

ASCCA INTERCHANGE

AMERICAN SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

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President's Message

ASCCA Needs YOU to Help Us Continue Impressive Growth

*Todd Dorman, M.D.
Baltimore, Maryland*

I want to start my two-year term by thanking every member of ASCCA for his/her support of this Society and for the support shown to me over the years. I am humbled and honored to serve with such a dedicated group of professionals. I also want to thank Gerald Maccioli, M.D., for his leadership over the last two years and long-term friendship. Jerry has left ASCCA in great shape for the future! I'm looking forward to working with the new Board and with the membership.

Our 2008 Annual Meeting just concluded and was a huge success by every measure. Avery Tung, M.D. and Andrew Friedrich, M.D. did a spectacular job in putting together a wonderful program of science and education. It would not be prudent to restate the entire meeting agenda, but in case you had to stay at home and staff the unit, you unfortunately missed a 21st Annual Meeting that included wonderfully diverse presentations that ranged from critical care during a modern conflict (Michael Murray, M.D.), critical care at altitude (Patricia Murphy, M.D.), critical care utilization of nanoparticle arrays for pathogen detection (Scott Ahlbrand, M.D.), and a cutting-edge interactive clinical forum on the perioperative issues of a patient with a coronary stent (Luca Bigatello, M.D., Andrew Rosenberg, M.D., and Steven Lisco, M.D.). Last year's meeting also included sessions on staffing in the ICU in academic and private practice settings as well as an interactive journal club.

Congratulations to this year's Young Investigator Award recipient Rafeal E. Chaparro, M.D., for his work at the University of South Florida, titled "Intraperitoneal Injection of a Caspase 3 Inhibitor Can Decrease Neuronal Apoptosis After

MCAO." This year's Lifetime Achievement Award was given to Neal H. Cohen, M.D., M.P.H., M.S., who earned this award through years of high-quality critical care services to patients, years of serving as a mentor to numerous intensivist trainees and faculty, and years of volunteer service to the critical care community by serving on and for numerous national organizations related to critical care, including serving as ASCCA President in 2002-03.

Attendance at the meeting surpassed 200, and the immediate feedback was that the meeting was a total success. This year, the 22nd Annual Meeting will be held in New Orleans on Friday, October 16. Co-chairs for the meeting are Andrew L. Rosenberg, M.D., and Laureen Hill, M.D., and last year's chair, Dr. Tung, will stay involved as an advisor and will specifically focus on funding and exhibitor possibilities. The meeting is already being planned and should be another exciting and stimulating session. I strongly recommend that you go ahead and mark your calendar and put in for the time off from your group or practice.

On Saturday, the Fellowship Directors Breakfast was held and chaired by Theresa Hartsell, M.D. The group heard presentations by Dr. Cohen on the RRC and Douglas B. Coursin, M.D., on the American Board of Anesthesiology. The final topic was a review of the ERAS system and a proposal that the critical care anesthesiology fellowship utilize ERAS starting either next year, or the following year at the latest. The pros and cons of such an approach were reviewed, and the group present supported this approach unanimously. A more formal survey of all programs will follow the meeting.



Todd Dorman, M.D.

On Sunday, the ASCCA Breakfast Panel session on applying critical care in the PACU was extremely well attended, and we are indebted to Dr. Rosenberg, Dr. Shamsuddin Akhtar, M.B.B.S., and Pratik Pandharipande, M.D., for their hard work in preparing this session, which reviewed three common PACU problems, including managing respiratory failure, use of beta-blockers and what to do for a delirious patient in the PACU.

This year's mentor program, orchestrated by Michael Avidan, M.D., was once again a success, and we had 43 eager medical students, residents and fellows attend. Plans are being discussed to enhance the experience for all involved.

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Web Page

You may visit the ASCCA Web site at:

www.ascca.org

Membership

Membership in ASCCA is open to all anesthesiologists and residents in approved anesthesiology programs. Membership applications may be obtained by contacting **ASCCA** at (847) 825-5586 or through the ASCCA Web site at www.ascca.org/shop/index.php.

ASCCA Dues

Dues are \$150 for active and international members; \$100 for affiliate members and free for residents/fellows. Dues may be paid online at www.ascca.org/shop/index.php by credit card or by mailing payment to the ASCCA office at **520 N. Northwest Highway, Park Ridge, IL 60068**. Remember, payment of your dues allows you to enjoy the full privileges of ASCCA membership.

EDITORIAL NOTES

Editorial Policy

The opinions presented are those of the authors only, not of ASCCA. Drug dosages, accuracy and completeness of content are not guaranteed by ASCCA.

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ASCCA Needs YOU to Help Us Continue Impressive Growth

The lifeblood of any organization is you, its members. Our membership has progressively grown over the last two years by about 33 percent — to 563 members. Our greatest growth has been in resident and medical student members, but we have also seen growth in active memberships. This growth pattern is exciting and obviously important for the future of our specialty and this Society.

Several years ago, the Board placed reserves into the stable CD market, and thus our investments have weathered the recent storm well. Heidi B. Kummer, M.D., M.P.H., as our treasurer during these tough times, has done a wonderful job of vigilantly following and helping to manage these accounts. Michael O’Conner, M.D., now takes on the task as our new treasurer. With our membership growing and with fairly stable investments, we remain financially sound.

During this past year, the leadership announced a call for volunteers to serve on an editorial board for the *Interchange*, our society newsletter. This was an entirely new approach to the *Interchange*, which was typically shepherded by a single individual. In the last few years, that solo individual has been Michael Ault, M.D. It was during his excellent leadership that we came to the realization that a team approach would lead to an improved experience for those involved in putting the newsletter together; and more importantly, it would lead to an improved newsletter for our membership. This edition of

the *Interchange* marks the initiation of that transition. As Dr. Ault’s term has ended, we are extremely happy to announce that Michael Wall, M.D., has taken on the role of editor, and he now will work with an associate editor and an editorial board. Future editions will routinely include pro-con debates and fellowship program cameos. We will also work to better integrate the newsletter with the Web site and are considering posting the pro-con debates and fellow materials to the discussion blog.

Approximately one year ago, a new journal affiliation was initiated with *Anesthesia & Analgesia*. I am happy to report that this relationship has been mutually beneficial, and we are enthusiastic about its future. The journal now includes our masthead on the critical care section, our logo on the cover and our involvement on the editorial team. The journal not only accepts research and clinical manuscripts but will also accept unsolicited review articles. We strongly encourage all members to submit material to the journal for review.

The Resident’s Guide Book is almost complete and should be ready for marketing and distribution in the next six months. The last edition was very well received by the resident community, and we have every reason to believe that this updated version will also be well received. In the next few months, we will establish the next editorial team and begin immediately on the next update. We hope to incorporate fel-

lows in the updates as this should facilitate the process and will offer a form of formal scholarship for all fellows, an activity that is required by the RRC.

Our relationship with the Foundation for Anesthesia Education and Research (FAER) continues and is being solidified. We are about to sign a formal letter of agreement with FAER for the relationship that to date has been informal. Plan now to submit to FAER for the ASCCA-FAER grant. This two-year grant provides \$75,000 per year, and the next due date is February 15, 2009.

In addition to this year’s Annual Meeting, ASCCA will continue to provide additional education opportunities for its members and for other perioperative care providers by holding educational sessions at the International Anesthesia Research Society meeting in San Diego in 2009 and the Society of Cardiovascular Anesthesiologists meeting in San Antonio in 2009. Please join us for these as well.

I will conclude by reminding you that we are a Society of volunteers, and your help is always needed and appreciated. If you are interested in serving, please contact the new president-elect, Dr. Heidi Kummer, or me directly. Our contact information is available on the society Web site www.ascca.org.

“I will conclude by reminding you that we are a Society of volunteers, and your help is always needed and appreciated. If you are interested in serving, please contact the new president-elect, Dr. Heidi Kummer, or me directly.”

Fellowship Directors Breakfast Update

*Theresa L. Hartsell, M.D., Ph.D.
The Johns Hopkins Medical Institute
Baltimore, Maryland*

The ASCCA Fellowship Program Directors Breakfast Symposium was held on Saturday morning. Led by **Theresa Hartsell, M.D.** (Baltimore, Maryland), 30 critical care fellowship directors, ASCCA leaders and interested colleagues gathered to discuss a variety of issues affecting critical care education at the fellowship level.

Residency Review Committee Update

Neal H. Cohen, M.D. (University of California-San Francisco), presently on the Residency Review Committee for Anesthesiology, noted that there are two major issues facing programs in 2008-09: assessment of the competencies and attention to duty hours. Upon review, programs must be able to demonstrate mechanisms for evaluation of residents in the six competencies. In addition, adherence to duty hours regulations remains key; with the Institute of Medicine (IOM) report on the horizon, this is an area on which we can expect to see increasing emphasis. In particular, since there is as yet no evidence that a global decrease in duty hours has decreased medical errors, more attention will be paid to distribution/shift length and it is expected that the IOM report will support moving to 16 hours of continuous duty. Clearly this will have an impact on many of our residency and fellowship programs.

All of the RRCs are working to address the value and content of educational rotations (including the presence of graded experience, when appropriate, and of defined lines of supervision). In short, there must be no “paper rotations.” Some specific questions and areas of emphasis for critical care include:

- * Incorporation of training in ICU management.
- * Models of care — what is the role of eICU in a fellowship (education or service)?
- * Educational methods — presence of didactics versus actual clinical experience, including direct assessment of procedural skills.
- * Role of simulation in training/evaluation

— likely to be a topic with major emphasis, especially for areas with decreasing procedure numbers.

- * Scholarship — is scholarship actually occurring? Of note, fellows have no mandatory research requirement but do need exposure to critical thinking; research and scholarship opportunities do not have to be within the anesthesia department.
- * International experiences — programs must communicate with the American Board of Anesthesiology (ABA) regarding such experiences counting toward board eligibility (a quick poll revealed none present currently offering international experiences as part of the critical care fellowship).
- * Exposure to topics in pediatric critical care.
- * Development of innovative models combining residency, research and/or subspecialty clinical training — proposals are encouraged.

ABA Update

Douglas B. Coursin, M.D. (Madison, Wisconsin) brought an update on continuing dialogue with the American College of Surgeons (ACS) about an integrated critical care exam process.

ABA has done significant work to support this effort and is waiting for further ACS action. Unfortunately, the changing infrastructure of surgical critical care, now moving to incorporate trauma and acute care surgery, may delay or derail this effort. ACS is also no longer pursuing the proposed “surgical short program” discussed previously.

On other fronts, meetings with the American Board of Emergency Medicine continue, hoping to model a training process on what is currently seen in pain medicine — an integrated exam followed by certification by the individual boards. Present discussions support no “grandfathering” of board certification status except for those EM-trained individuals completing ACGME-accredited programs. Very preliminary discussions are taking place with neurology, internal medicine and pediatrics regarding joint programs for combined critical care training in those specialties.

Additional ABA topics impacting fellowship education include expanded requirements for critical care education at the resident level. In



Theresa L. Hartsell, M.D., Ph.D.

addition, ABA is making efforts to more clearly define the role of simulation in the maintenance of certification process and ultimately will expand the discussion to include the subspecialties of anesthesiology.

Electronic Residency Application Service

As critical care anesthesiology fellowship directors, we are being asked to formally choose this year whether we will participate in the Association of American Medical College's Electronic Residency Application Service (ERAS). Participation will require the enrollment of at least 75 percent of the registered programs. Information was presented about the service, which serves as a post office to transmit application documents in a secure fashion between applicants and programs. It is separate and distinct from the National Resident Match Program, and the use of ERAS does not obligate us as a subspecialty to enroll in the match. Cost to programs is negligible, with applicants paying a fixed up-front fee with additional amounts based on the number of program applications. Extensive training and support is available for the software interface. There are two time cycles supported — a July cycle in which application materials are made available in the early fall for consideration for positions the following year (equivalent to a CA-3 timeframe), and a December cycle in which applications are made avail-

“As critical care anesthesiology fellowship directors, we are being asked to formally choose this year whether we will participate in the Association of American Medical College’s Electronic Residency Application Service (ERAS). Participation will require the enrollment of at least 75 percent of the registered programs.”

able in the late fall for consideration for positions to begin after an additional year (equivalent to a mid-year CA-2 timeframe.)

Several directors of multidisciplinary programs spoke to the advantage of receiving anesthesiology applications in a format parallel to that of their other specialty slots. Discussion focused upon the utility of such a service for small programs with one to two positions typically filled from internal applicants: Could such a program use ERAS for some but not all of its applications? In addition, many programs indicated a desire to maintain flexibility in the timing of considering applicants, both within the calendar year as well as within the residents’ training, and it was unclear whether ERAS would allow such flexibility. Dr. Hartsell will serve as liaison with ERAS and provide further information, with expectation of a formal survey/vote during the year.

Additional Round Table Discussion

Additional discussion focused in several areas. The role of fellowship-trained intensivists who are not eligible for board certification (e.g., emergency medicine, international graduates) was discussed with general support. In particular, those present supported the idea of an alternate entry pathway for individuals who have completed equivalent critical care training in other countries and now are academically resident within U.S. departments, similar to the pilot program in place for primary anesthesiology. **Stephen O. Heard, M.D.** (Worcester, Massachusetts) will draft a proposal to ABA for such a program.

A number of opportunities for fellow scholarships were brought forward. Dr. Heard is looking for four to five associate editors for the new edition of the Resident Guide to the ICU and would be very amenable to fellow contributions.

Andrew Rosenberg, M.D. (Ann Arbor, Michigan) suggested a “visiting fellow” program in which trainees might visit other programs for short term (one- to two-week), highly specialized training. Part of this program would include the fellow giving a scholarly talk at an appropriate venue during the visit as well as giving a talk in the area of training upon his/her return. It was suggested that “regional liaisons” might be designated to pilot such programs on a regional level with carefully vetted fellows. Possible mechanisms for a national fellows’ journal club were also discussed.

The fellowship portion of the ASCCA Web site is being updated with current program and contact information from ACGME. Corrections, along with suggestions for additional useful content, may be directed to Chris Dionne c.dionne@asahq.org at the ASCCA office.

ASCCA-ASA Delegate's Report

*Mark E. Nunnally, M.D.
University of Chicago
Chicago, Illinois*

*Daniel R. Brown, M.D., Ph.D.
Mayo Clinic
Rochester, Minnesota*



Mark E. Nunnally, M.D.



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

The American Society of Anesthesiologists (ASA) House of Delegates met Sunday, October 19, and Wednesday, October 22, 2008, in Orlando, as part of the ASA 2008 Annual Meeting. Also on Sunday, the four Reference Committees heard testimony on all resolutions and reports before the House. Three hundred forty one delegates were seated for the final session on Wednesday. The business of the House was substantial, including 12 resolutions and numerous reports. As a component Society, ASCCA continues to benefit from representation by one delegate in the House. Issues of interest to the Society include the proposed ASA dues increase, perioperative transesophageal echocardiography (TEE) certification and the development of quality measures.

The dues increase, to \$600 per year for regular membership and up to \$150 per year for affiliate and educational members, is never a pleasant issue, but still positions membership in ASA to be an excellent value for the money. The leaders of ASA have outlined the rationale for the dues increase, including the need to meet the goals of its Organizational Improvement Initiative and the insufficiency of dues not adjusted for inflation since 2001. Your delegate testified to the review committee that although ASCCA supports the dues increase, we continue to expect ASA's administrative support.

Perioperative TEE certification will be along three pathways: a certificate of completion from an accredited course; certification in basic TEE is a new certification process, with examination, designed as a route for certification in basic TEE use; and certification in perioperative TEE, which is the current TEE certification process available from the National Board of Echocardiography. Michael H. Wall, M.D., and Daniel R. Brown, M.D., Ph.D. are to be commended for their efforts in helping to put together recommendations for the ASA Committee on Critical Care Medicine (CCCM) in an effort to provide a level of certification consistent with the practice and training of many anesthesiologist intensivists. ASCCA will work closely with the ASA CCCM to work toward this goal.

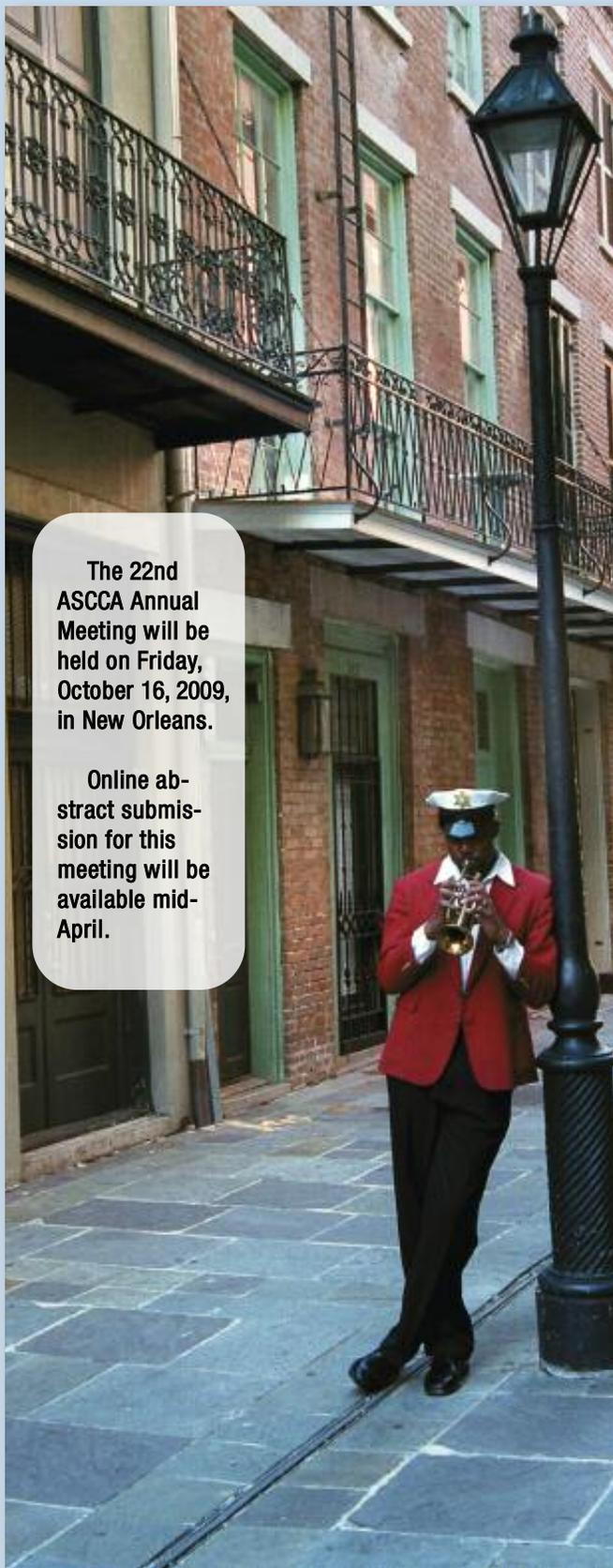
Quality metrics continue to be an important effort for professional medical societies. ASA's involvement in drafting quality measures and the CCCM's involvement in this process has been very proactive. Currently, a practice parameter for the insertion of central venous catheters is in the process of being created. ASCCA and CCCM have been key contributors. Although these metrics could be used in a number of different ways, and their use remains controversial, the Society has been proactive in production to avoid having care dictated to us without adequate representation.

Aside from these issues, much testimony was heard regarding the revised statement on the Anesthesia Care Team and the ASA's statement regarding the Society for Pediatric Anesthesia's application for subspecialty certification for pediatric anesthesia.

Orin F. Guidry, M.D., was approved as the recipient of the 2008 ASA Distinguished Service Award, and the 2008-09 administrative council was elected.

Advocacy is an important part of any organization. The role of your ASA delegate and alternate delegate is to represent the interests of ASCCA in ASA's governing body. Your concerns are ours; please voice them to us or to any member of the ASCCA Board of Directors. We look forward to seeing you next year in New Orleans.

Save This Date!



The 22nd ASCCA Annual Meeting will be held on Friday, October 16, 2009, in New Orleans.

Online abstract submission for this meeting will be available mid-April.

Critical Care Research Funding Application

ASCCA and the Foundation for Anesthesia Education and Research (FAER) have had a long partnership in preparing young anesthesiologists for careers in academic medicine, regularly working together to fund a critical care research grant.

The next deadline for applications for this grant is Sunday, February 15, 2009.

FAER is seeking grant applications with a critical care focus. Details on FAER's three grant types and the grant application process are available at www.f aer.org/programs/grants.

Applications are reviewed by the ASA Committee on Research or the FAER Education Study Section, depending on the grant type. These groups function as study sections using National Institutes of Health criteria and methods. Grants are awarded by the FAER Board based on scores and the funds available. Written critiques are shared with applicants.

Questions about the grant application process may be directed to the FAER office at (507) 266-6866.



2009 State Resident Conferences

MARC - Midwest Anesthesia Resident Conference

April 17 – 19, 2009
Rush Presbyterian – St. Luke's Medical Center
Chicago, Illinois
www.caseanesthesia.com

GAARRC – Gulf Atlantic Anesthesia Residents' Research Conference

May 1 – 3, 2009
The Palms South Beach
Miami Beach, Florida
www.gaarrc.org

WARC – Western Anesthesia Residents Conference

May 1 – 3, 2009
Rancho Las Palmas Resort and Spa
Rancho Mirage, California
www.warc2009.com

NEARC – New England Anesthesia Residents Conference

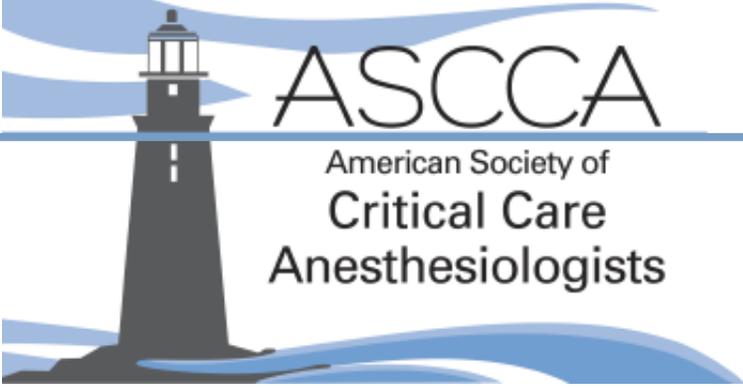
Saturday, April 4, 2009
Tufts University Medical Center
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Anesthesiologists

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