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## PRESIDENT'S CORNER The Athens of America



Ira Todd Cohen, MD, MEd

The city of Boston has many nicknames, from the informal *Beantown* and *The Hub* to the more highfalutin *Cradle of Liberty* and *Athens of America*. *The Hub* (of the Solar System) was first recorded by physician, educator and author Oliver Wendell Holmes, Sr. He wrote that it was not known who coined the phrase but that, "You couldn't pry that out of a Boston man."<sup>1</sup> (Bostonians must have been more modest in his day.) In medicine, Holmes, Sr. is better known for introducing the stethoscope to America, proposing the theory of contagion, and coining the term *Anesthesia*. Holmes wrote, in a letter to ether pioneer William Morton, that the new term "will be repeated by the tongues of every civilized race of mankind."<sup>2</sup> (So, not that modest, after all)

Boston certainly lived up to its reputation as an education powerhouse while hosting the SEA 2014 spring meeting. Co-chairs, Stephanie Jones and John Mitchell, did an outstanding job conceiving and executing a world-class conference on Faculty Development. Attendees were impressed and inspired by speaker after speaker who presented scholarly work and its application to the academic medical setting. Each workshop supplied participants with information and materials to initiate and/or enhance faculty development programs at their home institutions. In addition, selected abstracts in curriculum design and education research were presented orally and as posters. A spirited debate

on the need for an advanced degree to be an educational leader brought the last general session to an amusing but inconclusive end.

The conference also contained additional benefits to Society members, including a repeat offering of the excellent MERC (Medical Education Research Certification) workshops; continuing work on and support for the ACGME Milestones; and unique workshops exploring Digital Literacy, Wellness, and Personality Disorders. One of my favorite additions to this year's meeting was the Conference App. All sorts of useful information including personal schedules, hotel layout, passwords, and instructions to claim CME credits were literally at our fingertips. This new feature was provided by our highly dedicated management company in Milwaukee aka *Brew City* or the *Deutsch (German) Athens of America*.

Not to be outdone, the original Athens is often referred to as the *Cradle of Democracy*. In that spirit of democracy, the Board of Directors is recommending changes to our Bylaws' nomination and election procedures. In brief, we propose to nominate (by committee and self) at the spring business meeting, publish candidate position statements over the summer, and hold elections, electronically, in September. The advantages of these changes are that self-nominations will be given equal footing, society members will have ample time to review the candidates, and every member, in good standing, will be able to vote. At present, self-nominated candidates are at a disadvantage, not being able to publicize their interests, and individuals not attending the fall meeting, which is a majority of the membership, do not get to vote. We feel the proposed changes in the Bylaws will create greater transparency in the election process and a more inclusive and representative electorate. In addition, new electees will know before the fall meeting that they will be serving and therefore have the opportunity to become involved in workings of the Board, eight months earlier than under the current arrangement.

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## SOCIETY FOR EDUCATION IN ANESTHESIA

6737 West Washington Street, Suite 1300

Milwaukee, WI 53214

(414) 389-8614; fax (414) 276-7704

info@SEAhq.org

www.SEAhq.org

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(202) 884-5621; fax (202) 884-5999  
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(216) 444-3633; fax (216) 636-7046  
kimatis@ccf.org

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(206) 685-3459; fax (206) 543-2958  
kjsouter@uw.edu

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sandism@mail.amc.edu

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(215) 707-3326; fax (215) 707-8028  
schartel@temple.edu

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(415) 317-1414; fax (415) 750-6653  
brzezinm@anesthesia.ucsf.edu

*L. Jane Easdown, M.D.*, Vanderbilt University  
(615) 936-1830; fax (615) 343-3412  
jane.easdown@vanderbilt.edu

*Stephanie B. Jones, M.D.*, Beth Israel Deaconess Medical Center  
(617) 754-2733; fax (617) 754-2735  
sbjones@bidmc.harvard.edu

*Michael C. Lewis, M.D.*, University of Miami  
(305) 585-6973; fax (305) 585-7477  
mclewis@med.miami.edu

*John D. Mitchell, M.D.*, Beth Israel Deaconess Medical Center  
(617) 754-2733; fax (617) 754-2735  
jdmitch@bidmc.harvard.edu

*Sally R. Raty, M.D.*, Baylor College of Medicine  
(713) 873-2860; fax (713) 873-2867  
sraty@bcm.tmc.edu

## COMMITTEE CHAIRS

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*Annette Mizuguchi, M.D., Ph.D.*  
Brigham & Women's Hospital  
Department of Anesthesiology  
(617) 732-8218  
amizuguchi@partners.org

### Bylaws

*Scott A. Schartel, D.O.*  
Temple University  
(215) 707-3326; fax (215) 707-8028  
schartel@temple.edu

### Development

*Armin Schubert, M.D., M.B.A.*  
Oschner Clinic  
(504) 842-4421; fax (504) 842-2036  
aschubert@oschner.org

### Education Meetings

*Carol Ann B. Diachun, M.D.*  
University of Rochester of Medicine  
and Dentistry  
(585) 381-7629  
carol\_diachun@urmc.rochester.edu

### Faculty Development

*Tracey Straker, M.D., M.P.H.*  
Montefiore Medical Center  
(914) 969-2928; fax (718) 881-2245  
ts51764@aol.com

### David Young, M.D., M.Ed.

Baylor College of Medicine  
(832) 824-5800; fax (832) 825-5801  
davidy@bcm.edu

### Finance

*Michael R. Sandison, M.D.*  
Albany Medical Center  
(518) 262-4302; fax (518) 262-4736  
sandism@mail.amc.edu

### Journal of Education in Perioperative Medicine

*Armin Schubert, M.D., M.B.A.\**

### Medical Student Curriculum

*Amy M. Murray, M.D.*  
Loyola University Medical School  
(708) 216-0421; fax (708) 216-1249  
amurra1@lumc.edu

### Membership

*Paul W. Kranner, M.D.*  
University of Wisconsin  
School of Medicine  
(608) 263-9193; fax (608) 262-1061  
pkranner@wisc.edu

### Nominations

*Scott Schartel, D.O.\**

### Global Outreach

*Joanna M. Davies, M.B.B.S.*  
University of Washington  
(206) 598-0402; fax (206) 598-4544  
jodavies@u.washington.edu

### Publications

*Jonathan M. Hastie, M.D.*  
Columbia University  
(212) 342-2210; fax (212) 342-2211  
jh2646@cumc.columbia.edu

### Research in Education

*Franklyn P. Cladis, M.D.*  
University of Pittsburgh –  
The Children's Hospital  
(412) 613-3620; fax (412) 692-8658  
cladfp@upmc.edu

### Resident Education

*Jeffrey S. Berger, M.D., M.B.A.*  
George Washington School of  
Medicine & Health Sciences  
(202) 715-5296; fax (202) 715-4759  
jberger@mfa.gwu.edu

### Simulation in Anesthesia Education

*Christine Park, M.D.*  
Northwestern University Feinberg  
School of Medicine  
(312) 926-8369; fax (312) 926-8341  
csparkmd@gmail.com

\*Refer to first listing of name for contact information

# President's Corner

## The Athens of America

*Continued from page 1*

In closing, I would like to say that it has been an honor and pleasure serving as the President of the Society for Education in Anesthesia. I owe a great deal to the Society, in terms of career and growth. I hope my efforts over the past years, as board member and officer, have been meaningful to the Society and have paid back part of that debt. It has been a challenging and rewarding two years and I am forever thankful to all of the other board members, committee chairs, committee participants, past presidents, and the membership-at-large. Without their support, contributions, and hard work, nothing would have been accomplished. I would also like to thank the different management personnel from Nicole Bradle and Celeste Kirschner at the ASA

to Erin Butler at SmithBucklin and to Andrew Bronson, Sandy Schueller, and Jane Svinicki at SAMI. Their assistance, advice, and expertise have been invaluable.

I will quote Oliver Wendell Holmes Sr. one last time as I sign off from Washington, DC – a city with no nickname or, at least, none that should be printed in an academic publication.

“It is by little things that we know ourselves.”<sup>1</sup>

### References

1. Holmes, Oliver Wendell (1858). *The Autocrat of the Breakfast-Table*. Boston, MA: Houghton, Mifflin and Company. 1891.
2. Broadus, Dorothy C. *Genteel Rhetoric: Writing High Culture in Nineteenth-Century Boston*. Columbia, SC: University of South Carolina. 1999

## Spring Meeting 2014 Report

The SEA Spring Meeting in Boston was a wonderful opportunity to engage attendees in educational innovation. With the theme *Faculty Development: Strength in Numbers, Power in Expertise!*, the meeting focused on novel approaches to faculty development. Keynote sessions included comparisons of departmental and institutional approaches to faculty development. To further build on the 2013 Spring Meeting on Milestones, approaches to teaching milestone-based assessment to faculty had a central role in the plenary sessions and workshops. The essential roles of mentorship and networking were addressed in both lecture and workshop format, and the value of performance orientation in learning was also highlighted. The spirited but civilized pro-con debate focused on whether obtaining an advanced degree was necessary to become a leader in anesthesiology education. An exciting innovation this year was a “best practices” panel, in which SEA members shared their own experiences and innovative approaches to faculty development. Photos of the meeting are available on our homepage.

The workshops were essential to further develop concepts in faculty development for attendees, and the number of workshops was consequently increased. Workshops were hosted both by SEA members and by several guest speakers, allowing plenary topics to be further explored and applied to specific scenarios. A faculty development meeting would simply not have been complete without the return of the Medical Education Research Certification (MERC) program that allowed members to pursue coursework sponsored by the Association of American Medical Colleges during the meeting and develop their skills as education researchers. The critical work of the Milestones Taskforce continued in the workshop format as well—please check out the Milestones section of our website’s Resources tab for updated tools and information.



John Mitchell, MD



Stephanie B. Jones, MD

Boston provided an excellent backdrop to the exciting meeting and we are pleased to report that the meeting was well attended, educational, and profitable! Most speakers consented to having their talks recorded, and the talks are available for members on our Online Learning Portal, accessed from our website’s Resources tab (see below). The portal also includes presentations from our meetings since 2012 and resources donated by SEA members. On behalf of the Educational Meetings Committee, we would like to thank all of the presenters, workshop moderators, and attendees for making this meeting fun and successful!

The following links may be copied and pasted:

Homepage: <http://seahq.net/>

Milestones Section: <http://seahq.net/index.php/resources-61579/2014-01-24-15-55-08>

Online Learning Portal: <http://seahq.net/index.php/resources-61579/2014-01-24-15-54-36>

# Views on Role Modeling

Role modeling is a teaching technique that is as old as teaching itself. Its precise definition is elusive, but generally role modeling is the passing on of specific attributes. In the “real world” a role model is someone who occupies the social role to which an individual aspires, such as professional athletes, celebrities, and politicians. The modeling can be “good” or “bad”, in that positive or negative traits can be absorbed.

In medicine a role model is usually someone who represents a standard of excellence. The apprenticeship model is perhaps the best definition of role modeling as a teaching style and it works very well for teaching procedures and interacting with patients and staff. It is also useful for learning how to think through problems. Some authors say that role modeling is unconscious while others insist that it is conscious.<sup>1</sup> What is clear is that it occurs all the time and can involve positive and negative traits. Benbasset suggests that the educational value of role modeling depends on its definition. If it is defined as a demonstration of skills followed by feedback on a student’s performance, then it is a very useful component of clinical teaching. If it is defined as “encouraging students to observe and reflect on the benefits and drawbacks of their preceptors’ behaviors and emulate those which they feel are important, role modeling is essential.” Learners pick role models for both the altruistic reason of “becoming like that great doctor” or just as a survival technique – “let me do this like that doctor so he won’t yell at me”. Their reasons for choosing a role model are not always well defined. It therefore seems important that role models be aware of what they are modeling. Two recent articles in *Academic Medicine* address these issues.

Benbasset, in an article entitled “Role Modeling in Medical Education: The Importance of a Reflective Imitation”<sup>1</sup>, exhorts students to think about their role models and to take care with what they imitate. Pure imitation without reflection allows for success in familiar situations and possible perpetuation of bad techniques. It does not promote learning for the unfamiliar situation. By reflection the learner becomes mindful of what worked and why, so that when new situations occur, appropriate adjustment can be made. Reflection can also allow for learning positive behaviors from negative role models. Through reflection on what is wrong with a particular teacher’s style or behavior, the learner can consciously choose *not* to act in that way.

Cote and Laughrea<sup>2</sup> sought to evaluate teacher insights into their role modeling. They conducted focus groups at a Canadian

university to assess if teachers were aware of the competencies they were to be teaching, how they taught each competency, how role modeling fit in to their teaching, and challenges to role modeling. Although this was a small group of twenty volunteers, the authors distilled themes that are probably generalizable: 1) These teachers were well aware of the competencies they were trying to teach. 2) Role modeling was an important strategy for them. 3) Certain competencies, such as teamwork, professionalism, and communication were most amenable to role modeling. 4) The teachers had approaches and strategies for using role modeling, sometimes structured to demonstrate a specific competency or discuss an issue, at other times completely unstructured given a particular clinical situation. The challenges to role modeling fell into specific categories. These included understanding the competencies they were teaching, being aware of their own strengths and weaknesses, being aware of what they wanted to project as a role model, encouraging reflective practice, demonstrating a particular competency which the student observed, followed up by a discussion of what was observed. This latter needed to include a review to be sure the student understood what the teacher was trying to get across.

These articles underscore the importance of role modeling for the student and the teacher. Students need to actively reflect in order to emulate positive traits, to avoid negative ones, and to foster good medical habits. Teachers need to be aware of their role modeling and work to make it most effective. Both articles advocate for more teaching and learning of role modeling techniques. Perhaps this is yet another project that the SEA could take on.

## References

1. Benbasset J. Role modeling in medical education: the importance of a reflective imitation. *Acad Med* 2014;89: 550-554.
2. Cote L, Laughrea PA. Preceptors’ understanding and use of role modeling to develop the CanMEDS competencies in residents. *Acad Med* 2014; 89: 934-939.



Sandra Curry, MD

## Save the Date

## SEA 2015 Workshop on Teaching Friday, January 30 - Tuesday, February 3 Winter Park, FL

# SEA 2014 FALL MEETING UPDATE

## The Future of Anesthesiology CME in the Digital Age

We would like to invite you to the SEA 2014 Fall Annual Meeting hosted by Cleveland Clinic. The meeting will be held at the JW Marriott in New Orleans, Louisiana on Friday, October 10, 2014, preceding the ASA Annual Meeting. This year's theme examines the widespread use of digital media in education in general, and in medical education in particular. Presentations will describe the current trends and will compare and contrast these trends to traditional educational offerings. Furthermore, the meeting will explore these trends' impact on the future of anesthesiology graduate training and continuing medical education.

It is a privilege to have many distinguished speakers on our roster. This year's **McLeskey lecture** will be delivered by Neil Mehta, MD, an associate professor of medicine. In addition to his clinical practice, Dr. Mehta serves as the director of Education Technology at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, director of the Center for Online Medical Education and Training (COMET) for the Cleveland Clinic Health System and the web editor for the *Journal of General Internal Medicine*. His talk is titled "From Digital Badges to IBM Watson: Trends in Medical Education" and will cover such topics as mobile devices, quick response codes, online competency badges, and wearable computing (e.g., Google Glass). We are also excited to have Dr. Berend Mets as this year's **Duke Award** recipient and speaker. Dr. Mets is professor and Chair of Anesthesia at Hershey Penn School of Medicine and former President of the SEA and the SAAA.

Other presentations will discuss related topics, such as "Distant Learning and the Virtual Classrooms". We have also organized two panels. The first panel will address Global Media Education (education that targets a large number of audiences) covering subtopics such as Massive Open Online Courses (MOOC), Personalized Online Learning, and Social Media and Education. The second panel will address Small Group Education. Subtopics will include Traditional Lectures—the Past, Present and Future; Interactive learning (PBLD, workshops, flipped classrooms); and Simulation and Immersive Learning.

The panel presentations will be structured discussions, with the aim of introducing educational media and facilitating their comparison. Presenters will discuss the following aspects for each topic:

- Definition
- Delivery and cost
- Ideal setting and group suitability
- Pros and cons
- Current state and future projection

Attendees will have the opportunity to choose between six excellent small group workshops:

1. Anesthesiology Residency Curriculum: Strategizing for the Next Accreditation System
2. How to Manage Multidisciplinary Trainee Competition by Developing Resident Management and Leadership Skills Utilizing the Anesthesia Care Team Approach
3. Strategic Implementation of the Milestones at Your Program
4. Milestone Implementation: Developing a Strategic Plan to Elevate Your Program
5. Teaching and Learning Kinetics of Inhaled Anesthetics in the Digital Age
6. Giving Feedback Across Language Barriers



*Basem Abdelmalak, MD*

Please plan to join us to hear an exciting lineup of presentations and to enjoy ample opportunity to network with your fellow anesthesiology educators from around the country.

In addition to the educational and professional value this meeting offers, New Orleans has a lot to offer on its own, from a welcoming city, to great food and entertainment.

I look forward to seeing you there!

Register today at [www.SEAhq.org](http://www.SEAhq.org)

**Register Now:**

**SEA 2014 Fall Annual Meeting**

**October 10, 2014**

**JW Marriot New Orleans**

**New Orleans, LA**

# Good Bedtime Reads

*This section was introduced in the Fall 2013 Newsletter. It grew out of a conversation at a recent SEA meeting in which book recommendations were shared, and we thought the newsletter would be a natural venue to help us connect through books. Whether fiction or non-fiction, if a book spoke to you, please consider writing a brief review. Email [viji.kurup@yale.edu](mailto:viji.kurup@yale.edu) for additional information or to submit a review.*



## **Book:** *Healing of America: A Quest for Better, Cheaper and Fairer Healthcare*

**Author:** TR Reid

**Review Author:** Ramachandran Ramani, MD

Preceding the passage of the Affordable Care Act in 2010, an animated discussion of health care reform enlivened both houses of Congress as well as the U.S. media. Much has been written on the status of health care in America and how to go about reform. This book by T.R. Reid, a longtime Washington Post correspondent, describes how health care is managed both in developed countries including Germany, France, United Kingdom (UK), and Japan, as well as in poorer countries that employ a fee for service model. He details the origins of various plans worldwide, their financial structures (including payments to physicians and hospitals, and what it costs the beneficiary), populations' health based on various indices, and costs to the governments. The author adds his own experience of getting treatment in these countries. In sum, it appears that most developed countries spend a smaller proportion of their GDP on health care and have a healthier population—with better access to care—than the US. This lays the foundation for what Americans should aim for in health care reform. In the final chapter the basic features of the Affordable Care Act is covered.

Healthcare model in various countries is described in a chronological fashion starting with the Bismarck model in Germany, the French model, the National Health Service (NHS) in UK and the adapted version of Bismarck model in Japan. Health care practice in developing countries, which is much less structured, is also covered. In the various developed countries the quality of health care (based on several indices including accessibility, cost, infant mortality, maternal mortality, and life expectancy) is better than in America, and the per capita expenditure is less – low-cost, high-quality care. How have these countries been able to deliver this low-cost high-quality care? Although health care is delivered through insurance companies as in the US, in most other countries they are private, non-profit companies; hence delivering quality service takes priority over profit. The systems are complex: there are 180 insurers in Germany, over 3,500 in Japan and close to 200 in France, leading to intense competition to enroll as many members as possible. In UK the publicly funded NHS manages

health care. Costs are controlled by negotiated payment between the various stakeholders; the government negotiates payments between insurers, physicians and hospitals. Although in the US there is a fear of socialization of medicine, it is this socialized model of care that has kept the administrative cost (less than 5%) and all other costs under control in most countries. The transparency of cost is evident in France and Japan; the cost of care for the patient is clearly displayed in the doctors' offices. In Japan and France doctors still go on home visits to care for patients, something nonexistent in the US. The federal mandate for everyone to enroll in insurance is essential to keep the cost of health care under control. This "Federal Government Mandate" was a point heavily debated in the US as many states attorneys challenged the authority of the government to require health insurance enrollment. The 2012 Supreme Court ruling settled the issue, upholding the authority of the federal government to mandate health care enrollment for all citizens. The author further explores differences in evolution of health care in the US and contrasts it with countries like Germany, Japan, and France

Finally the book acknowledges challenges developed countries face, despite the good quality of health care and low cost to the government and the people. Doctors complain about poor reimbursement, and hospitals face challenges raising capital for upgrades. These challenges are constantly being addressed while the health care delivery continues. The final chapter of this book covers the basic tenants of the Affordable Care Act. This includes the mandate for universal enrolment in health insurance, expanded coverage for the poor through Medicaid, and insurance exchanges.

I recommend this book as an essential reading for all health care professionals. It is a well-written book by a journalist who has lived in various countries and has used their health services. We constantly hear complaints from everywhere including our own colleagues about healthcare. Some of the issues being debated in US are already in practice in many developed countries. This book gives a clear and concise account of what we lack in our system.

# Board of Directors Position Statements

## Jeffrey Berger, MD, MBA



After completing residency in 2005, I joined the faculty of New York University where I was awarded *Teacher of the Year* for 2005-2006. In 2007, I relocated to Washington, D.C., where I began my service for The George Washington University's Department of Anesthesiology as Director of the Residency Program in 2008. From 2009-2014, I also served as Director of Obstetric Anesthesiology. At the University level, I serve as Physician Advisor to the Office of International Medicine Programs and I was appointed Associate Dean for Graduate Medical Education in March, 2014. Nationally, I was elected to the Executive Council for Core Program Directors in 2012.

As an active member of the SEA since 2007, I have led several ASA and SEA workshops (*Program Director as Webmaster; Reinvigorating your M&M conference; and The Art and Science of Interviewing: Finding the Best Candidate for the Position*), and I have Chaired the 2012 Fall Meeting (*The Non-Clinical Curriculum: Education in Practice Management, Healthcare Policy and Physician Wellness*, Washington, D.C.). I have served as Chair of the Resident Education Committee (2012-2014) and currently participate in the Global Outreach, Research and Journal of Education in Perioperative Medicine (JEPM) Committees. I received MERC training and annually serve as a moderator for SEA poster sessions. I serve as Associate Editor of JEPM (2012 - ), editing manuscripts and assisting in the effort to obtain PubMed indexing for the Journal.

As a member of the Board of Directors for SEA, I would work as an intermediary between the Committees that I have represented and the Board. I would voice the concerns of Program Directors, and provide the perspective of an Associate Dean for GME and Designated Institutional Official (DIO). Specific policy that I would favor would include: 1. Encouraging the continuation of efforts to arrange multidisciplinary meetings; 2. Open-access, web-based course development; and 3. Improving the profile of JEPM.

Outside of educational efforts, I recently concluded service as President of the District of Columbia Society of Anesthesiologists (2012-2014). In May 2014, I co-authored the McGraw Hill publication, "Anesthesia Core Review: Part I, Basic Exam," to assist residents with preparation for their board certification examinations. I have a wife (Rachel) and three energetic girls (Talia, 8; Jessica, 7; and Naomi, 4).

## Franklyn P Cladis, MD, FAAP



I am pleased to be considered for a member position on the SEA Board. This society is an incredibly important resource for anesthesiologists involved with education. I am involved in education in a variety of venues. I have been the program director for the Pediatric Anesthesiology Fellowship at the Children's Hospital of Pittsburgh of UPMC since 2007, and I am a member at large on the board for the Pediatric Anesthesia Program Directors Association (PAPDA). I am also one of the editors for *Smith's Anesthesia for Infants and Children*, and a Part 2 ABA board examiner. I have personally benefited from my SEA membership.

In 2005 I became a member of SEA to network and to expand my education skill sets. I found mentorship, friendship, and camaraderie. Over several years I became more involved with the SEA Research Committee and was fortunate enough to become the committee chair in 2009. Our success as a committee comes from the hard work of the members. Together we have graded and provided feedback for all of the abstracts and posters submitted to the yearly spring meetings. We have also implemented several changes. Over the past five years we have transitioned to an on-line abstract submission and grading system, created the research consultant, and navigated the introduction of MERC for two SEA meetings. We are currently creating a workshop to assist with writing and grading education research abstracts. My position as committee chair ends next year, and I am looking forward to continuing my involvement with SEA. I would love to continue in a new role as a member of the board. It would be an honor and a privilege to serve the members of SEA in that capacity.

## Carol Ann Diachun, MD



My name is Carol Ann Diachun, and I am asking that you elect me to a position on the Board of Directors for the Society for Education in Anesthesia.

I received my medical degree from Stanford University and anesthesia training from both the University of Pennsylvania and Stanford University. I was a Clinical Instructor at Stanford before moving to the University of Rochester in 2000. There I served as Director of the Division of Vascular Anesthesia and Associate Residency Program Director. My dearest

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mentor, Dr. Denham Ward, encouraged my passion in education fostering my work in committees at SEA and sponsoring me at SEA's Teaching Workshop. These opportunities only spurred me to become an even better educator. I completed a Dean's Teaching Fellowship at Rochester and will graduate with my Masters of Science in Health Professions Education this fall from the Warner School of Education. I just recently moved to become Associate Chair for Education at the University of Florida – Jacksonville.

I cannot imagine my career as an educator, associate residency program director and now program director and associate chair for education without SEA. This Society has provided me with the tools for teaching and evaluating my residents as well as numerous opportunities for my own professional development. Through SEA I have developed a network of colleagues, mentors and good friends. The excitement and enthusiasm for education is literally infectious at our meetings. Since joining SEA a decade ago, I have been heavily involved in this community.

Since 2004 I have contributed numerous workshops and posters at SEA. I have also been actively involved in committee work. With the Committee on Faculty Development, I helped organize the initial Educator's Portal for the SEA website and was one of the original Peer Teaching Coaches for our Society. I have continued to actively provide feedback to workshop presenters in this role.

Some of the most challenging work I have done for SEA was as the Program Director for our highly innovative June 2013 SEA national meeting, "Milestones & Assessment: Are You Ready?" The meeting utilized 36 workshops to teach about Milestones and provided a collaborative environment in which participants designed over 50 assessment products addressing Milestones that are now available to all SEA members via the SEA website. This meeting was the highest-attended spring meeting for SEA and was accomplished during a period when the Society's management was in transition.

Since 2012 I have also served as Chair of the Educational Meetings Committee. During this time, we have had many highly successful and innovative meetings. We created a peer-review process for the meeting workshop submissions process improving quality; we incorporated the AAMC MERC workshops in 2012 and 2014; we designed a huge collaborative effort with the Milestones workshops in 2013, and we will share ideas with our surgical colleagues in a combined meeting with the Association of Surgical Educators in April 2015. These all reflect my inherent belief in innovation and collaboration. With hard work and the willingness to try, together we can accomplish so many things.

If elected to the Board, I will continue to dedicate myself to this Society that has given me the opportunities and relationships that have made my career.

## **Stephanie B Jones, MD**

I received my anesthesiology training at Washington University, St. Louis and have held faculty appointments there, at the University of Texas Southwestern Medical Center, and for the last decade at Beth Israel Deaconess Medical Center/Harvard Medical School. I entered academic anesthesiology with no training in how to teach. You were expected to "teach as you were taught", and that's what I did. As I became more involved in residency program administration, I needed to do more than that. A colleague in Texas pointed me towards SEA, and I joined in 2001.



My participation in SEA began simply with gathering information at annual meetings. Soon, I sat down at the committee tables, beginning with Resident Evaluation, and then Education Meetings and Research. At that point, I truly began to appreciate the camaraderie and mentorship available to members of SEA. I give SEA and its work on the ACGME core competencies much of the credit for being able to attain a 5-year reaccreditation after my first RRC visit as Program Director at Beth Israel Deaconess. Reviewing submitted abstracts for the spring meetings always gets me thinking about ways to improve education for our fellows, residents and medical students. I attended the inspirational SEA Workshop on Teaching, and used that as a springboard to the Harvard Macy Program for Educators in Health Professions, where I am now a returning scholar and small group facilitator whenever I get the opportunity. As a follow-up, I obtained MERC certification that was conveniently offered at the 2012 SEA Spring Meeting.

In turn, I have done my best to give back to SEA as a general member, committee member, and member of the Board of Directors. I served as Program Chair for the 2009 Fall Meeting and co-chair for the 2014 Spring Meeting in Boston alongside Dr. John Mitchell. I have led workshops, reviewed workshop proposals, graded abstracts, and moderated poster discussions. I have had the privilege of participating in two Strategic Planning sessions and the change in our management company, as the Board seeks to chart the course of our society in these challenging economic times while preserving SEA's core values. In all those roles, I have become acutely aware of the importance of prudent financial stewardship. I have gained insight into how and where to achieve savings, so that we may apply our limited funds to maximal gain.

My goal as Treasurer will be to foster SEA's continued growth in national reputation, recognition, and membership, while maintaining the "family feel" that is so important to this society. We should have educational resources that meet the needs of every anesthesia educator, from new faculty to experienced teachers, to all program and clerkship directors, such that they feel compelled to become members and attend meetings. We have made great strides in that direction over the past several years, but we can't afford to let up. SEA has been an absolutely essential part of my

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development as an anesthesia educator, mentor, and researcher and I would be honored to continue my service as an officer on the Board of Directors.

### **John Mitchell, MD**

After my residency and cardiac fellowship training at Duke University, I then moved to Boston where I started my career at Beth Israel Deaconess Medical Center (BIDMC). I became Associate Residency Program Director in 2005 and Residency Program Director in 2011. As an educator with many roles, I have served in the past as Simulation Director for the hospital's third-year medical student rotators and as Recruitment and Curriculum director, and I continue to stay active in my education research career. Membership in the SEA has defined my career and provided me with incredible opportunities.



The teaching workshop in 2005 was invigorating and taught me the skills I needed to become a three-time Departmental Teacher of the Year as selected by residents, and winner of Harvard Medical School's S. Robert Stone Teaching Award as voted by medical students. SEA meetings and workshops gave me the tools to lead an aggressive restructuring of our residency curriculum and initiation of our resident simulation curriculum at BIDMC. The mentorship I received from educators within our Society helped me to garner a Rabkin Fellowship in Medical Education and further explore teaching and education research. Subsequent projects that I developed with SEA member collaborators have allowed me to conduct education research on enhancing professionalism and communication skills in residents, first as a John Hedley Whyte Research Fellow in 2010, then with a 2011 Education Research grant from the Shapiro Center for Education, and most recently as the recipient of a 2012 FAER Research in Education Grant.

It has been my honor and privilege to serve our Society in a number of capacities. I co-founded and was Chair Designee of the Website Committee from 2008 to 2009 and helped usher in our new website, <http://www.seahq.net>. As Chair of that committee from 2009 to 2012, I was pleased to help grow and mature the site and its functionality. I remain active in this committee and am happy to assist as it transitions into the Committee on Advancement of Technology in Education and rolls out further website enhancements. I also led the Taskforce on Online Learning, charged with exploring new avenues for enhanced web-based didactics for our members. That task force met all its goals for content development. By recording and posting our meeting proceedings and other donated materials, I continue to help our society to provide an ever-expanding range of content from generous speakers and members. As a member of the Educational Meetings Committee, I was proud co-chair the 2014 Spring Meeting in Boston, which centered on faculty development. I am now also honored to serve the SEA as a member of the Finance Committee.

As a member of the SEA Board of Directors, I have focused on helping to expand the range of technologies and services available to our members and on refining meeting and online content to reflect member needs. If re-elected, I would continue my mission to further develop the position of the SEA as the premier resource for anesthesia educators by enhancing both our online and live meeting offerings and by advancing our collective mastery of new technologies in education. Most importantly, I would like to continue to collaborate with and give back to other members in the same way I have been supported by our great organization. Thank you for allowing me to serve on the Board for the past two years. I would be honored to serve you again.

### **Amy Murray, MD**

I received my anesthesiology training at Loyola University Medical Center in Chicago at a time that preceded duty hour restrictions, core competencies, BASIC exams, MOCA, and milestones. I stayed on as faculty and have been program director to forty-some residents for each of the past 16 years. I have actually enjoyed the challenge of navigating our training program through these changes in how we teach, train, evaluate, and learn. My decade-long involvement with SEA has been instrumental in my leadership of our residency program. I am grateful for this opportunity to possibly serve on the board of a society that has consistently provided me encouragement, education, energy, and even enlightenment.



My early involvement with SEA included committee membership, poster presentations, and workshop direction and participation. As recent Chair of the Medical Student Education Committee, I was able to lead an energetic group as we created a question bank, designed an away rotation information site, and launched a Facebook page. At Loyola, I have designed an early clinical exposure curriculum for MS1/MS2s called APEP that has been considered a best practice at our institution and a strong recruiting tool for our program. I have been twice-honored to publish about APEP in our society's journal, JEPM. I have also been honored by the student-nominated Loyola EXCELS award for teaching and a less formal (but most heartfelt) "Leave a Trail" award presented by the Anesthesia Interest Group students. Those eager medical students generate enthusiasm among anesthesia educators, and I am engaged in ongoing efforts to reach students and their educators through our SEA members and our developing website.

After becoming certified at our own institution's Academic Medicine course and with AAMC's Medical Education Research Course, I have been able to continue along a trajectory of learning. Focusing on Quality, Research, Safety, and Teaching, I have designed a "QRST" curriculum for our Clinical Base Year Interns. I was pleased to be invited to speak about this at the 2012 SEA

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Spring Meeting. I have always looked to the SEA for the next “hot topic” and would describe the past several SEA meetings to be “spot on” to exactly what this academician has needed to lead her program and department.

My goals, if elected, as board member:

- Attract junior faculty to SEA by offering personal mentoring, including electronic Program Director/Anesthesia Educator forum for convenient year-round communication
- With creativity and energy, continue along the steps of my SEA role models to strengthen connections with all of the acronymic societies, specifically: SAAA, ACGME, and ASA
- Assist in creating a core group of education researchers that could provide opportunities for mentorship and collaboration among SEA members, especially in Quality and Safety.

It would be an honor to serve the SEA in the capacity of Board of Director member, alongside those who have helped shape my academic career. Thank you for your consideration.

### **Christine Park, MD**

Education has always been a top priority in my career. I have been active in SEA since 2010 and have served as the chair of the Simulation Committee in our society since 2012. As committee chair, I led the development of a full-day preconference course for simulation educators which debuted at the SEA Spring 2013 conference. I have the privilege of serving as the co-chair for the upcoming 2015 Spring Meeting, which will feature a joint day with our surgical education counterparts.



In addition to service on two editorial boards with the American Society of Anesthesiologists and the journal *Simulation in Healthcare*, I am the Editor for Special Projects with *OpenAnesthesia.org*. These roles provide valuable opportunities to expand educational innovation and scholarship nationally. Within my institution I serve as the Director of Simulation. Providing mentorship of students, residents, and faculty is perhaps the most personally meaningful component of this role.

If elected to the Board of Directors, I will bring my knowledge, skills, and energy to support this outstanding society. SEA is a vital network of thinkers and doers, a forum to share results and vision, and a place where educational innovation is always embraced, and I am committed to championing the society’s achievements in anesthesia education.

I am honored to be considered for election to the Board of Directors of the Society for Education in Anesthesia.

### **Michael R Sandison, MD**



The best advice that I was given after I was appointed Director of Resident Education at Albany Medical Center in 1999 was to join the SEA. As a member, and a participant in the SEA Teaching Workshop in 2003, I developed as a medical teacher and professional educator. I gradually became involved in the educational offerings of the society, and in 2004, as a member of the SEA President’s Task Force on the ACGME Competencies, I co-chaired the Patient Care Workshop at the Harrisburg meeting. In 2006, I co-chaired two workshops at the Spring Meeting dealing with Phase 3 of the ACGME Outcomes Project, and we produced a final evaluation tool that can also be used as a graduate employer assessment.

I also served as Program Chair for the SEA Fall 2008 meeting in Orlando. I have completed two terms on the SEA Board of Directors, and I am completing my second term as Treasurer. These past two terms have been a challenging transition for the SEA, as the ASA moved to relinquish management of the sub-specialty organizations. I played an active role in the appointment and transition to SAMI as our management company.

SEA has nurtured my career in residency education, and I feel a very strong loyalty to this organization and its future well-being. My vision for the future of the Society is first to ensure that we provide expert educational offerings to all physician teachers of anesthesiology, while protecting our financial solvency and reserves. Second, we must develop and share educational tools, including curriculum and milestones assessment products. Third, we must continue to foster and protect the spirit of idealism, the principle of inclusion, and the shared educational mission that characterizes the culture of SEA. I ask for your support, and will be honored to serve as President-Elect of this vitally important society.

### **Karen Souter MB, BS, FRCA**



I became a member of the SEA in 2002 and have had the honor to serve three successive terms as a member of the Board of Directors, and the last 2 years as Secretary. In 2010 and 2012 I participated in the BOD strategic planning retreats and have been very gratified to see many of the goals formulated during those retreats realized. How were those goals met? I believe the answer is simple - by the vision and determination of the SEA leadership and the enthusiasm and energy of the membership.

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I cannot imagine my career as an educator, a program director, and as a vice chair for education without the SEA. The SEA has provided me with tools for teaching, evaluating and mentoring residents and faculty and many opportunities for my own professional development and educational scholarship. By attending the meetings, getting involved and participating in the workshops I have developed a network of colleagues, mentors and friends across the country. I also know that the SEA offers more than these tangible benefits; it is a powerful community! At SEA we work together, we support each other and we care for each other; no one is too junior to have an opinion, or too senior to have a question. I always feel a buzz of enthusiasm and a sense of renewal and recommitment to my path after every meeting.

As we move forward in an uncertain climate of healthcare reform how can the SEA stay strong? Our meetings, workshops and website are vital resources for SEA members. We must continue to offer innovative and dynamic tools as well as evolve to meet the needs of our members. One major contribution I have made over the

years is my service on the Educational Meeting Committee, helping to create innovative conferences with high quality workshops and plenary sessions. In Spring 2015 I will co-chair our Spring meeting in Seattle. This is a combined meeting with the Association of Surgical Educators. We are breaking new ground and forging new relationships as we plan this meeting. I believe the end result will be a new and very rich experience for our members; I am proud to be part of it!

My experience of this society, its pulse and ambitions are a great asset. My goals are for the SEA to continue to be a current and competitive force in the evolving world of medical education, to foster educational innovation and to develop resources that benefit our members and their learners. As anesthesiology educators, we have one of the best jobs in academic medicine; it is our responsibility to do it right and the SEA is our first and foremost guide in this task.

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## MEMBERSHIP COMMITTEE

# The Face of SEA in 2014

It goes without saying that the heart and soul of a society lies in its membership, and SEA is certainly no exception. Our members create both the financial backbone of the Society and the vibrant group of experts and colleagues whose insight and camaraderie we all value so much. Through the years, though, we have known surprising little about our membership. That is changing – you may have noticed a few demographic questions the last time you renewed your membership – and I'd like to share a bit of what we've learned so far.

We currently have 502 members, including 71 new members, 61 resident/fellow members, 11 medical students, nine retired/emeritus, and eight international members. Our international contingent reaches far and wide, with members from Canada, Switzerland, the United Kingdom, Japan, Australia and Greece. In all, 42 states and the District of Columbia are represented, led by Massachusetts (51 members), Pennsylvania (48), New York (39) and Georgia (38).

As one would expect, the full spectrum of educational roles is represented within the Society, with 14 Chairs, 69 Core Program Directors, 22 Fellowship Directors, 21 Medical Student Clerkship Directors, six AA Educators and two Program Coordinators/Education Specialists. And, as we've always known, the educational expertise of the group is broad and far reaching. One hundred and forty three members report expertise is cur-

riculum development, 105 in medical student education, 98 in simulation, 80 in faculty development, and 55 in continuing professional development.

The good news? The Society is strong and diverse. The total number of members has remained stable despite increasing demands on everyone's time and resources. At the same time it's not hard to find room for growth. Only half of the Core Program Directors are represented, and only a small fraction of the Fellowship Directors (the Association of Anesthesiology Subspecialty Program Directors sports nearly two hundred members). Medical Student Rotation Directors are similarly underrepresented. What can we do? Spread the word. Encourage colleagues to explore the many offerings of SEA, to share in the expertise of our membership and partake in the camaraderie of an annual meeting. Once they see what the Society has to offer the rest, as they say, should take care of itself.



Paul Kranner, MD

# CURRICULUM HIGHLIGHT

## CA-1s to the Rescue

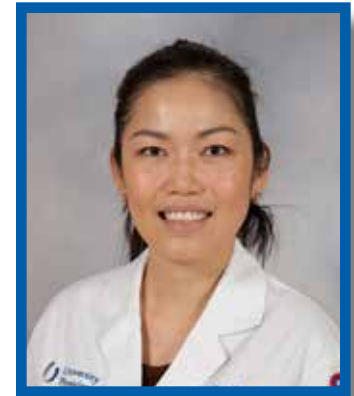
As tempting as it may be to attribute a new educational activity we created at our institution to ingenuity, it was born out of frank pragmatism and frustration. The actions we took were logical given our issues: Cases needed to be done. Cases were being delayed for pre-operative testing. CA-1s in July needed to be trained to perform thorough pre-anesthetic evaluations on complicated patients as soon as possible.

The most noticeably delayed cases at our institution were the non-urgent orthopedic trauma cases. Because these patients were not expecting to have surgery, they may not have been medically optimized. Ironically, one of our patients was on his way to his cardiologist's office when he was involved in a motor vehicle accident. Add a dose of delirium, exacerbated by lack of coordination with surgeons and family, and suddenly we found ourselves ordering cardiac testing in pre-operative holding for a patient with three clinical risk factors undergoing an intermediate-risk procedure.

The plan we devised, then, was to take one CA-1 out of the general operating room every day and assign him or her to do pre-operative evaluations on orthopedic trauma patients. This is a project, as far as we know, that has never been reported. Some members of our department were cautiously supportive. Most, however, voiced legitimate concerns:

- *“There are too many patients to be seen.”* There are many patients, but we closely collaborated with orthopedic surgeons and the trauma chief residents. We provided this service on the condition that they help us screen these patients. This gave us an opportunity to teach orthopedic residents about the minimum requirements for a pre-operative evaluation. This also gave us an opening to discuss neuraxial blockade, regional techniques, and anticoagulation. We wanted our surgical colleagues to understand that their clinical decisions and their communication skills affect whether a case is delayed. We created a list of the most common preventable causes for delay (such as ordering blood products early on a sickle cell patient who is a known difficult cross-match).
- *“This is a lot of work.”* Yes, initially. We had one formal group meeting with CA-1s to launch the project, and many small meetings afterward. There were other informal small group discussions with residents, staff, faculty, and CRNAs about this new project. We briefed each CA-1 individually, distributed national guidelines, and reviewed the literature with each resident. For the first couple of weeks, after each pre-operative evaluation, we sat down with the resident and reviewed the case in detail, and then wove the details into a global picture. They picked up this approach quickly. Very soon, not only were the pre-anesthesia assessments meticulously performed, the assessment process was also helping to coordinate workflow and facilitate the path to

surgery. Since the resident was removed from the workforce list, there was no time pressure. This allowed us to ask residents to research answers to questions such as, “If you must take this patient for an emergent surgery, what do you need to know in order to provide a safe anesthetic? What can you do to medically maximize the patient? How much time would you need for your proposed plan? Is it logistically feasible? Why?”



Y. Melissa Chan, MD

These days, the CA-1s are on auto-pilot. They report to the attending anesthesiologist assigned to the case. I have heard people say that the education mission of an anesthesiology department comes into direct conflict with its business operation. There may be times when this is true. This project, however, demonstrates that an enhanced educational opportunity can facilitate operating room efficiency. By design, the cases in which we intervene are few in number yet highly disruptive to the system. The orthopedic department gives unsolicited positive feedback. The CA-1s asked to expand this educational activity to a formal monthly rotation. It would appear that the formula for creating consultants includes a dose of autonomy and purpose. One unexpected outcome of this activity is that the orthopedic department now sends their interns on an anesthesia rotation. We hope this cross-pollination fosters a culture of mutual respect and appreciation for our individual roles in providing the best care for our patients.

Innovation does not have to be the device of geniuses. It can be simple, or even obvious, born of practicality and resourcefulness. There is a tendency to aggrandize the role of a good idea, but I believe the real key to successful innovation is in understanding strategy and selecting the right implementation tactics. The above description of our project is an abbreviated and simplified version of all that is entailed. The project evolves but our goals remain the same – find a way to deliver high quality service and education all at the same time. What also remains constant are the people who made this project possible, including residents (orthopedic and anesthesia), circulators, surgeons, anesthesiologists. None of this would develop without the support of our department leaders, especially our program director, whose patience with abstract ideas and faith in junior faculty has no bounds.

# CURRICULUM HIGHLIGHT

## A Team Approach to Practice-Based Learning

With the implementation of the ACGME Anesthesiology Milestones<sup>1</sup>, residency programs are in the process of adapting their curricula in order to best assess their residents. Practice-based Learning and Improvement Milestone 1 is “the incorporation of quality improvement (QI) and patient safety initiatives into personal practice”. A senior level resident is expected to complete a QI project to meet this requirement.

To address this milestone at the University of North Carolina, we incorporated a team-based QI project requirement for our clinical anesthesia (CA) residents. Our team-based QI projects were initiated in the 2012-13 academic year with fourteen project teams. This curriculum is repeated annually. Each project team comprises a CA resident from each level of training as well as a faculty mentor, with the CA-2 member functioning as the team leader. With guidance from the faculty mentor, each team develops a QI/patient safety project plan. After receiving feedback from a faculty review panel, each team collects pre-intervention data, implements its plan, and then collects post-intervention data over the course of approximately six months (Figure 1). The team describes its results in an abstract-based format, creates a poster to display the work, and orally presents the results to the department at the annual Resident Research Symposium. At the Resident Symposium a panel of judges an-



*Benjamin Judd, MD*



*Susan Martinelli, MD*



*Harendra Arora, MBBS*

and fulfill the ACGME Practice-based Learning and Improvement Milestone 1. Since implementation of this curriculum, several of these QI projects have been presented at various regional and national meetings. Some of the findings from the QI projects have resulted in changes in our practice. In addition, one of the projects was highlighted in Anesthesiology News, and one project received the Society for Education in Anesthesia Best Curriculum Poster Award in 2013. Most recently a project received a \$50,000 grant from the University of North Carolina’s Institute for Healthcare Quality and Improvement.

Participating in this curriculum provides residents with the unique opportunity to systematically identify problem areas in the clinical arena, implement a change, and measure the impact of that change. Moreover, practicing QI in a team-based model allows for the knowledge, experience, and perspectives of individuals in varying levels of training to make lasting improvements. Through this systematic engagement of residents and faculty, we have been able to cultivate a culture supporting QI within our department, which further encourages everyone to continuously work towards the common goal of improved patient care and safety. Some of the QI projects are of high impact and have been carried forward from year to year, thereby perpetuating the efforts of the previous teams. Additionally, serving as the team leader for these projects allows us to acquire skills related to organization and leadership. As residents, we also learn the skills of IRB navigation, abstract writing, poster creation, and oral presentation. Many of us are then able to take our completed projects to regional or national meetings where we present our work to large audiences, providing an additional valuable experience. Lastly, this exercise prepares us for a future in which healthcare delivery will need to be cost-effective, efficient, outcomes-based, and patient-centered.



**Figure 1.** Team-based project timeline

nounces the top three projects based on project design, organization, implementation, and presentation skills. Table 1 (on the next page) lists all of the projects that were completed, in the 2013-14 academic year, as part of the team-based QI initiative.

Incorporating a team-based QI project into our resident academic curriculum has the potential to increase resident scholarly activity, inculcate a culture of continuous quality improvement,

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### References

1. The Accreditation Council for Graduate Medical Education and The American Board of Anesthesiology. *The Anesthesiology Milestone Project*. December 2013.

**Table 1.** Project Titles (2013-2014)

Increasing the Appropriate Use of Thromboelastography at UNC
Perioperative Fluid Management: Identification of Potential Barriers to the Implementation of Clinical Practice Guidelines
Default Anesthesia Machine Ventilator Settings at UNC Deliver Excessive Tidal Volumes in Adults
Failed Epidurals for Surgical Anesthesia in Parturients Undergoing Cesarean Section
Improving Compliance with Published Postoperative Nausea and Vomiting Prophylaxes Guidelines at the Ambulatory Surgical Center
The Development and Validation of a Patient-information Handout on Multimodal Anesthesia to Improve Patient Satisfaction, Patient Anxiety, Pain Scores, and Nausea
Validation of Patient Education Video on Labor Analgesia
Assessment of Safe Syringe/Drug Practices
A Checklist for ICU Intubation: Development and Initial Implementation
A Best Practice Guideline: An Updated Look at a Protocol for Anesthetic Management for Posterior Spinal Fusions
Intravenous Dexmedetomidine in Dental Rehabilitation: Cost-Effectiveness Issues
A Prospective Review of the Success Rate of Peripheral Nerve Blocks Placed for Surgical Anesthesia
Improving Compliance with CMS Regulations Regarding the Post-Anesthesia Evaluation of Patients Recovering in the ICU

## Faculty Development Committee Update

The mission of the SEA Faculty Development Committee is to provide the following:

1. An opportunity to network within an SEA committee comprising members with a shared interest in faculty development.
2. Additional mentoring of SEA faculty members in the Peer Coaching Program.
3. Effective educational programs on faculty development to all SEA members.
4. A variety of opportunities to promote faculty advancement.

The SEA Faculty Development Committee had a busy and productive year. Last year, the committee had about 15 active members. The Committee developed six distinct workshops which were all facilitated by committee members at the 2014 Annual Meeting. The Program Directors' Corner within the SEA website was also updated.

The Committee is currently working on four main projects:

1. An analysis of a membership-wide needs assessment survey; the goal is to produce future educational sessions and produce a peer-reviewed manuscript.
2. An update of the Faculty Resources section of the SEA website. It will be more user friendly and will contain items of high value to all SEA members.



David Young, MD, MEd,  
MBA, FAAP



Tracey Straker, MD, MPH

3. Revitalization of the Peer Coaching Program to make it valuable to the requestor, but equally valuable to the Peer Coach.
4. Continue development of committee-sponsored workshops at the SEA Fall and Spring Meetings.

Please do not hesitate to contact either of the Committee Chairs if you have questions about the Faculty Development Committee or if you would like to participate in any of our Committee activities.

# SEA SPRING MEETING ANNOUNCEMENT

## Collaborative Education in an Ever-Changing World

**SEA Spring Meeting 2015**  
*Seattle, Washington*

***Collaborative Education in an Ever-Changing World***

**Friday April 24, 2015 –  
Sunday April 26, 2015**

- **Friday April 24, 2015: Innovations in Simulation: A combined meeting between SEA and Association of Surgical Educators**
- **Saturday & Sunday, April 25 & 26, 2015: Educating Residents in New Paradigms and Practice Models: the Peri-Operative Surgical Home**

The SEA Spring Meeting 2015 offers a breath of fresh air and the promise of spring rain as we explore uncharted territory in Seattle! The Spring Meeting will be held from *April 24 to April 26* (rather than the usual early June) in Seattle, allowing us to join with our counterparts in the Association of Surgical Educators (ASE) in our *first ever combined meeting* on Friday, April 24, 2015.

The theme of the combined meeting is *Innovations in Simulation*, and it will be a wonderful opportunity for anesthesiology and surgical educators to discuss simulation and interdisciplinary education together. The morning session will include a plenary session and panels with prominent figures in the world of simulation and patient safety. There will be **joint oral abstract presentations** from both SEA and ASE members on Friday April 24, 2015. ***SUBMIT YOUR ABSTRACTS EARLY; the closing date for abstract submissions is October 15, 2014.***

During lunch we will join the ASE for an innovative session called “Out of the Box Lunch”. This is an opportunity for informal presentation of new and interesting ideas that have not yet reached the more formal presentation stage. This is a chance for you to present work in process and get feedback and support from your colleagues. The afternoon session will include work-



*Karen Souter, MB, BS, FRCA*



*Christine Park, MD*

shops on simulation and interdisciplinary and interprofessional training. ***The closing date for workshop submissions is much earlier this year: OCTOBER 15, 2014. So get working on your submissions NOW!*** Details on the submission process to follow soon.

On Saturday and Sunday, April 25 & 26, 2015, SEA members will convene at the Motif Hotel in downtown Seattle for our own meeting. The theme will be ***Educating Residents in New Paradigms and Practice Models***. The morning sessions will focus on the Perioperative Surgical Home with a plenary session and two panels comprising speakers with practical experience of organizing and educating in this new model.

SEA will also conduct its usual Spring Meeting business such as round-table committee meetings, presentation of the HVO-SEA scholars, business luncheon, and poster presentations. There will be the usual opportunities for SEA members to submit workshop proposals for the Saturday and Sunday sessions.

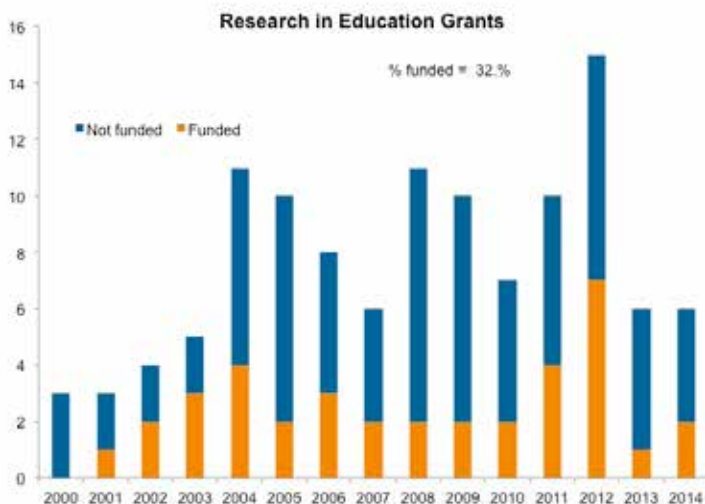
This meeting is going to be ***different and exciting***...and that's exactly why we joined SEA. Don't miss the opportunity to collaborate with our surgical colleagues and to learn about state of the art educational methods, practices, and paradigms!

***SEE YOU IN SEATTLE APRIL 24 -26, 2015!***

***Don't Forget!***  
**Spring Meeting dates are  
April 24-26, 2015.**

**Abstract and Workshop Submissions  
are due October 15, 2014.**

# Anesthesiology Education Research Funded by FAER



## Apply for a FAER Research in Education Grant

*Applications are due February 15*

The Foundation for Anesthesia Education and Research awarded its first education grant in 1990. Since that time, more than 130 education grants have been awarded. By awarding education research grant funding to anesthesiology faculty members, FAER aims to improve the knowledge and expertise of anesthesiologists in education, while also developing new knowledge and applications of education theory to anesthesiology education at all levels.

The Research in Education Grant (REG) advances the careers and knowledge of anesthesiologists interested in improving the concepts, methods and techniques of education in anesthesiology. The REG is focused on developing innovative approaches for anesthesia education.

The current REG is a two-year \$100,000 award that provides funding to anesthesiologists who have completed their clinical anesthesia training and have academic faculty appointments. It is available to faculty members of all ranks. Years one and two are funded up to \$50,000 each. The REG requires 40 percent academic time committed to education research.

### Funding Trends

Since 2000, FAER has funded 37 education grants, at a rate of 32%. This funding rate is consistent with the funding rate of all the other FAER grant applications. As the figure shows, there has been considerable variability year to year in both the number and the funding rate of education research grant applications.

There are several key features to FAER's education grants, which when fulfilled, may lead to a successful application.

**Education Research Mentorship:** Although faculty members of any rank, including full professors, may apply, the REG still requires a mentor. The intent of the mentorship requirement is to encourage the applicant to seek out a mentor with

clear expertise in education research. The mentor could be a physician, but the mentor could also be a faculty member from the school of education. In fact, many medical schools now have departments of medical education that house faculty members with expertise in education research.



*Denham S. Ward, MD, PhD*

### Research Type:

FAER is often asked what kind of research we are looking to fund. Although I am unable to answer this question specifically, I can provide some hints that may make success more likely. Although hypothesis-driven controlled trials are the gold standard in biomedical research, the FAER Education Study Section understands that this is not always possible in education research. Well-designed, hypothesis-generating qualitative research projects on important questions are also fundable.

### Achieving Success

The FAER Education Study Section reviews each education research grant proposal for merit. They evaluate the research plan, the mentoring plan and the career development plan.

**Value Proposition:** Education research grant applications sometimes fail because they are oriented toward a single project at a single institution, which could provide limited value to other anesthesiology departments and education as a whole. Studies that involve multiple institutions or opportunities for collaboration or partnership might provide more value. To illustrate, Susan M. Martinelli, MD, of the University of North Carolina, was funded for her study, "Flipped classroom preferred over traditional classroom in resident education." Her multi-institutional study uses a novel crossover protocol using a "flipped classroom" v. a regular classroom for PG-2 residents preparing for different parts of the ABA basic exam. The use of multiple institutions in this study ensures that the results will be applicable to other anesthesiology departments, and will help create best practices.

**Specific Aims:** Clarity on the specific aims of the study is a critical point on which study section members focus when reviewing applications. Directly connecting each specific aim to the research methods and hypothesized results is paramount.

**Mentoring & Career Development:** The study section is interested in how the proposed grant will not only generate new knowledge and further the understanding of anesthesiol-

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ogy education, but also how it will further the career of the applicant. The mentoring and career development plans are important and should provide specifics rather than generalities.

#### Apply for Education Research Grant Funding

Faculty with interests in anesthesia education and educational research are encouraged to submit proposals for Research in Education Grants, which are supported by the generosity of

the American Society of Anesthesiologists, subspecialty society organizations such as SEA, anesthesiology departments, as well as individual and corporate donors.

You can find additional information about FAER's Research in Education Grant, and other grant opportunities, on the FAER website at [FAER.org/research-grants](http://FAER.org/research-grants). The next application deadline is February 15.

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## COMMITTEE ON ADVANCEMENT OF TECHNOLOGY IN EDUCATION

### Updates and Proposals for 2014-15

Exciting changes are on the way! This year, we successfully upgraded the organization's website <http://www.seahq.net> and created a new look with the help of Vanessa Wong, BS (Beth Israel-Deaconess). We believe the new website is more functional, easier to navigate, and facilitates greater access to information. Andrew Bronson and his team at SAMI have been a great asset to the organization. They introduced the membership to Guidebook, an event app that provided access to the schedule of events and other pertinent information during the Spring Meeting 2014 in Boston. Additionally, the SAMI team has been extremely helpful with maintenance at the backend side of the website (e.g., entering meeting information, updating membership info, etc.).

Our most exciting news, of course, has been our recent progression and name change from the SEA Website Committee to the **SEA's Committee on Advancement of Technology in Education**. One of the goals of this "new" committee is to introduce SEA members to various technological tools that can be integrated into anesthesiology education. To initiate this transformation, we re-



Annette Mizuguchi, MD, PhD    Swapna Chaudhuri, MD, PhD

cently conducted a needs-assessment survey. Even though the survey response rate was low, we observed a broad interest in gaining knowledge about learning management systems, methods of filing notes and data sharing, developing educational online courses, as well as learning about cool apps and possibly creating new ones.

Our committee is dedicated to provide our members with a useful and functional website and to facilitate understanding of various technological tools that can be utilized for teaching and learning. We welcome your feedback and participation in the development of such material. Please feel free to contact Annette or Swapna.