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BEYOND THE MASK

The Official Newsletter of the
Association of Anaesthesiologists of Malta (AAM)

IN THIS ISSUE

TREASURER'S STATEMENT

DR NANDOR KOSIK MD DESAIC

DEAR COLLEAGUES,

As the treasurer of the AAM Committee, I am delighted to share that despite organising a significantly higher number of events and educational programs and introducing new initiatives, our budget remains stable and is continuously increasing. This financial health allows us to improve the quality of our services to the community even further and help the committee's ambitious plans to also come to fruition.

Being the only foreign national on the committee, I have the unique opportunity to represent and provide insights into the experiences of our colleagues from abroad regarding their lives in anaesthesia in Malta. This perspective is crucial as we strive to create a more inclusive and supportive environment for all our members.

Education and training have always been my passion. Since the beginning of my career, I have actively participated in these areas, believing they are essential for our professional growth. The high standards and innovative approaches of our training program have always fascinated me ever since I joined this community, and I knew from the start that I wanted to contribute to its development. Thus, as a member of the Anaesthesiology and Intensive Care Training Committee, I am committed to investing my time and energy to ensure we transfer our experience and state-of-the-art knowledge as effectively as possible.

Sustainability is becoming an increasingly important part of our daily lives. Together with the AAM Committee, we have launched several green initiatives, such as the "Ride a Bike" event or the "Green Caps" program and we have recently also introduced great initiatives focused on recycling. I am honoured to have been appointed the ESAIC Sustainability National Representative of Malta and in this role, I participated in the Delphi validation process of the European Society of Anaesthesiology and Intensive Care Consensus Document on Sustainability *(link below)* We represented Malta at the 2023 Euroanaesthesia Congress in Glasgow in the National Societies' Sustainability Village, and lately endorsed the Glasgow Declaration Document *(link below)*. Currently, we are developing a sustainability education campaign in anaesthesia based on these documents and hopefully together, we are building a brighter, more sustainable future for anaesthesia in Malta.

Thank you for your ongoing support and dedication to our shared mission!

Nandor Kosik

Related Links: *https://shorturl.at/PehSx* *https://shorturl.at/hmiJb*

LETTER FROM THE EDITOR

DR STEPHANIE MIFSUD BSC MD DESAIC MSC

DEAR AAM MEMBERS AND COLLEAGUES,

On behalf of the AAM committee, I would like to **THANK YOU** for the overwhelming support and encouraging feedback received for the first two issues of the AAM's eNewsletter published in August 2023 and February 2024. The editorial team has again strived to produce an engaging third issue filled with news, updates, and useful information pertaining to our anaesthetic community.

In the past six months, the AAM has organised several well-received events, including: "Focus on Obstetric Anaesthesia and Intensive Care", the third edition of the ReACT course, and a Pizza Making team building event. We supported the Teach the Teachers course in collaboration with the Department. Additionally, during Euroanaesthesia 2024 in Munich, the AAM committee and several AAM members, namely, Adrienne, Christian and Juliet, were busy manning our booth in the NASC village. Furthermore, Dr. Anne Marie Camilleri Podesta, and Dr. Stephanie Mifsud also participated in numerous meetings in their roles of AAM President and Secretary. Besides from organising its own courses and events, the AAM supported the Malta Introduction to Intensive Care Echocardiography course, organised by Dr. Carl Tua, and the local iteration of the ESICM's ICU Fundamentals course led by Dr. Christabel Mizzi. We are also exploring opportunities to support the introduction of other relevant local and international courses.

The events being planned for the remainder of this year, include the manning of the AAM booth at the Science in the City on the 27th of September, the second ANATAS and Summer event on the 28th September, the AGM, and the Christmas event. In addition, we are very excited to announce that the AAM committee, spearheaded by our President Dr. Anne Marie Camilleri Podesta, will be organising an international conference on "**The High-risk Patient: Anaesthesia, Intensive Care and Pain Perspectives**" between the **21st– 22nd February 2025.** This conference is targeted at local and international anaesthesiologists, as well as anaesthetic and intensive care nurses. Currently, Petramay and the committee are working hard to put together a diverse programme featuring local and international expert faculty who will deliver keynote lectures, plenaries, and pro con debates focused on high-risk patient populations and their management. Additionally, we will also have poster presentation sessions highlighting research endeavours, and pre-conference workshops. More information on page 30 and on a soon to be launched website.

In this current eNewsletter issue, you will find the following articles submitted by our members: a preview of the soon to be circulated ESAIC Perioperative Fasting in Adults guidelines, an insightful account of being on the receiving end of healthcare, an engaging perspective into volunteering with Nature Trust, a summary of the Education and training opportunities offered by the ESAIC, an introduction to the Second Victim Phenomenon, and much more…. Thus, I would like to thank Nandor, Anne Marie, Petramay, Martina G., Rebecca, and Juliet for their excellent submissions. Again, my sincere thanks go to Martina G. for her continued support and expertise with the co-editing and layout of this eNewsletter.

In conclusion, I would like to thank you all for being AAM members for 2024. I sincerely hope that you enjoy what we have prepared for you. Happy Reading!

Stephanie
AAM Secretary

AAM Committee and Members at Euroanaesthesia 2024 in Munich, Germany

AAM PAST EVENTS RECAP

Focus on Obstetric Anaesthesia and Intensive Care

The AAM held its first Educational Event for 2024, titled: Focus on Obstetric Anaesthesia and Intensive Care, at the Salini Resort, on the 24th of February 2024. A multidisciplinary group of anaesthesiologists and anaesthetic trainees; obstetricians and obstetric trainees; midwives of all grades including students; practice nurses and senior nurses from anaesthesia, intensive care, main operating theatres, midwifery and obstetric wards; as well as junior doctors and students; came together to learn more about obstetric anaesthesia and intensive care.

Dr Lara Delicata presented her perspective on being an Obstetric patient.

Presentation topics included multidisciplinary team working, the high-risk obstetric anaesthesia clinic, emergency caesarean section, post-dural puncture headache, obstetric admissions to intensive care, the new local post-partum haemorrhage and severe pre-eclampsia & eclampsia guidelines, maternal cardiac arrest, epidural tips and tricks, top publications in obstetric anaesthesia and intensive care, and the use of ultrasound in obstetric anaesthesia. The programme also included small group workshops, and an ‘Ask the Expert’ Session. The multidisciplinary faculty included Dr Glenn Paul Abela, Dr Petramay Attard Cortis, Dr Lauren Borg Xuereb, Dr Paul Calleja, Ms Romina D'Agostino, Dr Stephanie Mifsud, Ms Isabelle Saliba, Ms Martina Schembri and Dr Johann Scicluna. The patient perspective was generously presented by Dr Lara Delicata, and anaesthetic trainee Dr Kristina Duca shared local data on obstetric admissions to Intensive Care.

The Focus on Obstetric Anaesthesia and Intensive Care was organized by the AAM's Education and Events Coordinator, Dr Petramay Attard Cortis, and the AAM's Secretary, Dr Stephanie Mifsud, with great support from Dr Maria Spiteri Zammit, a member of the AAM's Education and Events Subcommittee. Feedback from participants and faculty was excellent and the AAM would like to thank everyone for their enthusiastic participation.

Ms. Martina Schembri, Ms. Romina D'Agostino and Dr. Petramay Attard Cortis during the Emergency Caesarean Section: what are we thinking? multidisciplinary panel.

Restoration of Garden Furniture

The AAM has repaired all the old benches and tables and has also sanded, painted, and varnished the ones the AAM had purchased for the department last year to protect them from weather exposure and extend their longevity.

ReACT Course 2024

Dr Anne Marie Camilleri Podesta and Dr Petramay Attard Cortis during the introductory session of the third edition of the ReACT course.

The third edition of the "ReACT" educational course, organised and hosted by the AAM at the Salini Resort on April 6th, proved to be another unmitigated success. It was very well attended by 73 medical professionals from diverse specialties. The event featured a comprehensive program delivered by a faculty team of 15 members, encompassing senior trainees, resident specialists, consultants, and practice nurses. Workshops and sessions covered a broad spectrum of topics related to anaesthesia, critical care and pain management, including core airway skills, acute pain management, and non-technical skills such as handover procedures.

Participant feedback was overwhelmingly positive, underscoring the value of the content presented. A big thank you goes to the AAM President Ann Marie Camilleri Podesta, committee members, and the Events & Education AAM Subcommittee for their efforts in organizing and facilitating the event. as well as to the faculty for their time and effort, and the attendees for their active participation and engagement.

Looking ahead, the AAM is committed to continuing its efforts in organizing similar educational initiatives, further solidifying its role in advancing knowledge and expertise in anaesthesia, critical care, and pain management.

Dr Anne Marie Camilleri Podesta introducing the ReACT faculty with the participants looking on.

Dr Denise Mifsud Bonnici, one of the faculty members of the ReACT, during the Tracheostomy Care workshop.

Euroanaesthesia 2024

The Association of Anaesthesiologists (AAM) was busy during Euroanaesthesia 2024 in Munich 25th-27th May 2024. The AAM endorsed and signed the ESAIC Glasgow Declaration in Anaesthesiology and Intensive Care on sustainability; this initiative aims to integrate environmental sustainability into healthcare by promoting eco-friendly practices and by reducing waste. In addition, Anne Marie attended numerous meetings including NASC, whilst Stephanie attended the EBA meeting.

Here are some of the highlights:

Dr Carolina Haylock of Honduras and Professor Daniela Filipescu of Romania, the WFSA President-Elect and WFSA President at the AAM's Sustainability themed booth in the NASC village with Anne Marie, Christian, Juliet and Adrienne.

Anne Marie, signing the ESAIC Glasgow Declaration in Anaesthesiology and Intensive Care on sustainability on behalf of the AAM

Some of the Maltese AAM members attending the Euroanaesthesia 2024 in Munich

Pizza Making Team Building Event

The AAM organised a Pizza Making Team Building Event for our members at Cuba Restaurant at Campus Hub, University Campus, Msida on Thursday 6th June 2024. The AAM subsidised the cost for AAM Members and included 3 hours of activities including: dough preparation and pizza making, games, and refreshments. The event was very well received by the attendees, particularly the pizza eating part!

The attendees for the Pizza making team building event

Kristina and Juliet engage in some friendly competition

TRAINEE SECTION

My Experience as Trainee Representative

DR ADRIENNE ZERAFA SIMLER MD

My tenure as a trainee representative started in September 2023, driven by a desire to make a meaningful difference in our training programme. I saw this role as an opportunity to foster connections with senior colleagues, enhance my leadership skills, and engage actively with the Association of Anaesthesiologists of Malta (AAM). This was important to me as the AAM plays a crucial role in raising public and professional awareness about the importance of anaesthesiology, making this position a significant platform to elevate our field.

Throughout the year, I encountered numerous challenges. However, the unwavering support from the AAM empowered me to effectively advocate for trainees while prioritising their educational needs. A notable highlight of my tenure was attending Euroanaesthesia 2024 in Munich, where I had the honour of representing Malta on the board of Anaesthetic Trainees in Europe. This experience allowed me to engage in in-depth discussions about our training with counterparts from across Europe, fostering valuable connections and friendships.

My involvement with the AAM also facilitated introductions to esteemed professionals within the European Society of Anaesthesiology and Intensive Care (ESAIC). It was very exciting to discover how many opportunities and societies are available to anaesthesiologists working in Europe. Additionally, collaborating on research projects with renowned experts has been an invaluable experience that will undoubtedly advance my career.

Although I concluded my term somewhat earlier in order to continue my training in the UK, my commitment to the AAM remains strong. I encourage fellow trainees to actively engage with the AAM, as it offers a wealth of opportunities for those who are eager to participate. I am deeply grateful to the trainees who entrusted me with this role and to the AAM for providing me with this opportunity. I look forward to seeing you all again in August 2025!

Incoming Trainee Representative

DR MARIA SPITERI ZAMMIT MD

Hi Everyone!

I am writing a short message as the 2024/2025 new Trainee Representative. I will be taking on this role shortly, continuing on Adrienne's great work. I will be representing the trainees of the Anaesthesia Department for the upcoming year, and I am to be the link between all the trainees, AAM and the department.

Our department is slowly expanding, and more trainees are being welcomed as part of our training programme. This is presenting new challenges to trainees, but it has also presented us with more opportunities.

My predecessors have done a great job in dedicating their time and energy to maximize the trainees' experience and training opportunities. As part of my responsibilities this year, I am prepared to continue working on the excellent work already done as well as helping in maximising the benefits of the training programme, ensure trainees are happy with the overall work experience and actively contribute to the overall improvement of the department.

I will be working hand in hand with AAM committee to achieve this. I will also be present to listen to the trainees' ideas and concerns, discuss any suggestions and tackle any new or recurrent issues. So, feel free to approach me and speak to me if you see me around!

I am looking forward to this opportunity as Trainee Representative for the upcoming term 2024 - 2025.

Being part of the Education & Events Subcommittee

DR JULIET CAMILLERI MD

This year, I had the opportunity to be part of the AAM Education and Events (E&E) subcommittee, which turned out to be a fantastic experience. I feel that working with a dedicated and fun team helped me improve my organisational and teamwork skills. My involvement in the ReACT course was especially exciting. This course helps foundation doctors and Basic Specialist Trainees (BSTs) learn crucial skills, like mastering the ABCDE approach for handling emergencies. Being part of this initiative allowed me to directly support my colleagues' professional growth, which was really rewarding.

Juliet manning the registration desk at the ReACT Course 2024

I was also actively involved in organising the Christmas event for the anaesthetic department, providing a valuable opportunity for socialisation within the department, boosting team spirit and morale.

Additionally, I had the opportunity to represent the AAM at this year's Euroanaesthesia conference by helping out at our booth. This experience not only improved my networking skills but also made me feel proud of my contributions. Connecting with peers and experts from different fields broadened my perspectives and gave me insights into the latest developments in anaesthesia. Overall, being part of the AAM's E&E subcommittee has been a pivotal experience, contributing to both my personal and professional growth.

THE AAM - WHY BOTHER?

DR PETRAMAY ATTARD CORTIS MD DESA MMED (DUNDEE)

For several years after I joined the Department of Anaesthesiology and Intensive Care at Mater Dei Hospital, I could not quite understand what the Association of Anaesthesiologists of Malta (AAM) was, why it was relevant, what its reason for existing was, and how it was different from the Department itself.

As time passed, I began to appreciate the multifaceted roles and responsibilities of the AAM, established in 1982 and registered as a Voluntary Organization in 2020. Essential AAM functions include:

- Through its legally defined membership of the Specialist Accreditation Committee (SAC) it oversees the accreditation and/or admission of prospective specialists on to the Anaesthesiology and Intensive Care Medicine section of the Malta Specialist Register. The current SAC representative is the AAM President, Dr Anne Marie Camilleri Podesta (substitute: AAM's Education and Events Coordinator, Dr Petramay Attard Cortis). Without the AAM's approval, no person is included in this Specialist Register. This is a very serious and onerous responsibility to the public and the specialty, to ensure that only specialists of high calibre are recognized as such.

- By developing and regularly updating the **Anaesthesiology and Intensive Care Training Document**, the AAM is responsible for setting national standards of anaesthesiology training. The implementation of this document is monitored by AAM representatives on the **Anaesthesiology and Intensive Care Training Committee** at MDH (currently the only recognized site for post-graduate training in Anaesthesiology and Intensive Care in Malta). The AAM's representatives on this committee are President Dr Anne Marie Camilleri Podesta, Education and Events Coordinator Dr Petramay Attard Cortis, and Treasurer Dr Nandor Kosik. An AAM representative is also present at the trainees' **Annual Review of Competencies and Progression** sessions, to ensure that training standards are met.

- The AAM represents Malta and its resident Anaesthesiologists and Intensivists with international bodies and organizations including:

Union Européenne des Médecins Spécialistes (European Union of Medical Specialists) - European Board of Anaesthesiology, currently by AAM Secretary Dr Stephanie Mifsud

European Society of Anaesthesiology and Intensive Care e.g., National Anaesthesiologists Societies Committee (NASC) by AAM President Dr Anne Marie Camilleri Podesta

World Federation of Societies of Anaesthesiologists

Therefore, anaesthesiologists who have at heart high standards in Anaesthesiology and Intensive Care practice, education, and international representation, and who want to make a strong impact, can significantly contribute to the advancement of the specialty through the AAM Board of Administrators.

Elections are coming next year (2025) … ***why not give it a thought?***

NEWS FROM THE ESAIC GUIDELINE TASK FORCE ON PERIOPERATIVE FASTING IN ADULTS

DR ANNE MARIE CAMILLERI PODESTA MD DESAIC EDICM FERC

“We cannot solve our problems with the same thinking we used to create them!”
Albert Einstein

Even in the early days of anaesthesia, clinicians recognised that prolonged preoperative fasting exacerbated existing states of exhaustion [1]. This changed radically in 1946 when the obstetrician Mendelson described 66 cases of aspiration of gastric contents during anaesthesia among 44,016 pregnant women [2]. He hypothesised that the longer the fasting period, the emptier the stomach, and the lower the risk of aspiration. Due to the lack of data on the optimal duration of preoperative fasting, "nil per os after midnight" became ubiquitous in the following decades as an intervention to prevent "Mendelson's syndrome". Notably, no distinction was made between fasting for solids and fasting for clear liquids, despite the dramatically different physiology of gastric emptying.

More recently, with the understanding that clear liquids leave the stomach very quickly, international guidelines have allowed clear liquids up to two hours before induction of anaesthesia. The most recent European guidelines, published in 2011, specifically encourage patients to drink clear liquids for up to 2 hours before the start of anaesthesia [3]. Despite this, patients are still fasting for a median of 9-12 hours for clear liquids [4,5]. Many attempts have been made to reduce fasting for liquids, but these measures have generally failed. The traditional idea of nil per os from midnight is deeply rooted in the clinical workflow. Only concepts that allow the intake of clear liquids less than 2 hours before anaesthesia have achieved a significant reduction in liquid fasting times [5,6]. However, there is insufficient evidence to support this approach [7].

In 2022, the European Society of Anaesthesiology and Intensive Care (ESAIC) established a working group with experts from Europe and the USA [8] to develop an updated guideline on perioperative fasting in adults. After reviewing approximately 25,000 studies published since 2010, the guideline committee developed recommendations through more than 50 online meetings and a standardised Delphi process. Initial recommendations were presented by Prof. Federico Bilotta, chairman of the guideline taskforce, in May 2024 at the "Euroanaesthesia" Congress in Munich.

A review of the available literature, which took almost two years of intensive work, investigated the consequences of prolonged fasting which was found to result in clinically meaningful harm. The key challenge encountered by the task force is that, in modern practice, the risk of aspiration is extremely low and poorly quantified, especially in elective patients. Furthermore, most aspirations occur because the risk factors for aspiration would not been identified, and anaesthetic techniques not adapted accordingly [9]. To date, no study has investigated the relationship between preoperative consumption of clear liquids and the risk of aspiration. With an incidence of aspiration of 1:10,000 in elective patients [10], hundreds of thousands of patients would have to be enrolled [11], making it very difficult to conduct such a study.

However, the consequences of prolonged liquid fasting, such as dehydration, insulin resistance, increased stress response, delirium, and other postoperative complications, have long been ignored [7]. Conversely, shorter fasting times for liquids are associated with better patient well-being, fewer postoperative complications, a smoother perioperative course, shorter hospital stay, cost savings, and improved environmental sustainability.

The Guideline Task Force continues to recommend drinking clear liquids for up to approximately 2 hours before anaesthesia. During preoperative communication with the patient, it is important to mention the possible adverse effects of fasting for liquids for significantly longer than 2 hours. According to the suggestions* developed by the guideline task force, clinicians should consider not postponing or cancelling a procedure based solely on the intake of clear liquids less than 2 hours preoperatively. The guideline task force also recommends that hospitals develop protocols to shorten liquid fasting time.

According to the information presented at Euroanaesthesia 2024, there are also minor changes to the fasting limits for solid foods. Fasting for light food is recommended for approximately 6 hours or longer and food rich in fat/protein for approximately 8 hours or longer. By adding "or longer", the Guideline Task Force emphasised that individual consideration of specific patient groups and pathologies is more important than general advice. Some diseases or medications, such as diabetic gastroparesis or GLP-1 agonists, may delay gastric emptying of solid foods. However, the gastric emptying of liquids is not usually delayed. High-calorie meals, especially those high in fat, can also remain in the stomach for more than eight hours.

The complete version of the **"ESAIC Guideline on perioperative Fasting in Adults"** will be made available to all ESAIC members shortly to collect opinions and comments. The final version of the guideline will then be s*ubmitted to the EJA for publication, which is expected by the end of 2024 or in early 2025. The publication of this guideline will be accompanied by a comprehensive information campaign for both healthcare professionals and patients.*

**Suggestions are statements with weak supporting evidence, whereas recommendations are statements with stronger supporting evidence.*

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GO GO TURTLE RANGER!

DR MARTINA GERADA MD PGDIP (RCPSG)

While scrolling through Facebook in April, I came across a call for volunteers from Nature Trust Malta. They were seeking individuals for beach monitoring during the upcoming sea turtle nesting season. Despite my busy schedule and endless to-do list, I decided to make time for this exciting opportunity.

Volunteering with animals isn't new to me. In 2019, I spent a week at an Elephant Refuge Centre in Petchaburi, Thailand. It was the most laborious yet enriching experience of my life, and I was eager for another similar adventure. This opportunity seemed perfect, so I applied right away. I was quickly introduced to the Wildlife Rescue Coordinator from Nature Trust Malta. After attending the necessary training sessions, I began volunteering with the team in early May.

What does our work include?

The Loggerhead sea turtle nesting season starts in May and can last until August. These turtles come onto sandy beaches to lay their eggs, and protecting these nests is crucial for their survival. That's where we volunteers come in, engaging in beach monitoring and nest protection.

We monitor beaches across the island during the early morning and late-night hours. Our morning shifts start at 5:30 AM, during which we visit assigned beaches to look for sea turtle tracks. Our night shifts, which last three hours, involve monitoring the beaches for turtles that might come ashore to lay eggs. We clear the sand of obstacles like sandcastles, large rocks, and holes to ensure a safe passage for these turtles. We also educate the public on the beaches about our role and the importance of keeping the beaches clear for potential nests.

If a turtle nest is suspected, the Wildlife Rescue Team coordinators are informed. Together with the Environment and Resources Authority, they will then inspect the sand for eggs. Once a viable nest is confirmed, we then move to the second phase, where the area around the nest is cordoned off and monitored by volunteers 24/7 until they hatch.

A few years ago, a nest was laid on the beaches in Marsascala, but unfortunately it went unnoticed due to lack of beach monitoring. The nest was only discovered when children playing in the sand found the eggs. By then, it was too late; all the eggs had been trampled and were no longer viable. This incident underscores the crucial importance of beach monitoring.

I carry out my beach monitoring sessions in my hometown of Marsascala. While, this season, we haven't found a nest in the southern region yet, eight nests have been discovered on other beaches including Golden Bay, Gnejna Bay and Ramla l-Hamra in Gozo! The first two nests of this season has already run its course and more than 80 baby sea turtles have now hatched and made it to our seas!

First Mama Turtle that laid a nest on our islands this season

Loggerhead sea turtles are a vital species, and their endangerment means we must do our best to protect them. This experience has been incredibly rewarding. I've met dedicated volunteers and coordinators who have been doing this for many years. Their work is impeccable, especially once nests are confirmed. They work tirelessly, especially during bad weather and high tides, to ensure the nests are protected.

Additionally, this is a refreshing change from our everyday work life as medics. It offers a unique opportunity to experience something entirely different. There is something peaceful and endearing about stepping away from the hustle and bustle of daily life, walking up and down the beaches in the early and late hours. It's a chance to connect with nature in a way that is both calming and fulfilling.

Loggerhead Sea Turtle Eggs on our beaches

Loggerhead Sea Turtle Footprints at Ramla Bay this season

Night Beach Patrol

One of the baby sea turtles from this seasons' first nest making it into the sea!

If you see me walking along the beach in my blue vest, please come and say hi and if you're interested in helping, let me know! Visit https://naturetrustmalta.org/ for more information.

FROM GIVING CARE TO RECEIVING CARE

DR REBECCA GALEA MD

Crossing over to the other side…

Last February, an unfortunate incident during a skiing holiday in the Dolomites took me on a long journey I was not expecting. It was one that not only challenged me physically, but psychologically and emotionally. Reflecting on it, I think it has changed my perspective as a young(ish) doctor and has made me look at my work differently.

It was an inconspicuous fall (one of many), that I initially thought was a sprain, but the skiing patrol officer took one look and swept me off on a wailing ski mobile ambulance to the local hospital. Following an X-Ray, which I was convinced was a waste of time, I was reviewed by the orthopaedic surgeon. As he was aspirating 50mL of blood out of my knee and casually explaining that I had a tibial plateau fracture that needed surgery, I just remember this heavy feeling of dread washing over me; that was it - I had crossed over and was officially “the patient”.

If I had to choose one word to describe this experience, I would say it was humbling, in more ways than one.

I must say it was a bit unsettling seeing the hospital from the eyes of the patient - we know so much about being doctors, and yet so little about being patients. I remember how I hung on to every word coming out of the orthopaedic surgeon’s mouth - all of a sudden feeling completely dependent on this man, having to trust him and hope for the best. I knew the steps of a spinal block inside out, and yet I was living it for the first time and actually taking all those risks on my own body - a completely different ball game.

It’s also normal for us to be the ones in power and in control, making decisions in our patients’ best interests. However here I was, releasing all control over my body and leaving it in the hands of these people in theatre. Luckily, for me, they were dear friends and colleagues, but to the average patient we are all strangers who after a 5 minute interaction relinquish all conscious control to. I trusted everyone there and yet, as we know, sometimes things just go devastatingly wrong, no one can guarantee success, failure or anything in between, and that is petrifying. All of these thoughts are going through our patients’ heads, and we are in the privileged position of being there in those critical moments to offer reassurance and kindness to a fellow human going through something very scary.

Something that really hit home for me is that as anaesthetists we only see a snippet of patients' journeys - it's easy to think we gave them a good anaesthetic, surgery went well, sign the blue sheet, discharge from recovery, and we never see them again. However, it's good to remind ourselves that this snippet, albeit a very important one, is only the beginning of a potentially long journey ahead for them, and whatever we can do to make that more pleasant and less painful for them is invaluable. It's easy to get lost in the conveyor-belt feeling of a theatre list, but to the patient, this will be one of the scariest, most important few hours of their lives.

I also realised how much I used to underestimate post-operative pain. I personally had a spinal anaesthetic, so I was very comfortable in recovery, and this is the last we tend to see before sending patients up to the ward and this counts for any regional block. However, when the pain hit around 10 hours later, in the middle of the night, I was all alone, and very thankful for my PCA. So I was very shocked the following morning when the orthopaedic team took the PCA away, less than 24 hours after my surgery, and told me I can be discharged. What followed was a day of severe pain that makes you question whether you're imagining things, not wanting to be a burden on the staff, not wanting to appear weak or fussy and leaving you very, very vulnerable. I was in the advantageous position of having anaesthesia colleagues who set up the PCA for me again that evening, but what about the patient next door who does not have contacts in anaesthesia? Are we prescribing enough analgesia, ensuring they have a backup in case of unbearable pain? Despite voicing my concerns to the ward team, I found I needed to escalate through my contacts to be seen to, so are the escalation routes for pain control being used correctly and in a timely manner?

Our body is a blessing, enabling us to do whatever we want to do in life, and I watched its incredible adapting and healing abilities as I was slowly recovering from surgery, realising how much we take it for granted in this fast-paced life. Getting injured takes a millisecond, but the journey back to health is a long and hard one. No one can prepare you for what is to come; the feeling of absolute helplessness, the pain, the weakness, the setbacks. But how amazing it is to come back from all of that, to see solid progress and getting back to doing the things you want to do, slowly but surely. I am so thankful to everyone involved in my care and it is a credit to them that I am now doing so much better. Sometimes things have to be taken away from you to realise how important they truly are.

I'd really like to take this opportunity to thank everyone in our department who in any way showed me compassion and support over the past months; the admin team and colleagues who kindly eased me back into work, all those who gave me lifts to and from hospital, all the visits, messages and well wishes received - it did not go unnoticed. I appreciate everyone and will not forget your kindness. I am truly humbled.

And to Martina, who I shared this journey with, you made this very isolating experience a lot less lonely, let's not do it again!

Rebecca and Martina on the road to recovery

ESAIC EDUCATION & TRAINING OPPORTUNITIES

DR STEPHANIE MIFSUD BSC MD DESA MSC (MELIT.)

Academy

The ESAIC Academy stands as the premier online learning platform of the ESAIC, granting access to a vast array of webinars, e-learning modules, courses, and quizzes, covering diverse topics. More information: *https://esaic.org/professional-growth/academy/*

Learning Tracks

These learning tracks serve as structured roadmaps, meticulously crafted through various formats such as webinars, podcasts, or e-Learning Modules. These include the Pain Track, Lung Track, Haemodynamics, and Heart Track. More information: *https://esaic.org/professional-growth/learning-tracks/*

Mentorship Programs

The ESAIC runs a Mentorship Programme to promote the professional development of early-career researchers and established investigators. One-to-one mentoring model.

Experienced Investigators covering a wide range of anaesthesiology and intensive care specialties are selected as mentors and are matched with mentees by their field of interest. Mentors and mentees are encouraged to be in regular contact and set objectives for their programme. The mentorship programme lasts 2 years. For more information regarding the Mentorship Programme, please contact: *mentorship@esaic.org*

Exchange Programme (EP)

The ESAIC Exchange Programme facilitates European medical professionals' access to top training centres for advanced learning in anaesthesiology, intensive care, and pain medicine, enhancing skills to benefit their home centres.

Applicant must be an ESAIC Active/Trainee Member actively working in Europe (as defined by the World Health Organisation) at the time of the deadline.

- Applicant must be resident or specialist.
- Resident/Young Specialist – no less than a 3rd-year Trainee and young specialist in their first 5 years.
- Specialist – no less than a 4th-year Specialist or more senior.

Selected applicants will be required to write an article for the ESAIC eNewsletter describing their experience upon completion of the training period, within 1 month after finishing the training. More information: *https://esaic.org/professional-growth/exchange-programme/*

Preparation courses for EDAIC

- ***On-Line Assessment (OLA)***

The OLA is a computer-based online test very similar to the EDAIC Part I Examination.

All questions of the OLA have been created to match the domains set by the UEMS European Training Requirements in Anaesthesiology, meaning that the OLA is the ideal tool to assess the anaesthetic and intensive care training as defined by the UEMS. The OLA is held in April on a yearly basis and is also, therefore, a perfect test for all candidates planning to take the EDAIC Part I examination in autumn. More information: *https://esaic.org/professional-growth/edaic/ola-and-hola/*

- ***Basic and Clinical Sciences Anaesthetic Course (BCSAC)***

The BCSAC is intended as one of the tools suitable for preparing the European Diploma in Anaesthesiology and Intensive Care by improving the candidate's understanding and knowledge of different areas of basic and clinical sciences. It is open to everyone, and there are no prerequisites to attend the course. More information: *https://esaic.org/professional-growth/educational-courses/bcsac/*

- ***Viva Course (VIVAC)***

Preparation for the Part II

The Viva Course (VIVAC) is intended as one of the tools suitable for the preparation of the Part II examination by making the candidate familiar with the examination system and technique.

The programme includes lectures as well as a mock EDAIC Part II exam workshop with experienced EDAIC Part II examiners. Feedback will be given on every candidate's performance, and every candidate will have the opportunity to observe other candidates and several examiners from different European countries in English language only. More information: *https://esaic.org/professional-growth/educational-courses/vivac/*

- ***Masterclasses***

The ESAIC Masterclasses are conducted in small groups (usually 20-30 people) and consist of lectures by well-recognised experts in the field along with group discussions and workshops in small groups (4-5 people in each group). More information on: *https://esaic.org/professional-growth/*

FUTURE CONFERENCES & COURSES

41st ESRA Annual Congress	4-7 September 2024, Prague, Czechia	*https://esracongress.com/*
ESPEN 2024 – European Society of Clinical Nutrition and Metabolism	7-10 September 2024, Milan, Italy	*https://espencongress.com/*
10th World Congress of the ERAS Society 2024	18-20 September 2024, Malaga, Spain	*https://erascongress.com/*
8th European Airway Management Society Congress (EAC2024)	25-28 September 2024, Istanbul, Turkey	*www.eac2024.org*
DAS 2024	28 – 29 November 2024, London, United Kingdom	*https://www.das2024.co.uk/*
Anaesthesia and Critical Care Conference	1-2 October 2024, Excel, London, United Kingdom	*https://www.accconference.co.uk/*

FUTURE CONFERENCES & COURSES

ESICM LIVES 2024, 37th Annual Congress	05-09 October 2024, Barcelona, Spain	*https://www.esicm.org/events/37th-annual-congress/*
8th ESRA Autumn Meeting	7-11 October 2024, Algarve, Portugal	*https://esraeurope.org/meeting/8th-sunny-autumn-meeting/*
Anaesthesiology 2024	18-22 October 2024, Philadelphia, PA, USA	*https://www.asahq.org/annualmeeting*
2024 World Critical Care & Anaesthesiology Conference	18-19 October 2024, Osaka, Japan Hybrid event	*https://www.iasp-pain.org/event/2024-world-critical-care-anesthesiology-conference-2024wcac/*
SAFE Paediatrics – Cheltenham 2024	11-12 November 2024, Cheltenham, United Kingdom	*https://anaesthetists.org/Home/Education-events/Find-an-event/SAFE-Paediatrics-Course*
International Conference on Disaster and Emergency Management – ICDEM 2	30-31 December 2024, Paris, France	*https://waset.org/disaster-and-emergency-management-conference-in-december-2024-in-paris*

UPCOMING AAM EVENTS

28 SEPTEMBER

ANATAS & SUMMER EVENT

UPCOMING AAM EVENTS

21-22 FEBRUARY

AAM CONFERENCE 2025

AAM Conference 2025

One of the main aims of our Association is to uphold the highest standards of clinical practice in our area of specialisation, safeguard training in anaesthesia and intensive care, as well as to promote the education of doctors who aspire to enter this specialty. Currently, the AAM committee, spearheaded by Dr. Anne Marie Camilleri Podesta, and Dr. Petramay Attard Cortis with help from a number of AAM members including Dr. Pippa Trapani Galea Feriol and Dr. Joseph Grech are working assiduously to plan and coordinate the various aspects required to bring this conference to fruition and provide an enriching experience for all attendees.

The AAM will be organising an international conference on **"The High-risk Patient: Anaesthesia, Intensive Care and Pain Perspectives"** between the **21st– 22nd February 2025** held at the Marriott Resort, Malta. This conference is targeted at local and international anaesthesiologists, trainees, as well as anaesthetic and intensive care nurses. There will be a variety of sessions pertaining to the high-risk patient populations including Plenary Sessions, Pro-Con debates, and numerous parallel sessions. In addition, poster presentations highlighting research endeavours, and a selection of pre-conference workshops on Friday 21st February will be held on simulation, echocardiography, US-guided regional anaesthesia, and difficult airway amongst others. A Networking event is planned for Friday the 21st in the evening.

In addition, we have extended an invitation to numerous esteemed international experts to present at this meeting and currently **Prof. Steffen Rex** and **Prof. Federico Bilotta** have accepted our invitation.

Prof. Steffen Rex *has been the Chair of the Department of Anaesthesiology at University Hospitals Leuven in Belgium since 2021 and an Associate Professor of Anaesthesia at the Department of Cardiovascular Sciences, KU Leuven since 2011. He has a particular interest in cardiovascular anaesthesia, perioperative organ protection, postoperative delirium, anaesthetic neurotoxicity, haemodynamic monitoring, and perioperative echocardiography. Prof. Rex serves as a reviewer for several journals, including Anesthesia & Analgesia, BJA, and EJA. With over 150 peer-reviewed articles and more than 4,000 citations, he has delivered numerous lectures at national and international conferences and has presented extensive research data.*

Prof. Federico Bilotta *MD PhD is a full-time consultant and Professor of Anesthesiology at the Department of Anesthesiology and Intensive Care Medicine, specializing in neuroanaesthesia, neurocritical care, and anesthesia in pediatric oncohaematology at Policlinico Umberto I Hospital, University of Rome Sapienza, Rome, Italy. Within the European Society of Anesthesiology and Intensive Care (ESAIC), he serves as the Chair of the European Subcommittee of Neuroanaesthesia, is a member of the Research Committee, and has been a member of the Board of Directors since 2022. Additionally, Prof. Bilotta chairs the National Anesthesia Societies Committee (NASC) and the ESAIC Taskforce on "Perioperative Fasting in Adults." He has an extensive publication record with 306 papers published in indexed journals, 70% of which were as first or last author, resulting in a total impact factor of 1458. With an H-index of 38 and a total of 7579 citations, the average number of citations per paper stands at 17.5.*

CALL FOR VOLUNTEERS

Thus, we are calling out to all our members who would like to volunteer and help with the conference organisation. This would include on-site staff and volunteers to assist with various tasks such as registration, ushering, and attendee support; printing of badges, certificates, etc.

If you are interested in helping out please contact myself on info@aam-malta.org and cc Dr Anne Marie Camilleri Podesta on anne-marie.camilleri-podesta@gov.mt and Dr Petramay Attard Cortis on petramay.cortis@gov.mt **THANK YOU!**

SPECIAL SHOUTOUTS

DR MATTHEW DRAKE, DR GIANLUCA FAVA, DR NICOLE GRECH, DR MICHAEL MICALLEF, DR YANIKA STAFRACE, DR BERNICE SPITERI & DR DIANDRA VASSALLO,

Successfully obtained their EDAIC Part 2 in 2024

TRAINEES

All trainees who have successfully progressed to their next year of training

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For more information, you can reach them on:
25456900/1 or email psychologyreferal.mdh@gov.mt or paul.sciberras@gov.mt

Alternatively, you can find more information on the MDH Portal at https://health.intra.gov.mt/mdh/psychology/SitePages/Home.aspx or follow their Facebook page on https://www.facebook.com/psychologymaterdei/.

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THE HIDDEN TOLL: UNDERSTANDING THE SECOND VICTIM PHENOMENON IN HEALTHCARE

DR STEPHANIE MIFSUD BSC MD DESA MSC (MELIT.)

Healthcare workers play an essential role. They are health promoters, working long hours in stressful environments, and often without proper recognition of their indispensable role. **The World Health Organization's Global Safety Action Plan** underscores the importance of protecting healthcare workers, and it recognised the need of creating synergies between health worker safety and patient safety policies and strategies. Patient safety incidents can cause harm to patients and their families, making them the primary victims. However, various types of incidents can also negatively affect the healthcare professionals involved in patient care and potentially impact the entire team. As the severity of these incidents increases, so does the likelihood of healthcare workers experiencing what is known as a **"second victim" phenomenon**.

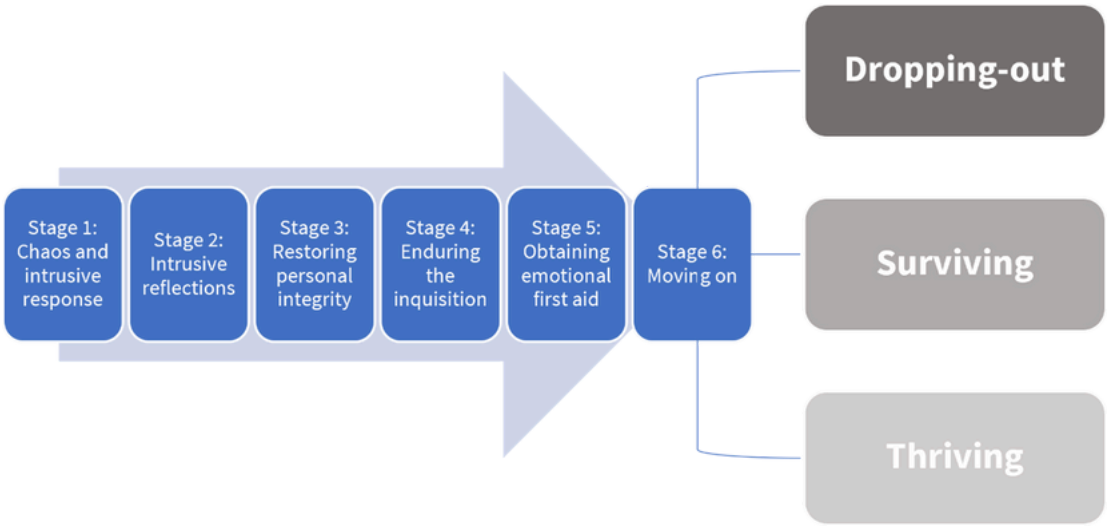
Who is a Second Victim?

Second victim:

"Any health care worker, directly or indirectly involved in an unanticipated adverse patient event, unintentional healthcare error, or patient injury and who becomes victimized in the sense that they are also negatively impacted". (Vanhaecht et al., 2022)

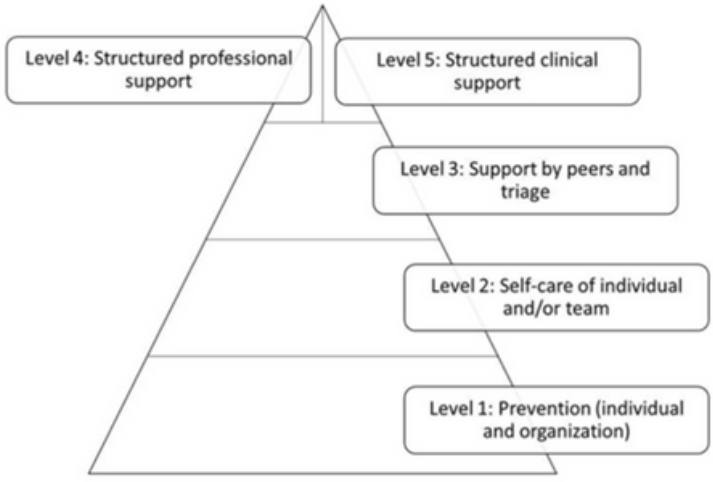
The second victim phenomenon **will affect nearly all healthcare professionals during their professional life.** European studies indicate that around 72% of health care providers in hospitals and 62% in primary care reported having suffered the second victim experience in the previous five years. A second victim traumatisation can occur even when there was no harm to the patient. The second victim phenomenon causes suffering for the professionals involved, but the consequences are widespread: it causes changes in clinical attitudes and increases the likelihood of defensive practice and the)risk of new adverse events. Thus, it can jeopardise Patient Safety, diminishing the quality of care. It affects healthcare organisations and health systems across the world.

The second victim phenomenon is relatively unknown and unaddressed. Scott's 2009 research about the second victim experience shows the trajectory of recovery of a second victim, identifying 6 stages:



Scott's (2009) trajectory of recovery of the a second victim.

The first two outcomes, Dropping-out and Surviving, are associated with decreased work productivity, time off from work and, in the last case, quitting. Thus, they represent enormous monetary losses to the healthcare organisations. When a second victim receives help through a dedicated intervention, the likelihood of thriving, building resilience from the event, is stronger, instead of leaving the institution or continuing to relive the event. Creating Awareness of this phenomenon is the first step to promote thriving. This is then followed by developing and implementing a second victims' dedicated program or adopting a program which is already utilised in one's institution following needs assessment and identification. The five-tier level of support that should be offered to the second victim is as follows:



Overview of the five-tier level of Support.

To learn more about the Second Victim Phenomenon, you can enrol in a free online course available at: https://course.cost-ernst.eu/courses/second-victim-course/

Other useful websites:

- *www.centerforpatientsafety.org*
- *www.secondvictim.co.uk*
- *www.psnet.ahrq.gov*
- *www.segundasvictimas.es*
- *secondvictimscovid19.umh.es*
- *www.ahrq.gov*
- *www.betsylehmancenterma.gov*
- *www.muhealth.org*
- *www.johnshopkinssolutions.com*
- *www.secondvictim.be*
- *www.secondvictim.at/*
- *psu-helpline.de*

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