

# ANESTHESIA NEWS

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2011 EDITION



# From the Program Director

*Dr. Susan O'Leary*



*Dr. Susan O'Leary*

WELCOME TO THE FIRST Memorial University of Newfoundland Discipline of Anesthesia Newsletter. As program director, I am pleased to share the accomplishments of the residents and faculty and to report on the activity in our discipline.

Educating trainees to be outstanding clinicians is foremost in our minds as staff and residents work every day, side by side in the operating room, the clinic or wherever we care for patients. Clinical exposure and experience has always been one of the strong points of our program. Residents and staff alike are recognized for their dedication and excellence in patient care.

We also find success in other areas, such as research and teaching. Dr. Michael Bautista is relatively new to the field of research and is leading the charge as residents undertake projects. Dr. Noel O'Regan has residents resuscitating "Stan" (our human patient simulator) from various intra-operative problems followed by a debriefing of the stressful situation. Dr. Jennifer Harris is blending her undergraduate educator experience with her new role on the Residency Training Committee. Residents likewise make the program exciting and innovative. From the bench work of Drs. Kimberly Macala and Greg Manning, to space study by Dr. Mark Lipsett, residents are active in research. At rounds, we all sit in awe of Dr. Peter Collins as he astounds us with his knowledge of the topic and his technologically savvy presentations. And travelling far from St. John's, Dr. Lisa MacMahon will provide care to those less privileged in Tanzania as well as following her love of travel.

Outside of the hospital, the talents of anesthesiologists abound. We have musicians, artists, writers, skiers, hockey players, photographers, craftsman, rock climbers and the list goes on. We define ourselves by being more than doctors and Dr. Barton Thiessen will provide a glimpse into his life beyond the OR in this newsletter issue. As you read the next several pages, these individuals and others will introduce you to the Residency Program and Discipline of Anesthesia at Memorial. I am proud and happy to be a part of it.

## ACKNOWLEDGEMENTS

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*Cover photo: Dr. Sonia Sampson*

## Anesthesiology Leadership



Dr. Jeremy Pridham

THE DISCIPLINE OF ANESTHESIA has seen a number of positive changes over the last year and a half. Dr. Jeremy Pridham took over as chair in February 2010, having previously served as program director.

"This allowed me an intimate knowledge of the workings of the residency program and all its strengths and weaknesses. I was able to initiate some needed changes and Dr. Susan O'Leary has seen these through to fruition through her dedication and hard work as the current program director."

Dr. Pridham is very interested in faculty development. "Through the discipline we have been able to access various speakers and technologies to facilitate this process. We have been fortunate to attract several young and dedicated faculty members to the department who have assumed significant roles in the educational activities of the discipline."

There have been advancements and growth within Memorial's anesthesia program including a strong series for the academic half day addressing different CanMEDS roles and incorporating simulation exercises, a new well-designed set of goals and objectives, excellent clinical exposure and development of a strategic plan. Also important to note is the enthusiasm of the new Residency Program Committee members.

The discipline is well supported by Dr. Jim Flynn, the peri-operative program co-clinical chief and site chief at the Health Sciences Centre, Dr. Ann Casey, St. Clare's Mercy Hospital site chief, Dr. Gail Cowan, Janeway site chief and Dr. Chander Kamra, Women's Health site chief.

## Administrative Staff

IN ANY DISCIPLINE, there's a great need for a strong support staff. We have four dedicated and hardworking anesthesia administrative employees — Brenda McHugh, Joanne Behm, Heather Bragg and Debbie Everson. In addition to a wide range of daily tasks, they spent many hours gathering information and preparing documentation for the accreditation survey in fall 2010. In the report from the Royal College of Physicians and Surgeons Canada, organization and administration of the program was identified as one of our strengths. This is evident in the day-to-day running of the program and is certainly demonstrated in the binders containing program documentation prepared for the surveyors to review.

# Residency Program Accreditation

THE FACULTY OF MEDICINE at Memorial University underwent an accreditation process for its postgraduate residency training programs in October 2010. The anesthesiology program received a “notice of intent to withdraw accreditation” from the Royal College of Physicians and Surgeons of Canada. A program receives this status when the Accreditation Committee identifies major weaknesses within a program that must be addressed.

Under the intent to withdraw status, a program must receive an external review by the Royal College within two years. In the meantime the anesthesiology residency program maintains accreditation and residents will receive full credit for their training.

Strengths identified by the report included a strong series for the academic half day which incorporated simulation exercises addressing different CanMEDS roles, a new well-designed set of goals and objectives and excellent clinical exposure. Also noted was an organized, dedicated program director and an enthusiastic Residency Program Committee.

The main area of weakness was the presence of ongoing allegations of intimidation which remain unresolved by the program, faculty or university processes. Dr. James Rourke, dean of the Faculty of Medicine has said that issues of intimidation are unfortunately, something that happens in many different work environments. “These are difficult to address and are especially unacceptable in a learning environment.” He has assured residents, faculty and staff that this weakness is being taken seriously and steps needed to improve the learning environment are underway.

All residency programs in Canadian medical schools undergo accreditation on a six-year cycle. Accreditation is a continuing quality improvement process. This process provides an opportunity for a program to strengthen and improve.

# Residency Training Committee

THE RESIDENCY TRAINING COMMITTEE (RTC) has recently adopted a new committee structure. Restructuring of the RTC is part of the strategic plan and is an important first step as we focus on the strategic directions. This structure streamlines reporting of RTC functions, make efficient and effective use of the members’ skills, expertise and time, and will attract new members to join and incorporate existing members into subcommittees.

The RTC consists of six sub-committees: evaluation, curriculum, simulation, research, professional development and undergraduate. In addition to these, there are two resident representatives and the discipline chair is an ad hoc member.

The sub-committee chairs have been established:

- Evaluation — Dr. Steven Howells
- Curriculum — Dr. Susan O’Leary
- Simulation — Dr. Noel O’Regan
- Research — Dr. Michael Bautista
- Professional development — Dr. Barton Theissen
- Undergraduate — Dr. Jennifer Harris

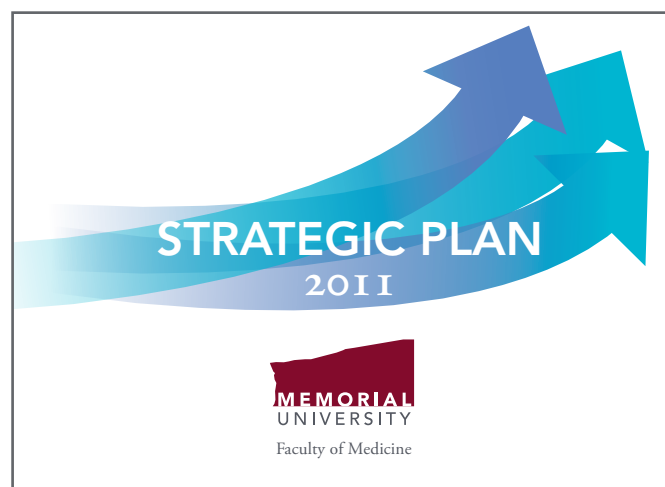
The chairs have identified members, written terms of reference and started work. The current resident representatives are Dr. Peter Collins and Dr. Greg Manning and Dr. O’Leary is the chair of the RTC. The RTC is the basis for the development and deliverance of anesthesia resident training.

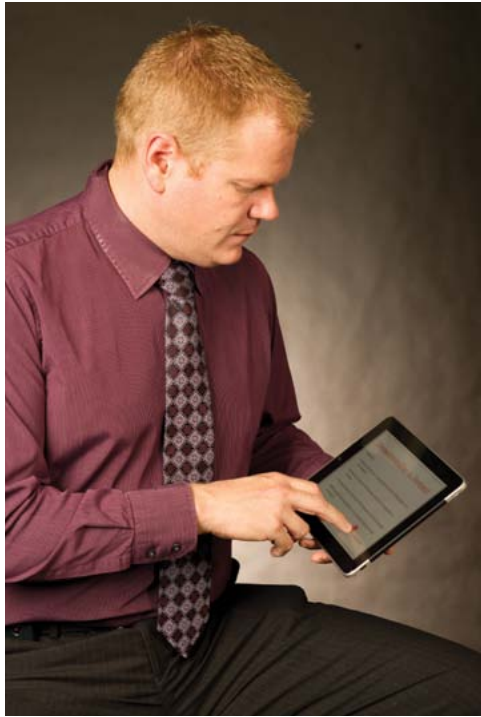
### Residency Training Committee Strategic Plan

The Residency Training Committee has developed a strategic plan for the next two years. This plan focuses on two key issues or strategic directions:

1. Build the RTC infrastructure that enables it to harness its leadership potential on issues that matter the most in anesthesia residency training and education.
2. Achieve and uphold the standards of education, academics, research and clinical training in anesthesia residency training.

Objectives, actions and timelines have been formulated for each of these directions. To support the advancement of these directives, the RTC will monitor progress in these strategic directions as a core component of its mandate. Most importantly, the RTC is committed to being transparent and accountable to anesthesia residents, faculty and staff.





Dr. Ian Kluk

## Technology and Teaching

WITH THE CONSTANT advancement of technology, it's important to recognize that medical education can benefit from the new resources available for both educators and their students. In the fall of 2010, the discipline ordered iPads for the residents. Historically, textbooks have been purchased for students, but in the current climate of electronic information acquisition and sharing, it was felt that this option will fulfill the education needs of the residents. The World Wide Web gives access to many textbooks, journals, medical websites and much more information available for download. The resident logbook, a record of OR cases and procedures and the Portfolio, a reflective narrative record, are easily found.

The discipline purchased a laptop computer and a set of e-clickers for use by residents and faculty. The e-clicker software is installed on the laptop and is ideal for presentations incorporating clicker technology. Also rounding out the technology upgrades is a SMART Board installed in the half-day classroom.

Electronic information dissemination and communication is fast, convenient and green. Going forward, more and more of the academic program will be electronic and the program will be investigating and implementing the best means of electronic information sharing.

## Award Winners

### Canadian Anesthesiologists' Society Awards

Drs. Michael Bautista and Dr. Geoff Zbitnew were selected as recipients of the Canadian Anesthesiologists' Society (CAS) awards for 2011. Dr. Bautista received the Clinical Practitioner Award for excellence in clinical anesthesia practice. Dr. Zbitnew received the John Bradley Young Educator Award which recognizes excellence and effectiveness in education in anesthesia. This year's awards were presented at the Canadian Anesthesiologists' Society Annual Meeting, June 24–28, 2011.

### Robert Green Award

Dr. Robert Green was known for his clinical teaching of residents throughout his career. "Bob" as he liked to be called, was known for his kind demeanour and always putting his patients at ease. He was loved by everyone who knew him. An anesthesia resident who demonstrates the most compassion in patient care receives this award in his memory and Dr. Colleen Maguire was the 2010 recipient.



Dr. Michael Bautista

## Faculty Awards

Each year, the anesthesia residents select deserving faculty anesthesiologists for three awards. Both Dr. John Jamieson and Dr. Noel O'Regan received the Outstanding Clinical Educator Award. The recipient of the Outstanding Scholar Award was Dr. Geoff Zbitnew and Dr. Noel O'Regan has received the Mentorship Award. The awards were presented at the Christmas party, December 16, 2010.



Dr. Geoff Zbitnew

## Resident Research

*Dr. Michael Bautista, Director of Resident Research*

IN 2008, DR. JEREMY PRIDHAM approached me to reorganize the Anesthesia Resident Research Program. At the time I made it quite clear that I didn't view myself as a researcher, but it didn't deter me from taking on the task that has had rewarding results from working with our talented residents.

Following meetings with Dr. Chris Loomis, vice-president research with Memorial University, as well as with Drs. Penny Moody-Corbett and Karen Mearow of the Faculty of Medicine's Graduate Studies Program, the following vision statement was devised for our discipline:

*The Research Program of the Discipline of Anesthesia will produce literature that is scientifically significant or clinically relevant to areas of practice in the specialty of anesthesia in a manner that is rewarding, educational and financially self-sustaining.*

Through fostering a culture of research, creating the capacity to do research within our discipline and taking full advantage of the expertise throughout Memorial University, this goal can be realized.

Thanks in a large part to our residents, that culture of research has been fostered and we are slowly building the capacity. Congratulations to all the many residents who have presented projects and posters over the past few years. By winning the poster competition at the Royal College 2009 ICRE meeting, Dr. Sonia Sampson has inspired all of us.

Our residents are encouraged to find projects that are within their expertise and suited to their personal interests. Presently our residents' projects are extremely varied,

ranging from lab animal studies and chemical analyses to medical education research, questionnaires and surveys. Their supervisors are not only in our discipline, but also throughout the Faculty of Medicine, and even in the Faculty of Science. It is my goal to help residents achieve their personal goals in research, whether it is a simple project to get the commitment finished, or a larger scale project with the potential to be accepted at a major meeting or for publication.

Resident Research Day has become an annual event with a unique format that includes continuing education, opportunities for feedback for residents on their projects as well as competition. This year, our research day included a hands-on session on *becoming an information ninja* through the use of Internet technology as well as a session on navigating the future provincial ethics committee.

The research project competition winners were:

- Dr. Greg Manning — First place for “Effects of Propofol and Bupivacaine on Septic Vascular Smooth Muscle.”
- Dr. Peter Collins — Second place for “Magnetic Guidance Can Facilitate Endotracheal Intubation in a Simulated Difficult Airway.”
- Dr. Jadon Harding — Third place for “The Use of Anesthesia Information Management systems in Canadian Academic Anesthesia Departments.”

The winner of the poster competition was Dr. Kimberly Macala for “Intravenous Fatty Emulsion Resuscitation Following Clonidine and Propranolol Ingestion: A Case Study.”

At the request of the Residency Training Committee, a research committee was created, and includes Dr. Yanqing Yi, Division of Community Health and Humanities;

Dr. Chris Martin, Medical Scholarship Centre; and Dr. Sonia Sampson, Discipline of Anesthesia. I look forward to working with these colleagues whose research experience and expertise will be invaluable in achieving the discipline’s research vision.

Dr. Kimberly Macala,  
Dr. Greg Manning,  
Dr. Peter Collins and  
Dr. Jadon Harding





## Changing Faces

JULY 2011 WILL BRING the departure of four residents from our program. Drs. Mairi Chadwick, David Flusk, Susan Galgay, and Magnus Breitling will move to the next stage of their careers. Drs. Flusk and Galgay have taken staff anesthesiologist positions at Eastern Health in Carbonear Hospital. Drs. Chadwick and Breitling will both undertake fellowships in chronic pain. Dr. Chadwick is going to the University of Ottawa and Dr. Breitling is heading to Dalhousie University.

July 2011 will also bring four new residents to our program. Drs. Sushil Sancheti and Heather O'Reilly from Memorial University of Newfoundland, Dr. Kathleen Carten from Northern Ontario School of Medicine and Dr. Yagui Tammy Lin from University of Western Ontario. We welcome the new residents and wish our graduates the best.



*Drs. David Flusk, Magnus Breitling, Susan Galgay and Mairi Chadwick.*

# Simulation Activity

*Dr. Noel O'Regan*



*Dr. Noel O'Regan*

I WAS GIVING an anesthetic to a 30-year-old man when the case turned bad; I was behind in my fluids. After a unit of blood and 500 of colloid, I still needed to give vasopressors. It was strange that he just wasn't responding to anything. The surgeon began complaining of how oozy things had suddenly gotten and the IV had blood oozing from the site. Could it be disseminated intravascular coagulation? That was when I heard the alarm. I looked up and saw the patient had gone into ventricular tachycardia. Oh no!

That was certainly a bad situation, a hemolytic blood transfusion reaction causing DIC and V Tach (secondary to hyperkalemia). All of these problems in a man with sickle cell disease. Thank God it wasn't real. This was the most recent case that our residents experienced in the human patient simulator (HPS) as part of their hematology module. They learned about the management of an ABO incompatibility and its complications, worked on all aspects of crisis resource management.

HPS training has been interwoven with our core curriculum. It provides education on rare, high risk medical conditions in a low risk environment. By the time our residents finish their five years, they will have managed malignant hyperthermia, anaphylaxis, massive hemoptysis and other similar events.

Our program has been involved with simulations research that has produced over eight posters, poster/presentations or workshops in the last two years. Two of these have won poster competitions at international meetings. We have a bright future in simulation.

## The Road to the OR

*Dr. Barton Thiessen*



*Dr. Barton Thiessen*

WHILE RECENTLY PRESENTING at the university career night and enjoying several hours with keen pre-clerkship medical students embarking on their lifelong journey, it made me ponder what it was that first attracted me to anesthesiology. I was easily able to explain the challenges and joys of working as an anesthesiologist, but I struggled to describe the decision making process that brought me from an undifferentiated medical student to an FRCPC anesthesiologist. I was going to be an ER doctor, and with my mathematics background, this decision should have been formulaic.

My journey to anesthesia was somewhat convoluted but in short form consists of a suburban youth who was unwilling to pursue formal education and at 17 ran away to Whistler. There I enjoyed skiing, biking, more skiing (resulting in an injury). This became a consistent pattern of skiing and biking until a second injury left me with the realization that I should probably “do something with my life.” Flash forward a little and I then had a wonderful wife, children, a B.Sc. Math and went to the University of B.C. to be an ER doctor. The funny thing was, I didn't really like the ER but everything about ER medicine I enjoyed seemed to happen in the OR. From the big lines, tubes, and enough iatrogenically altered physiology to keep me interested, it became clear that anesthesia was my true calling.

Soon I was off to Newfoundland to pursue a residency. Upon its completion our family had grown again, and here we are at present day!

Currently I enjoy my full-time work at the Health Sciences Centre operating room in St. John's, N.L. as an FRCPC anesthesiologist with a university appointment and a very generalist practice that includes cardiac, neuro, OB and acute pain. I have fantastic colleagues, the work is stimulating, the residents continue to motivate the perpetual learning that is required, and the OR staff form a great team. My time is also split in the winters as I continue to work for Whistler/Blackcomb as a mountain physician, but the commute from Torbay, NL is a touch onerous!

Sure, anesthesia can be a bit dry at times, with our pKas, volumes of distribution, analgesic equivalencies, and occasional monotonous lengthy cases. But when things go sideways, they do so in a hurry. This allows the well-trained team to step into action, and display their years of training. There is often a lot of time to be a thinker, but there are also times when one must be a doer!

My decision to stay here in Newfoundland and Labrador rested primarily on the ability to pursue my interests in medical education as well as resuscitation/pre-hospital anesthesia; but with the desire to continue my work in Whistler I live on the ocean with a million dollar view, I can bike to work (when it's not storming) and then get changed into my “work pyjamas.” My four children learn French with a “bayman accent,” and I continue to enjoy a satisfying workplace — now if only something could be done about the rain-drizzle-fog that exemplifies our spring weather!



*Dr. Susan O'Leary, Dr. Jason Chaulk  
and Dr. Kathryn Sparrow*

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