra and colleagues, demonstrating that less sophisticated simulators may be as effective for training as more sophisticated (*and expensive*) devices.

- Chandra DB, Salvoldelli GL, Joo H, Weiss ID, Naik V. The Effect of Model Fidelity on Training for Transfer to Patient Care. *ANESTHESIOLOGY* 109:1007–1013, 2008.

Second, the summary article by the journal's senior editors (*Eisenach JC, Borgeat A, Bosnjak ZJ et al. 2008 in Review – Advancing Medicine in Anesthesiology. ANESTHESIOLOGY 109:962–972, 2008*), reviewing the 16 most important contributions to the journal in the preceding year, highlights 2 papers (*below*) from the University of Toronto -and in very flattering terms.

The paper by Dr. Frances Chung which appeared in the May 2008 issue of *ANESTHESIOLOGY* described a new screening tool for obstructive sleep apnea; when released to the press it was taken up by a record number of news outlets – 1,200 in total!

The paper by Friedman and colleagues reminds us that high levels of procedural skill are not synonymous with excellence in antiseptic technique.

- Chung F, Yegneswaran B, Liao P, Chung SA, Vairavanathan S, Islam S, Khajehdehi A, Shapiro CM. STOP Questionnaire – A Tool to Screen Patients for Obstructive Sleep Apnea. *ANESTHESIOLOGY* 108:812–821, 2008.
- Friedman Z, Siddiqui N, Katznelson R, Devito I, Davies S. Experience is not Enough: Repeated Breaches in Epidural Anesthesia Aseptic Technique by Novice Operators Despite Improved Skill. *ANESTHESIOLOGY* 108:914–920, 2008.

Third, editorials –while never as important as the original work- are significant contributions. In the current issue, there are two editorials in which the corresponding authors are members of our university department. Dr. Beverley Orser, in conjunction Dr. Clifford Saper (*Boston*), use the article by Vanini *et al* to explain the current state of knowledge of GABAdependent systems in anesthesia. In the second editorial, Dr. John Boylan (*Dublin*) and I write about the lessons learned – and the future challenges posed- from a study by Schmidt *et al* that suggested advantages to patients from attending supervision of resident care during emergency airway management.

- Orser BA, Saper CB. Multimodal Anesthesia and Systems Neuroscience– The New Frontier. *ANESTHESIOLOGY* 109: 948, 2008
- Boylan JB, Kavanagh BP. Emergency Airway Management– Competence *vs.* Expertise. *ANESTHESIOLOGY* 109: 954, 2008

Read these papers and others by our faculty, and get engaged in what our colleagues do and how they think.....and, don't hesitate to congratulate them!

Recent Publications

Naughton F, Wijeyesundera D, Karkouti K, Tait G, Beattie WS.

N-acetylcysteine to reduce renal failure after cardiac surgery: a systematic review and meta-analysis.

Can J Anaesth. 2008 Dec: 55(12):827-35

McDonnell C, Zaarour C, Hull R, Thalayasingam P, Pehora C, Ahier J, Crawford MW.

Pre-treatment with morphine does not prevent the development of remifentanyl-induced hyperalgesia.

Can J Anaesth. 2008 Dec: 55(12):813-8.

Szabó EZ, Luginbuehl I, Bissonnette B.

Impact of anesthetic agents on cerebrovascular physiology in children.

Paediatr Anaesth. 2008 Nov 5. [Epub ahead of print]

Slinger P.

The new bronchial blockers are not preferable to double-lumen tubes for lung isolation.

J Cardiothorac Vasc Anesth. 2008 Dec: 22(6):925-9

Chandra DB, Savoldelli GL, Joo HS, Weiss ID, Naik VN.

Fiberoptic oral intubation: the effect of model fidelity on training for transfer to patient care.

Anesthesiology. 2008 Dec: 109(6):1007-13.

Stinson J, Wilson R, Gill N, Yamada J, Holt J.

A Systematic Review of Internet-based Self-Management Interventions for Youth with Health Conditions.

J Pediatr Psychol. 2008 Nov 23. [Epub ahead of print]

Katz J, Asmundson GJ, McRae K, Halket E.

Emotional numbing and pain intensity predict the development of pain disability up to one year after lateral thoracotomy.

Eur J Pain. 2008 Nov 20. [Epub ahead of print]

McCluskey SA, Cheung WK, Katznelson R, Poonawala H, Fedorko L, Djaiani G, Mehta B, Karkouti K.

The pharmacokinetic profile of recombinant human erythropoietin is unchanged in patients undergoing cardiac surgery.

Eur J Clin Pharmacol. 2008 Oct 30. [Epub ahead of print]

Wijeyesundera DN, Austin PC, Hux JE, Beattie WS, Laupacis.

A Bayesian statistical inference enhances the interpretation of contemporary randomized controlled trials.

J Clin Epidemiol. 2008 Oct 21. [Epub ahead of print]

Friedman Z, You-Ten KE, Bould MD, Naik V.

Teaching lifesaving procedures: the impact of model fidelity on acquisition and transfer of cricothyrotomy skills to performance on cadavers.

Anesth Analg. 2008 Nov: 107(5):1663-9

Chung SA, Yuan H, Chung F.

A systemic review of obstructive sleep apnea and its implications for anesthesiologists.

Anesth Analg. 2008 Nov: 107(5):1543-63. Review.

Wong J, El Beheiry H, Rampersaud YR, Lewis S, Ahn H, De Silva Y, Abrishami A, Baig N, McBroom RJ, Chung F.

Tranexamic Acid reduces perioperative blood loss in adult patients having spinal fusion surgery.

Anesth Analg. 2008 Nov;107(5):1479-86

Mechanisms of Anesthesia Conference (MAC 2010)

June 15-18, 2010

University of Toronto

Highlighting Recent Advances in Our Understanding of Pain Consciousness and Memory

The conference will be structured around symposia and workshops, and will encourage scientific and social interaction between participants

Congress Organizers:

Beverly Orser, Departments of Anesthesia and Physiology, UofT

Sheldon Roth, Departments of Pharmacology & Therapeutics and Anesthesiology, University of Calgary

Keith Miller

Department of Pharmacology and Anesthesia, Harvard University

For more information:

<http://www.anesthesia.utoronto.ca:80/mac2010.htm>

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Centre for Faculty Development Membership

The Centre for Faculty Development launched its Membership program in early 2008. Membership will support teachers and educators to promote excellence in teaching, research, education scholarship and leadership. The membership categories are Academic Educator, General Member and Honorary Member. We are now accepting applications for our General Member category.



A General Member is a faculty member committed to the teaching and supervision of learners. Eligible participants are UofT Health Sciences faculty members who have demonstrated a minimum of 100 teaching/supervision hours per year (or equivalent) in undergrad, post-grad, graduate, continuing education, or faculty development.

Through formal affiliation, CFD Membership offers opportunities and benefits such as a platform for networking with colleagues in the areas of teaching, education scholarship, education leadership and faculty development; mentoring and career development, enhancing identity and recognition within home department, opportunities to participate in working groups/committees, invitations to attend all Centre sponsored events, invitations to attend special members only events and access to CFD educational resources.

For more details, or for application information, visit us on the web at: <http://www.cfd.med.utoronto.ca/aboutus/membership.html> or contact Stacy Palmer, Program Coordinator palmers@smh.toronto.on.ca (417- 864-6060 x 7938). We look forward to receiving your application!



*"In the Arms of Morpheus" (Greek God of Dreams...)
JW Woodward, 1894*

The Morpheus Reporter

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

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