

## Health Connection

# New course for anesthesia assistants

22-week program should help improve operating room efficiency

**DAVID CHILTON**  
Special to The Sun

Next year the Michener Institute of Applied Health Sciences in Toronto will graduate 60 anesthesia assistants, the first group of what is expected to be a steady supply of professionals trained to work under the direct supervision of an anesthesiologist.

**An applicant must be either a registered respiratory therapist or a registered nurse**

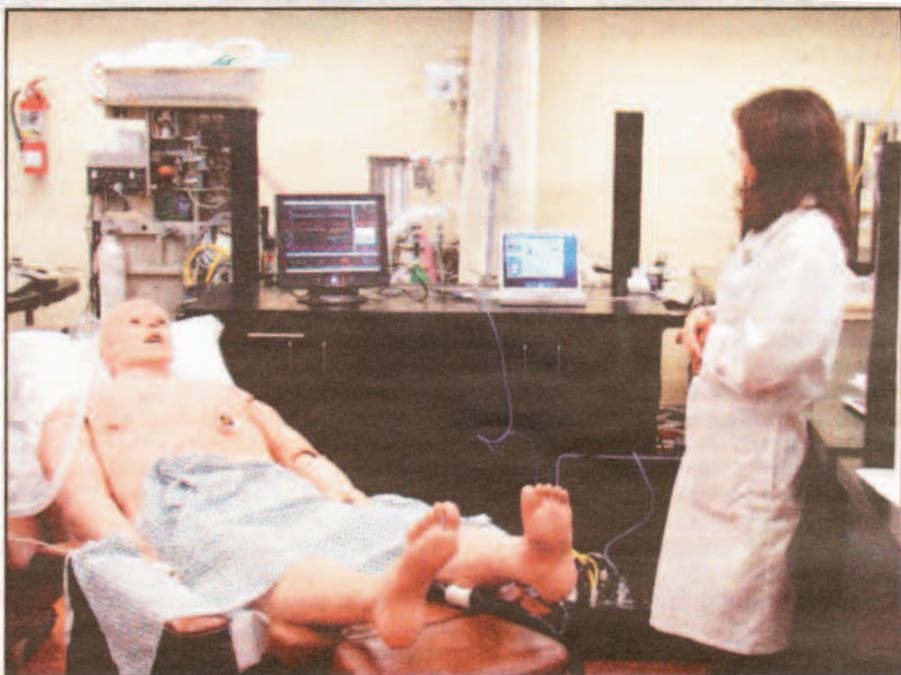
Paul Gamble, president and CEO of the Michener, says the first class of 30 students starts its 22-weeks of study Jan. 6. The second batch of 30 will begin in either late April or early May. Over time, Gamble expects the Institute to graduate about 30 to 40 students a year.

In-class and online studies for the program last 15 weeks with a five-day residency requirement. Following that, there is a clinical rotation of six weeks, Gamble says. Tuition for the program is about \$4,200.

Anyone who wants to apply for the program must meet criteria established by the Michener and the University of Toronto's Faculty of Medicine. An ap-

### QUICK FACTS

- The first class of anesthesia assistants begins Jan. 6, 2006 at the Michener Institute of Applied Health Sciences.
- A second class is scheduled for the spring.
- Applicants must be a registered respiratory therapist or registered nurse.
- The program lasts 22 weeks and students must complete a six-week clinical rotation.
- Tuition is about \$4,200.



TIM CHIPMAN

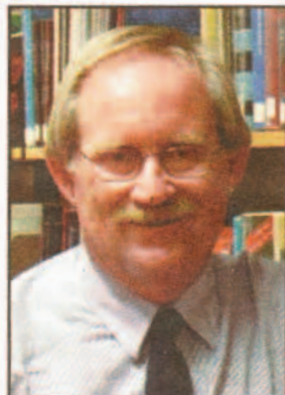
Sim Man, a high fidelity computerized mannequin, is being monitored by Martha Williams, a member of The Michener Institute's faculty.

plicant must be either a registered respiratory therapist or a registered nurse. Both need two years of critical care or operating room experience within the last four years of their respective careers. The applicant RRTs and RNs must also have completed the basic anesthesia assistant course or its equivalent, such as an anesthesia technology certificate.

"There's certainly be a great deal of interest (in the program)," Gamble says. "We've had a significant number of calls, mostly from large academic teaching hospitals, but also a large number (from) community hospitals as well. As is typical with programs like this, we are still sorting through the applications and the admissions so I don't exactly know who's going to be in the at first cohort yet."

Once qualified, the anesthesia assistants will provide technical support to the anesthesiologist using complex equipment as well as providing airway management. They will also supply conscious sedation, administer anesthetic gases and medications, be responsible for the insertion and management of arter-

ial lines, and provide an assessment of the depth of the patient's anesthesia under the anesthesiologist's supervision.



**GAMBLE**

Michener, president and CEO

Using anesthesia assistants will not compromise patient safety, Gamble says. "These folks (anesthesia assistants) are working under the direct supervision of a doctor," he emphasizes.

Dr. David Bevan, anesthesiologist-in-chief at Toronto's University Health Network, says the anesthesia assistants will play a very important role and he hopes the new program will create genuine anesthesia teams such as those he observed in Den-

mark and Sweden. That hasn't been the case in the U.S. There, Bevan says, anesthesia assistants and anesthesiologists are "at war."

Anesthesia assistants are not new to Canada but represent a fresh approach in Ontario. Funding for the program comes from the Ministry of Health and Long Term Care and is part of a plan to reduce wait times and improve operating room efficiency and working conditions for anesthesiologists.

Of course, students can't practise anesthesia on actual or surrogate patients, so Gamble says high fidelity computerized mannequins will be used. Costing anywhere from \$40,000 to \$180,000 US, the mannequins can be programmed to produce a range of situations.

"The simulations are incredibly realistic and they are an excellent teaching tool," Gamble says, pointing out that students who practise on them show all the physical symptoms — sweating, higher pulse rates and so on — of someone working with a human patient.

davidchilton@rogers.com