

# ANESTHESIA EDUCATION

VOLUME XXXII No. 1

THE NEWSLETTER OF THE SOCIETY FOR EDUCATION IN ANESTHESIA

SPRING 2013



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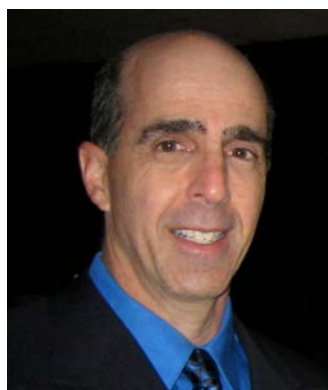
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*Ira Todd Cohen, M.D., M.Ed.*

“May you live in interesting times” is purportedly an ancient Chinese curse, although its origin, by most reports, is 20<sup>th</sup> Century and British. For anesthesiology medical educators these are certainly interesting times, but whether they are cursed or a series of opportunities, remains to be seen. The federal government has put in place a massive restructuring of financial support for medical care and postgraduate medical education. The Accreditation Council for Graduate Medical Education (ACGME) has introduced a new outcome measure as well as a new approach to accreditation. And after a decade of consistent and reliable managerial support, the Society for Education in Anesthesia needs a new Executive Director and management team. Unlike the supposed “ancient” curse, these challenges are real and need to be faced.

The Affordable Care Act (ACA) is a complex and extensive plan to extend coverage to those without healthcare insurance. One of its cost-saving features is to cut Medicare payments to hospitals by 22 billion dollars over the next ten years. Bundled into those payments are direct and indirect funding lines for postgraduate medical education. If reductions are proportional across the board, the approximate 15% loss of financial support will significantly impact residencies and

fellowships. Even the smaller 2% reduction secondary to “Sequestration” will undoubtedly stifle training programs. Conversely, the ACA supports the creation of additional medical schools. Even without these changes, the number of medical school graduates will very soon outnumber available resident positions. Who will be our learners in the future and how will they be supported?

With a very short timeline and admitted lack of evidence, the ACGME has forged ahead with the Milestones project and its **Next Accreditation System** (NAS). Starting this July, our core training programs must have in place anesthesiology milestones, evaluative instruments, and remediation/advancement plans. Under the NAS proposal, the days of extensive preparation for periodic site visits are to be replaced by semiannual submission of required data including resident and faculty surveys. Future site visits, when they do occur, will only be surgical biopsies. An overriding sense of uncertainty has frequently been expressed using the following analogy: “We are being asked to build this plane while we are flying it.” How will we follow the rules when we do not know what they are?

The American Society of Anesthesiologists (ASA), as of this writing, will no longer offer managerial services to its affiliated specialty societies. For the remainder of this calendar year, this function has been entrusted to SmithBucklin - “the world’s largest association management company.” The SEA, either in conjunction with the other specialty societies or on its own, must establish a relationship with this firm, or find another. During this transition period, additional time, effort, and patience will be required from the SEA membership and leadership in order to meet our commitments and to carry out our society’s mission. How can we keep moving forward when we need to get our own house in order?

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# ANESTHESIA EDUCATION

published twice yearly by the

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## President's Corner

### Interesting Times

Continued from page 1

Fortunately, none of the above changes have taken us by surprise. Uncertainty still abounds but as anesthesiologists and educators, we know that change is the one constant and that being prepared and flexible is necessary. The debate leading up to passage of the ACA was protracted and detailed. Anesthesiologists should be positioning themselves as the innovators and leaders we are, in safety, efficiency, and planning. SEA leadership, past and present, has been actively discussing, planning, and involved in creation

**“For anesthesiology medical educators these are certainly interesting times, but whether they are cursed or a series of opportunities, remains to be seen.”**

of our specialty's Milestones. We have been kept abreast of the changes coming for residency and fellowship accreditation and been able to witness its evolution. A change in management has long been foreshadowed. Our society now has an opportunity to better identify our resources, define our needs, and meet future demands. These are indeed interesting times but I know that the SEA membership and the Society, as a whole, are up to the challenge.

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## Milestones Task Force

The timing for the Spring Meeting with its theme of “Milestones and Assessment: Are You Ready?” could not be better. As you are now aware, the milestones for anesthesiology have now been created and vetted. We as a specialty are now preparing to move forward with the implementation phase. There are 25 milestones within the six domains of clinical competence. There are ten for Patient Care, one for Medical Knowledge, five for Professionalism, two for Systems Based Practice, four for Practice Based Learning and Improvement and three for Interpersonal and Communication Skills. The timetable for implementation is also set. In July 2013, the initial implementation phase will begin with every anesthesiology residency program in the United States. This initial phase will last for approximately three years and may be adjusted by the RRC.

The Milestones Task Force has been working very closely with Lazarre Ogden and Carol Diachun, the Spring Meeting Co-Chairs, and their team to develop a series of workshops that will not only introduce some basic concepts of the milestones and their implementation to the attendees, but will begin to develop and share assessment tools for each of the milestones within each competency domain. This is an ambitious undertaking; one that has never been done before and will count on the SEA membership to benefit everyone. There will be 36 workshops, 6 for each competency domain spaced in time to give participants the opportunity to cover as many of the domains as they wish. These workshops are designed to do several things. First, they will complement the knowledge gained at the general sessions quite nicely. Second, attendees will discuss and begin to develop assessment tools for the milestones within the competency domain

that the individual workshop is addressing. Data will be compiled from every one of the milestones workshops and a summary of the data will be presented in a general session at the Spring Meeting and will later be put on the SEA website. This should be a huge benefit to every member of the SEA. These workshops are designed to be highly interactive and, as previously stated, the final product will benefit each attendee as they process the milestones, consider how the milestones will be assessed and then take it home to their own institution. The facilitators for the workshops have met as a group multiple times throughout the spring to prepare for the workshops and are looking forward to the meeting.

This is an historic time in academic medicine as the milestones have now been created and the implementation phase is upon us. As a society, SEA is unique in that brings together anesthesiologist with a common focus of education in anesthesia. The Spring Meeting will provide a venue for discussion among its membership that will result in ideas for incorporating the milestones into individual training programs, the next step along the road or another milestone, if you will. The SEA Milestones Task Force would anticipate more workshops and discussion forums at every SEA fall and spring meeting for some time to come as the implementation phase continues. See you at the Spring Meeting!

*- J. Thomas McLarney, M.D.*



REGISTRATION OPEN FOR SEA's 2013  
SPRING ANNUAL MEETING--  
**Milestones and Assessment: Are You Ready?**  
May 31- June 2, 2013  
Hilton Salt Lake City Center Hotel  
Salt Lake City, Utah



We would like to welcome you to the Spring 2013 Annual Meeting in Salt Lake City, Utah. More importantly, we would like to help our members and participants understand the new ACGME paradigm for creating astute physicians in the field of anesthesiology. Thus, the Spring meeting offers a sharp focus on **Milestones and Assessment: Are You Ready?**

The Milestones Workshop (Track 1) will encompass the proscribed milestones from the **Resident Review Committee (RRC)**, by which each program will be required to evaluate residents. The overall goal: pool our resources and talents to produce a variety of milestone assessment templates for programs to accomplish this endeavor. This track aims to

educate attendees about **Entrustable Professional Activities (EPAs)**, milestone specifics, assessment tools, and scoring instruments. Attendees can then produce assessment templates for their home institutions. A collection of all workshop products will be made available via the SEA website after the meeting.

A second track (Track 2) will tackle a special three-part series on assessment. Highlights include: the role of a Clinical Competence Committee in the learner evaluation, understanding factors that impact reliability and validity of ratings while understanding the performance review process, and lastly, using psychometric inventories to enhance committee performance.

A New Educator Track (Track 3) is aimed at broadening the scope of developing educators. This track will emphasize concepts on “Lecturing for Learning” which encompasses how to apply fundamental concepts to enhance didactic session by understanding “What’s In a Great Question?” and utilizing Bloom’s Taxonomy in anesthesia education.

For the established educator (Track 4), the focus will be on how to perform and generate an effective teaching evaluation. Attendees will learn effective documentation tools for performing teaching evaluations and how to deliver constructive criticism as well as how evaluation can be used to improve future teaching activities.

## WORKSHOPS

**Our workshops are poised to appeal to broad and diverse interests.**

1. In “How to Create and Moderate a Great Problem-Based Learning Discussion,” we hope to elucidate key features in case-based group learning by understanding characteristics of this format, how to construct an engaging PBLD as well as “best practices” for moderating a PBL discussion.
2. A workshop on “Establishing a Perioperative Echocardiography Teaching Program in Your Residency” will emphasize key components of an echocardiography (both TEE & TTE) didactic program and teach the steps for successful implementation.
3. “Formative Feedback” will look at key elements, critical need for daily assessment and apply principles of formative assessment in video interviews.
4. In “How to Improve Resident Scholarly Activity in Your Department,” the focus is on engaging trainees in scholarly activity, overcoming barriers and developing departmental culture that embraces resident scholarly activity.
5. “Talking to Families After a Critical Event: Educating Our Residents” aims to demystify the experience of full disclosure, physician-family communication in face of litigation, and will incorporate simulated scenarios for training.
6. In “How to Use the Electronic Teaching Portfolio to Document your Professional Career in 90 Minutes,” attendees will learn the components for teaching portfolios, define one’s status as educator and show how electronic teaching portfolios can aid organization/documentation for MOCA requirements.
7. The “Motivational and Transformational Workshop” will discuss characteristics of a successful workshop, illustrate incorporation of experiential and active learning and highlight plans for workshop development.
8. For “Incorporating Team-Based Learning into the Curriculum,” attendees will learn elements and participate in a TBL exercise, comparing that with other small group learning modalities.
9. At the “Program Directors Roundtable,” the focus will be current challenges facing residency Program Directors with discussion of “best practices.” Based on the combined experience of others, this workshop will emphasize formulation of plans to improve one’s own program.
10. Finally, the “Can you Really Multitask?” workshop looks at models of human information processing, levels of human performance and errors associated therewith, eventually identifying tasks that lead to breakdowns in performance.

For our SIMULATION PROGRAM, we show how to create scenarios appropriate for attending anesthesiologists, apply basic, effective, debriefing skills with a peer group and highlight how to adapt scenarios and debriefings according to participants’ training level. Along with this, the discussion will revolve around the challenges in creating and managing a simulation-based curriculum.

Salt Lake City is a clean, friendly metropolitan area of close to 1.2 million people. As the host city for the 2002 Winter Olympic Games, Salt Lake City is noted for its outstanding recreational facilities located within the city limits and world-class ski resorts located within a 50-mile radius. In the spring, summer, and fall numerous streams challenge the fly fisherman and the kayaker. There are a multitude of alpine trails for hiking, backpacking, and mountain biking. Golf and tennis are available throughout the metropolitan area.

Cultural activities available in Salt Lake City include the nationally acclaimed Utah Symphony Orchestra, the Utah Opera Company, the Utah Ballet, the Salt Lake Repertory Theatre as well as numerous restaurants and museums.

### PROGRAM:

View the 2013 Annual Meeting Program [here](#).

### REGISTRATION:

**Register here.**

### HOUSING:

SEA has a block of rooms reserved at the Hilton Salt Lake City Center for \$189. Reserve your room by April 30, 2013, to receive the discounted rate. **Make reservations here.**

**SEE YOU IN SALT LAKE CITY!**

# Peer Coaching and Meetings Evaluation Program Expands Function and Moves to the Educational Meetings Committee

The Peer Coaching and Meetings Evaluation Program (previously known as the Peer Coaching Program) will assume an expanding role and a new name within the Society by providing evaluations of educational sessions at the Fall and Spring Annual Meetings. These mandatory evaluations will address meeting related factors (e.g. room temperature, audio-visual) as well as speaker issues (e.g. should this topic be repeated again at future meetings?). We hope that this new service will result in an increase in the quality of educational programs offered to our members. In addition, the peer coaching process will continue by offering speakers voluntary evaluations using a formative feedback style. The Peer Coaching and Meetings Evaluation Program will move from the Faculty Development Committee to the Educational Meetings Committee.

Starting with the 2009 Spring Annual Meeting, the Peer Coaching Program was established for speakers who desired confidential constructive feedback on their teaching skills. This program also facilitated yearly workshops on how to become a peer coach and trained volunteer reviewers that performed teaching evaluations at most of the Annual Meetings. The SEA Peer Coaching Program has received many positive reviews from previous participants. Many of the workshop participants have also modified this program to utilize at their home institutions.

The intention of the peer coaching portion of the SEA Peer Coaching and Meetings Evaluation Program is to promote faculty development in an informal and comfortable setting. Peer coaching is more than just a formative evaluation. The purpose of this program is to promote improvement in teaching effectiveness by using a non-intimidating but truthful assessment of performance. The information exchanged between the peer coach and teacher will be confidential. The peer coach and teacher will discuss in advance the area(s) of focus for the teaching evaluation. The peer coach will observe the presentation and then at a mutually convenient time have a private discussion with the teacher which will include the formative feedback.

Several members of SEA have received additional training in evaluation of teaching skills and are offering to serve as a peer coach. Having a peer coach will allow you to receive support and guidance with teaching activities such as facilitating a workshop. This

assistance can be focused on the development of workshops or utilized to provide constructive feedback on your teaching skills during delivery of educational activities at SEA Meetings. Characteristic topics that would be discussed during the preparation stages of the workshop could include timing for the particular parts of the session and the use of interactive teaching techniques. Typical details that could be discussed during a review of the teaching aspects of the workshop could include interactions with the audience and the overall flow of the session.

The Peer Coaching and Meetings Evaluation Program will be offering a workshop at the upcoming 2013 SEA Spring Annual Meeting titled "How to Perform and Generate an Effective Teaching Evaluation". This workshop will focus on: appreciation of how a teaching evaluation can be successfully utilized to assess teaching skills, identifying the challenges of performing a teaching evaluation, creating an effective approach for conducting a teaching evaluation, demonstrating how to effectively deliver feedback after performing a teaching evaluation, and differentiating the use of a teaching evaluation for assessment of the general meeting program versus a workshop. The purpose of the workshop is three-fold: to train and recruit SEA members to become meeting reviewers, to train and recruit SEA members to become a peer coach for voluntary evaluations, and to provide workshop participants the knowledge to create similar programs at their home institutions.

If you are interested in having a peer coaching teaching evaluation or have any questions about the SEA Peer Coaching and Meetings Evaluation Program please contact David Young M.D., M.Ed., M.B.A.; Chair, Peer Coaching and Meetings Evaluation Program at [davidy@bcm.edu](mailto:davidy@bcm.edu).



*David Young M.D., M.Ed.,  
M.B.A*



# Call for Workshops—Fall 2013 Meeting



*Adrian Hendrickse, M.D.*

SEA members are invited and encouraged to submit workshops for the 2013 Fall Meeting in San Francisco, on October 11, 2013. The title and theme of the 2013 fall meeting will be “Good enough? Assuring the quality of independent anesthesiologists—a global perspective on training.” In developing workshop proposals, SEA members are encouraged to review the

overall meeting theme and meeting goals as developed by the meeting chair and Educational Meetings committee.

Presentations should address the following: updates on new ACGME requirements, competencies, milestones, new concepts and/or innovative didactic sessions. Strong submissions will tackle the challenges of providing high quality teaching in the area of performance assessment, will suggest means of achieving learning objectives in these domains and offer evidence of feedback to suggest that these strategies can be successful.

## Submissions will be accepted in the following categories:

### Evaluation and assessment

- Innovative ideas for assessing performance
- Improving trainee collaboration
- Developing self-assessment tools for trainees
- New ways of evaluating teaching methods

### Feedback

- Improving the feedback process
- Innovative educational programs for improving teaching skills
- Identifying and reinforcing desirable behaviors
- Teaching technical and non-technical skills

### Remediation

- Identifying colleagues with problems
- Implementing initiatives that address unprofessional behavior
- Improving support initiatives for struggling trainees

Submissions should state the moderators of the workshop, educational goals and a description of the planned workshop content, and special set up requirements.

## WORKSHOP SUBMISSION PROCESS:

All workshop submissions must be sent to SEA at [kmaude@smithbucklin.com](mailto:kmaude@smithbucklin.com) and must be received by June 9, 2013.

Workshop submissions will be reviewed by the meeting chair (and /or meeting committee) and a subgroup from the SEA Committee on Educational Meetings.

Workshop leaders will be notified that their workshop has been accepted for presentation by June 28, 2013.

For additional information, please visit <http://www.seahq.net/>

## SEA Fall 2012 Meeting Report

The 2012 SEA Fall Meeting took place on the Friday before the ASA Annual Meeting in the Convention Center Meeting Halls, Washington, D.C. The theme for the meeting was The Non-Clinical Curriculum: Education in Healthcare Policy, Practice Management and Physician Wellness. This 1-day meeting was highlighted by the McLeskey Lectureship delivered by Jim Scott, M.D., Professor of Health Policy and former Dean of George Washington University’s School of Medicine, and the Duke Award presentation to Dr. Denham Ward, MD, PhD, President/CEO of the Foundation for Anesthesiology Education and Research (FAER). Dean Scott warned of the threat that mid-level providers posed to the future of the field based on his policy work in D.C. He then laid out a plan for educating residents in a variety of ways on health policy issues. Dr. Ward graciously accepted the Duke Award for his innovations in education and encouraged the educators in attendance to work with FAER to ensure the future of our specialty through a commitment to anesthesiology research.

- Overall, attendees (103 responses) rated the meeting 4.3 out of 5
- 80% reported that attendance at the meeting would change the way they educate going forward!
- Comments from attendees included: “I plan to address

advocacy and health policy to a far greater extent in my curriculum for the residents; I was mesmerized by the interactive theater workshop;” and “I plan to introduce a wellness program.”

Workshop sessions were very highly rated as well. An interactive theater session led by Charles Samenow, MD and Jeffrey Steiger, engaged the group in a conversation about physician wellness with actors role-playing scripted scenes gleaned from actual trainee-physician experiences. In summary, the 2012 SEA Fall Meeting was packed with informative sessions and creative ideas for incorporating elements of the non-clinical curriculum into a training program. By all accounts, the meeting was a fantastic success!



*Jeffrey S. Berger, M.D.,  
M.B.A.*

# Quality and Patient Safety Articles of Interest

Patient safety has always been part of what anesthesia is all about. Our attention to this has made us leaders in the field of medicine. The ASA's Quality Institute has made safety an even more important part of what we do. But how does one teach quality and safety in a manner that can keep it in the forefront of our many educational endeavors, ie interesting? The Winter 2013 APSF Newsletter<sup>1</sup> had a wonderful article recapping an ASA 2012 workshop on communication skills and drills. In it Drs. Jeffrey Cooper, David Gaba and Robert Caplan wrote about how they led their audience in an interactive workshop about how communication among team members is critical for patient well-being. They started with a scripted scenario between an anesthesiologist and a surgeon not communicating well about a patient issue. They paused for audience discussion about their own experiences under similar circumstances. This allowed the audience to fully relate to the case at hand and recognized the fact that most of us have had similar experiences when it comes to patient safety issues. It allowed the workshop participants to come up with improvements in communication based on their own backgrounds, and thus made the lessons learned more likely to stick. The scenario continued with the surgeon and anesthesiologist, each giving asides to the audience which alerted the participants about what was going on in the minds of each. The asides showed the inner fears of each and highlighted the fact that speaking up when problems are sensed may not always be easy. Techniques were presented to show how to overcome fear of speaking up. The audience then participated by pairing up and acting out scenarios for conflict resolution, using the techniques just learned. The role playing was quite robust. This entire workshop was interactive and the probability is that the lessons learned will stick.

Boudreaux and Vetter from the University of Alabama wrote an article in *Academic Medicine*<sup>2</sup> about how their department created a section on quality and patient safety which has spread to the rest of their hospital. They felt that though most anesthesia departments did have committees for quality there was little structure to these committees which would enable implementing and sustaining change. With strong chair support and much faculty involvement, a section was created made up

of the clinical practice chair, the quality improvement chair, education chair, the chief resident, the director of finance, and the chief nurse anesthetist. With such input from key areas of the department projects for quality improvement were solicited. Early projects included protocols to avoid corneal abrasions and wrong-sided regional blocks. A learning tool was developed to teach residents how to objectively evaluate their performance, a tool critical for MOCA. Finally a protocol was developed to evaluate antiplatelet therapy for patients with drug-eluting stents coming for surgery. This last was developed with input from cardiologists as well as medical and surgical personnel. The key to the success of the development and implementation of these projects was the input from all interested parties. This is a broadening of the interactive and multidiscipline concept.

Both of these articles show different, yet similar techniques for teaching and implementing patient safety issues. It is not difficult to have readings, seminars, webinars and test available to teach patient safety. In fact, they are probably the backbone of most quality assurance projects. But the two above articles show methods that make the learning interesting, fun and enduring because of input from the participants.



*Sandra Curry, M.D.*

## References

1. Cooper JB, Caplan RA, Gaba DM. APSF workshop engages audience in communication skills and drills. *ASPF Newsletter* Winter 2013; 27(3):45-47.
2. Boudreaux AM and Vetter TR. The creation and impact of a dedicated section on quality and patient safety in a clinical academic department. *Acad Med* 2013; 88(2):173-178.



## Do you have a colleague who is not a current member of SEA?

Give him or her this newsletter and ask them to join SEA online at [www.SEAhq.org](http://www.SEAhq.org) and receive all the benefits and networking opportunities that you do.

### Not involved with SEA yet? Here's your chance to join a committee.

Contact Erin Butler at [EButler@SmithBucklin.com](mailto:EButler@SmithBucklin.com) and let her know which committee you would like to be on.

Education Meetings  
Research in Education  
Medical Student Curriculum

Finance  
Residency Curriculum  
Faculty Development

Membership  
Simulation in Anesthesia Education  
Outreach/Developing World

Publications  
JEPM  
Website



**SAVE THE DATE**  
**2013 Fall Annual Meeting**  
**October 11, 2013**  
**San Francisco, California**

# Global Outreach Committee

Global health is increasingly in the headlines these days. Awareness has risen about the global burden of disease. More and more people are getting involved from large corporations such as the Gates Foundation to individuals – volunteering, carrying out clinical research and donating funds in an effort to improve health and the provision of medical care throughout the developing world. Due to the global economic crisis, the part we can play is more important than ever.

As a society, we make a difference through the SEA/HVO Traveling Fellowships each year. We have 30 applicants for the SEA/HVO Traveling Fellowships this year. This is similar to last year, which encourages me that global health work continues to interest and motivate residents in anesthesia. I also hope that the enthusiasm of previous Fellows and the stories they have to tell are spreading around all residency programs inspiring residents to apply. Lena Dohlman has done an amazing job of procuring donors again this year. We will be offering 9 Fellowships, including the SEA Fellowship, to which multiple people contribute. Several of the donors have been funding one or two entire Fellowships in this incredible way for many years and we owe them a huge “thank you”. We also have a couple of new Fellowships from enthusiastic donors. I cannot let this opportunity pass to thank everyone that gives to these Fellowships.

Finally, I would like to take this opportunity to honor Lena Dohlman. After many years as the Director of the SEA/HVO Fellowships she has decided to pass on the mantle and take a less active role. The SEA/HVO Fellowships are her brain child and without her passion, dedication and continued enthusiasm, many residents would not have had these life-changing experiences and hundreds of anesthesia trainees in developing countries would not be the providers they are today without the teaching they have received from these Fellows.

I asked Lena to tell me the story of how this all came about:

“I started the program when I was on staff at the Beth Israel Hospital in Boston- probably in 1996 or 1997. Originally it was open only to residents at the Beth Israel and then to residents at all the Harvard programs. The only donor was Dr. Ronald Katz. I had heard from a mutual friend that he had a long time interest in international health care and education and had a reputation for being generous in supporting these endeavors. To my surprise, he responded to my request for help, without

ever having met me! My idea in starting the program was to encourage anesthesiologists to volunteer overseas. At that time, very few staff or residents were interested. I thought if I could get the residents exposed to the enriching experience and rewards of teaching overseas at an early stage in their career, they would be more likely to continue to volunteer in the future. In

2000 I joined SEA and was introduced to Berend Mets. We discussed a “joint venture” between HVO and SEA since our missions to improve anesthesia care through education were very similar. We decided at the same time to open the program to all approved anesthesia residencies and in 2001 we sent the first “SEA-Katz Traveling Fellow”. As time went on, we attracted more donors and changed the name to SEA/HVO Traveling Fellowships. Gary Loyd was the first SEA member to give a full scholarship and he has remained a loyal supporter for many, many years. As you know, it is no longer a problem finding residents interested in going overseas. In fact it is hard to find medical students who have not already had exposure to medical work in a developing country. The program is continuing to evolve, both in changes in the US and overseas.”

Not only has Lena achieved so much with the Fellowships, she has also succeeded in her secondary goal of encouraging other anesthesiologists to volunteer. People have been inspired by the presentations that returning Fellows have given at SEA meetings and the photos and comments posted on the Global Outreach Committee website and the HVO website. Through the collaboration with HVO, each organization has benefited hugely – all from this small seed of an idea.

Thank you Lena from all of us in the Global Outreach Committee, and the rest of the society. You are an example to all of us. I hope that Viji Kurup and I will be able to carry on your work with equal success over the coming years.



*Jo Davies M.B. B.S., F.R.C.A.*

# Website Committee Updates

It's been a productive and dynamic spring for the Website Committee! Annette Mizuguchi is taking over as the Committee Chair. Swapna Chaudhuri has agreed to serve as Chair Designee. Longtime committee member Paula Craigo and former Chair John Mitchell will remain active and offer support and technical expertise through the transition. Work has continued to ensure the best possible experience for all members.

**Fall meeting Lectures** are available for viewing on the website, joining those from Spring 2012 meeting. We now have an entire year of conferences available for member viewing! To view talks, [click here](#)

**Med student education committee** has provided a number of new resources for members including:

1. SEA Multiple-Choice Question Bank- questions to engage your learners  
[Click here](#) to explore this resource (password required)
2. "Understanding Anesthesiology: A Learner's Guide" by Dr. Karen Raymer, MD, MSc, FRCP(C), McMaster University- an excellent resource for those interested in the profession  
To view this resource, [click here](#)

**Simulation Committee** has stayed active this year and given members:

1. A link to their Facebook group
2. An updated Annotated Articles in simulation database. This resource is available for member contributions  
To visit this resource, [click here](#)

**JEPM**, the official journal of the SEA, is now housed and managed through the SEA website. This should eliminate service interruptions that were occurring when managed by ASA and facilitate timely posting of new articles.

1. JEPM has moved to SEA server
2. Editorial board membership has been updated
3. 2 articles have been added to current volume (Volume XIV)



*John D. Mitchell, M.D.*

**Global Outreach** has added new content, including updates to the SEA/HVO fellowship page. To explore the global outreach page, [click here](#)

**To Contribute Content to the Website** email John Mitchell: [jdmitch@bidmc.harvard.edu](mailto:jdmitch@bidmc.harvard.edu)

Thanks to all the committees that have continued to contribute to the website, and for the tireless efforts of the website committee members to make things run smoothly!

John, Annette, and Swapna for the SEA Website Committee

# Resources for Scholarly Curriculum Development

In any educational program, the development and revision of curriculum is an ongoing project. I'd like to draw your attention to two books each having a unique approach to curriculum design. Both can be very helpful in providing a framework to work along as you tackle a big project. Curriculum design, if done well, can be adopted by others and is a very well established type of educational scholarship. Plainly said, it needs to be done anyway and you can make it a scholarly work at the same time so this is "win, win" all round.

*Curriculum Development for Medical Education* edited by David Kern, Patricia Thomas and Mark Hughes (Johns Hopkins Press, Baltimore) is a classic book to steer a medical educator through curriculum design. The authors take you through six steps designed to not only create a valuable curriculum but also to evaluate it and disseminate it to others. It is a logical progression of steps which begins with first making a general needs assessment. The chapter on developing educational strategies is rich with examples of teaching methods matched to learning objectives and resources. The sub title for the chapter on dissemination is "making it count twice". In this chapter there is a very helpful list of the journals and sites which might be open to publishing the curriculum. Reasons for taking this step would be to address an education or health care problem, increase collaboration with other educators and reduce redundant work. There is also a chapter on how to continually evaluate and improve the curriculum, a step which is often an afterthought. Overall this book is extremely helpful as it moves you through the logical progress of tasks one needs to do for a design project and is full of successful examples.

*Understanding by Design* by authors Grant Wiggins and Jay McTighe (Merrill Prentice Hall, Columbus Ohio) is a book designed for educators of all disciplines but is very applicable to medical education. What is novel and innovative is the concept of the "backwards design". The educator must start with the end result in mind. The beginning of every curriculum project starts with two questions: "What are the desired results of this

curriculum?" and "How will I know if my learner has succeeded in learning this material?" This is a very different manner in which to proceed. The result you are aiming for might be a growth of knowledge but it might also be a change in performance or behavior. The authors call Stage 1 the "desired results". This is when you decide the established goals, the essential questions to answer and the deep understandings and concepts you will uncover and examine. Stage 2 is where you decide what evidence you will collect to show that the learning has gone on. How will short term and long term learning be evaluated and how will the curriculum itself be evaluated? This is the step where you might create very specific evaluation tools. Only then do you progress to Stage 3 when you consider the activities and mode of instruction. The authors talk about the twin sins of curriculum design which are "covering material" and creating lots of activities that do not lead to learner success. Most educators are keen to incorporate innovations in their teaching methods such as simulation, problem based learning or podcasts but these might not be the best methods for the overall goals of the curriculum. The book takes the curriculum designer step by step through the design process including methods to evaluate as you go. The book is supported by a website where templates can be used for the design efforts.

Whether you are creating a two week medical student rotation or a full year curriculum such as patient safety and quality, these books will be a very useful resource for your program. And don't forget to share your success.



L. Jane Easdown, M.D.

## SALT LAKE CITY: YOUR OWN PLAYGROUND

**Make your plans to attend the SEA 2013 Spring Annual Meeting.** While doing so, be sure to plan time to enjoy all of Salt Lake City's outside beauty. Attendees can go hiking and biking in local canyons that are just minutes from the Hilton Salt Lake City Center. You can also visit their lush forests on horseback or tour nature on a hot-air balloon ride. If you would prefer to stay on the ground, bird-watching, river expeditions and other outdoor adventures are an option. The options are endless in Salt Lake City. Be sure to bring your family to enjoy one of the U.S.'s most beautiful cities. For more information on Salt Lake City, visit [www.visitsaltlake.com](http://www.visitsaltlake.com).