

Vapour

SWOT

STRENGTHS



WEAKNESSES



OPPORTUNITIES



THREATS



Theme:

Personal and Professional Growth in Anaesthesiology: A SWOT analysis!

HIGHLIGHTS

Dr. Saurabh Trivedi: Personal and Professional Growth of an Anaesthesiologist as an Emergency Physician – A SWOT analysis

Dr. Raksha Kundal: Anaesthesiologist as a perioperative physician (SWOT Analysis)

HISTORY, ART & LITERARY PAGES

Dr. Chandrasekhar Krishnamurti: John Henry Blease: a curious inventive mind

Art Pages: 1) Dr. Vasantha Kumar KR 2) Dr. A Rathna

BRAIN GAMES

KALEIDOSCOPE

A tryst with Dr Swati Singh

Dr. Bhavna Gupta: SWOT Analysis: Evolving Role of the Anaesthesiologist Beyond the Operating Room

Dr. Ridhima Sharma: SWOT Analysis of Medical Education in India

ISA ACTIVITIES

YUVA PAGES

Dr. Tanmaya Sachdeva: A SWOT Analysis of Competency-Based Postgraduate Anaesthesia Training

Dr. Ankita Saini: 'SWOT analysis: Profession and Career in Anaesthesia'

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EDITOR'S NOTE



Dear esteemed members,

Warm greetings from Indian Society of Anaesthesiologists (ISA) National Headquarters!

I am happy to present to you the January-February 2025 issue of VAPOUR. VAPOUR has been regularly bringing the academic information and information of activities of ISA to the doorstep of all our members. This issue too is abuzz with news of activities of ISA branches and articles related to the theme 'Personal and Professional Growth in Anaesthesiology: A SWOT analysis'.

Surviving and thriving in a competitive, fast moving world can be challenging for all, no matter the age, gender, profession and geographical area. A person, organisation or project cannot make progress and will be swept away in the floods of rapid dynamism and time if they do not strategically plan their moves. Old strategies can become less effective, obsolete and may die out. The profession of anaesthesiology and the anaesthesiologists are no exception to this. They have to survive in this dynamic world wherein rapid and complex changes are taking place in all sectors, both professional and personal, in terms of technology, environment and human behaviour. Newer issues and concerns can keep cropping up in the workplace and also on the personal front for the anaesthesiologist. It is necessary that the anaesthesiologist should identify the strengths, weaknesses, opportunities and threats involved in his professional and personal growth, plan strategies to make use of the strengths and opportunities and to mitigate the weaknesses and threats. SWOT analysis is a technique that can help in this endeavour. It can identify strengths, weaknesses, opportunities and threats involved in a project and create effective strategies based on these identified factors. This can help a person or organisation survive in this competitive world.

I am sure that the articles in this issue on SWOT analysis of our profession and other related topics will ignite the readers' strategic thinking, help plan for strengthening their professional performance, navigate the challenges and opportunities that lie ahead of them and ultimately harbour their personal growth and self-improvement.

Hope you enjoy reading VAPOUR!

Until we meet again, take care!

Long live ISA!

Dr. Sukhminder Jit Singh Bajwa
Honorary Secretary, ISA National
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(The official newsletter of the ISA National)

ISA NOTICE BOARD

CONFERENCE & CME CALENDER OF ISA (2025-26)

Conference/CME (Coming up)	Location	Organised by	Dates
ISA National sponsored CME and Workshop	Rishikesh	ISA Rishikesh city branch	24 th August 2025
RAJISACON 2025	Bikaner	Department of Anaesthesia, Sardar Patel Medical College, Bikaner & ISA Bikaner city branch	5 th to 7 th September 2025
64 th ISACON Delhi 2025	Delhi	ISA Delhi	12 th -14 th September 2025
ISACON Gujarat 2025	Ahmedabad	ISA Ahmedabad city branch	19 th -21 st September 2025
ISACON Puducherry	Puducherry	ISA Puducherry	19 th -21 st September 2025
ISA National sponsored CME and workshop	Patiala	ISA Punjab state branch	27 th & 28 th September 2025
ISACON North zone	Rohtak	Rohtak	3 rd -5 th October 2025
ISACON Maharashtra	Mumbai	ISA Mumbai Metro branch	10 th -12th October 2025

ISA NOTICE BOARD

CONFERENCE & CME CALENDER OF ISA (2024-25)

Conference/CME (Coming up)	Location	Organised by	Dates
49 th ISACON Kerala	Kozhikode	ISA Kerala state chapter	11 th & 12 th October 2025
UPISACON 25 (47 th annual conference of ISA UP state)	Lucknow	Department of Anaesthesia, SGPGIMS, Lucknow & ISA Lucknow City branch	24 th -26 th October 2025
72 nd ISACON 2025	Raipur	ISA Raipur	26 th -30 th November 2025

Note: The dates mentioned in the above table are tentative & as per information received.
The list of upcoming conferences will be updated in subsequent issues.

ISA National PG online classes

These are being conducted regularly every Monday between 6.30 to 8pm. Experienced PG teachers are taking PG oriented classes including exam-oriented topics.

ISA academic webinar series
College of Indian Society of
Anaesthesiologists (CISA) under
the aegis of ISA National
presents webinars every month
on useful topics.

ACADEMICS: SPOTLIGHT:

Theme- Personal and Professional Growth in Anaesthesiology: A SWOT analysis



Title: Personal and Professional Growth of an Anaesthesiologist as an Emergency Physician – A SWOT analysis

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Introduction

Anaesthesiologists are experts in perioperative care, pain management, and critical care medicine. Their expertise in ensuring patient safety, managing airways, and stabilising critically ill patients aligns closely with the demands of emergency medicine. [1,2] This overlap creates a natural pathway for them to expand their roles into emergency medicine. However, this transition presents unique strengths, weaknesses, opportunities, and threats (SWOT), which are analysed below.

Strengths

1. Clinical Expertise in Acute Care:

Anaesthesiologists are highly skilled in managing acute medical crises, such as airway management, resuscitation, and haemodynamic stabilisation, which are critical in emergency medicine. [2] Their experience in handling stressful situations in the operating room translates well to the rapidly changing stressful environment of the emergency department (ED).

2. Proficiency in Critical Care and Pain Management:

Anesthesiologists have extensive knowledge and exposure of critical care medicine, which is essential for managing critically ill patients presenting to the ED. [1,2] Their expertise in pain management is valuable for treating patients with acute pain, trauma, or post-surgical complications presenting to ED.

3. Proficiency in Point of Care Ultrasound:

Point of care ultrasound (POCUS), is now an integral part of anaesthesiologist training. We have sufficient exposure to the use of ultrasound from head to toe. From doing trans-cranial Doppler, measuring optic nerve sheath diameter, airway ultrasound, detection and relief of deep-neck abscesses, lung and cardiac ultrasound, and performing various ultrasound-guided peripheral nerve and plane blocks, anaesthesiologists are the masters. This knowledge and proficiency give them a distinct advantage over other specialties in utilising POCUS in the Emergency Department.

4. Leadership and Team Coordination:

Anaesthesiologists are accustomed to leading multidisciplinary teams in the operating room. They lead and co-ordinate with surgeons, nursing and other para-medics in different areas of the hospital. This leadership quality of theirs makes them effective leaders in the ED, where teamwork is crucial. They can efficiently coordinate care among nurses, paramedics, and other specialists during emergencies.

5. Technical Skills:

Proficiency in advanced procedures such as intubation, invasive line placement, and use of defibrillators and ventilators gives anaesthesiologists an edge in emergency settings. [1] Their familiarity with advanced cardiac monitoring and life-support systems is a significant asset, that strengthens their impact in ED.

6. Adaptability to High-Stress Environments:

Anaesthesiologists are trained to remain calm and make quick decisions under pressure, a skill that is invaluable in emergency medicine.

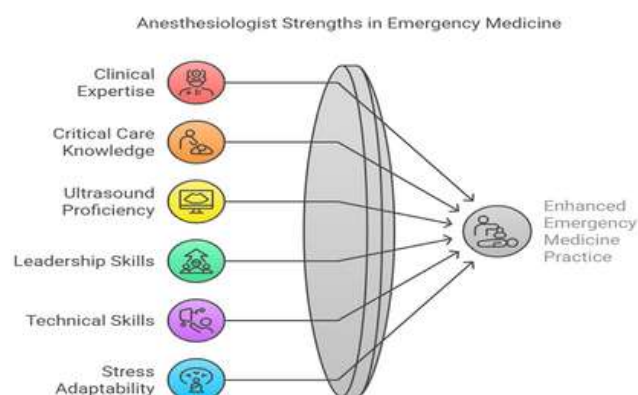


Figure 1: Strengths of Anaesthesiologist in Emergency Medicine

Weaknesses

1. Limited Exposure to Undifferentiated Patients:

Anaesthesiologists typically work with patients who have been pre-diagnosed or are undergoing planned procedures. [3] They have knowledge of diagnosed cases but are not comfortable to reach to the diagnosis; whereas, emergency physicians must diagnose and manage undifferentiated patients with a wide range of conditions, which may require additional training.

2. Narrower Diagnostic Scope:

While anaesthesiologists excel in perioperative care, their diagnostic skills may be more limited compared to emergency physicians, who must rapidly identify and treat a broad spectrum of medical and surgical conditions. [3]

3. Less Experience with Pre-Hospital Care:

Anaesthesiologists have limited exposure to pre-hospital care and disaster management, which are integral parts of emergency medicine. [3]

4. Work-Life Balance Challenges:

The irregular duty hours and high-stress nature of emergency medicine can be a significant adjustment for anaesthesiologists accustomed to more predictable schedules in the operating room.

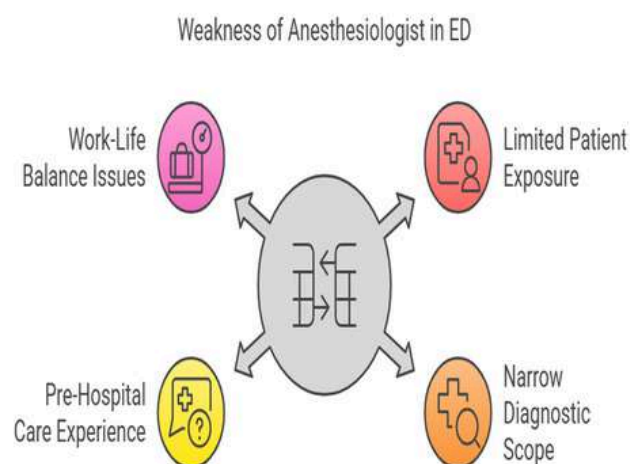


Figure 2: Weakness of Anaesthesiologist in Emergency Department

Opportunities

1. Growing Demand for Emergency Physicians:

Emergency medicine is a rapidly growing specialty, both in India and globally, with a high demand for skilled physicians. Anaesthesiologists can fill this gap by transitioning into the field. The National Medical Commission (NMC) in India has mandated the establishment of emergency medicine departments in all medical colleges, [4] creating more job opportunities for anaesthesiologists.

2. Diverse Career Pathways:

Emergency medicine offers various sub-specialisations, such as acute critical care, trauma care, toxicology, and disaster medicine, allowing anaesthesiologists to diversify their expertise. Opportunities for academic roles, research, and leadership positions in emergency medicine are expanding. We can expand our research and academic roles to other specialties.

3. Global Career Prospects:

Emergency medicine specialists are in high demand worldwide, particularly in countries like the USA, UK, Australia, and the Middle East. The trend is changing in India too. Anaesthesiologists are preferred by the recruiters because of their proficiency in acute care. Anaesthesiologists with additional training in emergency medicine can explore international career opportunities as well.

4. Skill Enhancement and Lifelong Learning:

Transitioning to emergency medicine allows anaesthesiologists to broaden their clinical knowledge and develop new skills, such as advanced diagnostic techniques and pre-hospital care management.

5. Financial and Professional Rewards:

Emergency physicians are among the highest-paid specialists globally, with attractive compensation packages in both public and private sectors. The shorter duration of emergency medicine training programmes compared to other specialties allows anaesthesiologists to start earning earlier.

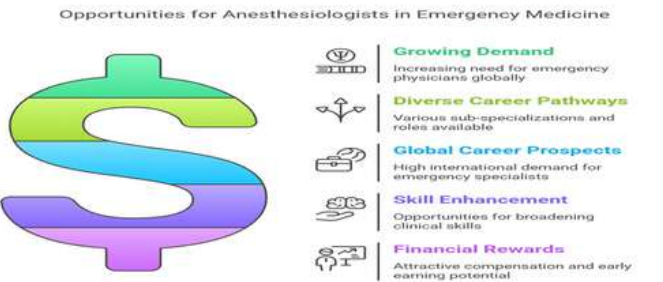


Figure 3: Opportunities for Anaesthesiologist in Emergency Medicine

Threats

1. High-Stress and Burnout:

The demanding nature of emergency medicine, with its long duty-hours, high patient volumes, and emotionally charged situations, results into burnout and mental health challenges. [5]

2. Legal and Ethical Challenges:

Emergency physicians often face medico-legal issues, such as allegations of negligence or malpractice, due to the high-stakes nature of their work. [5] Ethical dilemmas, such as end-of-life decisions and resource allocation during mass casualty events can be emotionally devastating.

3. Resource Limitations in Low-Income Settings:

In countries like India, emergency departments often face challenges such as overcrowding, [6] lack of beds, and limited resources, which can hinder the delivery of optimal care, resulting into violence against healthcare providers.

4. Competition and Recognition:

In India, emergency medicine is still an emerging specialty, and anaesthesiologists transitioning into the field face challenges in gaining recognition and acceptance from other medical professionals.

5. Circadian Rhythm Disruptions:

The irregular shift patterns in emergency medicine, including night shifts and weekends, can disrupt work-life balance and lead to long-term health issues. [5]



Figure 4: Threats & Challenges faced by Anaesthesiologist in Emergency Medicine

Conclusion

This SWOT analysis highlights that anaesthesiologists possess significant strengths and opportunities to excel in emergency medicine, particularly in areas like acute care, critical care, and leadership. However, they must address weaknesses such as limited exposure to undifferentiated patients and diagnostic challenges. Additionally, they need to navigate threats like high stress, legal risks, resource limitations and violence. By increasing their existing skills, by pursuing specialised training, and embracing the dynamic nature of emergency medicine, they can successfully transition into this rewarding field. The growing demand for emergency physicians, both in India and globally, makes this a promising career path with ample opportunities for personal and professional growth.

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Anaesthesiologist as a perioperative physician (SWOT Analysis)

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The term "anaesthesiologist as a perioperative physician" refers to broadening the anaesthetist's traditional duty outside the operating room to provide complete medical care during a patient's surgical journey. This encompasses engagement in the preoperative, intraoperative, and postoperative phases, with the goal of enhancing patient outcomes, decreasing complications, and improving overall surgical experiences.

It's not about chasing fancy new titles and forgetting the good old charm of being an anaesthetist—it's just that every new role, like the perioperative physician gig, comes with its own SWOT: Some Strengths to flaunt, Weaknesses to fix, Opportunities to grab, and a few Threats to duck...

Strengths: Anaesthesiologists have extensive clinical experience, special skill and a strong basis in physiology, pharmacology, and critical care, allowing them to efficiently handle complex perioperative settings. They have previously spearheaded patient safety initiatives, such as the creation of protocols and checklists to reduce perioperative risk. Their position necessitates close collaboration with surgeons, nurses, and other professionals, promoting a multidisciplinary approach to care. Furthermore, they excel at both acute and chronic pain treatment, employing procedures such as regional anaesthetic to improve postoperative results

and patient recovery. Also, they excel in cardiac resuscitation, blood transfusion, and ventilator therapy, showcasing their expertise in critical, life-saving perioperative care. If anaesthesiologists can handle the potentially crisis-prone intraoperative time, they can be relied on to manage the pre and postoperative periods with equal effectiveness.

Weaknesses: Though anaesthesiologists have broad experience in perioperative period management, they are frequently seen as intraoperative care providers only, with limited expected involvement in pre- and postoperative care. This perception among the medical fraternity limits their potential as perioperative physicians. Furthermore, the rigorous nature of their routine in operating rooms, which includes long hours and high stress levels, increases the risk of burnout. Postoperative period is often managed by surgeons or intensivists, which limits anaesthesiologists involvement in the required period where they can be of great help. Anaesthesiologists have limited training for critical non-technical skills like communication, leadership, and system-based healthcare administration which is an essential requirement of a perioperative physician. All these are substantial hurdles, making it difficult for anaesthesiologists to completely embrace the perioperative physician position.

Opportunities: Anaesthesiologists are well trained and aware of Enhanced Recovery After Surgery (ERAS) protocols and the institution of multimodal analgesia in the perioperative period to aid early mobilisation to enhance patient recovery. This opens the door for their future role through leadership in such ventures. In the preoperative period, their potential can be utilised for prehabilitation by optimising comorbidities and promoting lifestyle changes to improve surgical readiness.

Threats: No path is easy. Anaesthesiologists encounter numerous barriers when establishing themselves as perioperative physicians. The increasing recruitment of hospitalists and intensivists in perioperative care may diminish the anaesthesiologist's influence in this domain. Many anaesthesia residency programmes lack the necessary resources to adequately prepare anaesthesiologists for the expanding role of perioperative physicians. Consequently, some anaesthesiologists may be inadequately equipped to perform duties beyond intraoperative care due to the limited training in perioperative medicine. Factors such as hesitation, the comfort zone of established routines, and a lack of enthusiasm also contribute to this challenge.

Finally, due to their clinical experience and systems-based approach, anaesthesiologists are well-suited to transition into the role of perioperative physicians. While challenges such as limited recognition, workload, and systemic impediments persist, the growing acknowledgment of their expertise and skilfulness indicates a promising future. With the right support, training, and institutional backing, anaesthesiologists can provide holistic surgical care and significantly improve perioperative outcomes.

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SWOT Analysis: Evolving Role of the Anaesthesiologist Beyond the Operating Room

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Strengths

1. **Multidisciplinary Clinical Expertise-** Anaesthesiologists are trained across multiple domains, and their ability to function in intensive care units (ICUs), emergency settings, and trauma care makes them versatile and invaluable outside the operating room (OR).
2. **Leadership in Perioperative Medicine-** Anaesthesiologists are at the forefront of the shift towards patient-centred care and improved surgical outcomes. They are not only part of perioperative assessment clinics, stratifying surgical risks, optimising comorbidities, and designing individualised perioperative plans. Anaesthesiologists lead ICUs and coronavirus disease (COVID)-19 pandemic ICUs brought this leadership to the forefront.
3. **Technological Proficiency-** Anaesthesiologists use cutting-edge technologies like POCUS for bedside diagnostics, ultrasound for nerve blocks, TTE and TEE, BIS for anaesthesia depth.
4. **Crisis Management & Rapid Decision-Making-** Their constant exposure to high-risk areas equips them with critical skills in managing life-threatening crises- airway obstruction, cardiac arrest, and massive haemorrhage.
5. **Interdisciplinary Communication & Coordination-** Anaesthesiologists are a central link between surgeons, nurses, administration and medical teams. Their coordination ensures smooth perioperative transitions, especially in

Enhanced Recovery After Surgery (ERAS) programmes, trauma protocols, and operation theatre (OT)-logistics.

6. **Broad and Deep Skill Set-** Anaesthesiologists possess expertise in applied physiology, pharmacology, resuscitation, airway management, and procedural sedation and effectively work in ICUs, pain clinics, trauma, and emergency medicine.
7. **Growing Demand for Perioperative Optimisation & Pain Management-** With ageing population, and increase in comorbidities, there is increased emphasis on perioperative assessment and chronic management, highlighting role in their demand. [1]

Weaknesses

1. **Limited Public & Interdisciplinary Visibility-** Despite their pivotal role, anaesthesiologists often remain behind the scenes. This invisibility may lead to under-recognition by patients, hospital administrators, and even fellow surgeons and physicians, which may limit their authority and influence outside the OR.
2. **Burnout and Mental Health Challenges-** Long hours, high-stakes decisions, and limited rest periods contribute to a high burnout rate. The emotional toll of ICU and trauma care, compounded by administrative pressures, may deter role expansion.
3. **Shortage of Trained Subspecialists-** The evolving scope demands more specialists in sub

specialities, and lack of formal subspecialty pathways limit the workforce's readiness for expanded roles.

4. Inertia Within Healthcare Systems- Hospitals may be reluctant to redefine anaesthesiologists' roles due to traditional compartmentalisation or fear of interdepartmental conflicts.

5. Limited Recognition-Anaesthesiologists are still viewed only as “surgery support” specialists. Their broader roles in ICU, pain, and perioperative care remain underappreciated.

6. Workforce Shortages & Burnout Risk -As demands increase beyond the OR, the existing workforce may experience overload, potentially leading to burnout and job dissatisfaction.

7. Reimbursement & Incentive Gaps-Activities like preoperative optimisation, telemedicine, and pain consultations often have lower financial returns than intraoperative anaesthesia care, disincentivising non-OR work.[1]

Opportunities

1. Leadership in Critical Care & Emergency Medicine- The COVID-19 pandemic reinforced the anaesthesiologist's vital role in ventilatory support, sedation protocols, and ICU management.

2. Expansion into Chronic Pain & Palliative Medicine- Anaesthesiologists are ideally placed to run pain clinics and palliative care units, especially for cancer pain, neuropathic pain, and end-of-life symptom relief.

3. Role in Accreditation & Hospital Safety Protocols- With their systematic approach to patient safety and quality improvement (e.g., time-outs, checklists, infection control),

anaesthesiologists are increasingly involved in hospital accreditation processes (NABH) and policy-making.

4. Medical Education & Simulation Training-Anaesthesiologists are pioneers in simulation-based teaching for airway management, advanced cardiac life support (ACLS), trauma drills, and obstetric emergencies.

5. Involvement in Research and Innovation Fields, such as artificial intelligence (AI) integration in anaesthesia delivery, pharmacogenomics, green OR initiatives, and wearable monitors, and can contribute to sustainable healthcare innovations.

6. Perioperative Surgical Home (PSH) & ERAS-Anaesthesiologists are leaders for integrated models like PSH, where they coordinate care from pre-op to post-op, improve outcomes, and reduce costs.

7. Expansion into Pain & Palliative Medicine- With the global opioid crisis and a growing chronic pain population, there is a huge need for safe, multimodal pain strategies and interventional techniques that anaesthesiologists are well trained to deliver.

8. Telemedicine & Remote Monitoring-Virtual preoperative assessments, remote ICU oversight, and postoperative follow-ups through digital platforms offer cost-effective care, especially in resource-limited settings.

9. Global Health, War, Emergency & Disaster Response-Anaesthesiologists' crisis management skills, rapid resuscitation expertise, and adaptability especially in war-like situation make them crucial in humanitarian missions, military medicine, and natural disasters.

Threats

1. Encroachment by Other Specialities- Intensivists, emergency medicine physicians, and interventional pain specialists may take

over areas traditionally under anaesthetists' scope.

2. Legal and Ethical Liability Expansion- With broader responsibilities come greater legal risks. Managing ICU end-of-life decisions, prescribing long-term pain medications, and acting as the primary physician in perioperative settings all increase potential medico-legal vulnerabilities.

3. Technological Displacement & Automation- The emergence of closed-loop anaesthesia systems and AI-guided sedation protocols may marginalise manual anaesthesia administration, forcing anaesthesiologists to shift toward less automatable roles (like communication, planning, and judgment-heavy domains).[2]

4. Institutional and Policy Barriers- Lack of funding, rigid hospital hierarchies, and minimal representation in health policy bodies can limit structural expansion of the anaesthesiologist's role beyond the OR.

5. Healthcare Cost-Containment Pressures- Administrators may see anaesthesiologists' extended roles as non-essential or replaceable, especially if automation, nurse anaesthetists, or lower-cost providers are favoured in cost-cutting efforts.

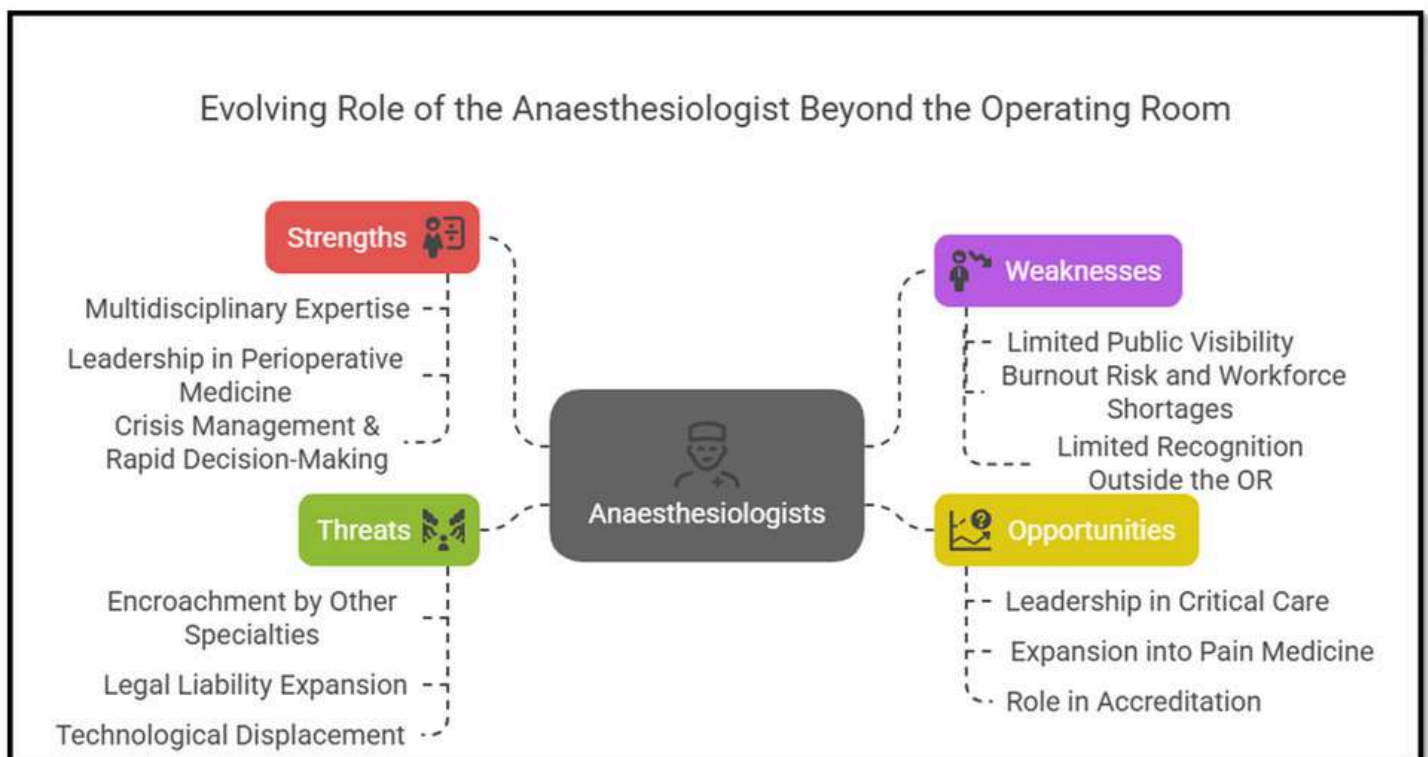


Figure 1: SWOT analysis (infographic illustration created by me, using Canva premium and Napkin AI)

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SWOT Analysis of Medical Education in India: Navigating Challenges and Harnessing Opportunities for Reform



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Introduction

Medical education in India has experienced a substantial transition that reflects the country's evolving healthcare requirements, technology breakthroughs, and educational reforms. With more than 700 medical schools and an increasing number of graduates annually, India substantially contributes to the global healthcare workforce. A paradigm change toward outcome-based training was signalled in 2019 when the National Medical Commission (NMC) introduced the Competency-Based Medical Education (CBME) curriculum, emphasising outcome-based training, prioritising skill development, ethics, and community orientation.

Despite these improvements, the system continues encountering challenges such as quality differences among institutions, faculty shortages, and the growing commercialisation of education. Concurrently, the swift advancement of digital technologies, health policy measures like Ayushman Bharat, and worldwide health trends present distinct opportunities for innovation. In this scenario, a well-structured SWOT analysis is an effective tool to evaluate the current condition of medical education in India critically. This method can guide strategic planning, curricular updates, and capacity enhancement for the future by pinpointing essential internal and external factors that affect the system.



SWOT Analysis

S STRENGTHS	W WEAKNESSES	O OPPORTUNITIES	T THREATS
• Extensive network of medical colleges across the country • Introduction of CBME and focus on holistic competencies • Diverse patient population enabling rich clinical exposure • Integration of digital learning post-pandemic	• Wide variability in infrastructure and quality between private & public colleges • Faculty shortages and inadequate training in medical education technology • Overloaded curriculum with limited emphasis on soft skills, research, and humanities • Ineffective mentorship and insufficient research opportunities for undergraduates	• Leveraging digital platforms (telemedicine, e-learning, AI tools) • National Faculty Development Programs and international collaborations • Expansion of primary healthcare focus through Ayushman Bharat • Scope for interprofessional education and public health integration	• Growing commercialization and profit-driven private medical education • Brain drain due to limited academic and career progression opportunities • Inadequate planning in implementation of policy reforms • Increasing stress and burnout among students

Discussion

The SWOT analysis of India’s medical education system reveals a dynamic interplay of inherent strengths and persistent challenges influencing the development of future physicians. Notable advancements, such as expanding medical colleges and adopting the CBME framework, mark significant progress. However, unequal institutional capabilities and resource distribution often hinder these efforts.

A significant strength lies in the country's vast patient pool and diverse disease spectrum, offering rich clinical learning opportunities. Nevertheless, this potential is not fully realised due to faculty quality and infrastructure variability. Although the CBME approach emphasises skill-based training and ethical practice, its execution has been inconsistent, mainly because many institutions lack trained faculty in modern teaching and assessment techniques. Faculty members in departments are not adequate for CBME-related work. Designing early clinical exposure, integrating, and administering competency-based assessments and feedback are immensely challenging with limited academic staff. Framing specific learning objectives for all competencies are time-consuming. Further, planning and implementing integrated modules are time-consuming considering the quantum of portions.

Digitalisation, especially post-COVID-19, has emerged as a transformative opportunity. Virtual simulations, online modules, and telemedicine offer scalable solutions to improve access to quality education. Yet, over-reliance on digital modes without adequate infrastructure or digital literacy can widen the learning gap, particularly in rural or government-run colleges.

On the policy front, programmes like Ayushman Bharat signal a positive shift toward community-based care and preventive health. Aligning medical education with public health priorities could produce graduates better equipped for primary care roles. However, there remains a risk of superficial compliance with reforms without adequate groundwork, leading to implementation fatigue among faculty and students.

The commercialisation of education, driven by the growth of private institutions, has introduced competition and raised concerns about equity, affordability, and quality. Additionally, the ongoing “brain drain,” caused by better academic and financial prospects abroad, highlights the need to improve domestic postgraduate training and research opportunities. These insights emphasise the importance of a systems-thinking approach to a reform that focuses on equity, standardisation, and innovation while maintaining local contextual relevance (Figure2).

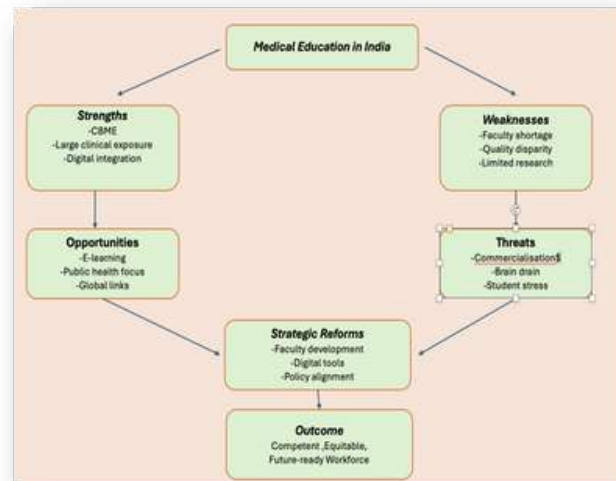


Figure 2: Medical Education in India (SWOT)

Recommendations

Based on the SWOT findings, the following targeted recommendations are proposed:

1. Strengthen Faculty Development and Infrastructure

- Invest in continuous medical education (CME), workshops, and certification programmes in medical education technology (MET).
- Ensure equitable infrastructure development, especially in rural and government medical colleges.
- Faculty should get themselves updated on all the new concepts under CBME.
- Faculty should develop commitment to preparing case-based questions and facilitating small group teaching. Specific training is needed to equip them to effectively train students in soft skills such as teamwork, interpersonal communication, and counseling.
- The ability of the teacher and institute administration in adapting to the changes in teaching and assessment methodologies in addition to student involvement are vital for the success of CBME.

2. Standardise and Monitor CBME Implementation

- Develop centralised guidelines with flexibility for contextual adaptation.
- Encourage peer-review audits and periodic outcome evaluations to track CBME success.

3. Promote Research and Mentorship Culture

- Integrate undergraduate research as a core curricular component.
- Establish institutional mentorship programmes linking students with faculty and clinician-scientists.

4. Leverage Digital and Simulation-Based Learning

- Develop national repositories of high-quality e-learning content (e.g., MOOC platforms, clinical video libraries).
- Provide funding for virtual labs and simulation centres in all medical colleges.

5. Align Education with National Health Priorities

- Embed training in family medicine, rural health, and public health in core rotations.
- Foster interdisciplinary education with allied health, nursing, and public health students.

6. Curb Commercialisation and Improve Regulation

- Strengthen the role of the NMC in ensuring quality assurance across the public and private sectors.
- Enhance transparency in admissions, fee structures, and faculty recruitment.

7. Address Student Well-being and Career Progression

Incorporate mental health services and resilience training into the medical curriculum.

Expand career pathways through fellowships, research tracks, and teaching residencies to retain talent in the country.

Conclusion

With rich clinical exposure and recent reforms like CBME, India's medical education system faces significant challenges—uneven quality, limited research focus, and growing commercialisation. Sensitisation and training staff in CBME implementation strategies and developing standard evaluation systems are necessary. A SWOT-based evaluation highlights the urgent need for strategic reforms centred on faculty development, digital integration, and alignment with national health priorities. By bridging these gaps with innovation and equity, India can build a medical workforce that is competent, compassionate, and future-ready.

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ISA ACTIVITIES

ISA ACTIVITIES

ISA Visakhapatnam city branch

08-01-25, Online quiz

Online quiz competition was held for post graduate students, sponsored by Marrow in which over 300 post graduate residents from Andhra Pradesh and Telangana participated.

Anaesthesia Quiz Winner



	Dr. Satish Kumar Siddharth Medical College
	Dr. Venkata Asram Medical College
	Dr. Madhu Priya NIMS, Hyderabad
	Dr. Manimaran Ranaraya Medical College
	Dr. Arangi Sivajee Andhra Medical College
	Dr. Ashok Siddharth Medical College

MARROW
Super Speciality



26-01-25, Venue- NELS skill lab Visakhapatnam

Workshop on “Mechanical Ventilation” was organized by ISA Vizag city branch which was attended by nearly 109 delegates. The workshop has been granted 2 APMC credit hours.



**SIMULATION BASED
MECHANICAL VENTILATION
WORKSHOP**

Organised by ISA Visakhapatnam
and Department of Anaesthesia,
Andhra Medical College



SUNDAY

JANUARY

26

2025

8:30AM

TO

5:30PM

VENUE: NELS SKILL LAB, AMC

Organising Chairman Dr Ravi V HOD Anaesthesia Organising Secretary Dr P Sateesh Kumar Associate Professor ISA Treasurer Dr Srikanth B ABC Hospital	ISA President Dr K Aparanji Professor ISA Secretary Dr M Praveen Kumar Assistant Professor Academic Chairman ISA Dr D Rajasekhar Medicover Hospital
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APMC 2
CREDIT
HOURS
APPLIED

FOR REGISTRATION, CONTACT

DR S VAIDEHI :
8125469984

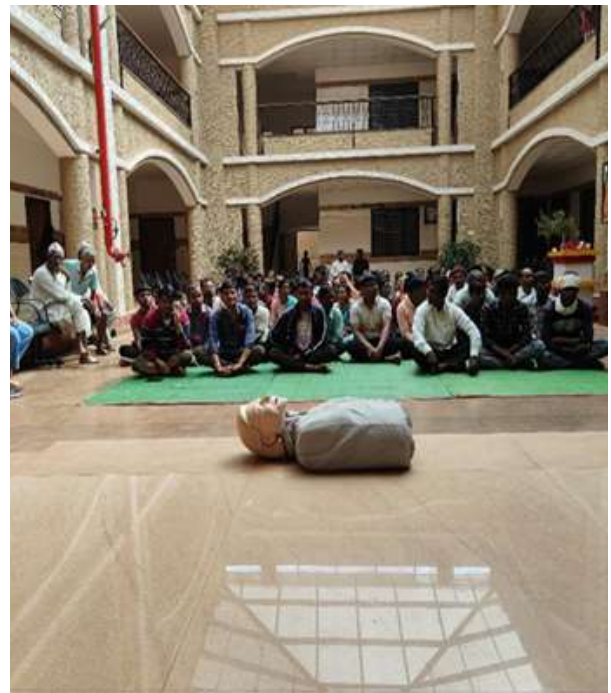
Registration
Fee: Rs.500/-



ISA Baramati City branch activity

ISA Baramati branch collaborated with Padma Shri Dr. Abhay Bang and Dr. Rani Bang under the aegis of the SEARCH Institute, Shodgram and organised mega surgical camps to serve the underserved tribal population in the Naxal affected areas of Gadchiroli. It also included a COLS/CPR training programme. The course was attended by about 300 individuals.

(11th January 2025 at Gadchiroli, Maharashtra)



ISA Nagpur city branch

12-01-2025, Venue - Vivekananda Vidyarthi Bhavan, Dhantoli, Nagpur

On the occasion of National Youth Day, ISA Nagpur city branch conducted COLS activity. About 40 students attended the training. Dr Sureshchandra Batra, Dr Shraddha Agrawal and Swami Mahabalanand from Ramakrishna Math attended the activity. COLS chart was donated to them.



23-01-2025 and 24-01-2025, Venue – Suretech Hospital and Research Centre, Dhantoli, Nagpur

Dr.Ravi Mundada and Dr. Devayani Thakur, Senior ISA-NCB members, conducted BCLS activity. Around 130 participants including consultants, RMOs, staff members, technicians, ward boys, ambulance drivers and administration department received hands-on training.



24-01-2025 and 25-01-2025, Venue - Surgical camp, Hemalkasa, Gadchiroli under the aegis of Lok biradari Prkalp

ISA Napur city branch provided anaesthesia service at the surgical camp. A total of 81 patients were operated (10 thyroid cases under cervical epidural, Paediatric, Gynaecology, Plastic and General Surgery).

The COLS training was given to villagers and relatives of camp beneficiary tribal population. The COLS chart of ISA NCB was handed over to Respected Padma Shri, D Prakash Amte sir of Lok biradari Prkalp. **Melghat** surgical camp was organised by rotary club Nagpur south. 88 patients were operated including both major and minor surgeries.



ISA Uttarakhand State Chapter Activities, January, 2025

January

Republic Day Activity

The ISA Uttarakhand State Chapter proudly organized an online event to celebrate Unity in Diversity by inviting participants to submit one photograph representing a dress, dish, or dance pose symbolic of their region, city, state, or country—capturing the essence of patriotism, preferably in tricolour. The event received an overwhelming response, with entries pouring in from various parts of the country. All entries were later compiled into a video, which was released on February 14 to celebrate love for our Motherland.





HISTORY, ART & LITERARY PAGES



JOHN HENRY BLEASE : A CURIOUS INVENTIVE MIND

Dr. Chandrasekhar Krishnamurti

Emeritus Professor

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ISA No. S0468



Born in 1906, John Blease (Figure 1) spent his early years in Moreton, Merseyside and worked as a butcher's boy, repairing clocks on the side. He then shifted his interest to repairing tractors, motorcycles and cars. In 1930, he built his own 1000 cc motorcycle, which he called the 'Blease Special'. He began racing in various competitions, and won every event for 6 years running!



Figure 1: John Henry Blease (1906- 1985)

Blease then befriended his neighbour Dr Henry Roberts, an anaesthetist at the Liverpool Dental Hospital. At Roberts' request, Blease manufactured component parts from drawings of the American (Gwathmey and Heidbrink) anaesthetic machines. He went on to create an improved dental anaesthetic machine that proved very popular and was even installed in the Cunard-

White Star liner Queen Mary. When Roberts died suddenly in 1937, Blease was a natural substitute and proved to be very skilled in the art of anaesthetic practice. Blease then teamed up with a Liverpool surgical instrument company, Alexander and Fowler, and obtained patents in 1938 for improvements in anaesthetic apparatus, manifold technology, valves, flowmeter and temperature compensation. In 1940, the syndicate obtained a patent for carbon dioxide absorption circuit with one-way valves and released the Alfo-Blease anaesthetic machine. (Figures 2,3)



Figures 2, 3 : The Alfo-Blease Machine

The machine was well received and selling 100 machines a year in four years time, at a price tag of £100 each.

During the World War II, Blease was appointed 'Emergency Anaesthetist' at Birkenhead General Hospital. He was assigned to Dr Morriston-Davies a thoracic surgeon. Controlled ventilation was inevitable in chest injuries and anaesthetists had to resort to 'bag squeezing' when the chest was opened. Aware of the drudgery involved, Blease designed a pulmonary ventilator in 1945. (1)

After the war, Blease shifted to Multitone Electric Co Ltd, and continued to supply the 'Alfo-Blease', imprinted with the name 'Blease Anaesthetic Equipment Co. Ltd'. After his retirement in 1946, he opened a large workshop in Middlesex where he fabricated the prototype of the Blease 'bag in the bottle' Pulmoflator incorporating a powered, belt-driven electric motor with adjustable spring-loaded valves to set the minimum and maximum pressures, cycling frequency and a cam-valve mechanism to control I:E ratio. This was changed to a spring and ratchet device in 1948. The 'new Blease Pulmoflator' launched in 1950 was the first commercial ventilator in Britain. Blease went on to invent a double-cuffed endotracheal tube. (2)

During the 1952 poliomyelitis epidemic in Copenhagen, Blease invented a manual resuscitator, incorporating a very low resistance expiratory valve. In 1953, Blease left Multitone Electric Co. and joined Edwards High Vacuum (now Edwards BOC), London where he was able to assemble three or four Pulmoflators a month, churning out a total of 200 over a five-year period. The same year, he invented a device for controlling the flow of intravenous fluids through rubber intravenous sets.

In 1957, Blease moved his company to Ryefield Crescent, Northwood Hills, Middlesex where he expanded the manufacture of 'Pulmoflators' with triggered ventilation features, an injector and variable expiratory pressure settings. (Figure 4)



Figure 4 : The P-10 Blease Pulmoflator

By 1960 the Blease 'Pulmoflator' model P.10 was commercially available. It incorporated a large two-way valve for selection of either 'open circuit' or 'closed circuit', and had two concertina bellows units. (3)

In July 1960, Blease Anaesthetic Equipment Ltd filed a patent application for a new mechanical ventilator designed by Roger E. W. Manley (Figure 5) an SHO at Westminster Hospital.



Figure 5: Roger EW Manley (1930-1991)

This machine incorporated two bellows in communication with each other. The Blease-Manley ventilator (Figure 6) was a best seller with some units still functioning around the world. (4)



Figure 6: The Blease-Manley ventilator

John Blease retired in 1964 and sold his company. It shifted to its present location at Chesham, Buckinghamshire. In 1983, the Liverpool Society of Anaesthetists, elected him an Honorary Member. (5, 6)

Between 1939 and 1960 John Henry Blease successfully applied for 19 patents for anaesthetic equipment. He passed away in 1985 at the age of 79 years. Modern anaesthesia owes much to his legacy of inventions.

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TERRACOTTA ART (Pot Painting – Natural Plant)

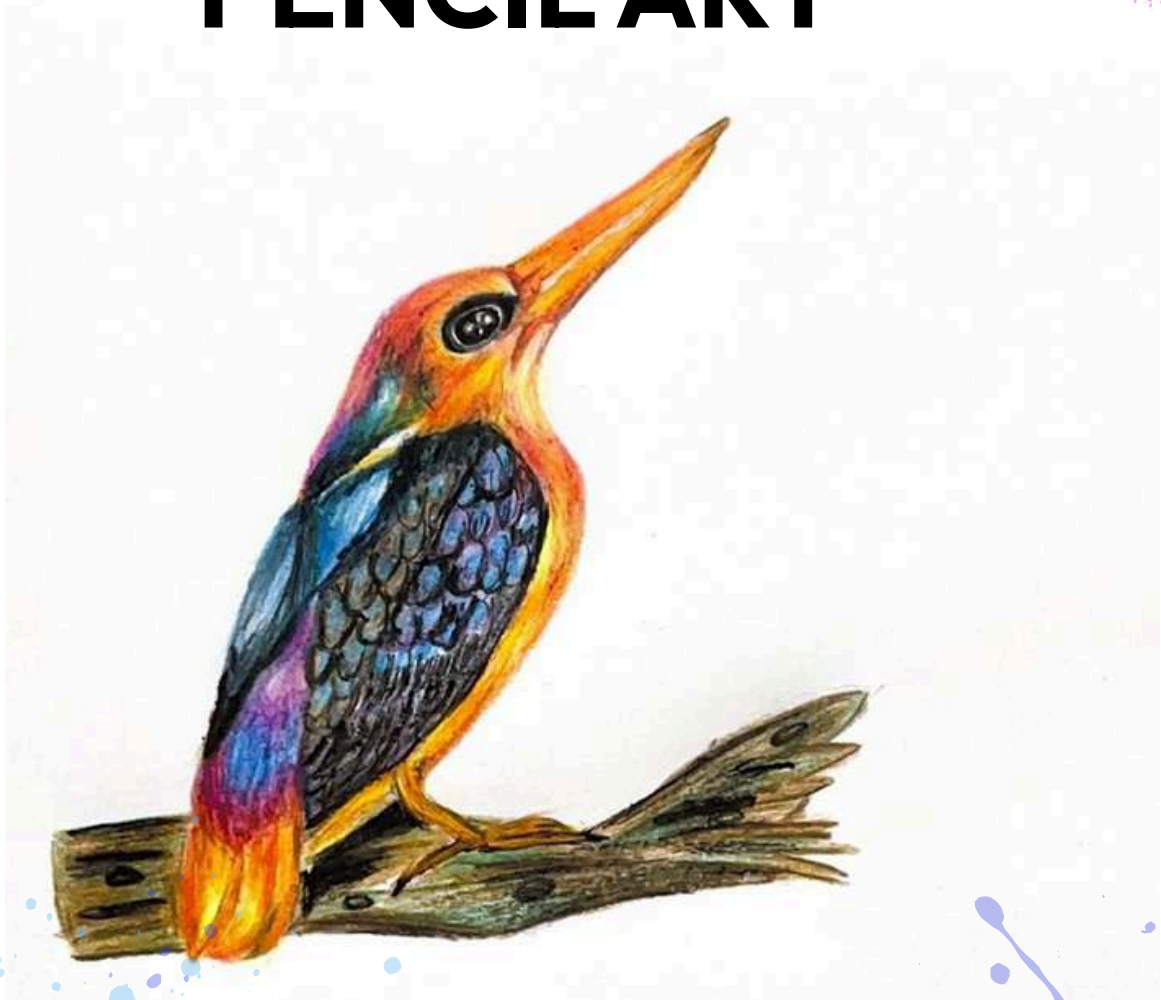


‘Earthly elegance’

Artist: Dr Vasantha Kumar K R

**Medical Superintendent and Professor of Anaesthesiology,
MVJ Medical College and Research Hospital, Bangalore
ISA No. V0518**

PENCIL ART

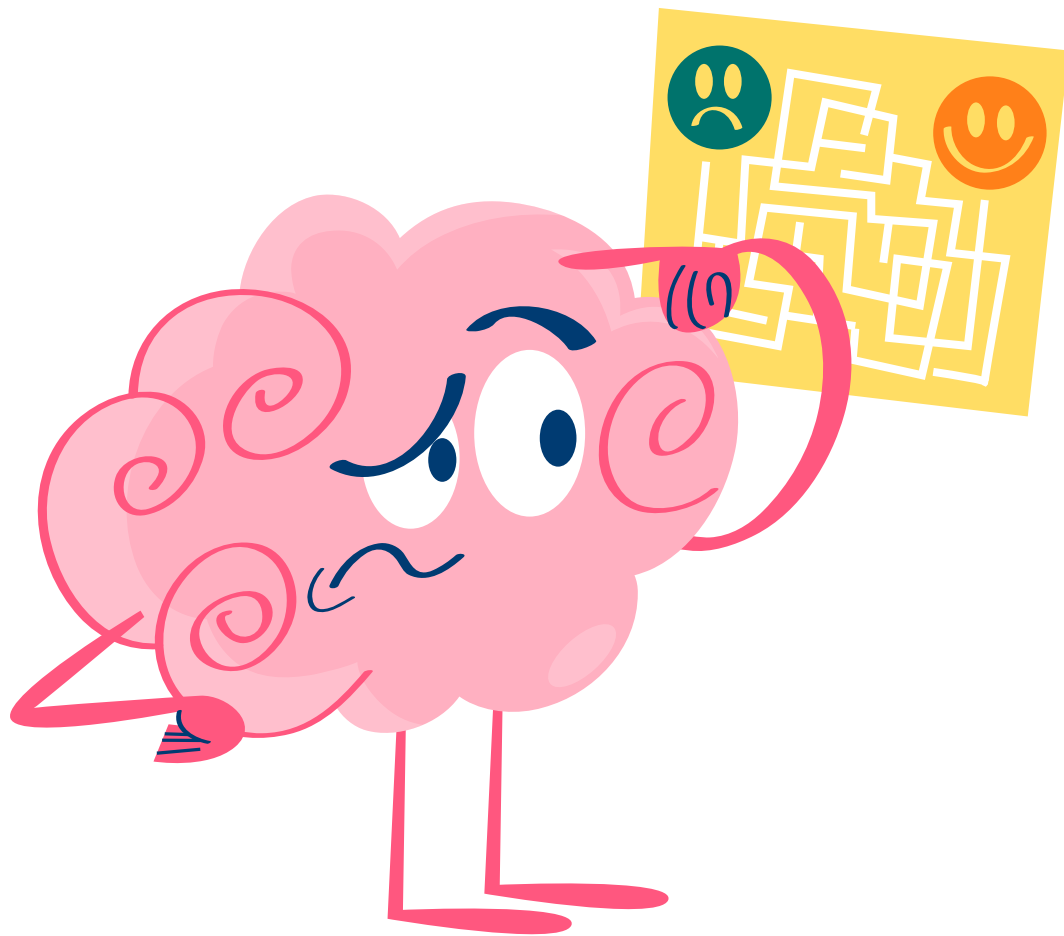


‘Kingfisher’s Majestic Pose’



**Artist: Dr A. Rathna
Professor of Anaesthesiology,
Saveetha Medical College, Chennai
ISA No. R2369**

BRAIN GAMES



SWOT ANALYSIS QUIZ

HOW WELL DO YOU KNOW YOUR FIELD?



Dr Milon V. Mitragotri

Assistant Professor

Department of Anaesthesiology

Karnataka Medical College and Research
Institute, Hubballi

ISA No. M1886

Multiple Choice Questions (Choose the right answer)

1. Which of the following is the Strengths in our field of anaesthesiology?

- a. High workload, long and irregular hours, leading to burnout risk
- b. Rapid advancements in technology (monitors, anaesthesia workstations, ultrasound) improving patient safety
- c. Rapid technological changes requiring constant upskilling
- d. Telemedicine, artificial intelligence, and simulation-based education

2. What of the following are positive reinforcements?

- a. Strengths and weaknesses
- b. Weakness and opportunities
- c. Threats and Opportunities
- d. Strengths and Opportunities

3. Which of the following is not the current Opportunity in our field?

- a. Growth in regional anaesthesia, point-of-care ultrasound, and enhanced recovery protocols

- b. Global health opportunities: disaster relief, developing anaesthesia services in low-resource settings
- c. Advocacy for perioperative physician role beyond intraoperative care
- d. Pandemics, health crises affecting elective surgery volumes and anaesthesia workload

4. Which of the following is a Threat to the field of Pain medicine?

- a. Competition from other specialities (e.g., orthopaedics, neurosurgery, physiotherapy clinics)
- b. Expanding scope in palliative care, cancer pain, and geriatric pain management
- c. Chronic pain is complex and often difficult to treat definitively
- d. High patient demand due to rising prevalence of chronic pain conditions (e.g., low back pain, neuropathic pain)

5. Which of the following is a Weakness in the field of Critical Care medicine?

- a. Protocol-driven, evidence-based practices improve patient outcomes

- b. Resource-intensive: requires advanced technology, infrastructure, and manpower
- c. Development of ethical frameworks and palliative care within ICU settings
- d. Competition for resources with other hospital departments

6. Who is the person who is attributed to have started SWOT analysis

- a. Peter Drucker
- b. Albert Humphrey
- c. Philip Kotler
- d. Stephen Covey

7. Though SWOT analysis can be applied to any field, which of the following fields commonly uses it?

- a. Radiology
- b. Psychiatry
- c. Community medicine
- d. Dermatology

8. Which of the following is not an advantage of using SWOT analysis?

- a. Risk management
- b. Resource allocation
- c. Strategic planning tool
- d. Dynamic depiction

9. Which scenario represents a threat in anaesthesia practice?

- a. Expansion of the perioperative physician role
- b. Increased budget allocation to anaesthesia services
- c. Budget cuts and resource constraints in healthcare systems
- d. Growing demand for anaesthesiologists

10. Which of the following is correct with regards to the use of Ultrasonography in anaesthesiology?(Strength-S, Weakness-W, Opportunities-O, Threat-T)

- i. Time-consuming in early stages of learning or in complex cases
- ii. Growth of simulation-based ultrasound training in anaesthesia education
- iii. Strict compliance with respect to PCPNDT
- iv. Enhances success rate and patient satisfaction in regional anaesthesia

- a. i- T, ii - O, iii -T, iv - S
- b. i- W, ii- S, iii-T, iv - O
- c. i-W, ii- O, iii- T, iv- S
- d. i- T, ii - O, iii-W, iv-S

Answer Key

1 – B

2 – D

3 – D

4 – A

5 – B

6 – B

7 – C

8 – D

9 – C

10 – C

WORD SEARCH

Dr PARUL JINDAL

Professor

Department of Anaesthesiology

HIMS, SRHU, Dehradun

ISA No P1190



Search the following words:

MENTAL

GRID

EXPOSURE

EMOTION

PREDICTION

STRENGTH

MATRIX

ANALYSIS

ALGORITHM

THREATS

SAFER

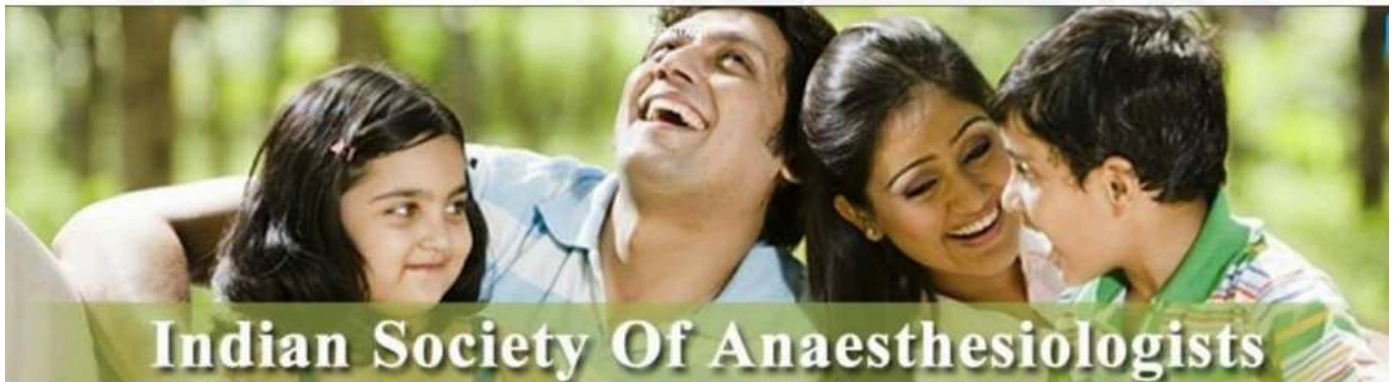
BURNOUT

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R	R	O	A	E	O	L	P	O	T	K	M	P	N	J	A
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M	H	S	L	L	I	K	I	N	A	E	E	C	U	O	S
I	H	J	U	R	Y	S	D	X	I	T	S	T	M	M	I
C	K	M	M	P	S	L	P	P	M	A	S	I	J	J	S
S	L	J	J	L	P	N	B	O	C	A	F	O	O	D	B
A	L	G	O	R	I	T	H	M	P	A	E	N	O	I	B
T	M	O	P	L	N	N	R	M	L	S	A	F	E	R	T
E	M	O	T	I	O	N	D	T	L	E	Y	U	R	G	H

SOLUTION

E	S	S	D	V	P	A	M	E	N	T	A	L	F	G	H
E	A	L	P	P	E	A	C	F	A	U	K	B	B	C	S
S	S	M	V	A	T	C	E	E	X	P	O	S	U	R	E
E	T	J	A	I	H	S	T	D	J	A	M	B	R	M	M
R	R	O	A	E	O	L	P	O	T	K	M	P	N	J	A
G	E	K	M	M	T	L	R	S	R	L	J	R	O	O	N
O	N	L	J	A	E	H	E	E	V	B	O	E	U	O	A
N	G	B	O	C	T	E	R	N	I	M	O	D	T	L	L
O	T	M	O	P	S	R	L	E	C	K	E	I	E	I	Y
M	H	S	L	L	I	K	I	N	A	E	E	C	U	O	S
I	H	J	U	R	Y	S	D	X	I	T	S	T	M	M	I
C	K	M	M	P	S	L	P	P	M	A	S	I	J	J	S
S	L	J	J	L	P	N	B	O	C	A	F	O	O	D	B
A	L	G	O	R	I	T	H	M	P	A	E	N	O	I	B
T	M	O	P	L	N	N	R	M	L	S	A	F	E	R	T
E	M	O	T	I	O	N	D	T	L	E	Y	U	R	G	H



Indian Society Of Anaesthesiologists Family Benevolent Fund



YUVA PAGES



THROUGH THE FOG AND INTO THE LIGHT: A SWOT ANALYSIS OF COMPETENCY-BASED POSTGRADUATE ANAESTHESIA TRAINING

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Senior Resident, Anaesthesiology

HIMS, Jolly Grant, Dehradun

ISA No. T1101/A



“Competency” may sound like a boring SOP, but in anaesthesia, it’s the difference between ‘stable vitals’ and ‘stat call.’ As postgraduate anaesthesia training embraces the Competency-Based Medical Education (CBME) model, the curriculum gets a long-overdue bolus of clarity—one that might just prevent academic hypotension.

It’s an ambitious shift: moving from ‘read-and-regurgitate’ to ‘learn-and-apply’, and from ‘rote’ to ‘real-world-ready’. And if we’re being honest, we’ve all wished at some point that our seniors had competencies in “how not to yell during suction.”

So, let’s take a step back (but not too far—someone needs to monitor the EtCO₂) and look at a SWOT analysis of this major educational upgrade.

S — Strengths: A Pulse on Progress

CBME brings clarity to outcomes, much like EtCO₂ brings reassurance to a freshly intubated patient. With clearly defined competencies—from airway skills to communication, professionalism, and critical care—trainees are no longer left gasping for guidance.

- Structured learning objectives aligned with Miller’s Pyramid and Bloom’s taxonomy ensure vertical growth.

- Emphasis on workplace-based assessments (WPBA) like DOPS, mini-CEX, and CBD offers real-time feedback and skill reinforcement.
- A shift from time-based to competency-based progression promotes meaningful learning over mere attendance.
- Encourages the development of soft skills, decision-making, and professionalism alongside core technical skills—finally proving we’re more than just “gas-passers.”

In essence, CBME encourages the making of a well-rounded, ready-to-extubate anaesthesiologist—alert, aware, and appropriately responsive.

W — Weaknesses: Leaks in the Circuit

Despite its noble intentions, implementing CBME can sometimes feel like managing a patient with a leak in the breathing circuit—everything’s connected, but nothing holds pressure.

- Lack of trained faculty in assessment methodology and mentoring weakens the backbone of implementation.
- Documentation overload threatens to sedate the enthusiasm of both students and teachers. Logbooks, portfolios, and evaluation forms often take precedence over actual patient care.

- Subjective variability in assessments across institutions can compromise standardisation.
- Time constraints and existing workload often turn feedback into a formality, rather than the formative tool it's meant to be.

Without proper calibration, the competency system risks becoming more of a form-checking exercise than a competency-building one.

O — Opportunities: Room to Breathe

In a country where the demand for skilled anaesthesiologists is only increasing (faster than MAC values in a neonate), CBME provides a golden opportunity to match training with real-world needs.

- The model allows customised learning, giving residents the chance to grow at their pace and strengths—whether that's regional anaesthesia finesse or ICU management.
- It opens doors for simulation-based training, providing safe, pressure-controlled environments for mastering high-stakes scenarios.
- With increasing exposure to interdisciplinary teamwork, residents learn not only to manage patients, but also to collaborate across specialities—because sometimes the best way to secure an airway is to first secure communication.
- Enhanced faculty development programmes and digital tools (e-logbooks, online assessments) can streamline and enrich the process.

In short, CBME gives Indian anaesthesia training the oxygen boost it needs to catch up with global standards.

T — Threats: The Hypoxia We Must Prevent

Even the best ventilators need vigilance. The success of CBME depends heavily on consistent monitoring, adaptation, and institutional willpower.

- Resource disparities across teaching hospitals can lead to unequal implementation. Rural or understaffed setups may find CBME aspirational but unfeasible.
- The burden of assessments, without a shift in administrative mindset, may leave little room for genuine mentorship or bedside teaching.
- Resistance to change from faculty trained in traditional models may delay meaningful implementation.
- Overemphasis on checklists may reduce anaesthesia to a tick-box skillset—missing the larger art of clinical judgement, nuance, and adaptability.

Like any poorly titrated infusion, without balance, CBME might end up doing more harm than benefit.

Conclusion: Charting a Conscious Sedation Plan for Education

The move towards competency-based postgraduate anaesthesia training is undoubtedly a progressive step—akin to upgrading from ether to sevoflurane. But much like any induction agent, its efficacy depends on how well it's titrated and monitored.

The success of this educational paradigm rests on empowered faculty, receptive institutions, and engaged trainees. With the right dose of innovation, feedback, and flexibility, India can create a new generation of anaesthesiologists who are not only skilled technicians but also empathetic clinicians and responsible leaders.

Because in the end, we're not just putting patients to sleep—we're waking up a better way to train doctors.

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ISA No. A5124/A



SWOT ANALYSIS

Profession and Career in Anaesthesia

Strategic Insight for Anaesthesia Professionals

> STRENGTHS

- Core perioperative team member
- Broad specialty with high demand
- Work in ICU, pain, research
- Critical decision-making role

WEAKNESSES

- Long duty hours
- Less public recognition
- High stress, burnout risk
- Less direct patient follow-up
- Surgery-dependent

OPPORTUNITIES

- Subspecialty fellowships
- Global job prospects
- Pain and critical care practice
- AI and simulation in training

THREATS

- Legal vulnerability
- Automation risk
- Inter-specialty overlap
- Underrepresentation in policy
- Fatigue and mental health issues



Conclusion:

Anaesthesiology is a rapidly evolving specialty, Recognizing its SWOT helps trainees plan a meaningful, impactful, and balanced career.

Kaleidoscope

**A tryst with.....
Dr. Swati Singh,
Professor,
Department of Anaesthesiology
IGIMS, PATNA
ISA No. S3559**



Mentor for many postgraduate (PG) aspirants for many years through different online platforms, worked with reputed online platforms like PrepLadder, Doc Tutorials and Allen Next for online PG preparation program and also owns an independent app for PG teaching in Anaesthesiology - Learn Anaesthesia by Dr Swati

Hello Madam! Warm Greetings to you from the ISA National Newsletter "Vapour"

You are well-known for your online teaching for National Eligibility cum Entrance Test (NEET)-Postgraduate (PG) entrance exams and PG online teaching in Anaesthesiology.

1. Tell us something about yourself and what motivated you to take up teaching for NEET-PG entrance exams.

I belong to Patna, Bihar. My grandfather was a teacher and principal of a government school. My father is a general physician with keen interest in social service and he works for upliftment of rural health service. My interest for teaching and medicine was probably inherited from them. I did my MBBS from PMCH, Patna and completed my MD Anaesthesiology from PGIMER, Chandigarh in 2010. PGIMER provided me a unique opportunity and vast exposure in developing my skills and knowledge. Not only this, it also helped me in developing non-technical skills like

communication, importance of empathy, compassion and ethical conduct in patient care. After PGIMER, I had the opportunity of working at another great institution, MAMC, New Delhi as Senior Resident. Currently, I am Professor at a premier institute of Bihar, IGIMS Patna. Here at IGIMS, we have an extremely supportive Head of Department, Prof (Dr) PK Dubey sir. His foresightedness has helped our professional growth. My other senior colleagues and junior colleagues at the institute are also very supportive. I love teaching and learning. I started mentoring for PG entrance long time back and was given credit as one of the most dependable Mentors for Anaesthesiology.

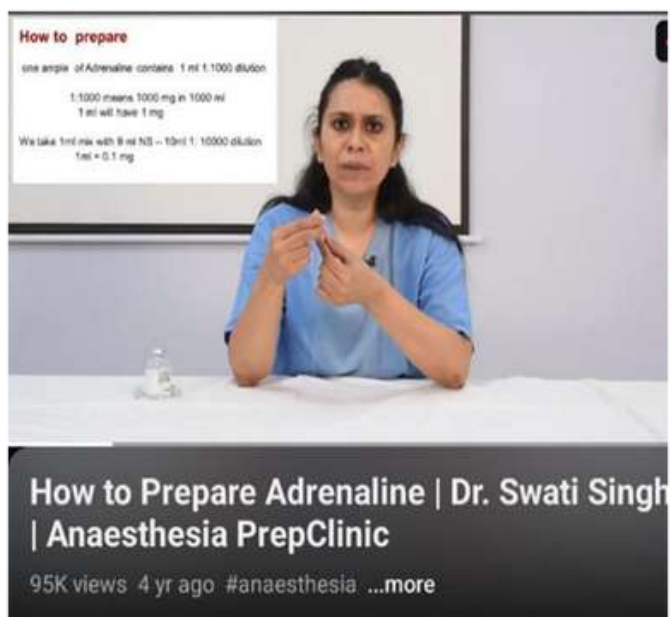
When I was preparing for my Postgraduation, I wasn't fortunate enough in receiving proper guidance and mentorship regarding PG entrance exam and around me I was seeing droppers lacking clarity about their path of entering residency. I wanted my younger colleagues to have more help and clarity. The purpose to help them in this motivated me to take up teaching for **NEET-PG entrance exams**.

2. How is the teaching for entrance exams different from PG teaching?

The primary goal of any competitive exam is to get the required rank. There are questions from 19 subjects and every subject has unlimited information. Thus, the primary

requirement is to keep focus on limited topics of a particular subject. For entrance exams this is what we expect: Master the topics being asked with complete accuracy and not master the subject.

We make the students master all complexities of the subject in PG teaching; so here, the focus is wide. This is the branch which the students have chosen to excel and hence an in-depth knowledge is required.



3. What topics in Anaesthesiology are given weightage in NEET-PG entrance exams? What is the weightage given to the subject of Anaesthesiology in NEET-PG exams?

NEET PG entrance exam has a very scientific and realistic approach; it focuses on those topics which are required for a graduate to have a basic knowledge. In Anaesthesia, the major focus is on topics like airway management, cardiopulmonary resuscitation, preanesthetic evaluation, basic monitoring and drugs used. Questions asked are clinical scenario-based requiring critical thinking and concept.

From the last few years, questions from the subject of Anaesthesiology have increased. We are observing that 8-10 questions are being asked in every PG entrance exam.

4. Do you think the current undergraduate and internship training in our country gives good knowledge of the subject of Anaesthesiology?

In the recent years, a little improvement is being seen with the introduction of the compulsory 15 days posting in Anaesthesiology during Internship. But still, there is a huge gap in knowledge regarding the subject of Anaesthesiology, one of the most challenging branches of Medical Science. We certainly need more sensitisation and exposure of the subject during undergraduate training.

5. NEET-Entrance exams involve solving of multiple-choice questions (MCQs). How do you discuss the MCQs with the students online? Do you think that the ability to answer these questions can give a real idea of the aptitude and knowledge of the student?

Answering MCQs requires a proper theoretical knowledge of the topic. There are 4 very similar options in the asked MCQs; hence choosing the correct option requires proper reliable concept. So, in the online classes, students are given the theoretical concept before discussing the MCQs. I encourage students to attempt questions and frame the discussion around it. I also provide comprehensive explanations for the correct answer, highlighting the reasoning and relevant concepts.

The ability to answer these questions is only one of the ways to get an idea of the aptitude and knowledge of the student. I always tell my students that these MCQ-based exams do not test their knowledge but test their smartness.

6. Tell us how you divide the domains of learning, namely those for undergraduates and postgraduates in Anaesthesiology? Is there any clear demarcation?

The goal of undergraduate medical training is to deliver doctors who are ready to practise within a PG training programme. The required domains of learning in medical science- Cognitive, Affective and Psychomotor domains are essential to be developed from not only knowledge and skills but also appropriate



attitudes and professional behaviour. There is no clear demarcation but the goal of undergraduate teaching is to provide foundational knowledge and PG programmes require specialised, in-depth study and research.

7. Do you like your online teaching work? Do you think online teaching has replaced or will soon replace classroom teaching in the medical colleges?

I like online teaching mainly because it removes geographical barriers and allows to connect with students across India. It improves reach and impact with a flexible schedule allowing to balance other commitments.

Nothing can replace classroom teaching especially in Medical Science as direct interaction is required with teachers and mentors for developing many skills. Interacting with others in the physical setting can enhance social and communication skills which is important in Medicine.

8. How do you keep yourself motivated? Can you please share with us two memorable experiences while conducting the online classes?

Appreciation from my students keeps me motivated. When they acknowledge the hard work and commitment, I feel great.

Well, there are many memorable experiences. Once I was making students aware of accuracy required in the work of an

an anaesthesiologist. I told them with an example that we anaesthesiologists cannot make a mistake, as it may become life-threatening for the patient. But in other branches, physicians are allowed to make mistakes. For example, when a patient with fever goes to the physician, his differential goes on changing with each visit and ultimately, the diagnosis can be fever of unknown origin. However, this is not possible in our branch which requires precision and accuracy. We have to be quick and accurate in our diagnosis. Many students sent me Salute emoji after this talk.

Another memorable experience was receiving message from a student few months after my online class. He happily informed how he was able to successfully resuscitate his relative and save his life by understanding the skill of CPR during class. He said he felt like a HERO.



9. Do you think that undergraduate students get interested in the subject of Anaesthesiology after attending your classes? What is your advice to the NEET-Exam-goings and postgraduate students in Anaesthesiology?

Anaesthesiology is a very skilful and interesting branch and when the students realise this, they certainly get interested in the subject. Lack of exposure and knowledge creates a gap. I try to narrow that gap.

My advice to the NEET-exam-goings and PG students in Anaesthesiology is that we have chosen a difficult and challenging profession.

Be prepared to face all the consequences; however, this is the BEST profession. Be proud of yourselves.

10. Do many teachers take up this work of teaching online for entrance exams and PG exams? What is special about teaching how to solve MCQs on line? What is your advice to the Postgraduate teachers in Anaesthesiology regarding this?

Very few teachers from Anaesthesiology are involved in mentoring and teaching for PG entrance exam, the reason being that you need to have a thorough knowledge of the type of questions being asked and the content should be based on that. For the entrance examination, 'to the point' and crisp content is required. My students give me credit of covering 100 percent of the questions asked in PG entrance in a very conceptual manner. This helps them in solving questions easily. I use animation and graphics which has a lasting impact on their minds. Most of the students will select some other branch later, so the requirement of the teacher is to give them content just enough to solve the MCQs.

11. What is your definition of success?

Achieving success in life is a multifaceted journey, but it often involves setting clear goals, developing a strong work ethic, and cultivating a growth mindset. Key strategies include prioritising mental and physical health, building strong relationships, learning from failures, and staying resilient in the face of challenges. Ultimately, success is a personal definition and requires a combination of hard work, adaptability, and a positive attitude.

I sincerely thank the Editor-in-Chief, Dr. Sukhminder Jit Singh Bajwa and the entire editorial team of VAPOUR for providing me with this opportunity and featuring me on this prestigious podium of Kaleidoscope.

Thank you, mam!! You are a source of inspiration to the postgraduate teachers in Anaesthesiology. The editorial team of Vapour wishes you all the best for future educational activities and endeavours.



72nd Annual Conference of the Indian Society of Anaesthesiologists

ISACON 2025

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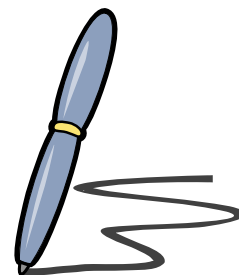
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*Thank you for entrusting us with your well-being—we're
committed to continuing this exceptional journey!!*

INVITATION TO CONTRIBUTE



‘Vapour’, the official newsletter of the Indian Society of Anaesthesiologists invites contribution of articles originally written by ISA members (Life and associate). The articles can be in the form of interesting case reports for discussion, articles on topics of current clinical relevance, photo-essays, articles on medicolegal /health/ financial/extracurricular issues of interest to the anaesthesiologists. Original literary works such as poems, funny cartoons or paintings on topics of anaesthesia are also welcome. Information about extraordinary achievements /experiences of ISA members, book publication can be sent.

The articles should be brief and written in font Times New Roman 12-14 size and presented in Microsoft office word document (rtf/doc files). Plagiarism and violation of copyrights should be strictly avoided. The articles should be e-mailed to isanhqvapour@yahoo.com with a covering letter addressed to the Honorary Secretary ISA National.

**Dr Sukhminder Jit Singh Bajwa
Honorary Secretary, ISA National**

&

Editor-in-Chief

VAPOUR

(The official newsletter of the ISA National)

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