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BEYOND THE MASK

The Official Newsletter of the
Association of Anaesthesiologists & Intensivists of Malta (AAIM)



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AN INTRODUCTION TO THE NEW AAIM COMMITTEE 2026-2028

DR ANNE MARIE CAMILLERI PODESTA - PRESIDENT



Dear AAIM members,

During my term as President of the Association of Anaesthesiologists and Intensivists of Malta, my vision is to continue strengthening AAIM as a professional body that upholds the highest standards of anaesthesia and intensive care across Malta and Gozo, while placing equal emphasis on patient safety and our wellbeing as clinicians.

A key priority will be to further enhance patient safety initiatives, including exploring the introduction of the Safe Brain Initiative in Malta, alongside continued collaboration with ESAIC and preparations for hosting the ESAIC CONNECT Meeting in 2027. Education, quality improvement, and safety culture remain central to our mission.

Equally important is a renewed focus on the wellbeing of anaesthesiologists and intensivists, recognising the demands of our specialty and the importance of supporting our colleagues professionally and personally.

AAIM will continue to actively represent our society internationally, including at the World Congress of Anaesthesiologists in Marrakesh and Euroanaesthesia 2026 in Rotterdam, ensuring our voice remains heard and connected within the global anaesthesia community.

Anne Marie,
President, AAIM



DR VALENTINA ALEKSIC - VICE-PRESIDENT

Dear colleagues,

I am honoured to accept the responsibilities of a position on the AAIM Board of Administrators.

I am committed to being a supportive resource for all Board members and to representing the Association responsibly at all required meetings and engagements. Working collaboratively, my priority will be to build upon the good practice established by our predecessors. My contribution will draw on my experience in clinical anaesthesia and my work with young trainees, supporting professional development and high standards of care.

As outlined by Dr Camilleri Podesta at our introductory meeting, the Association has several important goals for the coming period. Achieving these individually and collectively will distinguish our association on an international level. At a local level, I would like to see the wider adoption of recognised guidelines and protocols, particularly ERAS.

Given the rapid pace of change in our field, we will ensure the well-being of every member remains central to our mission.

Valentina Aleksic
Vice President, AAIM



DR CHRISTA CALLEJA - SECRETARY

My name is Christa Calleja, I'm a Consultant Anaesthetist at Mater Dei Hospital, Malta. I trained locally and then spent a year doing a fellowship in Dublin, Ireland, before returning to Malta 10 years ago.

I'm taking on the role of Secretary on the incoming AAIM board, and I'm looking forward to continuing the work the association has been doing over the past years. I would like to focus on strengthening the relationship between anaesthetists who work locally in the public sector and those who work in the private sector, as well as furthering our connection with the general public, other medical specialties, and international organisations.

I'm particularly interested in continuing professional development and education, patient safety, and staff wellbeing, and I'm grateful to the AAIM for providing a platform through which we can continue to work to improve these aspects of our working lives.

Christa
Secretary, AAIM

DR MICHAEL MICALLEF - TREASURER



Dear Colleagues,

I am grateful for the opportunity to form part of the AAIM Committee for this upcoming term. Having completed the training programme just over a year ago, I bring a perspective that bridges structured training and independent clinical practice.

My vision for AAIM is that of an active association that supports anaesthesiologists and intensivists across all career stages, while promoting high standards of clinical care, patient safety, professional development as well as workforce wellbeing. As part of both my responsibilities as Treasurer, and as a Committee Member, I aim to contribute towards the aims and efforts of the Association holistically, for the benefit of our members, trainees, and ultimately the patients we serve.

I conclude by conveying thanks and gratitude to the outgoing Committee. You have left behind big shoes for us to fill in after all the hard and fruitful work over the last 3 years, and a strong foundation on which we can continue to build!

Mike
Treasurer, AAIM

DR JOYCE FORMOSA - EDUCATION AND EVENTS COORDINATOR



I am Joyce Formosa, and I am excited to join the incoming board of the Association of Anaesthetists and Intensivists of Malta (AAIM) as the Education and Events Coordinator.

In this role, I am committed to continuing the essential work the association has already accomplished, including the ReACT course, the Research Masterclass and the Advanced Patient Safety Course. Through these and other similar events, the AAIM aims to support the professional development of all our members. In this role, I am especially interested in advocating for trainees' interest to ensure a high standard of training.

Additionally, in my role, I will ensure the continued organisation of events that promote networking and social interaction among all members, fostering a strong sense of community.

I look forward to collaborating with my colleagues to uphold the strong tradition of excellence within AAIM.

Joyce,
Education and Events Coordinator, AAIM

EDITORIAL

DR STEPHANIE MIFSUD



As my term as Secretary of the AAIM has come to an end, I find myself reflecting with deep gratitude and pride on the incredible journey we have shared over the past three years. It has truly been an honour to serve this association and to work alongside such a passionate, dedicated, and inspiring community of Anaesthesiologists and Intensivists.

Together, we have accomplished so much. From a calendar packed with engaging and impactful educational and social activities to the highest membership numbers we have ever seen, the momentum we built is nothing short of remarkable. Notable mentions include the Focus on Paediatric anaesthesia and Focus on Obstetric Anaesthesia, Conference on the High Risk Patient, 3 Joint departmental CMEs and yearly summer and Christmas social events. Each year brought new challenges and opportunities — and each time, we rose to the occasion with energy, vision, and a commitment to excellence.

One of our greatest achievements has been the expansion of networking opportunities on national, European, and international levels, including the ESAIC via the EBA, NASC, ESICM, SAC, and departmental Training committee. We have created spaces — both virtual and in person — where members could connect, collaborate, and grow together. The growth of our membership across all grades and categories is not only a testament to the value of our offerings but also to the welcoming, inclusive spirit that defines our association. Thank you to everyone who helped spread the word, welcomed new faces, and contributed to making AAIM a thriving, dynamic organization.

It has been a privilege to document our association’s journey and accomplishments in the pages of this eNewsletter — to celebrate our milestones, share our successes, and highlight all the work being done. I am confident that AAIM will continue to flourish and evolve in the capable hands of the incoming leadership and committee and with the continued support of each and every member.

Thank you! It was a pleasure. It was an honour.

In this edition of the AAIM eNewsletter, you'll find a comprehensive recap of our recent events and commitments, as well as a look ahead at future projects, educational events, and opportunities for professional development. We’re also proud to feature a rich selection of member-contributed articles, including: a fellow’s experience abroad, a summary of the main updates to the Training document, a delegate’s perspective of attending the ESAIC’s Advanced Patient Safety Course (APSC), highlights from the updated ERC and DAS 2025 guidelines, and much more….

A heartfelt thank you to Petramay, Andrew, Diandra, Martina G., and Melissa for their excellent contributions. A special note of appreciation goes once again to Martina G. for her continued support, expertise, and dedication in designing the layout of this eNewsletter.

In conclusion, I would like to thank each and every one of you for your continued engagement and active participation as AAIM members throughout 2025. We truly hope you enjoy this issue and find value in what we've prepared for you.

Happy reading!
Stephanie



AAIM Committee 2023-2025

AAIM PAST EVENTS RECAP

Summer Event and Presentation of Four Global Declarations

The Association of Anaesthesiologists and Intensivists of Malta (AAIM) held its annual social event, where we proudly presented four landmark international declarations that we have recently endorsed:

- **Helsinki Declaration on Patient Safety** – making anaesthesia and surgery safer for all.
- **Labour Analgesia Declaration** – affirming every mother's right to safe pain relief during childbirth.
- **Glasgow Declaration on Sustainability** – protecting patients while reducing healthcare's impact on the environment.
- **Santa Cruz Declaration on Patient Blood Management** – improving outcomes by proper management of anaemia of reducing unnecessary blood transfusions.

These commitments represent our shared responsibility to strengthen patient safety, dignity, and sustainability in healthcare.

We were also privileged to host Dr. Marthese Licari, who joined us for the evening. The event was followed by a wonderful reception at the beautiful Palazzo Capua, AX The Victoria Hotel.







Dr Marie Therese Licari being presented with a gift following her retirement.

Science in the City 2025



Anaesthesia Simulation at Science in the City 2025

The AAIM was again proud to participate in Science in the City, Malta. During this evening hands-on activities in anaesthesia, ventilation and airway skills, patient monitoring, and more interactive activities were offered to all the visitors, young and old, of the AAIM stand. The stand was manned by AAIM members and anaesthetic nurses.











World Anaesthesia Day Activities 2025

World Anaesthesia Day is celebrated every year on the 16th October in commemoration of the first ever anaesthetic on 16th October 1846. The AAIM was at Mater Dei Hospital raising awareness about our work in hospital and helping patients and healthcare professionals understand what we do as anaesthesiologists and intensivists. As part of our 2025 awareness campaign, AAIM organised numerous initiatives to engage both the public and healthcare professionals. This included a Public Awareness Stand in the Mater Dei Hospital Foyer on Thursday, 16th October between 9 am and 1pm.

The stand was manned by the AAIM committee and AAIM members and:

- Shared insights on anaesthesia and critical care
- Explained the vital role of anaesthesiologists in surgery, pain management, and intensive care
- Showcased equipment used in operating theatres
- Promoted the spirit of teamwork that ensures safe and effective patient care

This was a fantastic opportunity to learn more about the profession, ask questions, and connect with those working behind the scenes to keep patients safe every day.

In addition, an article raising awareness on anaesthesia was published on the Times of Malta and a short feature about us and world anaesthesia day was broadcast on TVM at 8pm.



AAIM President - Dr Anne Marie Camilleri Podesta, AAIM Education and Events Coordinator - Dr Petramay Attard Cortis, AAIM Trainee Representative - Dr Andrew Attard Montalto, AAIM Trainee - Dr Martina Cassar Torregiani together with Anaesthetic Nurses at this years' WAD Stand.



Public outreach at AAIM WAD Stand


What we do...





ESAIC Advanced Patient Safety Course - October 2025

The Association of Anaesthetists and Intensivists of Malta (AAIM) successfully organised 2 well-attended ESAIC Advanced Patient Safety Courses (APSC), which were held on Monday 27th and Tuesday 28th and Thursday 30th and Friday 31st October 2025 in Malta. We were honoured to welcome Professor Benedikt Preckel as part of the international faculty, alongside with Dr. Stephanie Mifsud.

This 1.5-day in-person course, organised in collaboration between the ESAIC and the AAIM, is designed to equip healthcare professionals with practical tools to enhance patient safety in acute care settings. The course offers a unique opportunity for case-based learning, peer-to-peer exchange, and the development of real-world strategies for improving clinical practice.

The APSC is aimed at all healthcare professionals working in or interested in patient safety within acute settings, including Intensive Care, Perioperative Care, Anaesthesia, Emergency Medicine, and related disciplines. This course allows attendees to:

- Develop a comprehensive understanding of patient safety culture in acute care
- Learn tools for error analysis, critical incident reporting, and system improvement
- Explore the impact of human factors and team dynamics on clinical outcomes
- Gain the knowledge and skills to champion patient safety initiatives within your organisation

Special thanks to Small Initiatives Support Scheme by the Malta Council for the Voluntary Sector and Medina Healthcare for the financial support allowing this project to take place.


medina
healthcare
ESAIC ADVANCED PATIENT SAFETY COURSE


medina
healthcare
Affordable quality healthcare solutions.
E S A IC
INTERSURGICAL


Objectives
Recognize the importance of Human Factors for the day-to-day work in healthcare and the resolution of crisis situations.
Understand the initial steps of HF science in other industries and how it was transferred to healthcare. Describe the components of Human Factors.
medina
Affordable quality healthcare solutions.
INTERSURGICAL


Welcome to Malta!
medi

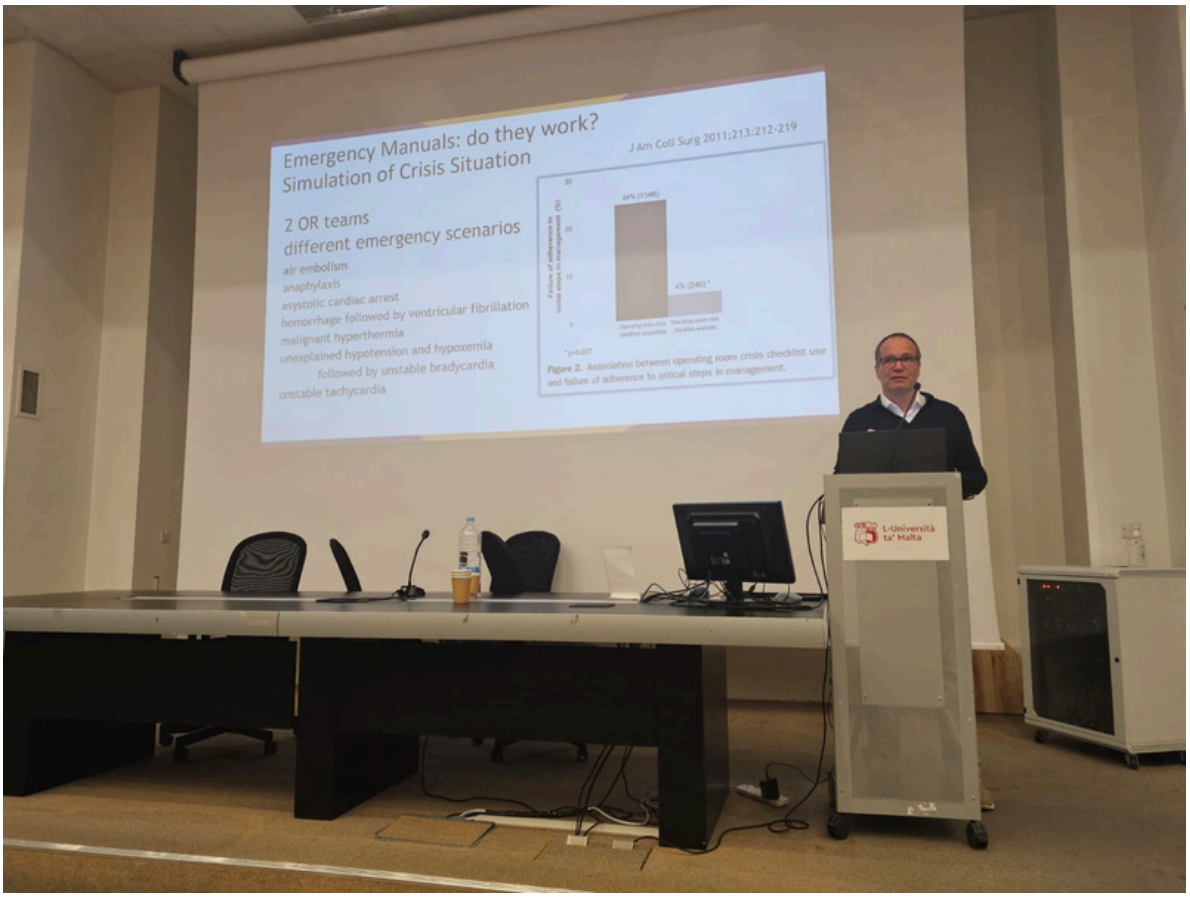
Joint AAIM-Department CME

Low-Cost but Highly Efficient Tools to Improve Patient Safety

The AAIM, in collaboration with the Department of Anaesthesiology, Intensive Care and Pain Management (MDH), hosted a joint Continuing Medical Education (CME) session titled “Low-Cost but Highly Efficient Tools to Improve Patient Safety” on Wednesday, 29th October at 18:30, in the Central Auditorium, Mater Dei Hospital. Prof. Benedikt Preckel, Chair, Department of Anaesthesiology, Amsterdam University Medical Centre Chair, ESAIC Patient Safety and Quality Committee was the speaker. Prof. Preckel highlighted numerous tools, and techniques that can be utilised to improve patient safety in theatre, particularly morning huddles, checklists, and handover.

A number of AAIM members and allied healthcare professionals attended this valuable educational event. Attendees were awarded 1 CME point. A small memento of appreciation was given to Prof. Preckel by the AAIM. Light refreshments were served after the lecture, kindly sponsored by Associated Equipment Ltd.





Prof. Benedikt Preckel deliveing the CME



Christmas Event - December 2025

The AAIM 2025 Christmas Event was held on the 17th December 2025 at TemptAsian Restaurant in Sliema, bringing together members for a festive evening of celebration. The event offered a wonderful opportunity for colleagues to relax, enjoy good food, and strengthen connections outside the clinical setting. With a lively atmosphere, delicious fare, and plenty of laughter, the evening was a memorable way to close the year and celebrate the hard work and achievements of our community.





TRAINEE SECTION

Message from the Trainee Representative

Dr Andrew Attard Montalto

Dear AAIM members,



It is a pleasure to be writing to you as AAIM trainee representative at the end of a very eventful year for Anaesthesia & Intensive Care in Malta - and not only because of the international conference we hosted in February 2025. We successfully organised multiple local courses including the ESAIC advanced patient safety course and a statistics & research masterclass, and introduced a new anaesthesia and intensive care training document.

With this new training document we welcome five new trainees. I'd like to take this opportunity to warmly welcome these new trainees. I hardly speak from a place of vast experience after only having been in anaesthesia for just over two years, but I would like to offer some "words of wisdom". Anaesthesia is an exceedingly interesting speciality and I encourage you to be curious and enjoy the learning that is to come. It is a colourful mix of physiology, pharmacology, physics, equipment and hands on practical skills. The skillset you will develop is unique in hospital, and you will find most specialities need our assistance in one way or another.

More importantly, there is a genuine human aspect to anaesthesia. Everyday you will encounter patients passing through a scary moment in their lives - being wheeled into an operation, giving birth, being admitted to ITU. These become mundane and routine moments for us, but don't take them for granted. Guiding patients through these moments will give you great satisfaction.

Saying this, anaesthesia training is challenging, for many reasons. Look around at your colleagues and offer your support, and seek support when you need it. You will have formal support structures in the form of the mentor programme and your educational supervisors, but the informal supports you build, both with fellow trainees and your seniors, will be vital. Be kind - to patients, to colleagues, and to yourself.

When you find the energy (or are mandated by a training program), take initiative and speak up if you see issues with the systems we work within. Audit and push system changes where you can. There are many people in the department of anaesthesia and intensive care who are forward thinking and willing to help push change.

To the rest of the AAIM members, thank you for helping make anaesthesia and intensive care in Malta what it is, and for all you do for the patients we care for.

The Camino Within: Endurance, Grace, and Reconnection

Dr Martina Cilia

On the 10th of October 2025, I started my 1075km journey from Lourdes to Santiago across fields, cobbled paths, and mountainous terrain. I remember taking my first wayward steps on a cold and rainy Autumn morning. Surely, there was steadiness in my every step, yet there was also a subtle feeling of unknowing. An unknowing of where I was going, with whom (and what) I was going to come across, and how was the process going to unfold?



As the days drew on, fortitude and vitality started to take root. It started off as a lonesome journey, yet by the end I felt connected with myself and the world around me more than ever before. It could be because of the nights slept outside in a tent or under the arcs of a monastery, the numerous animals I had the pleasure of encountering, or the late-night conversations with fellow travellers in meagre hostel rooms. Whatever the reason, the interconnectedness was real. Intense. I could go far enough as to say that the journey taught me how to really walk with myself. It showed me all the power and grace that exists within each and every one of us.

This concept of grace is critical in our ability to move through life as warmly and commandingly as possible. It reminds me of a quote I read recently, ***''If you want to see life well, you must not stand in one place…If you're rooted to a spot, you miss a lot of the grace.''*** The mishaps, unpredictability, and physical challenges that the walk presented me with where a reflection of life itself. Obstacles placed to train endurance and grit. Similarly, in our work environment, and our personal life, we encounter such demanding hurdles. Yet, despite our struggles and hardships, even when we feel an urge to give in, there is always an inner strength that urges us to endure. When all feels asunder, we must not disconnect. Rather, learn to re-connect with our inner being. So, when we catch ourselves feeling tired, exhausted, impatient, and uncertain, we must find the courage to slow down. To ease into the moment and call for peace through stillness. To take joy into simply being. To learn to accept the impermanence of all things and conditions.

In the end, the most important thing about us will never be just about what we do, but what we are. So, let us choose kindness for ourselves, and others. Let's let ourselves be free to discover, and most importantly, let us allow ourselves time!











Experience in the UK

Dr Diandra Vassallo

Going to the UK on a fellowship programme has always been part of the plan. I consider myself lucky enough to have been able to do that with the complete backing of the head of department and administration team at Mater Dei Hospital. ***But why do it?*** The professional and personal growth that comes with it should be apparent to all. Is it absolutely essential? I'll let you be the judge of that.

I started out at the Evelina London Children's hospital in March 2025. The first few months on the busy Paediatric Intensive Care Unit (PICU) were months of uneasiness and adjustment as the transition brought with it unfamiliarity and change. The Evelina is a tertiary hospital in the UK which offers specialised services to sick children in London and the South-East of England. The PICU is a 20 bedded unit consisting of 17 beds in the open area and 3 isolation rooms for infectious cases. Being a leading centre for congenital heart disease and respiratory illness, about 40% of the patient cohort is formed by neonates and children with very complex hearts who have either undergone surgery or are still awaiting one. An ECMO service is also available to support children in refractory cardiac or respiratory failure. This service is led by the ECMO team, and there is opportunity for fellows to participate in the decision making around ECMO initiation, aside from involvement in its maintenance and troubleshooting of the circuit. In addition, the in-house South Thames Retrieval Service run by trained doctors and nurses, takes referrals for acutely unwell children from District General Hospitals in the South-East London region, gives advice regarding patient management and retrieves patients that necessitate more advanced care. Going out as the lead on these retrieval shifts is exciting but incredibly daunting at times!

The multidisciplinary team at the Evelina PICU consists of fellows, advanced clinical practitioners, consultants, nurses, physiotherapists and play therapists, amongst others. The fellow cohort is very diverse, comprising of doctors at senior levels of training coming from different backgrounds including paediatric, adult intensive care, emergency and anaesthetics. The team at the Evelina is very invested in teaching, and Wednesdays are the designated teaching days for those fellows who are on a 'Flexi' shift. Simulation is a weekly exercise organised by the educational fellow, and doctors and nurses working on the floor that day are expected to participate. A debrief session follows the sim which, aside from breaking down the clinical learning points, serves as a team building exercise. Journal club is held on Fridays after handover, during which fellows take turns at presenting an article of choice. Involvement in audits, guidelines, and research is very much encouraged and supported too.

The values at the core of the Trust are 'caring, ambitious and inclusive'. When faced with the frail and vulnerable neonate who is faced with adversity within hours of life and who is already putting on a show of resilience, it becomes nearly second nature to deliver on these values. The NHS is not a perfect system and one which already gets its fair share of criticism. However this experience has proven to be an inherently rewarding one, a step outside my comfort zone, an opportunity for self-development, and a big lesson in perseverance and grit that I will carry with me through life.


Evelina
London
Evelina
London


Guy's and St Thomas'
NHS Foundation Trust
NHS
Evelina
London
Children's Hospital

Training document 2025 - Updates

Dr Petramay Attard Cortis



The AAIM is responsible for the drafting, maintenance, and regular updating of the official training programme leading to specialist registration in Anaesthetics and Intensive Care Medicine in Malta, Europe. It also supervises its implementation through representation on the Malta Anaesthesia Postgraduate Training Committee and recommends specialists for inclusion in the Anaesthetics and Intensive Care Malta Specialist Register through the Specialist Accreditation Committee (SAC).

The latest Training Document was presented to, and approved by, the SAC on the 7th October 2025, effective on the 8th October 2025. The full document can be accessed here; ***Anaesthetics and Intensive Care Medicine Training Programme 2025***

It is based on the European Training Requirements for the Specialty of Anaesthesiology issued by the European Union of Medical Specialists (UEMS), found ***here***.

What is the same?

- A minimum 5-year full-time training programme
- Competency-based, holistic training
- 2-year Basic Specialist Training and 3-year Higher Specialist Training
- One year of training abroad highly recommended
- Yearly Appraisals with Training Coordinators
- Yearly Annual In-Training Assessments
- Progression achieved through yearly Annual Review of Competency Progression (ARCP)
- Role of Educational Supervisors

What is new?

- Updated the Association's name and logo
- Added a Glossary of Terms and Abbreviations
- Expanded definition of "Training Institution"
- Clear statement that out-of-hours work and training experience, is an essential part of the training programme
- Increased clarity in relation to parental leave
- Increased emphasis on competency-based outcomes, including the introduction of EPAs (Entrustable Professional Activities) and a requirement for the development of module-specific learning objectives
- Increased emphasis on development of module-specific outlines to include various teaching modalities, with a focus on simulation including task-trainers, and small group tutorial teaching

- Introduction of use of Personal Development Plans and Reflective Practice
- Increased emphasis on holistic training including:
  - Non-technical skills
  - Patient safety
  - Continued medical education/ professional development
  - Academic literature review
  - Trainee well-being
  - Professionalism and Work Ethic
- Reorganization of some Training Modules.
- Highlighting of recently available ESAIC resources including EDAIC Trainer App and the book, How to Pass the EDAIC.
- Addition of valid ALS and EPALS certification for obtaining a Certificate of Completion of Specialist Training.
- Change in the annual in-training assessments for:

Year 2 to Year 3 progression (BST 2 to HST 1) – removal of written examination and replacement with a summative Clinical Practice Observed Assessment by trained assessors.

Year 3 to Year 4 progression (HST 1 to HST 2) – establishment of requirement for high-quality literature review, together with a summative Clinical Practice Observed Assessment by trained assessors.

Year 5 to CCST – removal of viva voce examination and replacement with Departmental Consultant Feedback.



Tensions are high as some of our Year 5 trainees apply for the EDAIC Part 2 taking place in 2026

PATIENT SAFETY

Attending the ESAIC APSC

Dr Melissa Sammut



The ESAIC Advanced Patient Safety Course, which took place at the end of October this year, was delivered by Prof. Benedikt Preckel and Dr Stephanie Mifsud. This course was held over one and a half days and involved both lectures and interactive workshops.

Three take home messages from this course for myself were:

1. To steer away from a culture of blame when a mistake occurs but rather focus on the root cause and instil corrective measures to prevent such a mistake from recurring

2. Corrective measures can include easily available cognitive aids, in stressful situations memory may suffer and the use of these aids increases patient safety by reducing mistakes

3. That both leaders and followers are essential for the necessary changes needed to maintain and improve patient safety

I would definitely recommend this course, not just to healthcare workers who are directly involved with patient care but also to those who are involved in the organisational aspect of healthcare even if they do not encounter patients in their day-to-day work.

Attending the ESAIC Patient Safety and Quality Masterclass

Dr Stephanie Mifsud

As part of the Association's ongoing commitment to strengthening patient safety in Malta. Dr. Stephanie Mifsud was sponsored to attend the ESAIC Patient Safety and Quality Masterclass in Istanbul.

The Patient Safety and Quality Masterclass is an advanced scientific workshop dedicated to learning principles and practice of patient safety, clinical risk management and quality of care. Attending this course has enabled Stephanie to become a Patient Safety Ambassador after successfully completing the ESAIC blended learning path on Patient Safety, including the Essential Patient Safety Course (online), the Advanced Patient Safety Course, and the Patient Safety and Quality Masterclass, earning the title of ESAIC Ambassador in Patient Safety.

The three-day Patient Safety Masterclass provided a comprehensive and thought-provoking exploration of how human behaviour, system design and organisational culture intersect to shape patient safety. I had the opportunity to engage with contemporary thinking and practical frameworks that are increasingly shaping safety improvement efforts internationally—knowledge that AAIM is committed to bringing back to strengthen local practice and professional development.

Day 1 focused on understanding human error and safety culture, beginning with a comparison of the "old" and "new" views of safety. The traditional, linear interpretation of incidents—seeking a single point of failure—was contrasted with the more modern approach advocated by Richard Cook and Sidney Dekker, which emphasises understanding why actions seemed reasonable to clinicians at the time. Key concepts such as local rationality, hindsight bias and counterfactual reasoning were explored as obstacles to learning.

This was followed by a detailed examination of human factors in intraoperative safety, including teamwork, communication, leadership and situational awareness. The impact of fatigue, burnout and incivility was highlighted, with evidence showing strong links between poor team culture and reduced safety. The final lecture of the day covered models of error and organisational learning, critiquing simplistic frameworks like Heinrich's Safety Pyramid and instead promoting tools such as the London Protocol and Crisis Resource Management to support structured reflection and understanding.



Day 2 shifted towards systems thinking and explored how human error arises not from individual failings but from pressures embedded within clinical environments. Models such as Reason's Swiss Cheese, Rasmussen's dynamic safety boundaries and Amalberti's migration model were presented as lenses through which to understand everyday adaptations and drift.

A session on emergency manuals demonstrated how cognitive aids improve performance under stress, while also acknowledging the cultural barriers that limit their use. The closing lecture introduced Safety II principles, which encourage organisations to study why things go right, not only what goes wrong. High Reliability Organisation (HRO) characteristics—mindfulness, resilience and strong team communication—were highlighted, alongside the importance of Just Culture approaches that differentiate between human error, at-risk behaviour and recklessness.

Day 3 centred on accountability, staff support and leadership. A practical case analysis exercise emphasised the tendency to overlook system-level factors in favour of team-focused explanations. The subsequent lecture explored Just Culture frameworks, including David Marx's model and Sidney Dekker's restorative approach, which prioritises fairness, healing and shared learning over blame.

The session on "second victims"—clinicians affected by involvement in adverse events—underscored the need for structured, compassionate support, with frameworks such as CISM offering guidance. The Masterclass concluded with insights on leadership in patient safety, stressing systems thinking, stakeholder engagement and the creation of psychologically safe environments.



Across all sessions, the central message was clear: **patient safety is a property of systems, not only individuals**, and sustainable improvement depends on learning, resilience and a supportive culture throughout the organisation.

AAIM remains committed to strengthening patient safety locally, and participation in programmes such as this Masterclass ensures our members remain informed, equipped and aligned with international best practice.

ERC GUIDELINES 2025 UPDATES

Dr Stephanie Mifsud

The European Resuscitation Council launched the Guidelines on Cardiopulmonary Resuscitation 2025 on October 22, 2025, in Rotterdam. This is a collaborative effort between the European Resuscitation Council, the American Heart Association and the International Liaison Committee on Resuscitation (ILCOR). The 2025 European Resuscitation Council (ERC) Guidelines present the most up-to-date evidence-based guidelines for the practice of resuscitation across Europe. The ERC Guidelines 2025 are based on evidence produced by the International Liaison Committee on Resuscitation (ILCOR) in the form of systematic reviews, scoping reviews, and evidence updates, published as the ILCOR Consensus on Science with Treatment Recommendations.

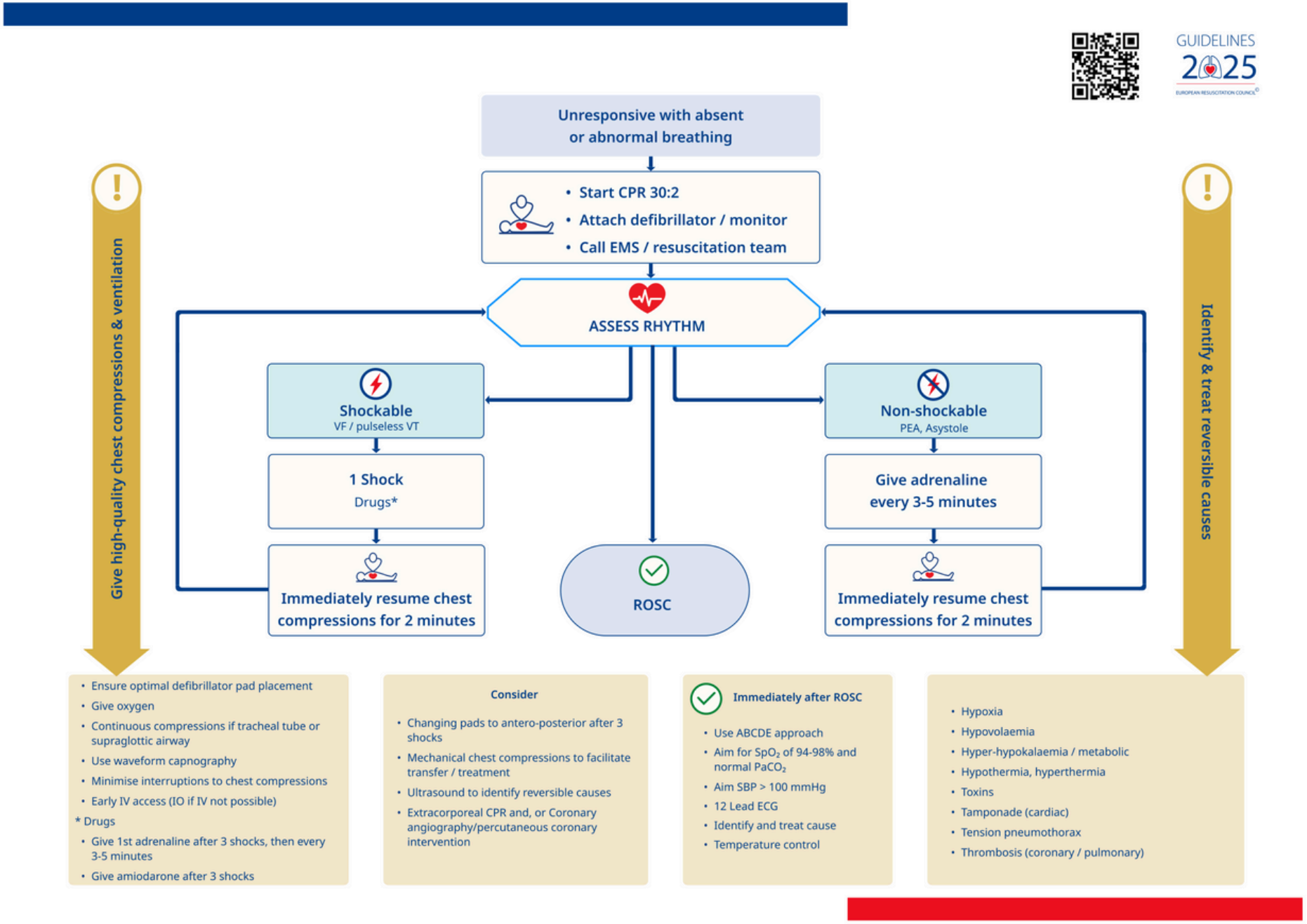
The ERC Guidelines 2025 cover the role that systems play in saving lives, the epidemiology of cardiac arrest, updates to adult basic life support, adult advanced life support (ALS), resuscitation in special circumstances (including: treatment of Cardiac arrest in catheterisation laboratory, post-cardiac surgery cardiac arrest algorithm, modifications to ALS in the obstetric patient), adult post resuscitation care (in collaboration with the European Society of Intensive Care Medicine, newborn resuscitation and support of transition of infants at birth, paediatric basic and advanced life support (PALS), resuscitation ethics, education for resuscitation, and first aid.

For full guidelines and further in-depth information please use:

In addition, an ERC Guidelines App is also available for quick access:

App Store or Google Play Store

Scan for the Guidelines App



ALS Algorithm 2025

Modification to ALS in the Obstetric Patient

In CPR as for Adult ALS **AND REMEMBER**:

- Perform manual (left) uterine displacement throughout.



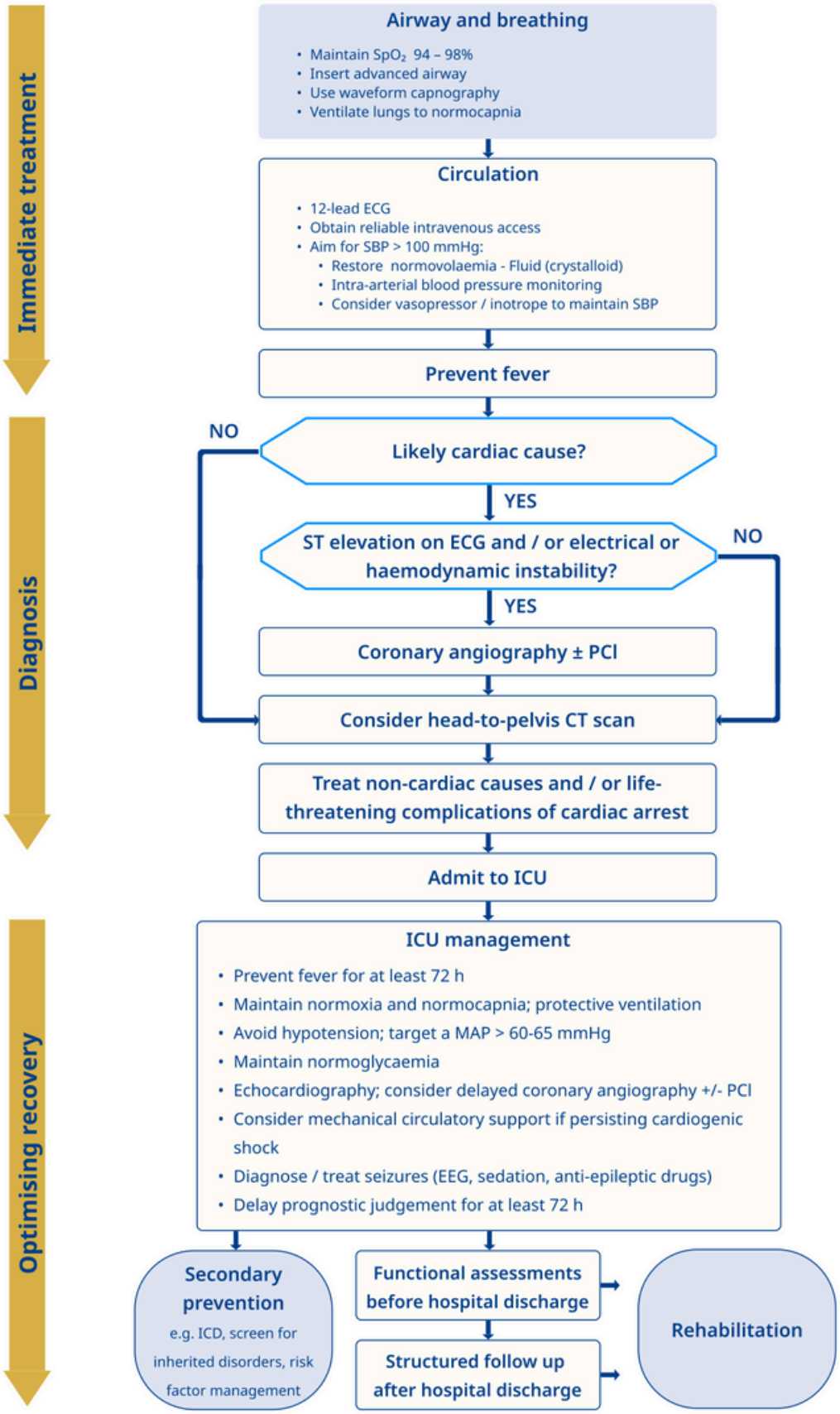
Manual left uterine displacement manoeuvre

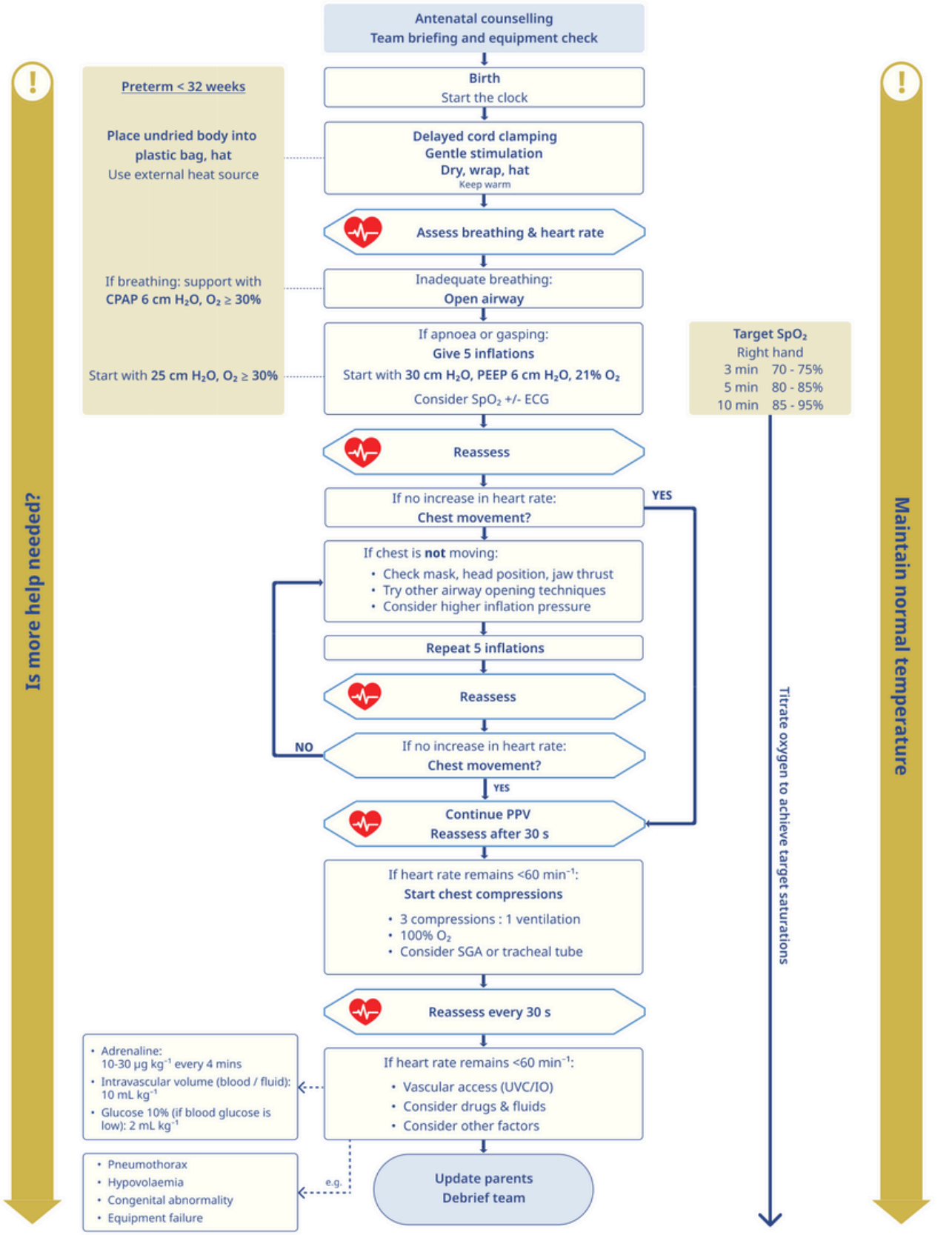
- Early intubation by experienced practitioner.
- IV/ IO access above the diaphragm, if possible.
- Perimortem caesarean section (Resuscitative Hysterotomy) as soon as possible at >20 weeks gestation.

Consider Potentially Reversible Causes in Pregnancy				
4 Hs	**H**ypoxia	**H**ypovolaemia	**H**ypo/Hyperkalaemia + electrolye distrubances	**H**ypo/Hyperthermia
4 Ts	**T**ension Pneumothorax	**T**hrombosis	Cardiac **T**amponade	**T**oxins
4 Ps	**P**re-eclampsia & eclampsia	**P**uerperal Sepsis	**P**lacental and uterine complications	**P**eripartum Cardiomyopathy

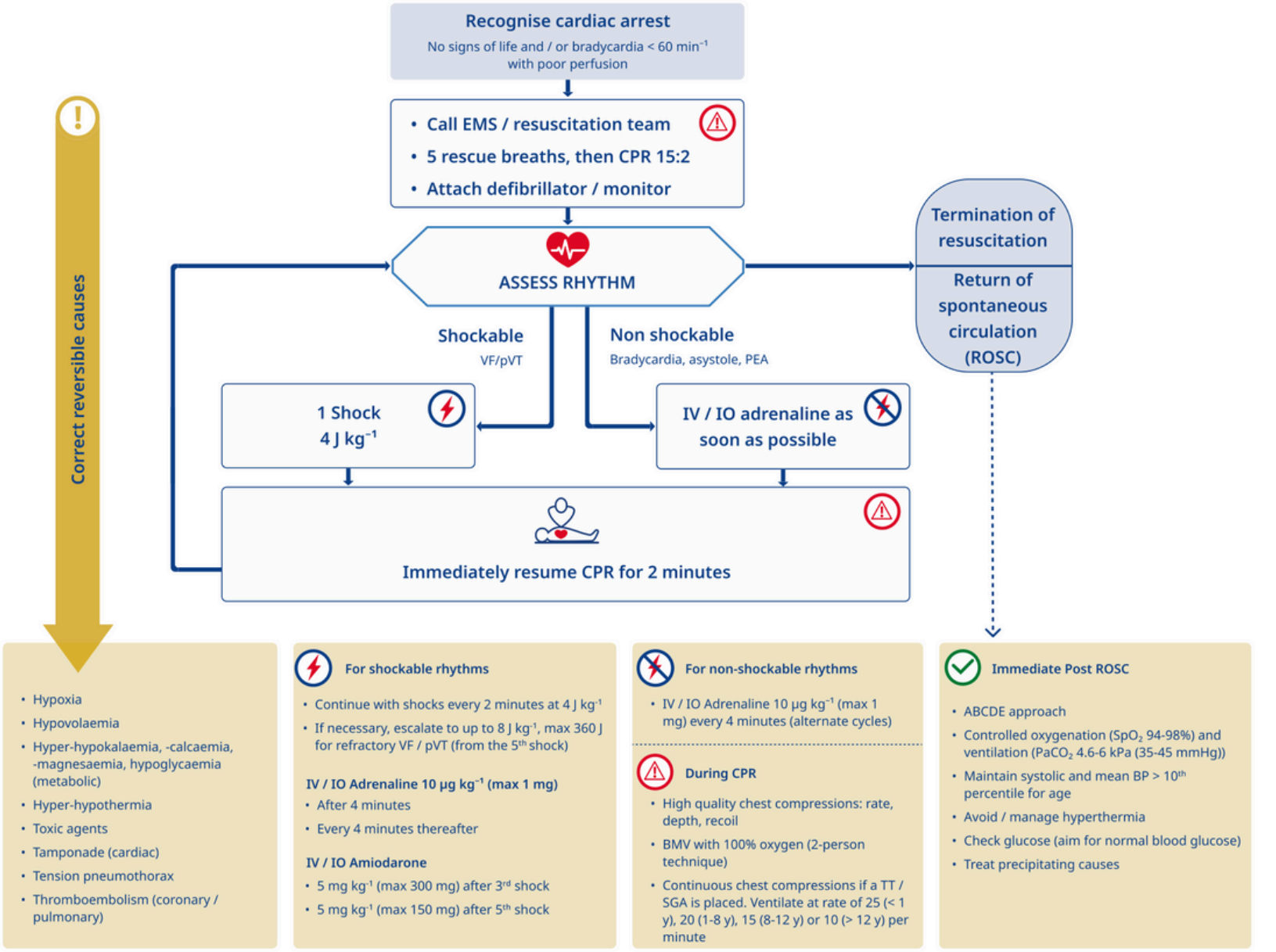
QR Code to the European Resuscitation Council Guidelines 2025 Special Circumstances in Resuscitation

GUIDELINES 2025
EUROPEAN RESUSCITATION COUNCIL





NLS Algorithm 2025



EPALS Algorithm 2025

DAS GUIDELINES 2025 UPDATES

Dr Martina Gerada

The Difficult Airway Society (DAS) recently published “Management of Unanticipated Difficult Tracheal Intubation in Adults,” which represent a major revision from the last DAS guidelines of 2015.

The updated guidance is the result of an extensive systematic review and three-round Delphi consensus over three years, evaluating over 1,240 papers and involving multidisciplinary expert input.

The **key theme of the 2025** update is a *shift from “rescue-based” strategies* focused primarily on managing failure, to **proactive optimisation of first-attempt success and continuous oxygenation throughout airway management**. The recommendations maintain the concept of a linear algorithm from tracheal intubation (Plan A), to supraglottic airway device ventilation (Plan B), to facemask ventilation (Plan C), and to emergency front-of-neck airway (Plan D). Recommendations include continuous oxygen delivery throughout airway management, confirmation of ventilation with waveform capnography, multidisciplinary teamwork, and ongoing education and training.

KEY PARADIGM SHIFTS & RECOMMENDATIONS

1. Structured Pre-Intubation Assessment & Planning

The guidelines reinforce a systematic airway assessment, integrating anatomical and physiological predictors of difficulty (e.g., shock, severe hypoxia, obesity) into preparation. Planning includes equipment checks, defined team roles, and contingency strategies.

2. Continuous Pre-oxygenation & Oxygenation

Continuous oxygen delivery is prioritised throughout airway management, not just during pre-oxygenation. Techniques mentioned include; High-flow nasal oxygen (HFNO), non-invasive ventilation and appropriate patient positioning (e.g. ramping). This approach aims to extend safe apnoea time.

3. First-Pass Success Emphasis & Device Strategy

Video Laryngoscopy (VL) is now recommended as first-line for tracheal intubation where available, reflecting robust evidence for improved glottic view and first-pass success. Appropriate use of adjuncts (bougie/stylet) is emphasised. Limiting prolonged multiple attempts, with clear criteria for escalation.

4. Plan A-D Algorithm

The classic linear algorithm is maintained, but with reinforced decision-making triggers and escalation criteria. Transition thresholds and timelines are clarified to avoid delays when failure is apparent.

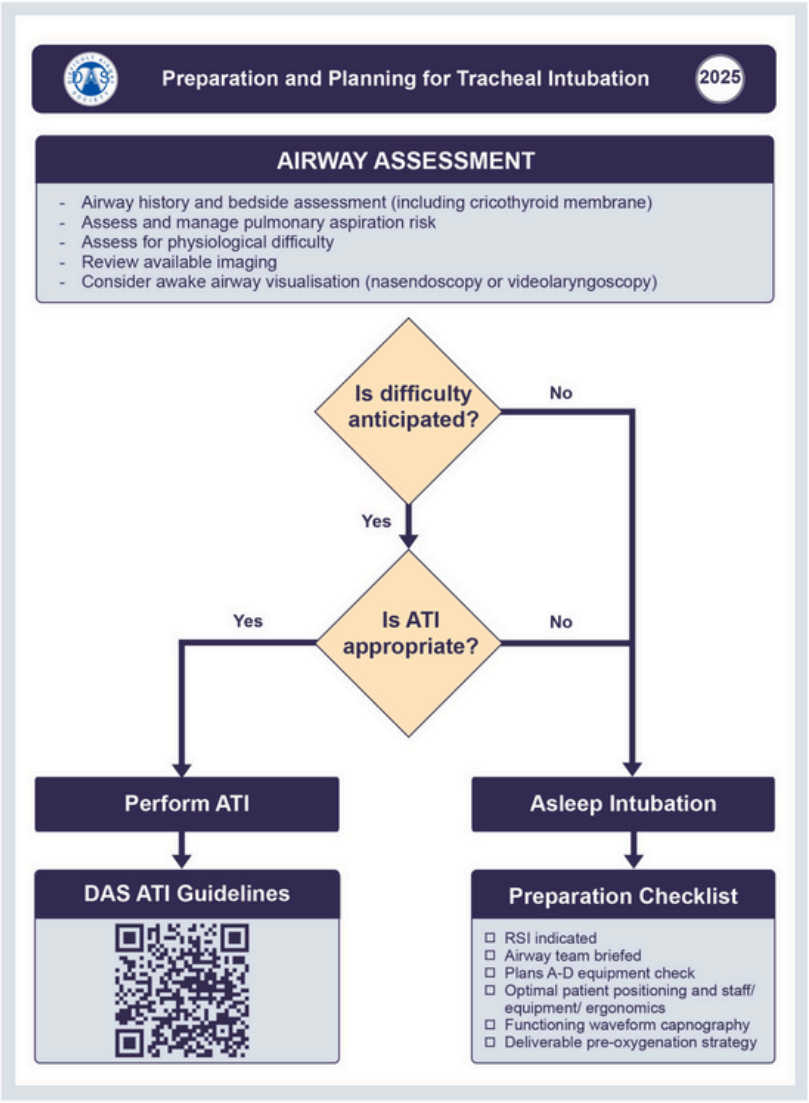


Fig 2. Preparation and planning for tracheal intubation. ATI, awake tracheal intubation; RSI, rapid sequence induction and intubation.

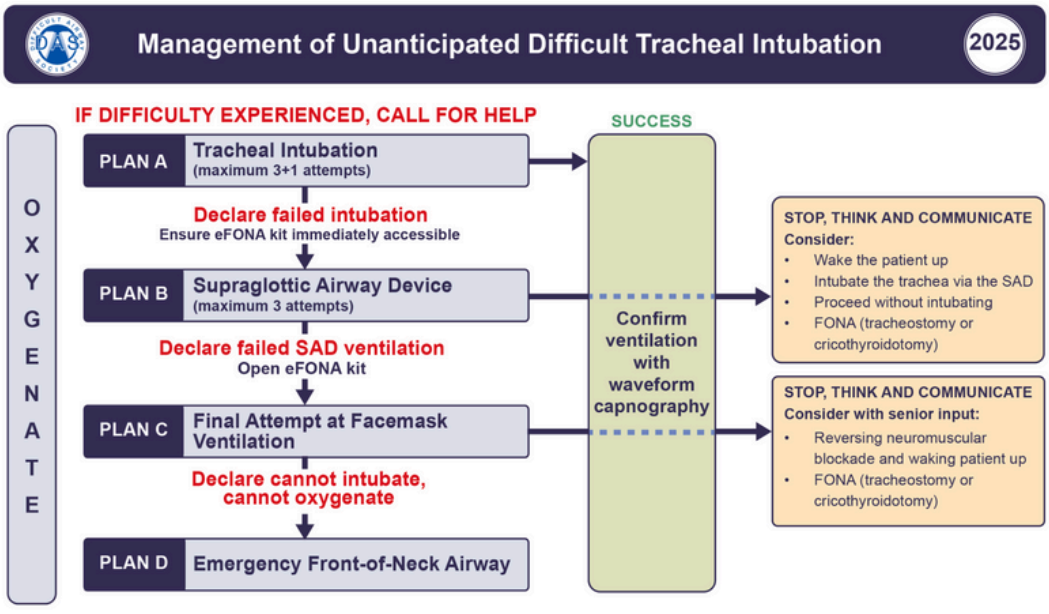


Fig 1. Management of unanticipated difficult tracheal intubation. eFONA, emergency front-of-neck airway; FONA, front-of-neck airway; SAD, supraglottic airway device.

5. Human Factors & Teamwork

A major update is the integration of non-technical skills across the guideline; team briefings & role allocation, shared mental models & communication cues and simulation-based training to practice transitions & decision making. This recognises that team performance is a key determinant of clinical outcomes.

6. Post-Intubation Care & Documentation

After airway control: Confirm tracheal placement with waveform capnography. Monitor ventilation and oxygenation continuously. Document airway course, devices used, difficulties encountered, and future airway strategy. Conduct structured debriefs to support learning and quality improvement

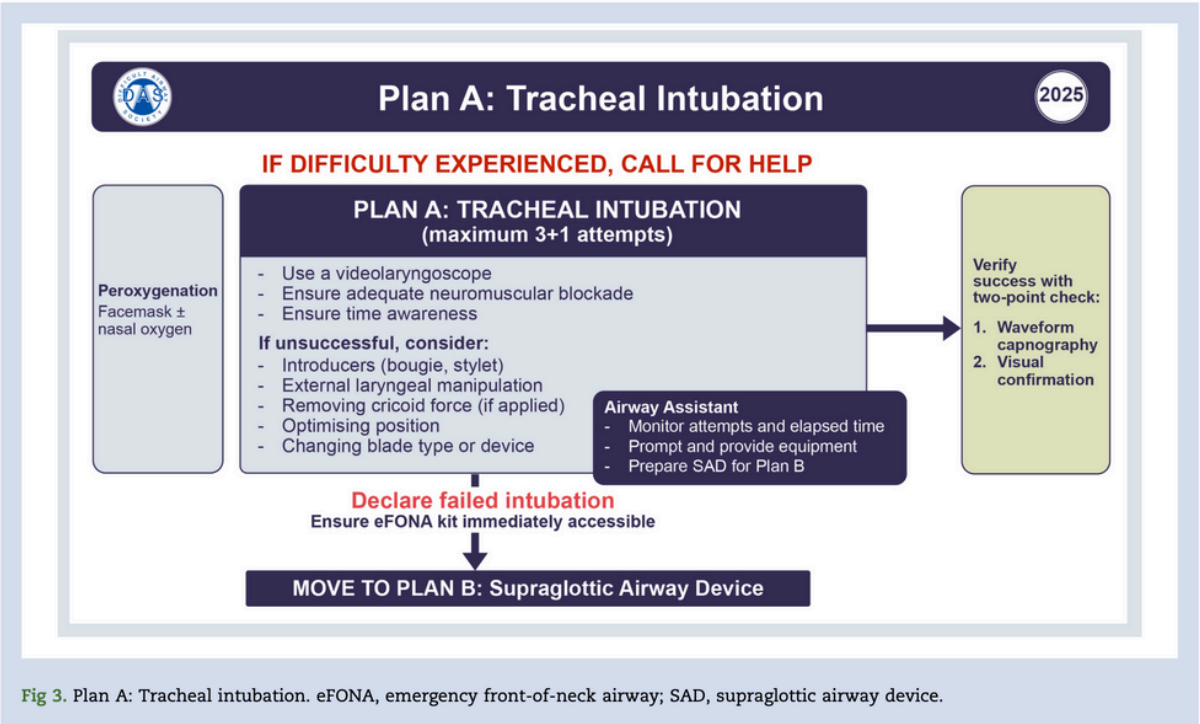


Fig 3. Plan A: Tracheal intubation. eFONA, emergency front-of-neck airway; SAD, supraglottic airway device.

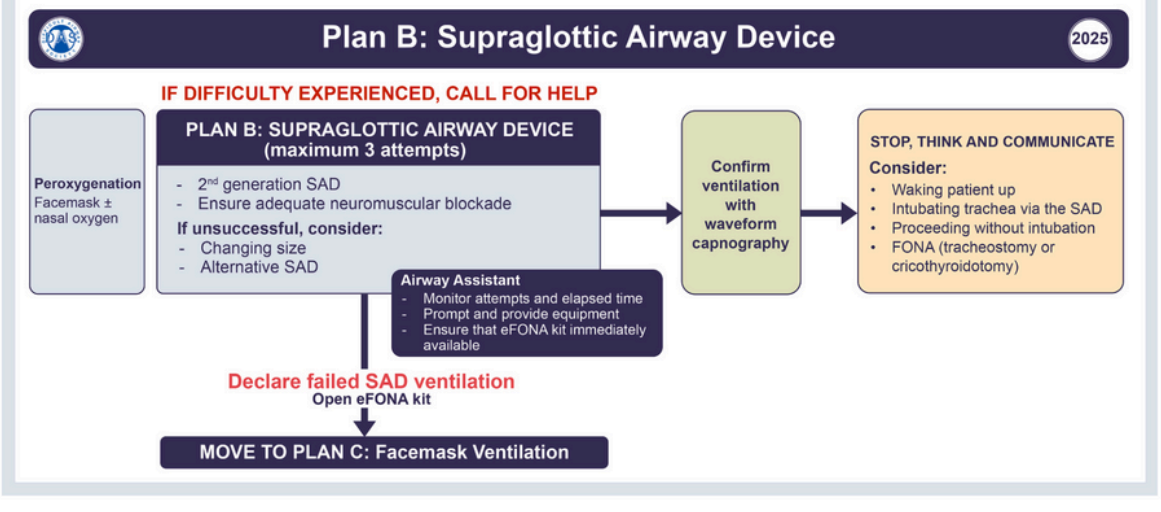


Fig 4. Plan B: Supraglottic airway device. eFONA, emergency front-of-neck airway; FONA, front-of-neck airway; SAD, supraglottic airway device

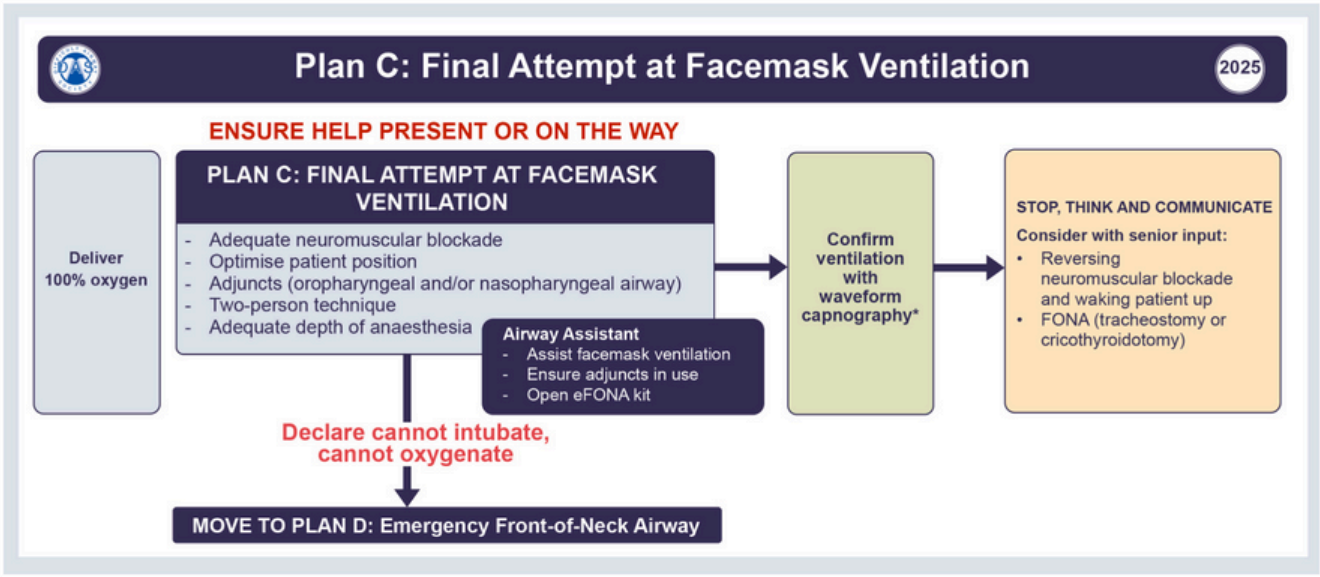


Fig 5. Plan C: Final attempt at facemask ventilation. *At this point, clinical signs might be the only available marker of effective oxygenation. eFONA, emergency front-of-neck airway; FONA, front-of-neck airway.

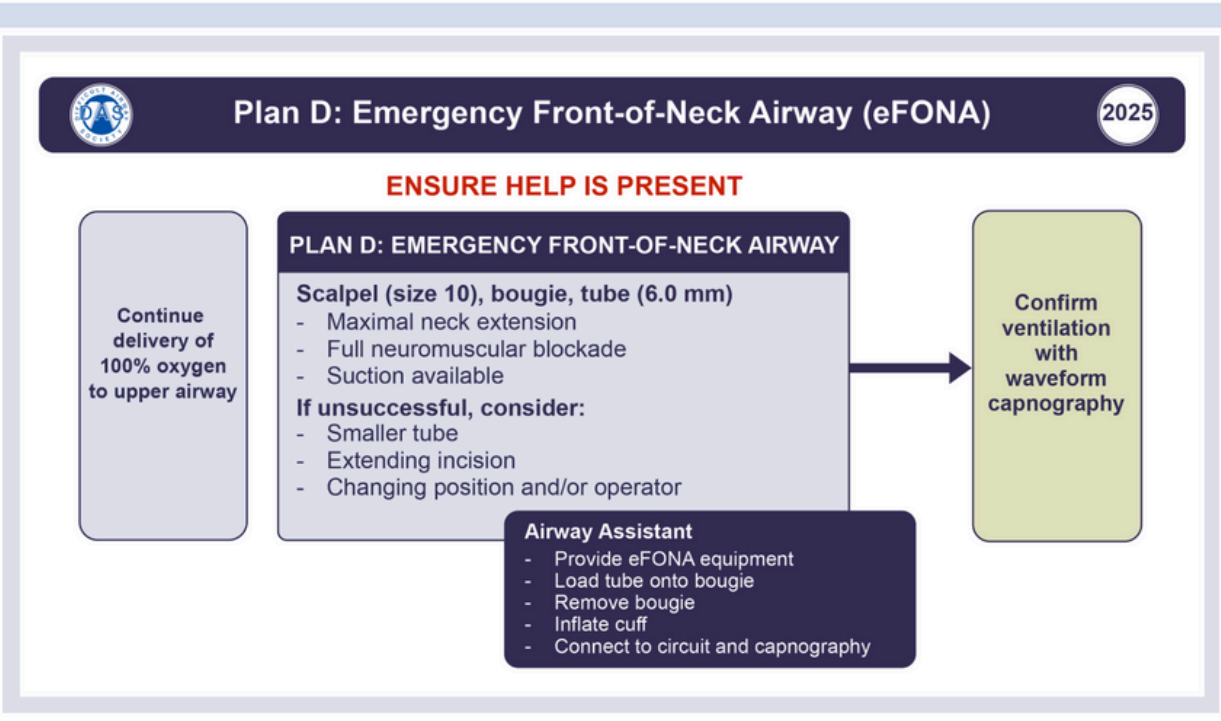


Fig 6. Plan D: Emergency front-of-neck airway (eFONA).

Table 1 Considerations for rapid sequence induction and intubation.

Risk assessment	History, examination, and investigations, including point-of-care gastric ultrasound
Prokinetics and antacids	Consider risks/benefits
Nasogastric tube management	Suction if present; consider insertion if not
Suction	On and at hand
Head-up position	≥30 degrees
Pre-oxygenation	ETO_2 ≥0.9 where possible; consider high-flow nasal oxygen
Rapid onset of anaesthesia	Dosing to consider physiology
Rapid onset of neuromuscular block	No latency between induction agent and neuromuscular blocking agent. Ensure sufficient dosing (e.g. 1.2 mg kg^{-1} rocuronium; 1.5 mg kg^{-1} suxamethonium)
Cricoid force	Correct localisation and correct force, performed by a trained assistant
Gentle mask ventilation or apnoeic oxygenation	Low-pressure mask ventilation if required
Videolaryngoscopy	Optimise ergonomics for a shared view
Tracheal tube introducers	Bougie or stylet prepared

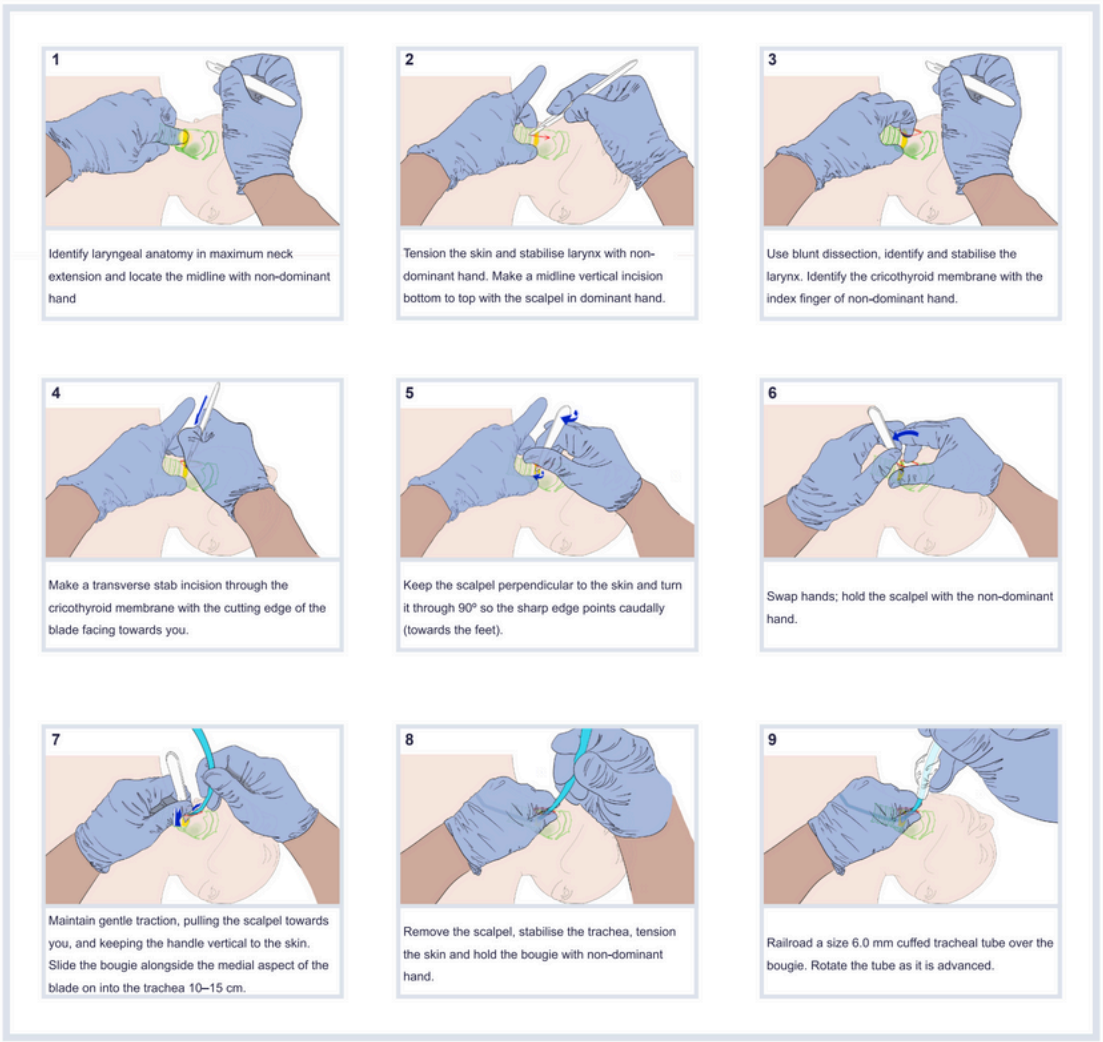


Fig 7. Emergency front-of-neck airway technique.

For full guidelines and further in-depth information please use the following QR Code;

FUTURE CONFERENCES & COURSES

RCoA Anaesthetic Updates	February 4 to February 6, 2026 London, United Kingdom	https://rcoa.ac.uk/events/anaesthetic-updates-february-2026
EDAIC VIVA Course (VIVAC) 2026	February 7, 2026	*https://esaic.org/professional-growth/educational-courses/vivac/*
Train the Trainers Course Part 1	February 16, 2026, Online on ESAIC Academy	*https://esaic.org/events/train-the-trainer-course-part-i/*
45th ISICEM	March 17-20, 2026, Brussels, Belgium	*https://www.isicem.org/practical-info*

FUTURE CONFERENCES & COURSES

Masterclass in Statistics and Research Methodology 2026	March 24-26, 2026, Istanbul, Turkey	https://esaic.org/events/masterclass-in-statistics-and-research-methodology-2026-istanbul/
19th World Congress of Anaesthesiology (WCA)	April 15-19, 2026, Marrakech, Morocco	*www.wcacongress.org*
Heart Smart Malta, MRC Conference	April 24-25, 2026, Double Tree by Hilton, Malta	*https://www.resus.org.mt/heart-smart-malta*
Anaesthesia 2026 – RcoA Annual Conference	May 12-14, 2026, Brighton, UK	*https://www.rcoa.ac.uk/events/anaesthesia-2026*

FUTURE CONFERENCES & COURSES

73rd Annual Meeting of the Japanese Society of Anaesthesiologists	May 21-23, 2026, Yokohama, Japan	https://73rd.anesth-meeting.org
Euroanaesthesia 2026	June 6-8, June, Rotterdam, Netherlands	*https://euroanaesthesia.org/2026/*
Anaesthetic Updates & Educational Events -RCoA	Various Dates in Jan-Jun, UK	*https://www.rcoa.ac.uk/events*
38th SSAI Congress (Scandinavian Society of Anaesthesiology and Intensive Care Medicine)	June 10–12, Reykjavik, Iceland	*https://ssai2026.is/*

UPCOMING AAIM EVENTS

2027

CONNECT CONGRESS

STAY TUNED FOR MORE DETAILS

The CONNECT meeting is designed as a two-day event focused on science, education, and networking, with an emphasis on accessibility for international participants and a limited number of parallel sessions. It offers the hosting Society the opportunity to deliver a high-quality scientific programme, allowing both local and international speakers to share their expertise with the audience. At the same time, it enables ESAIC to strengthen collaboration with National Societies, engage with colleagues who may not yet be familiar with ESAIC, and promote its values of inclusion, education, and scientific engagement - especially in countries where hosting Euroanaesthesia is not feasible for logistical reasons.

The objective is to foster close cooperation between ESAIC and national societies, enhance knowledge sharing and educational opportunities, support professional development, and facilitate networking and future collaboration. The programme is co-created, with an equal (50/50) contribution from local and international speakers.

Eight countries submitted proposals, and the inaugural edition, CONNECT Albania 2026, will take place in Tirana from 6–7 November 2026, organised by the Albanian Society of Anaesthesiologists and Intensivists (ASAI). ***Malta has won the bid to host the CONNECT Congress in 2027.*** This is a highly prestigious opportunity for the AAIM, reinforcing our role within the local and international community in organising educational events and promoting scientific knowledge.

Further information will be provided in due course

SPECIAL SHOUTOUTS

DR JULIA AQUILINA, DR NICOLE ATTARD, DR GAIVIN JAMES BUHAGIAR, DR KRISTINA DUCA, DR REBECCA GALEA, DR MARTINA GERADA, DR NOELLA MUSCAT, DR NIGEL SCHEMBRI

Successfully completing their Anaesthesia, Intensive Care and Pain Management Specialisation

DR STEPHEN SCIBERRAS

Successfully appointed as Professor at UOM

DR ANNE MARIE CAMILLERI PODESTA, DR VALENTINA ALEKSIC, DR CHRISTA CALLEJA DR MICHAEL MICALLEF & DR JOYCE FORMOSA

Elected as the new AAIM Committee 2026-2028

TRAINEES

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

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This is a publication brought to you by the Association of Anaesthesiologists & Intensivists of Malta (AAIM)



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