Tackling our Challenges, Head-On

An Unmitigated Success - that’s the only way to describe the SEA’s 2013 Spring Meeting. Congratulations to the visionaries, the designers, the trainers, the facilitators, the sweaters of the details, and all of the participants. The conference was years in the making and the result of the hard work and dedication of many individuals, as well as the cooperation and coordination between the Committee on Educational Meetings and the Milestones Task Force. Extensive pre-conference work was needed to accomplish this success, including a robust multisession train-the-trainer effort. Organized along Educational Tracks, the conference allowed attendees to work concurrently on the Milestones within the six competencies, explore learner assessment as now defined by the Clinical Competency Committee, acquire new teaching skills traditionally offered at the SEA’s Workshop on Teaching, and hone existing teaching skills such as facilitation, evaluation, and enhancing scholarship. A new one-day workshop for MOCA Simulation Instructors and our popular Leadership Program for Chief Residents were also offered this year.

Our plenary session had outstanding multidisciplinary speakers and our workshops put the “work” back into workshop as attendees from around the country collaboratively created evaluative tools for the different Milestones. The results of their labor were summarized and presented the last morning of the conference.

These new tools will soon be posted on the SEA website for members to share and review. We owe a great debt of gratitude to numerous people for this tremendous success, but I would like to single a select few who went far further than the extra mile: Drs. Diachun, Loyd, McLarney, Mitchell, Ogden and Yanofsky. Most impressively, this was all accomplished at time when the SEA was under temporary management by a company unfamiliar with our society and its workings.

Speaking of which, the search for a new management company has been successfully completed. After submitting a request for proposals (RFP) to ten management services, reviewing the six responses, contacting existing clients, and interviewing selected candidates, the Board of Directors has chosen Svinicki Association Management, Inc. (SAMI). SAMI is a small firm out of Milwaukee, WI. SAMI partners with other anesthesiology organizations such as the Wisconsin State Society and the Society for Technology in Anesthesia (STA) and has recently taken on the Society for Obstetric Anesthesia and Perinatology (SOAP) and the SAAA. It was determined that SAMI had the expertise, resources, and experience to support the SEA in our present endeavors and to help us face new challenges that lie ahead.

When the meeting in Salt Lake City came to close and SEA members were free to enjoy the sights, the snow-capped mountains or fly home, the Board of Directors were sequestered away to hammer out a new strategic plan. Facilitators became the facilitated as we struggled through the differences between vision and mission statements and between goals and objectives. Citing references as lofty as the U.S. Constitution and John Milton, while parsing over the different synonyms for inspire, nine highly educated (and opinionated) individuals were cajoled into creating the following framework to guide the SEA over next four years.

Continued on page 3
We would like to invite you to the SEA Fall 2013 Annual Meeting hosted by the University of Colorado School of Medicine, which will be held at the Moscone Center in San Francisco on the Friday preceding the ASA Annual Meeting (October 11, 2013). This year’s theme refers to the increasing requirements of a variety of stakeholders for guaranteeing the competency of our newly trained anesthesiologists.

We are fortunate to have eminent speakers from Australia, Canada, Great Britain, and New Zealand who will share their experiences of competency-based training and curriculum development. The McLeskey Lecture will be delivered by Catherine Lucey, M.D., Vice Dean for Education at the University of California, San Francisco, who will talk about educating learners in a patient–centered environment.

Other presenters from far and wide who are eager to share their knowledge about EPAs, remediation, and competency will be speaking in both morning and afternoon sessions. Also, no Fall Meeting is complete without a business meeting and the Duke Award. This year’s Duke Award recipient is Catherine M. Kuhn, M.D.

We received many excellent proposals from our membership for workshops and this year we are excited to present the following:

- Myths and Evidence on Giving Effective Feedback: Moving Beyond the ‘Feedback Sandwich’.
- The Troubled Attending: What’s Out There to Help?
- Physician Performance Assessment and Improvement: Can it be Done in Training?
- Developing a ‘Milestone’ OSCE to Assess the Learner and Train Your Faculty.
- Milestones for Anesthesia Achievable in the ICU.

Come for an absorbing day of shared enthusiasm and education-based networking.

Fall in San Francisco is truly the best time for weather – warm, sunny days and clear, cool nights (their words not ours). Spend the remainder of the weekend treating yourself to Bay views, trolley rides, culture, cuisine, the Farmer’s Market, Muir Woods, and a walk across the Golden Gate Bridge. In addition to attending a wonderful meeting, there is a lot to do!

Register Today at www.SEAhq.org.
Surrounded by beautiful mountains, SEA members attended one of the Society’s most ambitious meetings in Salt Lake City, May 31 – June 2, 2013. With the overarching goal of helping our members to understand and prepare for the new ACGME paradigm for resident evaluation, the SEA Spring Meeting theme was “Milestones & Assessment: Are you ready?”

After a warm welcome from our local hosts, the annual meeting opened with a general session plenary talk on “Competency-Based Assessment, Milestones, and EPAs”, given by Brad Benson, M.D. An associate professor in Internal Medicine and Pediatrics from the University of Minnesota, Dr. Benson has been heavily involved in the development of Milestones with the ACGME in both internal medicine and pediatrics. His talk outlined the background of the ACGME Milestones and the concepts of competency-based assessments. He reviewed the use of Entrustable Professional Activities (EPAs) by internal medicine as a measure of milestones. As attendees commented, he “made a complex topic very easy to understand…a great way to start off the meeting.”

On Saturday morning, Dr. Karen Souter moderated a panel on the “Experiences of Other Specialties.” Dr. Byron Joyner, Associate Dean for Graduate Medical Education and Professor of Urology at the University of Washington, provided a unique perspective on Milestones – both from the viewpoint as a program director and as an institutional leader at an academic medical center. Dr. Susan Stroud, Associate Professor of Surgery (Emergency Medicine) from the University of Utah, shared the Emergency Medicine collaborative work in milestone assessment. Attendees felt their session was one of the most useful on the implementation of Milestones, and greatly valued the specific resources shared.

In addition to the excellent poster sessions and SEA-HVO Traveling Fellowship awards, the meeting incorporated more workshops than usual. For the first time, the workshops were divided into learning tracks – Assessment Track (CCC), New Educator Track, Established Educator Track, and the Milestones Track.

The Assessment Track was a special two-part series run by Dr. Sam Yanofsky emphasizing the Clinical Competency Committee, which has a larger role with Milestones. The series reviewed factors that impact the reliability and validity of scoring instruments and utilized psychometric inventories to demonstrate the importance of personality, conflict management style, and emotional intelligence in the function of the CCC.

The New Educator Track was aimed at our developing educators. Two different sessions, presented by teachers from the SEA Teaching Workshop, reviewed concepts to enhance didactic sessions in “Lecturing for Learning” and the use of Bloom’s Taxonomy in anesthesia education in “What’s in a Great Question?”

For our established educators, a multitude of workshops were available: creating a PBLD, creating a great workshop, establishing a residency echocardiogram teaching program, improving resident scholarly activity, using electronic portfolios, incorporating team-based learning, giving formative feedback, talking about critical events with residents and families, discussions on multitasking, and the long-time appreciated program director’s roundtable.

Our members, as usual, loved these interactive learning experiences.

Specifically to address the lack of assessment tools for upcoming Milestones in Anesthesiology and special for the SEA Spring Meeting, the Milestones Track included 36 workshops over two days that brought anesthesia educators together to build a library of assessment tools addressing the anesthesiology milestones for all of us to use. During the previous five months, Dr. Gary Loyd led the effort to organize these sessions. The volunteer workshop facilitators attended multiple training sessions so there would be a coordinated effort at the meeting. Additionally, to address the topics of feedback, assessments, and scoring instruments, Dr. Gary Loyd produced podcasts, and Dr. Carol Diachun wrote a detailed syllabus that was available before the meeting. The SEA members worked hard during these sessions. In a summary session on Sunday morning, Drs. Gary Loyd, Meir Chernofsky, Tom McLarney, and Carol Diachun reviewed the new Milestones documentation system and some of the great assessment products that were created. The amazing collaborative effort of our members led to the design of over 50 scoring instruments that are now available for SEA members to download for use and/or modification from the SEA website.

In addition to the annual meeting, our time in Salt Lake City included many add-ons. On the day preceding the meeting (Thursday, May 30th), 22 SEA members participated in the pre-conference workshop sponsored by the SEA Simulation in Anesthesia Education Committee. The “Simulation Instructors Course: Preparation for MOCA” provided simulation scenario design templates, an excellent opportunity to practice feedback, and advice in the development and administration of a MOCA Simulation Program. Drs. Littlewood, Navedo-Rivera, Pardo, Park and Strom should be commended for their program ratings – all better than 90%. On Saturday, the meeting continued its traditional Chief Resident’s Program, with resoundingly high ratings. Many enjoyed the Salt Lake City eateries on Friday evening at the Dine-Around.

With 260 attendees, the Spring 2013 Meeting set an attendance record for the SEA and had overwhelmingly positive evaluations. Eighty percent reported that their attendance at the meeting would change their educational practice. The overall evaluation score for the meeting was 3.5 out of 4.0. The AAMC and MedEdPortal are very excited about our efforts. Check out iCollaborative in the near future to see our national collaborative efforts published. Thanks to all the SEA members for their continued dedication to anesthesiology education.
Marek Brzezinski, M.D., Ph.D.

I would like to thank you for your trust and confidence in allowing me to represent your interests on the Board over the last four years.

My work in the SEA focused on three areas:

- **Web-based technology.**
  - In 2009, as the Website Committee Chair, I created the new SEA website while saving SEA more than $25,000. That year, I received the "Certificate of Merit for Distinctive Service" from the SEA recognizing my service to the society. This was the first time ever such a Certificate was awarded to any member of the SEA.
  - I co-chaired a workshop dedicated to promote the use of web-based educational resources.

- **Faculty Development.**
  - Given the objective of SEA to assist members in their career development, I proposed to the Board an intensive faculty development program to foster academic careers. This idea was the very beginning of the process that ultimately led to the introduction of a very successful "Medical Education and Research Certificate" (MERC).
  - In order to create a regular platform for SEA members to exchange ideas, learn from others, develop collaborations, and thus empower their academic career, I proposed to the Board and am currently spearheading the introduction of the quarterly "SEA e-Bulletin" via email. By acknowledging/supporting members’ contribution and regularly sharing key information, the eBulletin will assist and promote academic careers.
  - To help SEA members with a well-rounded experience not only in medicine but also outside, I suggested and assisted in creating a new “Book Club” section in the SEA Newsletters dedicated to non-medical books.

- **Milestone project.**
  - I devoted significant time and effort on the "SEA-Milestones Task Force", co-chairing multiple workshops focused on milestones and co-authoring multiple SEA Newsletter Updates.

  In addition, I continue to maintain a high level of productivity in promoting the SEA: presenting Problem Based Learning Discussions, mentoring SEA members, working on the Medical Student Committee, and annually staffing the SEA booth.

  After years of dedicated service to our members and SEA, and four very productive years on the Board, I wish to continue to serve SEA as a Board member, where I will use my experience and dedication to support our organization and our members. As a member of the Board of Directors, I would like to:
  - Develop the SEA into the premier resource for anesthesia educators and education researchers
  - Continue promoting faculty development program in order to foster academic careers
  - Leverage technology to showcase and grow our society
  - Provide a platform to disseminate educational tools and create a network of productive educators

  Having completed my residency at University of Chicago, a Critical Care fellowship at Massachusetts General Hospital, and Cardiothoracic Anesthesia fellowship at Duke University, I am currently an Associate Professor at University of California-San Francisco. Since joining UCSF, I have been involved in a broad spectrum of educational efforts. In 2007, I was elected into the Haile T. Debas Academy of Medical Educators at UCSF, an honor afforded to only the top 2-3 percent of all educators at UCSF. In 2009, I was awarded two prestigious educational fellowships at UCSF: Teaching Scholars and the Humanistic Teaching Fellowship. I am the PI on multiple educational studies. My scholarly work has won national and international awards. In addition to my educational involvement, I am a funded researcher with a focus on perioperative cognitive function.

  It is my hope that I can use my accumulated skills and experiences to continue to advance the missions of our Society. Thank you for your continued support.

Jane Easdown, M.D.

I am eager to continue serving you as a member of the SEA Board of Directors. As a result of our recent strategic planning meeting, I see many more exciting opportunities for SEA and SEA members. As a Board member, my commitment would be to see that these opportunities become reality.

A committed SEA member since 1999, I have served in several leadership roles. I have been a member of the Board since 2010, past Chair of the Educational Meetings Committee and Course Director for the 2006 SEA Spring meeting in Nashville. I am currently a member of the SEA committees for Simulation and Global Outreach. In my own professional life, I have sought to promote SEA’s vision of medical education. I am a member of the ASA Patient Safety Editorial Board which create the online modules for patient safety CME and MOCA. Soon Program Directors will be able to have these materials for their learners through my work on that committee. I was recently elected to the Academy of Excellence in Education, a group at Vanderbilt who...
I have facilitated panels and workshops at ASA, SEA, ACGME and IMSH meetings. Having recently completed a Masters in Health Professions Education, I share recent educational innovations through contributions to the SEA Newsletter (see my article on MOOCs) and also to medical education blogs. I have sought to make SEA and its members more visible through my blogs in the journal Anesthesiology and now with AA2Day in Anesthesia and Analgesia. SEA has been central to my development as an educator, and I am committed to see the same for others.

I see these as opportunities for the future of SEA:

• Assisting and mentoring SEA members to master the Next Accreditation System, Milestones, and developing best practices so they can link education to patient outcomes.

• Creating networking opportunities for our members to collaborate on activities such as research, curriculum development, and educational innovation.

• Helping our members to develop their careers through educational scholarship.

• Extending the SEA experience beyond the meetings through online educational products, assessment tools, and activities for members.

• Increasing our membership benefits by alliances with other educational societies and organizations.

I have witnessed firsthand this organization take a global lead in medical education through leadership, vision, and the contributions of our members. It is exciting to be part of that and I wish to continue contributing to SEA’s bright future as a member of the Board. Thank you.
The Society for Education in Anesthesia Board of Directors has selected Svinicki Association Management, Inc. (SAMI) of Milwaukee, Wisconsin to provide management services to the organization as of September 1, 2013. Andrew Bronson will serve as Executive Director and Sandra Schueller as Account Coordinator.

SAMI was founded in 1986 and has a staff of fourteen. SAMI is accredited by the Association Management Company Institute (AMC-Institute), and members of the American Society of Association Executives (ASAE) and the Wisconsin Society of Association Executives (WSAE). The SEA office will be located at 6737 West Washington Street, Suite 1300, Milwaukee, Wisconsin, 53214.

SEA joins 24 associations currently managed by SAMI. SAMI staff has experience working with professional associations including six national and five statewide physician specialty associations. SEA will be eleventh physician professional association managed by SAMI. These includes five anesthesia related organizations: Society for Obstetric Anesthesia and Perinatology, International Society of Anaesthetic Pharmacology, Society for Technology in Anesthesia, Society of Anesthesia and Sleep Medicine and the Wisconsin Society of Anesthesiologists.

What is a MOOC and do I want to jump in?

One of the hottest topics in higher education is the development of the Massive Open Online Courses called MOOCs. Although free web instruction has been available in the past, the credit for initiation of free university level courses belongs to Stanford University. Based on the success of three courses launched there in 2011 (over 100,000 people signed up!) several companies such as Coursera, Udacity and EdX have formed to coordinate the global MOOC offerings. Over 100 universities in the US, Europe, and Asia are offering courses, and by early 2013 over 1.5 million students had signed up for MOOCs. The courses are offered free of charge, and some actually offer college credit, although the majority gives a certificate of completion. The topics are diverse—humanities to music and science. As part of my Master’s course our class participated in two Coursera courses “Leading Strategic Innovation in Organizations” from Vanderbilt Owen School of Management led by Prof. Dave Owen and “Inspiring Leadership Through Emotional Intelligence” from Case Western Reserve led by Prof. Richard Boyatzis. Both professors are renowned in this topic area. The courses were given over 8 weeks and were of very high quality. One was expected to do the weekly readings and video assignments, participate in a discussion group and submit a series of essays. Learners also participated in giving feedback on the essays to other students. There were deadlines for assignments, but you could progress through the readings at your own pace.

There has been criticism of MOOCs for poor pedagogy. The professors do not interact with the students, and there is no real feedback except through fellow students. Course questions check for reading comprehension rather than deep understanding. Only 10% complete the courses with all the assignments completed (still over 10,000 each course). There is also suspicion concerning the motivation of universities in offering instruction at no cost. Nevertheless, there is a new modality for learning that did not exist before. I think this is a great opportunity for lifelong learning and suggest you check it out and jump right in. Just register and start to learn!

Here is an example of a Coursera.org online course and the start date that SEA members might enjoy:

- Nov 4th- E-learning and Digital Cultures (University of Edinburgh)
One of the major goals of SEA is to assist members in their academic careers by providing the knowledge, tools, network, and national visibility that are essential for a successful academic career as an educator.

Historically, one significant challenge in this endeavor has been the “gap” between the SEA meetings. We all love our annual meetings: they consistently demonstrate the high level of energy, dedication, and scholarly productivity within our society. There is nothing better than to exchange ideas, learn from others, develop collaborations, or just catch-up with friends; and the meetings are a wonderful venue for these things. But, as soon as we leave and return to our home institutions, a “hibernation-period” ensues until a few weeks before the next SEA meeting, when we all wake up again…and so on year after year…

Wouldn’t it be great to have an ongoing exchange of ideas and updates with other members within the SEA throughout the year?

That’s why we are working on introducing the quarterly “SEA e-Bulletin” via email!

The e-Bulletin will be a new platform for regular communication with the goal of supporting academic careers of SEA members by highlighting and promoting their accomplishments. The idea behind the e-Bulletin is to share news about our members: their scholarly work, successes, and ongoing projects. And you all are invited to participate!

It will include the following:

- Publications by SEA members
- Awards and grants (teaching awards, research grants)
- Invited national and international presentations
- Resources for academic promotions as educators
- Updates on educational projects and opportunities for collaboration
- New member announcements
- Links to new videos and lectures on our SEA website
- Reviews of relevant educational literature
- Platform to get help, advice and an opportunity to get involved:
  - “Assistance Needed” section
    - Are you faced with a challenging situation? We are here to help with educational, administrative, research, or academic-career concerns.

E-Bulletin will be an excellent platform to develop networks, identify people with whom one might collaborate in the future, or just stayed updated. Our vision is to provide a platform to create a network of productive educators!

The e-Bulletin will by no means replace the “SEA Newsletter”, since they will have different functions. We plan to email the first “SEA e-Bulletin” soon – this means that we need your participation!

Please take a minute and review the figure-box that we have developed for the e-Bulletin on the next page:

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<tr>
<th>Is there anything you would like to change? (It’s a work in progress.)</th>
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<tr>
<td>Is there any information you would like to contribute and share with other SEA members?</td>
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<tr>
<td>If you have comments or questions, please contact Marek Brzezinski, at <a href="mailto:brzezimm@anesthesia.ucsf.edu">brzezimm@anesthesia.ucsf.edu</a>.</td>
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We will continue to keep you up to date on the progress, and are open to your ideas and suggestions.
SEA e-Bulletin Layout

Meetings
- Pictures
- Comments
- Testimonies
- Updates
- Links

Organizational Updates
- New positions within the SEA
- Get involved
  - Opportunity for SEA committees to introduce new projects and initiatives to SEA members.
  - Members, if you are looking for ways to get involved and contribute to SEA – this is your place to look!

News from our members
(Not limited to education-related topics)
- New SEA Members
  - We will introduce new members: Name, pic, short bio, areas of expertise, interests, reasons why they joined SEA, interests in collaborations, etc.
- Publications
- Awards and Grants
- Invited National and International Presentations
  - Recent and UPCOMING (SEA, ASA, IARS, etc… so we can go and learn)
- Academic Promotions as Educators
  - Have you been promoted in the educational series track? – Great! Let us know, so others can learn from you how to be a successful educator.
- Assistance Needed
  - If you are faced with a challenging situation – No need to get frustrated or lose sleep over it. SEA members are here to assist you! Just let us know:
    - Whatever the challenge may be:
      - Educational (how do I teach…? Assess?),
      - Administrative (I need a curriculum for…),
      - Research related (I am interested in examining…, looking for mentorship, collaboration, etc.), or
      - Academic-career related (How does your institution assess educational activity?, etc…)
- Update on Educational Projects and Opportunities for Collaborations
  - Have you started a new project or reached a milestone on an ongoing one? – Please let us know. It will help to simulate collaborations, motivate others to start their own research activities, and help to establish experts in different educational areas within the SEA.

Educational Update
- What's new in the educational literature?
  - You found an interesting article you would like to share – Perfect! Just let us know who, when, where and why?
  - You would like to review a relevant article – this is your space!
- Website highlights
  - Our Website committee will introduce new videos, lectures, etc. on the SEA website (links)
New Curriculum: Should We Require a Transesophageal Echocardiography Rotation?

One of the highlights of the 2013 SEA Spring Annual Meeting was the oral presentation, and one of the abstracts presented was “A Required Transesophageal Echocardiography Rotation During Anesthesiology Residency Training: First Year Results”. Oksana Klimkina et al. presented the inaugural results of their study in which twelve senior anesthesiology residents completed a month-long rotation in transesophageal echocardiography (TEE). The goal was to provide a basic level of training in perioperative TEE which is not integrated into the cardiothoracic anesthesiology rotation. The curriculum includes four major components: 1) observation and performance of a comprehensive TEE examination supervised by experienced faculty, 2) systematic reading of stored TEE clips, 3) simulation, and 4) self-directed study. At the end of the month, the residents’ knowledge was assessed by Clinical Global Performance ratings and completion of a pre- and post-rotation visual test. The results indicated that the residents demonstrated acquisition of knowledge and skills related to perioperative TEE. In addition, two of the twelve residents chose to take the Basic TEE Examination, and both passed.

This curriculum as designed by Dr. Klimkina and her group is very encouraging and worth emulating by residency programs that have yet to establish a required TEE rotation. Our program offers a month-long perioperative TEE elective for senior residents. Since its inception a few years ago, this rotation has been well received by senior residents and was consistently rated as one of the best elective rotations. A plan to make this a required rotation rather than an elective experience is underway. This plan is based on our belief that acquired skills in perioperative TEE should not be limited to just those pursuing cardiothoracic anesthesiology fellowships. Instead, this training would be beneficial to all residents given that the general population is aging at a tremendous rate. According to data obtained from the National Center for Health Statistics, life expectancy in the United States has hit an all-time high reaching 78.7 years while deaths from heart disease, cancer, and stroke continue to decline. As the baby boomers continue to age and to survive their cardiovascular insults, they are more likely to undergo non-cardiac surgery. Having experience with perioperative TEE will allow the anesthesiologist to better assess that patient’s surgical risks as they relate to anesthesia and to be better prepared to assess and treat any cardiac developments that may arise during the course of the procedure. Also, as more developments have been made in the field of pediatric cardiothoracic surgery including fetal surgery, children with congenital heart disease are living much longer. As they move into adult years, they too will have elective and emergent surgeries where knowledge obtained from perioperative TEE will be beneficial to their perioperative care.

It has now been more than six years since the ASA House of Delegates approved the development and implementation of a program focused on basic echocardiography education. It is now time that programs consider requiring stand-alone TEE rotations for every anesthesiology resident to prepare them for the needs of our changing population. Although senior residents may benefit from this training, as evidenced by Oksana Klimkina et al.’s study, programs may also consider implementing the training earlier in the residency curriculum.

References
Membership Committee Update

The Membership Committee wishes to first congratulate everyone responsible for making the Annual Meeting in Salt Lake City a tremendous success. It clearly showcased not only the vitality of the Society but what can be achieved by combining the varied talents, experiences, and ideas of our current members. The value of active membership in SEA continues to grow, as is perhaps most clearly seen by the expansion of members-only resources available on the web site. The materials created in the Milestones workshops in Salt Lake City will obviously contribute yet another invaluable resource to this pool, providing SEA members with the tools to help navigate yet another changing time in anesthesia education.

The Membership Committee seeks to ensure that maintaining active membership in SEA is a high priority for members, even in these busy times marked by increasing demands on everyone’s time and professional resources. Toward that goal the Committee is seeking to learn more about the demographics of the current membership. Better understanding the roles, interests, and expertise of our members can only help identify areas for growth and professional development and enable us to better serve both current and future members. We have worked with the Committee on Faculty Development to create a survey aimed at both basic information gathering and needs analysis. It is our hope that this will grow into a database that is updated annually and will allow us to, for the first time, begin to understand trends in the composition of the Society. A daunting task? Perhaps, but the current changes in Society management may in fact make this the perfect time. The Membership Committee looks forward to this process, and thanks the members in advance for their input.

Good Bedtime Reads

In this issue we introduce a new section called “Good Bedtime Reads”. The idea grew out of a conversation at the last SEA meeting in which a few of us discussed the non-medical books that we were reading and exchanged recommendations. This idea of connecting through books and sharing reviews in the newsletter seemed like the natural progression.

I am sure that there are many like me who were avid readers in their pre-medical life, but once medical school, residency and fellowship took their share of time, it seemed like there was no time to devote to non-medical reading. It was only after being in the faculty position for a year that I realized I really missed reading a good non-medical book. When I began reading again, it was like getting back together with an old friend....That is why I think this section is important!

I envision this as a forum for our members to share their views on non-medical reading, including both new releases and books that changed their lives. I invite you to comment on the reviews of books, and I hope to incorporate both fiction and non-fiction books in the reviews. Please send me reviews of books that have been especially appealing to you and we will publish them in this section of the newsletter.

**OXYGEN by Carol Cassella**

The story is set in Seattle where Dr. Marie Heaton is at the top of her game as an anesthesiologist. Despite being a brilliant and caring physician, her world turns into an emotional roller-coaster when she loses a young “special needs” patient in an intraoperative catastrophe. As her carefully constructed world comes crashing down, Dr. Heaton is forced to grapple with her own fallibility as a physician while wrestling with the legal and emotional consequences. **Oxygen** delves into the pain that she feels for the mother of the patient while coming to terms with what this incident means to her career as a physician. It highlights the fragility of both the world we live in and the professional relations we build. While on a leave of absence after the incident she is also forced to confront her relationship with her father, something she’d ignored owing to the demands of her profession on her time. The book highlights the consequences of choices we make in our busy lives.

This is a great book for those beginning in our profession because it emphasizes why anesthesiologists must not take anything for granted and how a single wrong move can mean the difference between life and death. The tight narrative keeps the reader engrossed right until the compelling twist at the end!
Feed the Eagles, Starve the Turkeys

During the evening reception at the SEA Spring Meeting in Salt Lake City a (more than typical) conversation ensued: “...So, what have you been doing lately? Can you recommend any interesting books?” — “No time for books...no time for anything...too much stress...I hope to read again when I make it up for a breather”.

If this sounds familiar to you and you can relate to this problem of balancing work and personal life, you may consider investing a few bucks and purchasing the book “Getting Things Done: The Art of Stress-Free Productivity” by David Allen. Obviously the “stress-free” part is hyperbole, but the “getting things done” part is not.

Without any further platitudes, let’s talk about the book. It is divided into 3 parts: The first describes the new managerial model. The second part focuses on practical applications, such as how to set up time, space, and tools to get things done. The third offers somewhat “touchy-feely” philosophical advice on how to use this model to have a happy and “distraction-free” mind. I’m on the Wellness Committee, so I decided it was worth the read.

The book is based on 3 key problems that anyone can relate to:

1. Performance can and will be affected by anything on your mind.
   a. For instance, thinking about the bike that needs to be fixed, about the paper you have to write, the meeting with the Chair, or the fact that you still have not bought presents for the holidays. It’s simply difficult to do one thing when your mind is thinking about something else.

2. Things are not getting done because the next step that is required is not exactly clear, causing delays and procrastination.
   a. For example, you need to schedule your car for a routine 20,000 miles visit at the dealer, but should you call the dealership directly to arrange an appointment, or should you first talk to your spouse to clarify when either of you is free? By the way, what was the name of the guy who assisted you the last time? Do you need it before making the call? – And this information is probably hidden somewhere in your documents at home. What exactly is the next “physical” step that needs to be taken to move the issue forward successfully?

3. Things/decisions are simply forgotten or postponed.
   a. You know you have to, and you want to write the paper. However, despite all good intentions you keep postponing writing it, simply because of “no time”. – You are unable to “carve out” dedicated time in your calendar for this task.

How does the book try to address these problems? Well, first by “getting it all out of your head”. Second, by converting all the physical and mental crap (he kindly calls it “stuff”) into actionable and non-actionable entities. Third, by regularly reviewing all the “stuff” and using a calendar with built-in reminders. So simple, but very effective. You can trust me, I’m a doctor.

The first step is to clean up the desk, using a strict item-by-item rule. No exception, no “I will do that one later” procrastination techniques.

Now, if an action is required, then what is the “next physical, visible activity” that needs to be performed to move it forward? – Calling someone? Finding a paper? Start writing a manuscript? Putting an appointment into the calendar? Writing an email? – Define it first, then if you expect the activity to last less than 2 minutes do it right there – be done and move on to the next item! But if more than 2 minutes are required, defer it to a later, more dedicated time slot that you mark in your calendar. The 2 minute rule is a wonderful tool – it will make you much more effective.

The book then goes on to ask the reader to do the same with mental/psychic “stuff” by writing down all the things that are on one’s mind as “actionable” items: e.g., “write an email to X and Y to clarify the idea of the workshop”, “search for papers on topic Y in Pubmed” instead of the usual general statement like “preparing the workshop for San Francisco”. The system behind this “mental sweep list” is covered in great detail in the book. It combines a high degree of sophistication with simplicity and practicality.

He then goes into describing the “reminders” and “reviews” of projects and activities.

Now – does this system work in practice? I can tell you from my own personal experience that the organizational system presented in the book provides a powerful tool to successfully clean up not only the desk but also the head. I routinely get rid of a lot of unnecessary “stuff” and complete surprising amounts of 2 minute items while creating space for bigger, more time consuming projects. Being at peace and content with myself and the universe... Priceless.

As with many such books, there is some “fluff”, but it is entertaining, easy to read, and the “fluff” typically serves the purpose of making the point – you may actually enjoy it for a change.

“Getting Things Done: The Art of Stress-Free Productivity” provides the tools to create the time you need to feed your eagles – the few things that matter to you – while reducing the time that you spend on feeding the turkeys – the many things that are not important but ubiquitous, noisy, and attention seeking.
The Medical Education Research Certification (MERC) Program from the American Association of Medical Colleges (AAMC) is designed to introduce participants to medical education research. Its goal is to infuse knowledge and understanding of medical education so participants can begin to work on projects and collaborate with others. The workshops are 3 hours each and a total of 10 workshops are offered by the AAMC. A certificate of completion is provided after a participant finishes a minimum of 6 workshops.

These workshops were arranged for the Spring SEA Meeting in 2012. The process of bringing this program to SEA started in the fall 2011 when one of the SEA Board members, Sally Raty, completed these workshops at a separate venue. Sally raved about these workshops and brought her experience to the attention of the SEA Board. The Board along with the Research Committee investigated the feasibility of providing these workshops for its members. A total of six workshops were selected and scheduled for the spring meeting. The workshops included:

1. Formulating Research Questions and Designing Studies
2. Measuring Educational Outcomes with Reliability and Validity
3. Data Management and Preparing for the Statistical Consultation
4. Introduction to qualitative Data Collection Methods
5. Qualitative Analysis Methods in Medical Education
6. Scholarly Writing-Publishing Medical Education Research

The workshops were scheduled over four days. The maximum enrollment was limited to 34 members and the cost of participating in all 6 workshops was $400, in addition to the registration for the SEA meeting. Despite the additional cost, the workshops sold out in a few days. While it was tiring for all to balance 18 hours of workshops during the meeting, most participants found the experience worthwhile and rewarding. In fact a survey at the end of the workshops demonstrated that 85% thought doing the workshops over 4 days was “just right” and 97% thought it was well worth the $400.

These workshops were a success for the SEA Meeting. Comments from SEA members included “It was an exhausting but very worthwhile experience,” “…well distributed between other SEA sessions..”, “Excellent opportunity, great learning experience, great interactive sessions with the facilitators and the other participants. Helped refine future research plans and gave a boost and a clearer framework for education research. Thank you!”

Unfortunately the demand was greater than the availability. Several members have expressed an interest in having MERC come back to another SEA meeting. In the spring of 2013 the workshops were not organized because of the volume and importance of the Milestones workshops. However, there is a plan to bring these workshops back again in the near future for SEA members.

References
This year we had 30 applicants for 9 SEA/HVO Traveling Fellowships for 2013/14, similar to last year. As usual, the quality of the applicants was outstanding and we had a difficult job deciding who should be awarded a Fellowship. The successful residents, the programs they come from and the Fellowships they were awarded are as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Program</th>
<th>Scholarship</th>
</tr>
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<tbody>
<tr>
<td>David Dahl</td>
<td>UT-Knoxville</td>
<td>Pierluigi Menna Memorial Fellowship</td>
</tr>
<tr>
<td>Cindy Hwang</td>
<td>OHSU, Portland</td>
<td>Dr. Lisa Feintech Fellowship</td>
</tr>
<tr>
<td>Heather Kaiser</td>
<td>Johns Hopkins</td>
<td>Dr. Ronald L. Katz Fellowship</td>
</tr>
<tr>
<td>Annie Ko</td>
<td>Brigham &amp; Women’s</td>
<td>Dr. Chris &amp; Rebecca Dobson Fellowship</td>
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<tr>
<td>Neil Masters</td>
<td>Columbia</td>
<td>FAER Fellowship</td>
</tr>
<tr>
<td>Sushila Murthy</td>
<td>Massachusetts General</td>
<td>Dr. Chris &amp; Rebecca Dobson Fellowship</td>
</tr>
<tr>
<td>Amit Shah</td>
<td>Yale University</td>
<td>Dr. Gary Loyd Fellowship</td>
</tr>
<tr>
<td>Wil Van Cleve</td>
<td>UW, Seattle</td>
<td>Drs. Jo Davies &amp; Lena Dohlman Fellowship</td>
</tr>
<tr>
<td>Tammy Wang</td>
<td>Stanford University</td>
<td>SEA Fellowship</td>
</tr>
</tbody>
</table>

These 9 Traveling Fellows will each be teaching for a month either in Ethiopia, where HVO has an Anesthesia Masters Program, Vietnam or Malawi.

I would like to express my gratitude to all the donors who make these Fellowships possible. Not just the amazing contributions from people who donate entire Fellowships, but also to those who together enable us to offer a “SEA” Fellowship. In addition, Lena Dohlman has done a fantastic job of securing a SEA/HVO Fellowship from FAER again this year.

The wonderful collaboration between SEA and HVO has enriched the lives of not just the students in developing countries who are taught by the Fellows but also of the Fellows themselves. Many return having had a “life changing experience”.

In the Spring SEA newsletter this year I told the story of how Lena Dohlman made her dream of creating the SEA/HVO Fellowship program into a reality. Now I would like to tell you more about the Health Volunteers Overseas (HVO) organization with whom we collaborate.

HVO is a private, non-profit organization dedicated to improving the availability and quality of health care in developing countries through the training and education of local health care providers. It started in 1986 and now has more than 90 clinical programs, covering a multitude of specialties, in 25 developing countries, in Asia, Africa, the Caribbean and Latin America. Specialties include anesthesia, dermatology, hand surgery & hand therapy, hematology, internal medicine, oncology, oral health, orthopedics, pediatrics, with special projects in emergency medicine, mental health and pharmacy. Physicians make up more than 50% of the volunteers, with dentists, nurse educators, physical therapists, nurse anesthetists and other skilled professionals also contributing their time and expertise. In the 25 years from 1986-2011, HVO has sent more than 4,370 volunteers overseas on more than 7,900 assignments. As an organization it continues to grow despite the economic challenges in recent years.

We would like to thank HVO, and particularly Nancy Kelly, the Executive Director, for their hard work and support of the SEA/HVO Fellowships, and look forward to many more happy years of collaboration.

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Mark Your Calendars Now...

SEA 2014 Spring Meeting
May 29 - June 1, 2014

Hyatt Regency Boston
Boston, MA
Burnout and Depression – Is There A Way Out?

There are scores or articles in the literature that talk about burnout among physicians. In the most recent treatise Medscape 2013 surveyed 24 specialties about burnout1. Anesthesiologists are tied with general surgeons, internists and obstetrician/gynecologists in being fourth among the specialties claiming burnout. The stressors most problematic include bureaucratic tasks, too many hours at work, impact of the Affordable Care Act, and feeling like just a cog in the wheel. Women were more burned out than men (56% vs. 42%), and the 46-55 age range seemed to report the most problems. In general, however, burnout does not seem to interfere much with an anesthesiologist’s life (3.8 on a 1-7 scale, 1 = no interference, 7 = high interference).

A recent article by de Oliveira, et al2 surveyed American anesthesia residents to evaluate the prevalence of burnout and depression. Their very disheartening results suggest that depression and burnout are quite prevalent, in 41% of their respondents. The high risk residents self-reported a significantly high level of medication errors (33% vs 0.7% in low risk residents). They also self-reported inattention to patient care and a certain amount of suicidal ideation. This study suggests that not only are patients at risk for poor care, but trainees are at risk for early death.

None of this is news to most of us who have worked in the specialty for a while. What really needs to be assessed is what is being done about it. Because we are hospital based many of the stressors we face are not within our power to fix. Does that mean we are doomed to eventual burnout? Burnout and its causes are unpleasant to live with even if it doesn’t severely impact our lives. Can we develop resilience to help stave off burnout? There are several small studies in the literature that have looked at this. Most are assessing family practitioners. Most have come up with similar strategies which include proper management style, supportive relations, good communications, and ability to control work environment and hours. As anesthesiologists, some of these are in our control, others not. Zwack and Schweitzer3 published an interesting study about this in Academic Medicine. In Germany they conducted 200 semi-structured interviews with physicians of different ages, specialties and hierarchical status. Their aim was to uncover resilience strategies employed by experienced physicians. They did not mention anesthesiologists as being part of their survey, but did include surgeons. Their results fell into three categories: job-related sources of gratification, practice and routines, and useful attitudes.

Job-related sources of gratification were from the doctor-patient relationship. This is an area where we as anesthesiologists should excel as we see each of our patients ahead of time and do establish a relationship. The gratification was also from medical efficacy, for us meaning getting the patient through the surgery successfully.

Useful attitudes included refraining from wishful thinking and maintaining realistic attitudes; self-awareness and reflexivity; active engagement with the downsides of medicine, by addressing challenges realistically; recognizing when change is necessary – moving on; appreciating the good things.

Zwack et al showed that resilient physicians have an “ability to invest personal resources in a way that initiates positive resource spirals in spite of stressful working conditions.” Why is this important? Burnout can cause doctors to lose their enthusiasm and drive for providing high quality care. This can lead to dropping out of the field all together. There is the real possibility of increased medical errors made by burned out physicians. Worst of all is the risk of losing physicians to suicide. Medical schools are offering courses to their students on how to deal with stress and avoid burnout. It would be interesting to know how many anesthesia residency programs are doing the same. It’s time to find out who has such a curricula and who needs to add it to their list of course.

References
1. Medscape March 2013. Lifestyle Survey of Physicians