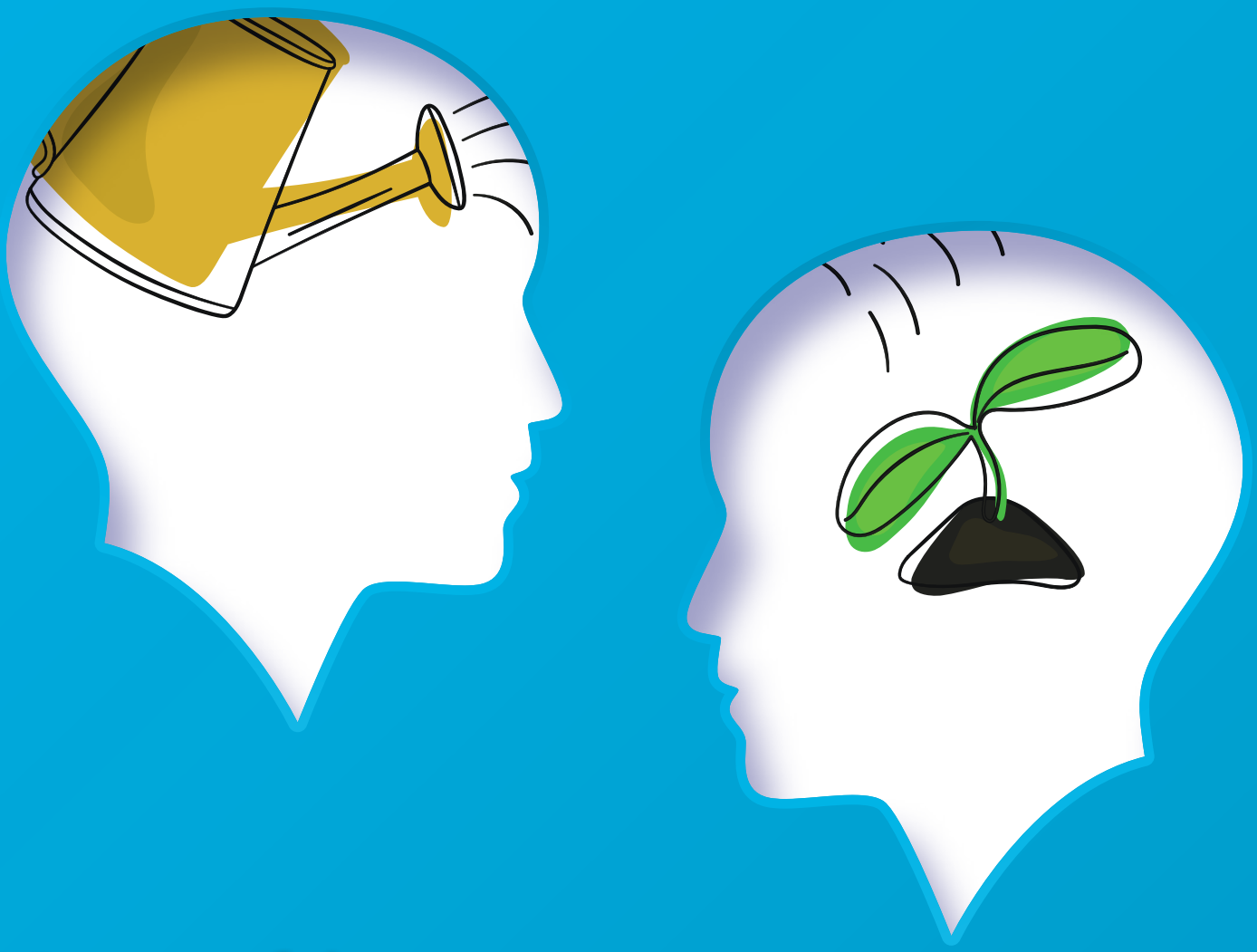
NEW ZEALAND
Anaesthesia
THE MAGAZINE OF THE NEW ZEALAND SOCIETY OF ANAESTHETISTS • APRIL 2024



Mentorship: Improving workplace wellbeing

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SPECIAL FEATURES:
Working together, NZ ASM 2024
Attending the World Congress in Singapore

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1. Internal test report CSR 2021 03 12 v.1.0 - CyberDERM S20-12.
2. MDT20028OXYLOV, Rev 2 - SpO2 Accuracy Validation of OxySoft.
3. RE00301248, RevA - System compatibility verification report.

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President's Column

Kia ora koutou,

Sitting alongside colleagues from 130 different countries at the World Congress of Anaesthesiologists (WCA) in Singapore last month demonstrated the international connectedness of our specialty and facilitated the unique opportunity to learn from such an array of experiences all in one place.

One thing we can garner from the past few years is how important it is for us to nurture these international relationships, especially from our little corner of the world. My sincere thanks to the WFSA for hosting this outstanding event.

NZ's own, Associate Professor Wayne Morriss completed his term as WFSA President at the conclusion of the Congress. On behalf of the NZSA, thank you Wayne. We are incredibly grateful for the immense mahi you have put in for the global anaesthesiology community and also for putting Aotearoa Anaesthetists on the global stage. You've left an incredible legacy.

Following the Congress, the Common Issues Group (CIG) met for continued discussions over common themes across our six countries. These included: encouraging, supporting and growing membership; wellbeing of members and burnout; the role of assistants to the anaesthetist across our various jurisdictions and how this is changing, and our various political landscapes and their impact on healthcare and anaesthesia. Just like the Congress, this international network provides such a valuable format to learn from one another and share in the challenges we may face.

Both internationally and nationally, change feels ever present, from what we see on the news, and how we access the news, to our new government and health targets. Change impacts each of us in different ways - some come with challenges, whilst others we may welcome. We can also see change as an opportunity – an opportunity to learn, an opportunity to grow, or an opportunity to influence change.

To be a constructive part of change we must be fearless in standing up for what is important and take part in the conversations. A current priority for the Society is to engage with our new Minister of Health, Hon Dr Shane Reti, seeking a meeting to discuss pertinent issues affecting anaesthetists. In preparation for this, we have composed a briefing for the new Minister that outlines our recommendations on areas where we can partner with the Government, the Ministry of Health Manatū Hauora, and Health New Zealand Te Whatu Ora on opportunities for improvement in our health system.

Another key focus has been the NZSA's submission as part of the Royal Commission Inquiry into the Covid-19 pandemic. Whilst the inquiry itself is navigating potential changes we still see value in having our voice included in the recent consultation seeking the experience of New Zealanders. The pandemic affected all of us in unique ways. Thank you to all who shared your feedback through the member survey or

interviews with the team in the office. Key themes rose amongst this feedback that shaped the 'experience' we shared and suggestions to take forward.

There has been a vast array of continuing education events across these first few months of 2024. In addition to the WCA, there has been the SPANZA Update Meeting in Canberra, OASIS meeting in Napier, Auckland Symposium, NZ Pain Society ASM in Dunedin and at the time of writing the annual PANNZ meeting in Hamilton is fast approaching.

There is still plenty to look forward to later in the year too and I hope you have saved the date (and put in leave!) for the Aotearoa NZ Anaesthesia ASM hosted by Waitematā in Tāmaki Makaurau Auckland. Later in the magazine 2024 organising committee leads Dr Karen Park and Dr Daniel Chiang, share more on what we can look forward to at the meeting. There are some outstanding presentations already in the programme. Plus, a special Perioperative Symposium on the Tuesday prior, spread the word with your periop colleagues, a special one-off event for this community.

Presenting at the ANZ A ASM will be Clinical Psychologist Dr Rebecca Parkes, an expert in trauma informed care. Rebecca recently joined me on the podcast. Our kōrero highlighted for me the huge impact this approach can have. How everyone has a story that informs their experience of their interactions with us as clinicians. How making small changes in our practice can alter that journey by providing empathetic, proper, trauma-informed care. I encourage you to listen.

Finally, I'd like to acknowledge some changes within the Executive Committee. We have recently farewelled Dr Ben van der Griend and Dr Aidan Ward. On behalf of the Executive, I wish to thank them both for their valuable contributions during their time on the Committee. Ben has stood down to focus on other governance commitments and Aidan completes his term as a Trainee Representative. We wish them both well in their future pursuits.

Dr Sarah Tomlinson has joined Dr Hannah Middleton as a Trainee Representative on the Executive. Sarah is currently in AT1 on the Midlands Training programme, working at Waikato Hospital. Welcome Sarah.

I must also acknowledge the change in the very magazine this report is written and the move to a digital-only publication. Over the past few years members have increasingly been shifting their preference to receive the magazine digitally. With this in mind alongside the Society's strategic objective to ensure ongoing sustainability, both environmentally and financially, we felt it was the right time to transition. The team in the office continue to work on developments to keep improving your experience with the magazine and I hope you enjoy the additional features this change offers you.

Ngā mihi nui,

Dr Morgan Edwards
President, New Zealand Society of Anaesthetists

NZSA Executive Committee Changes

New Trainee Rep

Dr Sarah Tomlinson has joined the NZSA Executive Committee as a Trainee Representative.

Sarah is currently in AT1 on the Midlands Training programme. Having completed her first 18 months of training and part one exams in Tauranga she is now working at Waikato Hospital.

Seeking a specialty that combined procedural skills, some medicine, and teamwork, is what first sparked Sarah's interest in anaesthesia. "I was able to do the anaesthetic SHO job in Christchurch, which is a non-training job, to see how I enjoyed it and knew very quickly that this would be the career for me! I enjoy being able to make the surgical journey for patients as positive as possible, and the teamwork involved working with a range of disciplines."

"As a trainee representative, I look forward to advocating for trainees and any issues we face. I am also excited to see how the NZSA can positively advocate for both anaesthetic providers and patients."

Farewell and Thank You

Tēnā rawa atu koe. Our thanks to Dr Ben van der Griend and Dr Aidan Ward as they complete their time with the NZSA Executive Committee.

Ben's contributions to the committee particularly in the private practice space, paediatrics (both PANNZ and SPANZA) and on the Global Health Committee (GHC) are hugely appreciated. We are pleased to be able to continue working closely with Ben through his ongoing involvement with the GHC.

Aidan has completed his two-year term as the trainee representative with the executive committee. His contributions towards advocating for trainees, leading successful webinars garnering Aotearoa students interested in pursuing a career in anaesthesia, and on the ANZAEC committee are deeply appreciated.

We wish both Ben and Aidan all the best in their future endeavours.

Recent Submissions

Recent submissions and feedback completed by the NZSA. All submissions are available to read on the NZSA website here.

NZ Royal Commission COVID-19 Lessons Learned Te Tira Ārai Urutā

The NZSA has written to the NZ Royal Commission Inquiry as part of their public consultation seeking COVID-19 experiences to look at what can be learned from the pandemic to ensure that Aotearoa is as prepared as possible for future pandemics. Our feedback covered some common experiences and suggestions on actions that could be taken forward that arose from those shared by members through interviews, articles and the member survey run late in 2023. Our key recommendations included:

- *The role of anaesthetists:* Anaesthetists were well positioned to step up into leadership roles in their theatre team

as ‘Covid leads’ and coordinators of simulation and training, during the Covid-19 pandemic. Positions that helped provide reassurance for theatre teams amidst the uncertainty of the pandemic.

- *Policies, processes, and guidelines are needed:* We should strengthen and align policies, processes, and guidelines developed during the Covid-19 pandemic, with planning in place to improve coordination and to be in a position to move quickly with these when needed in the future.
- *We need to be more prepared:* Facilities, PPE, and drug supplies need to be future-ready.
- *Caring for the carers:* Those working on the ‘front line’ need to feel valued and appreciated.
- *How Societies like the NZSA can help*.

The scope of the Inquiry is currently under review and the NZSA will be monitoring for changes and potential future opportunities to continue to provide feedback.

Australian Resuscitation Council consultation draft guidelines for Acute Coronary Syndrome

ANZCA’s Safety & Quality Committee offered the NZSA an opportunity to share feedback to inform their submission on the Australian Resuscitation Council’s draft guidelines for Acute Coronary Syndrome. Our feedback suggested the inclusion of timing of surgical procedures and stopping antiplatelet meds post-PCI, particularly within the first 6-12 months, to align with the recommendations of other groups.

ANZCA Supporting Professionalism and Performance

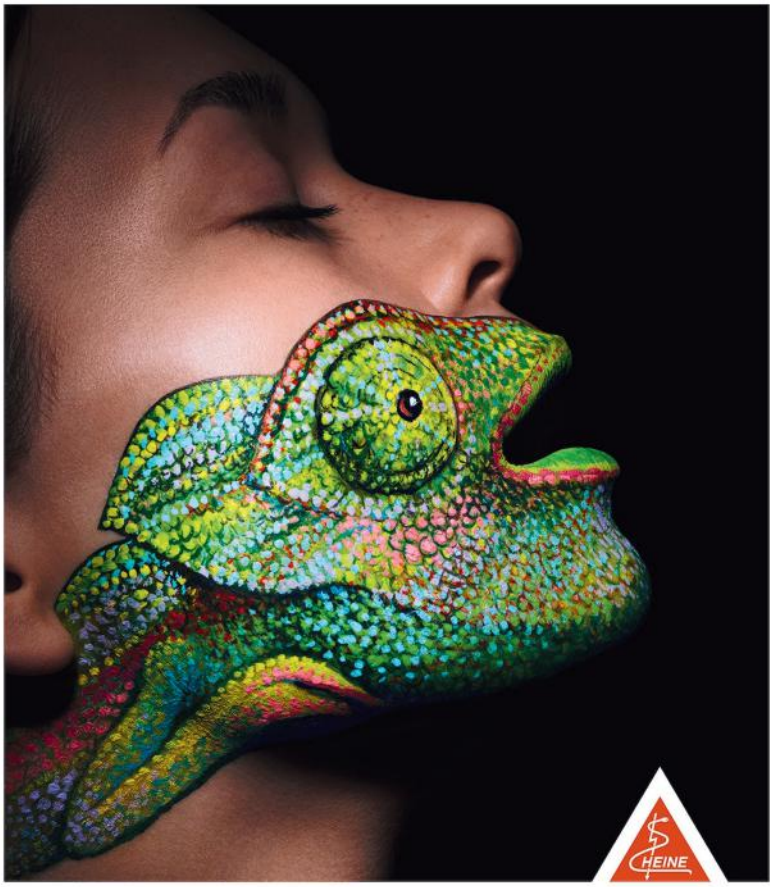
The Society’s feedback during ANZCA’s consultation on the drafted update of the *Supporting Professionalism and Performance: A Guide for Anaesthetists and Pain Medicine Physicians* was encouraging of the developments and included suggestions for more promotion of the guide, stressed the importance of consulting with Māori representatives and experts during their development and to include good behaviour markers that reference te ao Māori and Te Tiriti o Waitangi as part of culturally safe care and cultural competency.

Smokefree Repeal

The NZSA wrote to the Minister of Health, Hon Dr Shane Reti, in December urging the government to reconsider its position on the repeal of the Smokefree Environments and Regulated Products Amendment Act.

The Society is also a signatory of the Health Coalition Aotearoa’s open letter to the incoming government to retain the current smoke-free law. The letter was published in the New Zealand Herald on December 6th, 2023.

For every intubation. Even the strange ones.



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Thank you

Ka nui ō mātou mihi

We offer our thanks to Associate Professor Wayne Morriss.

During the World Congress of Anaesthesiologists (WCA24) Dr Wayne Morriss concluded his term as WFSA President. The NZSA are deeply grateful for his enormous contribution to our global anaesthesia community.

As the first New Zealander and only the second from Australasia Wayne has truly taken Aotearoa Anaesthesiology to the global stage.

Wayne has been involved with the WFSA for several years:

- President: 2022-2024
- President-elect: 2020-2022
- Director of Programmes; 2016-2020
- Education Committee: 2008-2016, Chair: 2012-2016

During the Congress Wayne shared the achievements of the WFSA over the past few years including the expansion of its education programmes, online resources, scholarships and strengthening of its fellowship programmes. As well as the WFSA's advocacy work and representation at WHO assemblies and meetings - where Wayne was able to deliver statements on behalf of anaesthesiologists worldwide.

Ka nui ō mātou mihi.

We thank you Wayne, your legacy from the WFSA strengthens our anaesthesia community and helps us in providing better options for patients worldwide. We are fortunate to be able to continue working with you through our national networks.

Assoc Prof Wayne Morriss hands over WFSA Presidency to Prof Daniela Filipescu at the WCA 2024.

Assoc Prof Yew Weng Chan (Singapore Local Organising Committee Chair), Prof Daniela Filipescu (WFSA President), Assoc Prof Wayne Morriss (WFSA Past President), Assoc Prof Sophia Chew (SSA President), Assoc Prof Pui San Loh (Cochair of the WCA Sustainability Track) at the WCA 2024.

Photos kindly supplied by the World Federation of Societies of Anaesthesiologists (WFSA).

Congratulations

Kings Service Honours

Congratulations to both Professor Brian Anderson and Dr Vanessa Beavis announced in the new year honours list as Companions of the New Zealand Order of Merit.

Professor Brian Anderson in recognition for his services to paediatric anaesthesia. He has advocated for and led the development of paediatric intensive care and anaesthesia in New Zealand for more than 30 years.

Dr Vanessa Beavis in recognition for her contributions to anaesthesia in New Zealand and internationally over the past two decades.

The Aotearoa Anaesthesia community is grateful for your unwavering mahi over the years and incredibly proud of you both for this achievement.

Read their full citations here:
Dr Brian Anderson I Dr Vanessa Beavis

ANZCA Council Awards

Congratulations to the following Aotearoa NZ recipients of 2023 ANZCA Council Awards.

Dr Neil MacLennan, awarded an ANZCA Medal in recognition for his contribution to complex vascular surgery and liver transplantation, perioperative medicine, ultrasound guided regional anaesthesia and as a founding trustee on the Joint Anaesthesia Faculty of Auckland (JAFA) Trust Board.

Dr Indu Kapoor, awarded an ANZCA Council Citation for her ongoing contribution to paediatric anaesthesia, as a founding member of the Paediatric Anaesthesia Network of New Zealand (PANNZ), running of PACMAC and the start-up of IS-PACMAC.

Dr Martin Masur, awarded an ANZCA Council Citation for his ongoing contribution to both the management and software design of the work-based assessments in the ANZCA training portfolio system, and IT interfaces at Auckland City Hospital.

WORKING TOGETHER

AOTEAROA NZ ANAESTHESIA ASM 2024

AUCKLAND TĀMAKI MAKAURAU
7 – 9 NOVEMBER 2024
AOTEA CENTRE

Prof Ki Jinn Chin
Toronto Western Hospital and University of Toronto, Canada

Prof BobbieJean Sweitzer
Inova Health and University of Virginia, USA

Sir Ashley Bloomfield
Alan Merry Orator

A/Prof Joyce Yeung
University of Warwick, UK

A/Prof Hairil Rizal Abdullah
Singapore General Hospital, Singapore

Glenn Mulholand
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WORKING TOGETHER | AOTEAROA NZ ANAESTHESIA ASM 2024

AUCKLAND TĀMAKI MAKAURAU
7 – 9 NOVEMBER 2024
AOTEA CENTRE

Working together to provide the best care for our patients and the multidisciplinary nature of our work inspired the theme of this year's Aotearoa NZ Anaesthesia ASM – working together.

Waitematā 2024 organising committee, led by Dr Karen Park and Dr Daniel Chiang, want to celebrate the excellent working relationship of anaesthetists, not just within anaesthesia but several other medical specialities.

"From the early planning stage" Dr Park shares, "the organising committee saw this as an exciting opportunity to reflect, present and share our own experiences and strengths by highlighting the importance of collaboration and teamwork".

"Speakers for 2024 will represent the many specialties we work with, alongside rising young talent making their debut in the scientific events scene to bring new ideas, experiences and exciting challenges."

"The organising committee had a strong vision to invite speakers whom delegates would feel excited to hear from and to meet in person. Each of our four international speakers represent different facets within anaesthesia and are all first-time speakers in Aotearoa New Zealand".

"For example, Professor Ki Jinn Chin, whose regional anaesthesia videos many of us will have watched on YouTube. Professor BobbieJean Sweitzer, an international lecturer and expert in perioperative medicine, Associate Professor Joyce Yeung, the Director of Perioperative Medicine Clinical Trials Network in the UK, and Associate Professor Hairil Rizal Abdullah from Singapore who will speak on a range of topics including his work leading a preoperative assessment initiative and prehabilitation programme, and artificial intelligence."

"We are looking forward to hearing from a lineup of 60 international and local speakers and welcoming speakers, delegates, and industry to Tāmaki Makaurau, Auckland.

"Auckland is the networking hub of Aotearoa, connecting us to the rest of the world and we have reflected this in the visual theming this year by featuring the artwork of our own homegrown artist and anaesthetist, Dr Glenn Mulholland."

"The meeting will be held in the newly renovated Aotea Centre's auditorium (with parking and childcare available). Conveniently located close to Auckland CBD, delegates can easily explore the local culinary scene at the end of the day and join us for the highlight of the social programme - a wonderful gala dinner at the stunning Viaduct Events Centre, overlooking the Waitematā Harbour on the Friday evening."

Members of the 2024 Organising Committee from Waitematā, Dr Rebecca Brinkler, Dr Karen Park, Dr Daniel Chiang, Dr Matt Lowe.

Meet the International Speakers

Professor BobbieJean Sweitzer from the United States is a double boarded anaesthesiologist and physician who has authored Preoperative Assessment and Management, over 100 peer-reviewed manuscripts, and over 30 book chapters. She is the executive editor of A&A Practice, and on the editorial boards of Anesthesiology and Anaesthesia and Analgesia. She is a Fellow of the American College of Physicians, the American Society of Anesthesiologists, and the immediate past president of the Society of Ambulatory Anesthesia (SAMBA).

Associate Professor Joyce Yeung is the Associate Clinical Professor of Anaesthesia and Critical Care Medicine at the University of Warwick in the UK and holds clinical appointments as a Consultant in Critical Care Medicine at the University Hospital Birmingham NHS Foundation Trust. She is the Director of the UK Perioperative Medicine Clinical Trials Network, and joint Clinical Speciality Lead for Anaesthesia, Perioperative Medicine and Pain for West Midlands Comprehensive Research Network. Assoc Prof Yeung is also the Chair of Resuscitation Council UK Immediate Life Support Subcommittee.

Professor Ki Jinn Chin is a Professor in the Department of Anaesthesiology and Pain Medicine at the University of Toronto and is also the Regional Anaesthesia Program Director at Toronto Western Hospital. He graduated from the University of Newcastle-upon-Tyne in the UK, completed anaesthesiology training in Singapore, and is dual-fellowship certified in neuroanaesthesia from the University of Western Ontario, and regional anaesthesia from Toronto Western Hospital. Prof Chin is a well-published and internationally-recognised expert and educator in regional anaesthesia.

Associate Professor Hairil Rizal Abdullah from Singapore is the Clinical Director for the Office of Value-based Healthcare at Singapore General Hospital. As an anaesthetist and perioperative clinician, he led a preoperative assessment initiative and prehabilitation programme and is a recipient of the National Healthcare Innovation and Productivity Award in Singapore. His interests also include healthtech innovations, datascience, and Artificial Intelligence, and will be speaking on all of these exciting topics during the ASM and perioperative symposium.

"This full-day event will be dedicated to perioperative medicine... Tell your colleagues!"

The Perioperative Symposium

A unique addition to this year's meeting is a one-off Perioperative Symposium to be held on the Tuesday prior, November 5th.

Organising committee leads Dr Karen Park and Dr Daniel Chiang share:

"This full-day event will be dedicated to perioperative medicine. Open not only to anaesthetists but anyone interested in working and collaborating in this field, including surgeons, physicians, intensivists, nurses, and allied health professionals. Tell your colleagues!"

"All of our international keynote speakers will be speaking during the event, sharing their expertise in this field alongside a multidisciplinary programme of speakers covering a number of hot topics and new research."

Aotearoa NZ Perioperative Symposium

Tuesday 5 November, 2024
Whenua Pupuke, Education Centre
North Shore Hospital, Auckland

Registration Opens: 30 May 2024

Working Together

A one-day symposium bringing together a multidisciplinary programme of local and international experts in perioperative care.

Open to anyone working and collaborating in the field of perioperative medicine

Including Guest Speakers

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Anaesthesiologist,
Dept of Anaesthesia & Pain Medicine, University of Toronto, Canada

Prof Julian Paton
Translational Physiologist,
University of Auckland

Prof Andrew Hill
General and Colorectal Surgeon,
Auckland

Prof BobbieJean Sweitzer,
Anaesthesiologist & Physician,
Systems Director Perioperative Practice, Inova Health,
USA

A/Prof Joyce Yeung
Anaesthesiologist & Critical Care,
University of Warwick,
USA

A/Prof Hairil Rizal Abdullah
Anaesthesiologist,
Singapore General Hospital

www.nzanaesthesia.com/periopsymposium

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Te Whare Tohu o Te Ahu Whakaora

Mentorship: Improving workplace wellbeing

Te Toka Tumai's Trainee Mentor Programme

Motivated to understand the evidence behind the wellbeing articles she was reading Te Toka Tumai Anaesthetist, Dr Nola Ng chose to embark on a Graduate Diploma specialising in Psychology.

During last year's ANZAEC Visiting Lectureship Nola shared insight on Organisational Psychology from her studies and kindly returned to delve more into one initiative mentioned in her presentation – a mentoring programme at Te Toka Tumai.

"A couple of the papers that I've found particularly interesting in the diploma are around workers' wellbeing" Nola shares. "How making improvements for workers in the workplace will help them feel valued, improving their wellbeing, their work experience, and career success. Mentoring came up repeatedly as one of the examples of things that organisations can do and I saw an opportunity for us to do this in our specialty."

The business world and many other industries have long recognised the importance of mentoring. The 'new kid' who dreams of becoming a CEO typically has various mentors along the way guiding them towards reaching their goals.

"As a supervisor of training, I saw the need for trainees to also have someone external to talk to. Someone who wasn't directly associated with the College and who trainees could talk to beyond their performance as a trainee or doctor. A mentor can be helpful in that role."

Nola alongside the Perioperative Wellbeing Lead at the time, Dr Tom Fernandez, and Dr Rachel Bell, a fellow who also had an interest in wellbeing, launched a Te Toka Tumai wide anaesthesia mentoring programme.

Dr Nola Ng.

How the programme works

The programme is voluntary. "For a mentoring relationship to work, you have to want to be there," Nola says.

"Anaesthetic registrars who are on the training scheme are matched with a SMO mentor. Our pool of mentors are also volunteers and are not expected to sign up for every cycle."

"All mentors write a profile about themselves by completing some questions, such as what department they currently work in, any anaesthetic interests and responsibilities, personal background, and perceived benefits of being a mentor."

"At the time registrars are due to start, we email them about the programme using an opt-out system. We ask them to rank at least five mentors based on these profiles and matches are made by myself, Tom, and a fellow who is elected to the wellbeing role in our department."

When the programme launched, Nola and the team coordinated a series of information

sessions and reference materials, which are available for mentors and mentees to use. They include videos and downloadable material on what mentoring is, the role of mentors and mentees and conversation guides.

Not a coach

Coaching and clinical supervision are different to mentoring. This means the role a mentor plays is different to that of a clinical coach or Supervisor of Training. "Although there may be some overlap in the topics discussed, the mentor's role is to supportively challenge a mentee by listening reflectively and sharing their own knowledge and experiences. It's a relationship that lasts several months and sometimes even decades. In contrast, coaching is short term and goal directed. Clinical coaches are performance driven, using their unique set of skills to help their client achieve their goals." Nola explains.

"We highlight to both mentors and mentees that the whole point of the relationship is for the mentee to lead. The mentor's role is not to solve a mentee's problems. They are there to facilitate the mentee working through their problems. No one knows that trainee's situation better than themselves, there are so many other factors they may be considering around a situation and it's the role of the mentor to tease that out with questions to get them talking about these factors."

Supporting everyone's wellbeing

"One of the things we try to highlight in our programme is that mentoring is mutually beneficial to the mentee and the mentor. Anaesthesia training can be tough and the programme aims to support our trainees' wellbeing. But it also supports SMOs' wellbeing in terms of trying to keep them engaged and interested in the workplace. A big part of job satisfaction is that sense of belonging to an organisation and it's easy, especially in a hospital as big as ours, to sometimes feel like just another number or person - that no one cares. Strengthening some of those workplace relationships and their role in those relationships, makes a big difference."

"The programme gives mentees access to someone else's experiences, boosts confidence and helps provide clarity by talking to someone who is just there to listen. Having an established programme takes away the stress of finding someone when you start working in a new place."

"Mentors have told us through surveys of the programme how they like being able to support a future colleague, enjoy getting to know a trainee on a personal level and guide their career."

"We know the impact role models have had on us and want to pass that forward."

Photo credit: fxquadro.

“There is also evidence in psychological research that mentoring can aid workers when they experience career plateau – a time in our working lives when we begin to question ‘is this it?’ ‘Now what else do I do?’ Mentoring can help mitigate these feelings by keeping you interested, facilitating an opportunity to meet new colleagues, providing a feeling of purpose, and someone who is listening to you and sharing in your stories.”

The programme is now in its third year and continues to see success with 82% of mentees and almost 70% of mentors involved saying they find the programme ‘very beneficial – beneficial’ in its most recent survey.

“It was also pleasing to see ANZCA include mentoring as a recognised CPD activity in the updated ANZCA CPD programme”, Nola adds. “Now mentors can log each hour they spend with their trainee as an hour in their CPD. This is an amazing change, and it’s rewarding to be able to tell our mentors they can do this, and that the College recognises the importance of their contribution to our specialty.”

Watch a recording of Nola’s presentation ‘Organisational Psychology, an anaesthetist’s perspective’ and the 2023 ANZAEC Visiting Lectureship below.

AI and Anaesthesia Monitoring


Dr Michael Harrison

In 1975, Ted Shortliffe, a pioneer in the use of artificial intelligence in medicine, completed his PhD on the clinical expert system MYCIN, it was a rule-based artificial intelligence system and was used to diagnose and recommend treatment for severe infections. However, artificial intelligence using computers originated in Alan Turing's day... over 75 years ago.

The difference between expert systems and Artificial Intelligence (AI), is subtle. It is said "expert systems are computer programs that use AI to simulate thought processes to solve problems". In recent years AI seems to penetrate every walk of life – the latest worrying aspects being ChatGPT and fake news, including video adulteration.

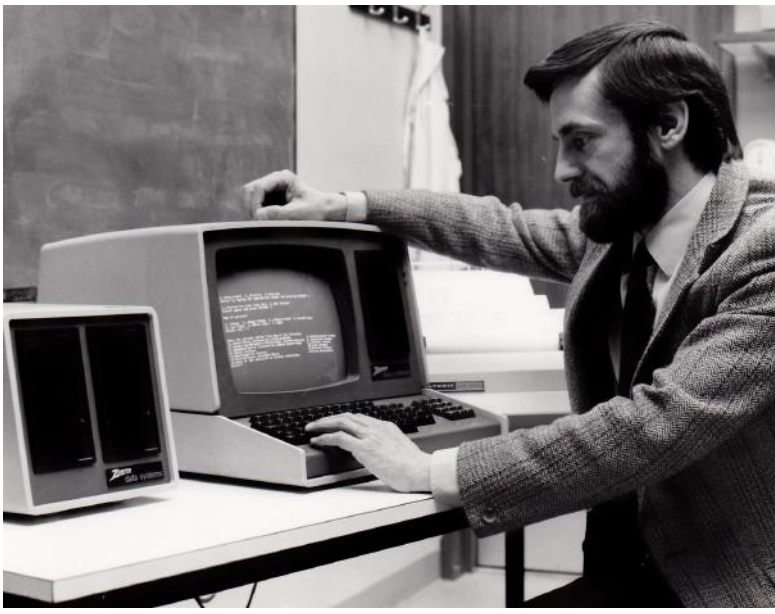
How can AI improve anaesthesia monitoring?

I have a conflict of interest in that I invested many of my research years on the subject and the development of an expert system to enhance diagnostics during anaesthesia.

With a few exceptions, anaesthesia monitors of today are not that different to those in use in 1987. Before then the various monitors (ECG, BP (Dinamap) and pulse and temperature monitors), were all separate entities. The monitors of the '80s and since have combined all the essentials into one unit. This has made collecting data so much easier but the screens (now more colourful) still have raw data that must be interpreted by the clinician.

Some recent machines do have calculated parameters like pulse volume variation (PPV), and other pieces of hardware can be attached to provide assessments of the EEG and cardiac function. However, there has been a reluctance to create more 'intelligent' monitors that might suggest a diagnosis of an adverse event because of the risk of litigation. Who would be responsible for an incorrect alert? The algorithm designer, the programmer, the manufacturer?

When a device is designed to monitor physiological patterns and advise the anaesthetist of an adverse event there are many factors to be considered. The data collected must be clean and accurate; a damped arterial line, and a poor-quality ECG are two examples of poor signals. The use of redundancy is a good thing, the heart rate can be collected from three sources, ECG, BP device and the pulse oximeter, if one fails there are still two more. When considering PPV calculation, it must be known if the lungs are being ventilated and that the arterial blood pressure signal is of good quality.


First research computer Zenith 48K RAM.

Research trolley 1980s.

There is also the consideration of the appropriate use of alarms. The world of monitoring has been plagued with alarms from almost every device in the operating theatre, from diathermy to calf compression devices, syringe drivers and, obviously, anaesthesia monitors. The nature of alarms, particularly false ones, has been the subject of international committees for decades, the 'crying wolf' being a hot subject. False alarms can be minimised by a variety of techniques but an auditory alarm in many cases is not indicative of which parameter is at fault.

My work evolved around the recognition of physiological patterns associated with adverse events. We are all aware of these – HR up, BP down, pulse volume down = maybe hypovolaemia, HR up, BP up, pulse volume down = maybe sympathetic response, and so on. Because the physiological values are variable, they change with age, pathology, and so on; most of the algorithms are based on changes in variables rather than absolute values. In some cases, defining the odds of a false positive alarm was possible. For example, the pattern of change associated with hypovolaemia had a risk of less than 1:4096 of it happening by chance.

With the data input validated as far as possible and the odds of an alert happening by chance calculated - how was an alert to be notified to the anaesthetist? Another anonymous bleep was unacceptable and so it was decided to use plain spoken English (or Mandarin, or Spanish). Not only are the alerts in plain spoken language but a text alert occurs on the screen. The language used is such that a diagnosis is suggested, it is not definitive. It is up to the clinician to assess the alert and make management decisions.

Dr Michael Harrison is a retired anaesthetist and part-time researcher who has spent many of his research years on the subject and the development of an expert system to enhance diagnostics during anaesthesia. He currently has a version that could be used clinically and an audit of it is in the planning stage, EDDI (Early Detection Diagnostic Information).

Three resources of interest:

- If you are interested in the history of *Artificial Intelligence in anaesthesia: Diagnostics and Decision-Making in Anaesthesia: A review of the first 65 years.* Michael Harrison (Amazon- Kindle Book.2015) or contact Michael for a pdf.
- *Biomedical Informatics: Computer Applications in Health Care and Biomedicine.* Edward H. Shortliffe MD and James J. Cimino (Amazon- Kindle Book. 2021)
- *Early Detection of Diagnostic Information (EDDI).* https://youtu.be/eNTNT821P1Y Michael Harrison

An update from Te Tāhū Hauora

Health Quality & Safety Commission

Te Tāhū Hauora
Health Quality & Safety Commission

Updates from Te Tāhū Hauora Health Quality & Safety Commission about topics of interest.

Improving sepsis care in Aotearoa

Te Tāhū Hauora has finished scoping a national sepsis quality improvement programme, focused on early identification, timely treatment and management of sepsis across health care settings. This phase included an independent literature review of quality improvement evidence, stakeholder engagements spanning local, national, and international audiences and exploration of multiple data sets.

The design and implementation of the programme has an emphasis on Te Tiriti o Waitangi principles, improving equity and learning from consumer experience.

The planning and design phase is now underway in partnership with the Sepsis Trust NZ and other key stakeholders. We are developing an education package for health professionals as well as resources for consumers and whānau.

We are also establishing a sepsis technical advisory group to provide inter-disciplinary clinical expertise, advice and professional guidance. The group will have representation from various specialties, including anaesthesia.

Aotearoa anticoagulation stewardship programme

Testing for the anticoagulation stewardship programme is underway with four hospital-based teams. It is focused on the programme's core elements:

- improved knowledge and skills for consumers, whānau and clinicians
- committing to local and national governance and leadership
- monitoring and reporting on measures
- improved clinical processes and practices.

The clinical processes and practices will focus on transitions of care, risk assessment and safer prescribing.

The improved service delivery team at Te Tāhū Hauora has established two interim groups to support development of the programme and provide direction, a special interest group and an anticoagulation advisory group. The latter has representation from three anaesthetists who are helping to develop resources for perioperative care. The goal is to create a website that includes resources and a user guide similar to one developed by the National Quality Forum in the USA but modified to suit the Aotearoa

context. Consumer stories, resources and an outline of the programme have been published on the website of Te Tāhū Hauora in the interim.

Learning review workshop and leaders forum with Dr Ivan Pupulidy and Professor Crista Vesel

Te Tāhū Hauora recently hosted Dr Ivan Pupulidy and Professor Crista Vesel, the experts who developed the learning review method on which our Healing, learning and improving from harm: national adverse events policy is based.

The first event was a leadership discussion on the learning review method. The session recording is available here: Leadership discussion with the experts.

The second was a learning review workshop attended by over 60 professionals from across the health care sector. The practical skills learned will enhance our current learning from harm programme.
For any questions, please email learningfromharm@hqsc.govt.nz.

Trauma programme

We are currently scoping a chest trauma project to improve system efficiency and bring national consistency to the care of patients who experience traumatic chest injuries. The aim is that patients receive evidence-based acute care and are supported with their discharge and ongoing rehabilitation needs.

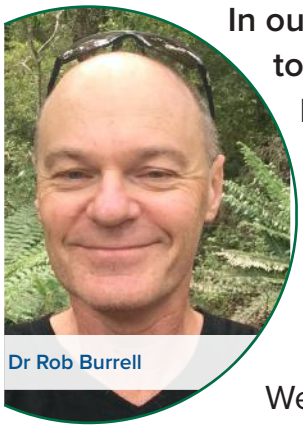
We launched a quality improvement facilitators course in February 2024, supporting 17 participants from a range of health care professions to carry out quality improvement projects in their local areas.

Topics of focus include post-traumatic amnesia assessment, the application of Māori models of care in inpatient and rehabilitation settings, early intervention and mental health support for traumatic brain injury patients and integrating pharmacy services into emergency department trauma calls. The course runs from February to October 2024.

We also held a professional development and networking day in November 2023 for trauma nursing and allied health professionals. A summary is available on the Te Tāhū Hauora website.

Subscribe to the Te Tāhū Hauora newsletter or follow us on Facebook, Instagram, X (@HQSCNZ) and LinkedIn.

Implants & Disposables: Decarbonising Healthcare Part 3


Dr Rob Burrell

In our previous columns towards decarbonising healthcare, we have tried to put some context on what may otherwise appear to be overwhelmingly large problems.

We have looked at energy, and how relatively simple the pathway is towards sustainable and decarbonised energy in the public health system.

Our second column discussed the footprint of staff and patient travel. It explored some of the co-benefits of reducing this footprint and some of the avenues towards achievement.

If energy accounts for 11% of the carbon footprint, and transport of people 17%, what is the next big contributor we should discuss?

The largest fraction of the carbon footprint of public healthcare in Aotearoa is implants and disposables combined, at almost 20% of the total. Add in some “other sundries” and it’s over 25%, probably more. These items are often manufactured somewhere else, often made from carbon-intense componentry, travel the world to our shores, and are usually used only once. Seldom are they recyclable or compostable, and so their disposal also comes at a high carbon cost. In their manufacture, these items may pass through multiple countries in their construction, and they often arrive at our workplace in obscene amounts of packaging.

While pacemakers and prosthetic hips are implants, so too are sutures and contraceptive devices. A stent and a lens, a plate, and some screws; these are all implants, with which we work every day. When it comes to implants, anaesthesia is closely involved.

What is a disposable item? Anaesthesia works with a lot of those too: drapes, gloves, iv apparatus, bandages, and dressings. Disposable items are ubiquitous in modern healthcare, and almost all manufacturers seem hell-bent on more single-use straight-to-landfill stuff: patient hover mats, airways, and tubing, and even pulse oximeters and cardiac catheters. Add in the paper towels and soap, the hand gel, the PPE, and all the items you use to do your work, and it’s a mountain of rubbish, because it all goes to landfill, often after doing the briefest of functional duty.

Next time you use an iGel, as an example, take a close look. Where is it made? How did it get here from Lithuania? How much energy is embodied in the raw materials and construction? What’s it made from and how were those different plastics put together? What does it weigh? What is the packaging? What happens when I have used it? Where does it go? Then take a look at a different but similar item. How does it compare? If they are both fit for purpose, what is the carbon footprint of the two similar items, and which should we choose? Is there a reusable option?

Life cycle analysis (LCA) is the way to answer these questions. It can be done in different ways, with different boundaries, and of course we are talking cradle to grave. It is a

specialised area of expertise, and you can't knock one out over the course of a coffee-fuelled weekend in your garage. ANZCA ran a webinar on LCA's three years ago; you can learn how to do them. There is a developing repository of healthcare LCA data to which you can refer (https://healthcarelca.com/) but of course the information needs to be relevant to Aotearoa. How did it get here? Our electricity is green, our water pretty abundant, but our waste management is grubby.

Consequently, LCA needs to include things specific to our jurisdiction, and findings should not be taken out of context. If it were your job to decide between single-use bronchoscopes and reusable ones, for example, how would you go about making the determination? How do you factor in issues of compliance, patient risk from an inadequate device or a dirty device, and costs of storage and maintenance? And would the data you find trawling the internet be relevant to our country, health system, work practices and so on?

The exciting thing is that standards for procurement (purchasing all this stuff) have gone up, and a national procurement strategy is coming. Nobody wants to buy things made with child labour, and some of the awful practices in third-world mines are becoming more apparent. Cobalt in your hip prosthesis, anyone? Our government cannot be seen to purchase unethically; there is no moral excuse. Life cycle analysis will begin to inform purchasing decisions, and it will be up to informed clinicians with technical advice from LCA experts to decide what we buy, use, and perhaps discard. The data needs to come from manufacturers, and we need a system to audit or quality check their information. And then we can compare apples with apples, CT scanners with CT scanners, and paper towels with paper towels.

The flip side of the attention to detail that anaesthetists like to bring to bear is that the answers to these issues are not just to buy the least carbon-cost item, or to buy reusables every time, but to examine the really big picture. How do we stop people needing health services? If we could reduce our rates of diabetes just a little bit, we'd save enormous amounts of carbon and dollars on all the amputations and dialysis we don't do, and we'd allow for much more human flourishing. That pathway is beyond this article, but it is certainly not beyond the lobbying purview of colleges and societies and the entire healthcare profession.

As a profession, we can begin to manage down the carbon costs of items, b(u)y choosing wisely, and with an eye to using more carbon-intense options only when necessary. We make those choices individually. It is great to have choices at the workplace so you can do your best work. And we also make those choices collectively, as departments and advisors and committees. When you get an opportunity to participate at any level, give some thought to how you can contribute to decarbonising our health system.

Dr Rob Burrell is the former Chair of the NZSA's Environmental and Sustainability Network and Clinical Lead of Health New Zealand Te Whatu Ora's climate change working group.

NZSA Trainee Column

TPS Tips (Part 2)

Beginning training and studying for the primary exam

Dr Hannah Middleton
NZSA Trainee Representative

In the last NZSA magazine of 2023, we shared some tips for your TPS (training portfolio system) which included advice on logging training time, meetings and volume of practice.

For this issue, we continue with more TPS tips and advice for those beginning training and embarking on studying for their Primary Exam.

Work-based Assessments

A WBA is a work-based assessment, of which there are four types with relatively self-explanatory names:

- DOPS (Direct observation of procedural skill)
- Mini-CEX (Mini clinical evaluation exercise)
- CbD (Case-based discussion)
- MsF (Multi-source feedback)

The purpose of these is to acquire feedback and track proficiency and independence as you progress through training. It's worth noting that your assessor can be any FANZCA consultant (including provisional fellows) and that a minimum number of these must be completed to progress beyond basic training. This requirement is:

- 12 DOPS
- 12 mini-CEX
- 6 CbD
- 1 MsF

This is a reasonable amount and can make for a busy end of basic training if you haven't kept on top of them whilst studying for exams (speaking from experience). Eventually, specific WBAs will end up counting toward Specialised Study Units (SSUs), which align with areas of anaesthesia you're exposed to during training. Once your volume of practice in that area and the associated WBAs are completed (usually not until advanced training), you meet with an SSU supervisor to convince them you know it well enough to be signed off. Some WBAs are for core units, and some belong to SSUs. It's worth familiarising yourself with these, as opportunities for assessment in more specific WBAs may be few and far between depending on your training centre. Such examples include performing a block for penile surgery (Paediatric DOPS) and securing airway with a DLT, checking positioning and testing for lung isolation (Thoracic DOPS). Of note, an awake fibreoptic intubation is a requirement for basic training as a core unit DOPS, so don't let the moment pass you by.

Photo credit: Startup Stock Photos.

Exams

For those embarking on exams, I'm sure by this point you will have already been inundated with advice and I don't intend to muddy those waters. Most people give about a year of study for the Primary Exam. It takes a while to gain momentum. Those first few weeks/months can feel terribly inefficient as you get your head around everything; but that's completely normal, don't get too demoralised.

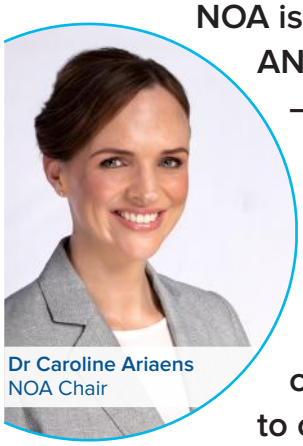
Balance during the primary can feel like a somewhat mythical concept, and I'm still not sure what it looks like exactly. What I do know is that for the vast majority of us, a year is too long to forgo all other aspects of life and still maintain sanity. Make sure to protect time each week for when you don't study and make plans to look forward to.

Keep moving and get outside, there are lots of good podcasts available if you want to make this time 'productive'. Try your best and know you just can't do it all (for a while). Many have tried. The biggest threat to study productivity is burnout, so ensure that your 'balance' (whatever that may look like for you) is sustainable.

It doesn't take a village to pass the exam, but it's certainly easier with one. Establish a study group early, these people will get you through. Outsource what you can. Make sure you have a GP and a mentor in your department. Most importantly, look out for each other and please let people know if you're struggling. We're always here if you need us.

Missed TPS Tips (Part 1)? Read it here.

NOA – the National Obstetric Anaesthetists Network


Dr Caroline Ariaens
NOA Chair

NOA is a joint initiative of the ANZCA and the NZSA – who generously support lead obstetric anaesthetists from hospitals around New Zealand to meet regularly to discuss current issues relevant to obstetric anaesthesia, present interesting cases, and collaborate on projects and guidelines.

I first attended a NOA meeting towards the end of my anaesthetic training. As soon as the meeting started, I felt like I'd found 'my people'. A room full of colleagues passionate about caring for pregnant people and their whānau.

A few years later, I was able to start regularly attending the NOA meetings – first as the obstetric representative from the NZSA. And later, both representing the NZSA and as the lead obstetric anaesthetist at Waikato Hospital.

As well as regular meetings, throughout the year, discussions occur via Basecamp – an online communication platform. Being able to easily and instantly access colleagues across the country is incredibly helpful. This was particularly valuable during the height of the COVID pandemic when we were able to learn from other hospitals and work together to help keep staff and patients safe.

In addition to the clinical discussions, NOA meetings are a great opportunity to get to know other anaesthetists within New Zealand. In the current climate of healthcare, where distress and burnout seem to be rising, this social contact is welcome and appreciated.

In acknowledgement of their work establishing and developing the NOA network, Dr Aidan O'Donnell and Dr Douglas Mein were recognised with the NZSA President's Award in 2022.

I want to extend my appreciation to Drs O'Donnell and Mein, as well as to immediate past NOA Chair, Dr Matt Drake, who has been a wonderful mentor and supporter to me as I have moved into the role as NOA Chair.

Thank you also to the NZSA and ANZCA teams for supporting NOA, and to the wonderful members of the network for your kindness, generosity, enthusiasm, and hard work.

As we embark on 2024 and continue the process of transition to the Health New Zealand Te Whatu Ora structure, I see the NZSA and ANZCA networks (including NOA) as being pioneers in collaboration across the country. We are demonstrating how working together can be done, and the benefits it can bring to our anaesthesia community and healthcare consumers.

Click on the buttons below to find out more.

NZATS Column

New Zealand Anaesthetic Technicians' Society

Rachael Jones
NZATS President

New NZATS President, Rachael Jones, updates us on the latest from NZATS.

Kia ora,

This year is a momentous year for our profession and workforce and holds various milestones. The first graduates of the BSc in Perioperative Practice will be entering the workforce and the mandate for change to our scope and name is underway, which in turn will be bringing about changes to our society.

The excitement of the first BSc graduates joining the workforce means the end of the Diploma in Anaesthetic Technology and the last graduates to sit the registration exam. The registration exam has been a huge part of the Anaesthetic Technician's world for so many years and NZATS is planning a commemorative dinner in June to remember and thank all who have been involved.

Staff shortages have made it a hard few years, and it continues to be so for many across the motu. But there are also some positives to celebrate. At the end of last year, as a result of the Anaesthetic Technician Tactical Group's (ATTG) work, Anaesthetic Technicians working in Health New Zealand Te Whatu Ora were given access to a Professional Development fund of $6,000 each over the next two years. Lump sums and pay equity are being paid.

The Voluntary Bonding scheme now includes Anaesthetic Technicians. Graduate Anaesthetic Technicians working in public sector hospitals nationwide are eligible for up to $19,103 in the first few years following graduation, on top of their salary. This is also extended to 2021 and 2022 graduates.

NZATS' work is ongoing, and it will be a busy year. Our collaboration with ANZCA and NZSA is strong and valued. I have been getting to know NZSA CEO, Kylie McQuellin, and ANZCA New Zealand Executive Director, Stephanie Clare, over the last few months.

There are lots of educational opportunities ahead too. Including the ever popular Airway and POCUS study days. We also have a Symposium in Christchurch and the combined Aotearoa NZ Anaesthesia ASM in Auckland.

NZATS are compiling a working group to assist in some professional supervision education and guidelines to assist the workforce in welcoming and supporting new graduates into departments.

Making sure the workforce is represented and advocated for is one of the focuses for NZATS. Such as the Scope of the Practice Expert Advisory Group as well as many others.

Our forum on Basecamp for educators and leaders is popular and the mid-year meetings for those Anaesthetic Technicians are well underway.

Last month we celebrated Anaesthetic Technicians' Day, a day to recognise the valuable and critical contributions that we all make across the motu and the essential, diverse skills that are vital in making a difference to our patients and communities.

Ngā mihi nui,
Rachael Jones, NZATS President

webAIRS News

Empowering Preparedness: The Crucial Role of Incident Reporting in Anaesthetic Practice

webAIRS
Anaesthetic Incident Reporting System from ANZTADC

Dr Yasmin Endlich, Dr Heather Reynolds and the ANZTADC Case Report Writing Group

In his recent editorial, Gibbs beautifully described the role of incident reporting in anaesthetic practice. He states that learning from personal experiences and clinical incidents is crucial for anaesthetists, as it profoundly impacts future behaviour. However, relying solely on personal experience is a process that is too slow to cover the extensive range of potential adverse clinical events. The next level is sharing experiences with colleagues in informal settings or departmental meetings, providing valuable insights into adverse events. Local reporting and discussion are deemed the most meaningful, allowing for immediate insights, identifying system factors, and providing an opportunity for feedback. Nevertheless, even local reporting at a departmental level may not encompass the full spectrum of incidents or provide insights into their relative frequency, precipitating factors, management strategies, and outcomes. This is where nationwide anaesthetic incident reporting fits in.[1]

WebAIRS is the web-based anaesthetic incident reporting system, an online reporting tool available to all anaesthetists in Australia and New Zealand (www.anztadc.net). WebAIRS was established in 2009 by a tripartite alliance of the Australian and New Zealand College of Anaesthetists (ANZCA), the Australian Society of Anaesthetists (ASA), and the New Zealand Society of Anaesthetists (NZSA). The Australian and New Zealand Tripartite Anaesthesia Data Committee (ANZTADC) classifies incidents into nine main categories:

- assessment/documentation
- cardiovascular
- infrastructure/system
- medical devices/equipment
- medication
- miscellaneous/other
- neurological
- other organ, and
- respiratory/airway.

The webAIRS bi-national database now includes details of over 11,100 clinical incidents across more than 243 sites across Australia and New Zealand.

By providing a platform to collect, analyse and distribute the findings of near misses and adverse events in anaesthetic practice across Australia and New Zealand, webAIRS contributes to continuous safety improvements. Four publications of webAIRS data discuss incidents from its start in 2009 to 2022.[2-5] These include Eley et al., 469 Caesarean-related incidents; Bright et al., 684 adult cardiac arrests; Mistry and Endlich's discussion, drawing from the first 8000 webAIRS reports, about 26 incidents related to paediatric regional anaesthesia; and Pattullo et al. reporting 13 cases of perioperative hypercarbia, two involving high-flow nasal oxygen. These four publications are just the tip of the iceberg and since its inception, there are now 30 publications listed and available on the webAIRS webpage (www.anztadc.net/Publications/News.aspx?T=Publications).

Analyses address incidents reported in airway management incidents, medication errors, awareness and introduction of incident assessment and management tools, like the Bowtie analysis.

The advisory notices, accessible only to registered users, provide short snapshots of cases reported to webAIRS. These incidents include various possible events and provide lessons learned and references for further detailed reading. The advisory notices report about real anaesthetic events. Registered anaesthetists have the opportunity to read advisory notices, search within them for specific themes and topics and use these for case discussions and learning opportunities.

Incident reporting in anaesthetic practice is a multifaceted tool for enhancing patient safety and preparedness. By identifying systemic issues, anaesthesia teams can implement targeted improvements and preventive measures to address recurring patterns. The analysis of near misses provides valuable insights into potential vulnerabilities, allowing practitioners to proactively address issues before they potentially escalate. Serving as a cornerstone for continuous quality improvement, incident reporting enables departments to refine protocols, update guidelines, and foster a culture of ongoing enhancement. Beyond procedural aspects, it promotes open communication and teamwork, contributing to a collaborative effort in issue resolution. Incident reports also guide tailored education and training, addressing specific areas for improvement and enhancing preparedness for diverse scenarios.

Moreover, incident reporting helps anaesthetists adapt to evolving challenges in healthcare environments, fostering a

As the new year commenced we saw a change in medical directorship following the retirement of Dr Martin Culwick as the inaugural Medical Director for the Australian and New Zealand Tripartite Anaesthetic Data Committee (ANZTADC) and the web-based anaesthesia incident reporting system webAIRS. Like many landmark projects that ANZCA has undertaken, ANZTADC was born out of one of the taskforces set up by Professor Michael Cousins in 2005. Dr Martin Culwick contributed to the ANZCA Quality and Safety Taskforce and to the ANZCA Data Taskforce. Through these processes a decision was made to establish a tripartite committee from ANZCA, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists to improve the safety and quality of anaesthesia for patients by providing an enduring capability to capture, analyse and disseminate information about incidents (de-identified). Dr Culwick was appointed medical director of ANZTADC in November 2007 and contributed to the design and programming of the webAIRS website as a craft group specific anaesthesia incident reporting system for Australia and New Zealand. His clinical expertise, extensive knowledge of information technology and tireless dedication to anaesthesia incident reporting is evident in the world-leading database that is webAIRS, with over 5,000 registered users across almost 250 sites in Australia and New Zealand having contributed more than 11,000 incident reports to the database. While Dr Culwick will maintain an interest and involvement in conducting analyses of the webAIRS database, we wish him well in his retirement from the medical director role. May the coming years provide him more opportunities to enjoy his love of sailing and guitar, and seeing his beloved Brisbane Lions win another flag!

safety-conscious culture, and contributing to benchmarking and the adoption of best practices across institutions.

Reports to WebAIRS provide an overview of the characteristic problems in anaesthesia in our region. With the unpredictability of healthcare, improving safety in the complex activity of anaesthesia needs a long-term commitment. WebAIRS and other international databases and their review mechanisms provide a means for anaesthetists in Australia, New Zealand, and other international locations to achieve gradual gains in patient safety. Keeping up to date with these gains will contribute to improved preparedness for practice in the daily care of perioperative patients.

1. Gibbs NM. Clinical incident reporting: Extending the learning opportunities through webAIRS. Anaesthesia and Intensive Care. 2023;51(6):372-374. doi:10.1177/0310057X231200508
2 Eley VA, Culwick MD, Dennis AT. Analysis of anaesthesia incidents during caesarean section reported to webAIRS between 2009 and 2022. Anaesth Intensive Care. 2023;310057X231196915.
3 Bright MR, White LD, Concha Blamey SI, Endlich Y, Culwick MD. Perioperative corneal abrasions: A report of 42 cases from the webAIRS database. Anaesth Intensive Care. 2023 Jan;51(1):63-71 doi: 10.1177/0310057X221099032.Epub 2022 Sep 5. PMID:36065127.
4 Mistry MM, Endlich Y. Incidents relating to paediatric regional anaesthesia in the first 8000 cases reported to webAIRS. Anaesth Intensive Care. 2023 Nov;51(6):408-421. doi: 10.1177/0310057X231198255. Epub 2023 Oct 2. PMID: 37786341.
5 Pattullo GG, Culwick MD, Endlich Y, MacPherson RD. Hypercarbia and high-flow nasal oxygen use during anaesthesia - risking a failure to thrive? Anaesth Intensive Care. 2023 Nov;51(6):400-407. doi: 10.1177/0310057X231198257. Epub 2023 Oct 11. PMID: 37818753.

Highlights from the 18th World Congress of Anaesthesiologists

Singapore, 3-7 March

Over 140 countries were represented at the WFSA's World Congress of Anaesthesiologists in Singapore in March. Some NZSA members who were able to attend have shared highlights from their experience at the congress.

Dr James Dalby-Ball

Chair, Global Health Committee

With the theme 'together we can' the 18th World Congress of Anaesthesiologists was a great opportunity to re-connect with colleagues from all over the world.

Led by Assoc Prof Wayne Morriss from Christchurch, the organising committee together with the local Singapore Society of Anaesthesiologists, produced a conference that covered a huge array of topics, ranging from the latest applications of AI in Anaesthesia to detailed discussions about the welfare of Anaesthesiologists working in resource-poor environments.

Highlights for me were the Harold Griffith Lecture and the many sessions on Global Health, Paediatrics, and Neuroanaesthesia. From general wide-ranging discussions to the latest developments in these areas, the topics all provided opportunities to engage with anaesthetists from many corners of the world. In particular, the stories from past WFSA-sponsored fellows and how this support had impacted on their professional lives and wider healthcare in their country were fascinating. It was also great to see many of our local colleagues from the Pacific Anaesthesia community present their work and to see the results of the NZSA's support.

As a fellow New Zealand Anaesthetist, it was great to see Dr Wayne Morriss in action as the President of the WFSA, talking about the work of an organisation he has put so much time into. I think the attendance at the meeting, the engagement of all participants and the reception he received spoke volumes about how much effort he and his committee have put into making the WFSA such an effective global voice for Anaesthesia over the last few years.

Singapore provided a great backdrop, and we certainly made the most of being in this vibrant city (some attendees even made it to the Taylor Swift concert!).

The 18th World Congress in numbers:

- 5044 participants in-person at Suntec from 142 countries
- 563 delegates joined online from 79 countries
- 189 sessions, 126 e-posters sessions, 72 workshops and 32 PBLDs
- 40 partner organisations including Member Societies in the Global Anaesthesia Village
- 60+ WCA Scholars attended in person

Dr Caroline Zhou

Chair, PANNZ & Member of the Global Health Committee

After the isolation of Covid-19 pandemic, it was great to rub shoulders with people from all over the globe, meeting new faces and reconnecting with others at the WCA. Parallel tracks covered a huge range of topics, from paediatric anaesthesia to obesity, from chronic pain to global health.

The two most interesting things I attended were a workshop on gastric and airway ultrasound conducted by the people who wrote some of the original articles, and a session on processed EEG.

In the workshop, volunteers were starved (for hours!!!) so we could see an empty stomach, and then they were asked to drink 100ml of water before we scanned them again to practice tracing the gastric outline. We also practiced two different approaches to ultrasound of the cricothyroid membrane. I certainly feel much more confident with these scanning techniques and can't wait to use them on patients!

In the EEG session, one of the speakers showed how he reverse engineered a BIS monitor, worked out the processing algorithm, and certainly answered one of my clinical observations of why it seems to over-read inactive EEG in elderly patients. Given the rise of TIVA practice, I think we all need to learn a bit more about EEG and processed EEG monitors if we are to rely on them to ensure patients' unconscious state. An interesting side note - a Japanese gentleman at the tradeshow was exhibiting his breath-to-breath propofol concentration monitor! Still in the experimental stages and not commercial yet though...

Dr Charlotte Legge

For anyone interested in global anaesthesia, I would highly recommend attending the WFSA's World Congress of Anaesthesiologists. WCA 2024 was held over 4.5 days and saw a strong contingent from Aotearoa and the wider South Pacific in attendance.

For me, the conference presented an opportunity to learn how clinicians in developing countries are working to find solutions to the challenges they face in the provision of safe anaesthesia. One way is through collaboration, reciprocal learning, and education such as PATA (Paediatric Anaesthesia Training in Africa) and the PNG/Australia/NZ partnership.

To continue the advocacy work of the NZSA's Global Health Committee (GHC), I presented two e-posters during the global health session. The first was on the Pacific Anaesthesia Collaborative Training (PACT) initiative and the second was on research undertaken by the GHC looking at the experience of South Pacific Fellows in Aotearoa New Zealand. It was a privilege to present to an audience with a genuine interest in global anaesthesia and surgery.

New Zealand's Dr Sue Nicoll Chair of WFSA Wellbeing Committee and members of the Wellbeing Committee.

Presentation of the 68 WFSA international scholars in the Global Anaesthesia Village.

World Anaesthesia Games.

Dr Cecilia Vaai-Bartley

Consultant anaesthetist, Samoa

WCA2024 in Singapore was an unforgettable wholesome experience. This was my first ever international conference and I envision it will not be my last. I was privileged to be one of 68 WFSA scholars! – the largest number of scholars sponsored for a WCA. I was also delighted to present my MMED research as an e-poster on the first day and am even more determined now to get my work published this year. The theme 'together we can' was very fitting as the whole atmosphere of the Congress was inviting, collegial, sharing and supportive. There were many highlights but the sessions that stood out for me were:

- *Global Health:* appreciating the challenges of settings similarly resourced to Samoa (and sometimes even worse off) and the ideas and resolutions to tackle these.
- *Patient Blood Management:* a new concept to me even though it has been around for some time. I fully support this initiative by the WFSA to implement key PBM principles in the perioperative period and hope PBM training will reach our shores in the near future. Currently, our team is finalising a blood transfusion protocol and integrating these principles into this protocol may be our first step towards implementing PBM.
- *Harold Griffith Lecture:* The inspiring speech by past WFSA president Dr Mellin-Olsen and the thought-provoking session on Risks by Dr Kevin Fong.

A prominent feature of the WCA was the technological advancements (current and future) including AI, and how we can utilise these to improve patient care. Being from a small island nation these innovations can seem so foreign. However, it is interesting and important to be aware of them even if they may not reach Samoa during my career.

I have returned from Singapore with a renewed sense of confidence – there are many things to be done and improved on in my local setting, especially from a systems perspective. We can only take it one day at a time, focus on achievable goals, work well with other teams in the hospital and utilise the connections and relationships we have with the global anaesthesia workforce. Thank you again, Faafetai tele lava to NZSA for this tremendous opportunity.

Dr Cecilia Vaai-Bartley was awarded a scholarship from the NZSA to attend the WCA.

Photos kindly supplied by the World Federation of Societies of Anaesthesiologists (WFSA).

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