

Vapour

The official E-Newsletter of the
Indian Society of Anaesthesiologists



HIGHLIGHTS

Theme- Life after PG (Postgraduation)

ISA ACADEMICS

Dr. Bhavna Gupta: Transitioning from resident to consultant
Dr. Parna Thakkar: Keeping ignited flame of academics burning
Dr. Madhuri Kurdi: Keeping PG teacher-student bond alive
Dr. Milon Mitragotri: Participating in ISA activities
Dr. Ankur Khandelwal: Hobbies and Anaesthesia Practice
Dr. Ranganatha Praveen CS: Necessity of doing Super speciality Course
Dr. Raksha Kundal: Waiting for batch reunions
Dr. Poonam Ghodki: Enhancing the CV

ISA ACTIVITIES

YUVA PARNIKA

Dr. Milon Mitragotri: Crossword on Super specialisation Courses
Dr. Arshdeep Kaur: How safe are our anaesthesiologists on duty?
Dr. Baby Pegu & Dr Ankur Khandelwal: Professional hazards and
Preventive strategies in Anaesthesiology Practice

ART & LITERARY PAGES

Dr. Mukesh Kumar Prasad: ABSTRACT TO ABSTRACT - A SILENT MOVE

KALEIDOSCOPE

A tryst with the courageous ladies of ISA

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EDITOR'S NOTE



Dear esteemed members,

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

Welcome to the October–November–December 2024 edition of VAPOUR!

The past two months have been hectic for the ISA with activities and events having taken place in different regions of our nation with the national conference at Patna leading the contingent of CMEs and conferences. VAPOUR brings news, reports and photographs of these activities that you can savour in the comfort of your homes and operation theatres.

The theme of this issue is 'Life after postgraduation'. All of us have been through or are going to experience the pangs of this exciting phase of life. It is a phase when a young anaesthesiologist gets to experience what really professional life and clinical practice are all about. The young anaesthesiologist embarks on two journeys at this time, the professional and the personal(family life). Both lives run in parallel and the happenings in one are reflected in the other. Nevertheless, clinical practice, marriage, child-bearing, job issues, elder care are the wheels of the chariot of life and the chariot has to move on and the momentum has to be maintained.

The young postgraduate students moving out of the department are like young pilots cherishing their freedom and navigating confidently, yet facing the real challenge of getting lost while flying under visual flight rules in clear skies or flying in uncertain weather conditions unaware of the terrain they are flying over. They embark on an uncertain journey full of professional challenges, career dilemmas, financial hardships, personal triumphs and losses. The selection of the right track in this journey makes a difference and this can be demystified with proper guidance and mentorship. The authors of the articles in this newsletter have touched upon these challenges and dilemmas and various other aspects of life after postgraduation. The speciality of this issue of the newsletter is that each topic related to the theme is written separately by two authors(> 35 years and < 35 years age group) to depict the different ways of thinking and writing in tune with the generation gap. This is showcased in two separate parts of the issue which are being published separately: Part 1 which has theme-based articles by authors more than 35 years of age and Part 2 which has theme-based articles by young authors less than 35 years of age.

Generations are similar to diverging rays that never meet or parallel lines that never meet in life but meet in the infinity of birth and death. The older generation of our ISA members has its perceptions, goals and dreams, some of which were able to be fulfilled and some were not. It is up to the newer generation to fill in the left-over gaps and embark on novel ventures. The 'yuva' (young)

anaesthesiologists of our nation are our asset. Their opinions need to be regarded. The strength, energy, creativity and enthusiasm of our young anaesthesiologists combined with the wisdom, experience, counsel and guidance of our senior members can without doubt propel our organisation, the ISA to globally enviable levels.

Happy reading! Thank you and I hope we meet again with the next issue of 'VAPOUR'.
Long live ISA!

Long live ISA!

Dr Sukhminder Jit Singh Bajwa

Honorary Secretary, ISA National

Editor-in-Chief

'VAPOUR'

(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	Noida	ISA Noida	16th February 2025
ISA Sponsored CME/ Workshop	Itanagar	ISA Itanagar	23rd February 2025
ISA Sponsored CME	Vizianagram	ISA Vizianagaram branch	2nd March 2025
ISA National Sponsored CME	Chidambaram	ISA Chidambaram	9th March 2025
ISA Sponsored PG Assembly (NorthZone)	Jammu	ISA Jammu	21st-23rd March 2025
IVth ISA Delhi Yuvacon 2025	Delhi	ISA Delhi	19th-20th April 2025
IV th AnnualNational Conference of ISA YUVACON 2025 & Xth ISACON Telangana 2025	Hyderabad	ISA Telangana State & ISA Hyderabad City branch	25th-27th April 2025
40th ISA AnnualSouth Zone Conference and 34th Annual Andhra Pradesh State Conference	Visakhapatnam	ISA Visakhapatnam branch	3rd-6th July 2025
47th Annual Tamil Nadu State conference of ISA	Erode	Erode society of anaesthesiologists	18th-20th July 2025
World SIVA Congress India 2025	Chandigarh	Department of Anaesthesia, GMC & Hospital Chandigarh	25th-27th July 2025
64th ISACON Delhi 2025	Delhi	ISA Delhi	12th-14th September 2025

ISA NOTICE BOARD

CONFERENCE & CME CALENDER OF ISA (2024-25)

Conference/CME (Coming up)	Location	Organised by	Dates
ISACON Puducherry	Puducherry	ISA Puducherry	19th-21st September 2025
ISACON North zone	Rohtak	ISA Rohtak	3rd-5th October 2025
72nd ISACON 2025	Raipur	ISA Raipur	26th-30th 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
The ISA conducts Clinical Practice oriented webinar series (CLIP) and Clinical Reasoning and Problem Solving webinar series (CRISP) on Thursdays between 6.30pm to 8.30pm.

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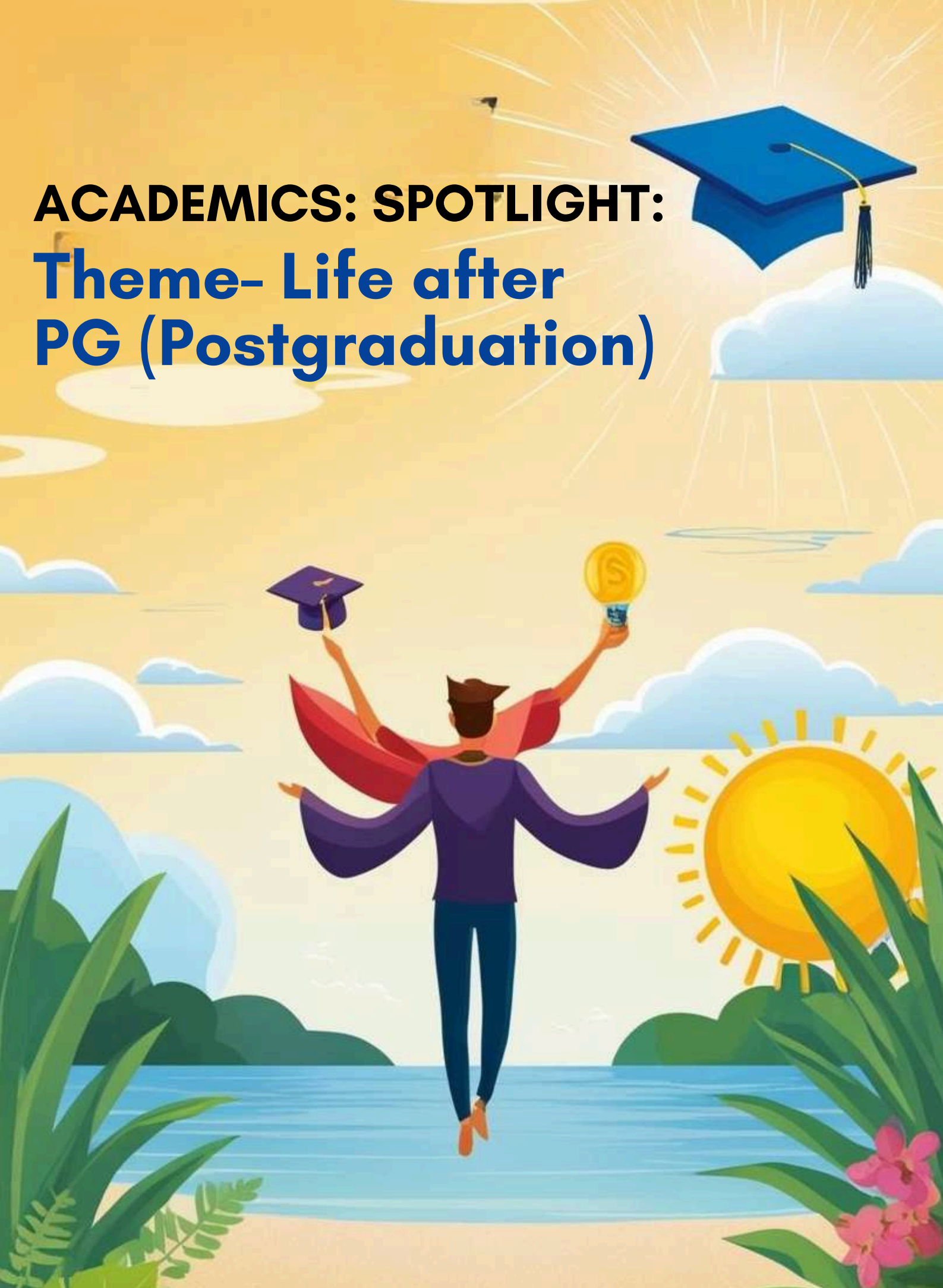


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ACADEMICS: SPOTLIGHT:

Theme- Life after PG (Postgraduation)



Transitioning from Resident to Consultant: Nobody to Rock My Cradle—Will I Get Blown Out by the Winds of Clinical Practice?

Dr. Bhavna Gupta

Associate Professor

Department of Anaesthesiology

AIIMS Rishikesh

ISA No. B1501



The transition from a resident to a consultant is a pivotal moment in a medical professional's career, marked by newfound independence and a significant shift in responsibilities.

The role reversal is evident—where once a learner is now a guide, mentor, and decision-maker.

For many, this transition can feel like stepping into uncharted waters without the safety net of constant oversight, and they may ask themselves- will the winds of clinical practice blow them off course, or will they find their way to calmer seas as they adapt to leaders in their field?

The significant shift introduces tremendous responsibilities of not only patient care but also managing administrative tasks, mentoring postgraduates, supervising their learning, structuring teaching schedule, supervising their learning, ensuring they gain hands-on experience in clinical settings, incorporating lectures, practical sessions, and tutorials, managing and assigning rotas, ensuring adequate coverage for patient care and that team members are adequately rested, ensuring adherence to protocols, and operation theatre schedule management too. Also, consultants mentor their students in thesis and research projects to contribute to their academic growth and continuous learning.

Balancing teaching, administrative, and clinical responsibilities and mentoring can be overwhelming, but managing an effective schedule, prioritising tasks, and delegating when needed are paramount. Effective communication, strong leadership, clear delegation of tasks, ability to guide teams through challenging situations are vital. Newly joined consultants may often experience moments of self-doubt, as they adjust to their new responsibilities. However, reflecting on past experiences and seeking advice from their guides or senior mentors can help build confidence. As they take on greater responsibility, they not only deliver high-quality patient care but also play a key role in shaping the future of anaesthesiology, advancing practices and mentoring the next generation of clinicians.

Keeping the ignited flame of academics and research burning

Dr. Parna Thakkar

MD, DNB, DA, FCPS, FICM, FCCCM (CRITICAL CARE),
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Senior consultant - Chief neuro anaesthesiologist

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As we progress in our journey of research and academics, we must remember that it is the spark of curiosity and passion for learning within us that propels us forward. When we nurture our natural instincts for inquisitiveness and the joy of discovery, we can navigate this voyage with ease, keeping the flame of academia brightly lit.

However, this passion can sometimes wane under the weight of daily routines, the pressures of meeting deadlines, and balancing responsibilities at work and home. Over time, the once-bright flame within us can begin to dim.

To sustain this academic fire, I've found that embracing challenges and uncovering possibilities in the seemingly impossible has been key. The personal hurdles I have encountered have made me stronger, and my work has provided an outlet for growth and resilience.

Curiosity, collaboration, and continuous learning have kept my passion alive. Engaging with peers and mentors, honing my skills, striving for excellence, and recognising that our profession serves humanity and touches lives—these are the practices that keep the flame of academia burning brightly.

A questioning mind drives innovation and discovery. For instance, the curare drugs, originally used as poison, found groundbreaking applications in anaesthesia through persistent curiosity and scientific exploration.[1]

Success and achievements act as powerful motivators, and many institutions are adopting strategies to sustain employee engagement and enthusiasm.[1,2] Attending academic meetings and conferences, even when they were few and far between in the past, provided me with opportunities to learn from my colleagues and seniors, setting clear targets and goals for myself.[2]

Being part of an academic institution, teaching, and mentoring students also helps me stay connected to the core of academia.[3] These interactions serve as reminders of the immense potential and value of our work.

If an opportunity promises growth, we must seize it before it slips away. That is the secret 'mantra' to keep the academic flame alive!

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Keeping the PG teacher-student bond alive.....

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Are bonds made to be broken?

Should unhealthy bonds be broken?

Is any bond unbreakable?

There are several bonds that we establish in life and one such bond is the bond that develops between the teacher and the student during the period of post graduation, the teacher-student bond.

Every postgraduate student enters the Head of the Department's (HODs) chamber with a pounding heart and the operation theatre with an innocent zeal to learn, a curious mind full of uncertainty, and hands yearning to learn new skills. The heavy load of operation room (OR) work, pre-anaesthesia assessments, emergency duties, intensive care unit (ICU) duties, subject seminars soon takes a toll on the postgraduate (PG) student. The student's journey involves memorable events such as the first successful spinal, the first successful epidural, the first endotracheal intubation, the first regional nerve block, synopsis writing, presentation of the synopsis before the ethics committee, dissertation writing, attending CMEs, conferences, presenting papers and so on..... Throughout this journey of three years, the student's life revolves around his PG teachers, fellow students, surgical colleagues, OR staff and friends and the student knowingly or unknowingly develops an attachment to all of them. In fact, many teachers become role models for their students. Soon the D-day comes...the day of the final examination arrives and the student clears the exams. They soon enter a brand new worlda birdie flying away from the nest....freed from the clutches

of the teachers, the institute, the university..... a strong sense of independence pervading his entire being. Now, is the critical time when the bond that was established between the student and the teachers is endangered. Time flies and the responsibilities of life including marriage, child bearing, joining new professional institutions and establishing a good clinical practice turn into storms that attempt to blow off the bond.

The teachers who were the close allies now slowly drift away to become remote acquaintances and soon remain as characters in memories. It is at this time that a few strategies if applied correctly can help to strengthen the weakening bond. Nevertheless, it is not only the student, but the teacher too who should endeavour to keep the bond alive. Students can keep in touch with their teachers by making a phone call to their teachers now and then. Sending a birthday greeting or a gratitude message on Teachers Day brings a smile on the teacher's face.



Meeting the teachers at conferences and CMEs, attending their lectures and posing for photographs with them rejuvenates the teachers and the students. A visit to the alma mater and department and inviting the teachers for one's marriage and batch reunions kindles old memories. Nevertheless, positive teacher-student relationships can help teachers maintain their enthusiasm and avoid emotional exhaustion.

Teachers can make time for one-to-one communication with their students, should be empathetic and responsive to their students and treat all students with respect and honour. Every student comes from a different background and has a unique personality. It is the teacher's responsibility to value every student's individuality and help the student develop a sense of self-worth and help to cope up not only with the demands of postgraduate education, but also the demands and problems that the student may face after post graduation. Students move on to earn more degrees than their teachers and some of them may excel in their profession. Such students when appreciated grow bigger in their life and excel even further. A pat on the back from one's teacher or a compliment from one's teacher can feed the mind for ages!

Teacher-student relationships should not be allowed to end up lost in the couch cushions of life. The bond should not be left to wither in today's fast moving world. Challenges exist in fostering this dynamic partnership that profoundly influences the lives of both parties. Open communication, two-way respect and trust, feedback and empathy are the pillars of this bond and the bond that is built on these pillars cannot break even if one tries to break it.

As said by Yogi Ashwini, the 'Guru-Shishya' relationship is called the finality. It has the affection of a mother, the strength of a father, the warmth of a flame, the toughness of leather and the feel of the gentle breeze. It is the longest relationship because it has everything in it.



Participating in ISA Activities: How is it important?

Dr. Milon V. Mitragotri

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The Canadian-American psychologist Paul Bloom states, *"Humans are social beings, and we are happier and better when connected to others."*

During postgraduate studies, students focus heavily on mastering technical skills, thesis writing, examination formats, scoring patterns, viva-voce, and practical exams. However, life after post-graduation introduces an entirely new set of challenges. These include:

- Securing employment opportunities that align with their aspirations,
- Understanding remuneration for their skills if free-lancing,
- Practicing safe and ethical anaesthesia,
- Navigating medico-legal risks, and
- Striking a healthy work-life balance.

While some of these aspects are addressed through self-directed learning, many remain significant hurdles.

Learn from the mistakes of others... you can't live long enough to make them yourselves. - Chanakya

The Role of the Indian Society of Anaesthesiologists

Being part of a dynamic professional community like the Indian Society of Anaesthesiologists (ISA), which represents nearly 68,000 anaesthesiologists across India, offers invaluable peer support. Here are some of the key benefits:

1. Private Practitioners forum

A dedicated forum to discuss remuneration standards and promote safe anaesthesia practices.

2. Continuous Learning and Skill Development

Regular conferences and Continuing Medical Education (CME) programmes at state and national levels to stay updated on advancements in the field.

Regular district and city ISA meetings help not only academically but also help socialise with anaesthesiologists working in the same place. The author participating in Anaesthesia Awareness activity organised by city level ISA society i.e. ISA Hubballi-Dharwad City Branch (one year after postgraduation).



3. Medico-Legal Assistance

An ISA legal cell to support members facing medico-legal challenges.

4. Financial Security

Access to financial advisors, professional indemnity insurance schemes, and family benevolent funds to ensure financial stability.

5. Well-Being and Networking

Initiatives like the Fit Anaesthesiologist Campaign, Sports Cell, Cultural Club, ISA Stars, and the Art and Literary Club to promote physical and mental well-being while fostering camaraderie.

6. Leadership and Social Engagement

Opportunities to develop leadership skills and participate in ISA's various social and academic initiatives.

7. ISA YUVA and YUVAISACON

o A subsidiary wing of ISA helps youngsters to collate with their contemporaries in anaesthesiology, develop non-technical skills, communication and lecture presentation skills as well as gives them an unique platform to display their talents and innovations.

The Surrogate Advantages of Membership

Beyond the tangible benefits, being an active ISA member helps in:

- Building meaningful connections with peers who share similar struggles and experiences.
- Gaining insights from real-life challenges faced by other anaesthesiologists.
- Staying academically engaged and updated on the latest practices.
- Contributing to social and professional initiatives, thereby enhancing personal growth and leadership skills.

In essence, ISA serves as a vital bridge, connecting newbie anaesthesiologists with resources, mentorship and a sense of community that enriches both their professional and personal lives.



Establishing relationships with fellow colleagues

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Since one spends a lot of hours, days after days and precious years of life at workplace, the relationship between fellow colleagues goes a long way in ensuring efficient patient care, quality of education and discipline for resident doctors and improved physical and mental health of fellow colleagues. Despite numerous benefits of cordial interpersonal relationship, it is not easy for everything to fall in place and everyone to agree on a matter, whether it is clinical or administrative. Here comes the role of fine tuning ourselves, acknowledging the issues, learning from mistakes and sometimes, ignoring and forgiving in negotiable matters.

We may compete: While it is good to have a healthy competition for constant motivation, it should be realised that everyone is here to grow. Yes, everyone will work hard, do research, publish, get recognition they deserve. All individual achievements should be announced and celebrated as achievement of the whole department. Also, the colleagues who are yet to go through all stages (promotion interviews etc.) probably need more encouragement and hand holding. Building teams with colleagues of similar interest and resource sharing pushes everyone to work hard.

Hierarchy is important but always?

The responsibilities of senior persons in a workplace will always be more than their junior colleagues. However, it should be acknowledged that the junior colleagues are also diligently completing the work assigned to them. An environment of mutual respect is highly desirable and it should be everyone's individual responsibility to earn respect and not just command it.

Faculty colleagues deserve equal dignity, irrespective of the fact that the person was a resident some years back in the same workplace.

Fitting into each other's shoes: It is easier said than done because it is nearly impossible to know the struggles each one of us is facing in our lives beyond the workplace. The empathy and understanding is all that we can gift each other.

Reliability, by far the greatest virtue: To be that unbiased, reliable person with whom everyone can communicate comfortably needs a lot of self-work, constant analysis of mistakes in the past and correcting them all along. Mostly, we need to work on ourselves to fit in than expect others to change or accept us as we are. A trustworthy work environment gives the strength to manage the conflicts and challenges at work.

Extra-curricular activities: The importance of a simple coffee outing, dinner with colleagues, extra-curricular activities at small or large scale, with or without families cannot be overemphasised. Out of workplace, everyone is an individual with many areas of interest ranging from music to cooking to various physical activities. A small support group within the workplace can help nurture hobbies and soothe minds.

Uniformity: Last but not the least, similar workplace rules for everyone go a long way in avoiding conflicts and help everyone cope up with the stress and obligations of work. The lack of uniformity is bound to encourage negative behaviour traits like self-pity or non-cooperation thus, adversely affecting the essence and structure of any workplace.

Enhancing the CV after post graduation

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We become anaesthetist after a vigorous post-graduation training extending for upto 3 years post MBBS. Although the degree (either MD/DNB) enables us to start practising (and thereby earning for livelihood!), an upgradation is desirable in one form or other to improve our CV and subsequently the work profile.

CV is a formal document that comprises the educational qualification and at the same time reflects an individual's work experience, skills and achievements.

How we want to shape our CV as anaesthetist largely depends upon our career goals (eg FRCA, EDIC etc for overseas opportunity). Doing a fellowship immediately after postgraduation is in fact a good idea, as one is already in the flow of learning phase. There are fellowships available for regional anaesthesia, critical care, pain and also many hospitals provide certificate courses. Extremely specific fellowships like transplant and bariatric anaesthesia also exist. Keenly interested candidates can opt for even DM courses and markedly strengthen their CV.

One may simply opt to continue work after postgraduation and in the meantime do online courses, eg peri operative medicine, ultrasound including echocardiography etc.

One primary thing that a student must do is to take up a life membership of anaesthesia associations (eg. ISA). This not only enables us to attend the conferences and academic activities

but also gives a platform where we can present our papers/posters. These organisations recognise the work done by the anaesthetist as a professional and reward them through various categories. These awards/rewards are achievements which certainly elevate the CV.

Doing research and further publishing in an indexed journal amplifies the CV manifold. Research is considered to refine a person's credibility whereby the researcher contributes in advancing the societal knowledge. One can begin with writing a case report which is accepted in a non-structured format and is relatively easy to do. Nevertheless, one should undertake research methodology workshops conducted by discrete institutions. There are numerous bodies that reward the research publications, BMJ awards is one of them. Even being nominated for the award augments the CV as it reflects the learning tendency of an individual.

A well-crafted CV makes a significant difference in helping one stand out from the competition.

[CV: Curriculum Vitae, ISA: Indian Society of Anaesthesiologists, BMJ: British Medical Journal]

Relationship establishment with operation theatre staff

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An operation theatre (OT) is a place with complex, dynamic and stressful atmosphere which demands high levels of technical excellence and efficiency. Achieving high quality outcomes needs collaborative team work amongst different professional groups comprising of physicians (surgeons and anaesthesiologists) and OT staff (technicians, nursing personnel, attendants and housekeeping).

Poor professional relationships have been cited as the most important factors in causing medical errors and adverse patient outcomes. Human factors may vitiate work environment resulting in loss of work pride and decrease in job satisfaction. The causes of conflict may be misunderstanding due to lack of proper communication, delay in decision-making, presence of different personality traits, shortage of workforce leading to fatigue and inflexible hierarchies due to power dynamics among different professional groups.

OT staff are generally considered to perform mainly assisting roles with physicians at the forefront of medical care. It is crucial to realise that the OT staff have important independent multifaceted roles ranging from inventory management, facility maintenance, infection control and waste management. The establishment of harmonious relationship with the OT staff begins by acknowledging their vital role and expertise in patient care.

A positive OT staff relationship includes having

a clear idea of one's responsibilities towards the concerned surgical procedure and patient-specific needs. Fostering trust among team members, observing courtesy during interactions, greeting all team members, patiently listening to others requests clearly and openly are essential. Accepting mistakes pointed by others, choosing the right time to communicate and solving conflicts amicably and fairly are vital for a good OT atmosphere.

Incorporation of sound practices like inclusion of checklists, briefing, debriefing and training of team members smoothens OT workflow and reduces conflicts.

Showing appreciation towards each member's contribution and being able to adjust according to the changing situation and challenges during surgery and making team members comfortable will have a positive influence on the surgical outcome.

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Hobbies and Anaesthesia Practice: Balance and Performance

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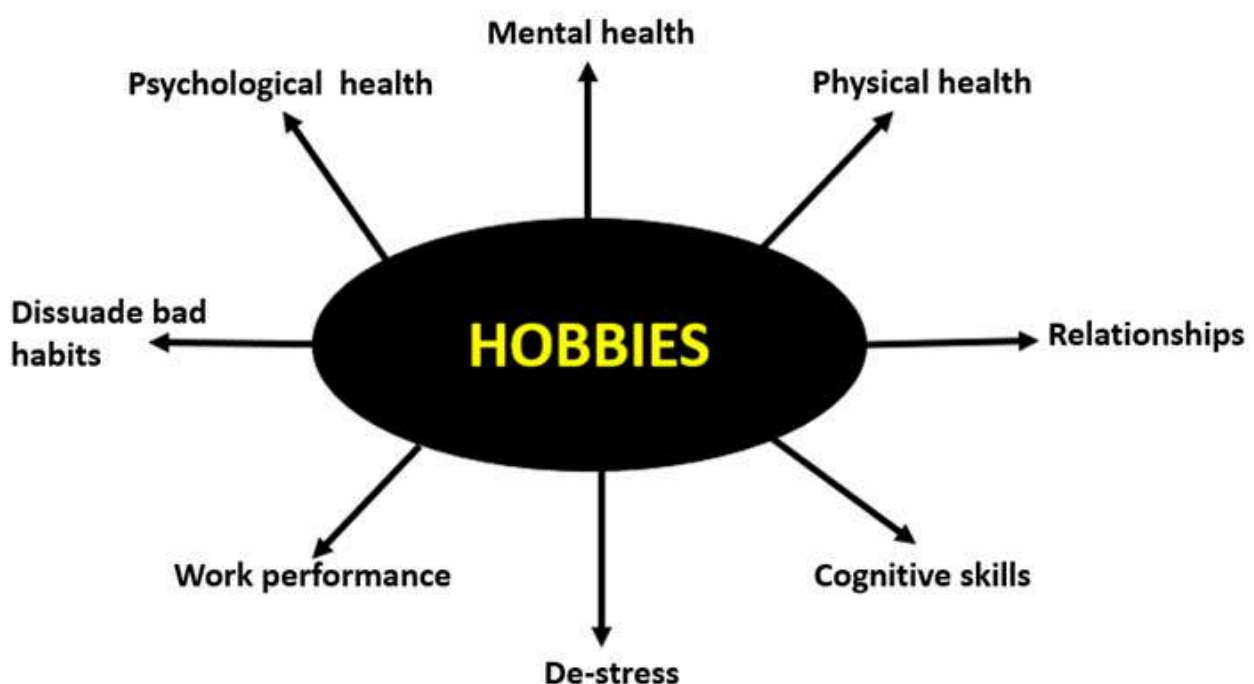
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Psychological stress, burnout, and depression have reached epidemic levels among physicians, with rates reported to be around 50%, and are even more prevalent amongst anaesthesiologists. A systematic review identified that such conditions are more evident in younger anaesthesiologists with lower experience. [1] High workload, inadequate sleep, poor nutrition, lack of positive social interactions, limited family time, and insufficient income have been identified as contributory factors in different studies. [2-4]

Hobbies play a significant role in reducing psychological stress, burnout, and depression by providing a meaningful and enjoyable way to engage the mind and body. Scientifically, hobbies are defined as voluntary, productive activities that are distinct from other leisure activities because they typically involve skill, identity, and self-development, and are not done for money.[5] Balancing hobbies with a demanding career like anaesthesiology can significantly enhance both personal well-being and professional performance. Hobbies such as reading, painting, photography, meditation, engaging in music (singing, dancing, or playing instruments), sports, and travelling have been shown to improve physical, mental and social well-being. Furthermore, having neither hobbies nor purpose in life (PIL) have been shown to be significantly associated with an increased risk of mortality and decline in activities of daily living (ADL) compared to having both hobbies and PIL. [6]

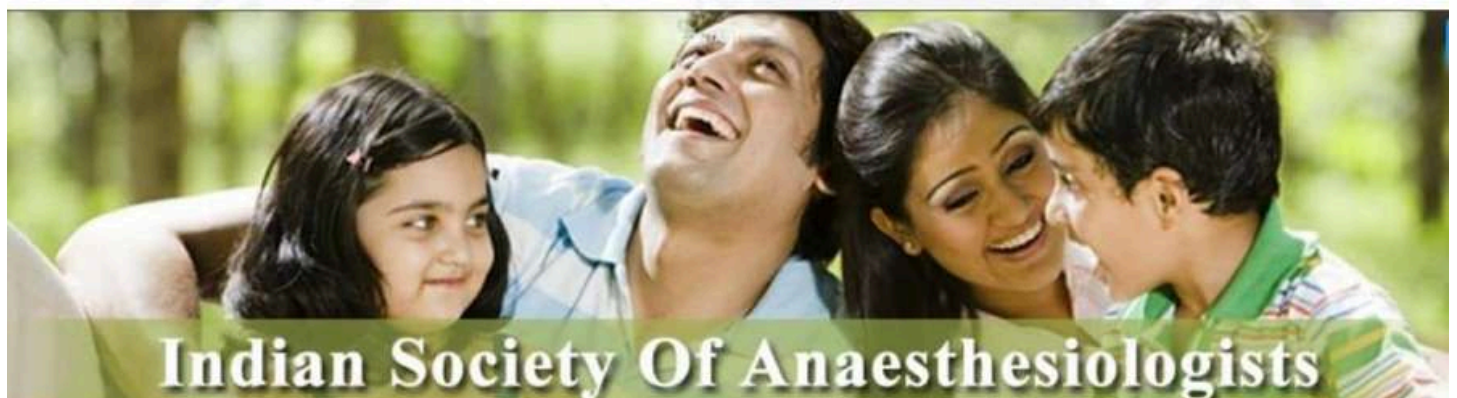


As an anaesthesiologist, I strive to maintain a healthy work-life balance. I am very fond of singing, dancing, acting, jogging regularly, and penning down quotes. I never neglect my extracurricular activities, no matter how busy my schedule gets. Of late, I have started my own YouTube channel, where I passionately create informative videos about anaesthesia practice, critical care, and pain medicine (www.youtube.com/@ankurchintus). All these activities give me positive vibes and help me stay mentally balanced.

My advice to all young anaesthesiologists is to engage in meaningful hobbies or extracurricular activities. You will earn good money regardless of how many hours a week you choose to work or the setting you work in. However, it's important to enjoy what you do, feel in control of your career, and make time for yourself.

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Indian Society Of Anaesthesiologists Family Benevolent Fund

Marriage and partner management : The Ultimate Adventure

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A few days ago, I was chatting with friends when our conversation turned to comparing marriage to a game. One friend jokingly said that marriage is like Jenga – you start with a solid foundation, and then you take turns removing pieces until it all comes crashing down. He glanced at his partner and quickly added, "Just kidding!" (Or was he?)

Another friend likened marriage to a chess game – navigating the board, anticipating your partner's moves, and making strategic decisions together.

For me, marriage and partner management are like a three-legged race. It's a wild ride with twists, turns, and surprises. You fall, and the other pulls you up, encouraging you to keep going. It requires bravery, patience, and a healthy dose of humour. Whenever a junior colleague or a postgraduate asks me a secret for a successful marriage, I share these pointers:

Effective partner management is crucial : It's like a dance – knowing the steps, anticipating your partner's moves, and not stepping on each other's toes (too often).

Love in the Time of Chaos: Marriage is messy, but that's what makes it beautiful. It's like a big ol' box of Swiss chocolates – you never know what you're gonna get. But hey, at least the fights are free entertainment!

Acceptance of each other: I am a person who likes to dress up for any event as if I am going to enter Sanjay Leela Bhansali movie set while my husband looks like a character from Indiana Jones movies. It is our comfort zone and we have accepted each other as it is.

Give space: Often, one person is an introvert while the other is an extrovert give each other space. If girls want to chill with their friends, so do men.

Respect each other's families: Indian marriages are unique in that it is not just the couple who wed, but it is the families who come together. Show respect and love to each other's families.

Support and encourage each other: Today, life is a big challenge that includes career, family and personal growth. We need to live and enjoy each moment and also to support each other.

So, if you're ready to embark on the wildest adventure of your life, then marriage might just be for you. Just remember – love is patient, love is kind, and love is a good sense of humour!

Necessity of doing Super speciality in current Anaesthesiology scenario

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The rise -The first successful demonstration of pain-free surgery using ether vapour by WTG Morton marked the birth of a new medical branch called anaesthesia. Beyond the epitaph on his tombstone -*Inventor and Revealer of Inhalation Anesthesia: Before Whom, in All Time, Surgery was Agony; By Whom Pain in Surgery was Averted and Annulled; Since Whom, Science has Control of Pain,*

this wonder branch has evolved from facilitating pain-free surgery alone to comprehensive management of perioperative individual organ systems. Anaesthesiologists sometimes rightly described as surgeon's physician and physician's surgeon - in the true sense are perioperative physicians. [1]

The progress-Their multifaceted skills acquired during three years of formal training enable safe and efficient perioperative and intensive care patient management on an elective and emergency basis, a recent example being the coronavirus disease (COVID)-19 pandemic. Advancement in surgical super specialities coupled with technological innovations, procedural refinements and research at cellular and molecular levels have influenced the development of various super specialities in anaesthesia. [2]

The super specialists-Cardiac anaesthesiologists with transoesophageal echocardiography, neuroanaesthesiologists with transcranial doppler, cerebral oximetry, nerve monitors, electroencephalogram skillfully manage high risk procedures and significantly influence the

overall patient outcomes. Trained intensivists with additional skills in point-of-care ultrasound, renal replacement therapy, extracorporeal membrane oxygenation (ECMO), transplant anaesthesiologists, paediatric anaesthesiologist for neonatal and foetal surgeries, obstetric anaesthesiologists have bettered the overall patient survival. Oncological anaesthesiologists cater to the unique needs and pain management of the cancer patient. A formal training in pain interventions helps pain physicians alleviate complex pain.[3]

Why super specialisation?- In this modern era of advanced technology and complex surgeries, the three year time frame of training which provides foundation of various subspecialities of anaesthesiology might not just be enough to provide expertise in a specific speciality. Also, gaining experience alone after training with a team practising super speciality might be incomplete as compared to undergoing a formal protocol-based learning in an academic/institutional setup under the guidance of professionals who are constantly engaged in research for the betterment of their field along with in-depth knowledge and advanced skills.

Super speciality training - which was restricted to central institutes as short term post doctoral certificate course (PDCC) and fully fledged 3 year doctorate of medicine (DM) course is also presently being offered at corporate setups as short term fellowships under the guidance of

such super specialists.[3] Moreover the super specialist anaesthesiologists are now preferred in the corporate set up of major cities to match the current trend of fully fledged super speciality team practice of surgeons and physicians.

From fresher's point of view - With over 4000 postgraduates receiving anaesthesia degree annually, super specialisation would give an extra edge during job hunts for the freshers- by providing better work opportunities in metro cities, central institutes and better entry level monetary benefits at corporate hospitals, with a relatively improved quality of life. Super specialisation provides opportunity to lead the team at a younger age. By improving the curriculum-vitae, it can facilitate job entry into the middle east and other western countries.

Other side - Advantages of super specialisation are not without sacrifices and stress in terms of prolonged study years, delay in marriage and starting a family, academic pressure, constantly managing high risk patients, long working hours, working with a tough system of ambitious surgeons with high expectations and health compromise. Also, limited career opportunities beyond institutes/corporate setups and outside major cities need to be acknowledged.

To conclude - one's interest and passion should drive oneself towards getting the most out of the super speciality course. Also, artificial intelligence technology is coming up in a big way in perioperative medicine and at super speciality level. Hence, the author feels that combination of passion and understanding of various above mentioned factors would help one to arrive at a decision whether to perceive a super specialty course or not after anaesthesia postgraduation.

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Waiting for batch Reunions!

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One day, I noticed I had been added to a WhatsApp group named Reunion 2001 Batch. Excitement instantly surged through me—it had been more than 10 years since I had seen most of my MBBS batchmates beyond the realms of Facebook and Instagram. My mind immediately started cooking up all kinds of "Khayali Pulav" (daydreams): where we would meet, how we would plan the event, what the reunion theme would be, and what dress codes we could set. I could almost smell the delicious aroma of lunch, dinner, tea, and party menus wafting through the air.

We have started planning some exciting activities for our reunion, including hiring a DJ to recreate the vibrant energy of our college dance parties—a photo booth with fun props to capture nostalgic moments. We've begun collecting old college pictures to display on a "Wall of Memories" for everyone to reminisce about the good old days. Additionally, we discussed organising engaging games and contests, such as a college-themed quiz featuring questions about college life and notable events from our time together. To make the reunion even more memorable, we planned to make customised merchandise, including T-shirts and caps adorned with the college logo and reunion theme.

But the real story of every reunion is that they are not easy to plan. Bringing together 100 to 200 people who are now scattered across different cities—even countries—is like attempting the impossible: getting everyone on

the same page, at the same time, and on the same date.

For us, deciding on a date became the real challenge. Those travelling from overseas felt that the reunion should align with a family event or festival season—after all, travelling thousands of miles for just a one- or two-day event often feels like a disproportionate investment of time and money. Others quietly battled their personal reservations: reconnecting with old friends after years can be intimidating, especially when concerns about judgment over personal or professional lives creep in.

Our situation had its own unique hurdles. A few of us had unresolved estrangements during our student days. Whenever someone added a new person to the WhatsApp group, it wasn't uncommon to see a few exits immediately. Some of us became mediators, making personal calls to convince them to stay and join the fun. The group was then bombarded with messages suggesting dates—it seemed like everyone had a different month in mind. Forget agreeing on a single day!

Next came the debate about where to meet. Delhi folks campaigned for Delhi; Mumbai friends rooted for Mumbai; and our Jammu batchmates said, "Come to Jammu! We'll go back to our college as part of the reunion event." Predictably, no one wanted to travel for

just two days, especially if it meant leaving the comfort of their city.

That's when someone floated a brilliant idea: Goa. A neutral, fun destination that could pull everyone out of their cocoon. Goa sounded perfect—a place where we could all meet, greet, eat, and chill together without the burden of home turf. For now, though, it remains a reunion yet to happen, but the excitement and anticipation are alive and well—a testament to the bonds we forged all those years ago.



Batch Waiting for the Reunion!

ISA ACTIVITIES

ISA Nagpur City Branch Celebrates World Anaesthesia Day 16th October 2024

The Indian Society of Anaesthesiologists (ISA) – Nagpur City Branch marked World Anaesthesia Day on 16th October 2024 with a series of events aimed at spreading awareness about anaesthesia and its significance in modern medicine. Celebrations were a remarkable blend of awareness campaigns, community outreach, educational events, and tribute to the pioneers of anaesthesiology. The efforts of all involved contributed to a successful event, highlighting the vital role of anaesthesia in healthcare.

Radio Campaign: Raising Awareness through Media; Throughout the day, 94.3 MY FM played informative radio jingles and hosted a radio interview with Dr. Umesh Ramtani, President of ISA-NCB, to educate the public about the history, importance, and role of anaesthesia in healthcare.

Newspaper Feature: A Glimpse into the History of Anaesthesia; A well-researched article by Dr. Anushree Chaudhary was published in The Times of India, shedding light on the history of anaesthesia and its revolutionary impact on medical procedures.

Community Outreach: JHULELAL Run 2024; ISA-NCB members participated in the JHULELAL Run 2024, an initiative designed to raise awareness about COLS(Cardiopulmonary and Obstructed Life Support). The event highlighted the importance of CPR and life-saving techniques in emergency situations.

Mega COLS Event: Training for Policemen; A Mega COLS training session was conducted at the Police Commissionerate, Nagpur, graced by the Honourable Commissioner of Police, Dr. Ravinder Singal (IPS). Over 200 policemen participated in the event, which focused on enhancing emergency response skills.

COLS at BOR Tiger Reserve; Another COLS session took place at BOR Tiger Reserve, with 110 participants receiving valuable CPR training.

BCLS Training: Empowering Dental Students; A Basic Cardiac Life Support (BCLS) course was conducted at the Government Dental College, Nagpur, where 27 undergraduate dental students participated, emphasizing the importance of life support skills in medical education.

Distinguished Guests at the Celebration

The celebration began with an introduction to the history of anaesthesia, specifically focusing on Ether Day, marking the milestone of the first public demonstration of ether anesthesia in 1846.

Chief Guest & Key Speakers:

Dr. Vinky Rughwani, Administrator of the Maharashtra Medical Council and Member of the Medical Advisory Council, National Medical Commission, graced the event as the Chief Guest.

Dr. Umesh Ramtani, President, ISA-NCB

Dr. Anjali Modak Borkar, Honorary Secretary, ISA-NCB

Dr. C. S. Cham, GC Member, ISA National

Dr. Saurabh Barde, Vice President, SAMS

Dr. Shital Dalal, GC Member, SAMS

Dr. Manisha Shembekar, GC Member, SAMS

A Tribute to the Pioneers of Anaesthesia

The celebration also honored the forefathers of anaesthesiology, acknowledging their groundbreaking contributions to the field.

Contributed Articles:

Dr. Soma Cham, Dr. Priya Sadawarte, Dr. Ketaki Marodkar, and Dr. Madhushree Shah contributed insightful articles remembering the pioneers and developments in the field of anaesthesia.

A thought-provoking write-up titled "Anaesthesia AI Paradox" was published by Dr. Sheetal Dalal, exploring the intersection of artificial intelligence and anaesthesia.

Vote of Thanks

The event concluded with a Vote of Thanks by Dr. Anjali Modak, Honorary Secretary, ISA-NCB, who expressed gratitude to the distinguished guests, participants, and volunteers who made the day success.



Few snippets of the awareness campaigns

ISA Malappuram (Kerala) city branch (November 2024)

8-11-2024, Venue – Pulamanthole High School

COLS and First Aid awareness training conducted in collaboration with IMA Perinthalmanna with the support of PHC Pulamanthole and Moulana Hospital, Perinthalmanna. 150 students attended.

13-11-2024, Venue – Pain and Palliative Care Hall, Perinthalmanna

COLS and First Aid awareness training conducted for people coming for Driving Licence, 150 people attended.

15-11-2024, Venue – Moulana Hospital Auditorium

COLS and CPR and First Aid awareness programme conducted for 12th class students of VHSS Makkaraparambu, in collaboration with IMA, Perinthalmanna with support of Moulana Hospital. 40 students trained.

15-11-2024

COLS and CPR and First Aid training conducted for the officers of the Collectorate, inaugurated by District Collector Sri Vinod (IAS). Programme organised by IMA and ISA with help of Moulana Hospital. 120 Collectorate staff attended.

20-11-2024 and 27-11-2024, Venue – Pain and Palliative Care Hall

Another COLS and First Aid Awareness program conducted for people coming for driving licence, 200 people attended. Programme organised by IMA and ISA with help of Moulana Hospital.

24-11-2024, Venue – Kulikkiad School

COLS and First Aid Awareness programme conducted for scouts and guides at a 3-day camp in collaboration with IMA Perinthalmanna with the support of Moulana Hospital, Perinthalmanna. 62 students attended.





ISA Trivandrum Monthly Report (November 2024)

The ISA Trivandrum city branch conducted its executive committee meeting on 18th November, 2024. The meeting commenced with heartfelt congratulations to Dr. Sudarsanan. G on his election as the 13th State ISA President from the Trivandrum City Branch. The members expressed their best wishes for his successful tenure. Further, a detailed discussion was held on the potential bidding for 2026 ISA national conference. On 20th November, the ISA share of 5 lakh rupees was contributed to Dr. Thankavelu Amenity Centre based on the unanimous decision of the executive committee members.

The Trivandrum city branch members participated in large numbers in the 71st Annual Conference of ISA, Patna and were showered with various awards on the national platform. These included - second best city branch award, AP Singhal Life time achievement national award to Dr. M.R. Rajagopal, ISA national young talent award 2024 and membership drive consolation prize to Dr. Hally.T. Further, the Trivandrum city branch won the bidding for 2026 ISA national Conference. Another prestigious honour, the Pain Ambassador award, was awarded to Dr. Unnikrishnan in the 10th Indian update of the Delhi Pain Management Centre. On 23rd November, Dr. Mohan Kumar, a member of ISA Trivandrum, in association with IMA, conducted BLS training at National College, Manacaud, which was attended by around 60 students.

Post the ISA national conference, a core committee meeting was held on 30th November with the main agenda of working out the plans for the 2026 national conference.



ISA Trivandrum City branch members at the ISA National Conference, Patna



ISA Trivandrum contribution of Rs 5 lakhs
to Dr. Thankavelu Amenity Centre



Dr. Unnikrishnan receiving the Pain Ambassador award



**BLS training at National
College, Manacaud**

ISA Visakhapatnam city branch and GIMSR

3rd Nov 2024

The ISA Vishakhapatnam branch and GIMSR jointly conducted a CME on obstetric Anaesthesia. The event featured expert talks, engaging panel discussions, and hands-on simulation case scenarios, attracting a strong and enthusiastic turnout.



CMEs & Conferences of ISA ISACON Kerala (18th -20th October)



UPCZ ISACON, Jhansi (25th-27th October 2024)



ISA NATIONAL SPONSORED CME, THANE (15th December 2024)



GLIMPSES OF ISACON 2024, Patna (20-24th November) Workshops





Cultural Programmes



Conference Highlights



Governing Council Meetings



AWARDS & FELICITATIONS





NEW GOVERNING COUNCIL TEAM



Trade & Art Exhibition



“Possibility of an impactful role of anaesthesiologists toward Global Policy making” : My experience as the World Federation of Societies of Anaesthesiologists(WFSA) representative at the WHO SEARO -77th meeting

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ISA No. E038



To begin with, I am fortunate to be an anaesthetist and to be able to make meaningful contributions to our profession in multiple ways. My primary responsibility is to provide safe and high-quality anaesthesia to my patients. With seniors' faith and blessings, I have been able to lead on several fronts, primarily in my field of interest, paediatric anaesthesia.

I want to recount my experience as a representative of the World Federation of Societies of Anaesthesiologists (WFSA) at the 77th WHO SEARO meeting, which took place in New Delhi from October 7 to 9, 2024.

I was entrusted with representing the WFSA at the WHO 77th SEARO meeting. I appreciate that the WFSA and our country's society have put their trust in me to do this duty.

I attended all the meeting sessions, had conversations with several national and SEARO officials, and made an effort to engage with them. Since this was my initial experience of this kind, I was not well-versed in the WHO processes, but I gained a great deal of knowledge about collaboration and building professional relationships. The WHO's funding and directing role, along with the power of integrated efforts taking place in SEA countries, are truly remarkable.

The WFSA statement was delivered by me at the meeting. The WFSA's statement emphasised the importance of investing in and mentoring anaesthesiologists as they own the lifesaving skills of critical care management, airway skills, and pain management, making us patient-oriented clinical leaders.

Agenda item 9.7. Advancing health emergency preparedness and response in the WHO South-East Asia Region

Statement delivered by WFSA Committee Member – Dr Ekta Rai

The World Federation of Societies of Anaesthesiologists (WFSA) commends the South-East Asia Region's evidence-based approach to identifying health services gaps and the strategic investments needed to ensure effective health emergency preparedness and response. This country and regional analysis will show that anaesthesiologists play a crucial frontline role in providing safe, timely, and effective care during emergencies, including natural disasters, pandemics, and surgical crises.

Strengthening anaesthesia services is essential to the region's ability to respond to health emergencies and build resilient healthcare systems.

We urge member states to prioritize investments in anaesthesia services, including the training and retention of skilled anaesthesiologists. Their expertise in critical care, pain management, and perioperative medicine makes them invaluable to both routine healthcare delivery and emergency response.

Engaging anaesthesiologists in leadership can enhance coordination, improve resource allocation, and strengthen regional health systems' capacity to deliver safe surgical and critical care. Including anaesthesiologists in decision-making when designing health system responses to emergencies is crucial, as their expertise in managing critical care, airway emergencies, and perioperative care ensures a comprehensive, patient-centered approach.

The WFSA stands ready to support the WHO and member states in building robust anaesthesia services as an integral component of the region's health emergency preparedness and response.

YUVA PARNIKA



EXPERT INSIGHTS

A crossword on super specialisation anaesthesiology courses

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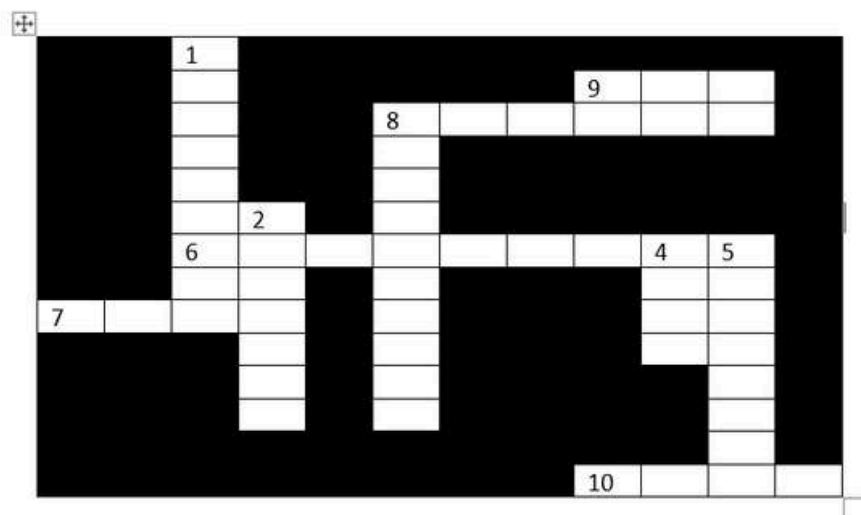
CLUES

DOWN

1. The first dedicated obstetric critical care unit was established in _____ city in 1998. (9)
2. The medical council of India recognised _____ anaesthesia as a separate speciality on 24th July 2009. (7)
3. _____ medicine is considered as the fourth dimension of oncological care after medical, surgical and radiation therapy. (10)
4. _____ trains anaesthesiologists in critical care medicine and aero-medical training especially in transport of critically ill patients. (4)
5. _____ Care medicine speciality was the cutting edge response to the COVID pandemic and was at the helm of the affairs at that event. (8)

ACROSS

6. FMBS is a one-year fellowship programme in metabolic and _____ surgery. (9)
7. The Indian Parliament passed _____ in 1994 which recognised brain stem death in India and paved the way for organ transplantation. (4)
8. _____ Chandigarh has a DM course on Paediatric anaesthesia and Intensive care. (6)
9. National board of examinations (NBE) New Delhi approved and notified _____ Pain medicine, a two year course in 2000. (3)
10. _____ course is designed by Neurocritical care society to help healthcare professionals improve patient care during the first hours of neurological emergency. (4)



DOWN

- ## ACROSS

- [illegible]

How safe are our anaesthesiologists on duty?

Dr. Arshdeep Kaur

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The safety of doctors at workplace is a global concern. Challenges faced by doctors include workplace violence (physical, sexual or psychological, in the form of abuse, threats, intimidation), problems relating to night shifts, occupational hazards, excessive workload, long working hours and medicolegal implications. A cross-sectional survey conducted in 2024, revealed that 58.2% of healthcare professionals felt unsafe at the workplace and 78.4% reported having been threatened on duty.[1]

In India, healthcare is heavily dependent on doctors, the lack of paramedical staff increases the burden of patient care on doctors, and they are solely blamed for any complications or deaths. In developing nations like ours, limited resources, lack of health awareness amongst patients and their caregivers, illiteracy, staff shortage, poor infrastructure and lack of safety protocols in the hospital are the major reasons for workplace violence. Most of the times, the patient is brought to the hospital in a critical condition with a slim chance of survival, and death in this situation is labelled as medical negligence. Assault or roadside accident cases are often accompanied by people under the influence of alcohol. Long waiting time, limiting the meeting hours and number of accompanying persons, deficiency of ventilator beds and other equipment add to the frustration amongst the public. A study found that 48.1% of doctors experienced violence at work, with 61.5% of doctors reporting violence during night shifts.[2]

Amongst doctors, the anaesthesiologists are particularly at risk for being at the forefront of most critical situations in emergency rooms, resuscitation rooms, intensive care units (ICUs) and during code blue scenarios in the wards. They administer resuscitative measures including intubation and cardiopulmonary resuscitation (CPR) mostly in the vicinity of the patient's relatives which adds further to the challenging environment. It is very important that one is calm during these situations and takes adequate time to explain patient's condition to the relatives with compassion and empathy.

Anaesthesiologists are required to go to different areas in the hospital during night shift to attend emergency calls which cannot be attended telephonically, contrary to what their fellow doctors from other departments can do. At government hospitals, these include passage through dimly lit corridors, using isolated lifts or staircase, lack of security personnel at all places and absence of surveillance cameras. These pose a greater concern for female anaesthesiologists on night duties. The absence of proper surveillance and reporting mechanisms allows inappropriate behaviour and harassment to go unchecked. [3] Poor condition of doctor duty rooms, changing rooms in operation theatres and ICUs, add on to the apprehensions of females on duty. Government hospitals were found to have poor living conditions, inadequate security measures, and a low perception of safety as compared to private institutions.[1]

Central law for protection of healthcare professionals must be implemented by the government of India at the earliest as the incidence of acts of violence against doctors are at an all-time high. Implementation of safety protocols, zero tolerance policy towards violence against on-duty doctors, prompt reporting of incidents and timely action by authorities, installation of cameras at high risk areas, availability of psychological support and helpline numbers for doctors will ensure a safe working environment.

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Topic: Professional hazards and Preventive strategies in Anaesthesiology Practice



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Injury and illness incidence rates remain higher in healthcare facilities. Anaesthesiology, in particular, is an extremely stressful and high-risk branch of medicine. Advances in techniques, procedures, and innovations in anaesthesia have expanded the functional scope of anaesthesiologists, increasing their professional responsibilities and obligations. Anaesthesiologists are required to provide services not only in operating rooms (ORs) and intensive care units (ICUs) but also in remote locations which exposes them to a wide array of potential hazards. These include -

1. Physical hazards: These can stem from radiation exposure in radiology suites, exposure to extreme temperatures in specific clinical settings, falls due to entanglement with various cables of the monitoring gadgets, collision with instruments, fall of heavy instruments, or the physical strain of standing for long hours.

2. Chemical hazards: Anaesthesiologists are exposed to anaesthetic gases, diathermy emissions, laser plumes, disinfectants, and other chemicals, which may lead to respiratory issues or long-term health concerns if not properly managed.

3. Biological hazards: Anaesthesiologists are at tremendous risk of acquiring infectious diseases, especially in the ICU settings in the form of airborne and bloodborne infections.

4. Ergonomic hazards: Long working hours, repetitive movements, or improper posture can lead to musculoskeletal injuries over time. These risks are heightened in remote locations where ergonomic setups may be less ideal.

5. Psychosocial risks: The intense mental strain and stress associated with high-stakes decision-making, long shifts, and the emotional toll of managing critical cases contribute to burnout, fatigue, and mental health challenges.

Preventive strategies

1. Physical Hazards Prevention:

i. Radiation protection: Use of lead aprons, thyroid shields, and lead glasses when working in areas with radiological exposure (e.g., interventional radiology, CT scans). Ensure proper shielding and monitoring with dosimeters.

ii. Noise reduction: Use of noise-cancelling equipments in noisy environments like ORs to reduce hearing damage over time.

iii. Adequate ventilation: Ensuring proper ventilation in ORs and anaesthetic gas delivery systems to minimize exposure to waste anaesthetic gases (WAGs).

2. Chemical Hazards Prevention:

i. Gas scavenging systems: Implementation of effective WAGs scavenging systems to capture and eliminate residual anaesthetic gases, reducing inhalation exposure.

ii. Proper handling and storage of chemicals: Safe practices for the handling and storage of chemicals like disinfectants, and ensuring that Material Safety Data Sheets (MSDS) are easily accessible.

iii. Use of personal protective equipment (PPE): Regular use of gloves, masks, and protective eyewear when dealing with hazardous chemicals and drugs.

3. Biological Hazards Prevention:

i. Infection control protocols: Strict adherence to hand hygiene, use of PPE (gloves, gowns, masks), and proper sterilization of equipment to prevent exposure to bloodborne pathogens and other infections.

ii. Vaccination and health monitoring: Regular vaccinations (e.g., for hepatitis, influenza) and routine health monitoring to identify and address infections early.

iii. Safe needle handling: Implementing safe needle handling and disposal practices to avoid accidental needle-stick injuries.

4. Ergonomic Hazards Prevention:

i. Ergonomic workstations: Design workstations and equipment layouts in operating rooms and remote locations to promote better posture and reduce strain on muscles and joints.

ii. Training in proper body mechanics: Educate anaesthesiologists on how to avoid repetitive strain injuries through proper lifting techniques and posture adjustments.

iii. Rest breaks and shift management: Promote regular breaks and manageable shift lengths to prevent physical fatigue and minimize the risk of musculoskeletal injuries.

5. Psychosocial Risk Prevention:

i. Stress management programs: Offering workshops, counseling services, or support groups to help anaesthesiologists manage stress and reduce burnout.

ii. Work-life balance: Encouraging adequate time off and fostering a balanced work schedule to prevent chronic stress and fatigue.

iii. Mentorship and peer support: Developing mentorship programs and peer support networks to provide emotional support and reduce feelings of isolation.

6. Training and Education:

i. Continual professional development: Regular training on safety protocols, risk management, and best practices in handling various equipment and substances to ensure up-to-date knowledge on occupational hazard prevention.

ii. Simulation training: Incorporate simulation-based training for anaesthesiologists to practice handling high-risk scenarios, such as medical emergencies, while maintaining safety protocols.

7. Monitoring and Surveillance:

i. Health surveillance programs: Routine health checks and screenings for anaesthesiologists to detect early signs of illness or injury related to their work environment.

ii. Incident reporting systems: Encouraging the reporting of near-misses, injuries, and hazardous exposures to identify risks and improve safety protocols.

8. Safety Culture and Policies:

i. Implementation of safety policies: Establish clear workplace safety protocols and ensure compliance with national health and safety regulations.

ii. Safety audits and inspections: Regular audits of the work environment to ensure compliance with safety standards and address potential hazards proactively.

By adopting these preventive strategies, anaesthesiologists can reduce their exposure to occupational risks and enhance their overall safety and well-being in the workplace.

Suggested Reading:

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ART & LITERATURE PAGES

ABSTRACT TO ABSTRACT - A SILENT MOVE

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Who doesn't remember the COVID era?

It was a nightmare for everyone, leaving each of us with our own harrowing stories. Almost all of us felt the presence of death so closely that none of us wishes to relive such times. Each wave brought new lessons. The first wave was an eye-opener. Many misconceptions were shattered, and God once again reminded us of His omnipotence—proving that no one can stand before Him.



As the in-charge of a 100-bedded COVID ICU catering to five districts— Moradabad, Rampur, Bijnor, Amroha, and Sambhal—the challenges were immense. Day by day, the situation grew tougher. During the two months of the second wave, I could hardly manage a sound nap. Life became a relentless cycle of attending to COVID patients, guiding juniors, fielding endless calls, counselling grieving families, procuring life-saving drugs, maintaining documentation, and writing death summaries for the unfortunate patients—all while living with the constant fear: *"Am I next?"*

Perhaps anaesthesiologists were among the most vulnerable and affected medical professionals during this crisis. Everyone tried to find ways to distract themselves from the overwhelming atrocities, casualties, and devastation. I was no exception. However, I couldn't figure out how to bring any positive change for myself.

Amidst this chaos, I received an email from the Indian Journal of Anaesthesia (IJA) regarding an article I had submitted earlier for potential publication. The reviewer requested fine-tuning and more sharpness in the abstract. At that point, the very thought of revisiting my article felt impossible. But one sleepless night, around 3 a.m., after declaring five deaths in a row, I decided to look at the abstract. As I sat with it, utterly drained, I began reflecting deeply.

I realised something profound while staring at the white background of the document. The pre-COVID days felt like that white background—smooth and peaceful, with nothing to worry about. The COVID crisis, on the other hand, was like the black text I was typing, marring the serenity of that blank canvas. It struck me: will this "darkness" ever fade away?

After much introspection, I sought to reverse this metaphor. I decided to create something symbolic—a white abstract painting against a black background. This artistic expression became a way to channel my buried emotions. I started creating abstract paintings, initially inspired by internet designs. Over time, I noticed a profound transformation within myself. My resilience to cope with chronic stress and burnout increased significantly.

What began as a metaphor for an article abstract turned into a therapeutic journey silently. My "black-on-white" article abstract eventually metamorphosed into "white-on-black" abstract paintings. Time passed, and I completed my revised abstract, which was accepted and published in the IJA. Later, I showcased my abstract paintings during our cadaveric airway workshop.

The greatest lesson I learned is that every darkness is temporary. What matters is discovering yourself amidst it.

All of us are gifted with some unique potential—our own form of magic. The real question is: how and when will we uncover it?

Colour Painting & Colour Pencil Sketch



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Kaleidoscope

A tryst with The Courageous Ladies of ISA



Dr. NEMAT BANO
Past President ISA Kanpur
ISA No. B0578



Dr. NEETU SINGH
Past Honorary Secretary ISA Kanpur
Executive Member ISA UP State
ISA No. N1688

Hello!

Warm Greetings and Congratulations to you from the editorial team of VAPOUR!

You were both recently awarded the President's Special Award at ISACON Patna 2024 for exemplary service to the speciality of Anaesthesia as President and Hon. Secretary of ISA Kanpur city branch.

1) Question: It is said that as office bearers of ISA Kanpur city branch, both of you were instrumental in getting an improvement in the anaesthesia remuneration fees in Kanpur city. Tell us what was the problem and why you took up the campaign to change the pathetic situation of low fees being paid to the anaesthesiology practitioners. Was this problem existing in Kanpur only or other places as well? Why do you think this condition of low remuneration existed in your city?

Answer: Yes, we being the office bearers of ISA Kanpur city branch, were the torch bearers of our Campaign (Muhim) phase 2.

We took up this campaign not only for raising anaesthesia charges in our city but also to fight for achieving SELF RESPECT for our specialty.

We did this because we are aware that not only surgeons, but many anaesthesiologists also consider themselves as inferior to surgeons, especially in India.

We wanted to change that mentality amongst our fellow colleagues by motivating them to fight for

their rights. They also deserve equal respect, importance in society and at their workplaces.

Anaesthesia charges in our city were almost equal to surgeon's assistant's charges at many places. This is not the first time ISA Kanpur has done this. In 2015, the same campaign was launched in Kanpur and it was also a huge success. Hence, after 8 years we needed to revise our remuneration charges.

This problem of low charges is prevailing in all the cities and the reasons for this might be

- a. Surgeons and hospitals don't want to pay a deserving fee to the anaesthesiologist.
- b. There is no fixity of charges for any procedure decided by our national body (surgeons give whatever they like).
- c. Lack of unity and trust among anaesthetists.
- d. Low package system for surgeries (because of competition in market)
- e. Many quacks giving anaesthesia in the periphery at very low charges.

These problems are existing not only in Kanpur but in most of the cities in our nation.

2) Question: What were the components of your campaign against the surgical fraternity? What strategies did you adopt?

Answer: Our intention was not to fight with the surgical fraternity. We were just trying to make them realise that 'We are your colleagues and we are also equally important to patients as you are and now we will raise our voice for that'. Our degree is equal to theirs.

The fact is that the central and state government pay equal salaries to all the specialities. However, why there is such a discrepancy in the private sector?

The components of our campaign were:

- a. Strong and dedicated leadership.
- b. Multiple meetings and discussions with ISA members.
- c. Circulation of our new 'remunerations list' with timelines.
- d. Continuous motivation of ISA members.
- e. Identified 'Black Sheep' amongst us and tried to convince them to be a part of the campaign.

Our strategies were:

- 1- We personally met all the presidents and secretaries of different surgical branches and nursing home association representatives and informed them about our remuneration campaign.
- 2- Sent our remuneration list to all the hospitals via post, e mails and by hand.
- 3- We divided Kanpur in to three zones and assigned 3 to 4 people as representatives of that zone.
- 4- Made 3 different WhatsApp groups of each zone so that we could tackle hurdles of each zone separately.
- 5- We conducted multiple meetings in all three zones and motivated all the members to participate in the campaign.
- 6-We were in continuous communication with all the members, resolving their issues and kept on motivating them.

3) Question: What hurdles did you have to cross during your campaign? Did you get support easily from your branch members?

Answer: Yes, we faced many challenges in the execution of this campaign.

The President of Nursing Homes Association of Kanpur threatened, misbehaved and humiliated us.

Nursing Home Association declared a war against ISA Kanpur, they issued an advisory via voice message and letter mentioning that 'They will boycott all the anaesthesiologists who follow ISA remuneration'

They played all foul tricks to derail our campaign and break our unity.

Everyday was a new challenge for us, sometimes there were misunderstandings and miscommunication among our ISA members. There were some black sheep amongst us who betrayed our campaign (did cases at low charges) but we didn't give up and we kept on motivating our members to continue this campaign.

It took time to gather all the members under one umbrella, but yes we can say that majority of the members supported us and fought with us for this.

We would like to specially mention Dr. Apurva Agrawal Sir. He is Chairman of National Remuneration Committee of Private Practitioners Forum (PPF). He was the key person behind the first campaign in 2015. His constant guidance and support showed us the right path for this second phase also.

Dr. Pradeep Gupta, Dr. S.K Gehlot, Dr. Santosh Pal and Dr. Rahul Mittal were also instrumental. In fact, each and every member of our city was very enthusiastic for this campaign because they have tasted success in 2015. We also got huge support from the ISA NATIONAL body. Dr. Sukhminder Bajwa sir (Hon. Secretary ISA National) was in constant touch with us during this campaign. ISA UP state continuously backed us. Dr. Bharat Bhushan Bhardwaj, Dr. Virendra Sharma and Dr. Pankaj Gupta from ISA National were like strong pillars for the campaign.

4) Question: Did the surgical fraternity accept your proposal to increase anaesthesiologist fees easily? Has the surgeons' attitude towards you changed after your remuneration charges movement?

Answer: No; the surgical fraternity did not accept this remuneration initially and it created all sorts of hurdles for not getting this campaign successful. It was not happy with this. Old friendships between the surgeons and anaesthesiologists were broken.

Many of our colleagues had to leave their regular centres and sit at home for many days without any work but things changed with time. Slowly, surgeons understood this fact that they have to

accept this remuneration, because our unity and strength left them with no other choice.

Many of the young surgeons and assistants were very happy with this campaign because their fees also increased as the anaesthesiologists' fees increased. So they indirectly supported our campaign by propagating it to the hospitals.

5) Question: What is your opinion about the anaesthesia practitioner charges in India? The PPF Guidelines have been recently published. Do you think that they can help in improving the condition?

Answer: Anaesthesia practitioners' charges in India are very low as compared to US, Australia or other developed nations. Probably that is the reason why anaesthesia as a speciality is the most sought after speciality in the residency programme. We have read articles that mention that Anaesthesiology is the highest paid speciality in USA.

The new remuneration guidelines issued by ISA National are beautifully drafted and incorporate all the three types of remuneration according to the type of surgery, duration of surgery or according to the RVG system. These guidelines were formulated by Dr. Apurva Agarwal sir in association with Dr. Pankaj Gupta sir and endorsed by ISA National. As Apurva sir was already a guide for us, these PPF guidelines were fully followed and were quite helpful for the campaign.

6) Question: Are you now happy with remuneration fees that the anaesthesia practitioners are receiving in Kanpur city? Do you have any plans for further improvement?

Answer: No; we are still not fully satisfied with the remuneration fees. Although majority of the hospitals and surgeons now follow ISA remuneration structure, few small hospitals in the periphery have still not started completely following it. Apart from that, our thought process is that we are equal to any surgeon and we should be paid equal to surgical charges. In the near future, we want to make sure that

every anaesthesiologist must be paid ISA Kanpur remuneration prices.

We want to get the ISA National PPF guidelines implemented in all cities of Uttar Pradesh and educate people about this National forum

We will revise our fee structure again after 4 years.

7) Question: Considering the low remuneration fees for the anaesthesiologist compared to the surgeon, would you advise the youngsters to take up surgical branches rather than anaesthesiology for postgraduation?

Answer: No, not at all! Taking a branch in postgraduation should be a matter of choice according to his or her interest. They should not change their minds just because of low remuneration.

Anaesthesia has changed drastically in the last few decades and it equally fascinates our young generation. We will continue our fight for upgradation of remuneration. For this we have all what we need.

The ISA National, ISA National PPF forum and ISA city branches can all unite together to fight for that and we are sure that one day our remuneration will be the same as that of the surgeons.

8) Question: What is your advice to the office bearers of ISA branches in other cities? How should they function? How do you think leadership matters at times?

Answer: Our advice to the office bearers of branches is that they should activate the city branch (most of them are in dormant stage) by:

1-Constant communication with their members.

2-Organising various academic, cultural and sports activities time to time in their city branches.

3-Developing trust, unity and bonding amongst members by supporting them when they are in need.

4- Convey all the information and policies implemented by the ISA NATIONAL to their branch members

5- They should participate in various competitive activities organised at ISA state and national level.

Yes, leadership can play a pivotal role in such campaigns. A strong leader with full determination, dedication, enthusiasm, positive mindset can lead their people and encourage them, unite them to combat all the challenges and difficulties.

9) Question: What other problems are the anaesthesiology practitioners routinely facing? How should these be tackled?

Answer: Apart from low anaesthesia charges, other big challenges are poor infrastructure and working conditions of small private hospitals. They lack workstations, good quality monitoring systems, anaesthesia gadgets, basic resuscitative drugs and equipment and anaesthesia technicians who are first hand help in case of emergency.

Anaesthesiologists are working in more stressful conditions (especially in high risk cases) especially in the current scenarios of an increased number of medico-legal lawsuits.

10) What is your advice to the 'Yuva' (young) anaesthesiologists of our nation? What do you think is the way to channelise our 'Yuva urja' (Energy of the youth)?

Answer: Our Youth are very enthusiastic, focused, knowledgeable, full of energy and positive mindset. They love their speciality and are proud of it. They will surely take the Anaesthesiology branch and our society to a next level. For this, we need to provide them various small and big platforms and opportunities to show their talent. Organising YUVACON and giving YOUNG TALENT AWARDS every year are wonderful steps taken by ISA NATIONAL for this.

Few thing which we want from our YUVA is that they should always be kind to their patients, have respect for their seniors, be punctual at their workplace, be dedicated to their work and fight for what is right.

Thanks a lot to the President, Hon Secretary and Governing Council of ISA National for the ISA National President's Special Appreciation Award.

We dedicate this award to each and every member of ISA Kanpur City Branch.

Jai Hind!

Jai ISA!

You both have displayed tremendous courage and are an inspiration to other ISA office-bearers and members. Many, many thanks to both of you and all the best for future endeavours!

The Editorial team, VAPOUR

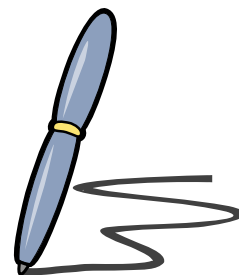


**Dr. Nemat and Dr Neetu in a meeting of
ISA members of Kanpur city branch**



**Dr Nemat Bano and Dr Neetu speaking
to Dr Deepak Agarwal, President,
Association of Surgeons of India, Kanpur**

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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