
The 15th Annual Trauma Anesthesia and Critical Care Symposium was attended by 1,100 delegates from 45 countries. The theme, "Trauma Chain of Survival," provided continuity to the lectures and workshops.

A preconference session focused on the role of trauma registries in improving patient care and survival. Speaking from the public health perspective, Howard R. Champion, F.R.C.S., F.A.C.S. (Professor of Surgery and Military and Emergency Medicine, Uniformed Services University of the Health Sciences, Bethesda, Maryland, USA), suggested that injury caused by violence (interpersonal, self-inflicted, and war) is the most significant public health challenge of the 21st century. Petter Andreas Steen, M.D., Ph.D. (Division of Surgery, Ulleval University Hospital, Oslo, Norway), reviewed "Recommendations for uniform reporting of data following major trauma—the Utstein style," developed by the International Trauma Anesthesia and Critical Care Society in 1999.1 Thomas A. Genarelli, M.D., F.A.C.S. (Department of Neurosurgery, Medical College of Wisconsin, Milwaukee, Wisconsin, USA), discussed difficulties with current injury severity scoring systems and presented suggestions toward an update of the Abbreviated Injury Scale.2

In the opening plenary, Peter A. Oakley, M.A., F.R.C.A., M.R.C.G.P. (Consultant in Anaesthesia and Trauma, North Staffordshire Hospital, Stoke-on-Trent, UK), noted that the trauma chain of survival has shifted over the past 30 yr from survival to rehabilitation. C. William Schwab, M.D. (Division of Traumatology and Surgical Critical Care, Department of Surgery, University of Pennsylvania, Philadelphia, Pennsylvania, USA), described the clinical challenges presented by the exsanguinating patient. Kerstin Shays, R.N. (Clinic of Surgery, Karolinska Hospital, Stockholm, Sweden), introduced the Swedish Association of Trauma Nurses. Defining “extreme conditions” as lack of access to medical care, Mads Gilbert, M.D. (Anaestesiavdelingen, Regionhospitalet i Tromso, University Hospital of North Norway, Tromso, Norway), related his experiences in impoverished areas, where medics have been trained in trauma care protocols developed in the northern hemisphere but with adaptations allowing realistic applications in remote communities.

In the session on patient safety, Paul R. Barach, M.D., M.P.H. (Department of Anesthesia and Critical Care, University of Chicago, Chicago, Illinois, USA), cited medical safety as an ethical imperative. With recent studies revealing thousands of preventable errors in US hospitals, studies of human errors will move health care from error counting to harm prevention. Peter A. Oakley, M.A., F.R.C.A., M.R.C.G.P. (Consultant in Anaesthesia and Trauma, North Staffordshire Hospital, Stoke-on-Trent, UK), emphasized the importance of communication in effective trauma team leadership, warning that arrogant leaders “fly into mountain sides.” Daniel Scheidegger, M.D. (Department of Anaesthesia, University of Basel, Kantonsspital, Basel, Switzerland), presented an insightful critique of the teaching of trauma care, emphasizing the need for standardized briefing when patients are transferred from one phase of care to another. Noting variations in the use of animal models and cadavers in medical training, Jerry P. Nolan, M.B., Ch.B., F.F.A.R.C.S. (Department of Anaesthesia, Royal United Hospital, Bath, UK), observed that ethical issues are leading to the use of manikins and simulation in many medical schools. Guttorm Brattebo, M.D. (Haukeland University Hospital, Bergen, Norway), described a medical simulation project in which trauma teams critique videotapes of their performance and work together to identify and implement changes.

Introducing the pain management session, Per E. Haavik, M.D. (Department of Anesthesia and Intensive Care, Rogalands Central Hospital, Stavanger, Norway), noted that articles abound on alleviation of postoperative pain, but little has been published about the management of operative pain, but little has been published about the management of
improved outcome. Maureen McCunn, M.D. (Critical Care Medicine, R Adams Cowley Shock Trauma Center, University of Maryland Medical Center, Baltimore, Maryland, USA), discussed interhospital transport of trauma patients, demonstrating a reduction in mortality in a subgroup with severe ARDS (average arterial oxygen tension–fraction of inspired oxygen ratio, 60). Advanced interventions, including intermittent prone positioning, airway pressure release ventilation, continuous renal replacement therapies, and extracorporeal support, were instituted when indicated following transport to a trauma center.

A new Annual Trauma Anesthesia and Critical Care Symposium session focused on conduct of research and publication of results. David J. Dries, M.D. (Editor, Air Medical Journal; Regions Hospital, St. Paul, Minnesota, USA), described development of research questions and review criteria. In a discussion of statistical analysis, Petter Andreas Steen, M.D., Ph.D. (Division of Surgery, Ulleval University Hospital, Oslo, Norway), advocated reliance on common sense and a critical eye when interpreting the significance of study results. Sven Erik Gisvold, M.D. (Editor-in-Chief, Acta Anaesthesiologica Scandinavica; Department of Anaesthesia, St. Olav Hospital, University Hospital, Trondheim, Norway), recommended caution in the use of journal impact factors. Commonly used measures are weighted in favor of major, established journals and therefore against smaller, lesser-known publications. Peter Baskett, M.D. (Editor-in-Chief, Resuscitation, Bristol, UK), and Jerry P. Nolan, M.B., Ch.B., F.F.A.R.C.S. (Department of Anaesthesia, Royal United Hospital, Bath, UK), discussed the Consol-}

References


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included information about “peripheral brains” (notebooks), textbooks, and electronic resources for obscure syndromes.

The first afternoon consisted of presentations and workshops, a traditional format used by the SEA to encourage discussion. Clifford Swanson, D.V.M. (North Carolina State College of Veterinary Medicine, Raleigh, North Carolina), identified issues common to human and veterinary anesthesia and analyzed what anesthesia educators can learn from the animal model of training in an excellent postlunch presentation. The audiovisuals included actual equipment, and discussion was lively. Rita Patel, M.D. (University of Pittsburgh, Pittsburgh, Pennsylvania), presented comprehensive information about the six core competencies mandated by the Accreditation Council for Graduate Medical Education, reiterated in enduring form in the meeting syllabus. The audiovisuals included actual equipment, and discussion was lively. Bret Stolp, M.D. (Duke University), presented “Screen-based Simulation” using examples from physiology and anesthesia. John Eck, M.D. (Duke University), presented “Pediatric Regional Anesthesia” with an emphasis on similarities to and differences from anesthesia for adults. This topic illustrates the wide-ranging emphasis on regional anesthesia at Duke University. Finally, Neil Prose, M.D. (Duke University), reviewed the options available to the practicing physician for updating and maintaining skills in “Training Puppies, Teaching Old Dogs New Tricks.” The president’s reception and a “dine around” tour of restaurants organized personally by Duke University faculty members welcomed meeting attendees to the area and to the SEA.

The second morning featured panels on “Life-long Learning” and “Dissemination of Knowledge Beyond Our Specialty” and a short session of research. The panel on life-long learning reviewed new procedures, technology, and methods within anesthesia. Katherine Grichnik, M.D. (Duke University), reviewed the options available to the practicing physician for updating and maintaining skills in “Continuing Medical Education.” Fran D’Ercole, M.D. (Duke University), detailed a unique system of teaching and providing regional anesthesia utilizing a “block resident” in the preoperative holding area in “Training Puppies, Teaching Old Dogs New Tricks.” Finally, Bosseau Murray, M.B., Ch.B. (Pennsylvania State University, State College, Pennsylvania), defined virtual reality and “haptic” (force feedback) models and reviewed data about learning using these models in “Using Virtual Reality for Epidural and Spinal Blocks.” A panel on teaching outside of our specialty reviewed needs assessment, subject areas, and teaching methods for nonanesthesia practitioners. Brian Ginsberg, M.B., B.Ch. (Duke University), presented “Corporate Education,” intended to help physicians understand the educational needs of corporate representatives about uses for their products. Scott Schartel, D.O. (Temple University, Philadelphia, Pennsylvania), presented “Nonanesthesiologists Who Learn Skills in the Operating Room,” focusing on dental and oral surgery anesthesia programs. Finally, Jeffrey Schwartz, M.D. (Yale University, New Haven, Connecticut), reviewed the medical student curriculum developed by the SEA. Timothy Harwood, M.D. (Wake Forest University, Winston-Salem, North Carolina), moderated “Research Presentations and Discussion,” which included 18 abstracts and posters, five of which were presented orally. A resident research competition yielded three posters, with a prize awarded to Wade Weigel, M.D. (Pennsylvania State University, State College, Pennsylvania).

The second afternoon’s lively postlunch topic, “Lessons Learned from Medical Missions,” included several types of missions: “Into the Wilds of Nicaragua with a First World Cardiovascular Program: Teaching Pediatric Cardiac Anesthesiology in Nicaragua 1998–2002” by Richard Ing, M.B., Ch.B. (Duke University); “Humanitarian Missions to Undeveloped Countries: Anesthesiologists Doing Primary Care” by Richard Moon, M.D. (Duke University); and “Teaching Anesthesia in a Developing Country” by Berend Mets, M.B., Ph.D. (Columbia University, New York, New York). Each speaker provided practical information about supplies, personal health issues, and adaptation to conditions at the site of the medical mission, with extensive syllabus material.

The second afternoon included workshops at Duke University. Participants were bussed to the workshops and received an afternoon snack. Choices of workshops offered every attendee an attractive option at both afternoon sessions. “Anatomy for Regional Anesthesia: Human Fresh Tissue Lab” with David MacLeod, M.B., Ch.B., and Dana Breslin, M.B., B.Ch., both of Duke University, was presented at both the first and second sessions. This Human Fresh Tissue Laboratory provides conditions for studying and demonstrating anatomy using fresh frozen models that approximate live patients. Additional educational resources on regional anesthesia were shown. Each session offered simulator workshops, with “Simulator Script-writing” by Michael Olympio, M.D. (Wake Forest University, Winston-Salem, North Carolina), and Jeffrey Taekman, M.D. (Duke University), and “Simulator Debriefing” by Michael Olympio, M.D., and Kathleen Rosen, M.D. (West Virginia University, Morgantown, West Virginia). Each session had a nonsimulator, non-Human Fresh Tissue Laboratory option, with “Diversity” by Brenda Armstrong, M.D. (Pediatric Cardiology, Duke University), and Ira Cohen, M.D. (George Washington University, Washington, DC), and “Life Skills” by Redford Williams, M.D. (Psychiatry, Duke University). A postworkshop walking tour of the Sarah P. Duke Gardens and the campus was canceled due to much needed but poorly timed rain. Attendees were given maps with annotations of area restaurants so that they could explore on their own.

The third day concluded with panels and the SEA business meeting. Panels in “When the Rubber Meets the Road (Finances)” identified the costs associated with postgraduate education and strategies to support the educational enterprise. Robert Anderson, M.D., M.B.A. (Surgery, Duke University), discussed “Managing the Research Enterprises as a Business: Lessons for Education,” presenting an entrepreneurial approach for nonclinical endeavors. Joanne Conroy, M.D. (Atlantic Health System, Florham Park, New Jersey), presented “The Administrator’s View: The Cost of Education in a Hospital Budget” from her perspective as a former academic anesthesiology chairperson and now Chief Medical Officer of a hospital system. Finally, Peter Rock, M.D., M.B.A. (University of North Carolina, Chapel Hill, North Carolina), discussed “Business Aspects of Keeping a Department in the Black,” with a detailed analysis of departmental income and costs. The “Ethics” panel related ethical issues to contemporary legislative and institutional mandates for clinical practice. Angela Holder, L.L.M. (Medical Ethics and Humanities, Duke University) addressed “The Duty to Supervise (and what happens if you don’t), or Who Is Doing What in the Operating Room (and what does the patient know about it).” She reviewed informed consent and the duty of care, along with breach of the duty of care and vicarious liability. Gary Loyd, M.D. (University of Louisville, Louisville, Kentucky), spoke about “HIPAA: Provisions for Privacy and implications for education and research. Finally, Thomas Brailliar, M.D. (Cleveland Clinic, Cleveland, Ohio), discussed Medicare compliance in “Breaks, Lunches, and HCFA (now CMS),” receiving many questions from the audience. The meeting concluded with the SEA Business Meeting.

The 24th Annual Spring Meeting of the SEA gave the many new people and current members an opportunity to exchange ideas and plan collaborative projects. A new management organization provided expert support and gained important understanding of the needs of the SEA. This meeting demonstrated that the SEA, its members, and its meetings are a valuable resource for academic educators.

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