



The Morpheus Reporter

Fitzgerald Building, Room 121, 150 College St., Toronto, Ontario M5S 3E2 416-946-0926 www.anesthesia.utoronto.ca



Anesthesia and Contemporary Challenges *Dr. Brian Kavanagh*

Our Department continues to grow. Since January 2007 alone, I have been honored to participate in the recruitment of 10 new faculty members. We now have over 256 full-time and 30 part-time faculty, and each and every one of these new faculty member has enriched our hospitals and Department. Nonetheless, our specialty continues to face contemporary challenges about which I have had the opportunity to speak with various faculty members, fellows and residents over the past few months. Indeed, I began meeting with our faculty individually this fall, and will continue to do so throughout the winter months. I look forward to receiving your feedback and suggestions as we move forward, and grow the Department further.

As well as individual faculty, I have begun meeting with each of the groups of residents in their respective hospitals, rotating through the hospitals sites (7) on a weekly basis. The purpose of this was to get to know the residents, to let them get to know me, and to hear what excites (and bothers) them about their training and about their futures. Really, the stimulus for such meetings was multiple conversations with many ex-chairs (of this department, and of others) that usually ended up with their major expressed regret being insufficient contact with the residents in their programs!

I have come to understand with far greater depth that there are indeed many challenges facing our residents; like all challenges, most are multi-dimensional. A prime example of a 'hot issue' debated among the residents is the Anesthesia Care Team concept. This project arose from several meetings of the provincial Operative Anesthesia Committee as a response to a shortage of anesthesia physician power that was delaying the provision of clinical care to patients. The shortage was also blocking the ability of Clinician-Scientists in the profession to engage in research which would also impact - just as directly, but later - on patient care. Indeed, even if there was no shortage, each profession must intermittently review its mandate; specialist physicians should only be employed in situations where their skills are truly needed. Specialists are a valuable commodity, and on reviewing time and resources, each one of us must make certain that our contributions count.

There is nothing 'scary' about the team-based approach, and the Anesthesia Care Team concept has been endorsed by all of our hospital departments, the University department, the faculties of Medicine and Nursing at the University of Toronto, the Ministry of Health and Long-Term Care, and the Registered Nurses Association of Ontario. The best approach to such a system is for us to make sure that it works. Indeed, the concept is not particularly novel, as it represents the application to operative anesthesia of that which has been practiced for over three decades in the intensive care units all over the world; that is, physician-led, team-based care. We are currently working on the integration of inter professional and team-based practice skills into our resident curriculum.

Will the development of team-based anesthesia care mean that the practice of our specialty will change? Yes it does. But, because it is being led by the profession, chances

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are the trajectory will be towards better and more integrated care, and not towards interdisciplinary squabbling. In fact, had the team-based care concept not been so adroitly adopted (and led) by Anesthesiologists in Ontario, then it is entirely likely that change would have ensued, but with lesser –instead of a greater- input from the profession.

Of course, human nature being what it is, special interest groups will always review an evolving situation, and some will inevitably try to use the changes for their own purposes instead of focusing on making things better for patients. We should guard against such tendencies, from whichever quarter they may appear.

I encourage our residents to discuss these and other issues with faculty and other staff, as well as those in different disciplines. Faculty, please take time to reflect on these issues, and enter into constructive dialogue with the residents. We are unlikely to come up with useful singular solutions, but we can certainly give each other the benefit of our education and experience to broaden and improve our perspectives. This way, we will continue to develop our profession, and better help our patients.



Clinical Affairs Update: 'Awake', the Movie

Dr. Gerald O'Leary, Vice-Chair, Clinical Affairs

"*Awake*", the movie coming out on November 30th, has been predicted to do for anesthesia what *Jaws* did for swimming at the beach. Personally, I think that if *Jaws* encouraged people to pay more attention before they got in the water and to swim better, then those positive outcomes would be beneficial. However, I doubt that deaths from drowning diminished in the years following *Jaws*.

However, good news does not usually sell newspapers (*or movies*). Professor Beverley Orser's article "Lifting the Fog around Anesthesia" in the June issue of *Scientific American* should have broken this rule. It should have educated the public that modern general anesthesia could best be described as a –reversible- pharmacological coma, and its publication should have been timely as it provided a context to discuss the issue of awareness under anesthesia in a rational manner. Unfortunately, far more people watch the movies than read *Scientific American*. There is no doubt that after the movie's release, our specialty will be in the limelight; there is also no doubt, that unless we articulate clearly and carefully what it is that we do for our patients, this 'limelight' will be mainly negative.

Our challenge will be to funnel some of this attention into positively informing the public –and indeed some of our medical colleagues- of the advances that we have made in the provision of safer anesthesia care. At a 'dollar' level, this success is reflected in ours being one of the few medical specialties whose medical malpractice premiums have plateaued. That says a lot, but it is not enough.

We must be doing something right, and we are tempted to attribute this to the introduction of pulse oximetry and end-tidal carbon dioxide monitoring as standards of care about two decades ago. But that's not exactly what the data show. In fact, successful claims for negligent respiratory management were decreasing before these two respiratory monitors were generally implemented, suggesting that improved understandings of perioperative physiology, better resident education and CME, the introduction of ASA and CAS guidelines, research innovations into clinical practice, and an active focus on quality improvement within our specialty have all contributed.

I expect an unprecedented demand from the public for assurances that they will be neither aware nor awake under general anesthesia during their surgery. Whether expressed or not, most patients will now have the fear that in addition to not 'waking up' at the end, they may be awake during surgery. Both are appalling fears to the average person awaiting a general anesthetic. Despite our focus and the advances in providing safer anesthesia, we continue to ask whether what we are doing now will meet future needs. Many of us have evaluated a variety of 'Level of Consciousness' monitors and are weighing their integration into our practice. I will be leading an expert task force charged with consolidating the approach to the problem at the University of Toronto, with a view to reporting in the next couple of months. While trying not to prejudge the consensus, I note that level of consciousness monitoring may reduce the incidence of awareness in some groups, but does not abolish it. Abolition is our aim. Furthermore, the integration of new technology into our daily practice runs the risk of unintended adverse outcomes unless this is addressed as an *integrated* practice issue rather than just an additional monitor. It is however an opportunity for us to address the flow of information within the perioperative period and the continued introduction of so-called 'clinical intelligence' (*i.e.* decision-based technologies and alerts) into our practice. In the end, a monitor is but a monitor. What one does with the information reflects our intelligence.

Honors and Awards

Dr. Duminda Wijeyesundera (University Health Network/Toronto General Hospital) has been selected as the recipient of this year's Rick Gallop Award Recognizing Research Excellence from the Heart and Stroke Foundation of Ontario (HSFO). Each year, holders of the five highest rated HSFO grants-in-aid are invited to submit a proposal for an innovative research study; the highest rated proposal is awarded the Rick Gallop Award. Dr. Wijeyesundera's proposal was selected for the award this year, which will be presented at the Annual General Meeting of the HSFO on November 23, 2007. This proposal will evaluate the potential role of preoperative assessment clinics for identifying evidence-to-care gaps in the management of chronic cardiovascular disease.

Wendy Kubasik (Business Manager, UT Department of Anesthesia) was awarded a University of Toronto "Stepping Up" award in recognition of her work as the Co-Chair of the Faculty of Medicine's Group on Business Affairs, and in particular, her role in spearheading and organizing professional development opportunities for Business Managers in the Faculty (i.e., the annual Retreat for Business Officers). "Stepping-up" awards recipients were honored at a reception hosted by President David Naylor in September.

It is also our great pleasure to announce the recipients of the following awards at the CAS meetings in Calgary, Alberta:

Award Recipient	Award Name
Dr. Viren Naik (Assistant Professor, St. Michael's Hospital)	The <i>Dr. John Bradley Young Educator Award</i>
Dr. Frances Chung (Professor, University Health Network, TWH)	The <i>CAS Research Recognition Award</i>
Dr. Zeev Friedman (Assistant Professor, Mount Sinai Hospital)	The <i>CAS Research Award in Anesthesia</i>
Dr. Pamela Angle (Assistant Professor, Women's College)	The <i>Dr. R A Gordon Patient Safety Research Award</i>
Dr. Gregory Hare (Associate Professor, St. Michael's Hospital)	The <i>Dr. Earl Wynands Research Award in Cardiovascular Anesthesia and/or Peri-Operative Blood Conservation</i>
Dr. Gregory Hare (Associate Professor, St. Michael's Hospital)	The <i>Richard Knill Research Competition</i>
Dr. Keyvan Karkouti (Associate Professor, University Health Network)	The <i>Bristol Myers Squibb Canada-CAS Career Scientist Award in Anesthesia and Peri-Operative Medicine</i>
Dr. Richard Brull (Lecturer, University Health Network, TWH)	The <i>Baxter Corporation Canadian Research Award in Anesthesia</i>
Dr. Joseph Kay (Assistant Professor, Sunnybrook Health Sciences Centre)	The <i>Smiths Medical Canada Ltd Canadian Research Award in Pain Research and/or Regional Anesthesia</i>
Dr. Meredith Ford (PG5)	The <i>Abbott Laboratories Ltd/CAS Fellowship in Anesthesia</i>
Dr. Dov Weiss (PG4)	The <i>Resident's Competition</i>

New UT Faculty Members

It is our great pleasure to welcome the following new faculty members. Effective August 1, 2007:

- Dr. Mary McLoone, Assistant Professor, St. Michael's Hospital

And, effective December 1, 2007:

- Dr. Ahtsham Niazi, Assistant Professor, University Health Network
- Dr. Adam Snyman, Assistant Professor, University Health Network
- Dr. Gail Wong, Assistant Professor, The Hospital for Sick Children

Faculty Appointments

Dr. C. David Mazer has been appointed to the Faculty of Medicine's Decanal Promotions Committee for a five-year term.

Drs. Alex Jadad and Peter Slinger have been appointed to the Canadian Academy of Health Sciences (CAHS). The CAHS recognizes individuals of great accomplishment and achievement in the academic health sciences in Canada. The Academy provides timely, informed and unbiased assessments of urgent issues affecting the health of Canadians. CAHS represents Canada on the Inter Academy Medical Panel (IAMP), a global consortium of national health science academies whose aim is to alleviate the health burdens of the world's poorest people; build scientific capacity for health; and provide independent scientific advice on promoting health science and health care policy to national governments and global organizations. CAHS works in partnership with the Royal Society of Canada and the Canadian Academy of Engineering to form the three Member Academies of the Council of Canadian Academies.

Next Promotions Deadline: Lecturer to Assistant Professor

The next internal deadline for submitting applications for promotion from Lecturer to Assistant Professor is

January 7, 2008

Please contact Wendy Kubasik at wendy.kubasik@utoronto.ca for further information or assistance.

Dr. Eric Goldszmidt has been appointed the new Medical Director of the Mount Sinai Hospital Anesthesia Assistants (replacing Dr. Gordon Fox). Dr. Fox previously served in this position from September 2001 to October 2007.

Dr. José Carvalho was reappointed to the position of Director of Obstetric Anesthesia at the University Health Network/Mount Sinai Hospital for a second term of five years ending August 31, 2012.

Welcome Back Kathyryne

The UT Department of Anesthesia is pleased to welcome back Ms. Kathyryne Bailey, Program Assistant, after a leave of absence. Kathyryne is pleased to be back, is proud to be part of the team in Anesthesia, and looks forward to seeing everyone again soon. Kathyryne can be reached at (416) 978-4698 or kathyryne.bailey@utoronto.ca.



Appeal from the CAS: International Education Fund Support

Submitted by: Dr. Doreen Yee, Sunnybrook Health Sciences Centre

The CAS has launched an appeal with regards to its International Education Fund and the 14th World Congress of Anesthesiologists, which will be held in Cape Town, South Africa. This is a very special event, and marks the first time that a world congress will be held on African Soil. For African anesthetists, opportunities to attend educational events are few. Travel costs are high. Registration fees are far beyond their reach. In order to assist as many African anesthetists as possible to attend the World Congress, the WFSA and many national societies of anesthesia are working to obtain sponsorship for them. Together with the ASA, the CAS provides volunteer teachers to assist the National University of Rwanda to develop its own residency training programme in anesthesia. The CAS is however requesting your financial assistance to send some Rwandan anesthesiologists, residents in anesthesia and nurse anesthetists to the WCA in Cape Town. The CAS would also like to support young Nepali Anesthesiologists to attend Cape Town. It would be a wonderful opportunity for them to meet their colleagues, to see the wider world of anesthesia and to begin to develop relationships which will be important for the future of anesthesia in Africa and Nepal. These people work daily in the most challenging of circumstances for very small financial reward. We are among the lucky ones who now have an opportunity to help them. Baxter is providing \$50,000 in scholarships for young anesthetists from around the world. Our group at Sunnybrook has agreed to provide funding in the amount of \$ 4,000. The UT Department of Anesthesia, and the group at the UHN/Mount Sinai Hospital have also agreed to sponsor someone. Tax deductible receipts will be provided. It would be great if other hospitals would consider contributing to this very worthwhile cause too.

If you would like to donate to this important cause, please contact Dr. Angela Enright, c/o Ms. Joy Brickell at the CAS: (416) 480-0602, extension 20 or adminserves@cas.ca. Thank you!

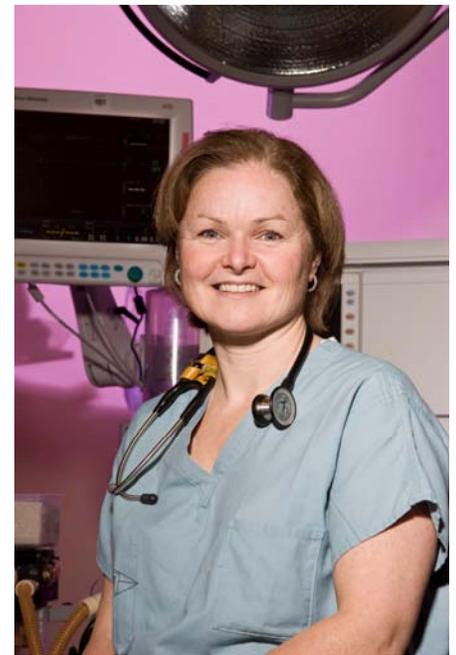
Scientists in Anesthesia

Dr. Beverley Orser, MD, PhD, FRCPC

Professor, Departments of Anesthesia and Physiology; Canada Research Chair in Anesthesia; Scientist and Staff Anesthesiologist, Sunnybrook Health Sciences Centre; Full Member, Graduate School of Graduate Studies, University of Toronto; Full Member, Institute for Medical Sciences (IMS), University of Toronto.

Dr. Beverley Orser joined the staff of Sunnybrook and the University of Toronto in 1991 and has become a world renowned authority and researcher in the area of anesthesia and memory. With the exception of her family, research is indeed one of Dr. Orser's greatest passions and joys in life. Dr. Orser has been married for 23 years to Dr. Geordie Fallis, Chief of Family Practice at the Toronto East General Hospital, and has three children, Kevin, Becky (who both study at McGill University) and Sarah, who is fifteen. She is a strong advocate for finding work that you love, and pursuing it vigorously. Dr. Orser counts running, reading and canoe trips as her favorite pastimes.

Dr. Orser undertook her medical training at Queen's University after two years of undergraduate study. She then undertook a rotating internship at the Royal Columbian Hospital in New Westminister, BC. Following her internship, she volunteered in the West Indies at St. Jude Hospital and worked in northern Newfoundland. She then undertook Family Practice/Anesthesia training at McMaster University, and subsequently completing her residency training at the University of Toronto, where she went on to complete a Masters/PhD program in Physiology, working under the supervision of Dr. Hugh O'Brodovich and later, Dr. John MacDonald.



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

Could you tell us about your current research program?

Right now, we are primarily interested in understanding how anesthetics modify memory. Anesthetics block memory, and that's a necessary and desirable effect – you don't want patients remembering traumatic surgical events. The reason why memory-blockade is of particular interest is that it's becoming more apparent that certain patients, for reasons we don't yet understand, experience intra-operative awareness. Some have an unexpected recall of events during surgery. The profession has recognized, documented and characterized the problem, but has only recently appreciated its potential significance. So that is one problem related to anesthetics and memory -- inadequate memory blockade. On the other end of the spectrum, there is growing concern that some patients experience persistent memory impairment following anesthesia, particularly the elderly. Again, we don't understand the mechanisms of action.

But what really drives our research is that the insights we gain may have wide-sweeping implications well beyond our specialty. We can use anesthetics as probes to study normal cognitive processes such as consciousness and memory in order to understand the biology of the underlying processes. The results of the study may have much broader applications beyond the prevention of memory disorders associated with anesthesia. For example, in the future, we may gain insights into how to treat patients with painful memories such as those troubled by post-traumatic stress disorder (PTSD). There is evidence that we may be able to treat PTSD disorder by recalling these memories, and manipulating them. The psychological pain associated with PTSD is terrible and just as Anesthesiologists are interested in treating pain of various sorts, PTSD is in my view another form of pain. So, there is potential therapeutic application but there are also insights into the biology of memory.

What is the most valuable discovery you have made in your career thus far?

We have identified an inhibitory receptor in a region of the brain that is known to be involved in memory and shown that it is very sensitive to modulation by anesthetics. This action results in inhibition of memory and ability to learn. We have gone on to show that when the function of the receptor is modified, the memory-blocking properties of anesthetics are inhibited. We now have a specific target that we can manipulate to up-regulate and down-regulate regulate memory. The identification of that receptor has widespread implications. One of the reasons that I was very happy with our recent article in Scientific American is that it takes these findings beyond the "scientific" realm and puts it in the context of a wider audience. You want your science published in the best scientific journals possible but it's equally important to share that information broadly. That is the role of the Clinician-Scientist -- to interpret the science and consider how it can be applied.

What do you like best about being an Anesthesiologist?

I love being in the OR and taking care of patients. I love the nature of our practice, the critical care element and the immediacy of the effects. I enjoy working with the care teams and I particularly enjoy working with residents. If I had to give up one, it would be my research because I do love being with patients. But I don't want to give up my research! I do see myself as a clinician first, even though I spend most of my time in the lab. I would call clinical work my "first love".

What advice would you give to someone interested in Anesthesia as a specialty?

Train yourself very well in the basic technical and clinical skills and then ask yourself how you can advance the specialty. Don't be satisfied with our current state of practice and knowledge. It doesn't matter how you do it, whether it's at the community level or at the broader public level, but you should look beyond to ask yourself how you can make a difference.

What advice would you give someone pursuing research interests in Anesthesia?

We haven't had a lot of residents come through the lab to train. I think they are put off by perceived levels of complexity. I think that there's a big misconception about what one person can do over a certain period of time. The biggest gift that the students bring to the research program is their intellect. And anesthesia residents are a smart group and they could offer many insights and contribute to the research program. So, I would like to see more residents participate in this type of research. I'd also like to see residents participating more in the basic sciences. It's absolutely essential that our specialty has a firm scientific basis and that our knowledge is evolving along with cutting edge science. We simply don't have enough anesthesiologists integrated into the sciences. We need to figure out how the specialty can embrace research areas where things are really moving and take advantage of the scientific advances in molecular biology, genetics, neuropharmacology, etc., In this sense, the University of Toronto is a goldmine! We have the capability to do this – there are investigators here in every field. World-class investigators! I understand there is a need to train clinically, and worry about jobs, but I would like to see more residents pursue their research interests, somehow. I love seeing people come in at a junior level and evolve into first class scientists. And a number of them are now in medicine, in anesthesia, working in academic centers and in industry.

What qualities do you think are needed to solve big scientific or clinical problems?

A sense of adventure! Frances Chung, who is a wonderful investigator, gave a lecture during rounds several years ago. I'll never forget what she said; she said research requires tenacity. And this is so true. It is easy to have the lofty ideas. What is really hard is bringing those ideas to fruition and getting them tested and published. That is where the work comes in, and some of that work isn't so much fun. The joy of discovery -- you can't beat it. The hard part hard is persevering through manuscript preparation, data analysis, submission, re-submission and so forth. That part of the job can be just straight work. You also have to be headstrong, persistent and you have to believe in where you want to go. You have to seek out those people who share your vision. You need people that provide the general level of support and belief that what you're doing has value. Bob Byrick and my clinical group at Sunnybrook have been incredibly supportive from day one. Professor John MacDonald, the Chairman of Physiology has been an outstanding research partner and role model. Sheldon Roth and Vince Hughes have also been wonderful mentors and role models.

What are your three greatest passions?

My family, my clinical work and my research!

What are your goals outside of science and research?

To raise my family and to ensure that my kids are happy, healthy and make a contribution. I hope I offer something to the community too.

Who is your favorite figure in history and why?

That's a difficult question! I tend to like edgy, strong-headed women – people who are underdogs, and overcame trying circumstances to be successful. People like Mary Morris and Alison Froese.

What makes you smile?

My kids, my husband, traveling. I like a challenge, and I love the joy of discovery. It's very cool! Nothing can replace the feeling when you have a hunch, you follow it through and then you find out it worked. Or, it did not work! Nothing is linear; the process just makes me smile. I will also confess to a secret, guilty pleasure: reading the horoscopes in the Globe and Mail....

Thank you Dr. Orser!

Dr. Orser's 6 Most Recent Publications:

1. Orser BA. (2007) Lifting the fog around anesthesia. *Scientific American* 296(6):54-61.
2. Xiang Y-Y, Wang S, Ju W, Liu M, Li J, Fan Y, Ye B, Orser BA, Yang X, Lu W-Y. (2007) An Essential Role for a Novel Pulmonary GABAergic System in Airway Epithelial Hyperplasia and Mucus Overproduction in Allergic Asthma. *Nature Medicine*, 13(7):862-7.
3. Cheng VY, Mary W. Chiu, Newell G, MacDonald JF, Bhambri A, Collinson N, Wafford KA, Orser BA (2006) Gabapentin (Neurontin) enhances a tonic inhibitory conductance generated by GABA_A receptors in hippocampal neurons. *Anesthesiology*. 105(2):325-33.
4. Cheng VY, Martin LJ, Elliott EM, Kim JH, Mount HTJ, Taverna FA, Roder JC, MacDonald JF, Bhambri A, Collinson N, Wafford KA, Orser BA (2006) $\alpha 5$ GABA_A receptors mediate the amnestic but not sedative-hypnotic effects of the general anesthetic etomidate. *J Neurosci* 26:3713-3720.
5. Caraiscos VB, Elliott EM, You-Ten KKE, Cheng VY, Belelli D, Newell JG, Jackson MF, Lambert JJ, Rosahl TW, Wafford KA, MacDonald JF, Orser BA. (2004) Tonic inhibition in mouse hippocampal CA1 pyramidal neurons is mediated by $\alpha 5$ subunit-containing GABA_A receptors. *Proc Nat Acad Sci*, 9;101(10):3662-7.
6. Caraiscos VB, Newell JG, You-Ten KE, Elliott EM, Rosahl TW, Wafford KA, MacDonald JF, Orser BA. (2004) Selective Enhancement of Tonic GABAergic Inhibition in Murine Hippocampal Neurons by Low Concentrations of the Volatile Anesthetic, Isoflurane. *J Neurosci* 29; 24(39):8454-8.



Report from the Postgraduate Education Office

Dr. Mark Levine, Director, Postgraduate Education

This is an exciting and, at times, challenging period to be involved in postgraduate education in anesthesia. The preliminary full accreditation status achieved in April was confirmed by the Royal College in October and we now have 6 years to further improve and enhance our program before the next accreditation visit.

A number of new initiatives in postgraduate education are underway. A regional anesthesia interest group has been struck to evaluate the current state of education in this area and to determine ways to enhance teaching in this expanding area of anesthesia. Additional introductory seminars in regional anesthesia have been introduced into the PG1 curriculum and an innovative introductory course in neuraxial blocks for obstetrical anesthesia, aimed at better preparing junior residents for independent management of parturients, has commenced.

Evaluation, recognition and rewarding of teaching excellence is an area in need of constant review. One of the challenges is encouraging residents to complete evaluations of teachers and rotations in an effective and timely manner. To this end, we are reviewing these evaluation forms to ensure that they are more user-friendly and relevant. The information will not only be used to identify outstanding teachers and clinical sites, and those which need improvement, but will also provide much needed evidence of teaching excellence for faculty members seeking promotion.

The evolution of medical education and anesthetic practice in Canada has also provided us with new opportunities and challenges. Expansion of the UT Medical School will ultimately result in more trainees entering postgraduate training positions. We will need to develop innovative ways of expanding our capacity to train more anesthesiologists, including a greater reliance on distributed education and the formation of alliances with sites outside of the traditional teaching hospitals.

The concept of the anesthesia care team (ACT) has generated much discussion and some controversy amongst anesthesiologists and anesthesia trainees. The expansion of the roles of other health care professionals within the anesthesia care team provides us with the challenge and opportunity to expand the teaching and evaluation of interdisciplinary collaboration within the program.

We will soon start with the CaRMS selection process – interviews will take place between mid- January and mid-February 2008. I would like to encourage all our faculty members and residents to continue to recruit the best and brightest students to our specialty and to consider participating in the exciting and rewarding interview process.

Finally, I would like to congratulate [Andrew Borden](#), a PGY 2 resident in our program, on winning a gold medal in rowing at the Pan American games and wish him success in his quest for gold at the Olympic Games in Beijing in 2008. Andrew is pictured below, second from the right, with his teammates.





Report from the Undergraduate Education Office: Anesthesia Information Night

*Dr. Isabella Devito, Director
Undergraduate Education*

The Undergraduate Education Committee hosted our annual Student Information Night on September 27, 2007. This event was initiated in 1997 as a way to introduce medical students to our specialty in their early years of medicine. Medical students are not familiarized with Anesthesia until their final year of medicine. By this time, they have made a decision on their future specialty.

This year, the event was organized by John Kim, our 3rd year representative, Dr. Darryl Irwin and Dr. Mabel Choi. Dr. Brian Kavanagh addressed the students, presenting an excellent overview of our specialty and its future. Dr. Dov Weiss spoke on the Anesthesia Residency program and the potential for research in the University of Toronto Anesthesia Residency program. As well, Dr. Rickesh Sood spoke on the Family Practice Anesthesia Program.

Many residents from our program attended as well as many members of the Undergraduate Committee. Over 50 students attended, mostly from first and second year. The students had many questions concerning Anesthesia as a career and its future as a medical specialty. An informal session followed, with dinner and mingling amongst residents and faculty. The students received contact names at each hospital for shadowing. As well, this year we also included contact names for Anesthesia researchers at each hospital.

The Anesthesia Information Night was a tremendous success thanks to the hard work of John, Mabel and Darryl. We would also like to express our thanks to Shelley Robins from Organon for her continued support of this program.



Research News

Dr. David Mazer, Vice-Chair, Research

Our department was once again well represented at the recent American Society of Anesthesiologists Annual Meeting in San Francisco. There were at least 13 UofT faculty speakers at 17 workshops, panels and refresher courses. In addition, 30 abstracts of research originating from our department were presented. Congratulations and thanks to all those who helped to maintain our strong U of T profile at this meeting.

Two new UT departmental research initiatives have been started this year:

1. Internal UT Grant Review Process: The first is the creation of an internal review process for grants submitted by members of the Department. The goal of this process is to ensure that all grants submitted by members of our department undergo some form of internal review prior to being submitted to a granting agency. Institutions such as Sick Kids, which has an established internal grant review system, have a very high funding success rate. The grant review will be conducted in a constructive and confidential manner by chosen reviewers with expertise in research methods and/or the subject of the research. The review is directed at improving the quality of the research proposal. The feedback and success rate of the projects reviewed to date have been quite good. It is hoped that this process will thus increase the success rate of grants submitted by our department. Any department members who are preparing a peer-review grant are requested to notify Dr. Mazer and/or Dr. Kavanagh three weeks in advance of the grant deadline.
2. Research-in-Progress Seminar Series: The second new research initiative is a series of Research-in-Progress rounds which will be held on a quarterly basis. These rounds are intended to be presentations of early stage projects, the focus being on hypothesis and methods development. The goal is to use the lively and scholarly discussion of the proposals to facilitate successful completion of the proposed projects. The relatively informal setting and accompanying refreshments have helped to make the 3 sessions to date very successful. The next Research-In-Progress rounds will be held on Monday, January 28, 2008 – all are welcome to attend, whether or not you are involved in research. We hope to see you there!

Events: Sunnybrook Public Outreach

Speaker Series

Submitted by: Dr. Gil Faclier, Chief, Sunnybrook Health Sciences Centre

On September 27th, the Department of Anesthesia at Sunnybrook HSC, in partnership with their public relations department, held a public outreach event/speaker series entitled "Moving Past Pain: Innovations in Anesthesia and Pain Management". The event, attended by over 175 members of the public, was coordinated by Sunnybrook's Public Relations Department and the Department of Anesthesia, and featured talks aimed at the public by Drs. Bev Orser, Colin McCartney and myself. The event was moderated by Dr. Sue Belo.

Save the Date!
The 2008 Marshall Lecture:
Thursday, January 31, 2008
TWH Auditorium

Professor David Menon

Head of the Division of Anesthesia and Wolfson Brain Imaging Centre, University of Cambridge, UK
 Dr. Menon leads a research group focused on understanding regional cerebral pathophysiology to advance the care of critically ill patients after brain injury utilizing PET and fMRI imaging.
 For more information, please contact Wendy Kubasik at wendy.kubasik@utoronto.ca.

Upcoming Events

Date	Event	Location	Contact Person
January 28, 2008	UT Anesthesia Research Seminar	TBA	Wendy Kubasik, wendy.kubasik@utoronto.ca
January 31, 2008	Marshall Lecture Guest Speaker: Dr. David Menon Head, Division of Anesthetics, University of Cambridge, UK	Toronto Western Hospital	Wendy Kubasik, wendy.kubasik@utoronto.ca
February 15-18, 2008	Mont Tremblant Anesthesia and Perioperative Medicine Conference	Mont Tremblant, Quebec	Allison Ho – 416-756-6442
March 15-16, 2008	Toronto Anesthesia Symposium	Marriott Toronto Eaton Centre, Toronto	Rusty Stewart – rusty.stewart@uhn.on.ca
April 24-27, 2008	5 th Annual International Symposium of Ultrasound for Regional Anesthesia	Metro Toronto Convention Centre, Toronto, Ontario	Drs. Vincent Chan, Thomas Grau, Hans-Juergen Rapp - Vincent.chan@uhn.on.ca
May 2, 2008	29 th Annual Shields Research Day, University of Toronto, Department of Anesthesia	Metro Toronto Convention Centre, Toronto, Ontario	Dr. Guy Petroz or Ms. Wendy Kubasik, guy.petroz@sickkids.ca or wendy.kubasik@utoronto.ca
August 15-16, 2008	Official Satellite Symposium of the 12th World Congress on Pain: Ultrasound Guidance for Diagnosis and Interventional Management of Pain	Glasgow, Scotland	Dr. Colin McCartney, colin.mccartney@utoronto.ca

Career Opportunities in Anesthesia



Department of Anesthesia, University of Toronto
Position: Education, Assistant Professor Rank
Deadline: December 10, 2007

Applications are invited for an Educator (Assistant Professor rank) in the Department of Anesthesia, University of Toronto. This is a Contractually Limited Term Appointment (CLTA) for an initial period of three years.

The successful candidate must possess a PhD (or Master's degree in Education and equivalent experience) in Education. They will pursue their own research program in curriculum development and evaluation, and will work collaboratively with the Vice-Chair, Education, Education Directors and other education leaders to enhance the educational experience for both clinical teachers and trainees across the continuum of anesthesia education.

Educational activities in the Department of Anesthesia consist of undergraduate, postgraduate (residency training), fellowship and continuing education sectors, for which faculty members serve as Directors and report to the Vice-Chair, Education. Experience in a University or Hospital environment would be a strong asset.

Essential for this position are the ability to collaborate with education leaders in Anesthesia to develop, implement and improve evaluation systems (programmatic, teaching effectiveness, clinical services) and the quality of education programs. The successful candidate will provide consultation to Anesthetists who request assistance on enhancing their teaching effectiveness; assist faculty in writing curriculum; and devise and implement appropriate methods for evaluation. The Educator will perform various administrative tasks, and will participate in related departmental committees, assist faculty with the development of teaching dossiers, and will devise and implement faculty and trainee development and teaching effectiveness workshops, thereby enhancing the reputation of Anesthesia in the domain of education, nationally and internationally.

Salary will be commensurate with qualifications and experience.

Applicants should submit a Curriculum Vitae, cover letter and contact information for three references by December 10, 2007 to: Dr. Patricia Houston, Vice-Chair, Education, Department of Anesthesia, University of Toronto, 150 College Street, Toronto, Ontario, M5S 3E2, Attention: Ms. Wendy Kubasik, Business Manager.

The University of Toronto is strongly committed to diversity within its community and especially welcomes applications from visible minority group members, women, Aboriginal persons, persons with disabilities, members of sexual minority groups, and others who may contribute to further diversification of ideas.

All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority.

Career Opportunities in Anesthesiology

Several positions in Academic Anesthesiology are currently available at our UT-affiliated teaching hospitals. Visit our job postings at:

http://link.library.utoronto.ca/academicjobs/display_current_jobs.cfm

 Hôpital Général de Hawkesbury & District General Hospital Inc.



The Hawkesbury General Hospital is looking for :

• G.P. Anesthetist or Specialist

LOCUM FOR FEBRUARY & MARCH 2008

The Hawkesbury General Hospital offers services in obstetrics, surgery, emergency, medicine and rehabilitation, a broad range of diagnostic services including CT imaging as well as a variety of ambulatory services.

Services required : general anesthesia, endoscopy sedation and obstetrical epidurals
1 in 3 on-call

Compensation :

- Fee for service
- Attractive on-call premiums

Interesting advantages :

- Geographic location - 1 hr from Montreal and Ottawa
- Support for transportation and accommodation

Contact : Carolle Rouleau, Medical Administrative Assistant
Tel. : (613) 632-1111, ext. 394 – E-mail: crouleau@hgh.ca



Interior Health

POSITION OPEN: GP ANESTHESIOLOGIST, NELSON, BC

OPPORTUNITY EXISTS: Due to a pending retirement, join a three person GPA group. Anesthesia slates 1 to 2 times per week for out-patient day care gynecology, urology, orthopedics, ophthalmology, pediatric dental and general surgery. In-patient surgery is mainly gynecologic surgery. An active obstetric epidural service backs up the busiest maternity unit in the West Kootenays.

COMPENSATION: Fee-for-service; On-call Remuneration (1:3 Level 1 call), CME Incentives, Recruitment incentive. Family practice work is available.

PERKS: Nelson is a beautiful West Kootenay heritage city located on the shores of Kootenay Lake in the heart of the Selkirk & Kokanee Mountains. It is located midway between Vancouver and Calgary along the southern trans-provincial highway. Unsurpassed recreational opportunities include mountain biking, hiking, water sports, skiing, organized sports/recreation, in-door pool and soccer pitch, etc. Rated Canada's #1 best small arts town by John Villani, a prominent US travel and art critic. This is a very safe family-oriented community offering diverse educational opportunities including public, alternative and correspondence schools, Catholic school, the only Waldorf School in the Kootenays and a BC accredited community and arts college.

CONTACT: Miriam Ramsden – Medical Administration Assistant, Kootenay Lake Hospital, 3 View Street, Nelson, BC V1L 2V1, Ph: 250-354-2318. Email: miriam.ramsden@interiorhealth.ca

The Morpheus Reporter

[Please keep in touch!](#)

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

DEPARTMENT OF ANESTHESIA, UNIVERSITY OF TORONTO
150 College Street, Room 121 FitzGerald Building
Toronto, Ontario M5S 3E2

Reception/Undergraduate Office: (416) 946-0926
Office of the Chair/Business Manager: (416) 978-4306
Postgraduate Office: (416) 946-0608
Fax: (416) 978-2408, www.anesthesia.utoronto.ca

Chair: Brian Kavanagh
Business Manager/Newsletter Editor: Wendy Kubasik
Postgraduate Director: Mark Levine, Program
Program Assistants: Kathryn Bailey and Jennifer Morris
Undergraduate Director: Isabella Devito
Departmental Assistant: Danny Cavanagh