

INTERCHANGE

Society of Critical Care Anesthesiologists Newsletter Volume 33 | Issue 2 | June 2022

PRESIDENT'S MESSAGE

Colleagues, as you all know, our road trip to Hawaii was canceled due to COVID, again. However, our Education Committee and the IARS rallied and quickly changed gears to a 100% virtual annual meeting. Although we all missed seeing each other in person, the meeting was incredibly successful and well attended. At the SOCCA annual meeting on Friday, we had four very lively educational sessions and aligned sessions with the IARS, AUA, and SOCCA. We then ended the day with our young investigator award presentations. On Saturday, the next day was the IARS | AUA | SOCCA aligned meeting day. We sponsored a review course lecture and a panel on evidence-based emergency airway management, which generated many comments and discussions.

If you missed the meeting, you can still register to watch the session recordings by visiting our SOCCA website. Next year's annual meeting will be in Denver, Colorado, on April 14, 2023. The education committee is already planning



**Michael H. Wall,
MD, FCCM**
President, SOCCA
University of
Minnesota
Minneapolis, MN

for the conference itself, and I encourage everyone to submit panels and ideas for next year's meeting.

This year SOCCA has added several new working groups, including the Early Career Workgroup, the Medical Student, Resident, and Fellows Workgroup, the Physicians and Practice Workgroup, the Women in Critical Care Workgroup, and the Diversity, Equity, and Inclusion Workgroup.

Many of these workgroups are already planning virtual meetings for the rest of this year and webinars. If you are interested in joining any of these workgroups, please attend their open meetings and webinars and let them know. Our Society is highly interested in finding out what topics have value to our members and what things our members would like us to do. This is an excellent opportunity to help lead our Society.

SOCCA will also start a new clinical practice committee, which will oversee additional new workgroups, councils,

continued on page 2

SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

ANNUAL MEETING 2023

SAVE THE DATE
APRIL 14 – 15, 2023
DENVER



CONTENTS

President's Message.....	1
Committee on Education.....	3
Committee on Research.....	4
Literature Survey.....	5
Job Board.....	5
Member Spotlight: Carlee Clark.....	6
Member Spotlight: Michael O'Connor.....	7
Enhancing Critical Care Education.....	8
Women in Critical Care Update.....	10
Women in Critical Care: May Hua, MD.....	11
Integrated Critical Care Training: Pro/Con.....	12
SOCCA, the Pandemic, and the Future.....	14
Board of Directors.....	17
About SOCCA / Join SOCCA.....	18

PRESIDENT'S MESSAGE *continued from the cover*

and task forces. These will include a transplant critical-care working group, a mechanical circulatory support working group, a Neurocritical care workgroup, and a service chiefs advisory council. These groups will be tasked to develop their own content goals and objectives and form more collaborations with other societies such as the Society for the Advancement of Transplant Anesthesia, Society for Neuroscience in Anesthesiology and Critical Care, etc. In the next couple of months, the Board of Directors will determine which of these will be started in 2022-23 and which ones will be started in 2023-24. More information on

these new groups will be announced soon, including details on how to get involved in these new SOCCA activities.

If you have any other ideas or suggestions on improving the value of SOCCA to our current and future members, please do not hesitate to let me, the Board of Directors, or the Committee Chairs know.

I hope you all have a safe, healthy, and happy summer, and I look forward to seeing you on a zoom call or in-person soon.



PROPOSALS NOW BEING ACCEPTED

For inclusion in 2023 Annual Meetings and AUA and SOCCA Webinar Series

We want to hear your great ideas and latest discoveries in the specialty of anesthesiology and beyond! Your session proposals will be reviewed and considered for inclusion in the IARS, AUA and SOCCA 2023 Annual Meetings, April 13–17, in Denver, Colorado, or for the IARS Virtual Education Series, the AUA eLearning monthly webinar series, and the SOCCA eLearning monthly webinar series.

To Submit: Visit the 2023 Call for Sessions to learn more and to submit!

Deadline to Submit: July 15, 2022

Notifications on program status will be sent by late November 2022. Don't miss this important opportunity to share knowledge, connect with peers and thought leaders and make a meaningful impact in the anesthesia community!

What You Should Know about SOCCA Session Proposals SOCCA Education advances knowledge, improves competence and enhances performance of intensive care teams.

Knowledge dissemination is crucial to SOCCA educational programming. Dedicated to the support and development of anesthesiologists who care for critically ill patients of all types, SOCCA fosters the knowledge and practice of critical

care medicine by anesthesiologists through education, research, advocacy, and community – its Annual Meeting and monthly webinar series serve as important vehicles to achieve these objectives.

Session Format: Sessions will be 60 minutes (allocating 45 minutes for presentations and 15 minutes for discussion) and comprised of two to three speakers.

Blind Review Process: Proposals will be reviewed by SOCCA's Committee on Education with the identity of submitters obscured.

DEI Statement: Diversity and inclusion, in all their forms, are essential to SOCCA's mission. We consider diversity comprehensively, including race, ethnicity, gender, sexual orientation, disability status, age, origin, socioeconomic class, and any other factors that shape creative perspective and professional experience.

Committee on Education Update

On behalf of the SOCCA Education Committee, we would like to thank you all for another successful SOCCA Annual meeting this past spring. While we were disappointed that the increase in COVID cases led to a last-minute transition to a virtual format, the enthusiasm for educational talks, presentations of current research, and networking opportunities could not be fettered.

Despite being a small community, SOCCA comprises some of the leading world experts in anesthesia and critical care. The annual meeting provides an opportunity to meet and share points of view amongst the membership and this has always been one of the highlights of attending the annual meeting. Despite the virtual format, networking events by Women in Critical Care and SOCCA Early Career groups had great representation and were hugely successful. Members were able to make contacts, develop relationships, and share experiences from work and life. We are hopeful that the annual meeting continues to be a platform for not only disseminating outstanding educational content but providing opportunity for the membership to network and share professional as well as personal bonds.

We would like to extend our sincerest thanks to the fantastic group of speakers who shared their expertise and to all the scholars who enlightened us with their research. Many congratulations to our Young Investigator Award winners, Dr. Marcos Lopez, Dr. Dustin Long and Jaimie Navid, as well as to the 2023 Burchardi Award winner, Dr. Avery Tung. We are grateful to Dr. Miguel Cobas, our immediate past president and to the entire SOCCA board for the unrelenting support in making the annual meeting a huge success. Last, but not the least, we would like to thank our administrative staff, ably led by Vivian



Allison Dalton, MD
*Chair, SOCCA
Committee on Education*
University of
Chicago
Chicago, IL



**Kunal
Karamchandani,
MD, FCCM**
*Vice-Chair, SOCCA
Committee on Education*
UT Southwestern
Medical Center
Dallas, TX

Abalama and Kristin Howard, without whose tireless efforts, the annual meeting would not have been possible.

As we enter the summer, discussions are already underway to plan for our next SOCCA Annual meeting in April 2023. We are excited and look forward to what will hopefully be our first in person meeting since we last met in Montreal in 2019! As always, we solicit exciting and thought-provoking topics to be presented at the annual meeting and the call for session proposals should be going out shortly. We strive for diversity and encourage speakers with unique points of view to enlighten and expand our understanding of all facets of critical care medicine. We are also excited in bringing to the membership ground-breaking research that is presented at the annual meeting.

In addition to planning for the annual meeting, the education committee has been busy designing year-long educational curricula for the SOCCA membership and the critical care community at large. Later this year, we will pilot a program, which would provide guided educational content derived from high impact journal articles, chosen by the CME and enduring content subcommittee and targeted towards the critical care anesthesiologist. Our

webinar subcommittee is currently formulating the monthly webinar schedule and are evaluating submissions received from the membership.

Finally, preparations are underway for our newly constructed and immensely successful Board Review Course, which provides high yield critical care topics to residents and fellows and is delivered by early career critical care anesthesiologists. 🏛️

Committee on Research Update

The members of the SOCCA Research Committee are moving into summer with great energy and enthusiasm. Our members have continued to advance a variety of initiatives in support of the SOCCA vision “to promote and advocate for current and future critical care anesthesiologists through collaboration and innovative patient care.”

The Subcommittee on Data recently finished a large, descriptive survey to provide an updated snapshot of the current state of anesthesiologist-led critical care. Additionally, subcommittee members have recently evaluated how the clinical responsibilities of critical care anesthesiologists during the COVID-19 pandemic may have influenced professional fulfillment and burnout. The results of both of these surveys will soon be available to the public in forthcoming peer-reviewed scientific publications.

The Subcommittee on Research Collaboration is busy developing an interactive web-based platform and speaker exchange program. The program will facilitate both collaborative research activities and invited speaking opportunities, and we are certain that it will be a win for SOCCA members. Specifically, it will promote increased opportunities for our early career members to connect with other researchers and the general public. We are tremendously excited for its imminent launch, with additional information forthcoming.

Finally, the Subcommittee on Scientific Writing is finalizing the peer-review and editing process of articles for a special SOCCA-led issue in the journal *Anesthesiology Clinics*. This special issue will be dedicated to key topics in anesthesiology-based critical care. We are incredibly excited for its release later this year. In summary, we are tremendously proud of the work of our committee members, and we look forward to a very productive (and sunny) summer! 🏠



Matthew Warner, MD
Chair, Research Committee
Mayo Clinic
Rochester, MN



Shahzad Shaefi, MD, MPH
Vice-Chair, Research Committee
Beth Israel
Deaconess Medical Center
Boston, MA

Don't forget to follow SOCCA on Twitter!

@SOCCA_CritCare



COMMITTEE ON RESEARCH

Literature Survey

The Research Committee would like to highlight some of the recent literature contributions of its members. Selected highlights are provided below:

Evaluating Primary Endpoints for COVID-19 Therapeutic Trials to Assess Recovery

Josh Douin, MD, and colleagues compared three different definitions of recovery for hospitalized patients with COVID-19, finding substantial discordance in recovery definitions across clinical trials. They suggest that follow-up times up to 90 days should be employed to assess clinical recovery more accurately.

Microcirculation-guided treatment improves tissue perfusion and hemodynamic coherence in surgical patients with septic shock

Anthanasios Chalkias, MD, and colleagues evaluated a microcirculation-guided treatment algorithm to improve perfusion in surgical patients with septic shock using sublingual assessments via Sidestream DarkField imaging. The novel treatment algorithm was associated with improvement in markers of tissue perfusion.

Challenges and outcomes in airway management outside the operating room

Mary Jarzebowski, MD, and colleagues discuss airway management challenges outside of the operating room environment. Specifically, they highlight the importance of pre-intubation hemodynamic optimization to improve outcomes of this high-risk procedure.

Anxiety, worry, and job satisfaction: effects of COVID-19 care on critical care anesthesiologists

Shahla Siddiqui, MD, led a survey with SOCCA Research Committee members Talia Ben-Jacob, MD, Jarva Chow, MD, and other SOCCA leaders regarding anxiety, worry, and job satisfaction amongst critical care anesthesiologists during the COVID-19 pandemic. Their findings suggest that improved institutional interventions are warranted to support wellness among critical care anesthesiologists and enhance workplace support for female intensivists.

The Incidence, Degree, and Timing of Hypocalcemia From Massive Transfusion: A Retrospective Review

Talia Ben-Jacob, MD, and co-authors evaluated the incidence and timing of hypocalcemia during massive transfusion events. They found that more than 95% of massive transfusion events were accompanied by hypocalcemia within the first 6 hours, suggesting that early calcium supplementation may be warranted as part of a standardized massive transfusion protocol.

Stepwise Ventilator Waveform Assessment to Diagnose Pulmonary Pathophysiology

Brigid Flynn, MD, Aaron Mittel, MD, Haley Miranda, MD, and Vivek Moitra, MD, discuss a stepwise algorithm to diagnose pulmonary pathophysiology and subsequently optimize ventilator management.



JOB BOARD

Read members-only job posts—including roles with: University of Louisville School of Medicine, Jewish Hospital in Louisville, Kentucky • UC Irvine in Orange, California • Mercy Medical Group in Sacramento, California • Dartmouth-Hitchcock in Lebanon, New Hampshire • University of Florida Department of Anesthesiology in Gainesville, Florida

If you would like to post a job, please email a short description and/or PDF flyer including location, contact information, and closing date to SOCCA Society Director, Vivian Abalama, IOM, CAE at valabama@iars.org.

A Brief Conversation with...Dr. Carlee Clark



Dr. Carlee Clark is an Associate Professor in the department of Anesthesia and Perioperative Medicine at the Medical University of South Carolina where she is Chief of the Anesthesia Integrated Clinical Center of Excellence and Vice Chair of Clinical Operations. She is currently serving on SOCCA's Board.

Where are you from? Where did you train? I grew up in rural West Virginia. I went to Miami University in Oxford for undergrad and got a BA in psychology. (I use it every day!) The Ohio State 🤔 for medical school. Columbia University for anesthesia residency and critical care fellowship.

What is your favorite part about being an intensivist? I love so many things about it. I love working through a problem to make the patient better. I love working with the ICU team to take care of patients. It's such a fun place to be part of a multidisciplinary team. And I enjoy the patients and their families.

Tell me about your early career. What were your focuses when you were just starting out? During my early career, I just tried to remain open to different opportunities to try and figure out where I wanted my career to go. In the first 1-3 years, I focused on resident education and clinical care. I took over curriculums and worked on clinical pathways and ERAS protocols.

What were the most pivotal points or biggest accomplishments in your early career? My earliest pivot point was when I was asked to apply for the medical director position of one of our ORs. I had thought I was too young/too new to apply, but I was wrong. I was chosen for the position and it has steered me into a leadership pathway I hadn't foreseen.

When did you first get involved with SOCCA? What are some of your contributions to SOCCA that you're most proud of? I joined SOCCA as a fellow in 2008 and quickly became involved after becoming a faculty member in 2009. I have always been a member of the membership committee. I was part of the triad of planning the annual SOCCA meeting for three years, which included the time frame when we transitioned away from ASA to IARS and had to plan two meetings in 10 months!! I am proud to have remained an active member for 14 years, to have seen it grow into what it is now, and to have become a board member.

What advice do you have for intensivists who are early in their career? Learn about your department and your institution. Very few of you will know exactly what you want to do, and there are so many different career paths that an intensivist can take. By asking questions, volunteering to be on committees and maybe stretching yourself a little, you may open doors that you didn't know were there.

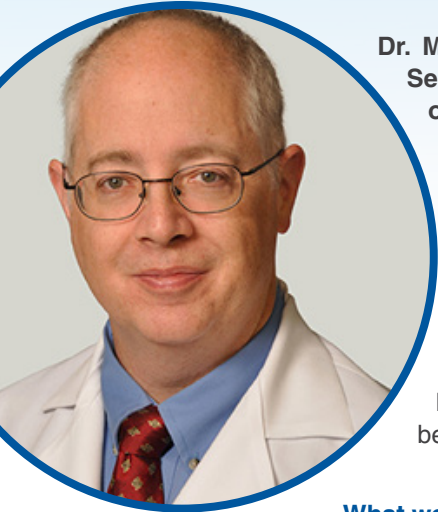
What is it like being on the SOCCA Board of Directors? What has been your favorite part? My favorite part has been that, during the time I've been on the Board, SOCCA has grown and developed in so many new directions with so much more content and opportunities for its members. 🏛️



Lauren Sutherland, MD
Cardiothoracic Anesthesiologist and Intensivist
Columbia University
Irving Medical Center
New York, NY

A Brief Conversation with...Dr. Michael O'Connor

ADVICE FOR EARLY CAREER INTENSIVISTS



Dr. Michael O'Connor is a Professor in the Department of Anesthesia and Critical Care, Section of Pulmonary and Critical Care Medicine, Department of Medicine, at The University of Chicago. He also serves as a Vice-Chair of Academic Affairs and as the Executive Medical Director of Critical Care Services at the University of Chicago Medical Center.

What is your favorite part about being an intensivist? I love the physiology, the incredible variety of diseases, and the challenges of managing complex patients. I honestly can't believe they pay me to do it.

Tell me about your early career and what was your focus at the time? I focused on becoming a clinician and educator in my first few years. I then invested a lot of effort into becoming a clinical investigator. I did new drug development and sedation in critically ill patients.

What were the most pivotal points in your early career? Co-authoring articles published in the NEJM and JAMA as well as being asked to take over our Burn Unit, then our Cardiothoracic ICU, and finally our Surgical ICU.

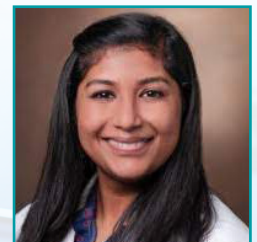
When did you first get involved with SOCCA? What are some of your contributions to SOCCA that you're most proud of? I started with SOCCA in 1993. I am proud of my early efforts to retain and grow members. I am proud of the annual meetings we produced. Most importantly, I got to meet and work with a group of amazing people.

What was it like to be president of SOCCA? What was your favorite part? What was the most difficult part? I was President during a very challenging time in SOCCA's history. My favorite part was working with amazing people that are our members. Making a budget was and likely still is the single biggest stress for the SOCCA Board. I have remained engaged in SOCCA, and have been on the membership committee since I rotated off the Board.

What advice do you have for early career intensivists? Invest in yourself. Engage in something beyond clinical work and education. Ideally research, but any form of scholarship or citizenship is better than nothing. You should spend the first year growing into your role as a new attending, from learning billing to scheduling your life. I tell junior faculty that when taking on new projects you should "date don't marry". Don't commit to any long term projects within your first year. Make sure there is a deadline at which time you see if the project is still the right fit for you.

For early intensivists, how do you pick and choose which projects to take on? Imagine your career in 5-10 years and describe who you will become. Then reverse engineer where you are and where you want to be in the future. Be "jealous" of your non-clinical time. It's never really a day off. Always have a list of tasks that need to be completed on your non-clinical time.

For institutions that may not have formal mentorship, what is your advice on how to seek mentorship? Utilize SOCCA mentorship and don't hesitate to find a mentor outside the institution or department. I've mentored more than a dozen people at other institutions. Mentorship is a contract; mentors will expect you to execute on goals you are looking to achieve. You also need to have an idea on what you need mentorship for. If you want to get into education, take classes or find people with similar interests. It's also ok for you to have more than one mentor. Most of us need more than one mentor. 🏠



Christy Idichandy, MD
Staff Anesthesiologist and Intensivist
Atlanta VA Medical Center
Decatur, GA

FEATURED ARTICLE

Enhancing Critical Care Education

Even prior curricular changes necessitated by the COVID-19 pandemic, adult medical education had been evolving from a primarily in-person lecture-based structure to a more interactive and reflective approach to learning.

While described prior to 2007, the modern theory of the flipped classroom is attributed to Bergmann and Sam¹ and involves exposing learners to new concepts prior to in class meetings. Pre-class learning commonly employs preassigned reading assignments, online video lectures or e-learning. The flipped classroom approach has particular advantages in a critical care environment where it may be difficult to facilitate dedicated education time for a full team due to the clinical demands and 24-hour scheduling. E-learning can facilitate asynchronous conceptual learning so that synchronous instruction can focus on interactive application of knowledge. Learning management systems (LMS) provide online educational resources but may be highly variable in content and structure. Anesthesia Toolbox, a highly specialized LMS, contains a collection of online peer-reviewed resources for both pre-classroom and in-class learning including e-learning modules, online lectures, problem-based learning discussions (PBLDs), simulation scripts, an image library, and tools to provide assessment of knowledge.²

In the flipped classroom model, in person instruction usually forgoes the typical lecture format in favor of group discussion or other interactive methods including case-based learning, peer teaching, audience response systems, PBLDs, and mock oral boards. The flipped classroom approach in critical care education is effective in improving knowledge and learner confidence and offers improved flexibility and individualization, focuses on application of knowledge as opposed to acquisition of knowledge, and provides a mechanism to assess understanding and provide feedback.³



Allison Dalton, MD
Chair, SOCCA
Committee on Education
University of
Chicago
Chicago, IL

Another method of assessing applied knowledge and providing feedback that has become increasingly sophisticated is simulation. The importance of simulated experiences to enhance training and knowledge has become increasingly valuable and the Accreditation Council for Graduate Medical Education (ACGME) now requires trainee participation in simulation for many specialties and subspecialties.^{4,5} In critical care, simulation has been utilized for procedural training (i.e. vascular access, echocardiography), communication skill building, and patient safety and quality improvement.⁶ Additionally, simulation can

facilitate multidisciplinary training and can improve teamwork and communication in the ICU. An important part of simulation training includes group debriefs that evaluate the learner's procedural technique or management of the critical event and can provide feedback to the learner in order to enhance future practice. Recorded patient care events are another way to assess performance and allow for reflective learning. Gold and colleagues created a database of recorded critical events (i.e. cardiac arrests, endotracheal intubation, ECMO cannulation) using a pre-existing telemedicine system in the SICU and trauma ICUs at a single quaternary care center.⁷ Through the retrospective evaluation of critical events, the group identified multiple areas of improvement and developed quality improvement projects to enrich patient care.

The incorporation of virtual environments into learning can enhance educational experiences in critical care. While virtual reality (VR) provides a completely computerized setting, augmented reality (AR) integrates virtual information into the clinical environment. Head mounted devices or displays (i.e. Google Glass) can overlay vital signs, procedural checklists or anatomic landmarks during procedures in the ICU.⁸ Using AR, trainees have improved efficacy and described improved confidence in procedural skills.⁹

continued on page 9

Enhancing Critical Care Education *continued from page 8*

Adult medical learning is progressing from passive acquisition of knowledge to a hybrid method that highlights the use of interactive media and dynamic group discussion to further enhance the learning process. Simulation, video review and virtual/augmented reality programs that incorporate feedback have allowed for enhanced critical care learning, and future opportunities for novel uses of these techniques, in isolation or in combination, could further enrich critical care education.



REFERENCES

1. Bergmann J, Sams A. Flip your classroom. Reach every student in every class every day. International society for technology in education; 2012.
2. Woodworth G, Juve AM, Swide CE, et al. An innovative approach to avoid reinventing the wheel: the anesthesia education toolbox. *J Grad Med Educ*. 2015; 7(2):270-1.
3. Tainter CR, Wong NL, Cudemus-Deseda GA, et al. The “flipped classroom” model for teaching in the intensive care unit: rational, practical considerations, and an example of successful implementation. *J Intensive Care Med* 2017; 32(3):187-196.
4. ACGME Program Requirements for Graduate Medical Education in Anesthesiology. https://www.acgme.org/globalassets/pfassets/programrequirements/040_anesthesiology_2021.pdf. Accessed June 8, 2022.
5. ACGME Program Requirements for Graduate Medical Education in Critical Care Medicine. https://www.acgme.org/globalassets/pfassets/programrequirements/142_criticalcaremedicine_2021.pdf. Accessed June 8, 2022.
6. ACGME Program Requirements for Graduate Medical Education in Anesthesiology Critical Care Medicine. https://www.acgme.org/globalassets/pfassets/programrequirements/045_anesthesiologycriticalcare_2021.pdf. Accessed June 8, 2022.
7. Gold AK, Huffenberger A, Lane-Fall M, et al. Leveraging telemedicine for quality improvement video review of critical ICU events: a novel multidisciplinary form of education. *Crit Care Explorations* 2021; 3(9):1-7.
8. Privorotskiy A, Garcia VA, Babbitt LE, et al. Augmented reality in anesthesia, pain medicine and critical care: a narrative review. *J of Clinical Monitoring and Computing* 2022; 36:33-39.
9. Rochlan LR, Levine R, Tait AR. First person point of view augmented reality for central line insertion training: A usability and feasibility study. *Simulation in healthcare: Journal of the Society for Simulation in Healthcare*. 2017;12(1):57-62.

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



WOMEN IN CRITICAL CARE

QUALITY + COMPASSION + BENEVOLENCE

Women in Critical Care Update

Fireside Chat with Dr. Deborah Cook



On March 17, SOCCA's Women in Critical Care (WICC) held a virtual Fireside Chat with Dr. Deborah Cook, Academic Chair of Critical Care Medicine at McMaster University. Dr. Cook is a prolific researcher and has trained many rising physicians in the conduct, critical appraisal of, and publication of clinical research. During our discussion, we touched on her journey building a career in research, including obstacles she has faced being a woman in a field that has historically been gendered and led by men. Navigating the assumption of administrative responsibilities traditionally assigned to women while pursuing her passion in conducting research, creating an environment of camaraderie and collaboration, and understanding that both women and men benefit from alternative and flexible scheduling have led Dr. Cook to become a leader in Critical Care Medicine and Academic Research.

Guest Speaker Cortessa Russell, MD



On May 25, Guest Speaker Cortessa Russell, MD, presented on the topic of **"Moving from Burnout to Engagement."** If you were unable to attend, please visit WICC to watch the recording.

Dr. Cortessa Russell, Medical Director, Anesthesia Perioperative Evaluation and Exam (APEX) Clinic, Education Director, SICU and CTICU, Assistant Professor of Anesthesiology at CUIMC, Division of Critical Care, New York-Presbyterian LEAD Academy Physician, Columbia University Irving Medical Center, Department of Anesthesiology

Fireside Chat with Dr. Daryl Oakes



SOCCA Women in Critical Care: **A Fireside Chat** with Guest Speaker Daryl Oakes, MD | June 21, 2022 at 4:30 pm Eastern Time | Registration link: [Zoom](#)

Daryl Oakes, MD, Clinical Professor of Anesthesiology, Perioperative and Pain Medicine, Program Director, Adult Cardiothoracic Anesthesia Fellowship, Associate Dean, Post Graduate Medical Education, Stanford University School of Medicine

Women in Critical Care's Mission Statement and Vision:

Mission: To provide a community of mentorship, sponsorship and support that promotes the recruitment, development, advancement, and well-being of women in Critical Care Anesthesiology.

Vision: To foster women leaders in Critical Care Anesthesiology.

Launch of WICC Website

The WICC website has launched! Here, we will post updates from past and future meetings, resources for women in Critical Care Anesthesiology, as well as group registration, networking, and social opportunities. Visit [SOCCA's Women in Critical Care!](#)



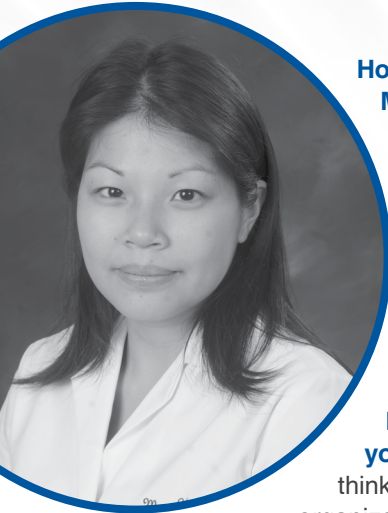
Shahla Siddiqui, MD
Beth Israel Deaconess
Medical Center
Boston, MA



WOMEN IN CRITICAL CARE

QUALITY + COMPASSION + BENEVOLENCE

May Hua, MD, MS | WICC: Co-Chair



How long have you been a SOCCA Member? Since 2010

What is your favorite part of SOCCA? I like that it highlights critical care anesthesiologists and creates a community for us to engage in.

What are you hoping to get out of your membership? I think SOCCA is a great organization. I'm hoping to help grow and support this community and be with like-minded people.

Why did you choose critical care? I liked that critical care was "holistic" in multiple ways. You have to pay attention to all the organ systems instead of focusing on just one, you have to understand the patient, the family and their needs, and you get to have a longer-term relationship with patients and families.

What are your special areas of interest? Palliative and end-of-life care delivery, mixed-methods research.



What are your hobbies outside of work? Reading, skiing.

What was the last place you visited? I went to Lake Tahoe for some spring skiing.

What is your favorite food? I like food a lot. It's probably easier to talk about what I don't like. I'm not a fan of very spicy food, but mild to moderate spice is okay.



Sarah Alber, MD
Assistant Professor,
Anesthesiology
University of Colorado
School of Medicine
Aurora, CO



Tells us a fun fact about yourself. I really like Hello Kitty and have lots of Hello Kitty merchandise. It makes me smile.

The Society of Critical Care Anesthesiologists

BUSINESS MEETING | 2022

RECORDING AVAILABLE

Integrated Critical Care Training: Pro/Con

Pro/Con Discussion of Integrated Critical Care Training with the Program Director, current chief fellow and a practicing graduate of OHSU

Alan Kovar, MD, MBA; Program Director Anesthesia Critical Care Medicine fellowship, Oregon Health & Science University

As anyone who knows me will tell you, I am passionate about anesthesiologists in critical care. I strongly believe we bring such a wealth of unique strengths to this practice that it has overcome my own reluctance to lead. I am privileged to get to share with you some of the novel and interesting ideas from our program as well as some of my story. Mostly, I want you to hear from our fellows because their experience is ultimately the true metric of whether we are succeeding or not. We offer both a traditional fellowship track as well as an integrated program known as the Oregon Scholars Program or OSP. The OSP was the first anesthesia program of its kind approved by the ACGME. From the outset our department has believed strongly that innovation and creativity are essential to the maintenance of our well-deserved reputation as leaders in research, critical care, and patient safety. This program which integrates a Critical Care Fellowship into anesthesia residency welcomed its first class in 2006 and has welcomed two fellows per year since. These trainees are integrated into the critical care group and our didactics from the outset and complete their fellowship rotations over the final 24 months of their training. There are a wealth of graduates practicing nationally, both in private and academic settings. It is truly one of my favorite parts of my job to interact with these learners.

Although my own experience during fellowship was excellent clinical and didactic training, I felt even before I left and more upon reflection, that there were distinct limitations. Like many critical care fellows, I went to a residency which did not have a fellowship in critical care at the time. This meant I had to spend significant time and money interviewing for a 1-year position and then moving my family at the end of training for an additional year. Although I loved my fellowship, I spent a good part of it learning the ropes of the institution and less really delving into critical care in its theory or practice. Along with this, invariably as the newcomer, I spent a good deal of time convincing my institution that I was to be trusted. Finally, the traditional fellowship requires something of the learner which you will never do in practice again. Months and months of critical care time back-to-back. Even though I love critical care I definitely exhibited signs of burnout at the end of this time period. This led me to reflect, even before I left fellowship, that maybe there was an easier way.

Danielle Desjardins, MD, PhD; Chief Fellow 2022-2023, Oregon Health & Science University

After interviewing all over the country, the OHSU critical care OSP was my top choice, and I was overjoyed to match here. Knowing where I would be for the next 5 years was a big appeal for me, but I also liked that I would be learning critical care throughout my residency. Critical care conferences were integrated into training from the start—sessions that are held monthly for trainees at all stages of the program. This platform gave me the opportunity to meet faculty

continued on page 13



Alan Kovar, MD, MBA
Program Director
Anesthesia Critical
Care Medicine
fellowship, Oregon
Health & Science
University



Danielle Desjardins, MD, PhD
Chief Fellow 2022-
2023, Oregon Health
& Science University



Samantha Go, MD
Graduate 2021;
Currently private
practice in
Vancouver, WA

and senior residents early in my training who have mentored me along the way. When my coresidents were taking time away from training to interview for fellowship, I didn't have that added stress or cost. I also haven't experienced much burnout in my CA3 year since I switch between anesthesia and ICU rotations month to month. Switching between the two more closely mimics what my future practice will look like and makes for a much more manageable schedule. I also find myself using the skills and knowledge learned in the ICU in my anesthesia practice, and vice versa.

I acknowledge that continuing at the same institution is perhaps the OSP's greatest strength and weakness. A trainee in this program foregoes the opportunity to experience how critical care is practiced elsewhere; however, I feel the rapport I have built in my residency years has allowed for a natural progression of responsibility and trust from the rest of the ICU team. I haven't had to focus on gaining trust or learning a new system and instead have been able to truly focus on learning patient management skills and building my knowledge base. Continuing fellowship here feels like a natural extension of my training. I can't really imagine doing this training any other way.

Samantha Go, MD; Graduate 2021; Currently private practice in Vancouver, Washington

I was hesitant to consider a critical care fellowship because the idea of spending an entire year out of the operating room and solely in the ICU was not appealing to me. It was only when I heard I would be able to join OHSU's integrated critical care program that I chose to pursue an ICU fellowship. I found that alternating between the ICU and OR during my CA3 and CA4 years made for very complementary training experiences. I always felt that the knowledge I gained in each environment would build on the other. Furthermore, getting to cultivate relationships with and find mentors in my ICU attendings was easier accomplished over the course of a few years starting as a resident rather than in just one fellowship year. I also felt more equipped to hit the ground running as a fellow as I was already familiar with the unit and staff. While going to a new institution for fellowship and gaining exposure to a different manner of practicing critical care could certainly be advantageous, I did not feel limited by my training in just one hospital system when I took my first ICU job.

I feel extremely lucky I was able to join the integrated program as a CA1, as I think one of the greatest downsides of the program is relying on a medical student's ability and desire

to commit to 5 years of training, often without significant ICU exposure. When I started anesthesiology residency, I was open to the idea of doing a fellowship but did not have any particular one in mind. During my intern year, a critical care fellowship was at the bottom of my list of interests because I was eager to be in the OR, and quite frankly taking care of ICU patients was very intimidating to me. After returning to the ICU part way through my CA1 year, I realized how much more comfortable I felt with ICU patients now that I had some anesthesiology experience. Ventilators and sedation and pressors were no longer scary and unfamiliar, and I enjoyed having a timeframe of hours to days to manage and optimize these things. Despite very much enjoying providing this kind of care, an entire year straight in the ICU was not something I felt capable of. I'm very grateful for my ICU fellowship now, but I don't think I ever would have pursued it if an integrated training program hadn't been an option.

Alan Kovar, MD, MBA; Program Director Anesthesia Critical Care Medicine fellowship, Oregon Health & Science University

Before we let you go, I want to spend a few moments thanking Dr. Go and Dr. Desjardins for sharing with us and for all their efforts as fellows in our program. It is only through the tireless work and study of our fellows that we succeed. Regardless of the path taken I remain a staunch proponent of critical care training in anesthesia. I genuinely believe it makes us some of the most skilled and versatile anesthesiologists and brings a unique perspective to our work. For those who know with some degree of certainty that they want to pursue critical care, a novel program such as the OSP brings a holistic and possibly more gentle approach to this training. I am well aware that not everyone knows early on that Critical Care is something they are interested in and for that reason alone I do not see a future where we do not have traditional track spots. For our traditional track fellows, although their training will involve more back-to-back ICU rotations, they are integrated along with the other fellows from day one and in short order are indistinguishable from the integrated fellows. The traditional fellows bring their own expertise which I truly believe adds to the depth and rich fabric of our program. I welcome any interested parties to reach out to me to discuss either pathway and will remain strongly supportive of your endeavors towards anesthesia critical care regardless of how and where you choose to pursue it. 🏠





ASA Monitor recently published “SOCCA, the Pandemic, and the Future” by SOCCA Immediate Past President Miguel Cobas, MD, FCCM.

Read Dr. Cobas’s article [here](#)

SOCCA, the Pandemic, and the Future

Miguel Cobas, MD, FCCM

I am pleased to write to the large audience of the ASA Monitor about the current and future of the Society of Critical Care Anesthesiologists (SOCCA, SOCCA.org).

The impact of the pandemic on our specialty has been profound. We have seen a loss of members, a loss of revenue, and a loss of our ability to provide the highest quality of care to our patients. The pandemic has also highlighted the need for us to be more resilient, more adaptable, and more focused on our core mission.

Over the last two years, SOCCA has taken a number of steps to address these challenges. We have implemented a new governance structure, we have launched a new membership program, and we have focused on providing high-quality education and research opportunities for our members.

While our resolve has been tested, anesthesiologist intensivists have stepped up to the challenge. We have demonstrated our ability to adapt and overcome, and we have shown that we are committed to the future of our specialty.

Engaging the younger generation has been a paramount mission of our society. To that end, we have worked to increase our visibility and to provide opportunities for our young members to lead and to contribute to our society.

We have also recently launched a mentoring initiative whereby members interested in connecting with mentees can access an online directory of mentees located from many states, including practice...



big enough, your voice is heard, and your needs are met.

The results of this strategy, a bit of time and media changes, have brought very positive results, and in the time of the writing I am very proud to report that our membership is on track to grow, both in the education and active categories, and the enthusiasm to participate in conferences and webinars is also unparalleled.

Finally, a large portion of our expenses have shifted from hosting a location-based meeting to the costs associated with producing high-quality virtual products that meet the standards we have always expected. Our income depends mostly exclusively on our annual dues. We are committed to providing exceptional value for your membership and keeping the price of future courses and meetings as low as we can. Now, more than ever, SOCCA depends on you to maintain our growth and strengthen our future. I recognize there are many competing interests for an overwhelming total of resources, yet I can confidently tell you that from following to remain, to adequately satisfy others better than SOCCA.

We have come a long way in this pandemic, and things are starting to look up. I invite you to join and participate at any level within SOCCA, and to enjoy our annual meeting, but perhaps more importantly, I will ask you to be present for colleagues in private practice and those within 10 years of graduation and for our female colleagues and their unique challenges. We understand that anesthesiology is an ever-evolving specialty, and we want to make sure that our best...

ing in the most recent certification examinations. The course is also available on-demand to SOCCA members, making membership in our society an outstanding value even if only considering educational products.

The pandemic - if any other thing can be described as - has highlighted the role of the membership department. It is no other event in our lifetime. With members out on their own, the need for expert critical care, and requirements for exceptional emergency responses, we have positioned ourselves at the forefront of the crisis. In so doing, we have demonstrated the relevance of our everyday work to the rest of our colleagues and general practitioners.

Over the last two years, SOCCA has implemented a multipronged, multi-step strategy to maintain relevance and increase the level of communication with our members. We started a series of live monthly webinars that combined some of our annual meeting lectures with new, relevant content. These webinars, which provide CME credit, have been very well attended, and we provided them at no cost to all participants during their original broadcast and made them available to SOCCA members on-demand.

SOCCA also increased its presence in social media (SOCCA_CritCare) and historical content in more conventional channels, like our regular newsletter - the Knowledge - and email. To that effect, we created the SOCCA Prep, an aggregate of news, ideas, articles, and collaboration from our entire membership. The Prep aims to be a targeted, significant article or study in an important event or occasion in your department. You can send your ideas to Vivian.Ashburn@vitalstream.com.

The society also produced the SOCCA Road Review Course, offered in the fall, which has been extremely well received and allowed national care fellows to receive topics identified as particularly challenging.

Complimentary Online Education

Thanks to industry partners, you can now receive a wide range of free, high-quality education. See what's new under complementary education at www.socca.org/education.

SAVE THE DATE

IARS AUA SOCCA
ANNUAL MEETINGS 2023
DENVER, CO | APRIL 13-17



Discounted Membership Available with IARS



As a Society of Critical Care Anesthesiologists member, you are eligible to receive a discount on an IARS membership.

IARS membership benefits include a subscription to *Anesthesia & Analgesia*, SOCCA's official journal, *A&A Practice* e-journal, free journal CME, access to a member community and discounted registration to the IARS Annual Meeting. [Click here](#) to view a list of membership options. Enter the discount code during checkout to receive preferred affiliate society dues pricing at the membership level of your choice.

IARS Full Membership = \$195/year

Includes full IARS member benefits including print and online journal access

IARS Limited Plus Membership = \$135/year

Includes print and online journal access only

IARS Limited Membership = \$75/year

Includes online journal access only





ASRA

PAIN MEDICINE

21st Annual Pain Medicine Meeting

November 17-19, 2022

Hilton Bonnet Creek, Orlando, FL



Making Connections

- Tracks: head and neck, peripheral nerve and joint, spine health, chronic pain syndromes, holistic care, the “Big Picture” (including economics and global and community health)
- Topics: injuries in the workplace, neuromodulation equity, immigrant and refugee health, pain pattern mapping, minimally invasive techniques, role of brain and consciousness in development and treatment of pain, much more
- Featuring a diverse, multidisciplinary faculty from across the globe

Register at asra.com/pain

Tweet and follow [#ASRAFall22](https://twitter.com/ASRAFall22)

SOCCA Board of Directors

OFFICERS

President

Michael H. Wall, MD, FCCM
University of Minnesota
Minneapolis, MN



President-Elect

Mark E. Nunnally, MD, FCCM
New York University
Langone Medical Center
New York, NY



Treasurer

Linda Liu, MD
University of California
San Francisco, CA



Secretary

Brigid C. Flynn, MD
University of Kansas
Medical Center
Kansas City, KS



Immediate Past President

Miguel A. Cobas, MD, FCCM
University of Miami
Miami, FL



DIRECTORS

Director

James M. Blum MD, FCCM
University of Iowa
Iowa City, IA



Director

T. Miko Enomoto, MD
Oregon Health & Science University
Portland, OR



Director

Ashish K. Khanna MD, FCCP, FCCM, FASA
Atrium Health Wake Forest Baptist
Medical Center
Winston-Salem, NC



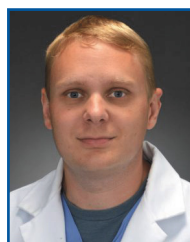
Director

Nicholas Sadovnikoff, MD, FCCM, HEC-C
Brigham and Women's Hospital
Boston, MA



ASA Delegate (Ex-Officio)

S. Patrick Bender, MD
University of Vermont
Medical Center
Burlington, VT



Director

Carlee A. Clark, MD
Medical University of South Carolina
Charleston, SC



Director

Craig S. Jabaley, MD
Emory University
School of Medicine
Atlanta, GA



Director

Sheela Pai Cole, MD
Stanford University
Stanford, CA



Director

Shahla Siddiqui, MBBS, D. ABA, MSc, FCCM
Harvard Medical School
Boston, MA



ASA Alternate Delegate

Dinesh Kurian, MD
The University of Chicago Medicine
Chicago, IL





SOCCA Information

EMAIL

Meetings: SOCCAm meetings@iars.org

Membership information: SOCCA@iars.org

VISIT THE SOCCA WEBSITE at:
www.SOCCA.org

MEMBERSHIP

Membership in SOCCA is open to all anesthesiologists who have an interest in critical care medicine; nonanesthesiologist-physicians and scientists who are active in teaching or research relating to critical care medicine; residents and fellows in approved anesthesiology programs; and full-time medical students in an accredited school of medicine.

Renew or join today at socca.org/socca-membership/

MEMBERSHIP BENEFITS

- Free access to SOCCA Doc Matter Community
- Discounted pricing for the SOCCA Annual Meeting, a forum for the specialist with broad-based interests, including respiratory therapy, postoperative cardiac surgical, neurological and transplant management, and trauma care
- Virtual education / eLearning
- onDemand learning
- Discounted membership in the IARS, which includes access to two peer-reviewed journals – Anesthesia & Analgesia and A&A Case Reports, free journal CME, and eligibility to apply for IARS research grants
- Free ICU Residents' Guide
- Free digital newsletter, which covers ethically controversial issues, survey of practice patterns, and historical aspects of anesthesiology
- Timely member news and information via SOCCA Drip

EDITORIAL NOTES

Editor:

Brent Kidd, MD
Assistant Professor
of Anesthesiology
University of Kansas
Medical Center
Kansas City, KS

Associate Editor:

Madiha Syed, MD
Cleveland Clinic
Cleveland, OH

Immediate Past Editor:

Craig S. Jabaley, MD
Emory University School
of Medicine
Atlanta, GA

Editorial Policy

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

SOCCA INTERCHANGE NEEDS YOU!



Interchange seeks to deliver timely, relevant, and high-quality content to SOCCA members. Contributions from members are not only welcome but essential to ensure that *Interchange* meets these goals. If you are interested in authoring content concerning clinical challenges, emerging research findings, member accomplishments, or anything of general interest to the membership, please reach out to SOCCA Society Director, Vivian Abalama, IOM, CAE at vabalama@iars.org. vabalama@iars.org