WFSA Education Committee Report 2008 - 2012

Educational co-operation and support remain among the most important tasks of the WFSA. The aim is to improve training and competence of anaesthesiology personnel, in order to provide safer anaesthesia to the world’s population.

The members of the Education Committee during this four years’ period have been:

Dr. Jannicke Mellin-Olsen (Chair) Norway from 2004
Dr. Mohamed Salah Ben Amar Tunisia from 2008
Dr. Yew Weng Chan Singapore from 2004
Dr. Quentin Fisher USA from 2008
Dr. Zeev Goldik Israel from 2005
Dr. Pedro Ibarra Colombia from 2004
Dr. Mikhail Kirov Russia from 2008
Dr. Wayne Morriss New Zealand from 2008
Dr. Koji Sumikawa Japan from 2008
Dr. Douglas Wilkinson (Ex Officio) United Kingdom from 2008

The annual budget for the Education Committee has varied throughout the period from USD 160 000 – 210 000. The amount that has been spent on education has not varied equally, as the budgeting has been changed: Certain education projects have been funded separately from the “main bag”. In
addition, educational programmes throughout the world have been supported by various donors, national societies and others.

All WFSA activities are done pro bono, both for course directors, teachers and committee members. Only cheapest economy airfare is reimbursed. The hosts normally pay all local expenses for visiting teachers. A lot of our activities are done in co-operation with other organisations/ institutions/ persons. The main areas of WFSA Education activities are:

**Training centres**

**Bangkok Anaesthesia Regional Training Centre (BARTC):**

This training centre is a joint venture WFSA and the Royal College of Anesthesiologists of Thailand. From 1996 – 2011, 57 fellows have completed the one year training at BARTC, representing Laos, Mongolia, Cambodia, Vietnam, Burma and Bhutan. All graduates returned home and all are still practicing anaesthesiology in their countries, except one Mongolian who went to Korea and one Vietnamese who is a taxi driver in Australia. In some of these countries, these graduates have now reached the critical mass and are now a driving force to improve anaesthesiology. Prof. Thara Tritrakarn has held the reigns of this centre since its start. He is approaching retirement and Prof. Jariya Lertakyamanee has agreed to take over.

The trainees study full time for a year in the Department of Anesthesiology of hospitals designated in the program. They spend the first six months in a medical school hospital in Bangkok and 4 months in two provincial hospitals. The last month they return to the medical school to prepare and sit for the final examination. The trainees get hands-on training in the operating theatres and are allowed to take part in patient care when appropriate. They rotate through anaesthetic specialties that are fundamental to clinical work, e.g., general surgery, orthopedics, trauma and obstetrics. Time can be allocated to attending specialised anaesthesia, e.g., cardiovascular, intensive care and pain relief units. The training is supervised by the WFSA-BARTC committee. They attend academic meetings of the hospitals, e.g., interesting case, journal club, mortality-morbidity conference.

An example of the feedback by the fellows: Dr. Tsedenbal Narantuya, Mongolia, who was sponsored by the Finnish Society. She graduated in 2009, wrote in 2011: “I came back with my advanced knowledge by the WFSA-BARTC and it inspired me. Then I had to ask myself, what initially more significant is in my career after the graduation from the WFSA-BARTC? What is the change I want to do? Which some changes are inevitable? How deliver high-quality anaesthesia and surgical care in the operation rooms to the people, actually in poor medical condition?”

1. From the BARTC Centre  
2. Prof Thara and fellow
• My first change was to create safe operation environment by new profile in an operating room to eliminate some misunderstanding in the regarding of first, deliver high-quality anaesthesia and surgical care and second, an infection control by all the means and organized one more new department which name is “an Anaesthesia and a surgical joint department”.

• Second change, to provide new practice and operating room management into hospital care. All anaesthesia and surgical professionals are trained to use new technology being introduced in the operating room that is being influenced by the overt decreasing equipment failure and increasing number of equipment. There was also a change to department administrative practice by a paper work of a department.

• Third change, the interdepartmental training program includes specific profile by the extra-curriculum activities with making more efficient to be in professional charge by evaluating his or herself and to motivate themselves. There trainees must use the information resources with updated by the Internet.

Cluj-Napoca, Romania:

Prof Iurie Acalovschi has been running this centre for a several years. It has been a joint venture of the European Society of Anaesthesiology National Anaesthesia Societies Committee (ESA National) and the WFSA, but was lately funded by ESA. Young anaesthesiologists from Moldova spent six months training in Cluj-Napoca. They are exposed to all types of anaesthesia, journal clubs and conferences. Graduates from the programme are now leaders in their country which has seen a fantastic development concerning competence, organisation and equipment the latter years. The funding was discontinued last year, so the programme is now on hold.

Wolfson Medical Center, Tel Aviv, Israel:

Prof. Tiberiu Ezri is in charge of the training centre in Israel which has been high in demand by applicants from all over the world. As the WFSA principle is to train as close to home as possible, we have had to turn down applications from Latin America and East Asia. Most of the fellows have come from Africa, particularly from Nigeria and Kenya, and from Eastern Europe. The Wolfson centre has offered training in several subspecialties, including paediatric cardiac, cardiac, obstetric, intensive care and pain medicine. There are two fellows at the time, six months’ each. Some of the fellows go home to introduce new training programmes in their countries.
Here is some of the feedback from Nigeria by Dr. Queeneth Kalu:

“I am beginning to reap the fruits of the fellowship. I have recently been appointed Chairman, Medical Advisory Committee in our hospital. It gives me the opportunity to influence practice not just in Anaesthesia and Intensive care but in other departments. We are currently completing a dedicated Obstetric ward and theatres. We are soon to start using our new six bedded intensive care unit. In all my years here, we've never had it so good. The exposure at Wolfson, was very timely.”

And Dr Sotonye Fyneface-Ogan, also Nigeria: “I am doing very well here in Nigeria. At the moment I am in Dakar, Senegal attending the 51st Conference of the West African College of Surgeons of which Faculty of Anaesthesia is part of.

I am directing the first Obstetric Anaesthesia Conference in the sub-Saharan region of Africa. Its a 2-day conference (Sept 1st and 2nd 2011). I sent a mail to Prof Evron just to inform him. About 100 Anaesthetists will be in attendance. The knowledge acquired under you and Prof Evron have made me what I am here. Again, I am forever grateful. My friend Dr I. Ekwere is at Wolfson right now.”

The Wolfson Centre also participates in the Save a Child’s Heart organisation’s project: SACH is an international philanthropic organization founded in Israel which helps children from low-income countries to have cardiac surgery for free in Israel being operated on and treated by Prof Ezri’s team. It also gives the opportunity to accord fellowships to surgeons and sometimes to anaesthesiologists from those countries to learn at Wolfson’s. SACH helps to cover extra expenses for WFSA fellows for registration to congresses, participation in organised tours, buying textbooks, etc. SACH has also
West Bank, Palestine

In conjunction with the Canadian Anesthesiologists’ Society International Education Foundation (CASIEF), the WFSA has started a new programme in Palestine. Modeled on the successful programmes in Nepal and Rwanda led by the CASIEF, assistance is given to develop the academic aspect of the residency training programme. The CASIEF provides the academic expertise in curriculum development, teaching methods and all areas of resident training. The WFSA manage the administrative side of the programme in conjunction with the local organizers.

Below is part of the first report written by the Programme Director, Professor Brendan Finucane:

**Palestine Anesthesia Teaching Mission—First year of operation 2011:** A total of seven volunteers have completed assignments there in 2011. The volunteers have come from Canada, the United States, Sweden and Australia. The volunteers each spent approximately one month in Palestine.

They worked in three hospitals, Makkased Hospital in East Jerusalem, Rafidia Hospital in Nablus and Al-Ahli hospital in Hebron. In effect we instituted a formal teaching programme in anesthesia in Palestine, an experience which the residents in training had never had before. There are 22 residents in training. Although there is no formal training in Palestine, the trainees enter anesthesia having completed three or four years of general duties and therefore they are quite skilled physicians.

The safety of our volunteers is our first priority. We encountered no safety issues involving volunteers in Palestine this past year. The funding for this program was provided by an organisation in the Emirates (SYS) and from the outset we have a signed agreement with SYS to fund this project for at least 4 years. SYS had an office in Ramallah which handled the logistics for the volunteers upon arrival in Palestine. In June 2011 we were informed that the SYS office in Ramallah would no longer be providing logistical support.

We received no further communications from our funding source and were therefore forced to put a hold on the Programme in November 2011. This was unfortunate because we already had commitments from 6 volunteers to go to Palestine in 2012. In the meantime three of the Palestinian residents were successful in their applications to present their work at the World Congress. We had considerable difficulty finding the funds to support the residents.

financed the operations of over 2000 children from 39 countries, most from Palestine.  

http://www.saveachildsheartus.org/sach_home.html
Fortunately an anonymous donor from Canada has agreed to support continuation of the Programme and to help fund the three residents to go to Argentina. It is very difficult to make volunteer plans at such short notice therefore we expect the next volunteer to go to Palestine in April 2012 at the earliest. We anticipate that once the program is re-established we will send at most, 6 volunteers to Palestine each year.

In summary the Palestine Anesthesia Teaching Mission has had a very successful first year of operation despite the funding issues and all parties involved are very keen for us to continue this program. A total of 7 volunteers taught in the operating rooms in East Jerusalem and the West Bank. We were very disappointed that the original funding group from the Emirates reneged on their commitment without notice or explanation. We were very fortunate to find another donor very recently, thereby allowing us to continue the Program. We are extremely grateful to our anonymous donor for making it possible for us to continue this program. We are also indebted to our volunteers for the sacrifices they made to teach our discipline in Palestine.

Paediatric anaesthesia Training Centre in Santiago de Chile
This centre in Calvo McKenna Hospital in Santiago has been in operation since 1999 under the excellent direction of Dr Silvana Cavallieri. They have trained 20 paediatric anaesthesiologists from Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Paraguay, Peru and Venezuela.

Paediatric anaesthesia Training Centre in Vellore, India
This programme has been led by Professor Rebecca Jacob with fellows from all over the region, particularly from South Asia. The Vellore programme is divided between Chennai (The Child Trust Hospital, under Dr Ramesh) and Christian Medical Centre, Vellore (Prof Rebecca Jacob). In Chennai, the fellows practice paediatric anaesthesia. In Vellore they do paediatric intensive care, neonatal
intensive care and specialty anaesthesia like MRI, CT, orthopaedics and some cardiac and neuroanaesthesia. Most of the training is hands on and bedside. The fellows typically stay for six months. Prof Jacob is now retired, but very active. The last years, the programme has been on hold until her successor, Dr Sajan Philip George, returned from his training in Australia. He is now back in Vellore and all ready to restart the paediatric Fellowship programme.
The Society for Paediatric Anaesthesia in the USA has sponsored our last Fellows and has committed to continue to do so for five years altogether.

Dr. Deepak Tamang from Bhutan wrote upon his return:
“Before my training in Paediatric anaesthesia, I was not confident in providing anaesthesia to children. Providing anaesthesia in CT/MRI suite was dreadful. Providing anaesthesia for foreign body removal from airways with rigid bronchoscope used to be a nightmare. Post-operative recovery was never satisfactory; either the children used to wake up in pain or there was very much delayed emergence. Hypothermia was never given any great importance, neither was premedication. So providing anaesthesia for Paediatric age group was never a pleasant experience for me before my present training.

Important things which I learned during my training are:
- How to prevent hypothermia in children and how hypothermia can cause delayed emergence.
- How adequate analgesia using multimodal approach like using IV opioids, caudal anaesthesia, rectal Paracetamol/Diclofen suppositories and IV Paracetamol can reduces the anaesthetic agents use, and facilitates the smooth recovery after anaesthesia.
- How we can combine the regional anaesthesia with the general anaesthesia for the better outcome of the patients.
- Importance of adequate intraoperative fluids.
- Importance of Premedication and how the visit to the patients before surgery can reduce the anxiety in the patients and parents.
- I learnt how to time the fasting period for the patients, so that neither the first case is on full stomach nor the last case is dehydrated or hypoglycemic.
- I learnt how to give anaesthesia for rigid bronchoscopy removal of foreign bodies during emergencies
- I have perfected myself in Central line cannulation and arterial line cannulation and also became confident in using fibreoptic intubation for difficult airways.”
Paediatric anaesthesia Training Centre in Singapore

Prof. Josephine Tan opened another centre for paediatric anaesthesia in Asia at the KK Women’s and Children’s Hospital in Singapore. The first Fellow was Lihong Hou, China in 2009-2010. She has not been succeeded by others yet. One issue is the tough language requirements. Dr. Lihong wrote:

“I do have a great harvest from the training in Singapore.

- The first, I have good chance to use some equipment such as T piece system and LMA. Now I not only learn how to put an LMA in paediatric patients, but also master the methods to judge if the location of LMA is correct. The anaesthesia machine of my hospital and KK are the same, but in KK they apply many kinds of ventilation modes in children that I wasn’t familiar with before, such as PSV-Pro, SIMV-PC + PSV mode. Now I often introduce these modes to my colleagues and also apply it in paediatric patients.

- The second, I have learned some pediatric regional anaesthesia techniques including infraorbital, ilioinguinal and penile nerve blocks. These techniques are very useful, as they can reduce the pain of children after surgery.

- The third, I have known how to provide the postoperative pain service. In KK the acute pain service protocols are very strict and standard, I learned much from it involving the continuous IV morphine, PCA, continuous epidurals and caudal.

- The last, as well the most important, the management of paediatric anaesthesia is very profound and the anaesthetist must take into account all aspects. The fluid management, blood product transfusion, internal environment, temperature and so on are all critical to the safety of children. I learned the basic principles including the characteristics of respiratory, circulatory and nervous systems, the metabolic homeostasis of neonate, infant and children.
Paediatric anaesthesia – Hong Kong

Arrangements were made to establish a paediatric training centre at the Chinese University in Hong Kong under the leadership of Prof. Tony Gin. The first fellow was Dr. Ira Pitaloka, Indonesia. He was very happy with his training, as well.

9 Dr Karmakar, Hong Kong demonstrating how to do a caudal epidural to an infant

10 ...and ultrasound guided regional anaesthesia in an adult with the help of Dr. Ira Pitaloka

Paediatric anaesthesia – Nairobi, Kenya

Dr Zipporah Gathuya from Nairobi, who completed the WFSA training programme in Cape Town in 2008, was inspired to plan a paediatric anaesthesia training centre for East Africa, connected with Gertrude’s Children Hospital in Nairobi. The Kenyan Society of Anaesthesiology and the University of Nairobi have also expressed support. Dr. Mark Newton, Kijabe, is also instrumental in the planning. Since 2009, the planning and preparations have progressed steadily through paper mills and budgeting. The plan is to launch the programme towards the end of 2012.

11 WFSA President Angela Enright and Dr. Zipporah Gathuya

Paediatric Anaesthesia Training Centre Tunis, Tunisia:

This programme has been led by Prof Mohamad Salah Ben Amar since 2002. Many Fellows from French West Africa have trained in Tunis including some from Ivory Coast, Mali, Cameroon, Senegal and Niger. Funding is provided by Dräger Medical.
The other Fellowship available in Vellore is in Intensive Care Medicine. From June 2010, the department has been recognised by the Australian and New Zealand College of Intensive Care as a C12 centre for critical care training and also elective and basic training. Under the direction of Prof. Kandasamy Subramani, one to two colleagues from the region are offered one year’s training in intensive care medicine. The “Target Audience” is South Asia, although there has been one fellow from Rwanda recently. Dr. Nagamani Sen is going to overlook this programme while Prof. Kandasamy is in Australia for one year.

Obstetric Anaesthesia Training Centre, Medellin and Bogota, Colombia:
WFSA obstetric anaesthesia training in Latin America has been offered since 2006 and used to be in Medellin, Colombia. As the programme director, Dr. Mauricio Vasco relocated to Bogota, the centre went along and is now based at Hospital Clinicas Colsanitas. This hospital has a high volume obstetric caseload, with all the resources to provide state of the art obstetric anaesthesia care. This obstetric anaesthesia fellowship which is sponsored by the WFSA with a grant from the Canadian Society of Anesthesiologists has been filled with already two colleagues from Venezuela, and one from Paraguay, Peru, Costa Rica Nicaragua and Honduras, respectively.

This is a comment by Dr. Arteta from Nicaragua an anaesthetist from a public hospital in Managua: “It was a great pleasure to have trained with great colleagues who provide such high quality of care in complex situations of pregnant patients. I am grateful to the Colombian anaesthetists for sharing unselfishly their knowledge and for their charisma as human beings and their friendliness......I learned
to deal with extreme emergencies in the OR as leader of the team, and to work in a structured approach as a team and to see the success of it”.

The other fellow was Dr. Celia Molero from Lima, Peru where she was head of an obstetric anesthesia group in a public hospital. She managed to invite hospital administrators to show them the facilities, processes and protocols of Clinicas Colsanitas to see what could be improved in hers. She has also kept in contact with center, and six months after her return to Lima these are the achievements she claims: “Update pregnancy protocols, (blue code and red code –hemorrhage); update the pharmacopeia (add carbetocina, phenylephrine, remifentanil, prefilled spinal mixtures); establish obstetric analgesia and implementation of quality indicators”.

One the strengths of the centre has been the selection process to find enthusiastic colleagues with academic positions, and this has led to the historical feat of five poster presentations by several of them, at the recent CLASA Congress in Panama, October 2011. This fellowship also receives some support from the Colombian Society of Anaesthesia (SCARE) which finances the malpractice insurance needed to practice in Colombia.

The activities of the Centre Director, Dr. Mauricio Vasco were also highlighted in the newspapers in Barquisimeto, Venezuela. The Maternal Collpaso Course was sponsored by the Colombian Society of Anesthesia (SCARE) and WFSA.

This Course is multidisciplinary (Obstetrician with ICU training & Obstetric anaesthesiologists provide the course) and it had 80 participants of which 15 were Anaesthesia and the rest, OB, Critical Care, & Personnel involved in obstetric care. The course is led by Mauricio Vasco, the coordinator of the WFSA Obstetric program in Bogota. WFSA also sponsored him for a smaller scale workshop in Paraguay.

Obstetric Anaesthesia Training – Tunis, Tunisia
Prof. Ben Amar opened a centre in Tunisia in 2008 for obstetric anaesthesia training. The first fellow was Dr. Awa Ndiaye from Senegal. She reported that: “During this fellowship, I also had the opportunity to make a rotation to the intensive care unit, which was an experience very beneficial for my training, both theoretical and practical. I have learnt a lot. Contributions from this experience are:

- New Acquisitions of practice
- Strengthening my scientific skills
- Better approach to patient management”
Neuroanaesthesia – Cape Town, South Africa:
Dr George Ogweno, Kenya, has finished his fellowship in neuroanaesthesia in Cape Town, and has now returned to Kenya where he intends to follow up with a PhD in neuroanaesthesia. He was followed by Dr. Patrick Amukoa, also from Kenya, also sponsored by the Dutch Society of Anaesthesiology. His training is progressing well, and he has sent impressive logbooks that describe his activities. He also did paediatric neuroanaesthesia, neurosurgical intensive care unit and stereotactic procedures. Upon his return, he wrote: “Thanks for the support you gave me to train in Cape Town. I am currently working for the government in Kericho where I see lots of trauma cases. The training in South Africa was great. My teachers and mentors were so friendly. While there I managed to do a review on anaesthesia in sitting position and it should be published soon in the South African Journal of Anaesthesia and Analgesia.

General anaesthesia training:
Dr. Justice Mushonga from Zimbabwe has undergone post graduate studies in Anaesthesiology at the University of Cape Town for three years. He was also sponsored by the University of British Columbia, Canada. Dr. Mushonga passed his primary (South Africa - a very difficult examination and effectively the "bar" examination to becoming a specialist) at the first attempt while working in Namibia, without much academic support. After his first year, he wrote: “The year has almost come to an end. It is amazing. Time is flying. I have no regrets; it has been a particularly splendid year. From paediatric, through orthopaedics, trauma, ophthalmic, and ENT anaesthesia - with all the skills and confidence acquired, it was definitely time well spent.” In May 2011, he wrote “It has been a long time since I my last mail! I was waiting for this moment so that I could break good news! I passed my final Fellowship of the South African College of Anaesthesiologists examinations! I am a qualified specialist!”
Nurse Valence Lyimo from Tanzania was trained at the KCMC (Kilimanjaro Christian Medical College, Tanzania), co-sponsored by CACHA (Canada Africa Community Health Alliance).

Nurse Philip Etukon from Northern Kenya finished his training in Blantyre, Malawi: “Just to let you know that we have come to the end of our course and all is good. Final result was announced on Friday and I was the overall best student and the most disciplined student. So I would like to send my warm and happiest joy to you and my sponsor WFSA for the support and love that you have given me throughout the course.”

Dr. Tinevimbo Makotsvana from Zimbabwe is sponsored by the Norwegian society to do her postgraduate anaesthesiology training in at the Witwatersrand University in Johannesburg, South Africa. The plan is that she will stay four years. She writes: “I am working hard and am on study leave now. I wrote my diploma last year and passed that. Life has not been easy but I am grateful for each day. I enjoy the training very much. I know I wouldn’t have training as good back home. I am currently at Chris Hani Baragwanath Academic hospital at the moment. For me to qualify to write my part 2 exam I should have spent 15 months at Johannesburg academic hospital, 15 months at Baragwanath and 6 months at a smaller hospital called Helen Joseph. I have done 10 months at Johannesburg academic, 6 months at Helen Joseph and 4 months at Baragwanath. I also have to do rotations in ICU, Cardiac, neurosurgery and Vascular surgery. I am still to do those senior rotations.”

Dr. Papytchko Ntambwe from Congo has started his postgraduate anaesthesiology training in Nairobi, Kenya, and the plan is that he will stay for three years. “I am fine and all is going fine and getting busy, we are in class learning physiology, pharmacology and physics. Each subject once a week and remaining days we are in theatre and doing calls kind of initiation under strict supervision.”

Bangkok Fellowship in pain, in co-operation with the IASP

The Mahidol University, Bangkok runs a training programme in pain medicine. The IASP (International Association for the Study of Pain) and the WFSA co-operate in supporting Asian fellows so that they can participate in the programme along with the Thai fellows. Dr. Harijah Wahidin, Malaysia, Dr. Kheo Phommarat from Laos and Dr by Zolzaya Batdavaajav, Mongolia, have finished the training under the auspices of Prof. Pongparadee Chaudakshetrin.
The programme became so popular that we decided to double our support so that right now, Dr. Ashish from Nepal and Dr. Thact from Vietnam are undergoing training. Dr. Zolzaya wrote in her report: “I have started to write about my fellowship program and other issues about pain on my blog, dedicated to Mongolian doctors since November, 2010. www.paininmongolia.blogspot.com. I hope, this blog can be one of my contribution to my motherland.

Conclusion: My mission is completed. I have grown a pain specialist with good attitude, logistic thinking and memorable experience. I have progressed more than I expected. When I come back I will spread my knowledge to my colleagues. I will work closely with acute pain service of my hospital. Children internal clinic will open two new departments (palliative care and pediatric cancer ward), end of 2011. I will become responsible and useful staff for chronic pediatric pain patients. In our country, pain control is inadequate. There are many problems we need to resolve.

I find most of the answers during my training year. It makes me important and leading person in that field. Mongolian people will be very happy to see their first pain specialist. I would like to thank to IASP and WFSA for giving me brilliant opportunity to study clinical pain fellowship program at Mahidol University. I truly appreciate for your scholarship. I would like to thank my lovely mentor Aj.Pongparadee and her team. I will update my work in the future regularly.”
Prof. Pongparadee is about to retire, but the programme will continue, grace to Prof. Jariya Lertakyamanee, who will also be running the BARTC programme.

The co-operation with IASP is very constructive. We seek to expand co-funded activities throughout the world, and next in line is a Pain Medicine Programme in Cape Town, South Africa, under the Direction of Prof. Milton Raff, who also happens to chair the WFSA Pain Committee.

WFSA – CLASA Training Centre in Pain

The Academic Unit of the Hospital de Clínicas “José de San Martín”, University of Buenos Aires, Argentina, with the chairman Dr Juan Carlos Flores run the WFSA – CLASA regional fellowship training in pain management. The main objective is to improve knowledge of and training in the techniques developed in our specialty. There are four fellows per year, supported by WFSA. CLASA selects the fellows, and the chair of the CLASA of CLASA Education Committee, Dr. Flavio Veintemilla Sig-Tu, is instrumental in organising this and the regional anaesthesia programme.

Dr. Sotomayor, Peru, said after her training that “The opportunity given by the CLASA, through this training, is very important as it is particularly addressed to anaesthesiologists who do not work in large capital cities, since it offers the opportunity to become qualified and updated.” The centre opened in 2010. Until now, the fellows have been from Chile, Colombia, Cuba, Ecuador, Guatemala, Honduras, Mexico, Peru, Venezuela.

Regional anaesthesia training centre – Fortaleza, Brazil

The joint WFSA – CLASA regional anaesthesia training centre were opened in 2010. The centre is situated in Fortaleza, Brazil at the Jose Frotta hospital, under the direction of Dr. Danielle Dumasresq. Great efforts have been made by Dr. Flavio Veintemilla Sig-Tu, Gastão Duval and the Brazilian society. There have been fellows from Cuba, Colombia, Mexico and Peru.

There is an increasing demand from all over the world for regional anaesthesia training, so there would certainly be room for others in this field.
EPM is an interactive one-day workshop designed to improve pain knowledge, to provide a simple framework for managing patients with pain, and to address pain management barriers. The workshop uses RAT (Recognize, Assess, Treat) to help guide pain management. The first EPM workshops were held in Papua New Guinea in 2010. Since then, it has been taught in many parts of the Pacific – Fiji, Solomon Islands, Micronesia, Cook Islands, and Vanuatu.

The course has also been taught in Mongolia, Rwanda and Tanzania. The Tanzanian courses were led by Dr Roger Goucke and Dr Chris Orlikowski, and supported by WFSA funding.

Support for the other courses has come from a variety of sources, including the Australian Society of Anaesthetists, ANZCA, IASP and private donors. Translation of course materials into Vietnamese has been completed and a series of courses will be run in Hanoi, Vietnam, in April 2012. Translation into Mongolian is underway with courses planned for June 2012. There are also plans for follow-up courses in Fiji, PNG and Tanzania, and new courses in Thailand, Malaysia, Honduras and a number of other countries during the next 18 months.

Train the trainer programmes

The International School for Instructors in Anaesthesiology (ISIA)

Even this programme was initiated by Prof Gaby Gurman, who has done so much work for anaesthesiologists of Eastern Europe. The management group initially also consisted of other committed individuals: Shirley and Mike Dobson and Lesley Bromley who were keys in developing the pedagogic strategies. ISIA started out as a pure WFSA programme, but has become a joint programme between WFSA and the European Society of Anaesthesiology (ESA), aimed at improving teaching skills of future teachers. The concept is a series of three one week’s courses, six months apart, with training and homework in the intermissions. The graduates from the first classes are now all involved in educational activities in their countries, as well as having become a part of a regional teaching network between themselves.

An offshoot to these programmes has been local activities, like the educational seminar "Improving teaching skills" (by Drs Gordana Jovanovic and Miodrag Milenovic), and the International School for Paediatric Anaesthesiology, organised by Drs Miodrag Milenovic and Dusica Simic.

The feedback from the students has been overwhelming. Dr. Tanja Trojk, Macedonia wrote (ISIA 2):
“I am very grateful for having this opportunity to attend this school. It was very well organized. All the members of the faculty were not only good teachers, but they were very friendly and supportive. They kept the schedule, explained how to prepare and present a case. They were improving our teaching skills, and our English. I was impressed by the teaching skills of the new members of the faculty. The lessons were interesting, and interactive. It was very nice having participants from five different countries and being able to exchange experiences. It was comforting to know that some of the problems were the same in other countries.”

An example of the offshoots to ISIA, is illustrated by Dr. Trojic’s report from Macedonia in 2011: “We are happy to tell you that we’ve finished our first course of Macedonian school for instructors in anaesthesia. 11-12 March were the dates of our school. It took place in the one of the offices in our Medicine faculty. Twenty four residents and specialist in anaesthesia participated in this school. Five of our professors from master’s desk of anaesthesia came to see how successful we were. We think we succeed in involving our students to participate actively in this school. We insisted on keeping the schedule as we planned, so sometimes the discussions were continued during the coffee break. At the end of our school we gave them an evaluating list and we insisted on making remarks. They said they were very satisfied because we kept to the time table, and some of the remarks were "it was interesting"; "it was relaxing and not boring as previous schools"; "the interactive approach is something that I appreciate more now". For our next Macedonian ISIA we are planning to involve our colleagues who attended this course to prepare a case study, to have even more workshops etc.”
The courses now take place on Crete, Greece. The feedback from the students is overwhelming: The teacher are graduates from former ISIA courses, “The general feeling during the whole week was that the students (and the faculty!!) enjoyed the programme and fulfilled all the expectations. We felt that the informal and personal contacts between the students and faculty staff contributed to a very relaxed and fruitful atmosphere.

This student group seems to be very well prepared for accumulating new knowledge and skills and use their acquired teaching experience for future initiatives in their own countries.

The lessons were interesting, and interactive. It was very nice having participants from five different countries and being able to exchange experiences. It was comforting to know that some of the problems were the same in other countries.”

“Teaching the Teachers”, St Petersburg, Russia was introduced in 2011 as a joint venture between WFSA, the ESA (European Society of Anaesthesiologists) and the Federation of Anesthesiologists and Reanimatologists of Russia (FAR).
The 19 participants on the course were specialists in anaesthesiology, all were less than 40 years old and were actively involved in teaching. They were from different regions of Russia, Belarus, Ukraine, and Uzbekistan.

This report is written by Dr. Alexey Smetkin, participant of the course: “In the first part of the course the participants’ knowledge was assessed and basic teaching principles were discussed. There was training in basic communication skills, preparation for lessons and seminars, whilst practical skills were taught with the aid of mannequins and simulators.

The second and final part of the course was held in St Petersburg in November, 2011. The international team of lecturers included Michael and Shirley Dobson (Oxford, UK), Vojislava Neskovic (Belgrade, Serbia) and Eleni Katsika (Thessaloniki, Greece). This second week of the course concentrated on practical aspects of teaching and learning. …. Much of the attention was focused on the interactivity of teaching and involvement of all participants in the work. One important aspect of the course was the daily reflection of the day’s work with both positive and negative feedback aimed at improving future courses. The official language of the course was English. Despite differing levels of competence in English, its use simplified the teaching process and allowed us to significantly improve our confidence.

At the end of the course all the participants received the certificate of WFSA/ESA/FAR. We hope that this course was just a beginning of further courses which will be conducted in the countries of the participants. It is important that such courses are aimed not only at improving the level of teaching but ultimately at improving patient safety. On behalf of all participants, I would like to thank all the lecturers and WFSA/ESA/FAR for organizing such an important educational event for anaesthesiologists of countries of the former Soviet Union.”

Teach the teachers Latin America

Dr. Pedro Ibarra reports: “After observing the scenarios in different Latin American countries, as well as the fellows who have been sponsored (the obstetric anaesthesia fellowship is provided at our hospital) it was clear that there are major gaps in training in most colleagues, for example, searching for medical literature in the Internet with Google?! and worse in Spanish (anaesthesia literature in Spanish is scant), poor teaching tools (images, videos, slides, etc.), non-structured anaesthesia curriculums, absence of competence based training, etc. These handicaps unfortunately, cannot be remedied by lectures or similar approaches, but require a major overhaul. From this, the idea adapting the Eastern European program of Teach the Teachers was conceived. In this programme we have the support of the Colombian Society of Anaesthesia which currently boasts strong educational assets, including e-learning (http://www.scare.org.co/Educacion/Profesionales.aspx ), a strong anaesthesia blog and Web sites (http://www.anestesiaweb2.com/), and has revamped its Conferences a very high level almost unmatched in Latin America.
This Teach the Teachers Latin America program won a grant by Baxter to the WFSA, and was designed by Gustavo Reyes/Pedro Ibarra in SCARE with two components: a Virtual component which lasts three months, and a residential component of one week to be held in Bogota, Colombia.

The exciting concept around it is to upgrade the teachers which will be multipliers of the WFSA’s educational efforts, as they should improve teaching back in their countries which will decidedly speed the evolution of anaesthesia practice, much faster and with greater impact than lectures or even fellowships.”

The T&LA is a program intended to enhance the teaching competences of anaesthesia teachers throughout LA. It addresses five topics:

1) Medical information management
2) Concept of competency training, from concept, to teaching to assessing
3) Design of anaesthesia programs
4) Design, creation, management of virtual learning objects
5) e-Learning strategies

It is conceived as a two part program, a virtual and a residential component. The virtual component is structured to "walk through" participants to introduce the concepts of these five topics described above. It will be running shortly before the month ends. The residential component of five days is intended to put into practice the theoretical program that should have been acquired in the virtual component.

The program is financed by WFSA and by the Colombian Society of Anaesthesiologists (SCARE), so there is no enrolment fee. The only costs are the personal cost of housing and travel for the residential component. The twelve students come from Bolivia, Ecuador, Guatemala, Honduras, Nicaragua, Panama, Uruguay and Venezuela.

**FEEA – now CEEA**

This is a course series for CME/CPD in anaesthesiologists globally, although it started in Europe in 1906 by Prof. Johan Spierdijk, the Netherlands, Georges Rolly, Belgium and Philippe Scherpereel, France (currently chair of WFSA Scientific Committee). With the growth of the number of country members, the field of activity of the FEEA was progressively extended to the countries beyond the European Union, all over the world.

From Jan 1st, 2009, the FEEA was integrated into the European Society of Anaesthesiology (ESA), to constitute the Committee for European Education in Anaesthesiology (CEEA). The ESA provides the management of the CEEA. But as many regional centres are located outside Europe, there is a joint venture between the ESA and the WFSA. The activities of the non-European centres are linked with the WFSA Education Committee. The liaison officer WFSA – CEEA is Prof. Zeev Goldik, Israel.
More information on the programme can be found on http://www.euroanaesthesia.org/sitecore/content/Education/CEEA%20Courses.aspx

The CEEA is based upon a cycle of six courses, covering in an integrated teaching programme all aspects of the speciality:
Course 1: Respiratory and thorax
Course 2: Cardiovascular
Course 3: Intensive care, emergency medicine, blood and blood transfusion
Course 4: Mother and child. Adverse reactions
Course 5: Neurology, locoregional anaesthesia and pain therapy
Course 6: Anaesthesia according to the patient, types of surgery and modes of organisation.

The courses are given in the language of each country and to a maximum of 50 participants. The e-learning website www.euroviane.net currently provides more than 1,400 slide series in various languages covering the whole area of anaesthesia, intensive care, emergency medicine and pain management.

Currently, the CEEA runs more than 110 regional centres worldwide, among them 25% outside Europe. Every year, more centres throughout the world are joining at a more or less advanced stage. For instance, Indonesia with 8 centres has adopted the CEEA courses as their national mandatory system for CPD. Each centre is pedagogically and financially autonomous but some travel grants are provided for foreign lecturers in less affluent countries.
Conference and Speaker Support:

This used to be a major part of our activities. The WFSA has (partly) paid economy air tickets for one or two speakers to go to national meetings in less affluent countries, often combined with speaking at satellite courses, like FEEA/CEEA, etc. The WFSA is normally represented at regional meetings, as well. There have been several cases of support to workshops and examinations, often in combination with national meetings.

When both the Education Committee and the Executive Committee discussed how to maximise the cost-benefit from our resources, then we agreed to prioritise the Training Centres at the expense of visiting speakers.

It should be mentioned, however, that it has proven more useful than one should think to have one of these international speakers in relatively modest settings, as it is taken as token of esteem to that meeting. It can be useful towards health authorities and other specialities. Some of the speakers do not even reimburse the WFSA, but represent us, anyway.
Here are some examples on where we have had visiting speakers these last four years. Several of these represent regional meetings and not all have been funded by the WFSA:

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Dr Barreiro explaining the art of anaesthesia to children in Uruguay

Dr Cuadra, Chile, teaching in Uruguay
Support in co-operation with Baxter and the Japanese Society

The Japanese Society of Anaesthesiology generously granted 15 JSA-WFSA Scholarships for the 13th Asian Australasian congress of Anesthesiologists. The JSA paid the expenses, while the WFSA supported the selection process.

Baxter has now a long tradition of supporting young anaesthesiologists who lack funding to attend world and regional congresses. In some instances, for instance the All African Congress, national societies like the Finnish, the Norwegian, the Great Britain & Irish, the Canadian, etc. Societies bring in extra funds. In all of these cases, there is a selection process in place that normally favours those that have prepared posters to present.

Primary Trauma Care Foundation

Trauma is one of the leading causes of death and disability worldwide and relatively simple measures will lead to great improvement. The WFSA works closely with the Primary Trauma Care Foundation (www.primarytraumacare.org) to strengthen competence building worldwide, both by supporting the programme economically and by presence in each other’s’ boards. WFSA finances some of their activities, and the chair PTC and the chair EdCom WFSA sit on each other’s boards.
PTC Reports 2008 (all reports can be found on the website):

Africa: Course held at Faculty of Medicine, Casablanca, Morocco – October 2008

India: 12th PTC course in New Delhi – September 2008, presented in Video (available to view on website)

Pakistan:
- Course held at AMCC (Army Medical Corps. Centre) – Abbottabad – May
- Course held at Trauma and Orthopaedic Institute, Karachi – July
- Course held at Chandka Medical College Hospital, Larkana, Pakistan – July 2008
- Course held at Pakistan Institute of Medical Sciences (PIMS) Islamabad – December 2008

Sri Lanka:
- Video presentation of Regional Conference held in Colombo – December 2008 (available to view on website)

Latin America: Inaugural course held in Dominican Republic – October 2008

Europe: Collaborative course – PTC and MSF in Brussels – October 2008
PTC Reports 2009:

Africa:
- Course held at Bugando Medical Centre, Mwanza, Tanzania – June
- Course held in Addis Ababa, Ethiopia – September 2009

India:
- Video presentation of 14th PTC course held at Apollo Hospital, Delhi – January 2009 (available to view on website)
- 17th PTC course at Apollo Hospital, Delhi – April 2009
- 21st PTC course held at Colombia Asia Hospital, Bengaluru, India – October 2009

Pakistan:
- Course held at Post Graduate Medical Institute, Lahore – March 2009
- One-day Workshop on Bomb blast injuries (in collaboration with PTC) – December 2009

Pacific:
- Instructor Refresher Course held at Lautoka Hospital, Fiji – March 2009
- Course held at Port Vila, Vanuatu – September 2009
- Course held at Alotau General Hospital, Papua New Guinea – September 2009
- Course held in Nuku’alofa, Tonga – August 2009
- Course held Samoan Medical Association, Apia, Samoa – August 2009

Myanmar:
- Inaugural PTC Courses presented in Yangon – March/April 2009

United Arab Emirates:
- Collaborative PTC/WHO course – Bomb blast injuries, Dubai – March 2009

Gaza:
- Courses held at Shifa Hospital, Gaza in conjunction with MAP (Medical Aid for Palestinians) – November 2009
PTC Reports 2010:

Africa:
- Course held at All Saints Hospital, Engcobo – October 2010
- Course held in Kampala, at Namirembe Guest House (run by Anglican Church of Uganda) – November 2010
- Course held at Hoima Regional Referral Hospital, Hoima (North West Uganda) – November 2010

India:
- 25th PTC course held at Apollo Hospital, Delhi – April 2010

Pakistan:
- Course held at Sheikh Zayed Medical College, Rahim Yar Khan, Pakistan – April 2010
- One-day course held at Jinnah Post Graduate Medical Centre, Karachi – April 2010
- Two-day course at MMI – Memon Medical Institute, Karachi – November 2010

Iraq:
- Course held in Baghdad, Iraq – in collaboration with PTC, Ministry of Health and Red Crescent Society of Iraq – March 2010

Gaza:
- Course held at General Directorate of Human Resources in Gaza in conjunction with MAP (UK) – February 2010

Latin America:
- Course held in Quito, Ecuador – May 2010
- Course held in Chile – September 2010
- Course held in Santa Cruz, Bolivia – November 2010

Suriname:
- Overview of PTC activities in Suriname – February 2010

Pacific:
- Course held in Rarotonga, Cook Islands – June
- Course held at Malietoa Tanumafili II Hospital, Savaii, Samoa – June 2010

Mongolia:
- Course held in Ulanbaatar, Mongolia – June 2010

Indonesia:
- Course held at Suai Referral Hospital, Timor Leste – March 2010
- Course held at Baucau Referral Hospital, Timor Leste – April 2010
PTC Reports 2011:

Jordan:
- Initial Assessment visit for PTC – visit hosted by JRMS – Jordanian Royal Medical Service – January 2011
- PTC Courses held in Amman – May 2011.

India:
- First PTC “Refresher” course held in Faridabad, India – April 2011

Cambodia:
- Course held in Cambodia – September 2011

Pakistan:
- Course held at Dow International College, Karachi – May 2011
- Course presented at JPMC, Karachi – June 2011
- Workshop in conjunction with PIMS – June 2011
- Course held at Patel Hospital, Karachi – December 2011
- Course held at JPMS, Karachi – December 2011

Lifebox:

WFSA is one of the key partners in the project of distributing pulse oximeters to all operating theatres worldwide, along with AAGBI, Harvard University and other partners. Along with the “Lifebox” comes a training programme. WFSA Education Committee members are involved in this very important initiative. More can be found on www.lifebox.org.
Concluding remarks:

The Education Committee has had four busy, interesting and rewarding years. Some programmes have continued to thrive, others have stopped and yet others have started. That is how it should be in a dynamic world. A challenge, in the true meaning of the world, is to match needs and offerings. There are some countries that would deserve relatively more support than they are receiving now, whereas others have been good at demonstrating their shortcomings.

It is helpful that the Education Committee represents different parts of the world. With our combined competence, we have been able to find as good solutions as possible. We have also had great help from other WFSA Committee chairs and members and numerous other organisations and individuals. Those mentioned in this report serve as examples only. There is no way we can pay fair attention to all those who deserve it.

The remarkable dedication both from students and programme directors has impressed me. Both parties personally sacrifice a lot to be able to improve anaesthesiology services throughout the world. Without “champions”, it would be impossible to undertake all these activities.

We are extremely grateful to every single supporter, financially or personally. Equally grateful are we to all those who devote their time and energy without financial compensation to the educational activities of the WFSA, be it as teachers or trainees. It has made an ever-lasting impression on me to be in contact with colleagues that are willing to sacrifice a lot of time away from their homes and families in order to improve their competence and provide safer anaesthesia to their patients. Not only the fellows, but also the training centre staff cannot be thanked enough for all the time and effort they invest in the future of the speciality. They often have to relate to the fellows 24/7, and they will often have to teach in your second or third language. Exhausting, indeed.

The WFSA Educational activities are expanding, and there are several new programmes in the pipeline. A major task for the future is to increase our financial and administrative/secretarial resources, as well as trying to develop and match training programmes where the needs are greatest. We have probably come to the limit of what is doable by doctors doing it all pro bono outside our paid hospital and university positions. It has been some very intensive four years, but also rewarding.

We all have a lot to learn, a lot to teach and even more to share with each other, not only concerning anaesthesiology. Learning to know each other, communicating and exchanging views on anaesthesiology and other matters, teaches us that basically, we are all the same – no matter where we come from. We share the same hopes for ourselves, our families and for our patients. Chairing the WFSA Education Committee these four years has been among the most purposeful and rewarding tasks I have had in my life. It has been a privilege. I would like to thank each and every person who contributes, and I wish all the best for the future of education in anaesthesiology.

Dr. Jannicke Mellin-Olsen
Chairman WFSA Education Committee, February 2012