



I start with a great oriya poem

**“ Kehi rahinahi Kehi rahibe nahiti; Bhaba ranga bhumi tale
Sarbe nija nija abhinaya sari; Bahudube kala bele”**

Which means “ Nothing is permanent in this world, All have to leave... after completing their task and role; .. with the passage of time.”

At the outset I thank all my fellow colleagues, Governing Council Members, my mentors, my seniors for the unconditional support. I thank the almighty for the profuse blessings

– to accomplish my tasks

- complete my tenure. In my journey of President ship of ISA 2016 – 17 from Ludhiana to Kolkata.

The theme of 65th ISACON is Enigma to reality. It’s strange but I somehow correlate my personal attributes a lot to the theme of the conference this year. I’m sure a lot of people find it very difficult to understand me and find me mysterious in many ways. Let me help you look a little deeper into my personal thoughts, my tenure as the President and me as a person in general.

Since I can remember, I’ve always been a driven and highly ambitious person. Every human has a list of things they set out to achieve in their lifetime in short, their ‘wish list’. I feel very privileged to be saying that, I achieved the number one thing on my wish list- to serve as the President of ISA. In my tenure as the president, I’ve come to know of many truths.

As a President I can say it was quite an eventful year. It gave me the opportunity to travel across the length and breadth of this country. It gave me the opportunity to represent ISA at SAARC-AA Congress at Colombo, Srilanka. Though there was an invitation from the Chinese Society of Anaesthesiologists; I decided not to attend the CSA Conference because of Doclam issue as my nation is above my society.

I had personal as well as professional ups and downs. I was diagnosed with Adenocarcinoma Left Lungs; Stage IV; sometime back but even that couldn't shake my passion for serving this society. This isn't the time to get into the details of it but I wanted to mention this to tell you that, I'm a man who turns every weakness to my strength. Like a famous quote goes, "when life throws you a curveball, you hit it out of the park".

I thank all the coordinators of Zonal PG Assembly for making it possible to hold all the six zonal PG assembly this year. Which was the concept started for preparing the final year PG and DNB students to appear their exams.

Out of 150 countries India was selected for the project "Safe Country; Safe Anesthesia" by WFSA. The project is implemented in the state of Telangana. I thank WFSA for selecting India and Govt. of Telangana for agreeing for the project to be conducted in Telangana. Under this project 4 young anesthesiologists from Telangana were nominated by ISA to attend ASA congress at Houston USA and their Registration, to and fro flight Charges and hotel accommodation was borne by WFSA.

The number of Inland scholarship has been increased to 10 this year. The selection test will be conducted tomorrow in hall A from 7AM to 8.30AM. ISA will bear an expenditure of Rs.35000/= per candidate for nominating them to the center of their choice for observer ship for a duration of one week. I thank Neon Pharma for the financial support for Inland scholarship program.

The concept of formulating the ISA Resuscitation Guidelines which was overdue could take a concrete shape. Yes; Societies conscious resuscitation guidelines thought was made by Prof. PF Kotur and his team, with lot of inputs by Prof. Manimala Rao in 2010 and 11. But ISA was forced to opt out from that project.

Today I thank the coordinator Dr. SSC Chakra Rao and the team of Prof. Rakesh Garg of AIIMS, New Delhi, Prof. Syed Moied of AMU Aligarh and Dr. Mukul Kapoor of Delhi for preparing the algorithms, and the manuals. I thank all the participants those who attended the Training of Trainer Program on 24th and 25th November; we can conduct workshops of CPR based on ISA Resuscitation Guidelines in different corners of this country. The head quarter for this have been started at Kakinada with a financial support of Rs.7.7 Lakhs from Rangarai Medical College Alumni of North America in procuring the mannequins. We are the first society in the world to formulate the COLS algorithm.

Ours is country with 1.3 billion population; every day number of resuscitations is happening across the length and breadth of this country;

for any resuscitation in the hospital its always the anesthesiologist is called; the only thing is we have do is to capture the data. For this we have made a web site with dedicated server. One can upload the data and retrieve their data for publication in any journal. ISA will use these data for modification of the guidelines in future.

In one year if not a lakh; we can have some thousand data. I purpose to form a Research wing of ISA for CPR and a Board for coordinating with other countries and ILCOR.

For the first time we have started the mentor and mentee program. It the first of its kind to be started by any anesthesia society in this world. Out of 20 mentors selected by ISA; 15 mentors attended the training program for mentors. This program is on Havard school modoule and first of its kind in the world.

This year the WFSA theme is "Safe anesthesia is essential for safe Surgery". For safe anesthesia there is a need for practice of safety and quality excellence by the anesthesiologists.

Safety in anesthesia improved dramatically after 2000, partly due to the introduction of monitoring standards. The required standards of monitoring were formalized by Indian Society of Anesthesiologists in Monitoring during Anesthesia and Recovery. More over safe anesthesia requires the presence of a qualified anesthesia provider who has access to the appropriate drugs, equipment and facilities, and is able to work with a trained assistant. Unfortunately, these standards are not available to many of our colleagues in this country and aroundthe world.

"Quality excellence in anesthesia".

What is excellence in anesthesiology?

How do we measure it?

What can we do to understand, assess, and improve this essential aspect of our practice?

Recent trends in training and assessment in anesthesiology have focused on the acquisition and demonstration of competencies. Although competence is a necessary prerequisite for excellence, it is not in itself sufficient.

In setting our sights on competence, we may miss the opportunity to aim higher. Nevertheless, there is still something to be gained from subdividing practice and examining the individual parts. This can lead to

higher standards and improvements in professional skill, but the isolated part must be set within the total professional task of the anesthesiologist for these improvements to be realized.

We owe to our patients, our colleagues, and ourselves to strive for excellence in all that we do. Safe, high-quality patient care, good working relationships, and our own professional pride and fulfillment are all at stake. Nevertheless, for all its importance, attempts to explore the many facets of excellence in anesthesiology have been made only recently.

Anesthesiologist is the leader in many occasions as a health care provider. Hence its expected the anesthesiologist to lead the team on many occasions, be it trauma management, disaster management or the services in the Emergency Room.

With respect to teamwork, leadership and co-ordination within and between teams are important human factors. What exactly constitutes good teamwork varies to some degree with regard to team and task characteristics (e.g., task complexity, time pressure, standardization). However, research indicates that there are core competencies constituting good teamwork. For example, the "Big Five" model suggests that teamwork requires five competencies:

team leadership,

mutual performance monitoring,

backup behavior,

adaptability, and

team orientation.

These five competencies require the support of coordinating mechanisms such as *shared mental models*, *closed-looped communication*, and *mutual trust*. A more recent approach suggests that the growing number of more dynamic, ad-hoc teams and multiple team memberships requires "teaming", that is the ability to quickly set the stage for working well in any team. Core teaming processes are *speaking up*, *collaboration*, *experimentation*, and *reflection*. Particularly, the importance of *speaking up* as a central teamwork competence is being more and more acknowledged.

Today there is an enormous increase in number of violence against health care providers. Stringent laws or a penalty is the need of the hour to stop these incidences being repeated. Patients demand is growing in leaps and bounds. They want to actively participate in the therapeutic decisions and want all decisions to be informed and intelligent.

Lack of understanding of anesthesia being an essential part of secondary healthcare services its now not merely limited to operating room. Administrators forget Anesthesiologists services are also required in: - Emergency Room, Intensive Care Units, Cath Lab, MRI Suite, Pain clinics, Resuscitative rooms, Electro Convulsive Therapy.

Thus, I reckon that we need to look into certain important aspects **Besides** medical skills; doctors must learn sociology, psychology, man managerial skills like effective communication, **doctors have to have** a patient ear. Hence the most important four things we should; is communication, Documentation, Communication of Documentation and Documentation of Communication.

ISA welfare scheme; Family Benevolent Fund requires member's participation. It's the only way we can help our own colleague's family. At present we are able to disperse Rupees 5 lakhs; with increase in number of membership to 4000, we will be able to disperse Rest. 10 Lakhs to the family. I request the ISA members those who are not the members of FBF to become the member of FBF.

Anesthesiology is the practice of medicine dedicated to the total care of the patient before, during and after surgery. Hence, I want every anesthesiologist to develop the attitude of leadership.

Small and steady steps can be quite big and spectacular. They move you to a bigger place. And as I get older, I've realized that the only thing that speeds up is time. But as much as it's true that time is a thief, time also

leaves something in exchange. With time comes experience- and however uncertain you may be about the rest of the world, at least about your own work you will be sure.

On this note, I have something small yet important to share with the next and the other future presidents of ISA sitting in this auditorium. One of the greatest gifts you can give yourself, right here, right now, in this single, solitary, monumental moment in your life- is to decide, without apology to commit to the journey and not to the outcome.

I thank Prof. Bibhu Kalyani Das and her team for the excellent academic feast.

I Congratulate Dr. Arabinda Ray, Dr. Subhendu Sarkar and Dr. Sumanta Dasgupta and their team for the excellent arrangements of 65th Annual conference of ISA. I wish all success for the conference.

Let me wind up with a quote of PatrickLencioni:

*"Remember, teamwork begins by building trust.
And the only way to do that is to
overcome our need for invulnerability." –*

Together we can make a change; to improve patient care and access to safe anaesthesia.

Long Live ISA.