

INTERCHANGE

Society of Critical Care Anesthesiologists Newsletter Volume 35 | Issue 1 | March 2024

President's Message

It is an exhilarating time for SOCCA! I hope to see as many of you as possible at the [2024 annual meeting presented by IARS and SOCCA in Seattle on May 17-19](#). The new name of the meeting reminds me of the "2024 Rose Bowl Game presented by Prudential Financial." This is an excellent opportunity for SOCCA because we have more critical care educational content in this new format than we have ever had in any of our annual meetings. The actual program is terrific, with an entire critical care track every day during the conference. The meeting is organized so we can attend the unopposed networking breakfasts and plenary lectures, and all the abstracts will be presented simultaneously in poster sessions, mini-oral presentations, and moderated poster sessions.

We also have a conference room reserved for our use during the meeting so that all our committees, subcommittees, and workgroups have opportunities for face-to-face meetings during the annual meeting. Just so you know – the schedule for these meetings, which are



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

open to all SOCCA members, will be communicated soon. Finally, SOCCA will have our annual business meeting and additional educational content, followed by a very informal reception on Sunday afternoon. Please stay tuned for more details, but it should be fun.

We are also making excellent progress in transitioning from the IARS serving as our management company to the Association Resource Center (ARC). We are very fortunate that Jennifer Rzepka, the ARC president, is serving as the Executive Director of SOCCA. The ARC team has been fantastic during this transition, and we are very excited about the improvements we will see in our communications, web page, newsletters, webinars, and social media presence as we continue to grow and engage all our SOCCA members.

Finally, SOCCA will be having an election to select the new SOCCA Secretary and members of the Board of Directors. Please take the time to vote for the future leaders of our society. I hope everyone is having a great winter, and I look forward to seeing you in Seattle in May. 🏖️

[Click here to view or print the SOCCA INTERCHANGE newsletter.](#)

SOCIETY OF
CRITICAL CARE
ANESTHESIOLOGISTS



ANNUAL MEETING 2024
SEATTLE, WA | MAY 19

**REGISTER
NOW!**



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Membership Committee Update

The SOCCA membership committee had quite a busy year in 2023, and we are now working diligently with our new management team to continue to provide valuable programming for our members.

The Early Career Intensivists group and the Physicians in Private Practice group are organizing their events for 2024. At the time of this publication, we will already have held our first events for each group, and we look forward to seeing everyone at the remaining events this year! The Fellows and Residents group also plans to host our annual Job Fair in the fall. Please visit the calendar on the SOCCA website for more information about the dates and times of future events and how to register.

The SOCCA Early Career Intensivist group also held a webinar in November 2023 to learn about contract negotiation with Dr. Gerald Maccioli. The webinar recording is now available online for review, and our member, Dr. Christy Idichandy, reviews the webinar content in this issue of the Interchange.

We will also be making more vigorous efforts this year to update our database to ensure that members are always aware of activities of particular interest to them. This endeavor will require help from all of you to update your profiles when you next renew your membership (if not sooner!), but we promise that the few extra clicks will be worth it.

We are always open to suggestions and ideas for how SOCCA can better serve you, so please don't hesitate to reach out to anyone on our committee at any time.

The Committee is also excited to meet new and old members in Seattle at the Annual Meeting on May 17th-19th, 2024. With the new meeting format, our committee will have more opportunities to meet and network. The Committee meeting is scheduled for Saturday, May 18th, at 11:00 am. We hope to see you there! 🏥



Alisha Sachdev, MD
Chair, SOCCA
Membership
Committee
Rush University
Chicago, IL

**DON'T FORGET
TO FOLLOW
SOCCA ON
TWITTER!**



X @SOCCA_CritCare



Education Committee Update

We are incredibly excited and look forward to welcoming you to the revamped [IARS/SOCCA Annual Meeting in Seattle from May 17th- 19th, 2024](#). The meeting strives to deliver high-quality critical care education content, highlight critical care research, and provide networking opportunities to SOCCA members. As mentioned in the last newsletter, the annual meeting in 2024 will include a dedicated “Critical Care track,” with educational sessions running throughout the meeting. The critical care education program includes panel discussions, a dedicated POCUS workshop, and scientific abstract presentations. There are many opportunities for networking, including “networking breakfast sessions,” dedicated time and space for committee meetings, and other social activities aligned with IARS. In addition to the combined meeting that ends on Sunday afternoon, the rest of Sunday has been dedicated to specific SOCCA activities, including additional education sessions, an award ceremony, and the SOCCA annual business meeting. The annual meeting oversight committee, with representation from SOCCA, has been working hard over the last year and has put together a comprehensive program that promises to deliver excellent educational content.

DAY 1

The critical care education sessions begin on Friday morning with a panel discussion on the role of critical care anesthesiologists outside the ICUs. The session, aptly titled, “Critical Care at the Right Time, for the Right Patient, Anywhere” is moderated by Dr. T. Miko Enomoto, and includes Drs. Matthias Merkel, Liza Weavind, and Audrey Spelde as panelists. Drs. Piyush Mathur, Hannah Wunsch, and Rahul Kashyap will follow this with a panel discussing large database utilization for research in critical care. Dr. Allison Dalton will moderate the session. Next up, on Friday afternoon, Drs. Matthew Wiepking and Anahat Dhillon moderate a discussion on current evidence and professional implications of eCPR with Drs. Leon Eydelman, Christopher Ortiz, and Maxwell Hockstein. The WICC (Women in Critical Care) & Early Career Intensivists reception on Friday evening provides an opportunity to network with fellow WICC & Early Career Intensivists. This would be followed by the IARS/SOCCA annual meeting welcome reception.

DAY 2

Saturday opens with a session on perioperative handoffs, with discussions on the importance of and challenges associated with perioperative handoffs, the role of EMR

in perioperative handoffs, and the specific nuances of handoffs involving critically ill patients. Dr. Kunal Karamchandani will moderate the session and will include Drs. Andrea Vannucci, Aalok Agarwala, and Christopher Potestio as the speakers. Following this, Dr. Craig Jabaley will moderate a discussion on the future of critical care anesthesiology with Drs. Brigid Flynn, Erin Hennessey, and Vivek Moitra. The panelists will discuss optimal approaches to practice organization, challenges, and opportunities related to the workforce pipeline, and professional and career development trials and tribulations, respectively. On Saturday afternoon, Drs. Kunal Karamchandani, Craig Jabaley, Mary Jarzebowski, and Ravindra Gupta discuss airway management in critically ill patients, focusing on managing a “physiologically difficult airway” in a session moderated by Dr. Carlee Clark. Dr. Marc Dickstein will moderate the final panel on Saturday, which features Drs. Vivek Moitra, Robert Sladen, and Lauren Sutherland. The panel will expound upon the advanced hemodynamics of cardiogenic shock and mechanical circulatory support.

In addition to the educational sessions, our SOCCA colleagues will conduct a workshop on using POCUS during medical emergencies, including cardiac arrest and emergency airway management. The workshop, led by Drs. Bughrara, Pustavoitau, and Deshpande will include faculty from across the country and combine didactics, hands-on practice with live models, recorded video of pathologic conditions, and team-based simulation scenarios to provide a holistic approach to the use of POCUS in the peri-resuscitative period. This workshop will take place on Saturday morning.

DAY 3

On Sunday morning, Drs. Miriam Treggiari and Vijay Krishnamoorthy moderate a panel featuring Drs. Emily Vail, Karthik Raghunathan, and Marcos Lopez titled “Tribulations



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and Trials in Critical Care: Why Are Most Critical Care RCTs Negative?” The session delves into the heterogeneity of critical illness, strategies to improve observational study designs, and discusses the future of critical care research. Next, Dr. Matthias Reiss moderates a panel on cardio-cerebral resuscitation, highlighting adjunct mechanical devices for improving the quality of CPR, optimal positioning for CPR, and the use of eCPR, presented by Drs. Matthew Barajas, Johanna Moore, and Jason Bartos.

Please also join us to explore up-and-coming research in critical care during the two sessions on Friday, May 17th, and Saturday, May 18th, from 5:30-6:30 pm, where the top critical care-related abstracts will be presented. The research offerings will culminate in the presentation of the Young Investigator Award during the SOCCA Business meeting on Sunday afternoon.

Once the official IARS/SOCCA meeting concludes on Sunday morning, we invite you to stay and join us for the

SOCCA Spotlight on Sunday afternoon. The meeting starts at 1:30 pm (local time) with an update from the ASA president, Dr. Ronald Harter. Two additional education sessions will follow this. The first intends to provide an overview of global critical care with moderator Vanessa Moll and additional panelists, Drs. Ana Crawford and Didi Odinkemelu. In our final educational session, Dr. Erin Hennessey moderates a panel highlighting impactful articles from various subspecialties within critical care. This panel will feature Dr. Ameeka Pannu (Neuro ICU), Dr. Dragos Galusca (Liver Transplant), Nazish Hashmi (Cardiovascular ICU), and Dr. Matthew Wiepking (OB-Critical Care). The afternoon concludes with the SOCCA business meeting that will include reports from various advisory councils, committees, and working groups, the new board of directors’ introduction, and annual reports from SOCCA treasurer Dr. Linda Liu and SOCCA president Dr. Michael Wall.

We look forward to seeing you all in Seattle! 🏙️

SOCCA MENTORING PROGRAM

SOCCA’s mission is to support the development of anesthesiologists who care for critically ill patients. Recognizing the key role of mentorship in development, SOCCA is thrilled to offer mentorship resources to its membership.

Members at all levels of experience can now connect with individuals who have elected to volunteer their time and expertise to help others learn and grow in their knowledge about clinical practice, administration, leadership, research, organizational volunteerism, and other domains. These bidirectional relationships are not only mutually beneficial but foster a robust spirit of community within the organization.

Members seeking to identify a SOCCA mentor may navigate directly to SOCCA’s Mentor Directory (member login required) where mentors are organized by their primary area of interest. Upon reviewing the directory, mentees are encouraged to identify their preferred mentor via the brief Mentee Submission Form.

You may also navigate to the Mentor Directory from SOCCA’s public Mentoring Program page.

Thank you for your interest in becoming a SOCCA Mentee—and thank you to the many SOCCA members who have graciously offered to serve as Mentors.

► Visit
SOCCA’s
Mentor
Directory
today!



SOCCA
MENTORING



SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

SOCCA SPONSORED SESSIONS

on the **CRITICAL CARE TRACK**
at **2024 Annual Meeting**

Presented by IARS & SOCCA

Schedule subject to change



CRITICAL CARE TRACK Friday, May 17, 2024

Take advantage of an extensive line up of sessions included in the critical care track throughout the 3-day meeting. This series of specialized sessions will cover various aspects of critical care medicine. Attendees will be able to focus on and explore various aspects of this specialized field, learn from experts, and stay current on the latest developments in anesthesia and critical care medicine.

WORK GROUP MEETINGS

All in Meeting Room #505 - Level 5

Friday, May 17, 2024

10:00 am - 11:00 am

Communications

11:00 am - 12:00 pm

Membership Subcommittee: WICC

2:00 pm - 4:00 pm

Board of Directors

Saturday, May 18, 2024

10:00 am - 11:00 am

Education

11:00 am - 12:00 pm

Membership

2:00 pm - 3:00 pm

PDAC Advisory Group

3:00 pm - 4:00 pm

PDAC Working Groups

5:30 pm - 6:30 pm

Clinical Practice

Sunday, May 19, 2024

11:00 am - 12:00 pm

Research

Friday, May 17, 2024 | 9:00 am – 10:00 am | Quinault Meeting Room – Level 5

Critical Care at the Right Time, for the Right Patient, Anywhere...

Moderator: T. Miko Enomoto, MD, Oregon Health Sciences University, Portland, OR

- Regionalization of Critical Care
Matthias J. Merkel, MD, PhD, Oregon Health Sciences University, Portland, OR
- Critical Care Outside the ICU: Critical Care Outreach Teams, Just-in-time Beds and Transitional ICUs
Liza M. Weavind, MBBCh, Vanderbilt University Medical Center, Nashville, TN
- Mobile ECMO
Audrey Spelde, MD, University of Pennsylvania, Philadelphia, PA

Friday, May 17, 2024 | 11:00 am – 12:00 pm | Quinault Meeting Room – Level 5 | Concurrent w/following session

The Interplay of Vasopressors-Intotropes, Organ Protection & Prediction of Patient Deterioration Across the Care Continuum

Moderator: Ashish K. Khanna, MD, MS, FCCP, FCCM, FASA, Wake Forest University School of Medicine, Winston-Salem, NC

- Cardiovascular Infusions for Cardiac Surgery and Forecasting Hemodynamic Deterioration
Michael R. Mathis, MD, University of Michigan Medical School, Ann Arbor, MI
- Choosing Wisely in the Non-Cardiac Room - Can We Think Beyond Phenylephrine?
Matthieu Legrand, MD, PhD, University of California, San Francisco, San Francisco, CA
- Practical Implementation of Rational Vasopressor Selection for Major Surgery
Allison M. Janda, MD, University of Michigan, Ann Arbor, MI
- Vasopressors & Hemodynamics in Critical Care - How Will We Achieve Precision?
Ashish K. Khanna, MD, MS, FCCP, FCCM, FASA, Wake Forest School of Medicine, Winston-Salem, NC

Friday, May 17, 2024 | 11:00 am – 12:00 pm | Quinault Meeting Room – Level 5 | Concurrent w/previous session

Leveraging Large Databases: The Future of Critical Care Research

Moderator: Allison Dalton, MD, University of Chicago, Chicago, IL

- Using Artificial Intelligence, Machine Learning, and Predictive Analytics in Critical Care Research
Piyush Mathur, MD, FCCM, FASA, Cleveland Clinic, Cleveland, OH
- The Nuts and Bolts of Large Database Research
Hannah Wunsch, MD, MSc, Weill Cornell University, New York, NY
- What It Takes to Create a Multi-Institutional Registry: Lessons Learnt from the SCCM VIRUS (COVID-19) Registry
Rahul Kashyap, MBBS, MBA Wellspan Health, York, PA

Friday, May 17, 2024 | 2:30 pm - 3:30 pm | Quinault Meeting Room – Level 5

Is ECPR DOA? Perspectives and Current Evidence

Moderators: Matthew Wiepking, University of Southern California, Los Angeles, CA and Anahat Dhillon, MD, Keck Medical School, Ojai, CA

- ECPR Done Right: What Successful Centers-and People-Do to Ensure Smooth and Effective ECPR Starting from the Community and Ending in the ICU
Leon A. Eydelman, MD, Advocate Lutheran General Hospital, Chicago, IL
- Review of the Current Evidence and Outcomes for ECPR
Christopher O. Ortiz, MD, PhD, University of California San Francisco, San Francisco, CA
- The Technical and Professional Implications of ECPR for an Institution and its Impact on Patients and Families
Maxwell Hockstein, MD, Georgetown University School of Medicine, Washington, DC Center, Nashville, TN

Friday, May 17, 2024 | 5:30 pm - 6:30 pm

Abstracts

Friday, May 17, 2024

5:45 pm - 6:45 pm

Hyatt Regency Hotel Bar

SOCCA Reception:

WICC (Women in Critical Care) & Early Career Intensivists

Gather with fellow WICC & Early Career Intensivists for networking at the 2024 Annual Meeting prior to the opening night's welcome reception.

Drinks are on your own.



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CRITICAL CARE TRACK Saturday, May 18, 2024

POCUS WORKSHOP

Saturday, May 18, 2024

9:00 am – 1:00 pm

302 – Workshop Room – Level 3

**Point-of-Care Ultrasound (POCUS)
During Medical Emergencies/ Focused
Echocardiographic Evaluation in the
Peri Resuscitative Period**

- Nibras Bughrara, MD, FCCM, FASA, Albany Medical College, Albany, NY
- Aliaksei Pustavoitau, MD, The Johns Hopkins Hospital, Baltimore, MD
- Ranjit Deshpande, MD, FCCM, Yale School of Medicine, New Haven, CT

Saturday, May 18, 2024 | 9:00 am – 10:00 am

Quinalt Meeting Room – Level 5

Perioperative Handoffs: How Can We Make Them Better?

Moderator: Kunal Karamchandani, MD, University of Texas Southwestern Medical Center, Dallas, TX

- Role of EMR in Improving Handoffs During the Perioperative Period
Andrea Vannucci, MD, University of Iowa - Department of Anesthesia, Iowa City, IA
- Perioperative Handoffs: Why Do We Need Them?
Aalok V. Agarwala, MD, MBA, Massachusetts General Hospital, Boston, MA
- Critically Ill Patients Undergoing Surgery Need Structured Multidisciplinary Handoffs
Christopher Potestio, MD, Cooper University Health Care, Camden, NJ

Saturday, May 18, 2024 | 11:00 am – 12:00 pm

Quinalt Meeting Room – Level 5

Shaping the Future of Critical Care Anesthesiology: Workforce, Practice Organization, and Career Development

Moderator: Craig S. Jabaley, MD, Emory University, Atlanta, GA

- Optimal Approaches to Critical Care Anesthesiology Practice Organization: Getting from Here to There
Brigid C. Flynn, MD, University of Kansas Medical Center, Kansas City, KS
- Challenges and Opportunities in the Critical Care Anesthesiology Workforce Pipeline: Insights from PDAC
Erin K. Hennessey, MD, MEHP, University of Virginia School of Medicine Charlottesville, VA
- Professional and Career Development in Critical Care Anesthesiology: Similar but Different?
Vivek Moitra, MD, Columbia University, New York, NY

Saturday, May 18, 2024 | 2:30 pm - 3:30 pm

Quinalt Meeting Room – Level 5

The Nuts and Bolts of Managing a ‘Physiologically Difficult Airway’

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

- What is a Physiologically Difficult Airway? And Why Does It Matter?
Kunal Karamchandani, MD, University of Texas Southwestern Medical Center, Dallas, TX
- Respiratory Optimization in a Patient with a Physiologically Difficult Airway
Craig S. Jabaley, MD, Emory University, Atlanta, GA
- Hemodynamic Optimization of Critically Ill Patients Undergoing Tracheal Intubation
Mary Jarzabowski, MD, Henry Ford Health System, Detroit, MI
- Tracheal Intubation in Patient with a Physiologically Difficult Airway: Optimizing Human Factors, Performing the Procedure, and Post-Intubation Care
Ravindra Gupta, MD, Northwestern Memorial Hospital, Chicago, IL

Saturday, May 18, 2024 | 5:30 pm - 6:30 pm

Abstracts

Saturday, May 18, 2024 | 5:45 pm - 6:45 pm

Quinalt Meeting Room – Level 5

Advanced Hemodynamics of Cardiogenic Shock, Pharmacologic and Mechanical Circulatory Support

Moderator: Marc Dickstein, MD, Columbia University Medical Center, New York, NY

- No Ejection on ECMO, Now What?
Vivek Moitra, MD, Columbia University, New York, NY
- Applying Physiology at the Bedside
Robert N. Sladen, MBChB, MRCP(UK), FRCPC, FCCM, Columbia University Irvine Medical Center, New York, NY
- Weaning from MCS
Lauren Sutherland, MD, Columbia University Irvine Medical Center, New York, NY



SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

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CRITICAL CARE TRACK | SOCCA Spotlight | Sunday, May 19, 2024

Sunday, May 19, 2024

9:00 am – 10:00 am

Quinault Meeting Room – Level 5

Tribulations of Trials in Critical Care: Why Are Most Critical Care RCTs Negative?

Moderators: Miriam Treggiari, MD, PhD, Duke University, Durham, NC and Vijay Krishnamoorthy, MD PhD, Duke University, Durham, NC

- The Heterogeneity of Critical Illness: Sepsis as a Case Study
Emily A. Vail, MD, MSc, University of Pennsylvania, Philadelphia, PA
- Getting More Juice for the Squeeze: Improving Causal Inference from Observational Study Designs
Karthik Raghunathan, MBBS MPH, Duke University Medical Center, Durham, NC
- The Future of Clinical Trial Design in Critical Care: Pragmatic Trials, Response-Adaptive Randomization, and Platform Trial Design
Marcos G. Lopez, MD, MS, Vanderbilt University Medical Center, Nashville, TN

Sunday, May 19, 2024

11:00 am – 12:00 pm

Quinault Meeting Room – Level 5

Hot Topics in Cardio-Cerebral Resuscitation - From Adjunct Tools to eCPR

Moderator: Matthias L. Riess, MD, PhD, FASA, Vanderbilt University Medical Center, Nashville, TN

- Adjunct Mechanical Devices and their Physiological Mechanisms to Improve Quality of CPR
Matthew B. Barajas, MD, Vanderbilt University Medical Center, Nashville, TN
- Elevation of Head and Chest during CPR Improve Survival
Johanna C. Moore, MD, Hennepin Healthcare, Minneapolis, MN
- Enhancing Cardiac Arrest Survival with Extracorporeal CPR
Jason A. Bartos, MD, PhD, University of Minnesota Division of Cardiology, Minneapolis, MN

SOCCA's 2024 Special Sunday Spotlight

Quinault Meeting Room

SOCCA's 2024 Special Sunday Spotlight is FREE for everyone!

NOTE Separate advance registration required.

**Please note: there is no CME available for sessions past 1:30 pm.*

1:30 pm – 1:45 pm

ASA Update

Ronald L. Harter, MD, FASA, ASA President

1:45 pm – 2:15 pm

2024 SOCCA Awards Presentations

- Young Investigator
- Burchardi Award

2:15 pm – 3:15 pm

Global Critical Care: The Crisis and Way Forward

Critical care is underprioritized globally despite a growing burden of critical illness and evident pandemic under-preparedness. This panel will discuss the current state of critical illness and how we can prepare a global workforce with essential knowledge and skills.

Moderator: Vanessa Moll, MD, PhD, Highland Hospital

- **Global Critical Care (and Essential Emergency and Critical Care): Training the Global Workforce**
Speaker: Ana M Crawford, MD, Stanford University
- **The Global Burden of Critical Illness**
Speaker: Didi Odinkemelu, MD, University of Pennsylvania
- **Essential Emergency and Critical Care - The Fundamentals Everywhere and Every Time**
Speaker: Vanessa Moll, MD, PhD, Emory University School of Medicine

3:15 pm – 3:30 pm

Break

3:30 pm – 4:30 pm

Interesting Articles You May Have Missed from the Subspecialty Literature

Come watch an engaging panel provide updates and insights on subspecialty ICU care through the lens of a targeted literature review. Interesting articles you may have missed will be discussed allowing expansion of knowledge and dissemination of ideas.

Moderator: Erin K. Hennessey, MD, MEHP, University of Virginia School of Medicine

- **Interesting Articles You May Have Missed in the Neuro ICU**
Speaker: Aameeka Pannu, MD, Beth Israel
- **Interesting Articles You May Have Missed in the Liver Transplant ICU**
Speaker: Dragos Galusca, Henry Ford
- **Interesting Articles You May Have Missed in the Cardiovascular ICU**
Speaker: Nazish K. Hashmi, MD, Duke University
- **Interesting Articles You May Have Missed in Obstetrical-Critical Care**
Speaker: Matthew Wiepking, University of Southern California

4:30 pm – 5:30 pm

SOCCA Business Meeting

Agenda:

- **Call to Order & Welcome**
Michael H Wall, MD, FCCM, President
- **Treasurer's Report** – *Linda Liu, MD, Treasurer*
- **Advisory Council, Committee, and Working Group Chair Reports**
 - » *Erin Hennessey, MD, MEHP, Program Directors Advisory Council*
 - » *Craig Jabaley, MD, Service Chief's Advisory Council*
 - » *George W Williams II, MD, FASA, FCCM, FCCP, Clinical Practice Working Group*
 - » *Madiha Syed, MD, Communications Cmte*
 - » *Allison Dalton, MD, Education Cmte*
 - » *Alisha Sachdev, MD, Membership Cmte & Early Career Intensivists Working Group*
 - » *Frank O'Connell, MD, Physicians in Private Practice Working Group*
 - » *Shahzad Shaeefi, MD, Research Cmte*
 - » *Shahla Siddiqui, MD, MBBS, MSc, FCCM, Women in Critical Care Working Group*
- **Introduction of New Directors**
Michael H Wall, MD, FCCM
- **Annual Report of the President**
Michael H Wall, MD, FCCM
- **Adjournment**

Transplant Anesthesiology - Then and Now

Introduction

The field of transplant surgery, with its roots traced back to the pioneering work of Sushruta in 600 BC, has undergone a remarkable evolution. On behalf of the SOCCA-SATA Work Group, this review focuses on transplant anesthesiology, a field of medicine that has played a pivotal role in transforming transplantation into a life-extending therapy for patients with end-organ failure. Advances in multidisciplinary collaboration and research have improved surgical success and patient outcomes.

Historical Overview

From its nascent stages in the 1960s, marked by high mortality rates, the journey of liver transplantation has been characterized by groundbreaking research and development. This progress has allowed for the performance of ever-increasing numbers of transplant surgeries. In 1980, about 30 liver transplantations were performed; by 2021, this number soared to 9,234¹. The survival rate, once below 20% in the 1970s, exceeded 85% by 2013, highlighting the significant strides made in multiple fields of science, technology, and medicine. Advancements in surgical techniques and medicine have incrementally improved patient outcomes. Transformative growth in transplant surgery is predominantly credited to breakthroughs in immunology, pharmacology, and chemistry during the 1970s and 1980s². This era's innovations built upon foundational concepts like "self" versus "non-self," introduced by Peter Medawar during World War II through his pioneering work on skin grafts. Medawar's observations that allografts were often rejected within two weeks laid the groundwork for the modern era of immunosuppression, which began in 1972 with the introduction of cyclosporine. This development enhanced graft longevity and improved one-year survival rates to over 50%^{3,4}.

The evolution of transplant surgery has been paralleled by significant strides in transplant anesthesiology, emphasizing the necessity for specialized care teams. Dr. Thomas Starzl and Dr. Jorge Antonio Aldrete's pioneering contributions highlighted anesthesiology's critical role in managing these complicated patients during complex transplant surgeries. By the 1980s, dedicated transplant anesthesiology teams were established in some large centers like Pittsburgh. With their experience, these teams significantly improved intraoperative blood product transfusion rates, postoperative need for intensive care, and duration of postoperative ventilation⁵.

As the field progressed, the management of the physiological changes in patients with end-stage liver disease during transplantation evolved. Compared to those described by Aldrete et al. (1969)⁶, early practices

have given way to more sophisticated techniques and technologies. These advancements include the shift from arterial cutdowns to the Seldinger technique for radial artery cannulation and the preference for transesophageal echocardiography (TEE) over pulmonary artery catheter (PAC) placement, reflecting broader trends in managing cardiovascular risks^{2,3}.

Current State and Future Directions

Today, the approach to transplantation is more nuanced, focusing on blood conservation, precise glucose control, and the use of advanced warming technologies to optimize patient outcomes. As outcomes improve, we can perform these surgeries on higher-risk patients. This calculated but increased risk-taking approach has led to an expanding recipient pool, but organ scarcity remains a significant barrier to transplantation. Necessity leads to innovation, and there has been dedicated work from the clinical and technology side in developing extended donor criteria and mechanical perfusion technologies.

The progress we have seen over the past 60 years would not have been possible without the medical societies that have been established to help disseminate new ideas and develop solutions to common problems. The first in the United States was the International Liver Transplantation Society, established in 1974, which now hosts annual meetings in collaboration with the Society for the Advancement of Transplant Anesthesia (SATA, established in 2016). These societies are open to all and provide a forum to help maintain a high standard of care through research and education. Society of Critical Care Anesthesiologists (SOCCA) has been a recent addition to the group of organizations helping support the growth of transplant anesthesiology with a unique focus on critical care. SOCCA has developed a joint SOCCA-SATA work group to address the overlap in these specialties. The work group's current projects include developing guidelines on donor optimization and a robust resident/fellow curriculum on managing patients with liver disease



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undergoing nontransplant surgery. As transplant numbers grow and new programs open, there is an ongoing need for experts who care for patients throughout the perioperative spectrum. We firmly believe that the collaboration between SOCCA and SATA will bring intensivists and transplant anesthesiologists together with the shared goal of improving patient outcomes. This relationship will provide a forum for ideas and sustainable growth of our specialties and solidify our identity as perioperative consultants in the field of transplantation. 🏥

REFERENCES:

1. Kwong AJ, Ebel NH, Kim WR, et al. OPTN/SRTR 2021 Annual Data Report: Liver. *AmTransplant*. 2023;23(2 Suppl 1):S178-S263.
2. Valentine E, Gregorits M, Gutsche JT, Al-Ghofaily L, Augoustides JG. Clinical update in liver transplantation. *J Cardiothorac Vasc Anesth*. 2013;27(4):809-815.
3. Sharma S, Saner FH, Bezinover D. A brief history of liver transplantation and transplant anesthesia. *BMC Anesthesiol*. 2022;22(1):363. Published 2022 Nov 26.
4. Starzl TE, Iwatsuki S, Van Thiel DH, et al. Evolution of liver transplantation. *Hepatology*. 1982;2(5):614-636.
5. Hevesi ZG, Lopukhin SY, Mezrich JD, Andrei AC, Lee M. Designated liver transplant anesthesia team reduces blood transfusion, need for mechanical ventilation, and duration of intensive care. *Liver Transpl*. 2009;15(5):460-465.
6. Aldrete JA, LeVine DS, Gingrich TF. Experience in anesthesia for liver transplantati. *Anesth Analg*. 1969;48(5):802-814.
7. Cameron AM. Pumping Livers: Two Trials, Many Questions. *Ann Surg*. 2023;278(5):e930-e931.
8. Carton EG, Plevak DJ, Kranner PW, Rettke SR, Geiger HJ, Coursin DB. Perioperative care of the liver transplant patient: Part 2. *Anesth Analg*. 1994;78(2):382-399.

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 contact the office: info@socca.org

SOCCA Early Career Intensivists – Dr. Maccioli’s 12 Rules of Negotiation

The SOCCA Early Career Intensivists group welcomed Dr. Gerald Maccioli this past November to learn about contract negotiations. Dr. Maccioli is an accomplished anesthesiologist with multiple leadership roles throughout his career, including being the former President of SOCCA and Chair of the ASA section on education and research. He is currently the Vice President of Medical Affairs for the Accreditation Commission for Health Care, CMO and Board Advisor of Quick’rCare, CMO of Care Angel, and CMO of Moterum.

Dr. Maccioli’s “12 Rules of Negotiation”

0. You are the CEO of You: You are your brand. Only you decide your value; no one else. Be able to articulate the value you bring to the table.

1. Understand your Objectives:

- Clearly define your goals and priorities before entering negotiations.
- Know what aspects of the contract are non-negotiable and where you have flexibility.

2. Research and Preparation:

- Gather information about the other party’s needs, priorities, and potential constraints.
- Understand industry standards and benchmarks for the terms you’re negotiating.

3. Build Relationships:

- Establish and maintain a positive and respectful relationship with the other party.
- Cultivate open communication to foster trust and cooperation.

4. Clearly Define Terms:

- Ensure that all terms in the contract are clearly defined to avoid misunderstandings
- Clearly articulate the responsibilities and expectations of each party.

5. Prioritize Key Issue:

- Identify and prioritize the most important issues to focus on during negotiations.
- Be willing to compromise on less critical points to achieve agreement on key issues.

6. Be Flexible:

- Recognize that negotiations often involve give-and-take.
- Be open to alternative solutions and explore creative compromises.

7. Maintain a Positive Tone:

- Avoid confrontational language or tactics that may hinder progress.
- Frame discussions in a positive manner, focusing on mutual benefits.

8. Set Realistic Timelines:

- Establish realistic deadlines to keep negotiations moving forward.
- Avoid rushing the process, but also prevent unnecessary delays.

9. Legal Review:

- Consult with legal experts (specifically an attorney specializing in Employment Agreements) to ensure the contract complies with relevant laws and regulations.
- Address any potential legal issues early in the negotiation process.

10. Document Everything:

- Keep detailed records of all communications and agreements.
- Ensure that all changes to the contract are documented and agreed upon by both parties.

11. Consider the Long-Term Relationship:

- Consider the contract’s long-term implications on the relationship between the parties.
- Strive to create a contract that is fair and sustainable for both parties.

12. Know When to Walk Away:

- Be prepared to walk away if the terms are unacceptable or the other party is unwilling to negotiate in good faith.
- Understanding your BATNA (Best Alternative to a Negotiated Agreement) can strengthen your position. 🏠



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Fireside Consultancy by Women in Critical Care

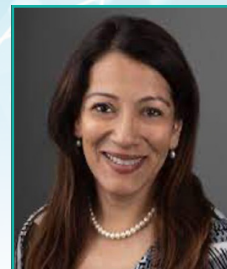
Need answers to pressing questions in clinical practice, career advancement, research, work-life balance, or academic journey? Explore the WICC's peer mentorship model – the consultancy – which may help in answering these queries.

Starting on [March 28, WICC will present a quarterly one-hour Fireside Consultancy style hour](#). We encourage you to register and bring any queries you may have regarding your career, professional life, research, work-life balance, etc. We will aim to discuss questions from 4-5 participants. Come with a burning question, to give feedback to others, or just join in our community. We aim to share our experiences, and all learn from one another. The discussion will be moderated by Dr. May Hua.

SOCCA WICC has for the past two years provided regular sessions as Fireside Chats with women speakers from across the World to share their stories and interact with the WICC community. As a part of our mission of advancing women in critical care, this series will focus on scientific and professional mentorship, and building our community. We hope to see you there. 🏡



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WOMEN IN CRITICAL CARE
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We at SOCCA would like to invite you to join Women in Critical Care—our initiative to form a women's group within the ACCM community.



SOCCA Calendar

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Visit SOCCA's Calendar page!

Unveiling Tachycardia-Induced Cardiomyopathy: An Overlooked Medical Phenomenon

CASE:

We present a 36-year-old woman, BMI 19, with a history of deep vein thrombosis (on Apixaban), rheumatoid arthritis and Crohn's disease status post previous left hemicolectomy, 11 years ago and completion proctocolectomy with end ileostomy, 10 years ago. Furthermore, the patient was dependent on total parenteral nutrition given chronic entero-vaginal and enterocutaneous fistulas. The patient was admitted with evidence of a pelvic abscess, surgical intervention was deemed necessary. An exploratory laparotomy with small bowel resection, fistula takedown with an entero-entero anastomosis was performed. The post-operative course was complicated by a pelvic enteric leak, resulting in another exploratory laparotomy, small bowel resection with double barrel jejunostomy. Intra-abdominal wound cultures revealed Vancomycin-Resistant Enterococci and Enterobacter cloacae, hence Meropenem and Daptomycin were initiated.

Her vital signs revealed persistent tachycardia and hypotension, a transthoracic echocardiography was performed (See Videos 1 and 2) which revealed moderately decreased LVEF (40%) with regional wall motion abnormalities and a small pericardial effusion. Prior records over the past four months showed a normal left ventricular (LV) ejection fraction (EF) of 60-64% with persistent tachycardia. Cardiology was consulted, the team attributed her LV dysfunction to tachycardia-induced cardiomyopathy given her young age and lack of typical risk factors.

Video 1: Wall motion abnormalities seen in PSAX view.



Video 2: Wall motion abnormalities seen in the 4-chamber view.



INTRODUCTION:

Tachycardia or Tachyarrhythmia-induced cardiomyopathy (TCMP) is a rare but life-threatening condition that causes LV dysfunction(1, 2). Long-standing tachyarrhythmias can cause non-ischemic dilated cardiomyopathy if left untreated. This condition is potentially reversible if recognized early and managed appropriately(3). Therefore, early diagnosis and management of tachyarrhythmia can significantly impact morbidity, mortality, and prognosis.

As TCMP is a diagnosis of exclusion, there is limited literature pertaining to the condition, in addition we do not have definitive incidence or prevalence data. Small retrospective case series and individual case report an incidence of 8%–28% in focal/ectopic atrial tachycardias and 9%–34% for ventricular ectopy and non-sustained VT contributing to tachycardia induced cardiomyopathy (4-6). TCMP has been reported to present in weeks, months, or years after the onset of tachyarrhythmia.(4) This review presents a comprehensive update on the definition, pathogenesis, diagnosis, and management of TCMP.

DEFINITION

TCMP is defined as a reversible impairment of ventricular function induced by persistent tachyarrhythmia. The risk of developing TCMP depends on the type and duration of tachycardia. It is also worth noting that it is not only the tachycardia, but also the dyssynchronous myocardial contraction that contributes to LV dysfunction(7).

PATHOPHYSIOLOGY

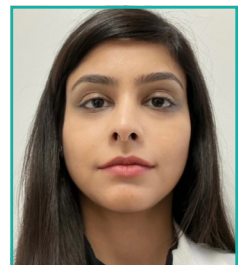
The development of ventricular dysfunction has been attributed to two mechanisms, firstly it could be induced by a tachyarrhythmia, this entity is known as tachyarrhythmia-induced cardiomyopathy. Secondly, pre-existing ventricular dysfunction can be exacerbated by tachyarrhythmia, this entity is known as tachyarrhythmia mediated cardiomyopathy. Although supraventricular (SVT) arrhythmias, namely atrial fibrillation and atrial flutter with



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rapid ventricular response are the most common etiology for TCMP, nearly any form of tachyarrhythmia can lead to TCMP(8). Though not common, incessant SVT, paroxysmal atrial tachycardia, persistent atrioventricular reciprocating tachycardia and AV nodal re-entrant tachycardia, sustained sinus tachycardia, frequent ventricular tachycardias, polymorphic ventricular contractions and pacemaker-mediated tachycardia can also lead to TCMP.

The mechanism of TCMP is not fully defined. The most postulated theory is that chronic tachyarrhythmia leads to abnormalities in energy metabolism, redox stress, calcium overload, calcium mishandling, and diminished beta-adrenergic responsiveness(9). Over time these cellular changes result in the development of cardiac structural changes and subclinical ischemia. Based on animal studies abnormal calcium homeostasis is thought to be responsible for impaired excitation-contraction coupling and diastolic dysfunction. Cardiac remodeling results in LV dilatation, thus leading to an increase in LV wall stress and end-diastolic pressure(10). Ultimately, LV systolic dysfunction ensues.

The progression of these physiological changes leads to a decrease in systemic blood pressure, and increases in LV and pulmonary artery pressures, these changes plateau in one week. Cardiac output, EF, and chamber volumes continue to deteriorate over the following four weeks with the development of symptomatic heart failure (HF) within two to three weeks. TCMP is characterized by both structural and functional myocardial changes.(11)

Based on animal models cessation of tachyarrhythmia results in normalization of right atrial and arterial pressure with significant recovery of LVEF and cardiac output in most cases.(12) Full normalization after 1 to 2 weeks has been reported, however in some cases LVEF may never return to normal. Given the reversibility of TCMP, it is of paramount importance to accurately diagnose and treat the condition in a prompt manner.

DIAGNOSIS

The classic clinical presentation is symptoms and signs of congestive HF and dilated cardiomyopathy. It should be noted that patients may not necessarily present with arrhythmia, therefore a high index of suspicion needs to be maintained. The main reported symptoms include palpitations, NYHA class III to IV symptoms, and syncope. A small subset of patients are asymptomatic making TCMP a challenging diagnosis. Sudden cardiac death is uncommon, but it has been reported in up to 8% to 12% despite treatment and resolution of tachycardia induced cardiomyopathy(13).

Any patient presenting with heart failure should have a detailed work up to rule out other common etiologies like ischemic, infective, and infiltrative cardiomyopathies. A superimposed TCMP should be considered despite underlying secondary cardiomyopathy (ischemic, infiltrative, or toxic/drug-related) if tachycardia is present.

Holter monitoring or ambulatory ECG monitoring for at least a two-week period is the key to successfully diagnosing TCMP. This length of time is enough to confirm the resting heart rate and underlying rhythm.

Patients may be diagnosed through echocardiography prior to the onset of clinical symptoms or after developing progressive HF. An echocardiogram or cardiac magnetic resonance can assist in identifying structural heart disease and excludes other etiologies. TCMP is characterized by a dilated cardiomyopathy with moderate to severe biventricular systolic dysfunction and normal LV septal and posterior wall thickness.(14)

Neurohormonal markers such as brain natriuretic peptide (BNP) and pro-BNP are commonly elevated depending on the degree of HF and cardiomyopathy. Furthermore, a sudden drop of pro-BNP within a week of elimination of tachycardia is supportive of TCMP.(15)

MANAGEMENT

Restoring sinus rhythm, controlling ventricular rate, and decreasing the burden of ventricular ectopic are the mainstay of treatment, which can all lead to improvement in LV function and symptoms of HF. Concurrently, as with any HF management, the initial treatment of TCMP should include initiation and optimization of medical therapy for HF and LV systolic dysfunction (beta-blockers, angiotensin-converting enzyme inhibitors or angiotensin receptor blockers, diuretic agents, and aldosterone blockers) to optimize reverse remodeling

Restoration of rate and rhythm can be achieved with beta-blockers, calcium channel blockers, antiarrhythmics (AADs), synchronized cardioversion, and/or catheter ablation techniques depending on the type of tachyarrhythmia. In refractory cases, surgical ablation may be warranted.

Unfortunately, the recovery of TCMP is not always guaranteed. Histopathological abnormalities, diastolic dysfunction, and ventricular dilatation with a hypertrophic response may persist despite normalization of LVEF(16). Therefore, continuous surveillance and follow-up is mandatory.

Arrhythmias leading to tachycardia induced cardiomyopathy and their management strategies:

Arrhythmia	Management strategies
Atrial fibrillation	Metoprolol, diltiazem, amiodarone, synchronized cardioversion, RFA, maze procedure, LAA ligation
Atrial flutter	Amiodarone, cardioversion, Radiofrequency ablation
AV nodal re-entrant tachycardia	Radiofrequency ablation
pacemaker-mediated tachycardia	Reprogram pacemaker
Sustained ventricular tachycardia	Radiofrequency ablation

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CONCLUSION

Appropriate diagnosis and management of TCMP requires a high degree of suspicion given the complexity of presentation of this condition. Timely management of TCMP either in the form of rate control and or rhythm control reverses LV dysfunction in most patients thereby significantly decreasing the morbidity and mortality.

REFERENCES:

1. Mohamed HA. Tachycardia-induced Cardiomyopathy (Tachycardiomyopathy). Libyan J Med. 2007;2(1):26-9.
2. Gossage A, Hicks JB. On auricular fibrillation. Quart J Med. 1913;6:435.
3. Phillips E, Levine SA. Auricular fibrillation without other evidence of heart disease; a cause of reversible heart failure. Am J Med. 1949;7(4):478-89.
4. Martin CA, Lambiase PD. Pathophysiology, diagnosis and treatment of tachycardiomyopathy. Heart. 2017;103(19):1543-52.
5. Hasdemir C, Yuksel A, Camli D, Kartal Y, Simsek E, Musayev O, et al. Late gadolinium enhancement CMR in patients with tachycardia-induced cardiomyopathy caused by idiopathic ventricular arrhythmias. Pacing Clin Electrophysiol. 2012;35(4):465-70.
6. Medi C, Kalman JM, Haqqani H, Vohra JK, Morton JB, Sparks PB, et al. Tachycardia-mediated cardiomyopathy secondary to focal atrial tachycardia: long-term outcome after catheter ablation. J Am Coll Cardiol. 2009;53(19):1791-7.
7. Gallagher JJ. Tachycardia and cardiomyopathy: the chicken-egg dilemma revisited. J Am Coll Cardiol. 1985;6(5):1172-3.
8. Sohinki D, Obel OA. Current trends in supraventricular tachycardia management. Ochsner J. 2014;14(4):586-95.
9. Bhushan M, Asirvatham SJ. The conundrum of ventricular arrhythmia and cardiomyopathy: which abnormality came first? Curr Heart Fail Rep. 2009;6(1):7-13.
10. Burchfield JS, Xie M, Hill JA. Pathological ventricular remodeling: mechanisms: part 1 of 2. Circulation. 2013;128(4):388-400.
11. Báez Cabanillas MV, Colque R, Tibaldi M, Kaplinsky E, Perrone S, Barbagelata A. Emerging concepts in heart failure management and treatment: focus on tachycardia-induced cardiomyopathy. Drugs Context. 2023;12.
12. Huizar JF, Ellenbogen KA, Tan AY, Kaszala K. Arrhythmia-Induced Cardiomyopathy: JACC State-of-the-Art Review. J Am Coll Cardiol. 2019;73(18):2328-44.
13. Watanabe H, Okamura K, Chinushi M, Furushima H, Tanabe Y, Kodama M, et al. Clinical characteristics, treatment, and outcome of tachycardia induced cardiomyopathy. International heart journal. 2008;49(1):39-47.
14. Grogan M, Smith HC, Gersh BJ, Wood DL. Left ventricular dysfunction due to atrial fibrillation in patients initially believed to have idiopathic dilated cardiomyopathy. Am J Cardiol. 1992;69(19):1570-3.
15. Nia AM, Gassanov N, Dahlem KM, Caglayan E, Hellmich M, Erdmann E, et al. Diagnostic accuracy of NT-proBNP ratio (BNP-R) for early diagnosis of tachycardia-mediated cardiomyopathy: a pilot study. Clin Res Cardiol. 2011;100(10):887-96.
16. Damiano RJ, Jr., Tripp HF, Jr., Asano T, Small KW, Jones RH, Lowe JE. Left ventricular dysfunction and dilatation resulting from chronic supraventricular tachycardia. J Thorac Cardiovasc Surg. 1987;94(1):135-43.

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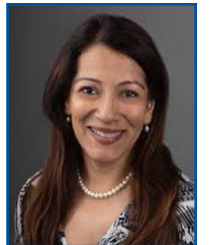
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