



# The Morpheus Reporter

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## Chair's Comments: *Dr. Brian Kavanagh*

Most individuals in the health care sector have been watching the progress and the predictions of the H1N1 Influenza epidemic with more than a little interest. The hospitals have individually developed comprehensive plans to deal with the potential crisis. In addition, the university has developed, through 'pandemic planning', an integrated initiative that focuses on 'learners' (meaning residents and medical students, although we're surely all learners) and how they should operate during a severe pandemic.

I recently wrote to the residents, on behalf of the executive, to emphasize the importance of global professional responsibility: looking after one's own health, working hard -as we are accustomed to doing- in the interests of one's patients, and being mindful of the potential challenges faced by all healthcare professionals and the determination to be outstanding ambassadors for the profession. Dr. Levine and I met with residents in a 'town hall' style meeting to receive suggestions from the residents and to reiterate the importance of professional responsibility; we received constructive and articulate suggestions and our exhortations for the highest professional standards were well received.

There is a bright departmental light at the end of the fall pandemic tunnel: the strategic plan, our blue print for the next 5-10 years is being finalized. A draft form was reviewed by the executive last month, by all the program leaders, and will be presented by me to all of the hospital departments over the coming weeks. Once finalized, we will begin work earnestly on the key priorities that will shape the department's efforts -and eventual image- for many years to come. We will need all of the strategic thinking and imaginative effort that we can muster to do justice to our profession in this way.

While the launch and implementation of a strategic plan is important, it is important to remember that in any vibrant department, much that is of strategic importance is already underway – and has been for years; it is this that explains the department's success over decades. Between launching the department's strategic plan and its formal implementation, are two important events.

First is the newly restructured **Faculty Development Day**, which will take place on November 11, 2009 from 7:00 a.m. to 2:00 p.m. at the 89 Chestnut Residence, University of Toronto. Initially the brainchild of Dr. Patricia Houston, this event has been highly successful for several years – so much so, that we have expanded it into a comprehensive educational event which we believe will mature into the educational equivalent of the Shields (research) day. Full details of this wonderful event are available on the website [www.anesthesia.utoronto.ca](http://www.anesthesia.utoronto.ca). Please note the registration deadline of October 15, 2009.

Second, on October 30, 2009, we will celebrate our distinguished faculty with the **Faculty Recognition Event**. This new initiative honors our faculty who have served their patients and the University for over 20 years, have recently received departmental teaching,

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awards, or achieved a senior promotion in the last cycle. This is a most important recognition, and will be marked with a series of commemorative pins appropriate for the duration of time on staff. Please join me in congratulating our longer serving colleagues.

## New Faculty Appointments

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

Full-Time faculty:

- Dr. Cristian Arzola, Assistant Professor (UHN-Mount Sinai Hospital)
- Dr. Brian Cuthbertson, Professor, and Chief, Critical Care Medicine (Sunnybrook Health Sciences Centre)
- Dr. Edgar Hockmann, Lecturer (Sunnybrook Health Sciences Centre)
- Dr. Mital Joshi, Assistant Professor (UHN-Mount Sinai Hospital)
- Dr. Gregory Silverman, Assistant Professor (UHN-Mount Sinai Hospital)

Part-Time faculty:

- Dr. Anna Davidson, Lecturer (Trillium Health Centre)
- Dr. Andrew Green, Assistant Professor (Trillium Health Centre)
- Dr. Eileen Huang, Assistant Professor (Trillium Health Centre)
- Dr. Craig Irish, Assistant Professor (Trillium Health Centre)
- Dr. Rohit Kumar, Lecturer (Trillium Health Centre)
- Dr. Grant Maxted, Lecturer (Humber River Regional Hospital)
- Dr. Chong-Jet Tan, Lecturer (Humber River Regional Hospital)
- Dr. Bill Wong, Assistant Professor (Trillium Health Centre)
- Dr. Robert Zadik, Lecturer (Humber River Regional Hospital)

Hold the Date:  
Shields Day 2010  
The 31<sup>st</sup> Annual  
Shields Research Day  
will take place on  
**Friday, May 7, 2010**

## Promotions

Please join us in congratulating **Dr. Tara Der** (The Hospital for Sick Children) who recently achieved promotion to the rank of Assistant Professor.

A reminder to those who are interested in seeking promotion to the rank of Assistant Professor: The first deadline in 2009-2010 to submit your *completed* promotions dossier is **Monday, November 30, 2009**. Please see the department's internal website for deadlines, documentation requirements, and templates (or, contact the Business Manager – [wendy.kubasik@utoronto.ca](mailto:wendy.kubasik@utoronto.ca)).

## Laws Travel Fellowship Award Recipients

We are pleased to announce the recipients of the Laws Travel Fellowship, 2009: **Dr. Sylvain Boet**, Clinical Fellow, St. Michael's Hospital and **Dr. John Hanlon**, PG5 Resident, University of Toronto. Please join us in wishing them well in their endeavors.

## Teaching and Education Awards

Please join us in congratulating the following faculty members, recipients of teaching and education awards at the UHN-MSH, 2009:

- Dr. Lisa Bahrey (Assistant Professor, UHN-TGH): recipient of the *Undergraduate Teaching Award*, Wightman-Berris Academy, 2009
- Dr. Richard Brull (Associate Professor, UHN-TWH): recipient of the *Fellowship Teaching Award*, MSH-UHN, 2009
- Dr. Mary Ellen Cooke (Assistant Professor, UHN-MSH): recipient of the *Dr. John Bradley Award* for excellence in teaching, MSH-UHN, 2009
- Dr. Ronald Crago (Associate Professor, UHN-TWH): recipient of the *Postgraduate Teaching Award*, Wightman-Berris Academy, 2009
- Dr. Claire Middleton (Assistant Professor, UHN-TGH): recipient of the *Dr. David Bevan Award* for Inter-Professional Education, MSH-UHN, 2009
- Dr. Philip Peng (Associate Professor, UHN-TWH): recipient of the *Continuous Professional Educational Development Award*, MSH-UHN, 2009

## Awards and Honors

We would also like to congratulate the following faculty members on their recent awards:

- **Dr. Mrinalini Balki** (Assistant Professor, Mount Sinai Hospital): recipient of The *Zuspan Award* for the best multidisciplinary contribution to the 41st Annual Meeting of the Society for Obstetric Anesthesia and Perinatology, 2009
- **Dr. Ludwik Fedorko** (Associate Professor, Toronto General Hospital): recipient of the *Health Profession Programs Award*, Wightman-Berris Academy, 2009

## Faculty Development Day – November 11, 2009

The University of Toronto, Department of Anesthesia will host the 1<sup>st</sup> Annual Faculty Development Day on November 11, 2009 at the 89 Chestnut Residence, UofT. This event will promote professional development and teaching at all levels within the Anesthesia faculty and fellows at the University. Please visit the website for this event for further information – [www.anesthesia.utoronto.ca](http://www.anesthesia.utoronto.ca). **Please be sure to register online by October 15, 2009.**

A format similar to Shields Day will be followed – mixing work, social networking and a bit of pleasure. Several keynote addresses by experts in the fields of Faculty Development and Continuing Medical Education are planned in addition to 6 interactive workshops – the focus will be on engaging in discussion with regards to common challenges in anesthesia education rather than dry educational theory. The agenda for this day is as follows:

- 0700-0750: Registration and Continental breakfast (Foyer and Grand Ballroom, 2<sup>nd</sup> floor)
- 750-800 Welcome Message: (Grand Ballroom, 2<sup>nd</sup> floor)  
Drs. Peter Slinger and Martin van der Vyver (Co-Chairs, Faculty Development Day)  
Dr. Catherine Whiteside, Dean, Faculty of Medicine  
Dr. Brian Kavanagh, Chair, Department of Anesthesia
- 0800-0840 Dr. Karen Leslie (The Hospital for Sick Children, Toronto).  
**"What is Faculty Development and Why Are You Here?"**
- 840-920 Dr. Donald Miller, (Editor-in-Chief, Canadian Journal of Anesthesia and the University of Ottawa)  
**"The Evolution and Role of Medical Journals in Continuing Medical Education"**
- 0920-0930 Discussion
- 0930-1000 Break and Poster Viewing Session
- 1000-1200 Simultaneous Group Sessions:  
Session A: **"Time Management"**. Workshop Leaders: Mindy Solomon and Sheen Bhimji-Hewitt (Armoury Room)  
Session B: **"Effective Mentoring Skills"**. Workshop Leader: Karen Leslie (Lombard)  
Session C: **"Making Learning Stick"**. Workshop Leader: Brenda Mori (St. George)  
Session D: **"Authentic Leadership"**. Workshop Leader: Susan Lieff (Elm)  
Session E: **"Time-Out, Checklists, etc.: New Rules of Engagement for the OR Team"**. Workshop Leader: Irene McGhee (St. Lawrence)  
Session F: **"The Challenging Trainee"**. Workshop Leader: Najma Ahmed (Carlton)
- 1200-1300 Oral Presentations (6x10min). Moderator: Dr. Peter Slinger (Grand Ballroom)
- 1300-1400 Lunch (Grand Ballroom)  
Presentation: Best Oral Presentation Award
- 1400 Closing remarks: Dr. Peter Slinger. Departure.

We hope to see you there!

## NEW: Faculty Recognition Event – October 30, 2009

On October 30, 2009, the UT department will host the first Faculty Recognition Event at the Faculty Club, University of Toronto. At this event, we will recognize our faculty members who have provided 20+ years service to the University of Toronto, as well as our faculty members who have recently achieved senior promotion. We also plan to honor the recipients of the 2009 teaching awards at this event. Previously, the awards were presented at the Annual Shields Research Day event. We are pleased to announce the recipients of these awards in 2009:

- The *Dr. John Desmond Award* for excellence in undergraduate teaching: **Dr. Isabel Devito** (Mount Sinai Hospital)
- The *Dr. Gerald Edelist Award* for excellence in graduate teaching: **Dr. Jeffrey Wassermann** (St. Michael's Hospital)
- The *Dr. David Fear Award* for excellence in continuing medical education: **Dr. Annette Vegas** (UHN-Toronto General Hospital)

Please join us in congratulating these individuals for their achievements in teaching!

## Postgraduate Program Update: Welcome New Residents!

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

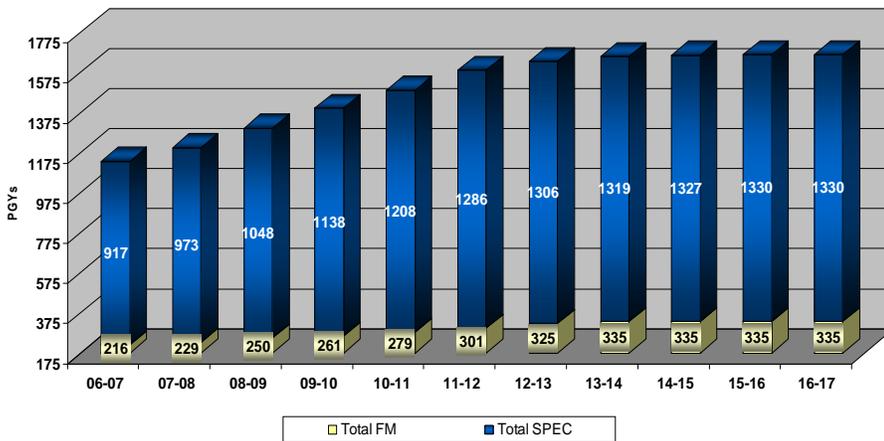


The new academic year started on July 1, 2009 and we welcomed 22 new trainees to our department. The selection process really started in December 2008 when we received a record number of applicants to our program and were able to select our new residents from the top 3<sup>rd</sup> of our rank list. Eighteen residents commenced their anesthesia training at a PGY1 level, 15 Canadian Medical Graduates (CMG's) including one in the Clinician Investigator stream, and 3 International Medical Graduates (IMG's). Six of the CMG's completed their undergraduate education at the University of Toronto and the remainder come from as far afield as British Columbia, Alberta, and Dartmouth NH. Our IMG's completed their training in the Dutch Antilles, Dublin and Cambridge.

We also welcomed two IMG's, with previous anesthesia training, as PGY2 residents. One candidate commenced the 6-month Practice Ready Assessment Program.

Our program, like many others at UofT, has grown significantly in the past few years and with this, and possible future expansion, comes the challenge of accommodating all the learners in our department. We have introduced, and continue to evaluate, various methods to educate these learners in an innovative and effective way. An important resource is the use of Distributed Medical Education, i.e., providing some training away from the traditional "Downtown Teaching Hospitals". We have been able to forge important links with a number of our community affiliates and now have residents routinely assigned to these hospitals every month. This has been very well received by both the residents *and* the receiving departments.

**Projected Growth in Total PGYs FM and Specialty:  
2006 - 2017, MOH-Funded only**



As fall begins, I look forward to the commencement of the new academic session and continued review and improvement of the program.

[This table depicts the expected growth in residency positions in the UT Faculty of Medicine]

## New Residents (PGY1s):



Jennifer Boyd



Edmond Chau



David Flamer



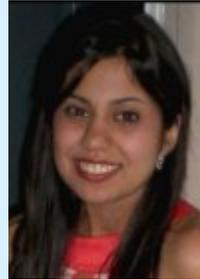
Paul Henry



Lindsay Hurlburt



Tina Kerelska



Ekta Khemani



Joseph Koval



Arjun Krishna



Nam Le



Mark McVey



Miriam Mottiar



Karim Ramji



Meera Surti



Michael Tylee



Zoe Unger



Kyle Waldman



Alex Yeung

## Canadian Anesthesiologist Society Awards 2009

Congratulations to Dr. Vincent Chan (Professor, UHN/Toronto Western Hospital) who received The *Gold Medal Award* in recognition of outstanding contributions to Canadians and humanity at large in developing the application of ultrasonography for regional anesthesia and vascular access. Please read the article below for more information on Dr. Chan's important contributions.

Congratulations also to Dr. C. David Mazer (Professor, St. Michael's Hospital), who received the *Research Recognition Award* in recognition of his outstanding research and contributions to the knowledge base of cardiovascular physiology applied to clinical anesthesia. An article on Dr. Mazer can be found on page 7.

Please join us in congratulating both Drs. Chan and Mazer!

### Dr. Chan Strikes Gold!

*Submitted by: Miss Tina Nair, Interview by: Ms. Ellen Bayley*

Dr. Chan received the Canadian Anesthesiologists' Society Gold Medal -- the Society's most prestigious award -- for his key role in leading the application of ultrasound that has transformed the effectiveness and safety of regional anesthesia. In the minds of many, this may be the most important development in the profession in the last decade. Dr. Chan is a Professor in the Department of Anesthesia, at the University of Toronto



***Dr. Chan you recently received the Canadian Anesthesiologists' Society Gold Medal for your research in the application of ultrasound. What made your research have so much impact in the world of anesthesia?***

Ultrasound has been around for many decades. What I have done in anesthesia is simply apply ultrasound and its existing technology to new applications. In the practice of regional anesthesia, we talk about finding the nerve -- in the past since we couldn't see the nerve, we put the needle in and searched, and it based on our best estimation. We knew the needle was close to the nerve when the patient said "Ouch!" I could also conduct electrical stimulation to the nerve to elicit movement in the extremity being tested. With ultrasound, I can now identify the muscles, nerves, bone, and blood vessels. The ultrasound-guided procedure ensures patients safety and minimizes risks as the nerve is easily located. I did not design or invent any ultrasound machines. The main that that I have done is expand the existing technology and application, and made it a practical tool which benefits patient care daily.

I was not the first one to use ultrasound for regional anesthesia. Drs. Marhofer and Kapral in Vienna were the pioneers who used it in the 1990s. Its function was limited at the time as the ultrasound machine was huge and the image resolution was poor. Even if those images were published then, people didn't know what they were looking at. It served as a research tool. In recent years, it has undergone remarkable evolution and advancement. I took time to study its functions and developed the ultrasound approach for safer and effective practices. Now, the machine is compact -- very sophisticated, affordable, and we can use it at the bedside. It doesn't have any radiation risk which is an important concern. In 2003 we started trying it out and once we tried it, we thought "Wow, there's no turning back!"

***How and why did you end up choosing Anesthesia?***

It's an exciting field, in my opinion, and very enjoyable. However, I don't take the job lightly because it carries a lot of responsibility. We have to be knowledgeable in physiology, pharmacology and now with regional anesthesia, we need to know anatomy. I like to perform procedures and that's why I enjoy regional anesthesia; I can do procedures and apply my knowledge in physiology and pharmacology.

***What are your other academic and clinical interests?***

Right now I'm devoting my time to regional anesthesia and pain medicine. Those are two big areas of practice. Recently I've also become the President of the American Society of Regional Anesthesia and Pain Medicine (ASRA). As President, I have to attend a lot of meetings and perform functions in administration, education, and research, while encouraging members to conduct more research.

***How do you balance everything?***

I tip my balance all the time if you ask my wife. I don't see how I can do what I'm doing and still have 50% of the time for playing instead of working. I'm not talented enough nor a fast enough worker to have a 50/50 balance. I travel quite a bit to teach and to

present at meetings. I also have to travel on behalf of the ASRA to various society meetings. When I'm away for meetings, I can relax a little bit. But when I'm home I have to make up for the on-call time and the clinical time in the operating room.

My wife and I recently started to spend more time together. When I travel, I always go with my wife. Recently we started to take some Mandarin lessons. I'm trying to do other things than always working.

***What are your goals outside of clinical work?***

I've done volunteer work in the past. When I retire, I will probably do more volunteer work. I will teach others while applying what I have learned. I am not a trained researcher or a scientist who has professional training. I don't have the formal background so I don't see myself doing that when I retire. I like to play bridge and travel to keep myself both physically and mentally active.

***Who are your role models?***

I'm reluctant to name names because I'm sure I will forget someone: Gandhi, also Margaret Thatcher – a strong lady. Margaret Thatcher has done a lot of good things. In the later part of her rule in government, obviously, things did not go so well, but it's interesting to see how the initial part of her administration was run.

***What do you like most about your profession; what keeps you going from day to day?***

My passion is my profession where I gain lots of job satisfaction. I am energized by positive outcomes in my pursuit of excellence. My vision for future is to expand the scope of practice and research within anesthesia. Advancing technology and improving techniques will enhance patient care. What keeps me going every day is I can come up with a new idea– I test it out, see if it works. It is really fun not just to be a follower but to try something other people have not tried. Together with my team of staff who are equally motivated, we test out new ideas and see for ourselves whether they work or not. Every day is a research day and it's always challenging to learn new things, think outside of the box and find the next frontier. There are so many possibilities to explore in advancing the field of anesthesia.

*Thank you, Dr. Chan!*

## **Rewarding Research in Patient Care: Dr. C. David Mazer**

*Submitted by: Miss Tina Nair*

Dr. C. David Mazer is an international leader in research in cardiovascular anesthesia with seminal contributions (including a number of very high impact publications), and leadership in related international professional organizations. He recently received the Canadian Anesthesiologists' Society Research Award for excellence in research in anesthesia. Dr. Mazer is also a Professor (UT and St. Michael's Hospital) and the Vice Chair of Research, Department of Anesthesia, University of Toronto.



***Congratulations on receiving this prestigious award! Can you tell us a little more about your research on cardiovascular anesthesia which led to this recognition?***

Cardiovascular surgery is among the most common operative procedures in the adult population and anesthesiologists are leaders in the quest for safety and improved outcomes in these procedures. The goal of my work is to promote excellence in patient care through research in perioperative management of patients undergoing cardiovascular procedures. Cardiovascular anesthesia research has played a significant role in reducing the risk for patients undergoing cardiovascular surgery and has led to the development of more complex procedures that have benefited many patients.

Our aim is to protect vital organs at risk: the brain, heart, and kidneys; and to optimize bleeding risks and transfusion practice. We have discovered new mechanisms, looked at the risks and benefits of certain therapies, evaluated blood substitutes and shed new light on the physiology of cardiopulmonary bypass and cardiac surgeries. This research has been a collaborative effort: it would not have been possible without the help of the many patients, colleagues and collaborators I have been fortunate to work with.

***How do you hope this research will impact the future of cardiovascular anesthesia?***

In general, it will broaden our understanding of patient management. It has already brought about changes in practice; new therapies are in place or are being developed, and some old therapies have had their safety questioned. A drug was also suspended from marketing as a result of this research.

That's what happens in research – trying to answer one question generates several new ones.

***Of your published papers, do you have a favourite? Why is it your favourite?***

I don't have a favourite, but my first paper, written while I was still a resident, was the most memorable. We were looking at protecting the kidneys during anesthesia. This turned me on to research and I learned a lot about the research process. It ignited a fire within me; it was all new and exciting. It's not new anymore, but it's still exciting.

***How and why did you end up choosing Anesthesia?***

There are two reasons: I've always loved physiology, pharmacology, and critical care – anesthesia is the perfect opportunity to combine all three. Also, when I did anesthesia as an intern, the anaesthesiologists were the most interesting and happiest group of people I worked with.

***What do you like most about your profession?***

I like the variety and I like the ability to provide care. There is no other specialty that allows me, as a caregiver, to participate in the whole spectrum of life-care: from the miracle of birth to the end of life, and all the stages in-between, with all its highs and lows. You can help people during times of crisis and need. Also, hardly a day goes by that I don't see yet another job I'm glad I don't have!

***You are also a Professor and teacher. What do you think is your best attribute as a teacher?***

My best attribute is patience. I want people to learn and I'm appreciative of the process one must go through to learn things. I try to be sensitive to the different needs of each individual in the learning process.

***How do you manage create harmony between your personal life and your career?***

I try to set priorities and make time for both aspects, because both are important. I was very happy that my family were all able to be with me in Vancouver this year, to share in this honour of my receiving the CAS Research Award.

One of the interesting things I've come to realize about my wife and I is that our particular careers have opposite aims. My wife is an architect and an architect aims for people to be aware of and sensitive to their environment; to interact with it and be influenced by it. As an anesthesiologist, I have to make people insensitive to their environment by abolishing pain and/or consciousness in order to be successful at what I do. I guess you could say it's an example of opposites attracting.

***Do you have a personal motto?***

One of my mottos is "Don't always accept 'No' for an answer." I've learned this from having done research in areas where people said it "couldn't be done". Persistence pays off – in order to make progress you have to question things, push the barriers and persevere.

*Thank you Dr. Mazer!*

## **Contemplating Life on Denali**

*Submitted by Dr. Patricia Murphy*

On May 31, 2009 I flew to Alaska to climb the West Rib of Denali, the "great one". Mt McKinley, as it is otherwise known, is the highest mountain in North America at over 20,340 feet. I summited on June 20<sup>th</sup> at 4:00pm with Vince Anderson during a total whiteout. We had to stop multiple times on the summit ridge waiting for the whiteouts to clear. A sheer drop off of several thousand feet from the ridge meant that a wrong step could lead to a fatal fall. My oxygen saturation on the summit was 71% and my heart rate 105, but I felt totally fine with no symptoms of altitude sickness. Denali is infamous within the climbing community for the hostile environment of storms and hazards it poses to climbers. It did deliver on both of those points and much more during our expedition in June.



**Pat Murphy and Vince Anderson Camping in the Clouds**

Over the 3 ½ weeks spent on the mountain, we climbed the equivalent of over 28,000 feet as we acclimatized, changed route, and then climbed to the summit. During this time, we experienced a 5.8 earthquake, smelled volcanic eruptions, sat in our tent during snowstorms listening to endless avalanches around us, and watched massive serac falls. I saw huge crevasses open up on the glacier making travel hazardous. I fell into a large crevasse up to my waist



during a snowstorm when a snow bridge partially collapsed under me, but managed to pull myself out using my ice axe and ski pole. Tragically, we had the sobering task of identifying the bodies of two climbers we had met on the West Rib only the day before they fell to their deaths.

As a physician on the mountain I received a tour of the medical tent at 14,500 feet from one of the EMT's. I was pleasantly surprised to see it fully equipped with ETT's, laryngoscopes, defibrillator, ECG monitor, Gamow bag, resuscitation fluids and drugs. The medical personnel at 14,500 are experienced and knowledgeable climbers. Denali is beautiful, rugged, cold and unforgiving. But I had a wonderful climb and fell totally in love with Alaska. Despite everything I experienced, I would return there to climb again without hesitation.

## Sounds of Canada

*Submitted by: Dr. Gavin Pattullo, Fellow  
Sunnybrook Health Sciences Centre*

*D. Gavin Pattullo completed medical school in Tasmania and then went on to undertake his training for FANZCA (2003) and FFPMANZCA (2004) at Royal North Shore Hospital, Sydney. He has taken leave from his role as Staff Specialist and Director of the Acute Pain Service at RNSH to undertake his fellowship in Toronto.*

Before starting this article I must first make a disclaimer. I have no misconceptions about my own lack of philosophical insight. This being the case, I do feel at liberty to make the following comment: life does take unexpected twists and turns, some bad and some good. For my wife and me the "bad" was her diagnosis of acute leukaemia three weeks before our wedding. The "good" was her remission with chemotherapy and then the profound realisations that develop with such an experience. For some, these realisations may have already surfaced; for others, particularly when caught up in the world of training and career building, they may be otherwise suppressed. These realisations are the type that mean when your wife is offered an opportunity to undertake PhD research with a world leader - but in another country - you do not hesitate to drop everything and go.



**Gavin Pattullo snowboarding the Rockies**

So that is the background to how I found myself heading to Toronto for an 18-month fellowship in general and regional anaesthesia. Well, admittedly, that is not the full story. Having already completed a Pain Fellowship and worked as a staff specialist for a couple of years there was some reluctance to go 'backwards', as it were. I toyed (very briefly) with the idea of employment as a barista in the summer and then spending the winters snowboarding. But if you have ever tried North American coffee you will know all too well that their coffee standards do not demand the services of a barista. Worse than that, there are no mountains within cooee of Toronto, taking snowboarding off the list of options.

I chose Sunnybrook Hospital for my fellowship because of its strength in ultrasound guided regional anaesthesia and its reputation as being a great place to work. The fact that its name made it sound like a retirement home was only a little bit disconcerting.

At Sunnybrook, I found a dedicated and cohesive team of staff anaesthetists numbering close to 40, with most working full-time. The ultrasound guided regional anaesthesia largely takes place at a dedicated upper and lower limb orthopaedic hospital situated in downtown Toronto. This location utilises a large block room where all patients are prepared for the 4 operating rooms. The benefit of this design is that it results in a large number of anaesthetic colleagues being readily available within a small space, so making for a fertile learning environment. I am truly fortunate to have been able to interact in this way with Dr. Colin McCartney, a humble Scotsman with inexhaustible patience who has established himself as an authority in the field of ultrasound guided regional anaesthesia.



**Gavin and Venessa Pattullo at Lake Louise**

Surgery at this location is almost exclusively performed under regional anaesthesia with sedation. The full range of upper and lower limb blocks, both single-shot and catheter techniques, are employed in achieving this. Needles are successfully placed in many unlikely places – and I thought my pain training had prepared me for most of the possibilities!

A few years back in an effort to improve efficiency, the anaesthesia department made a purposeful move to regional anaesthesia away from a strict GA practice. This move achieved efficiency gains, partly by eliminating the delays due to GA induction and emergence in the operating room. Regional anaesthesia also avoided recovery room backlogs through having patients practically ward ready by the time they left the OR. Efficiency gains through early discharge are aimed for by optimising postoperative

analgesia, with an impressive armamentarium of multimodal analgesics, and working this in with a comprehensive rehabilitation program.

To read the rest of Dr. Pattullo's article, please click on this link: [The ANZCA Bulletin, June 2009](#), and go to page 36.

## IMG Royal College Exams Revision Tutorial Groups

*Submitted by: Dr. Doreen Yee*



For a number of years, the tutorial revision groups in preparation for the Royal College exams have been offered to our final year residents. They have been divided into three groups of 6-8 people each. Three tutorial leaders spent 3-5 hours of their time every week from September to May reviewing topics and coaching candidates on oral exam techniques. This practice has become such an "institution" now, that no resident in our program would ever consider undertaking the exams *without* the benefit of these sessions! Of interest though, this level of organization is NOT found in all anesthesia programs across the county.

In the last few years, there have been an increasing number of individuals within the university department who write the exams, but are not in our residency program. Initially, a few could be accommodated into the existing resident groups. Most of these people were IMGs who had been hired on as faculty at our hospital sites and who had been deemed eligible to write the exams. With the increase in resident numbers however, these groups became too large and unmanageable. The tutorial leaders were reluctant to turn anyone away, but some residents felt that their education was jeopardized because of the group size. There was also an awkward dynamic between the IMG faculty and residents during the sessions, because the faculty member may have been supervising the resident just hours before in the OR. Our tutorial leaders did their best, and a few even went out of their way and spent after-hours time with individuals who required more help.

This matter was discussed by the Postgraduate Committee last year. Priorities were reviewed in order to determine how to allocate this limited resource. I estimated (conservatively) that each tutorial leader was worth perhaps \$20,000 per academic year in tutorial time alone. This is currently absorbed by the practice plans that provide the leaders academic time away from clinical activities.

The PG Committee unanimously agreed that a fourth tutorial group would be a good idea, and that was formed last September under the supervision of Dr. Martin van der Vyver with the intent to accommodate IMG faculty and some PRAs. A UofT faculty appointment, dedicated weekly time, and approval from the Royal College to write the exam were the entrance criteria. 'Observers' are no longer permitted in any of the groups. The myths that one had to be in a group to observe UofT residents, and that there was a need for a consistent tutorial leader all year were quickly dispelled. It is likely that the educational needs of this group differ from that of the residents, as most of these people have much more clinical experience. Four of the six who sat the exam this past spring passed.

For all others, a Saturday morning series of tutorials was developed. Of note, two of the four passed the exams from this group, and all participants deemed the sessions extremely valuable. There appears to be even more interest this coming year for these Saturday sessions.

## Process Improvement Work is Underway at St. Michael's PAF

*Submitted by Dr. Patricia Houston, Anesthesiologist-in-Chief, SMH*

*Written by: Dr. Antoine Pronovost, St. Michael's Hospital*



Work in the Pre-Admission Facility (PAF) has begun at St. Michael's hospital in order to apply business concepts to improve the patient care experience. A multi-disciplinary group of health care providers will map the patient journey with specific attention to the patient perspective. This map will serve as a reference to reduce waste, standardize practice, and smooth patient demands.

Waste stems from many sources, including conveyance (patients being repeatedly escorted from one area to another), idle wait, and over-processing (duplication of data collection or error correction). Adopting the patient perspective to assess whether a step adds value will help identify those non-value added activities which should be eliminated.

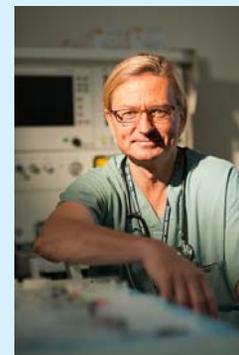
Standardization of practice helps produce accurate data and predictable work flow. Most health care workers readily agree that patient variability limits options for standardization; thus the goal of this multi-disciplinary group will be to agree on specific elements which should be standardized to reliably deliver a high quality of care.

Load-leveling attempts to smooth peaks and troughs in demand. Excess variability generally produces waste because resources sit idle at low demand and cannot create a buffer (store capacity) to later meet peak demand. Careful attention to scheduling and work flow practices are expected to improve clinic performance.

Data collected in the course of this project will include patient and staff satisfaction, as well as operational metrics on clinic performance. We look forward to presenting you with more information shortly.

## College of Physicians and Surgeons of Ontario (CPSO)

*Submitted by: Dr. Matt Kurrek, Assistant Professor*



The CPSO is the self-regulating body of the medical profession in Ontario and regulates the practice of medicine in order to protect the public interest. Its role, authority and powers are set-out in the *Regulated Health Professions Act (RHPA)*, the *Health Professions Procedural Code* under the *RHPA* and the *Medicine Act*.

The Council is the governing body of the College. The *RHPA* stipulates that it consist of at least 32 members: 16 elected physicians; 3 appointed Faculty of Medicine physicians; and no fewer than 13 appointed non-physicians. Note that Professor Robert Byrick, a long-standing member and former Chair of the University of Toronto's Department of Anesthesia, is currently serving as an academic member of the Council, along with Dr. Wexler (elected member of Council, University of Western Ontario, Department of Anesthesia).

There are several important current initiatives by the CPSO. The ones with particular relevance to anesthesiologists are: 1. The Out-of-Hospital Facility (OHF) project; 2. The Change Scope of Practice and Re-Entering Practice Policies; and, 3. Plans to increase the capacity for peer assessments.

### OHF Project

In 2008, the CPSO moved towards its goal of ensuring effective regulation of non-hospital facilities in which invasive procedures are performed. This involved the development of legislation that permits the CPSO to regulate out-of-hospital facilities and clarify investigative powers. In late April 2009, Bill 141 was proclaimed into law, allowing College investigators to directly observe a health professional's practice, including watching a procedure being performed, as part of an out-of-hospital facility inspection.

Ms. Robin Reece has been recruited as the project manager for the OHF project and, together with Mr. Wade Hillier from the Independent Health Facility (IHF) Program reviewed various projects from other jurisdictions to create a working document for OHF Standards and Guidelines. The recently created Out-of-Hospital Standards and Guidelines Pilot Task Force, involving members from a variety of backgrounds, is currently reviewing this document and is looking to bring a proposal forward for review by the Council working group in early fall. The guidelines and standards will ultimately apply to a variety of settings where anesthesia is given in various free-standing endoscopic, ophthalmologic, cosmetic, bariatric and pain clinics and facilities.

## Change in Scope of Practice and Re-Entering Practice Policies

In 2008, the Changing Scope and Re-entering Practice policies were made mandatory by Council to ensure that physicians notify the College when they are contemplating a significant change to their scope of practice or on returning to practice after a prolonged absence from clinical care. This may include practice in an area of clinical care that the practitioner has not recently been involved in, or returning to clinical duty after a prolonged absence for medical reasons. Questions about change of scope should be addressed to the College, who will then determine if a significant change in scope of practice applies, or if the physician has the experience needed to practice in the new area. Physicians to whom this applies will usually be required to undergo a period of supervised training as well as an assessment of his/her practice. The physician is responsible for covering the costs for the training, supervision and assessment.

## Peer Assessments

The College has a legislated mandate to continuously improve the quality of care provided by physicians. The CPSO has pioneered these efforts beginning in 1977 and been internationally recognized for its program achievements. In 2008, a total of 1,466 physician assessments were performed (1,177 were peer assessments). The CPSO is building its capacity to be able to complete 2,000 assessments per year beginning in 2010.

In 2008, 41 anesthesia peer assessments were completed, 16 of which were deemed a category 1 (a staff-assigned category that does not require review by the Quality Assurance Committee- QAC). The remaining 25 anesthesia assessment reports were reviewed by the QAC and the outcome was satisfactory in 60% of cases (20% had minor record-keeping and/or quality of care concerns resulting in a re-assessment; 20% had quality of care concerns/unanswered questions that warranted an interview with the QAC or participation in a review panel). These outcomes are comparable with assessment results from other specialties.

The QAC uses two programs to comprehensively assess physicians --- one for general or family physicians, the other for specialists. For anesthesia specialists, assessments are done through the Specialties Assessment Program (SAP); no SAP assessments were completed in 2008.

Currently, there are 13 anesthesia peer assessors from various backgrounds and practice settings across Ontario. With the numbers of assessments scheduled to increase significantly, the CPSO is actively looking to recruit new anesthesia peer assessors. This represents an opportunity to participate in an important and rewarding program. Being a successful peer assessor requires a strong knowledge base and excellent communication skills. New assessors undergo an initial peer assessment screening and participate in a training course. They may then accept assignments that can vary in frequency from a few times a year to several times a month. Assessments may also involve travel (within the province of Ontario). The CPSO has policies to reimburse assessors for certain expenses and pays an hourly stipend (currently \$135 per hour). Individuals interested in becoming a peer assessor can contact either the Network Lead for the Peer Assessor Network, CPSO (M. Kurrek at 416-399-7640) or the CPSO directly (Maureen Gans (ext. 637) or Sharon Moorcroft (ext. 422) at 416-967-2600).

[Parts of this text were taken with permission from the CPSO's website]

## Recent Publications

*Submitted by: Dr. David Mazer, Vice Chair, Research*

Clarke H, Pereira S, Kennedy D, Andriou J, Mitsakakis N, Gollish J, Katz J, Kay J.

Adding gabapentin to a multimodal regimen does not reduce acute pain, opioid consumption or chronic pain after total hip arthroplasty.

*Acta Anaesthesiol Scand* 2009 Sep;53(8):1073-83. Epub 2009 Jun 30.

Carmona P, Bowry R, Chen R, Tousignant C.

Aorto-pericardial filling without tamponade: an unusual late Bentall complication.

*Anesth Analg* 2009 Sep;109(3):717-9.

Bould MD, Crabtree NA, Naik VN.

Assessment of procedural skills in anaesthesia.

*Br J Anaesth* 2009 Oct;103(4):472-83. Epub 2009 Aug 30.

Friedman Z, Siddiqui N, Katznelson R, Devito I, Bould MD, Naik V.

Clinical impact of epidural anesthesia simulation on short- and long-term learning curve: High- versus low-fidelity model training.

*Reg Anesth Pain Med* 2009 May-Jun;34(3):229-32.

Bould MD, Hayter MA, Campbell DM, Chandra DB, Joo HS, Naik VN.

Cognitive aid for neonatal resuscitation: a prospective single-blinded randomized controlled trial.

*Br J Anaesth* 2009 Oct;103(4):570-5. Epub 2009 Aug 18.

Brull R, Lupu M, Perlas A, Chan VW, McCartney CJ.

Compared with dual nerve stimulation, ultrasound guidance shortens the time for infraclavicular block performance.

*Can J Anaesth* 2009 Aug 29. [Epub ahead of print]

Katznelson R, Djaiani G, Mitsakakis N, Lindsay TF, Tait G, Friedman Z, Wasowicz M, Beattie WS.

Delirium following vascular surgery: increased incidence with preoperative beta-blocker administration.

*Can J Anaesth* 2009 Aug 27. [Epub ahead of print]

Macfarlane AJ, Prasad GA, Chan VW, Brull R.

Does regional anaesthesia improve outcome after total hip arthroplasty? A systematic review.

*Br J Anaesth* 2009 Sep;103(3):335-45. Epub 2009 Jul 23. Review.

Crawford MW, Pehora C, Lopez AV.

Drug-induced acute pancreatitis in children receiving chemotherapy for acute leukemia: does propofol increase the risk?

*Anesth Analg* 2009 Aug;109(2):379-81.

Hare GM, Liu E, Baker AJ, Mazer CD.

Effect of oxygen affinity on systemic perfusion and brain tissue oxygen tension after extreme hemodilution with hemoglobin-starch conjugates in rats.

*Intensive Care Med* 2009 Jul 10. [Epub ahead of print]

Morgan PJ, Tarshis J, LeBlanc V, Cleave-Hogg D, DeSousa S, Haley MF, Herold-McIlroy J, Law JA..

Efficacy of high-fidelity simulation debriefing on the performance of practicing anaesthetists in simulated scenarios.

*Br J Anaesth* 2009 Oct;103(4):531-7. Epub 2009 Aug 24.

Taylor K, Holtby H.

Emergency interventional lung assist for pulmonary hypertension.

*Anesth Analg* 2009 Aug;109(2):382-5.

Clarke H, Pereira S, Kennedy D, Gilron I, Katz J, Gollish J, Kay J.

Gabapentin decreases morphine consumption and improves functional recovery following total knee arthroplasty.

*Pain Res Manag* 2009 May-Jun;14(3):217-22.

Lu WY, Inman MD.

Gamma-aminobutyric acid nurtures allergic asthma.

*Clin Exp Allergy* 2009 Jul;39(7):956-61. Epub 2009 Apr 22.

Kavanagh BP.

The GRADE system for rating clinical guidelines.

*PLoS Medicine*. 2009 Sep; 6(9): e1000094. Epub 2009 Sep 15.

Siddiqui N, Katznelson R, Friedman Z.

Heart rate/blood pressure response and airway morbidity following tracheal intubation with direct laryngoscopy, GlideScope and Trachlight: a randomized control trial.

*Eur J Anaesthesiol* 2009 Sep;26(9):740-5.

El Beheiry H, Wong J, Nair G, Chinnappa V, Arora G, Morales E, Chung F.

Improved esophageal patency when inserting the ProSeal laryngeal mask airway with an Eschmann tracheal tube introducer.

*Can J Anaesth* 2009 Oct;56(10):725-32. Epub 2009 Jul 15.

- Ladak SS, Katznelson R, Muscat M, Sawhney M, Beattie WS, O'Leary G.  
Incidence of urinary retention in patients with thoracic patient-controlled epidural analgesia (TPCEA) undergoing thoracotomy.  
*Pain Manag Nurs* 2009 Jun;10(2):94-8.
- Tousignant C, Bowry R, Cruz JD, Mazer CD.  
Induction of anesthesia does not alter tricuspid annular velocities: a tissue Doppler assessment.  
*Can J Anaesth* 2009 Oct;56(10):757-62. Epub 2009 Jul 29.
- Angle P, Kurtz Landy C, Murthy Y, Cino P.  
Key issues and barriers to obstetrical anesthesia care in Ontario community hospitals with fewer than 2,000 deliveries annually.  
*Can J Anaesth* 2009 Sep;56(9):667-77. Epub 2009 Jun 17.
- Duggan E, El Beheiry H, Perlas A, Lupu M, Nuica A, Chan VW, Brull R.  
Minimum effective volume of local anesthetic for ultrasound-guided supraclavicular brachial plexus block.  
*Reg Anesth Pain Med* 2009 May-Jun;34(3):215-8.
- Wijeyesundera DN, Karkouti K, Rao V, Granton JT, Chan CT, Raban R, Carroll J, Poonawala H, Beattie WS.  
N-acetylcysteine is associated with increased blood loss and blood product utilization during cardiac surgery.  
*Crit Care Med* 2009 Jun;37(6):1929-34.
- Choi S, Brull R.  
Neuraxial techniques in obstetric and non-obstetric patients with common bleeding diatheses.  
*Anesth Analg* 2009 Aug;109(2):648-60. Review.
- Ioscovich AM, Goldszmidt E, Fadeev AV, Grisar-Granovsky S, Halpern SH.  
Peripartum anesthetic management of patients with aortic valve stenosis: a retrospective study and literature review.  
*Int J Obstet Anesth* 2009 Oct;18(4):379-86. Epub 2009 Sep 3.
- Welke TM, LeBlanc VR, Savoldelli GL, Joo HS, Chandra DB, Crabtree NA, Naik VN.  
Personalized oral debriefing versus standardized multimedia instruction after patient crisis simulation.  
*Anesth Analg* 2009 Jul;109(1):183-9.
- McLaren AT, Mazer CD, Zhang H, Liu E, Mok L, Hare GM.  
A potential role for inducible nitric oxide synthase in the cerebral response to acute hemodilution.  
*Can J Anaesth* 2009 Jul;56(7):502-9. Epub 2009 May 2.
- Ip HY, Abrishami A, Peng PW, Wong J, Chung F.  
Predictors of postoperative pain and analgesic consumption: a qualitative systematic review.  
*Anesthesiology* 2009 Sep;111(3):657-77. Review.
- McCaul C, Kornecki A, Engelberts D, McNamara P, Kavanagh BP.  
Positive end-expiratory pressure improves survival in a rodent model of cardiopulmonary resuscitation using high-dose epinephrine.  
*Anesthesia and Analgesia*. 2009 Oct; 109:1202-1208.
- Whitty RJ, Wong GK, Petroz GC, Pehora C, Crawford MW.  
Preparation of the Dräger Fabius GS workstation for malignant hyperthermia-susceptible patients.  
*Can J Anaesth* 2009 Jul;56(7):497-501. Epub 2009 Apr 28.
- Brown SC, Hart G, Chastain DP, Schneeweiss S, McGrath PA.  
Reducing distress for children during invasive procedures: randomized clinical trial of effectiveness of the PediSedate.  
*Paediatr Anaesth* 2009 Aug;19(8):725-31.
- Mehta B, Tarshis J.  
Repeated large-volume epidural blood patches for the treatment of spontaneous intracranial hypotension.  
*Can J Anaesth* 2009 Aug;56(8):609-13. Epub 2009 Jun 3.

Clarke HA, Tarshis J, Lam-McCulloch J, Kay J.  
Saddle block analgesia for high-dose-rate brachytherapy: A prospective study.  
*Brachytherapy* 2009 May 8. [Epub ahead of print]

Chung F, Elsaid H.  
Screening for obstructive sleep apnea before surgery: why is it important?  
*Curr Opin Anaesthesiol* 2009 Jun;22(3):405-11. Review

Balaban DY, Regan R, Mardimae A, Slessarev M, Han JS, Wells GD, Duffin J, Iscoe S, Fisher JA, Preiss D  
A simple and portable breathing circuit designed for ventilatory muscle endurance training (VMET).  
*Respir Med* 2009 Aug 11. [Epub ahead of print]

Pronovost A, Peng P, Kern R.  
Telemedicine in the management of chronic pain: a cost analysis study.  
*Can J Anaesth* 2009 Aug;56(8):590-6. Epub 2009 May 30.

Masood A, Yi M, Lau M, Belcastro R, Shek S, Pan J, Kantores C, McNamara PJ, Kavanagh BP, Belik J, Jankov RP, Tanswell AK.  
Therapeutic effects of hypercapnia on chronic lung injury and vascular remodeling in neonatal rats.  
*American Journal of Physiology* (Lung). 2009 Sep 11. [Epub ahead of print]

Chin KJ, Perlas A, Singh M, Arzola C, Prasad A, Chan V, Brull R.  
An ultrasound-assisted approach facilitates spinal anesthesia for total joint arthroplasty.  
*Can J Anaesth* 2009 Sep;56(9):643-50. Epub 2009 Jun 23.

Balki M, Lee Y, Halpern S, Carvalho JC.  
Ultrasound imaging of the lumbar spine in the transverse plane: the correlation between estimated and actual depth to the epidural space in obese parturients.  
*Anesth Analg* 2009 Jun;108(6):1876-81.

Perlas A, Chan VW, Lupu CM, Mitsakakis N, Hanbidge A.  
Ultrasound assessment of gastric content and volume.  
*Anesthesiology* 2009 Jul;111(1):82-9.

Chin KJ, Macfarlane AJ, Chan V, Brull R.  
The use of ultrasound to facilitate spinal anesthesia in a patient with previous lumbar laminectomy and fusion: a case report.  
*J Clin Ultrasound* 2009 Oct;37(8):482-5.

Hayes J, Pehora C, Bissonnette B.  
The use of NSAIDs in pediatric scoliosis surgery - a survey of physicians' prescribing practice.  
*Paediatr Anaesth* 2009 Aug;19(8):756-63.

## Future U of T Anesthesia CME/CPD Courses

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

Course	Dates	Contact
Introductory Workshops for Ultrasound Guided Nerve Blocks	Oct. 2-4, 2009	<a href="mailto:vincent.chan@uhn.on.ca">vincent.chan@uhn.on.ca</a>
Obstetric Anesthesia - Mount Sinai Hospital	Oct 23-24, 2009	<a href="mailto:obanesthesia@mtsinai.on.ca">obanesthesia@mtsinai.on.ca</a>
Hyperbaric Medicine	Oct. 2009	Wayne Evans: <a href="mailto:hyperbaric@utoronto.ca">hyperbaric@utoronto.ca</a>
Critical Care Canada Forum	Oct 25-28, 2009	<a href="mailto:brian.kavanagh@utoronto.ca">brian.kavanagh@utoronto.ca</a>
Pediatric Anesthesia	Nov. 6-8, 2009	Elizabeth McLeod: <a href="mailto:pediatric.anaesthesia@sickkids.ca">pediatric.anaesthesia@sickkids.ca</a>
Perioperative Transesophageal Echocardiography Symposium	Nov. 7&8, 2009	<a href="mailto:julie.nigro@uhn.on.ca">julie.nigro@uhn.on.ca</a>
UT Anesthesia Faculty Development Day	Nov. 11, 2009	<a href="mailto:anesthesia@utoronto.ca">anesthesia@utoronto.ca</a>
Obstetric Anesthesia Day - Women's College Hospital	Nov. 27, 2009	<a href="mailto:pamela.angle@wchospital.ca">pamela.angle@wchospital.ca</a>

## Future CME/PD Courses Continued...

Course	Dates	Contact
Mendelsohn Lecture - Dr. Vincent Chan "The Renaissance of Regional Anesthesia" - Mt. Sinai Hospital	Nov. 27, 2009	Allison Ho: <a href="mailto:cme@nygh.on.ca">cme@nygh.on.ca</a>
Toronto Anesthesia Practice, "Big and Beautiful"	Nov. 28-29, 2009	Allison Ho: <a href="mailto:cme@nygh.on.ca">cme@nygh.on.ca</a>
Introductory Workshops for Ultrasound Guided Nerve Blocks	Jan. 15-17, 2010	<a href="mailto:vincent.chan@uhn.on.ca">vincent.chan@uhn.on.ca</a>
Tremblant Anesthesia Meeting - Fairmont Hotel, Mt. Tremblant	Feb. 12-15, 2010	<a href="mailto:jordan.tarshis@sunnybrook.ca">jordan.tarshis@sunnybrook.ca</a>
Toronto Anesthesia Symposium, "Anesthesia and Outcomes" - Chestnut Residence, U of T	Apr. 17-18, 2010	<a href="mailto:rusty.stewart@uhn.on.ca">rusty.stewart@uhn.on.ca</a>
31 <sup>st</sup> Annual Shields Research Day	May 7, 2010	<a href="mailto:anesthesia@utoronto.ca">anesthesia@utoronto.ca</a>
MAC2010 (8 <sup>th</sup> International Conference on Mechanisms of Anesthesia)	June 15-18, 2010	<a href="mailto:beverley.orser@utoronto.ca">beverley.orser@utoronto.ca</a>
Advanced Workshop for Ultrasound Guided Nerve Blocks.	Dec. 3-4, 2010	<a href="mailto:christine.drane@uhn.on.ca">christine.drane@uhn.on.ca</a>

### In the Next Morpheus Reporter:

CAS-IEF Rwanda Anesthesia Residency Training Partnership, by Rob Kriz (supervisor: Dr. Peter Slinger)



## The Morpheus Reporter

**Please keep in touch!**

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

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