



Education Committee Report 2007

Committee Members

Dr Angela Enright (Chair)	Canada	2000
Dr Bill Casey	UK	2000
Dr Yew Weng Chan	Singapore	2004
Dr Martin Chobli	Benin	2000
Dr Zeev Goldik	Israel	2005
Dr Pedro Ibarra	Colombia	2004
Dr Yehia Khater	Egypt	2004
Dr Rob McDougall	Australia	2000
Dr Jannicke Mellin-Olsen	Norway	2004

As we reach the end of our four year cycle, it is time to thank all of the committee members for their hard work over the years. It is only through their efforts and the cooperation of many outside parties that the committee can achieve its goals. We are immensely grateful to everyone who has helped us. Through such cooperation and generosity we have been able to provide educational opportunities for anaesthesiologists and anesthesia providers world-wide. Particular thanks go to Mrs Ruth Hooper at the WFSA office who facilitates all of our efforts with unfailing cheerfulness and efficiency and who produces the booklet for distribution. We also appreciate the support of the President, Officers, Executive Committee and WFSA Foundation and their efforts on behalf of anesthesia education.

In order to try to give everyone a better idea of the committee's work, I will divide it into regions.

Africa & Middle East:

Pediatric Anesthesia Training Centres:

There are two in this region: 1. Tunis, Tunisia and 2. Cape Town, South Africa.

Tunis:



This programme has been led by Prof Mohamad Salah Ben Amar since 2002 (seen here with Dr Angela Enright). Funding is provided by Drager Medical. Many Fellows from French West Africa have trained in Tunis including some from Cote D'Ivoire, Mali, Cameroon, Senegal and Niger.

Cape Town: This programme is led by Dr Adrian Bosenberg. This too is supported by Drager Medical to whom we are most grateful. So far only Dr Zipporah Gathuya from Nairobi has

completed the training programme. We have had a trainee from Mbarara in Uganda chosen for over a year but there have been inordinate delays in arranging the paperwork. We hope that Emmanuel will be in Cape Town before the World Congress begins.

Together with the Association of Pediatric Anaesthetists of the UK, we supported Dr Gathuya's attendance at the pediatric anesthesia congress in the UK. She found this a wonderful experience and she wrote the following: "I have been thinking about how to probably do some studies on preoperative management and also parental presence at induction of anaesthesia. We still do not allow the parents in at all. I also would like to compare our traditional premed for children which has been IM pethidine and atropine with what I have been trying to introduce which is oral midazolam which has been working well."

Obstetric Anesthesia Training Centre:

There is a huge need for obstetric anesthesia training in Africa. Once again Prof Ben Amar has volunteered and we will open a centre in Tunis in 2008 for obstetric anesthesia training. This will concentrate on training anesthesiologists from the SARANF (French West Africa) region. A call has gone out for applicants and so far there are three.

Other Fellowship Training:

Pediatric Cardiac Anesthesia:

For several years, anesthesiologists from Kenya have been traveling to Israel for advanced training in anesthesia. Dr Thomas Chokwe of Nairobi spent 6 months at the Wolfson Centre in Holon, Israel under the direction of Dr Tibi Ezri. He concentrated on pediatric cardiac anesthesia. He also had the opportunity to spend some time at Yoseftal Hospital in Eilat under the direction of Dr Josef Wichelewski. There he was able to focus on regional anesthesia both for surgery and obstetrics. He wrote: "It has been an incredible six month attachment to the Wolfson Medical Centre (WMC) and it takes massive resources to put together this kind of programme. My sincere gratitude goes to the WFSA, Prof Gurman and the WMC for making this possible. To the board of WMC for agreeing to premier and facilitate this fellowship, providing an enriching and accessible learning environment, accommodation, security and adequate nutrition during my stay, many thanks." Dr Chokwe wrote an excellent and very helpful report on his experience and I had the pleasure of meeting him and discussing the report with him at a conference in Thailand.



Dr Thomas Chokwe, Kenya, Dr Eddy Rahardjo, Indonesia, Dr Angela Enright, Canada

Dr Elizabeth Nyakundi of Nairobi has been nominated by the Kenyan Society of Anesthesia for a similar programme and will start in July of 2008.

Neuroanesthesia:

Dr George Njogu from Eldoret in Kenya was nominated by his department chair for a Fellowship in Neuroanesthesia in Cape Town.

After a request from the WFSA President, Dr Anneke Meursing, the Dutch Society of Anesthesiologists agreed to sponsor his training. He began in March 2007 in Groote Schuur Hospital under the direction of Dr Anthony Reed. He has had a poster accepted for the WCA in Cape Town. The presentation is titled "Neuroanesthesia Training at University of Cape Town for Developing Countries". Because his Fellowship will have ended prior to the congress, he has to travel back to Cape Town for the meeting. The Dutch Society has kindly volunteered to support him. Dr Njogu feels that his experience is going to change his practice immensely.

Obstetric Anesthesia:

Dr Sotonye Fynface-Ogan from the University of Port Harcourt in Nigeria has been searching for an obstetric anesthesia Fellowship for several years. We have finally decided that he should travel to the Wolfson Centre in Israel for his training. He will begin the programme in July 2008. We continue to work on developing an obstetric anesthesia training centre in English-speaking Africa and hope that 2008 will see that project come to fruition.

Conference and Speaker support:

Support was provided for conferences organized in Angola, Eritrea, Ethiopia, Kenya, Liberia, Malawi, Mauritius, Mozambique, Rwanda and Uganda. In some cases, speakers were sent to teach. In other cases, the support took the form of a grant to allow local anesthesia providers to attend. This is the first time that WFSA has had the opportunity to help Angola and Liberia. It is impossible to describe all of these conferences but here are some extracts from the reports:

Angola: The lecture programme attracted an audience of over 60. This included physician anesthetists, anesthetic technicians, obstetricians and a representative of the Angolan army medical corps. Each lecture was followed by a prolonged question and answer session. These were particularly popular because exposure to outside opinion had previously been minimal. The objects of the visit were:

- 1) To establish contact with anaesthesia colleagues and to set up a reliable system of communication
- 2) To explore the present state of anaesthesia in Angola
- 3) To deliver a course of lectures on the subjects requested by the Angolan anaesthetists
- 4) To discuss recruitment into anaesthesia
- 5) To aid the formation of a society of anaesthetists
- 6) To explain the activities of the WFSA and to explore future co-operation with the Angolan Society of Anaesthetists
- 7) To encourage the Angolan Society of Anaesthetists to apply for membership of the WFSA
- 8) To distribute a Portuguese translation of the WFSA questionnaire to every hospital in Angola

Conclusion: All the objectives of the visit were achieved during which a new committee of the Angolan Society of Anaesthetists was elected and an application to join the WFSA was filed.

Dr Roger Eltringham, Vice-president WFSA,
attending the meeting of
Angolan Society of Anaesthetists



Ethiopia: Speakers were sponsored by the WFSA, AAGBI and CAS. Twenty anesthesiologists and many nurse anesthetists attended. One of the biggest problems in Ethiopia is attracting young physicians to enter the specialty. Dr Wayne Barry of Ottawa wrote: "Anesthesia in Ethiopia involves difficulties we do not imagine. They often lack basic monitoring equipment we take for granted. The array of drugs we enjoy is not available. Induction drugs are thiopental or ketamine. The only vasopressor is adrenalin. The only analgesic available is a limited supply of demerol for use in the OR, very tightly controlled, and the inhalation agent is halothane only. There is no analgesia for post-operative pain management. There are no epidural catheters to provide epidural analgesia even for major abdominal or thoracic procedures, and no sterile spinal needles for spinal anesthesia for caesarian sections. Setting up of acute or chronic pain management is very limited due to lack of

medications and the disposables needed to do blocks. It would seem the only thing worse than being the anesthesia provider is being a patient anticipating surgery.” Clearly we have a lot of work to do in Ethiopia.



1st meeting of Ethiopian Society of Anesthesiologists

Rwanda: In Kigali about 100 anesthesiologists and nurse anesthetists attended a refresher course organized by the Rwandan Society of Anesthesia. This is almost 100% attendance of the members. They focused on the management of burns, a common problem, and the organization and development of standards in the recovery room. Professor Brendan Finucane, a volunteer teacher in Rwanda, congratulated the organizers on behalf of the WFSA.

Liberia: The course was organized by two anesthesiologists from the UK and one from Poland and was facilitated by the Mercy Ships who provided accommodation. An unusual feature of this conference was a task given to the participants by the organizers. They had to write a short essay on “My most memorable anesthetic experience”, “A patient who lived who might have died” and “A patient who died who should have lived”. If you would like to read these very moving essays, go to www.africansmiles.co.uk and click on essays from Liberia. It will give you a great deal of insight into anesthesia challenges in the developing world.

These organizers were very creative as illustrated by this picture.



Uganda: There were 130 people at this course including 8 anesthesiologists. The first day consisted of paediatric topics, the second obstetric and the third trauma. The refresher course also hosted the start of the Global Oximetry Project in Uganda. During the course, the 16 anaesthesia clinical officers selected by the Ugandan Society of Anesthetists and Ministry of Health for participation in the GO project, undertook two afternoons training in the principles of oximetry and the use of the TruSat pulse oximeter. An MCQ and practical assessment were completed and all successful candidates issued with a certificate at the end of the course. The project officer for the GO Uganda program, Dr Clare Malcolm, will continue to follow up participants under the supervision of Dr Sarah Hodges. Dr Malcolm will use the project as the dissertation for her MMed thesis

Examinations:

WFSA has supported external examiners for Mbarara in Uganda, Lilongwe in Malawi and Harare in Zimbabwe. This helps to maintain standards of training and examinations.

Training Courses:

Ghana:

WFSA has been a supporter of Kybele which sent a team of 17 health professionals to Ghana. Clinical teaching, hands-on care and/or conferences were conducted in six target hospitals (Ridge, Tema, Korle Bu, Cape Coast, Ho and Mamobi). Additionally, site visits were made to two hospitals (Komfo-Anokye and Military 37). Conferences were interactive and attended by approximately 200 people combined. Topics included:

- Management of obstetric hemorrhage
- Pregnancy induced hypertension and pre-eclampsia
- Neonatal resuscitation
- Post-resuscitation stabilization, transport and care of the newborn
- Common medical problems in the neonate
- Regional anesthesia for labor and delivery
- Anesthesia for cesarean section
- Fundamentals of teamwork

Training programs were conducted using a multidisciplinary approach. Every target hospital received a team comprised of doctors and nurses with backgrounds in anesthesiology, neonatology and obstetrics. WFSA has previously supported this non-profit organization in their efforts in other countries.

Uganda: Together with the Penlon and Diamedica companies, the WFSA sponsored a course for biomedical technicians in Uganda. 16 people attended including three from Rwanda. This was a hands-on course where equipment was dismantled and repaired and the participants were able to develop the skills they needed for looking after equipment in their own hospitals. They brought broken-down pieces of equipment and went home with many of them working again. This type of workshop is much needed throughout Africa. Subsequently, toolkits were distributed to engineers in Mulago, Mengo and Mbarara hospitals in Uganda.

Malawi: Support continued for the Clinical Officer exchange in Blantyre. This financial aid allows clinical officers practicing outside the urban areas to come into Blantyre for a month to upgrade their knowledge and skills. For most, this is the only CME available and they make good use of it. The most popular areas are pediatric anesthesia, trauma, fluid management, blood transfusion, management of emergencies and review of equipment. About 20 clinical officers participated in the programme.



Mr Tingo Chipanda working on equipment

Middle East:

Unfortunately our activities in the Middle East are very limited. This is partly through not having good knowledge of what is required or having good contacts in the area of need.

Iraq: We have established links to some anesthesiologists in Baghdad and have been able to send them educational material and also laryngeal mask airways. Fortunately these seem to be able to get through the mail system. In addition, we supported two speakers to go to Damascus, Syria where a course on Medical Emergencies was held. About 20 Iraqi doctors attended. Unfortunately many more were not able to obtain visas. A wide range of topics was covered such as advanced cardiac life support, pain management, the treatment of burns, safe sedation and the systematic management trauma. The Iraqi doctors are thirsty for knowledge and we will try to continue to support them whenever and wherever we can.

Jordan: Funding was provided for two speakers for the Jordanian Society meeting in Amman.

Asia-Australasia:

Bangkok Anesthesia Regional Training Centre (BARTC):

Four trainees, two from Mongolia and one each from Cambodia and Vietnam, completed their training in Bangkok in December 2007. This is the 11th graduating class from this programme. Graduates from the programme are making a huge difference to anesthesia in Mongolia as there is a sufficient number of them to be able to effect change. Professor Thara Tritrakarn has led this programme from its inception. He is stepping down in 2008 and will be replaced by Dr Jariya Lertakyamane. The WFSA extends a heartfelt thank you to Prof Thara and his entire team for a job well done. The Finnish Society of Anesthesiologists has agreed to fund one of the trainees in the BARTC programme in 2008. We are immensely grateful for their support.



Graduates of the programme with flowers

Dr Ay Sovuth (Cambodia), Dr Nguyen Ngoc Tuyen (Vietnam), Dr Dulamragchaa Chimedbazar (Mongolia), Dr Khajidmaa Tumendemberel and 5 teachers

IASP/WFSA Clinical Pain Management Training Fellowship:

I am very pleased to announce the start of a new Fellowship in Bangkok at Siriraj Hospital. The WFSA and the International Association for the Study of Pain have worked together to develop this Fellowship programme. The Pain Clinic at Siriraj Hospital, led by Dr Pongparadee Chaudakshetrin, is a fine example of a multi-disciplinary pain clinic. They have an excellent teaching programme and are extremely keen to take on the responsibility of training Fellows from the surrounding countries. IASP and WFSA will co-fund the Fellows. Initially we will start with one Fellow but could possibly provide for two if there are suitable applicants and if there is space in the programme. Training will be for one year and will begin in July 2008. Applicants will be jointly chosen by the Siriraj Pain Programme, the IASP and the WFSA. This is a very exciting project and the first Fellowship in Pain Management for the WFSA.



Prof Ungkab Prakanrattana Angela Enright, Thara Tritrakarn and Pongparadee Chaudakshetrin

Vellore: Christian Medical College in Vellore is the home of two of our Fellowship programmes.

Pediatric anesthesia: This programme is led by Professor Rebecca Jacob. We have now trained three Fellows in pediatric anesthesia, one from India, one from Bangladesh and one from Afghanistan. Dr Mohamad Nasim Kamawal is the first Afghani to have benefited from WFSA sponsorship. During his training, he anesthetized more than 350 infants and children. He also spent some time with adult patients and in learning how to manage patients for obstetric analgesia and anesthesia. In addition he spent time in the neonatal and the pediatric intensive care units. He wrote: "This Fellowship course of six months is very useful to me in learning anaesthesia, performing procedures and gaining confidence." Prof Jacob has been successful in getting help from a Norwegian NGO to provide him with some of the equipment he would need on returning home to Jalalabad.



In 2008, Vellore will be taking two pediatric Fellows: one from the Maldives and one from Arunachal Pradesh, an Indian state bordering China. The Society for Pediatric Anesthesia in the USA has sponsored our last two Fellows and has committed to continue to do so for 5 years. We are most grateful to them.

Intensive Care:



The other Fellowship available in Vellore is in Intensive Care. Dr Ravi Ram Shrestha from Nepal has almost completed his year there. Dr Shrestha wrote: "After coming here in Vellore, I came to know the importance of well designed, well equipped, well maintained and well managed ICU. Even very sick patients when taken care of well by expert intensivists can return home healthy. I am learning here many new things."

He will be writing his critical care exams shortly and then will return home to Nepal.

The Programme Director, Dr Nagamani Sen is on sabbatical at the moment and Drs John Prakash and Kandasamy Subramani have been supervising the training. We are currently in the process of choosing

the Fellow for 2008. There are two applicants, one from Nepal and one from Sri Lanka.

Conference and Speaker Support:

In this region, the WFSA provided support and speakers for the SACA conference in Nepal, the ASEAN meeting in Thailand and the Micronesia meeting in Chuuk.

Nepal:

The 7th SACA Congress was hosted by the Society of Anesthesiologists of Nepal in Kathmandu. This was the first international meeting held in the country and was a great success. All countries of the region were present. The WFSA was very well represented by Dr Jannicke Mellin-Olsen of Norway who gave several talks. She, Dr Philippe Scherpereel and Dr Angela Enright also participated in the FEEA course which was held prior to the SACA meeting. It was very gratifying to see graduates of the anesthesia training programme in Nepal taking such a large part in running the meeting. Canadian, British and Australian friends and supporters were all there to be part of such a big event. Representing Bhutan as the Society President was Dr Garja Man Rai, a graduate of the BARTC programme.

Drs Philippe Scherpereel, Bisharad Shrestha and Angela Enright confer during the FEEA course.



ASEAN Meeting, Pattaya, Thailand:

The 15th ASEAN meeting was hosted by the Royal College of Anesthesiologists of Thailand in the resort town of Pattaya. Once again WFSA support was very evident by the presence of Dr Roger Eltringham, representing the WFSA President, and by many speakers with WFSA links. Dr Angela Enright gave a keynote address on the topic of Globalization and Anesthesia which was the theme of the congress. Other notable WFSA representatives were Dr Florian Nuevo, Deputy Chair EXCO, Drs Rob McDougall and Yew Weng Chan, members of the Education Committee and Dr Raafat Hannallah, Chair of the pediatric committee. It was an excellent meeting and a wonderful opportunity to meet old friends and make new ones. It was also a forum for much discussion about the activities of the WFSA.

Micronesia Meeting:

Dr Florian Nuevo and Dr Angelina Gapay attended the refresher course of the Micronesian Society as representatives of the WFSA. The Australian and Philippines Societies also supported the course. It went on for a full five days and covered an enormous amount of material including pediatric and obstetric anesthesia, the management of the difficult airway and regional anesthesia. Dr Nuevo took part in the business meeting of the Society which will be applying for full membership of the WFSA. New officers were elected and will be in place until the next meeting in Palau in 2009. Dr Isau Mekoll of Palau was elected president. Many issues of importance were discussed including training for nurse anesthetists and the supply of drugs and equipment.



Here is a colourful picture of the group and visitors.

Examinations:

Sri Lanka: Every year the WFSA supports a tutor to go out to Colombo to help prepare candidates for the Fellowship examinations. Dr Peter Booker was the tutor in 2007. He wrote that “about 50 trainees, at various stages of their training, attended the course/workshop. Each morning for five mornings they all sat written examinations papers (SAQs and MCQs) till lunch. After lunch I went through, in some detail, the answers. After tea, I gave vivas to the (22) candidates that were in the final stages of their exam preparation (taking the exam in March). It was generally well received.” It is hard work but very worthwhile.

Training Courses:

Bangladesh: Dr B Ray from India presented a critical care workshop in Dacca. He covered all aspects of ventilation and assessment of critically ill patients. He made ward rounds in the ICU and gave practical demonstrations of percutaneous tracheostomy. It was very well received according to Dr K ur Rahman, President of the Bangladesh Society of Anesthesiologists.

India: A grant was given to the Indian Society of Anesthesiologists to enable them to offer continuing medical education to anesthesiologists in rural areas. This activity has been ongoing for many years and reaches anesthesiologists who would not otherwise be able to attend CME courses.

Pakistan: A similar grant was given to Dr Fauzia Khan from Karachi to enable her and her colleagues to run CME courses in rural areas. These will begin in 2008.

China: The WFSA provided a grant to the Chinese Society of Anesthesiologists to run a refresher course in conjunction with the Singapore General Hospital Department of Anesthesia. It is called the WFSA-CSA-Singapore Anaesthesia Refresher Course.

The objectives of the course are:

- To select 4 clinical fellows to train in the Department of Anaesthesia & Surgical Care of the Singapore General Hospital each year.
- To encourage all the students to use English Language in various clinical settings (ie premedication rounds; intra-operative scenarios; post-operative visits; intensive care rounds and pain management clinics)
- To broaden the foundation of and understanding on the practice of anaesthesia, intensive care and pain management.
- To encourage students to take and pass the TOEFL or IELTS Examinations



Dr Yew-Weng Chan wrote: “We had 25 students and they were all thumbs-up for the course--- in fact they were wondering if we can extend the course to more than a week. English language was the medium for presentations and discussions, and everyone was keen to express themselves in English. We also conducted a short survey amongst the candidates - which tells us the practices of the Chinese anesthesiologists across all the provinces that were represented by the students. The students really appreciated the "Manual of Anaesthesia" book that was given to them using the WFSA grant. In fact there is some

thought by the class to translate the text of the book into Chinese for use in their respective hospital training programmes.” We plan to continue this programme next year.

Central and South America:

Pediatric Anesthesia, Santiago, Chile

This centre in Calvo McKenna Hospital in Santiago has been in operation since 1999 under the very able direction of Dr Silvana Cavallieri. They have trained 13 pediatric anesthesiologists for Bolivia, Ecuador, Guatemala, Honduras, Paraguay and Venezuela. The current Fellow, Dr Margarita Argandona, is from Peru and two more Fellows are expected in 2008 from Paraguay and Guatemala. Financial support for one Fellow has been provided for the last couple of years by the Canadian Anesthesiologists' Society International Education Foundation. In 2008 Operation Smile will fund one of the Fellows. We hope to be able to expand our relationship with Operation Smile in the coming year.



Dr Margarita Argandona with young patient

Obstetric Anesthesia, Medellin, Colombia

It was a sad year for the programme in obstetric anesthesia as our second trainee died very suddenly after his return home to Paraguay. We expect to have four trainees in 2008 likely from Costa Rica, Nicaragua, Panama and Peru. Once again financial support will be provided for one Fellow by the Canadian Anesthesiologists' Society International Education Foundation.

Conference and Speaker Support:

Assistance was provided by the education committee to enable speakers to present at meetings in Guatemala, Ecuador and El Salvador.

Ecuador: This was the 13th Annual meeting of the Pichincha Society. It was a four day long meeting with many interesting topics. There were about 150 attendees at least a third from the outside Quito. Drs Juan Carlos Duarte and Pedro Ibarra were sponsored by the WFSA. Each gave five lectures. It was a very productive course where there was lots of opportunity for exchange of ideas among the participants.



Drs Susana Cueva, Coordinator of the Course, Dr Edgar Pardo, Vice-president SAP, Dr Pedro Ibarra and Dr Rocio Vallejo, Secretary of the SAP.

CLASA workshops:

Support was provided for the CLASA workshops in El Salvador and Panama. The San Salvador programme focused on obstetric anesthesia and trauma. The participants spend each morning in the hospital and the afternoons in teaching sessions. We will continue to work together in 2008 to provide more of these workshops.



CLASA meeting:

The Chair of the education committee attended the CLASA meeting in Cancun, Mexico. It was an excellent meeting and very well organized. Dr Enright had the opportunity to have several meetings with the CLASA board, discussing educational activities and future joint endeavours. The WFSA President was well represented by Dr Gonzalo Barreiro of Uruguay, a member of the Executive Committee. Dr Pedro Ibarra from the WFSA education committee was also involved in the meeting. The new President of CLASA, Dr Flavio Veintemilla of Ecuador, is very keen for WFSA and CLASA to work together on educational projects for Latin America.



Dr Gonzalo Barreiro and Mrs Ruth Hooper
at the WFSA booth

Europe:

Training centres:

Cluj-Napoca, Romania: Prof Iurie Acalovschi has been running this centre for a number of years. It is a joint venture of the European Society of Anaesthesiology National Anesthesia Societies Committee (ESA National) and the WFSA. Young anesthesiologists from Moldova spend six months training in Cluj-Napoca. They are exposed to all types of anesthesia, journal clubs and conferences. It was very interesting to see graduates from the programme taking a leading role in the 1st International Congress in Chisinau, Moldova.

From left to right: Drs Bedreaga Leonid, Vetrila Victoria, Prof Iurie Acalovschi, Cusnir Olga, Dragoi Lilian and Tovita Aurel.



Wolfson, Israel: 2007 was really the first full year of operation for this new centre, located close to Tel Aviv. Sub-specialty Fellowship training is offered in pediatric anesthesia, obstetric anesthesia, cardiac anesthesia, ICU and pain management. They began with 1 trainee from Romania, 2 from Slovakia, 5 from Bulgaria and 4 from Moldova. These were all for short term rotations. Then they had Dr Thomas Chokwe from Kenya for 6 months as previously described, Dr Slavica Vukadinovich from Serbia for ICU and cardiac anesthesia and Dr Igor Fedor from Slovakia for 6 months cardiac anesthesia. In 2008 they will host 2 Fellows from Moldova, 1 from Romania and 2 from Africa. Dr Sotonye Ogan from Nigeria will study obstetric anesthesia and Dr Elizabeth Nyakundi from Kenya will take pediatric cardiac anesthesia.



Drs Sveta Plamadeala and Vitali Pivovarcic from Moldova with Dr Tibi Ezri, Programme Director

Conference and speaker support:

FEEA: The Education committee supported these courses in Romania and Moldova. Discussions have been ongoing about how the FEEA, ESA and WFSA can work together to continue these very popular and worthwhile courses. Dr Philippe Scherpereel of France has been running them for many years but, as retirement looms, he is anxious to secure their continuation. It looks like ESA will provide a central office and assistance to keep the FEEA organization going and will continue the courses in Europe. WFSA Education will assist with course continuation in the rest of the world. There are still some details to be worked out but with much good will and enthusiasm the FEEA should go on for many years to come.

Mongolia: Dr Ganbold Lundeg was supported to go the WHO meeting called GIEESC (Global Initiative for Emergency and Essential Surgical Care) in Tanzania. He presented the Mongolian experience with Primary Trauma Care. Dr Michael Dobson also represented the WFSA at the meeting.

Moldova: With encouragement from Prof Gaby Gurman and assistance from the WFSA, ESA and many friends and colleagues, the Moldovan Society of Anesthesiology and Reanimatology held its first international congress in Chisinau in August. It was a resounding success. It was exciting to see so many young anesthesiologists involved in organizing the meeting. Many of them were graduates of the Beer Sheva and Cluj-Napoca programmes. This was the first conference of its size held in Moldova and as such attracted a lot of media and government attention. A great deal of publicity was focused on anesthesia and already some tangible improvements have resulted from it. The WFSA basic equipment survey was filled out by all participants. Now we have a very good idea of what equipment, drugs and training are available in Moldova.



Drs Ruslan Baltaga, Sergiu Cobiletchi and Sergiu Sandru, organizers of the 1st Moldovan International Congress

One very effective result of this meeting is the development of a pediatric anesthesia initiative for Moldova. This is led by Dr Markus Schily of Switzerland and funded by WFSA and ESA, with support from commercial companies. A young anesthesiologist from Chisinau, Dr Gabrielle Munteanu, spent time with Dr Schily in his department learning modern pediatric anesthesia techniques. Then in December, Dr Schily returned to Chisinau and, under the auspices of the Moldovan Society, led a pediatric anesthesia workshop. Teaching was in the operating room and in the classroom. Dr Schily is seen in the picture demonstrating an inhalation induction. Several companies lent equipment including a new anesthesia machine, vaporizer, volatile agent, fiberoptic bronchoscope and so on. This enabled Dr Schily to demonstrate modern pediatric anesthesia practice. Dr Munteanu translated his slides into Romanian and also taught a large part of the course. By all accounts, this was an enormously successful course and it is hoped to repeat it at least once if not more in 2008. We are also looking at using it as a template for similar course in other areas of need. I hope that Dr Schily and members of the Moldavian Society will make a presentation on it at the ESA in May 2008.



Teach the Teachers: International School for Instructors in Anesthesiology



The participants of this course wanted a catchy name so they chose ISIA. It certainly has a nice ring to it.

This group was the 'dream child' of Dr Gaby Gurman who has done so much work for the anesthesiologists of Eastern Europe. Over the course of time and with discussions and meetings with many people, it evolved into what is now a very effective format. Huge thanks must go to all the teachers and participants but especially to Shirley and Mike Dobson and Lesley Bromley who were absolutely key in developing the pedagogic strategies and to Stefan Trenkler and Dragan Vukovic who did all the local organization..

The national anesthesia societies of Bulgaria, Moldova, Poland, Serbia and Slovakia were asked to choose four young anesthesiologists who had good command of English and who would be the future teachers in their country. The societies provided their travel expenses. Everyone committed to attend all three weeks of the course which extended over two years. The teachers varied from course to course depending on the anesthesia areas involved but the core pedagogic group remained constant.

In the first course, teaching techniques were introduced and modeled. The participants developed an understanding of what was expected of them and began to work together and practice their skills. In the second course, these skills were demonstrated at a higher level and more advanced techniques were introduced. Between each of the courses, the trainees had homework to do and had to provide evidence of teaching using the learned techniques. The final course was almost all participant run. The teachers were extremely impressed

with their students' progress and how their teaching had improved. Part of the agreement in order to participate in the course was to organize and run some courses at home. We are now waiting to hear about their efforts.

Besides the enormous amount of learning in the courses, one of the unanticipated successes was the great interaction and friendships developed between participants from different countries. These young anesthesiologists will be the future of anesthesia in the various countries and they now have a cadre of colleagues in different countries with whom they can work and exchange ideas. They have all developed a mentorship relationship with the teachers.

The courses were sponsored completely by the WFSA except for the students' travel so there was a significant financial outlay. However I believe that everyone involved considers it money well spent. We will meet with ESA National officials in Denmark in May to discuss how the WFSA and ESA can work together to continue this effort and extend it to other countries in Europe. We also would be pleased to work with regional sections in other parts of the world to develop a similar programme.

“We received much more than we ever expected: great knowledge, skill and professional relationship,” said Dr Miodrag Milenovic, Serbia, participant. We look forward to great things from our ISIA graduates.

Fellowship Programme for the World Congress of Anaesthesiologists:

While this is not strictly speaking an Education Committee activity, I believe this is important and worthwhile reporting. In order to bring young anesthesiologists from developing countries to the WCA in Cape Town, the Baxter Company (through the good auspices of David Wilkinson, Deputy Secretary WFSA) donated a significant amount of money. A subcommittee was formed to determine eligibility and need. A competition was held and 360 entries were received. Of these, the top 13 were funded by Baxter. Seeing a huge need, we set out to obtain funding to increase the number of those we could bring to Cape Town. I am delighted to say that 37 deserving anesthesia providers will be present in Cape Town thanks to generosity from the following national societies: Australia (2), Belgium (1), Canada (14), France (1), Netherlands (1), Norway (1), UK(3) and USA (1). The Fellows come from Benin, Bolivia, Botswana, Colombia, Ethiopia, Fiji, Kenya, Malawi, Mexico, Moldova, Mongolia, Nepal, Nigeria, Papua NG, Philippines, Rwanda, Serbia, Swaziland, Togo, Uganda, Vietnam and Zambia. This will be a very important event for them and an opportunity to meet their colleagues from around the world. We look forward to meeting them all in Cape Town.

Conclusion:

As always, the Education Committee has had an active and productive year. However there is a huge need for anesthesia education worldwide and much remains to be done. We are grateful for all of the support for our programmes and look forward to increasing assistance from many sources. It has been my honour to have served as Chair of the committee for the past eight years. I wish the new Chair every success.

Respectfully submitted

Angela Enright

January 28th 2008