New Media

Website Review

AnesthesiaWeb

www.anesthesiaweb.com

AnesthesiaWeb is "an independent educational resource by and for anesthesia providers" jointly offered by Duke University and Abbott Laboratories, the latter being suppliers of an unrestricted educational grant. The site is free but requires registration and the selection of a user name and password. According to the website, "AnesthesiaWeb seeks to present contemporaneous peer-reviewed information of interest and impact on current anesthesia practice. Content areas are diverse, and include (but are not limited to) ambulatory care, bioengineering, critical care, managed care, medical informatics, pediatrics, and pharmacology." Use is restricted to medical professionals, for reasons that likely have to do with the American medicolegal climate. (I personally feel that all interested individuals, not just medical professionals, should be allowed access to educational medical materials wherever practical).

Editorial content for AnesthesiaWeb "is determined by the Anesthesia Department of Duke University Medical Center and an independent board of practicing and teaching anesthesiologists from leading institutions" across the U.S.A. David Lubarsky is the current chair of the Editorial Board.

Content offered at AnesthesiaWeb includes the following:

[1] Literature Reviews . This section offers a number of brief literature reviews in the range of 1000 words in length. Sample synopses include: Chronic Pain as an Outcome of Surgery, Renal Protection, Fenoldopam, Postoperative Death and Malpractice Suits, and many others. Most synopses can be read in a few minutes and would be perfect for "porting" into PalmPilot™ (or similar) format for enthusiasts of pocket computing technology.

[2] Ask the Experts. This section of AnesthesiaWeb allows members to communicate electronically with

Advisory Board members and guest experts. Questions are submitted using an electronic form. Here is a sample question (go to the site to compare your answer with theirs).

I would be grateful for a consensus opinion regarding the time that should be allowed following uncomplicated myocardial infarction before anaesthesia is used for non-emergency surgery. What is the range of risks? What evidence is there to support such a consensus?

[3] Special Features . This section includes material from past anesthesia meetings (ASA, SAMBA, SOAP), including sample video clips and even information on handheld medical computing ("Cleared for take-off: The Anesthesiologist and the PalmPilot™")

[4] Residents Corner . This section features information likely to be of value to residents, including a link collection, a list of recommended textbooks, and some clinical vignettes. Each month, the Resident's Corner also features a story on "a physician who is making great strides in his or her field both as an example and as a resource for residents".

[5] Case of the Month. This section features a complex case for study and discussion.

[6] Archive. A repository for old (but still quite valuable) material.

[7] Search Engine. The whole of AnesthesiaWeb can be searched for selected keywords.

This is an example of a high-quality anesthesiology site made possible by academic / industry synergy. Highly recommended.

D. John Doyle
Toronto, Ontario

Website Review

Anonymous Critical Incidents Reporting System (CIRS©)

<http://www.medana.unibas.ch/ENG/CIRS/Cirs.htm>

CIRS is an international anonymous critical incident reporting system run by the Department of

Anaesthesia, University of Basel, Switzerland. Motivated by the Australian-Incident-Monitoring-Study (AIMS) the authors decided to create an international forum aimed at collecting and distributing anonymously submitted critical incidents from daily anesthetic practice. The system not only allows one to submit critical incidents in a narrative format but also serves as a teaching resource in that one can review adverse clinical experiences by browsing through the case collection. (There are 132 reported critical incidents in the system so far.) As already noted, CIRS submissions are anonymous, raising potential issues about how anonymous information is best handled, especially given that many important details may be missing in submitted reports.

A particularly useful section of the site includes a discussion entitled "Administrative Guidelines for Response to an Adverse Anesthesia Event" based on policies developed at the Department of Anaesthesia, Harvard Medical School. This section of the site should be reviewed whenever a patient has died or has been injured from causes suspected to be related to anesthetic management. (Better still, post a copy in your anesthesia lounge.)

I enjoyed going through the case collection, a surprisingly large number of which were "wrong drug" type errors, such as the anesthesiologist who wondered why his spinal did not work, only to discover that he had administered intrathecal pancuronium instead of intrathecal lidocaine.

I recommend this site to all individuals interested in human error in medicine.

D. John Doyle
Toronto, Ontario

Website Review

Handheld Medical Computing Devices

<http://www.handheldmed.com/>

Anesthesiologists and other mobile health care providers require timely, portable access to clinical information, such as reference materials (books and charts) or even information about specific patients (e.g., pain service patients or past anesthetic procedures). Since recourse to library resources in order to answer clinical questions is often impractical when one is caring for a patient intraoperatively, there is a clear need for electronic materials that are easily accessed using a pocket-sized computer system, such as a mem-

ber of the PalmPilot™ family or other handheld device. These gadgets are small enough to keep in your OR scrubs' top pocket (where they risk spilling out) or (more appropriately) attached to a belt using a leather pouch.

For many anesthesiologists, the PalmPilot™ has become an indispensable tool for personal information and clinical care. Many other individuals have chosen the PocketPC platform or the Psion platform for similar purposes. These and related devices are generically known as Personal Digital Assistants or PDA's.

The handheldmed site offers many resources to health care professionals interested in PDAs. This includes news on new hardware and software and information on Avantgo™'s information retrieval technology (An important source of nonclinical information for mobile individuals is from Avantgo™ (<http://avantgo.com>) who call themselves "the leading provider of infrastructure software and services that power the mobile economy" by providing individuals with "real-world solutions" both wirelessly or via synchronization with a host computer.)

The handheldmed site also has an informative section on WAP enabled cell phones and hand-held devices, a technology expected to grow substantially in the next few years. (WAP stands for Wireless Application Protocol, a software system for information formatting similar to HTML, the standard for normal web pages, but downsized for smaller devices. Essentially this technology allows a form of simplified web access using small wireless PDA devices)

In the links section of the site there are hyperlinks to companies and organizations that offer products and services of potential value to users of handheld-computer-based medical devices. An example is information on special sensor cards for PDA devices that convert them into miniature ECG monitors or pulse oximeters or spirometers. One special appeal of such equipment is that valuable space is saved since the software and computer system is based on a handheld platform.

The site even provides the option to make PDA e-book purchases via the Internet. As an example, the "Family Practice Library", available for an annual subscription rate of USD \$121.22, "includes all of the essentials for the informed Family Practitioner", including the Physician's Drug Handbook, The 5-Minute Clinical Consult, The 5-Minute Pediatric Consult, and your choice of one other title.

Similarly, one can purchase full journal articles if one finds a (free) abstract that looks interesting (this latter service is offered in partnership with Aries Systems, developer of the Knowledge Finder® search