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A nontraumatic induction technique for paediatric patients

To the Editor:

Induction of anaesthesia is frequently a traumatic and frightening experience for young children. The standard technique of inhalational induction for paediatric patients is often a struggle due to separation from parents, a fear of suffocation, and the unpleasant smell of the inhalational agent. Various methods of premedication and induction have been suggested to alleviate these problems.[1-3]

An induction technique that I have found useful in the four- to eight-yr-old range involves having the child interact with the capnograph. I ask the child to hold the mask tightly on his face, take a deep breath and exhale while watching the monitor. Usually children induced in this manner are quite pleased when they discover that they have made a "bump" on the monitor. I ask the child to try to make "big bumps", "little bumps", "multiple bumps" in a row, while counting with me. While they are doing this I start with high flows of nitrous oxide ($7 \text{ L} \cdot \text{min}^{-1}$) and oxygen ($3 \text{ L} \cdot \text{min}^{-1}$) and gradually introduce an inhalational agent, usually halothane.

This technique helps to distract the child while facilitating the induction of anaesthesia. Because the child has some control over the situation, the induction turns out to be a pleasant and nontraumatic experience.

P.L. Steer MD
Department of Anesthesiology
University of Kansas
Medical Center
Kansas City, Kansas

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Research Development Day

To the Editor:

The Department of Anaesthesia at UBC has developed a program to encourage and improve clinical research. "Research Development Day" started in 1988 and is offered to all residents and faculty. The aim of the program is to offer guidance in developing the skills necessary to initiate and complete research and to improve written and oral presentation. The morning of the program is devoted to didactic lectures by three to four speakers which is followed by afternoon workshops. The afternoon workshops are designed so that each participant spends a portion of the time with each facilitator. Lecturers are chosen who are dynamic speakers and enthusiastic about their field. Flexibility is another essential attribute as they have to adapt to the needs of the participants. Speakers have been drawn from the faculties of Anaesthesia, Epidemiology, Pharmaceutical Sciences, Computer Science, Library Science and from the UBC Clinical Screening Committee for Research Involving Human Subjects. Each of the speakers contributes a written handout which is given to the registrants.

The topics covered in the first year consisted of (1) getting started in research; (2) writing for publication; and (3) slide-making and oral presentation. The afternoon workshop on the first topic consisted of designing a clinical research project. The workshop on writing examined abstracts which were critiqued by the group. The third workshop utilized resident presentations which had been prepared for the annual residents' competition. These oral presentations and the slides were analyzed and suggestions for improvements were made.

The second year was designed to expand on these topics and included: (1) the ethics of research; (2) using the library; (3) statistics; and (4) writing a grant application. The workshops followed a similar format with hands-on experience for the participants.

The theme for the third year was Computers in Research and the topics included: (1) the use of computers for research; (2) the types of computers for research needs; (3) word processing; and (4) computer use for statistics and graphic aids. The afternoon workshop was held in a computer laboratory where each participant had