



Canadian Anesthesiologists' Society

International Education Foundation

Fondation d'éducation internationale de la
Société canadienne des anesthésiologistes

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Hello from the team

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SAFE ANESTHESIA & SURGERY SAVES LIVES

CASIEF



MESSAGE FROM THE CHAIR

Welcome to this second edition of our annual CASIEF newsletter. Many thanks to all who have contributed, and particularly to Gregory Klar, Sandy Lam and team for putting all of this together. Thanks also to the Canadian anesthesiologists who have supported our work through generous donations and through volunteering their time. We couldn't do any of this without you.

It's been a great year for CASIEF and you can read more about it in the following pages. It's been an amazing experience to move to Rwanda for a year, with the Human Resources for Health (HRH) program. It's been fun (see photos)! I've also learned a lot, and it has been a great



opportunity to become fully immersed in a CASIEF partnership. I truly believe that the CASIEF-ASAGHO-Rwanda partnership is a model to be emulated. There's been road bumps, like in any (huge) project, and talking to Patty it's clear there were many times that people wondered if it could ever be a success. For me, there's no doubt about that now. Not so long ago there was only the indefatigable Dr Jeanne, the only anesthesiologist in the country. Now there are anesthesiologists at four different teaching hospitals and plans to open up new hospitals as residency training sites in the near future. There's a thriving simulation center and a comprehensive curriculum. There are 30 residents over four years of the program, with a planned intake of 15 this year and onwards. There's an active Rwandan Society of Anesthesiologists (RSA) who are hosting a shared meeting in Kigali this December with the Rwandan Surgical Society, the College of Surgeons of East, Central and Eastern Africa and the Alliance for Anesthesia and Surgery Presence (please consider coming!). The RSA have bid for the All Africa Congress to be held in Kigali in 2020. There are discussions on beginning sub-specialty training to Rwanda, including a regional anesthesia fellowship. As needs change and support is needed in different areas, the program in Rwanda and the partnership with CASIEF is in transition. Rwandese successes also enable us to step back. Ana Crawford, a US anesthesiologist who has been visiting with CASIEF/ASAGHO for over 8 years, is leading our partnership through this exciting phase. A huge thanks to Patty Livingston for all she has done leading this program for a decade. Her contribution cannot be overstated. The respect and love for Patty that comes from our Rwandan colleagues is undisputed. She has put in countless hours over those years, and so much of herself—the most obvious secret of her success to me is just how deeply she cares. Thank you, Patty! Read more about her story in the interview later in this newsletter.

Our Ethiopia program has equally large but different challenges to where Rwanda was 12 years ago. There's less than 20 anesthesiologists in the country for almost 100 million Ethiopians. There's a rapidly expanding residency program and there will probably be 60 residents at Black Lion Hospital next year. With this expansion many new hospitals need to be affiliated with Addis Ababa University to provide the necessary clinical experience for training. There are just too few teachers. When I spoke to our Ethiopian partners in Addis this year, they told me that they just need more teachers for more months of the year. Rwanda has had an almost continuous presence from CASIEF/ASA for 12 years—Ethiopia needs at least this. For this to happen we need a lot of you to sign up to come and teach in the exciting, safe and unique city of Addis. Please come and then return—I promise that you won't regret the commitment to this program which has so much potential.

The Guyana program has seen some great progress this year. In particular, the Northern Ontario School of Medicine (NOSM) signed on to start taking Guyanese residents for electives in Canada. These electives involve the residents getting an Ontario medical licence, which is no small logistical feat in itself, but so important. They get experience at many subspecialties they can't experience in Guyana. Perhaps more importantly they get to see a very different healthcare system, and for all the griping we tend to do about healthcare in Canada, it's a highly functional healthcare system. When you've had the experience of working somewhere like NOSM or McMaster, it's much easier to develop a vision of where things need to go on return to Georgetown. It's a key part of developing leadership in anesthesiology. For more on that subject don't miss our CASIEF symposium at the CAS Annual Meeting this year.

Our program in Burkina Faso has been limited by the current security situation after tragic terrorist attacks in the capital. We are trying to support our Burkinabé colleagues from a distance. This has included sponsoring Dr Bertille Ki in her leadership role in the Global Initiative for Children's Surgery (<http://www.globalchildrenssurgery.org/>) and we have recently received funding from the Louise and Alan Edwards Foundation for pain management education.

Thanks again for all your support of what we do. More people die each year of illnesses that can be treated by surgery than die of HIV, TB and malaria combined. Still, 5 billion of the world's population lack access to safe, timely and affordable anesthesia and surgical care. Through supporting CASIEF, you are supporting meaningful, sustainable change in some of the poorest countries in the world. Please consider volunteering. Please consider donating and if you already do please consider giving more. Our programs are making a difference—but with your help we can do so much more.

Dylan Bould



Ethiopia

By Julian Barnbrook

I'd like to take this opportunity to introduce myself as the new director of the Ethiopian program. It is a great privilege and a challenge to take over from Dr Greg Silverman. Along with his predecessors and colleagues at University of Toronto, Greg has done so much to ensure that today there is a strong core of motivated local anesthesiology staff at Addis Ababa University. I would also like to thank Greg for taking the time to show me around Black Lion Hospital and Addis Ababa, and introduce me to the Anesthesiology team there.

I would also like to thank all the staff and resident volunteers who have put in so much time and expertise over the last 12 months. Their contributions have made tangible improvements to the training program. In particular, it was very heartening to return in April and find that the M&M and journal club teaching sessions have become a regular feature of the residents' academic days.

The Anesthesiology program at AAU/Black Lion Hospital (Tikur Anbessa Specialist Hospital) has been expanding rapidly. Over the last 2 years the number of residents in training has more than doubled to 45. They are supervised and supported by a staff group that has also grown. There are currently 8 full time equivalent staff, due to increase to 11 by September and 13 by March of next year. While this expansion of the faculty is excellent news and holds great promise for future sustainability, considerable challenges remain.

The staff have very demanding clinical and educational responsibilities. They are frequently in the position of supervising nine busy and complex OR slates between two or three (or sometimes one!) consultants. This leaves little time for clinical teaching of trainees.

In addition, the expansion in resident numbers, coupled with competition for OR cases with non-physician anesthesia providers and trainees, means that the opportunity for meaningful clinical experience is often very limited. It is not unusual to find five or six juniors assigned to a single case. Consultant supervision is - more often than not - remote or limited to troubleshooting emergencies.





These problems are well understood by the Anesthesiology staff at AAU. There are plans to reduce the numbers of non-physician anesthesia providers (and trainees) at AAU, as well as to extend the training program rotations for residents to other hospitals in the area. This process has significant implications for service delivery (currently dominated by non-physician providers outside AAU/Black Lion Hospital) and is politically sensitive and vulnerable to delays.

With those caveats, the outlook is promising. On a recent visit with Dr Bould, we were shown around Menelik II Hospital (a general hospital with six ORs which is keen to accept Anesthesiology residents) and The Ghandi Hospital (a specialist obstetric and gynecology hospital which has great potential for resident training opportunities).

Looking to the future, there will continue to be a great need for experienced volunteer staff to provide training support to the program. Traditionally, U of T, and subsequently CASIEF, have sent volunteers in February, April and October. Other groups (including Seattle, Emory and a Norwegian group) continue to provide support. It is our aim to improve the coordination between all groups and to expand the pool of potential volunteers. To achieve this, the program has begun recruitment for Global Health Fellows to be based in Addis Ababa for 6-12 months. The internationally collaborative approach of our support is reflected in the launch of the Ethiopian Anesthesia Development Program (EADP). This aims to combine the experience and resources of CASIEF with international partners throughout North America, Europe, Australia and most promisingly, Africa. Already, the interest from staff and resident volunteers from other centres in Canada and beyond has been very encouraging.

To paraphrase the late, great George Harrison, this will take a whole lot of precious time and money, and the expanded international focus is designed to help increase the scope for raising much needed funds as well as hugely appreciated volunteer time.

The Ethiopia program has come a long way and is at a crucial point. There is a growing body of locally trained anesthesiology staff and an expanding resident training program. There is support from the Ethiopian government for the development of a physician delivered anesthesia service. I am cautiously hopeful that with our support in the coming months, within two or three years there will be an Ethiopian faculty body that is able to assume increasing responsibility for resident training.



Left to right: Julian Barnbrook, Rediet Shimeles, Greg Silverman, Mesfin Girma

Anesthesia Class of 2018


Back row standing left to right:

Dr. D. Reddy (McMaster University, external examiner), Dr. U. Shanker (Anesthesia Consultant, Guyana), Dr. A. Harvey (anesthesia consultant, Guyana, Anesthesia Residency Program director, Guyana), Dr. F. Ramirez (Anesthesia Consultant, Guyana, Head of Anesthesia Department, Georgetown Public Hospital Corporation, Guyana).

Front row seated left to right:

Dr. Maxine Park (graduate diploma of anesthesia program), Dr. Smolana Swan (graduate diploma of anesthesia program) Dr. Onica Higgins-Gill (graduate MMed in anesthesia program)

Absent

Dr. Tiffany Fiedtkou (graduate diploma of anesthesia program).

Guyana

By Joel Hamstra

In 2016, the Canadian Anesthesiologists' Society International Education Foundation (CASIEF) and the Global Humanitarian Outreach section of the American Society of Anesthesiologists (ASAGHO) joined forces with our colleagues in Guyana to help train anesthesiologists. The Guyana anesthesia residency program was launched in 2013. To date, 8 physicians have completed a two-year diploma of anesthesia program, and 2 have gone on to complete a four-year Master of Medicine in Anesthesia. Volunteers from CASIEF and ASAGHO have played a vital role in this progress. In this past year alone, 8 volunteers associated with CASIEF and 6 volunteers from ASAGHO spent a combined total of over 29 weeks in Guyana. Volunteers have supervised residents, taught regional anesthesia, led tutorials, helped with exam preparation and enjoyed the warmth and hospitality of Georgetown - especially in the winter months! There is still so much more to be done. The residency program is growing. Interest in anesthesia as a specialty is growing. There are currently 15 residents across four years of training. We need experienced, motivated clinical educators to help shape the practice and professionalism of these trainees. We are looking for volunteers who can commit two-four weeks of their time to travel to Guyana. If travelling is not for you, we can still use your help. Please stop by the CASIEF booth at the CAS Annual Meeting in Montreal and find out how you can help build the practice of anesthesia in Guyana.



2017-2018 Highlights from Programs

Burkina Faso

By Gregory Klar

It is with great pleasure that we would like to announce that our partnership with Burkina Faso and the Burkinabè anesthesiologists has been growing for over three years. Unfortunately, due to the detriment of some political instability the amount of on ground activity has been somewhat limited. Nonetheless, in 2015 thanks to Dr. Angela Enright, the CASIEF led SAFE train-the-trainer program has allowed for further in-country training. Furthermore a CASIEF-led SAFE-Paeds course was held in May 2017 with great success (more info here: <https://bit.ly/2szvylD>)

We hope that the political situation will settle in the near future and that CASIEF will again be able to continue to send volunteers to support the further development of safe anaesthesia and surgery. Our colleagues in Burkina Faso continue to provide great care despite current political stressors and appreciate and look forward to future collaborative work around the country with casief.ca.

Anesthesiologist Abroad: Reflections on a Decade of Volunteering in Rwanda

By Margaret Casey



As Dr. Patty Livingston steps away from a leading role with CASIEF over the last decade, we asked her to share some of her thoughts and reflections on her time as a volunteer, program lead, and Vice-Chair of CASIEF.

Patty sat down with Dr. Margaret Casey, a PGY4 Anesthesia and Chief Resident at Dalhousie University. Originally from Newfoundland, Margaret studied History at Queen's and Nursing at University of Toronto before completing her medical training at McMaster. She has a long history of global health interest and experience and most recently traveled to Rwanda in March 2018 as a CASIEF volunteer.

M: How did you get involved in the CASIEF program in Rwanda?

P: I had a long time interest in giving back in some way and working overseas but I didn't have the right opportunity. Then in 2007, Dr. Franco Carli presented grand rounds at Dalhousie and he talked about the Rwanda Program. He was charismatic, warm and inviting but I had no experience whatsoever working in this context. Six months after that, I signed up for the first Anesthesia Global Outreach Course in June 2008. During that course, I committed to volunteering in Rwanda 1 ½ years later, but Dr. Angela Enright [now retired CASIEF Board Member] spoke to me at dinner one evening and said, "there's an opening in November." This was June and I thought there was no way I could be ready that soon. I told her, "I don't know anything and I've never worked in Africa" but she encouraged me and said, "what you know is enough, it's common sense principles." Angela explained that the program was about medical education not service. Actually, I was sitting at Angela's table when we had this conversation and Genevieve McKinnon [Dalhousie anesthesia resident at that time] was also there. When Angela asked if I would go, I looked at Genevieve because we were long standing friends and I nodded and she nodded and I said "OK, we're in." So that's how I got involved.

M: From there how did your role evolve into the leadership role that you're currently holding?

P: When I went to Rwanda the curriculum was quite lean; essentially it was a four-page topic list. There were volunteer reports on the website but there was little central coordination. Feeling rather ill prepared, I went off and ended up having a life-changing experience. It was both fantastic and disturbing. It was only fourteen years after the genocide and things were still very fresh. I remember Genevieve saying to one of the residents, "where does your family live?" and he looked at her and said, "they were all killed in the genocide. I was raised in an orphanage." I'll never forget that, because in that moment it was obvious that although things may seem somewhat okay, the wounds were very raw.

After returning to Canada, I spent a long time reflecting because one visit was not enough. I needed to do more. At that time Dr. Mike Murphy was our Chair, so I met with Mike and he was extremely supportive. He said, "look, we'll give you one protected day a week for global health, I'll give you an admin assist to help and off you go." Having that support from the Chair was so important. I would never have been able to accomplish much without this support. Thankfully, Dr. Romesh Shukla [Dalhousie's current Chair] has continued to be supportive. We wrote a volunteer manual and then I enrolled in a Master of Education to become a better teacher. During my Master's, I helped develop a full curriculum for anesthesia in Rwanda.

"I don't know anything and I've never worked in Africa" but she encouraged me and said, "what you know is enough, it's common sense principles."

M: And so, how has your global health work contributed to your career in anesthesia?

P: For a number of years I was a “regular” anesthesiologist, who also practiced chronic pain management, but I was not involved in academics. I had children to raise and a family. After work I would come home, make dinner and help with homework. That was my life. I didn’t have outside commitments. This has changed my life enormously and my work enormously but the downside of global health work is that it never stops. It’s never enough. One thing leads to another, leads to another and no matter what is accomplished, there’s always more. But it’s been rewarding at the same time because I’ve met some fantastic people. The great source of joy is seeing young people inspired to do something better and to be the best they can be, and when that happens and things move forward, it’s really golden.

“There is one thing I would have done differently: I would have enrolled more help with the Rwanda program.”

M: If you were to go back to the beginning of your career and change anything, is there anything you would do differently?

P: Probably not, because everything happens at the right time. When people have young family it’s hard to do this type of work. Global health work is often by people who are either at the beginning of their career or maybe later in their career. There is one thing I would have done differently: I would have enrolled more help with the Rwanda program. It should have been a team. A program like this needs at least 3-4 people with key roles who communicate well. It was a big mistake to do too much on my own.



M: What have you learned about yourself through your global health experiences?

P: That I value altruism. The greatest joys in life are helping other people to be happy and fulfilled. It’s truly rewarding and I feel a little bit sad for people who haven’t had that experience and become overly concerned about money.

M: Do you have a favourite memory from your time with the Rwanda program?

P: There’s so many! All my favourite memories would be about the residents or the patients they helped and seeing the residents become the best they can be. These relationships are a source of joy. Watching Christophe (who cleaned the CASIEF apartment and spoke no English or French when he began) graduate with a degree in information science, watching him

get married, wearing a suit, standing with his bride, making a beautiful speech – those are great memories. Opening the simulation centre in Kigali, seeing ideas come to fruition, and recently the VAST Course [Vital Anesthesia Simulation Training Course]. That went from an idea with Paulin and Adam [Rwandan Head of Anesthesia and Dalhousie Anesthesia Global Health Fellow] in my living room to the Rwandan Health Minister giving certificates to participants in January. Making dreams come true. It has been very rewarding. There are lots of good memories.

M: Where do you see the future of global surgery and anesthesia?

P: Collaboration, for sure. We need to work together with our partners and with other disciplines. Another fond memory is the Bethune Round Table in 2016, which was quite phenomenal.

There was excellent collaboration among Surgery, OB and Anesthesia. We involved residents from all those disciplines and medical students. We welcomed scholars from around the world and took them on a tour of Citadel Hill, to Peggy's Cove, to the Public Gardens in Halifax. These are rich memories where people are happy, have pride and feel part of something bigger.

M: As you end your time as the lead for Rwanda, how do you see yourself maintaining your passion for Global Health?

P: Well, I don't think it is going to stop. How can it? I'm changing my role since I've done the administrative work long enough and fresh ideas are needed. My particular passion right now is to see pain management well launched in Rwanda and to support the people working in that. I also want to see the VAST Course spread worldwide, which is a lofty ambition. I want to support the Rwandan residents and see them develop as future leaders. I will continue to go back and contribute but in the ways that are personally meaningful and eliminate some of the less desirable aspects of the work, like reports and looking for money which is never fun, but that's inevitable, it comes with the territory.

M: Do you have any advice for future volunteers or anesthesiologists who are interested in Global Health?

P: Don't go alone. Learn as much as you can. Be generous. Communicate. Hope is absolutely vital to this work. If people think that something is futile, why would they bother? You have to have some hope, you have to have optimism and you can't be discouraged by the small things. You have to just look

at every obstacle as a source for trying something different, being innovative and getting past the obstacle.

M: Do you have any advice for someone interested in leading a Global Health Program?

P: Work with mentors. I think back to Franco Carli and Angela Enright in particular and I would never have even gone to Rwanda if they hadn't given me encouragement and mentorship. I still turn to both of them when I have questions.

M: The last question I have is, what would you say to someone who is curious about working with CASIEF, but is struggling to commit?

P: It depends on why they're struggling to commit. If they have young children at home and they think a month is too much, there may be other opportunities. This is where there are shorter courses like, for example, the Essential Pain Management Course, the Safe Obstetrics Course, the VAST Course. We've also had people in Quebec who have been willing to do some translation for us – that's a big commitment. People who donate money to CASIEF – that helps us a lot. Not everybody needs to go for a month to make a contribution. Maybe someone can be paired with a resident in low-resource setting to help mentor that resident at a distance. On the other hand, there is no substitute for the personal presence of coming back time after time.

M: Thank you, Patty!



Quarterly e-newsletter

Last year, CASIEF has introduced for the first time quarterly e-newsletters to engage with our supporters and community members. We've received great feedback from the readers and will continue to offer regular updates on our international partnerships, volunteer opportunities and global health educations.

Our e-newsletter is a great way to learn more about CASIEF and opportunities to get involved in the bigger community.

Subscribe to our mailing list today at
<https://bit.ly/2JvIORW>

Aug 2017



CAS Annual Meeting

In June 2017, CASIEF hosted its Gala Dinner at Niagara Falls, Ontario. Members from all around the world joined the event. In this picture: Emmy and his spouse. Eugene Tuyishime, our Rwandan resident, also shared his experience [here](#).

Nov 2017



OR Hats at CAS Meeting in 2018!!

Love these OR hats? Find out more about where they are from and who's helping to

Mar 2018



CASIEF GALA FUNDRAISING DINNER

Come and celebrate CAS's 75th Anniversary with us in Montreal, QC this June 15-18



Check out the past issues at www.casief.ca

CASIEF Resident Committee

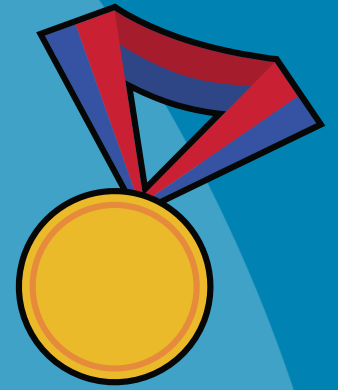
**Are you an anesthesiology trainee?
Join our group!**

Surgical disease kills more people annually than HIV, TB, and malaria combined. Five billion people lack access to safe surgical care and only a fraction of worldwide surgeries are performed in low or middle income countries. ***The CASIEF Resident Committee*** serves as a home base to unify anesthesia residents who wish to enhance their global health experience and awareness. Our group works to ensure that residents are aware of CASIEF activities and opportunities around the globe, organizes events to network, and provides a forum to discuss and strategize advocacy initiatives.

Join us on Facebook (CAS International Education Foundation Resident Committee) and/or email us at resident@casief.ca to get connected with us!

List of 2017-2018 CASIEF Volunteers

A sincere THANK YOU to all of our
dedicated volunteers!!



Ethiopia:

Julian Barnbrook
Tyler Brown
Eugene Delabays
Christine Graf
Sophia Lane
Daniel Mok
Naveed Siddiqui
Jane Wang

Joel Hamstra

Andy Lo
Purnima Rao
Jennifer Szerb
Senthil Thiyagarajan
Anne Wong

Stewart Chritton

Ana Crawford
Russell Davenport
Kaitlin Flannery
Allison Forbes
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Patty Livingston
Hilary MacCormick
Kirk MacQuarrie

Gemma Malpas

Adam Mossenson
Michelle Murray
Sarah Phipps
Martine Pirlet
Etienne St-Louis
Mohamed Tiouririne
Shefali Thakore
Lynda Wells
Ting Zha

Guyana:

Alan Chu
Jennifer Cloutier
Ashleigh Farrell

Rwanda:

Alana Beres
Sally Bird
Dylan Bould
Jacob Bray
Margaret Casey
Janice Chisholm



A word from new trustees



My name is Julian Barnbrook and it is an honour to be invited to join the board of CASIEF. I completed most of my Anesthesiology and ICU training in London, England and have been working in BC for the last few years.

My interest in Global Health has been long-standing but only recently have I had the opportunity to translate this into practical experience. I am very excited to be working with the fantastic members of the Addis Ababa University Anesthesiology department and all our volunteers. I hope I can continue the great work done by Greg Silverman and his colleagues before me and help support the growth of Anesthesiology as a specialty in Ethiopia.

My name is Ana Crawford. I'm an anesthesiologist and intensivist working clinically in the US, primarily at Stanford University. After completing my clinical training I also completed a masters degree in Global Health Sciences before forming a global health division and fellowship program at Stanford. I also serve on the American Society of Anesthesiologists – Global Humanitarian Outreach committee. Working over the past 9 years supporting the anesthesia residency program in Rwanda alongside colleagues from CASIEF and the ASA-GHO, I recently accepted the lead position for this program.

I look forward to continuing the great work of my predecessor, Patty Livingston, and working with all of my Canadian colleagues to move this program into its next phase. Thank you for allowing me to participate on the CASIEF board.



2018 WHO-WFSA International Standards for a Safe Practice of Anesthesia

Over the last several years the international community has finally recognized the extent of the global burden of surgical disease and the paucity of surgical and anesthesiology services in Low and Middle-Income Countries. The World Health Organization, Disease Control Priorities and The Lancet Commission on Global Surgery have been instrumental in promoting awareness of global surgical inequities and have set goals to reduce the global burden of surgical disease. Another strong voice promoting safe anesthesia and surgery is the World Federation of Societies of Anaesthesiologists (WFSA). The WFSA represent 150 anesthesiology societies across the globe and continues to promote safe anesthesia through standards, education, sponsorship and awareness. The first WFSA standards were published in 1992 and further reviewed in 2010.

This year there was a substantive review of the International Standards for a Safe Practice of Anesthesia in conjunction with the World Health Organization and other global health organizations. This document promotes standards for anesthesiologists, hospitals and governments which were for many years ignored. Apart from describing minimal international anesthesiology standards this document highlights that access to safe anesthesia is a basic human right.

This is a historic moment for the safe practice of anesthesia globally. Many continue to work to help decrease the surgical disparities that exist in the world and CASIEF is delighted to see this level of engagement by the international community.

Gregory Klar

Link to access the new 2018 WHO-WFSA International Standards for a Safe Practice of Anesthesia:
<https://bit.ly/2kPlnos>

World Health Organization-World Federation of Societies of Anaesthesiologists (WHO-WFSA) International Standards for a Safe Practice of Anesthesia

Normes internationales pour une pratique sécuritaire de l'anesthésie de l'Organisation mondiale de la santé et de la Fédération mondiale des sociétés d'anesthésiologie (OMS-FMSA)

Adrian W. Gelb, MBChB, FRCPC · Wayne W. Morriss, MBChB, FANZCA · Walter Johnson, MD · Alan F. Merry, MBChB, FANZCA, FFPMANZCA, FRCA on behalf of the International Standards for a Safe Practice of Anesthesia Workgroup

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Abstract *The International Standards for a Safe Practice of Anesthesia were developed on behalf of the World Federation of Societies of Anaesthesiologists (WFSA), a non-profit organization representing anesthesiologists in 150 countries, and the World Health Organization (WHO). The recommendations have been approved by WHO and the membership of WFSA. These Standards are applicable to*

*all anesthesia providers throughout the world. They are intended to provide guidance and assistance to anesthesia providers, their professional organizations, hospital and facility administrators, and governments for maintaining and improving the quality and safety of anesthesia care. The Standards cover professional aspects; facilities and equipment; medications and intravenous fluids; monitoring; and the conduct of anesthesia. **HIGHLY RECOMMENDED***

JUNE 2018

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