

AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA
2019 PRE-, LUNCH, AND SUNRISE SESSIONS

PRE-SESSIONS
Wednesday, September 18

- 1. “How to maintain the combat trauma readiness of forward deployed caregivers: Residency, fellowships, partnerships, and more” sponsored by the Military Committee**
a. 7:00 AM Breakfast with a 7:30 AM start time

Moderators: Matthew Tadlock, MD and TBD

Part 1 – GME/Fellowships – Panel Discussion

- The role of ACS Fellowship in Readiness – Brian Eastridge, MD
- Should the military have GME? – Anne Rizzo, MD
- Critical Care Fellowship should be mandatory – Jeremy Cannon, MD
- Military-Civilian Integration: The UC Davis Experience- Joseph Galante, MD
- Open discussion

Part 2 – Partnerships

- 7/7 minute Pro/Con debates:
- Moonlighting for Combat Trauma Readiness – Pro: Matthew Tadlock, MD vs Con: Jennifer Gurney, MD
- Teams or individual training – Pro: Ronald Gross, MDs vs. Con: R. Stephen Smith, MD
- One size MCP fits all needs– Pro: Margaret Knudson, MD vs. Con: Jay Johannigman, MD
- Open discussion

Part 3 – Everything Else

- What does readiness mean? – Peter Rhee, MD, MPH
- Will this debate ever end? What success looks like! - Stacey Shackelford, MD
- Mil-Civ Partnerships: Opportunities and Challenges, The Civilian Perspective- Ronald Stewart, MD
- What about the reserve component? – Margaret Moore, MD
- Naval Medical Center Camp Lejeune, An Update on The Navy’s New Trauma Center – Erik Brink, DO
- Open discussion

- 2. “Modular hands-on endoscopy course” sponsored by the Acute Care Surgery Committee/SAGES**

- a. 7:00 AM Breakfast with a 7:30 AM start time

The goal of this modular endoscopy course is to provide a didactic overview of available treatment modalities for the management of gastrointestinal hemorrhage (including indications, contraindication and necessary equipment). The lecture component is heavily video based and will emphasize pathology recognition and correct application of endoscopic techniques. Subsequently, participants will have hands on application of these modalities in explant models.

The target audience is the acute care and general surgeon with limited access to gastroenterology services, and in whom the management of GI bleeding might otherwise require surgical intervention, a delay in endoscopic care or transfer of the patient to another facility. Course participants should already perform basic endoscopy in their practice (eg colonoscopy with polypectomy, upper endoscopy with PEG) and be familiar with basic endoscope function and navigation. The course will highlight application of these therapies in patients with bleeding from pathological sources (such as peptic ulcer disease) as well as those with bleeding following a procedural intervention (such as post –polypectomy bleeding or anastomotic bleeding).

Didactic materials from the course (including videos) as well as equipment lists from the lab will be made available to the course participants so they have access to these materials at a later date and can easily collect the names of the tools/devices they need to incorporate the skills into their practice.

Course Overview

1 hour 40 minutes of didactics

2 hours hands on lab time

Didactics

- 1) Endoscopy in the GI bleeding patient
 - a. Anesthetic management
 - b. Equipment needs
 - c. Patient preparation
 - d. Adjuncts for clearing blood endoscopically
 1. Positioning
 2. Snares and nets
 3. Large caliber scope channels
 - e. Pathology recognition
- 2) Injection therapy
 - a. Equipment
 - b. Technique
 - c. Ideal patient application
 - d. Contraindications
 - e. Complications of therapy
- 3) Thermal Therapies
 - a. Equipment
 1. Bipolar probes
 2. Coag Graspers
 3. Heater Probes
 4. APC
 - b. Technique
 - c. Ideal patient application
 - d. Contraindications
 1. anastomosis

- e. Complications of therapy
- 4) Endoscopic Clips and Bands
 - a. Equipment
 - 1. TTS Clips
 - 2. Over The Scope Clips
 - 3. Variceal Bands
 - b. Technique
 - c. Ideal patient application
 - 1. Anastomotic use
 - d. Contraindications
 - e. Complications of therapy
- 5) Hemostatic Agents
 - a. Equipment
 - 1. Hemospray
 - b. Technique
 - c. Ideal patient application
 - d. Contraindications
 - e. Complications of therapy

Hands-On Lab

Non-Rotating Stations

- Band mucosa
- Snare removal to create ulcers
- *Injection therapy* to ulcers
- Thermal therapy to ulcers
- *Clip Application*
- *Hemospray application*

3. “Difficult Conversations: Communication Skills for Palliative Care in Acute Care Surgery” sponsored by the Palliative Care Committee

- a. 7:00 AM breakfast with a 7:30 AM start time

Overview: What is Palliative Care Communication in Acute Care Surgery?: David Zonies, MD, MPH

Communication and Goal Setting Domains: Zara Cooper, MD, MSc

- Elements of a conversation
- Shared understanding
- Overall health goals
- Goals specific to acute care surgery
- Describing treatment options
- Fears and worries

- Recommendation

Sharing Prognosis and Conceptual Models of Communication: Anne.Mosenthal, MD

- What makes this difficult?
- Establishing prognosis
- Sharing Prognosis
- Integrating prognosis into goals of care

Managing Uncertainty in Decision Making: Best-Case/Worst-Case Scenario: Karen Brasel, MD, MPH

Asking the Tough Questions: David Zonies, MD, MPH

- Eliciting Goals and Values
- Managing Emotion
- Simulation with Actor

Skills and Drills

- Scenario with standardized patient/family: Katie O’Connell, MD
- Role Play in small groups - All faculty

4. “Continuous Certification: AAST Acute Care Surgery Course: State-of-the-Art Patient Care in 2019” sponsored by the Education Committee

- 7:00 AM Breakfast with a 7:30 AM start time

Format: All presentations will be case-based, using an example case to discuss the key evaluation and management decisions, and should incorporate current best evidence or available guidelines/algorithms. Each session has three speakers and a moderator who will all be seated on stage. During each talk, the speaker will present the key decision points of the case to the expert panel (the other 2 speakers and the moderator) to stimulate discussion and debate. The audience may also participate with questions/opinions. The final 45 minutes will be a moderated expert panel discussion of challenging cases or questions from the audience and the moderator.

Session/Speakers	Topic	Time
Trauma Session	Moderator: Matthew Martin, MD	0730-0830
Deborah Stein, MD, MPH	D is for Disability: Severe TBI Management and Guidelines Update	0730-0750
Kenji Inaba, MD	Stopping the Bleed: Vascular Trauma – Pearls and Pitfalls	0750-0810
Jamie Coleman, MD	A Shot in the Dark: Penetrating Abdominal Trauma Management	0810-0830
Break		0830-0840
Critical Care	Moderator: Deborah Stein, MD, MPH	0840-0940
Ali Salim, MD	Take a Deep Breath: Severe Respiratory Failure Management	0840-0900
Alison Wilson, MD	How to Survive the Sepsis Guidelines: Modern Sepsis Diagnosis and Management	0900-0920

Thomas Carver, MD	ICU Pain Management in the Opioid Crisis Era	0920-0940
Break		0940-0950
EGS	Moderator: Marc de Moya, MD	0950-1050
Matthew Martin, MD	Stones and Groans: Gallbladder Management	0950-1010
Andrea Pakula, MD, MPH	The Battle of the Bulge: Managing Emergent Hernia Cases like a Pro	1010-1030
Carlos Brown, MD	Severe Pancreatitis: When you HAVE TO Mess with the Pancreas	1030-1050
Break		1050-1100
Stump the Experts Case Panel	Moderator: Elizabeth Benjamin, MD, PhD	1100-1145
	A Night on ACS Call: Challenging Cases for the Panel Panel: Marc de Moya, MD; Hasan Alam, MD; Alison Wilson, MD; Carlos Brown, MD; Jamie Coleman, MD	

LUNCH SESSIONS

Thursday, September 19 12:30-1:45 PM

1. “The meaning of rejection (and revision): Useful suggestions and guidance for reviewers and authors” sponsored by the Journal of Trauma and Acute Care Surgery

The session will provide information on the importance of peer review and why it is done. The participants will learn the major differences between a minor revision and a major revision, and what differentiates those categories from marginal or reject. The panelists will describe how to respond to each of types of editorial decision. Examples will be provided.

2. “Structuring a fiscally-viable ACS service” sponsored by the Economics Committee

We propose a panel session aimed at Acute Care Surgeons who practice in academic medical centers, particularly those in leadership positions. The goal will be to help leaders and providers understand how best to position their Acute Care Surgery service within the broader department of surgery at their institutions. This session will complement the high-level discussion on the direction and future of ACS the Economics Committee is holding as a panel session. Specific topics to be addressed include:

- How to right size the workforce needed to address the tripartite mission of ACS while assuring provider wellness. Will include the incorporation of a discussion about the use of advanced practice providers to accomplish this goal.
- How to position the section in a department that uses an RVU-driven model for determine internal funds flow, given the increased cognitive (evaluation and

management) component inherent in both trauma and critical care delivery and changes to CMS requirements for critical care services. This will include discussions about safety nets, responses to failure to rescue etc.

- How to make a service financially viable, including methods to assure but departmental and institutional funding streams, recognizing that at least 30% external support is necessary to support an ACS service.

3. “Experts on the hot seat: Top 10 Topics in Critical Care” sponsored by the Critical Care Committee

This session will focus on 10 hot topics in critical care. The moderators will pose rapid-fire controversial case-based questions to a panel of critical care experts with a variety of experience who will be asked to answer based on their practice and best evidence. Topics may change slightly if new or controversial topics emerge prior to the time of the Annual meeting.

4. “10 Principles of Reoperative Surgery” sponsored by the Acute Care Surgery Committee

Reoperative surgery can be a nightmare and is often the bane of any surgeon. With over 60 years of operative experience, there are some pearls and pitfalls that can be gleaned from 2 senior surgeons. These are the anecdotes and thoughts that should guide one as you approach the abdomen for repeat laparotomy.... whether it is the 1st reoperative surgery or the 10th reoperation.

5. “Acute Care Surgery: Ensuring the Success of the Next Generation” sponsored by the Acute Care Surgery Committee

Over a decade ago the specialty of trauma surgery was in crisis leading to the evolution of trauma surgery into the more encompassing specialty of Acute Care Surgery. This session is designed to educate the attendee about the mission of our organizations with regards to the future of Acute Care Surgery. The importance of early and continued mentoring to ensure that we continue to attract the best and the brightest to our specialty will be discussed. Lastly, the session will explore how to ensure the fiscal and academic success of acute care surgeons within their practice groups/departments.

6. “Mission Zero: How Military-Civil Partnerships Enhance Mass Trauma Responses” sponsored by the Disaster and Military Committees

The NASEM report “A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury” proposes a joint military – civilian national trauma system to improve trauma care and disaster preparedness.

Several civilian trauma centers have already had established military health partnerships that have proven to have been of crucial benefit during recent mass casualty events (2017 Washington train derailment, 2017 Las Vegas Shooting, Sutherland Springs, TX church shooting, 2017).

We have asked military and civilian trauma leaders from these joint efforts to describe how their partnership enhanced their disaster preparedness and mass casualty care. Lessons learned for all trauma centers and providers and future directions will be discussed.

SUNRISE SESSIONS

Friday, September 20 6:15-7:30 AM

1. “Video Session: Emergency General Surgery Tips and Tricks” sponsored by the Acute Care Surgery Committee/SAGES

This video session will focus on tips and tricks for safe maneuvers during the use of minimally invasive surgery (MIS) in emergency general surgery cases. Our invited speakers and moderator from SAGES will share their expertise, including times when MIS may not be the best option.

2. “Beyond Yoga and Mindfulness: Sustaining Surgeon Well Being for You and Your Team” sponsored by the Communications Committee

Trauma and Acute Care Surgeons face unique circumstances that place them at the highest risk for burnout and suicide, compared to other medical specialties. Recently, there has been an increased awareness of factors that contribute to physician burnout, including excessive administrative burdens, changes in workplace structure, and personal emotional fatigue.

This panel will present up-to-date literature on surgeon wellbeing, discuss warning signs of burnout, address personal and professional wellness, and offer ideas on how to support a colleague experiencing burnout. Additionally, the panel will discuss best practices and successful models for leading a team to optimal wellbeing.

3. “Do military innovations work and can they be studied in the civilian world?” sponsored by the Military Committee

Data on the causes of death from the recent wars has compelled military research to develop new approaches to vascular injury, hemorrhage control and resuscitation. New Public Law and federal policy have made the FDA accommodating to potentially lifesaving products developed for battlefield use. As new methods and products emerge from the military R&D program, they are unproven and often controversial in civilian trauma practices. However, the DoD needs collaboration with civilian centers to study, improve and integrate new approaches that may improve wartime injury survival and recovery. This session will present several new approaches and technologies supported by the DoD trauma research program and pose the question “do military innovations work and can they be studied in the civilian world?”. The session will also lead discussion on how civilian centers can collaborate with the DoD in a manner that is open to new innovation but does not disrupt practice or put patients at risk.

4. “Supporting Diversity and Inclusion in Academic Acute Care Surgery” – sponsored by the Patient Outcomes Committee

As acute care surgery, and the world, becomes more diverse, it is essential that academic surgeons understand issues of diversity and inclusion in the workplace. People of color, women, LGBTQ individuals may face microaggressions, unintentional or intentional bias, and outright discrimination. Many organizations, including AAST, have been proactive about codes of conduct and other resources. This panel will discuss personal experiences, evidence-based strategies to support diversity and inclusion, and resources/toolkits for institutions and individuals.

5. “Geriatric Trauma – Now the Good News” sponsored by Geriatric Trauma, Acute Care Surgery, and Critical Care Committees

According to the US Census Bureau, the estimated population of individuals older than 65 years was 35 million in 2006 and it is expected that the older population will double to 70 million by 2030. This group is anticipated grow to more than 86 million, or 1 in five persons, by 2050. Currently, older adults have fewer disabilities and more active lifestyles than those of previous generations, which increase their risk of injury. At least one study from 1990, estimated that 40% of all trauma patients will be 65 or older by 2050. That number is likely to be higher with some major trauma centers already exceeding that figure. Trauma in the elderly accounts for \$12 billion in annual medical expenditures and \$25 billion in total annual healthcare expenditures.

It is well known that injured geriatric patients do worse than younger patients. Elderly trauma patients face an increased risk for adverse outcomes after injury. Therefore, it is essential that clinicians treating older injured patients are able to identify techniques and management strategies demonstrated to improve outcomes. There are evidenced based strategies for improving outcomes in the injured geriatric patient and this session will focus on how best to achieve optimal outcomes.

6. “Using Evidence and New Technology to Reduce Imaging in Blunt Abdominal Trauma” sponsored by the Pediatric Committee

This important session will review the most up to date evidence on the safe evaluation of the abdomen in the pediatric blunt abdominal patients. The discussion will include the review of two large multi-center studies which have developed algorithms to safely identify children that do not require an abdominal CT scan. There will also be a review of the cutting edge technology of contrast enhanced ultrasound and how this may help to safely reduce the need for imaging in the future. The session will be moderated by an adult trauma surgeon who will challenge the pediatric surgeon presenters regarding challenges in evaluating the pediatric abdomen and the resistance to limiting CT scans.