

INTERCHANGE

Society of Critical Care Anesthesiologists Newsletter Volume 33 | Issue 1 | March 2022

PRESIDENT'S MESSAGE Stronger yet Virtual?

By the time you read this newsletter, you will have been informed that our annual meeting –in conjunction with the IARS’– for this coming March has been transitioned from in-person to virtual. This will mark the third consecutive year that we are not meeting in person and our second full virtual meeting. It’s a long time!

As we spend month after month, meeting after meeting, lockdown after lockdown, in this COVID pandemic that has upended our way of living, I keep thinking: can the distance and lack of presentational contact be a good thing? Can we adapt to the point of only seeing each other in a square? Can the present be the future? Are we getting comfortable staying inside and disconnecting our cameras if we don’t find a topic interesting?

The answer, at least for me, is a complex one. I strongly believe there’s no substitute



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for human interaction, when a handshake communicates a thousand times more than any screen ever will. On the other hand, there’s no doubt that our need to stay relevant and communicate with each other has generated several excellent vehicles to disseminate the Society’s message. Ironically, a pandemic that has shut the gates to the airport has opened many electronic doors and given many of our younger members a bigger forum to

disseminate their ideas. Today, the gospel of SOCCA is spread farther and wider than during any other time of its distinguished history.

The results of this strategy, a blitz of offerings and media channels, has brought very positive results, and at the time of this writing, I’m very proud to report that our membership is at record levels, both in the educational and active categories, and the enthusiasm to participate in committees and task forces is also unparalleled.

The Society is growing in an unprecedented fashion, and this growth is even more extraordinary when you consider where we were not so long ago. Many of you reading this will remember that less than 10 years ago, we were seriously considering how a minuscule SOCCA would subsist: there were a myriad of challenges, including

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ANNUAL MEETING: MARCH 18

**SOCIETY OF CRITICAL CARE
ANESTHESIOLOGISTS
ANNUAL MEETING
2022**



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PRESIDENT'S MESSAGE *continued from the cover*

the alignment with the IARS, moving the annual meeting from October to the spring, and a significant drop in our membership. Our financials were negatively affected and the question of whether we were able to survive came up frequently in our meetings.

In subsequent years we have thrived: our partnership with IARS has been solid and symbiotic, and SOCCA has found a great partner to lean and grow alongside. Our annual meeting continued to be the best single day educational and networking event in the calendar, and the engagement we kept with the fellowship programs through our Program Directors' Council kept SOCCA strong during turbulent times.

In times of strength, it's important to look at leaner times and remind ourselves that what we've crafted with much dedication and tenacity over many years is a fragile and precious agreement of like-minded individuals who want to make sure we have a place to gather, debate, meet each other and find ways to propel forward the specialty we love. It's on all of us to maintain this society through continuous engagement, participation, and recruitment. SOCCA's current success should not be taken for granted.

I once read that in any professional relationship, there's never a need for a contract: if the parties trust each other, a handshake will suffice; If they don't, no amount of paper will. Please accept my strongest virtual handshake, as SOCCA reiterates its commitment to being the premier organization dedicated exclusively to representing and enhancing the profile of anesthesiologists-intensivists.

And this is how I reach the end of my last President's message. Serving as President over the last two years has been the most gratifying and fulfilling experience of my professional career. Never in my wildest dreams, when I immigrated to the United States almost 30 years ago, would I have imagined that one day I'd be in this position. I would like to thank the many colleagues and friends that helped me along the way as well as every single member of the Board of Directors, fellow colleagues and administrative staff that makes our outstanding Society work as smoothly as it does. SOCCA is a conglomerate of amazing anesthesiologists connected by their passion for Critical Care. Thanks for allowing me the honor to serve. 🏠

With gratitude,
Miguel Cobas, MD, FCCM

It's time to update your profile and renew your membership with SOCCA!

Visit [Renew my SOCCA Membership](#) and [Update my SOCCA Profile](#) to ensure another 365 days of:

- Timely member news and information via SOCCA Drip
- Free SOCCA Interchange newsletter
- Virtual education & onDemand learning
- Discounted pricing for the SOCCA Annual Meeting
- Discounted membership in the IARS
- Free ICU Residents' Guide
- Free access to SOCCA Doc Matter Community

Visit [My SOCCA Benefits](#) to review all SOCCA's member benefits

Committee on Communications Update

I will start out by saying that I share everyone's disappointment in the annual meeting being (necessarily) converted to virtual yet again. Still, as the months drag on, we all become more adept at living in the "virtual meeting" era. The Communications Committee has experienced this first hand and has been hard at work spreading the many messages of SOCCA via these virtual avenues over the past two years from interactive webinars and educational content, to new initiatives and committees. I think it is safe to say that we have begun to collectively see the fruits of this labor in the metrics we follow from webinars joined, links clicked, and webpages visited. Just in terms of website traffic we have seen our unique visitors/sessions double year over year. I attribute this to all of the committees that are hard at work making sure that SOCCA produces a continual stream of quality content and opportunities for engagement from our membership.

On the social media front, we have further expanded our Twitter presence with frequent polls, critical care literature, and society announcements. This has all been overseen by our Social Media Subcommittee chaired by Dr. Madiha Syed. Under her leadership we have seen our account interactions go up ~60% in the past year and the addition of ~600 new followers at the time of this publication. Those followers in turn expose untold other accounts to our tweets and hopefully attract more attention to our initiatives. I am encouraged by the data from the Membership Committee showing continued growth in our number of active members, meaning that those individuals who do come in contact with our society want to join and become a part of what we are collectively doing for the specialty.

We are constantly looking for ways to reach out and engage with current members as well as attract new ones. With the recent call for volunteers we have added new committee members to our ranks and will continue to promote SOCCA and its many missions. With so many great initiatives coming down the pipeline, I look forward to this coming year and anticipate that it will be filled with continued growth and enthusiasm for our society! 🏥



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**Don't forget to
follow SOCCA
on Twitter!**

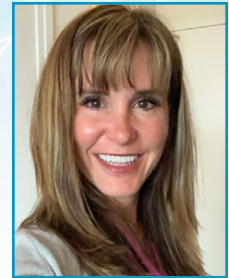
 **@SOCCA_CritCare**



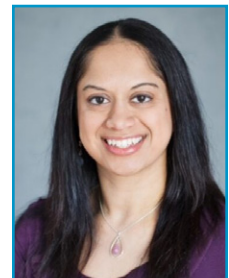
Committee on Membership Update

The main mission for the SOCCA Membership Committee is to coordinate all membership activities for SOCCA. Our membership numbers and interest in SOCCA continue to grow. This interest and growth are a direct result of our members' engagement and efforts to truly make this society desirable and valuable to each of the members and all of the Anesthesiology Critical Care community. This past year our focus was to launch a strategic structure realignment intended to better serve the members of SOCCA and the Anesthesiology Critical Care community with the goal of increasing engagement, diversity, and opportunities for members to contribute to the current and future of SOCCA. We established the following NEW subcommittees: Early Career Subcommittee; Physicians in Practice Subcommittee; Mentorship Subcommittee; Wellness Subcommittee; Diversity, Equity, and Inclusion Subcommittee; Medical Students, Residents, and Fellows Subcommittee and the Women in Critical Care Subcommittee. Each of these subcommittees are in varying stages of development with the Early Career subcommittee being our first and most active subcommittee and our more recent additions being the Mentorship Subcommittee and the Women in Critical Care Subcommittee. The leaders of these subcommittees have done a tremendous amount of work this year to get these off the ground and active. We are in the process of solidifying the future leadership of these subcommittees. Once established, we will send a communication identifying the leadership of these subcommittees. Over the next year we will be spotlighting and updating the progress of each of these subcommittees in our communications, specifically the SOCCA Interchange. During this edition, Dr. Christopher Choi, Chair of the Medical Student, Resident and Fellow Subcommittee, has submitted an update on this subcommittee. Please be on the lookout for these communications. We are very excited about these changes and the work that the committee and subcommittees have done so far.

We have had quite the year and we are looking forward to the upcoming year! As chair and vice chair of the Membership Committee for the past two years, we have had the pleasure of working alongside of so many talented critical care anesthesiologists during our time as chair/vice chair for which we are grateful. We have learned a ton, met new members, grew the committee, and have had fun while doing it. We want to acknowledge all the hard work that each committee member has done to contribute to our growth and development. Thank you! As the year concludes, the terms of the Chair and Vice Chair end. Dr. Alisha Bhatia will be assuming the role of Chair of the Membership Committee, while Dr. Suzanne Bennett will be transitioning to immediate past chair. Succeeding Dr. Alisha Bhatia in the Vice Chair role will be Dr. Jing Tao. We are thrilled to have several new members joining the committee and appreciative of the contributions of those transitioning off. We thank everyone for their hard work and contributions to our committee and society. We look forward to continuing to collaborate with you all under the new leadership over the years to come! 🏛️



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MEMBERSHIP SUBCOMMITTEE

Update: Students | Residents | Fellows

The SOCCA membership committee decided to make subcommittees this academic year for better creativity and engagement amongst its members. In the fellowship subcommittee, we held a job search webinar in the fall for the current critical care fellow class. We were able to invite panelists from both the private and academic settings; we were also able to include a current program director and academic chair. Comfort with virtual conferences may be one positive to come out of the COVID-19 pandemic, as we had good participation from all over the country. Highlights included: discussion of timeline for job search, growth of private practice opportunities, approaches to contract negotiation, and types of ICU settings available. The webinar is available to view for SOCCA members as well as a follow-up thread in the Docmatter community.

We have several future initiatives in the works to promote engagement among the fellow classes. First, we plan to put together a fellows' exit package outlining the benefits of SOCCA membership such as the annual SOCCA board review course and early career mentoring opportunities. Hopefully, this can mitigate the loss of membership we see as fellows transition into their professional lives. Moving forward, we hope to engage our fellows through online/social media initiatives (i.e., SOCCA Drip). As medical education evolves, FOAMed (Free Open Access Medical Education) has the ability to shorten the knowledge translation gap between research and clinical practice. A future online "fellows' corner" would allow our critical care fellows to become familiar with this medium and, most importantly, learn from one other. Finally, as we (hopefully) transition to an in-person meeting in 2023, we hope to incorporate a fellows-only event to promote camaraderie. 🏠



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SOCCA drip

SOCCA Drip is a new online platform that offers member-generated content, spotlights member achievements, and delivers relevant news and updates from the broader critical care community—more frequently than ever before.

- Our newsletter, *SOCCA Interchange*, will continue to highlight features from our members and news from within the organization.
- To reflect these changes, SOCCA's Main Menu has changed to include "Drip" under "News" on the main menu.
- All back issues of SOCCA Interchange are available [here](#).
- To explore contribution opportunities or share relevant professional or programmatic accomplishments, please email SOCCA Society Director Vivian Abalama, IOM, CAE at vabalama@iars.org

Committee on Education

As we start the new year with some bittersweet memories from 2021, we are again reminded that the pandemic still exists with the most recent surge again filling hospitals and ICUs alike. This current surge with the highly transmissible Omicron variant has not only overwhelmed hospitals but has also impacted the critical care workforce across the board. This has again upended many a plan, including the scheduled in-person annual meeting in Hawaii this March which has been converted to a virtual-only format. Although the decision was not easy, we believe that it was in the best interest of our members and the society in general. A lot of behind-the-scenes activity and hard work has gone into making this transition seamless and we are confident that we will be able to provide our membership, the same high quality and enriching content that the in-person meeting would have provided. For this, we would like to thank our administrative and education staff partners from the IARS, SOCCA and AUA. It was not easy to suddenly pivot and reorganize everything on the same dates as the actual in person meeting, within a less than two months span, and we would have not been here had it not been for their tireless efforts. The combined IARS/AUA/SOCCA meeting will be held virtually from March 17-20, with the dedicated SOCCA meeting day on Friday, March 18; and aligned SOCCA-IARS content on Saturday, March 19.

We will kickstart the meeting with the first ever SOCCA women's section meetup on the evening prior to the SOCCA meeting day. Kudos to Dr. Shahla Siddiqui for her dedication and efforts to spearhead the creation of the Women in Critical Care group within SOCCA and organizing this event. The very popular SOCCA early career group networking event, led by Dr. Alisha Bhatia, will take place following the women's section meetup the same evening.

We will open the meeting with a session discussing the future of critical care practice with emphasis on the nuts and bolts of billing and reimbursement as it impacts critical care anesthesiologists working in various practice settings. Moderated by Dr. Michael Nurok, this session brings together a diverse group of speakers from different parts of the country and promises to enhance our understanding of one of the most complex yet important aspects of our practice.

The next educational session will explore the challenges associated with post-intensive care syndrome. Dr. Robert White will be discussing post-ICU survivorship in the context of COVID related critical illness, while Dr. Michael Devinney will shed some light on what we can do in the ICU to prevent post ICU discharge cognitive dysfunction. Dr. Kimberly Rengel will then discuss the importance of muscle health and integrity in impacting quality of life in ICU survivors.

The third educational session will exhibit a pro-con debate on the use of steroids in ARDS. Moderated by Dr. Joseph Meltzer, we will have Dr. Shaz Shaefi advocating for the use of steroids in ARDS, while Dr. Vadim Gudzenko will be presenting evidence to the contrary. This promises to be a highly engaging and informative session especially since the pendulum related to the use of steroids in ARDS tends to swing in either direction every few years!

Our last educational session for the day will be a "grab bag" session with snap talks on some of the hottest topics in critical care, including identification and management of the physiologically difficult airway, care of critically ill potential organ donors, management of critically ill obstetric patients, and discussions around collaborative management of cardiac arrest as well as elaboration of a surgical home model for the liver transplant patients, discussing pre and post-transplant continuum of care.

Whether you will be joining us from a beach in Hawaii or from the comfort of your own home or office, we promise you will not be disappointed with the quality of the educational content and the networking albeit virtual at this event. "See you" at SOCCA 2022! 🏠



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Research Spotlight

Inspired by positive experiences as an undergraduate, I signed up for the opportunity to gain research experience during residency in the Columbia University Apgar Scholars program. When Dr. Margaret Wood advised me, as a junior resident, that a career conducting clinical research path would require additional research methods training and dedicated time away from patients, I was astonished. Clinical work is exciting and energizing. The roles are clear, the gratification can be immediate, and positions are secure. In contrast, early in my clinical training, reinvesting my efforts in a parallel but separate career path felt uncertain and risky. I could not imagine, at that time, how complementary my clinical and research work would become.

Ten years later, I remain grateful for Dr. Wood's advice. I've had clinical education and leadership roles in my early career but have found none more consistently engaging than research work. Despite successful early research experiences, it took me several years to gain enough training and experience to commit to a research-focused career. Finding the right balance between clinical and research work is an ongoing challenge; like many clinician-scientists, I see the clinical care I deliver inextricably linked to the questions I'm working to answer.

As an Apgar Scholar, I began to work with SOCCA member Dr. Hannah Wunsch, who has been my longest-serving mentor, collaborator, and cheerleader. As the inaugural Columbia Apgar Scholar and leader in critical care health services research (now holding a Canada Research Chair), her work has transformed our understanding of critical care delivery in the US and around the world.

One central theme in health services research is variation in care delivery. In perioperative medicine, practice variation is present in many aspects of care, from the decision to perform surgery, the type of anesthetic administered, the approach



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to mechanical ventilation, and ICU admission. Clinical practice variation is not necessarily a problem. Still, it may indicate a lack of supporting evidence, equipoise among clinicians, or local barriers to providing evidence-informed care. Variations like these are measurable and attributable to individual clinicians, groups, or hospitals. Notably, when differences in practice are associated with differences in outcomes, these observations may inform research, policy, and clinical care. In some instances, we can use advanced biostatistical methods to make causal inferences about the relationships between differences in care delivery and outcomes meaningful to patients and health systems. This approach is especially compelling when examining questions unanswerable (due to practical or ethical challenges) with randomized trials.

With Dr. Wunsch and her network of collaborators and mentees, I have used these methods to examine questions informed by clinical experiences. I was a first-year resident during a national norepinephrine shortage. One of my first projects with Dr. Wunsch examined the effects of that shortage on vasopressor use and outcomes of patients with septic shock. Drug shortage is a perennial problem in American healthcare. Still, [our study](#) was one of the largest to describe an increased risk of in-hospital mortality among patients with septic shock admitted to hospitals using lower than expected amounts of norepinephrine during the shortage.

This project led to other studies focused on medication use for shock, where vasopressors may be ubiquitous. Still, in many conditions, evidence supporting the selection of specific medications is limited. During that time, my collaborators and I witnessed great enthusiasm for administering vitamin C, hydrocortisone, and thiamine (HAT therapy) for patients with septic shock. While randomized

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trials were ongoing, we used clinical and pharmacy records in a large cohort of patients with septic shock to describe the adoption of HAT therapy in US hospitals. Not only did [our study](#) describe rapid uptake of the therapy, we captured enough patients to conduct comparative effectiveness analyses. Our findings added to the growing number of clinical trials that did not demonstrate treatment benefits. While drafting that manuscript, I noticed that several investigators, inspired by the original HAT therapy study, conducted follow-up studies with results likely influenced by unrecognized immortal time bias. This bias is a frequent problem in observational studies in critical care, in part because methods used to address other study problems (such as confounding) can't reduce it. Therefore, we developed a [set of tools](#) for readers, reviewers, and investigators to identify and mitigate the influence of immortal time bias in their work.

While a faculty member at the University of Texas Health San Antonio, our affiliated hospital transformed an out-of-use operating room and PACU into a dedicated space for clinical management and recovery of organs from deceased donors after brain death. Working in that unit, I grew increasingly interested in the US organ donor identification and management system. I was surprised to learn that the care we provide to deceased organ donors in the ICU and ORs is not well characterized. Applying health services research methods to examine care delivery in this unique population is a necessary first step to help us understand how to better care for organ donors and the thousands of patients waiting for transplants.

I moved to the University of Pennsylvania in the fall of 2020 and have focused on building additional mentorships and

collaborations with health services researchers, clinical trialists, and implementation scientists. I have been leveraging new resources (like the Leonard Davis Institute for Health Economics) to build a new research program and understand the implications of the work on US healthcare policy. I've received funding from the University of Pennsylvania McCabe Foundation to support observational projects examining the delivery of anesthetic care to deceased organ donors during recovery procedures. This January, I became a Learning Health System Scholar in the AHRQ/PCORI K12 Transforming the Generation and Adoption of Patient-Centered Outcomes Research in Practice program. The opportunity will help me develop a deceased organ donor-focused learning healthcare system to understand organ donor care delivery and establish an infrastructure for high-quality observational and interventional authorized donor research. Work from this mentored research grant will inform future K23 applications

As mentorship and collaboration have been instrumental in my early career development, I'm proud to represent the diverse group of investigators who belong to SOCCA as a member of the Research Committee. I will serve as the Chair of the Subcommittee on Research Collaboration next year. With my Co-Chair Dr. Marc Lopez, we are developing an interactive database of SOCCA members and their research expertise to foster cross-institutional invitations to speak and collaborate. I'm proud to be joining the new SOCCA Women in Critical Care initiative (founded by Dr. Shahla Siddiqui) and look forward to contributing to the group's mission. I look forward to future collaboration with SOCCA leaders to support the research efforts of our members and to mentor the next generation of students and trainees early in their research careers. 





WOMEN IN CRITICAL CARE

QUALITY + COMPASSION + BENEVOLENCE

We had our first 'kick off' meeting for Women in Critical Care. We had 59 pre-registrants and 17 participants for the first zoom meeting on February 23. Our objective was to introduce the mission as well as to decide a structure and goals for the year. We discussed a website launch as well as a first, official meeting on March 17 at the 2022 SOCCA Virtual Annual Meeting where we will have an invited guest speaker: Dr. Deborah Cook (a truly inspiring woman intensivist).

After introductions, we discussed the following agenda items:

Need and Feasibility for a Women in Critical Care Group

- 1) To provide a platform for a diverse group of individuals engaged in various facets of anesthesia critical care practice, and includes academicians involved in research/clinical care/administration, private practitioners, junior, mid-level, and senior faculty.
- 2) The purpose of the group is to encourage women from various career tracks to engage in CCM activities, and also to address issues that are important to ensure equitable representation of women in the field of critical care.

Data was presented from the registration survey of 59 registrants:

Additional degrees of registrants:

MS (5) | MPH (3) | PhD (6)
MBA (1) | FCCM (3)

Title: Instructor (2) | Assistant Professor (17) | Associate Professor (12) | Professor (4) | Director (5) | Vice Chair (2) | PD/Assist PD (2)

Level of training: Fellow (7)
Resident (3) Student (1)

Practice setting: Pvt Practice (1)

Years in practice: 27(1), 25(2), 22(1), 20(1), 19(2), 15(2), 14(2), 13(3), 12(2), 11(3), 10(1), 9(3), 8(7), 7(5), 6(1), 4(2), 3(1), 2(1), 1(4).

Preferences for Women in Critical Care

Speakers List/Panel (46) | Advice (44)
Networking (42) | Invite Speakers (41)
Sponsorship (32) | Mental Wellbeing (29)
Developing a Network (3)

Write-ins:
Social Media Platform (1)
Private Practice (1)
Recruit Women (1)

Our content foundation will focus on:

- 1) Leadership/Mentoring
- 2) Academic challenges/Career path
- 3) Work life balance/Mental health

Our brand pillars are:

Quality, Compassion and Benevolence.

In the coming year we will plan:

- 1) **Webinar.** Some topics considered were "Unique balance of academic and personal/family pressures in CCM and how to deal with them," "Multi-dimensional aspect of CCM and how women excel in this field," and "Academic vs Private practice-best fit?"
- 2) **Speaker/Panelist list:** liaise with SOCCA membership/mentoring committees.
- 3) **Newsletter and SOCCA Drip:** (articles 4 times per year), update, member interviews (nominations, standard format), webinar content, research findings, content on professional wellbeing, psychological and social support.
- 4) **Research report:** One report at the end of the year (next meeting)-member survey on professional satisfaction, burnout, or fulfillment?
- 5) **Award:** when more developed; for next meeting 3/23 (from nominations).

We asked for volunteers for Chair, Vice Chair, and a Working group (membership committee members) for writing, networking for research, sponsorship, and wellbeing.

We will plan a write up for the "Women in Medicine Month" piece as well, in September.

Hopefully, we will plan an in-person meeting at ASA and the next SOCCA meeting. With the support of the SOCCA BOD and members we hope to make Women in Critical Care a success and to improve membership representation amongst women in CCM. A lot of work needs to be done and we hope we can improve the national and global efforts towards this goal. 



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FEATURED ARTICLE

ICU Bootcamp: A New Spin

Despite the fact that incoming senior residents have had experience in the intensive care unit (ICU) as interns, they may have insufficient skills for advanced level care processing. In order to address this gap we initiated a three day “ICU Boot Camp,” delivered at the end of PGY-2 year. The purpose of the curriculum is to equip junior residents with the foundational knowledge and skills required to transition efficiently into the senior resident role. Additionally, this training increases resident confidence and sets expectations for faculty regarding the starting performance level of the newly minted senior. The curriculum covers commonly encountered clinical scenarios, diagnoses, treatments, monitors and devices in a systematic manner.

Despite a large shift in medical education towards problem-based learning and simulation, there is a paucity of data regarding the effectiveness of a critical care bootcamp in the adult ICU. A MedEdPORTAL search identified a Neonatal Intensive Care Unit Boot Camp: A Preparatory Curriculum for Pediatric Residents resulting in “very useful” and “extremely useful” responses from trainees at the Louisiana State University Health and Sciences Center New Orleans.¹ Additionally, the study elucidated that “participation in boot camp enhanced residents’ readiness and confidence for patient care.” Further searches in PubMed similarly produce results for pediatric critical care; however, adult literature focuses on advanced practice providers², geriatrics³, mechanical ventilation⁴, trauma⁵, and procedural skill and complications⁶. The content of this bootcamp not only benefits our trainees but also can serve as a platform for critical care education at other institutions.

The curriculum integrates into the existing protected weekly didactic sessions with related sub-groups of topics given on the same day. Covered subject areas are shown chronologically in the figure below:



Figure 1



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Figure 2



Supplemental reading for the course includes suggested book chapters from The ICU Book (by Paul L. Marino) in addition to assigned landmark journal articles citing many of the common evidence-based practices in the intensive care unit.

As depicted above, an entire half day of education is committed to hands on device training. Conducted by our critical care faculty and industry representatives, these sessions introduce residents to the most commonly encountered mechanical support devices in our ICU. These include intra-aortic balloon pumps, percutaneous heart pump technologies such as Impella and Centrimag, left ventricular assist devices and extracorporeal membrane oxygenation, among others.

To enhance the delivery of this curriculum, we integrated active learning approaches including simulation and interactive problem-based learning sessions. We inform curricular improvements by yearly resident surveys and real time feedback. We also conduct pre- and post- boot camp examinations to test knowledge fund, as well as subjectively measure perceived rotation readiness with a separate Likert scale survey. Preliminary data is favorable in terms of resident engagement, knowledge fund and perceived rotation readiness. Examples of resident feedback include:

“I can’t stress how valuable this day was for us. It has eliminated a majority of the stress I felt about becoming a senior on the unit.”

“Critical care medicine is inherently complex and—even with multiple rotations through the ICU—the thread connecting diagnosis, an understanding of pathophysiology, and treatment is sometimes difficult to fully understand. ICU bootcamp lets residents sit down and mull over these concepts with their attendings in a relaxed setting prior to starting their junior rotations. It gives us a leg up upon entering the unit, takes away some of the

anxiety, and after some time experiencing what we learn in action it lets us see what critical care medicine is: fun.”

Future direction includes expanding the simulation component with bronchoscopy, chest tube placement, and additional mock code scenarios. Additionally, we will present our findings in national venues to stimulate discussion around engaging teaching methodologies aimed at helping residents increase their confidence and quickly climb the learning curve in the intensive care unit. ICU Boot Camp shows our residents that all complexity can be simplified! 🏠

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FEATURED ARTICLE

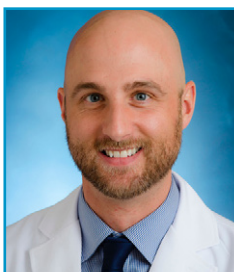
The Physician MBA: Improving Business Savvy in Medicine

One of the largest challenges faced by leaders in healthcare during the Covid-19 pandemic was making difficult decisions in the face of ambiguity. This parallels what is taught in business school where future leaders are taught how to make management and financial decisions with limited information. While many physician leaders within hospitals and clinics have no formal business or leadership training¹, we believe that intensivists are in a unique position to become physician executives. Studies have shown that physician led hospitals, on average have 25% higher quality scores when compared to non-physician led hospitals². In order to sustain this model, we need more physicians with formal training in not only business, finance and management, but more importantly leadership. Training physicians to develop core leadership capabilities has the potential to improve patient care delivery and outcomes³.

A recurring theme in many business school courses is how to create a strong value proposition⁴. In essence, a value proposition identifies a target demographic or audience with a particular problem and communicates how a company's product solves that problem better than their competitors. While some would argue that intensivists lead teams on a daily basis, the value proposition for obtaining a Master in Business Administration (MBA), is that it provides the skills and knowledge necessary to lead across specialties and disciplines by training physicians to acquire a more global perspective in order to develop innovative solutions. While more healthcare specific degrees such as a Master in Healthcare Administration (MHA) or a Master in Healthcare Leadership (MHL) do exist, whether



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to pursue one of these degrees rather than an MBA depends on the long-term goals of the physician. The benefits of an MBA over these other degrees, is that an MBA provides a broader scope of knowledge and the skillset to remain relevant and compete within the dynamic healthcare market, which has recently attracted new entrants from Amazon, JP Morgan, and Berkshire Hathaway.

As a group, physicians maintain many attributes that make them ideal candidates for leadership positions⁵. First, physicians are already viewed as experts. Their years of training confer not only a sense of credibility⁶, but more importantly a shared understanding of the practice of medicine. This knowledge and expertise positions physicians to become transformational change agents. As frontline leaders, physicians are in a better position to understand how board room policies and decisions will impact care delivery. Second, physicians, by nature of our training, are natural bottom-up leaders. Progressing from medical student to attending physician has taught us the importance of seeking feedback and ideas from all members of the team⁶. The team approach to the practice of medicine leverages the diverse perspectives and ideas of all team members, regardless of hierarchy, to develop a treatment plan. Finally,

and perhaps most importantly, physicians practice patient-centered care. The foundation for all our decisions stems from our core belief that the patient comes first. Bringing this patient-centered strategy and focus to the board room may, in part, explain why physician-led hospitals continue to achieve high quality metrics.

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Anesthesiologists trained in Critical Care Medicine are uniquely positioned to leverage the knowledge gained in an MBA program. As physicians who care for some of the sickest patients in the hospital, there is a natural credibility and level of respect paid by our colleagues in healthcare. Often intensivists are already considered leaders within the hospital setting. Additionally, Anesthesiology training covers the full age range of patients from neonates to geriatrics. Patients come to the operating room with all medical conditions, and Anesthesiology services are used throughout the hospital. From airway management and code blue teams to sedation services, anesthesiologists interact with nearly every generalist and subspecialist within a hospital system⁷. These daily interactions provide a holistic knowledge of the complex interplay of all the moving parts within a hospital, a perspective sure to be valuable in the executive suite of any healthcare system.

Moreover, the Intensive Care Unit (ICU) is a high cost and high resource utilization setting. As such, a savvy leader with formal business training could help a hospital system reduce costs and run more efficiently in this high yield area. With its multi-disciplinary staffing including environmental services, physical therapy, respiratory therapy, registered nurses, advanced practice providers, and physicians, the ICU itself is a hospital within a hospital.

Importantly, physicians who have pursued advanced management degrees have overwhelmingly felt it was worth the investment. In a survey of 568 physicians who have a dual degree conducted by the American College of Physician Executives, around 90% of those surveyed felt it was worth the investment⁸. While there were limitations to this study, innovative MBA programs have moved the entire coursework online, which has made it easier for busy working professionals to attend. Moreover, it has substantially decreased the cost of getting a degree from a respected institution.

In business school, students learn that instead of selling a product, a business should focus on selling a solution to their client's needs. More than ever before, healthcare needs brilliant, dedicated physician leaders to come up with innovative solutions to the complex issues of healthcare access, equity, and affordability. If physicians are not the ones leading the fight for providing equitable healthcare for all, the future may be decided by those without the intricate insight required to make the inevitable difficult choices.

Interview with Laureen Hill, MD, MBA
Group Senior Vice President
& Chief Operating Officer
New York Presbyterian/Columbia Division
New York, New York



Question: Did you consider alternative degrees: a Master's in Healthcare Administration, a Master's in Healthcare Leadership?

Answer: I did not consider other degrees and I did not choose a "healthcare" MBA program because I wanted the full breadth of business training and perspective to prepare me for the physician executive level work I wanted to do.

Question: Do you think having an MBA helped you secure your current position as SVP/COO at CUMC?

Answer: I do not believe the degree itself was necessary to secure my role but I do believe it was helpful in the sense that the business knowledge, vocabulary, skills and approaches I learned in business school were instrumental in how I solved problems and how I led people and programs; I believe my subsequent achievements and experiences were instrumental in my recruitment for my current role.

Question: Do you think intensivists/anesthesiologists are in a unique position that makes them well suited to leverage a business degree to pursue a leadership role?

Answer: I do believe the inherent nature of being hospital-based physicians in the OR and ICU provides anesthesiology/intensivists a very good perspective on the hospital care delivery platform; while not the only specialty practice that affords that opportunity, I do agree that understanding the OR/ICU environments and the team-based nature of OR/ICU practice are good preparation for someone wanting to pursue additional business training for hospital leadership roles.

Question: Do you think having an MBA helps in your role as SVP and COO of CUMC?

Answer: Undoubtedly "yes," but having said that, I know of many successful healthcare executives that do not have MBA credentials and conversely, I know many individuals that do have an advanced degree but are not performing at that level.

Question: What advice would you give to intensivists whose long-term goals are to become physician leaders/executives?

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FEATURED ARTICLE The Physician MBA *continued from page 13*

Answer: I advise individuals aspiring to leadership roles to first consider the problems they care about and want to work to solve, i.e. is it how we educate and train the workforce, how we measure and drive quality outcomes, how we define and deliver better value in healthcare, how we measure and improve operational efficiencies, how we improve workforce engagement and culture, etc.? This self-discovery exercise will help individuals identify the right kinds of roles they may want to pursue based on actual duties/responsibilities/spheres of influence and not just based on titles. The responsibilities and daily work of a CMO are very different than that of a CQO or COO for example. The second question to consider is if one is equipped with the right skills, knowledge, experiences, and attributes to be successful in a particular role or if it is important to acquire any of those through additional education, experience, projects, coaching, mentorship, etc. Lastly, I encourage individuals to consider—when they are successful in a particular role they are thinking of pursuing, will it have mattered and if so, why? Reflecting in this way is a good approach for anyone aspiring to do something more because there are many ways to lead, make important contributions and have significant impact; choosing the right path for the right reasons is a critical first step. 🏠

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SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

ANNUAL MEETING • 2022



Please visit the 2022 Virtual Annual Meeting site for updated programming

THURSDAY, MARCH 17, 2022

SOCCA Women's Section Meetup

4:30 pm – 5:30 pm EST

Moderator: *Shahla Siddiqui, MD, D.ABA, MSc, FCCM, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA.*

SOCCA Early Career Group Networking Event

7:15 pm – 8:15 pm EST

Moderators:

Brent Kidd, MD

Miguel Cobas, MD

Brigid Flynn, MD

Ashish K. Khanna MD, FCCP, FCCM

MICHAEL WALL, MD, FCCM

Daniel Brown, M.D., Ph.D.

FRIDAY, MARCH 18, 2022

Introductions from the BOD Chair & Education Committee Co-Chairs

10:00 am – 10:05 am EST

Miguel Cobas, MD, Jackson Health System, Miami, FL, Kunal Karamchandani MD, FCCP, FCCM, UT Southwestern Medical Center Dallas, TX and Allison Dalton, MD, The University of Chicago Medicine, Chicago, IL

Education Session I: What Constitutes a Fair Day's Work? The Future of Critical Care Employment

10:05 am – 11:00 am EST

Moderator: *Michael Nurok, MBChB, PhD, FCCM, Cedars-Sinai Medical Center, Los Angeles, CA*

10:05 am – 10:20 am Are RVUs Meaningful for Critical Care Anesthesiologists?

Michael Nurok, MBChB, PhD, FCCM

Cedars-Sinai Medical Center, Los Angeles, CA

10:20 am – 10:35 am Should the Nature of Work Be Considered in Effort (For e.g. Should Work in an ECMO Unit Count More Than Work in A Community ICU)?

Mark Nunnally, MD, FCCM

New York University Langone Medical Center, New York City, NY



SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

ANNUAL MEETING • 2022



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FRIDAY, MARCH 18, 2022

10:35 am – 10:50 am What is the Future of Reimbursement for Surgical Critical Care Services?
Meghan Lane-Fall, MD, MSHP, FCCM
University of Pennsylvania, Philadelphia, PA

10:50 am – 11:00 am Q&A

Break and Poster Viewing

11:00 am – 11:10 am EST

Oral Scientific Abstract Session

11:10 am – 12:10 pm EST

Moderator: TBD

Association of Diastolic Shock Index and Pulse Pressure Index with mortality in septic shock patients
Nitish Aggarwal

Integrated single-cell and plasma proteomic modeling to predict surgical site complications, a prospective cohort study
Amy Tsai

Electroencephalographic features in the cardiothoracic intensive care unit following intraoperative aminocaproic acid administration
Seyed Safavynia

Gender and Racial Representation in Anesthesiology
Bradley Kaptur

Soluble Siglec-9 as a Biomarker for Acute Lung Injury
Abid Fazal

Early Enteral Nutrition Improves Outcomes in Critically Ill Mechanically Ventilated Patients
Kirk Kerr

Break and Poster Viewing

12:10 – 12:20 EST

Oral Abstract Concurrent Sessions

12:20 pm – 1:20 pm EST

Break

1:20 – 1:30 EST

Education Session II: Challenges to Improving Post-ICU Survivorship

1:30 pm – 2:30 pm EST



SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

ANNUAL MEETING • 2022



Please visit the 2022 Virtual Annual Meeting site for updated programming

FRIDAY, MARCH 18, 2022

Moderator: *Christina Boncyk, MD, Vanderbilt University Medical Center, Nashville, TN*

1:30 pm – 1:45 pm	COVID 19 Critical Illness and Its Long-Term Effects <i>Robert White, MD</i> <i>Weill Cornell Medicine, New York, NY</i>
1:45 pm- 2:00 pm	Post-ICU Cognitive Dysfunction: An Ounce of Prevention Is Worth a Pound of Cure <i>Michael Devinney, MD, PhD</i> <i>Duke University Medical Center, Durham, NC</i>
2:00 pm- 2:15 pm	Muscle Health at the Core of Critical Illness Recovery <i>Kimberly Rengel, MD</i> <i>Vanderbilt University Medical Center, Nashville, TN</i>
2:15 pm – 2:30 pm	Q&A

Break

2:30 pm – 2:40 pm EST

Burchardi Award Presentation

2:40 pm – 3:10 pm EST

Moderator: TBD

2:40 pm- 2:45 pm	Burchardi Award Introduction
2:45 pm- 3:05 pm	Burchardi Award Presentation <i>Avery Tung, MD</i> <i>UChicago Medicine, Chicago, IL</i>
3:05 pm- 3:10 pm	Q&A

Break

3:10 pm EST – 3:20 pm EST

Education Session III: Steroids in ARDS – Where We Are, Where We Were and Where We Will Be

3:20 pm – 4:20 pm EST

Moderator: *Joseph Meltzer, MD, University of California, Los Angeles, Los Angeles, CA*

3:20 pm – 3:25 pm	Intro and Audience Poll <i>Joseph Meltzer, MD</i> <i>University of California, Los Angeles, Los Angeles, CA</i>
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SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

ANNUAL MEETING • 2022



Please visit the 2022 Virtual Annual Meeting site for updated programming

FRIDAY, MARCH 18, 2022

3:25 pm – 3:40 pm	Pro - Steroids in ARDS <i>Shaz Shaefi, MD, MPH</i> <i>Beth Israel Deaconess Medical Center, Boston, MA</i>
3:40 pm – 3:55 pm	Con – Steroids in ARDS <i>Vadim Gudzenko, MD</i> <i>David Geffen School of Medicine at UCLA, Los Angeles, CA</i>
3:55 pm – 4:05 pm	Discussion/Q&A
4:05 pm – 4:10 pm	Summation <i>Shaz Shaefi, MD, MPH</i> <i>Beth Israel Deaconess Medical Center, Boston, MA</i>
4:10 pm – 4:15 pm	Summation <i>Vadim Gudzenko, MD</i> <i>David Geffen School of Medicine at UCLA, Los Angeles, CA</i>
4:15 pm – 4:20 pm	Audience poll <i>Joseph Meltzer, MD</i> <i>University of California, Los Angeles, Los Angeles, CA</i>

Break

4:20 pm – 4:30 pm EST

ASA Update

4:30 pm – 4:45 pm EST

Randall Clark, MD, FASA, President, ASA, University of Colorado School of Medicine, Aurora, CO

Education Session IV – Snap Talks: Hot Topics in Critical Care

4:45 pm – 5:45 pm

Moderator: *Sarah Rae Easter, MD, Brigham and Women's Hospital; Harvard Medical School, Boston, MA*

4:45 pm - 4:55 pm	The Tube Went In, But Why Did My Patient Collapse? <i>Kunal Karamchandani MD, FCCP, FCCM</i> <i>UT Southwestern Medical Center, Dallas, TX</i>
4:55 pm- 5:05 pm	Identification and Care of Critically Ill and Injured Patients Who May Become Organ Donors <i>George Williams, MD, FASA, FCCM, FCCP</i> <i>McGovern School of Medicine at the University of Texas Health Science Center, Houston, TX</i>



SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

ANNUAL MEETING • 2022



Please visit the 2022 Virtual Annual Meeting site for updated programming

FRIDAY, MARCH 18, 2022

5:05 pm – 5:15 pm	Optimizing Outcomes for Critically-Ill Obstetric Patients TBD
5:15 pm – 5:25 pm	Collaborative Management of Cardiac Arrest Aalok Kacha, MD, PhD The University of Chicago Medicine, Chicago, IL
5:25 pm – 5:35 pm	Keep them together! SICU is the ideal place for both PRE and POST-transplant patients Michael Y. Lin, MD University of California Los Angeles, Los Angeles, CA
5:35 pm – 5:45 pm	Moderated Discussion and Q&A

Break

5:45 pm – 6:00 pm EST

Young Investigator Award Presentations

6:00 pm – 6:30 pm EST

Moderator: Matthew A. Warner, MD, Mayo Clinic, Rochester, MN

6:00 pm – 6:07 pm	Young Investigator Presentation #1 – Winner Impaired human resistance arteriole vascular reactivity is associated with the development of acute kidney injury and delirium in cardiac surgery <i>Marcos Lopez, MD</i>
6:07 pm – 6:10 pm	Q&A
6:10 pm – 6:17 pm	Young Investigator Presentation #2 - 1st Runner Up The Preoperative Skin Microbiome is Associated with Causes of Surgical Site Infection in Spinal Fusion Surgery and Varies by Operative Level <i>Dustin Long, MD</i>
6:17 pm – 6:20 pm	Q&A
6:20 pm – 6:27 pm	Young Investigator Presentation #3 – 2nd Runner Up Burnout and PTSD Among ICU Registered Nurses During the COVID-19 Pandemic <i>Jaimie Navid</i>
6:27 pm – 6:30 pm	Q&A



SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS ANNUAL MEETING • 2022



FRIDAY, MARCH 18, 2022

Aligned Session with IARS, AUA and SOCCA: A&A Sponsored Journal Symposium
TBD

SATURDAY, MARCH 19, 2022

IARS, AUA and SOCCA Aligned Meeting Day and Critical Care Update



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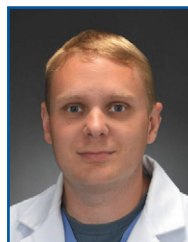
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