Sir Charles Gairdner Hospital

Department of Anaesthesia

Annual Report 2004
### DEPARTMENT OF ANAESTHESIA
#### ANNUAL REPORT 2004

## 1 STAFFING

### 1.1 Senior Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>FTE</th>
<th>Responsibilities</th>
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</thead>
<tbody>
<tr>
<td>Gibbs NM</td>
<td>1.0</td>
<td>Head of Department</td>
</tr>
<tr>
<td>Platt PR</td>
<td>1.0</td>
<td>Deputy Head of Department</td>
</tr>
<tr>
<td>Edeson R</td>
<td>1.0</td>
<td>Coordinator UWA Pharmacology Tutorials</td>
</tr>
<tr>
<td>Gardner A</td>
<td>1.0</td>
<td>Regional Education Officer ANZCA</td>
</tr>
<tr>
<td>Giles EK</td>
<td>1.0</td>
<td>Library Co-Coordinator</td>
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<tr>
<td>Hennessy B</td>
<td>1.0</td>
<td>Consultant to Acute Pain Service</td>
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<tr>
<td>Holldack H</td>
<td>1.0</td>
<td>Consultant to the Recovery Room</td>
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<tr>
<td>Josephson M</td>
<td>1.0</td>
<td>Continuing Medical Education Coordinator</td>
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<tr>
<td>Majedi M</td>
<td>1.0</td>
<td>Locum July – Dec</td>
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<tr>
<td>Murphy DF</td>
<td>1.0</td>
<td>Coordinator of department refurbishment</td>
</tr>
<tr>
<td>Opie NJ</td>
<td>1.0</td>
<td>Staff Welfare/Mentor Officer</td>
</tr>
<tr>
<td>Pfluger E</td>
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<tr>
<td>Roberts LJ</td>
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<td>Director, Acute Pain Service</td>
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<tr>
<td>Schaefer R</td>
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<tr>
<td>Thackray NM</td>
<td>1.0</td>
<td>Quality Improvement Coordinator</td>
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<tr>
<td>Weightman WM</td>
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<td>Equipment Coordinator</td>
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<tr>
<td>Lim B</td>
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<td>Critical Incidents Co-Coordinator</td>
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<tr>
<td>Martindale S</td>
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<td>Locum from April</td>
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<tr>
<td>Watts S</td>
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<td>Clinician in Charge Pre-Admission Services, Day Procedure Unit</td>
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<tr>
<td>Fabling J</td>
<td>0.5</td>
<td>Continuing Education Officer ANZCA WA</td>
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<tr>
<td>Lennon M</td>
<td>0.5</td>
<td>(remaining 0.5 in Intensive Care)</td>
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<tr>
<td>MacFarlane J</td>
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<tr>
<td>Nazir H</td>
<td>0.5</td>
<td>Supervisor of Resident Teaching &amp; Tutorials</td>
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<tr>
<td>Smith C</td>
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<td>IT Networking</td>
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<td>Ahmat K</td>
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<tr>
<td>Booth P</td>
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<tr>
<td>Hillman D</td>
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<td>Head of Department, Pulmonary Physiology</td>
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<tr>
<td>Popovic E</td>
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<td>Locum appointment April</td>
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<tr>
<td>Wang L</td>
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<td>Locum March – June</td>
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Senior Staff Changes During 2004

Graham J    Consultant appointment January
Holldack H   Locum appointment October
Lennon M    Consultant appointment January
MacFarlane J  Locum Consultant appointment July
Majedi M    Locum Consultant July to December
Martindale S Locum Consultant appointment April
Murphy D    Reduced to 0.8 July
Pfluger E    Locum appointment November
Popovic R    Locum appointment April
Schaefer R   Locum Consultant appointment August 2004
Wang L      Locum March to June

1.2 Administrative Staff

Ms Kerry Hobson  1.0  Administrative Assistant
Ms Kymberley Rogers  0.5  Quality Improvement Project Officer
Mr Dino Renaidi  0.2  Computing Coordinator

1.3 Nursing Staff

Ms Lyn Hellier  1.0  CNC Acute Pain Service
Ms Hilary Croy  0.5  CN Acute Pain Service
Ms Bobby Beacock  1.0  CNC Vascular Access Service
Ms Kathy Smyth  0.25  CN Vascular Access Service
Mr Michael Hallam  0.25  CN Vascular Access Service
1.4 Junior Staff

Registrars

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<td>Butler J</td>
<td>Chan SL</td>
<td>Chan CW</td>
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<td>Curo A</td>
<td>Chan CW</td>
<td>Durack D</td>
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<td>Green L</td>
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<td>Josephs I</td>
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<td>Chan SL</td>
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<td>Luscombe K</td>
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Residents

Term 1  Fahimian N, Palumbo A
Term 2  Howe W, Raftopoulos S
Term 3  Allan E, Hasheminia N
Term 4  Paul T, Thomson D
Term 5  Karanovic A, Stewart N M
2 PROJECTS AND ACHIEVEMENTS DURING 2003

ANZCA Annual Scientific Meeting Perth 2004

Dr Josephson  Convenor
Dr Roberts   Scientific Convenor
Dr Gardner   Social Convener
Dr Gibbs    Member of Planning Committee

Expansion of Staff Establishment

To comply with new Award provisions, to improve supervision of trainees, to improve the cover of additional outside area commitments, and to improve ‘safe-hours’ rostering, it became apparent that the Department needed a substantial increase in its Staff Establishment. This was supported by the Hospital Executive Committee, and recruiting commenced mid-year. Several appointments were made as reflected in the staff lists.

Ultrasound Imaging Facilities for Central Venous Access and Plexus Block

Portable ultrasound examination facilities were purchased to assist with central venous access and plexus blocks. This resulted in a step change to the procedures for central venous access, with most clinicians choosing to examine the venous anatomy by ultrasound prior to or during central venous cannulation. Ultrasound imaging also became available for plexus blocks.

Simulator Facilities

Funding was obtained for a Department medical simulator, particularly for airways skills development and resuscitation. The new simulator is expected to be installed by mid 2005.
3 CLINICAL COMMITMENTS

During 2004 the Department provided anaesthesia for approximately 11000 cases in the operating theatre (including about 3500 orthopaedic cases, 1000 neurosurgical cases, 600 urology cases, 500 cardiothoracic cases and 350 vascular cases). In addition, the Department provided cover for over 2000 cases outside the operating theatre. Approximately 25% of all cases were emergencies.

3.1 Acute Pain Service

See separate Report

3.2 Intravascular Access Service

The Nurse Lead Vascular Access Service inserted 516 PICC lines (this is an 11% increase on 2003) with a 98% success rate

Insertion of 365 CVCs by the Anaesthetic staff (this is an 8% increase of service).

2,398 patients were reviewed by the Nurse Lead Service regarding IV access, device decision making, insertion, follow up care and troubleshooting complex access issues (5% increase).

Due to 24% overall increase in service, there has been 0.5FTE Clinical Nurse (CN) support appointed to the CNC/IV Therapy in August 2004. This is to sustain the highest standard of service for the expanding Vascular Access Service at SCGH.

Over 550 nurses attended education seminars on the care and management of Vascular Access devices, over 380hrs were committed to education programs by the CNC/IVTherapy.

Implementation of a state wide IV Therapy Interest Group, which meets bi-monthly with approximately 25 attendees at each meeting.
4 NON-CLINICAL COMMITMENTS

This is a summary of non-clinical commitments and activities (ie administrative, teaching, research, quality improvement) of Department members. See also Department Responsibilities under 1.1 Senior Staffing.

Daily Duty Anaesthetists

Monday Watts S
Tuesday Murphy D
Wednesday Edeson R (am)/Myles S (pm)
Thursday Platt P (am)/Roberts LJ (pm)
Friday Opie N/Josephson M - alternate weeks

Committee Membership

National

Gardner A  Examiner  Primary physiology ANZCA
Gibbs N  Member  Board of Anaesthesia and Intensive Care
  Associate Editor  Anaesthesia and Intensive Care
  Regional Sub-Editor  Australasian Anaesthesia
Member  National Anaesthesia Mortality Committee
Examiner trainer/assessor  ANZCA Primary Examination
Giles E  Christchurch Primary Course
Hennessy B  Examiner  Primary pharmacology ANZCA
Roberts LJ  Councillor  ANZCA (from May 2004)
  Chair  Overseas Trained Specialists Committee
  Chair  Annual Scientific Meeting
Education and Training Committee
Hospital Accreditation Committee
Continuing Education and Quality Assurance Committee
Communication and Fellowship Affairs Committee
Anaesthesia and Industry Liaison Committee
Workforce Committee
Scientific Convenor  ANZCA, JFICM, FPM Annual Scientific Meeting Perth, WA, May 2004
Examiner  ANZCA Faculty of Pain Medicine
  ANZCA Faculty of Pain Medicine Committee
Watts S  Chairman  Day Care SIG, ANZCA
State

Fabling JM  Continuing Education Officer ANZCA WA.
            Convenor  Winter Scientific Meeting Perth

Gardner A  Member  WA Regional Committee ANZCA
            Regional Education Officer ANZCA
            Convening Committee  ASM of ANZCA May 2004.

Gibbs N  Chairman  WA Anaesthetic Mortality Committee
            Member  Inter-Hospital Liaison Committee
            Member (Co-opted)  WA ANZCA Regional Committee

Watts S  Private sector licensing committee HDWA

Roberts LJ  WA Representative  Welfare of Anaesthetists Special Interest
            Group National Executive.

ANZCA WA Regional Committee
            Regional Education Officer and Formal Projects Officer (until May 2004)
            Ex officio member (from May 2004)

Weightman W  Various State Health Supply contracts committees.

Hospital

Gardner A  Member  SCGH Clinical Association Executive
            Director  Clinical Training, SCGH

Gibbs N  Member  SCGH Clinical Association Executive
            Member  SGGH Theatre Management Committee
            Member  Blood Transfusion Committee
            Member  Clinical Staff Education Fund Committee

Giles E  SCGH Drugs and Therapeutics Committee

Lim B  Critical Incident Collator

Opie N  SCGH Medic Alert Committee
            MRI Planning Committee

Thackray NM  Trauma Committee
            MET Committee
            EMST Instructor

Watts S  SCGH Theatre Management Committee

Weightman WM  Product Evaluation Committee
4.3 Departmental, Intra-hospital and Inter-hospital Presentations

Gardner A  Safety in the Operating Theatre, Department meeting, February 2004

Gibbs N  Management of severe peri-operative coagulopathy, CT Surgery, June 2004
Cardiopulmonary Bypass, CT Surgery, November 2004
Determinants of Anaesthesia Mortality, Department Meeting, April 2004
Haematology Physiology, Part I course, Mar 2004
Haematology Pharmacology, Part I course, Mar 2004

Hennessy B  Registrar presentation, The First Part Exam, SJOG 29/1/04
Acute Pain Service lunchtime meeting series: PCRA, 4/2/04
Royal Perth Hospital oral presentation PCRA, 17/5/05
Nursing tutorial on the management of patients with PCRA, 19/5/04
Recovery room nursing tutorial: Capnography, 21/6/04
Nursing tutorial on analgesics and when to use what, 6/7/04
Plastics registrar tutorial on local anaesthetics, 17/9/04
Nursing lecture: Analgesics, 10/12/04
Nursing recovery room tutorial: Edoluminal AAA

Josephson M  Anaesthetic Meeting Report Back, Department Meeting, May 2004
End of Year Revision Quiz, Department Meeting, December 2004

Lim B  Critical Incident Reporting four times per year, Department Meeting

Macfarlane J  Ultrasound Guided Nerve Blockade, Department Meeting

Myles S  APS – Audit of regional techniques
Acute Pain Study Day: Outline of APS functions for nursing staff from SCGH/OPH
Regional anaesthesia presentation, Fremantle Hospital Department of Anaesthesia

Roberts LJ  Sir Charles Gairdiner Hospital EF Haywood Award for clinical teaching
Facilitator, Teaching on the Run Sessions, Department of Postgraduate Medical Education, SCGH
Patient controlled epidural analgesia: a review of the literature, WA Pain Nurses Group
Pain Management in the ICU and Emergency Departments. Critical Care and Emergency postgraduate nursing course

Watts S  Perioperative Service/HDU options, Department Meeting
4.4 State, National or International Presentations

Fabling JM
PBLD presentation (posterior fossa craniotomy), PEARL (anaesthesia for trigeminal rhizolysis), chair (free paper session) ANZCA ASM Perth

Gardner A
Anaesthesia at the Crossroads National Meeting of the Australian Society of Anaesthetic Technicians, Perth November 2004
Facilitator of PBLD on cardiac anaesthesia, ANZCA ASM Perth

Gibbs N
25 Year Trends in Anaesthesia Mortality in WA, Perth, May 2004
Role of rFVIIa in the Management of Coagulopathy, Perth, May 2004
History of the Discovery of Anaesthesia, Perth, September 2004
Management of Chronically Anticoagulated Patients, Sydney, September 2004
Determinants of Anaesthesia Mortality, Sydney, September 2004
Risks of Regional Anaesthesia in Anticoagulated Patients, Sydney, September 2004
Role of FVIIa in Liver Transplantation, Leeds, January 2004
Determinants of Anaesthetic Mortality, Paris, April 2004
Fulminant Hepatic Failure, Japan, June 2004

Giles E
Moderated PBLD and facilitated workshop on fibreoptic bronchoscopy skills, ANZCA ASM Perth
Talk on preparing candidates for the primary examination at the College Medical Education SIG Annual Meeting, Queensland

Graham JK
External instructor CASMS at CTEC every 3-4 weeks, life support and crisis management courses
Instructor EMAC 2½-day anaesthetic crisis management course, compulsory ANZCA course for anaesthetic training, September 2004
Ongoing work at the simulation centre

Hennessy B
Oral presentation PCRA, ANZCA ASM Perth
PBLD facilitator BKA in a vasculopathy, ANZCA ASM Perth
Regional workshop facilitator, ANZCA ASM Perth
NASSF Conference presentation: Day Surgical Analgesia, 26/6/04

Hillman D
Australian and New Zealand College of Anaesthetists, Annual Scientific Meeting, Perth 2004. Invited speaker: “Sleep, Anaesthesia and the Upper Airway”
Australasian Sleep Association, Annual Scientific Meeting, Sydney 2004
Invited speaker, postgraduate course: “History of non-invasive ventilation”

Josephson M
Session chair, ANZCA ASM Perth

Lennon MJ
Late presentation of TEE-related gastrointestinal complications in cardiac surgical patients, ASM of the Society of Cardiovascular Anesthesiologists in Hawaii USA, April 2004
Video Laryngoscopes, ANZCA ASM Perth
Martindale S  Anaesthesia for ERCP – review of the literature, ANZCA ASM Perth

Myles S  PEARL 4: Anaesthesia and lung lavage for alveolar proteinosis, ANZCA ASM Perth
Regional Block Course CTEC x 2

Platt P  New Devils and Anaphylaxis, ANZCA ASM Perth

Roberts LJ  Selection of anaesthesia trainees, ANZCA ASM Perth
Chair, Gender, Genes, Anaesthesia and Pain, ANZCA ASM Perth

Watts S  Outcomes after Regional Anaesthesia
Workshop Post-Surgical Neuropathy, ANZCA ASM Perth
Safety of Tramadol, ADSC/Day Care SIG, Sydney
Ambulatory Plexus Infusion, ADSC/Day Care SIG, Sydney
Extended Day Care – The 23hr Ward
Disposable Infusion Devices, Surgical Synergies Meeting
Future Directions in Painbusting, ASA Annual Congress, Sydney
Instructor to CTEC Regional Analgesia Workshop
Coordinator Perth Regional Anaesthesia Fellowship program
5 PUBLICATIONS (Acknowledging the Department of Anaesthesia)

5.1 Journal Articles

Gibbs NM


Lennon MJ

Lennon MJ, Gibbs NM, Weightman WM, Leber J, Hooi C Ee, Yusoff IF. Transesophageal Echocardiography Related Gastrointestinal Complications in Cardiac Surgical Patients. Journal of Cardiothoracic and Vascular Anaesthesia; IN PRESS


Procedures and Techniques in Intensive Care Medicine, 3rd Edition. Richard S. Irwin, James M Rippe, Frederick J. Churnley, Stephen O. Heard; Lippincott Williams and Wilkins

Martindale S

Double Blind Randomised Control Trial of Caudal versus IV S(+-)Ketamine for the supplementation of analgesia in children. BJA 2004;92(3)344-7.

Platt P


Roberts LJ


Weightman W

5.2 Published Abstracts

Gardner A  
L Roberts, A Gardner. 
Selection of Anaesthesia Trainees 
Anaesth Intens Care 2004;32:838-4

Gibbs NM  
Lennon MJ, Yusoff IF, Leber J, Gibbs NM, Weightman WM  
Late presentation of TEE-related gastrointestinal complications in cardiac surgical patients. 

Hillman D  
Hillman DR, Loadsman JA, Platt PR, Eastwood PR. Obstructive sleep apnoea and anaesthesia. 
Sleep Med Reviews 2004; 8:459-71

Lennon MJ  
Lennon MJ, Gibbs NM, Weightman WM, Leber J, Hooi C Ee, Yusoff IF.  
Late presentation of TEE-related gastrointestinal complications in cardiac surgical patients. 

Roberts L  
L Roberts, A Gardner. 
Selection of Anaesthesia Trainees 
Anaesth Intens Care 2004;32:838-4

5.3 Reviews

Fabling J  
Reviewer ad hoc Anaesthesia and Intensive Care.

Gibbs N  
Assigned editor for over 120 manuscripts submitted to ‘Anaesthesia and Intensive Care’.

Myles S  

Roberts LJ  
Anaesthesia and Intensive Care  
The Journal of Pain  
ANZCA research grants  
Pfizer neuroscience research grants

Weightman W  
Review for Anaesthesia and Intensive Care.

5.4 Letters

Gibbs N  
Hullett B, Gibbs NM, Weightman W, Thackray M, Newman M.  
Esophageal Doppler monitoring in off-pump cardiac surgery – reply. 
6 RESEARCH PROJECTS

Edeson R  
Modeling of mechanosensitive ion channel gating (collaboration with UWA Mathematics Department).  
Completion 2005.

Gardner A 
Radiation Exposure in Anaesthetic Practice: with Dr Daniel Durack and Andrew Trang.  
Submitted for publication May 2005.

Gibbs N 
Assessment of protamine effects of TEG in vitro.  

Long K  
During 2004 the Department has been involved with three research projects, Lumbar Plexus Trial (now completed), Plexus Nerve Block Audit (ongoing) and Post-Operative Delirium Review in NOF patients (ongoing).

Over 1000 patients have been interviewed following administration of plexus nerve blocks and/or insertion of a nerve block catheter. The audit aims to follow-up, document and review (and refer where appropriate) all patients that encounter nerve damage potentially caused by nerve blocks. The Department has also been involved with the evaluation of portable infusion devices, which administer local anaesthesia in monitored doses post-operatively for ambulant surgery patients. Both projects are under the supervision of Dr Steve Watts

In excess of 100 patients and patient relatives have been interviewed and assessed by the Research Nurse and the Orthogeriatric Registrar to gain insight into the post-operative delirium review project. The review is ongoing and is under the guidance of Dr Emma Giles in partnership with Dr Christopher Beer, Senior Lecturer, Geriatrics, UWA.

Martindale S  
ERCP and the role of the Anaesthetist – submitted to AIC.  
Audit of ERCP (in progress).

Roberts LJ  
LJ Roberts, L Manchanda, CR Goucke, PT Pullan, Bhagat CI.  
Effect of prolonged oral opioids on testosterone levels in males with chronic pain (Sir Charles Gairdner Hospital Research Grant, data collection in progress).  
National Institute of Clinical Studies project, institutional approaches to the assessment and management of pain.  
Contributor to the 2004 revision of the NHMRC document "Acute pain management: scientific evidence". (Section 11.1 The opioid tolerant patient)  
Co-investigator, Alvimopan for opioid-induced bowel dysfunction, a multicentre trial.

Watts S  
Lumbar plexus infusion versus epidural for analgesia after hip and knee joint arthroplasty.
Comparative trial of disposable infusion devices for ambulatory interscalene plexus blockade
Audit of neurological outcomes after plexus or nerve block.

Weightman WM

Does perioperative autologous, unfiltered, blood transfusion influence long-term survival following coronary artery surgery?
Completion date July 2005.
7 QUALITY IMPROVEMENT/AUDIT ACTIVITIES

Gardner A  An audit of perioperative medication with Dr Russell Clarke.

Gibbs N  Cardiac anaesthesia in practice and outcome, November 2004

Graham J  Since January 2004, in conjunction with the Department of Radiation Oncology, we have been conducting an audit of analgesia provided to patients receiving high dose prostate brachytherapy.

This audit has involved a standard form, and data collection by the staff in Radiation Oncology.

Two different forms of analgesia are administered to this group of patients. Patient controlled intravenous analgesia and combined spinal/epidural. The audit collected pain scores on movement and during treatments, as well as sedation and nausea scores. There was also a section for particular problems to be reported.

The results of this audit were presented to the Department of Anaesthesia, SCGH in February 2005. Statistical analysis showed a small, but significant difference between the two methods of analgesia. Epidural analgesia was significantly more effective as a form of analgesia for this procedure.

This audit is on going, and now also involves one of the registrars from the West Australian training rotation.

Josephson M  Unplanned admission to ICU clinical indicator
Annual collection of clinical indicators

Lim B  Critical Incident Collator (reportable to the Clinical Governance Unit. There are four reports per annum after the cases are presented and discussed at a general meeting.

Macfarlane J  Audit of ultrasound guided nerve blocks performed at SCGH.

Myles S  Design of personal digital assistant (PDA) based database for APS data collection.
Acquisition of hardware and appropriate software.
Three month trial of database prior to transfer to fully digital record keeping in 2005.

Myles S  Dental anaesthesia – outcomes with a non-muscle relaxant technique.

Platt PR  Pre-operative assessment clinical indicator

Roberts LJ  Prescription of oral opioids: medication chart audit to determine the rate and amount of oral opioid consumption on an orthopaedic ward (with Lyn Hellier, APS CNC).
Watts S  
Audit of outcome and efficacy after plexus and major nerve blocks. 
Initiation of Departmental audit. Systematic follow-up and documentation of potential nerve injury/dysfunction. Ongoing modification of audit systems to capture and report data that can contribute to clinical outcomes. Reports planned after every 500 entries.

Long Term Neurological Outcome after Surgery and Plexus Blockade 
Case Report: Bilateral Total Hip Arthroplasty as an Ambulatory Procedure

Weightman W  
Cardiac anaesthesia outcome.
8  FORMAL TEACHING

**Third Year Medical Students**

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**Sixth Year Medical Students**

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**SCGH Intern Tutorials**

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**Resident Medical Officer Tutorials in Anaesthesia**

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**Anaesthesia Registrar Tutorials**

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**Primary Exam Tutorials/Practice Vivas**

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**Final Exam Tutorials/Practice Vivas**

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Module Supervisors

Giles E  Module 1
Edeson R  Module 7
Roberts LJ  Module 10

Referee

Edeson R  NHMRC grant

9 CONTINUING MEDICAL EDUCATION QUALIFICATIONS

Gardner A  Completed the University of Melbourne Post Graduate Diploma in Perioperative Echocardiography.