

Wednesday Lunch Sessions

Wednesday, September 26, 1:00–2:15 PM

Title: *How to Plan a Successful Peer-reviewed Manuscript: Avoiding Errors Before Submission*

Speakers: E. Earnest Moore, MD, and Angela Sauaia, MD, PhD

Moderator: Steven Shackford, MD

Sponsored By: *The Journal of Trauma and Acute Care Surgery*

Description: Common flaws in submitted manuscripts leading to rejection or major revision can be avoided with proper planning and review by the authors. These common flaws will be discussed as well as ways to avoid them.

Title: *SBO: OR Before Sunset or Let the Sun Set?*

Speakers: Gary Vercruysse, MD; Eric Toshlog, MD; and Nathan Mowery, MD

Moderator: Stephanie Savage, MD

Sponsored By: AAST Acute Care Surgery Committee

Description: Optimal management of SBO remains controversial. As one of the most common conditions encountered by acute care surgeons, a review of relevant literature, current practices, and potential management protocols is essential.

Title: *Simulation Training for Civilian and Military Trauma: Advances and Challenges*

Speakers: Elizabeth Benjamin, MD, PhD; Megan Brenner, MD, MSc; and Travis Polk, MD

Moderator: Mark Bowyer, MD

Sponsored By: Educational Development/MOC Committee

Description:

- With decreasing trauma volumes and increasing nonoperative management, simulation training is becoming a key element in trauma training. This lunch session will cover the new advances and challenges in both civilian and military trauma training.
- Drs. Mark Bowyer, Elizabeth Benjamin, Megan Brenner, and Travis Polk are in a unique position to run this session because of their in-depth involvement in collaborative, civilian-military partnerships in trauma training and their unique experiences with advanced simulation models.

Title: *Controversy or Common Sense? Regionalization of Emergency General Surgery*

Speakers: Shahid Shafi, MD, MPH; Larry Lottenberg, MD; Henna Santry, MD; and Lillian Ko, MD

Moderator: Marie Crandall, MD, MPH

Sponsored By: Patient Assessment Committee

Description: The field of acute care surgery encompasses trauma, critical care, and emergency general surgery. As our ability to risk stratify and compare outcomes for EGS patients has rapidly evolved, the idea has been posited that EGS outcomes might be improved if care of the most critically ill patients was regionalized. However, as EGS has traditionally been part of the foundation of general surgery, this may be financially and ideologically devastating to community general surgeons. In this lunch session, we hope to present balanced looks at advantages and disadvantages of regionalization and possibly begin to negotiate some of the areas of potential conflict.

Title: *Grassroots Legislative Advocacy: A Story is Worth 181 Votes “The World is Run by Those Who Show Up”*

Speakers: Peter T. Masiakos, MD, and Senator Steven Baddour

Moderator: Richard Falcone, MD or Deborah Kuhls, MD

Sponsored By: Pediatric Trauma Surgery Committee and Prevention Committee

Description: In this 40-minute talk, Dr. Masiakos and Senator Baddour will discuss their coordinated approach to state advocacy and the fundamental importance of their sustained relationship, which was responsible for the legislative successes in Massachusetts. We’ll learn of their chance meeting and how they established a working relationship that neither thought was possible. The talk will end with a report on the outcomes of several of the laws that they helped to pass.

Title: *Post-Intensive Care Syndrome (PICS): The Underappreciated ICU Morbidity*

Speakers: Karyn Butler, MD; Kimberly Joseph, MD and TBD

Moderator: Karen Brasel, MD, MPH

Sponsored By: Critical Care Committee

Description: Recent data suggest that patients who have prolonged ICU stays, are mechanically ventilated, and/or who have sepsis in the ICU are 30–50 percent more likely to develop Post-Intensive Care Syndrome (PICS). Nearly half of these patients still require some form of care one year after their ICU stay: they have cognitive, physical, and psychological impairments that affect their functioning; their impairments impact and affect the ability of their families to function as well. This lunch session will focus on: (1) recognizing the signs/symptoms of PICS (Ephron), (2) evidence-informed steps intensivists can take to try to prevent PICS (Kirton), and (3) what resources are available to surgeons who encounter patients with signs/symptoms of PICS (Butler).

**** Speakers subject to change.**

Friday Lunch Sessions

Friday, September 28, 12:00–1:15 PM

Title: *Establishing a Translational Research Career in Acute Care Surgery: Early, Mid-, and Late-Career Milestones*

Speakers: Alicia Mohr, MD; Mitchell Cohen, MD; Rosemary Kozar, MD, PhD

Moderator: Raul Coimbra, MD, PhD

Sponsored By: Education Development/MOC Committee

Description: This lunch session will provide an overview of research focused on the translation of basic science investigation to bedside applicability in acute care surgery. The panelists will present key milestones in the timeline for establishing a successful translational research career. Milestones discussed will include establishment of mentorship relationships, strategies to secure institutional and departmental support for research efforts, options for grant funding, and time management structuring to allow ongoing clinical engagement, particularly for early career investigators.

Title: *The Opioid Epidemic: Challenges for the Acute Care Surgeon*

Speakers: Matthew Benms, MD; Patrick Kim, MD; and William Bromberg, MD

Moderator: Matthew Benms, MD

Sponsored By: Communications Committee

Description: The opioid epidemic has become a national public health crisis in the United States. According to the US Department of Health and Human Services, over 11 million people misuse opioids, and over 42,000 people die from opioid overdose each year. This epidemic has created ripple effects in all areas of medicine, but has led to some challenges in the care of trauma and acute care surgery patients. Surgeons must constantly balance what are obvious and legitimate indications for narcotic pain control with the concerns of addiction and abuse. Further, a considerable number of patients (20 percent per a 2014 J Trauma study) may present with longstanding use and tolerance of opioids that can make efforts at appropriate analgesia a considerable challenge.

The invited discussants will briefly outline strategies to treat pain in the climate of the opioid epidemic to include:

- Best practices to control pain and minimize subsequent addiction in opioid naïve patients
- Best practices for non-narcotic and regional pain control in the trauma patient
- Best practices to control pain in the opioid-dependent patient

Title: *TXA Beyond CRASH-2 — Controversies and the Global Perspective*

Speakers: Jana MacLeod, MD; Gustavo Fraga, MD, PhD; and Lena Napolitano, MD, MPH

Moderator: Michel Aboutanos, MD, MPH; and Rochelle Dicker, MD

Sponsored By: International Relations Committee

Description: The Clinical Randomization of an Antifibrinolytic in Significant Hemorrhage trial (CRASH-2) has generated some significant controversies in the US since its publication in 2010. For US trauma centers, the controversies arise regarding CRASH-2 trial methodology, conclusions, and its applicability to modern US civilian trauma centers. These controversies are not shared in Europe or low- and middle-income countries (LMIC) where TXA use remains ubiquitous. In this session, the IRC aims to highlight the global perspective on the use of TXA, its applicability in US prehospital and hospital settings, and whether US concerns are globally applicable to LMIC where resources, especially blood products, are scarce.

Title: *Physician Resilience, Burnout, and the Work-Life Balance*

Speakers:

Jerry Jurkovich, MD — Physician Resilience: What it Means, Why it Matters, and How to Promote It

Kimberly Davis, MD, MBA — Physician Burnout: A Potential Threat to Successful Healthcare Reform

Carlos Brown, MD — The Work-Life Balance Dos and Don'ts

Moderator: Bellal Joseph, MD

Sponsored By: Education Development/MOC Committee

Description:

- Resilience is the capacity to respond to stress in a healthy way such that goals are achieved at minimal psychological and physical cost; resilient individuals “bounce back” after challenges while also growing stronger. Resilience is a key to enhancing quality of care, quality of caring, and the sustainability of the health-care workforce. Yet, ways of identifying and promoting resilience have been elusive. Resilience depends on individual, community, and institutional factors.
- The quality and safety of patient care, and indeed the very vitality of our health care systems, depends heavily on high-functioning physicians. Yet recent data have revealed an extraordinarily high and increasing prevalence of physician burnout, which is defined as emotional exhaustion, interpersonal disengagement, and a low sense of personal accomplishment. Considering compelling evidence that burnout negatively affects patient care, health-care leaders are rightly alarmed and are searching for answers.
- The ability to balance between clinical work, research, education, and family has gotten more complicated in modern academic centers. Trauma Surgery itself has the added stress of case volume and severity. Discussion will lead on ways to both improve oneself in the work realm as well as in one's home life.

Title: *Palliative Care 2018: Implementing the TQIP Best Practice Guideline*

Speakers: Anne Mosenthal, MD; Gail Tominaga, MD; and David Zonies, MD

Moderator: David Zonies, MD, MPH

Sponsored By: Critical Care Committee

Description: In 2018, the Acute Care Surgery Committee on Trauma released the Palliative Care Best Practice Guidelines. This was a major advance in codifying the role of palliative care in trauma center operations. Palliative care is emerging as complimentary skill set in the comprehensive care of the trauma patient. The moderator and presenters for this session were integral in the development of the TQIP Palliative Care Best Practice Guideline.

This session will be divided into three parts:

1. High-level review of palliative care delivery (Cooper):
 - Primary delivery (trauma / ICU service)
 - Secondary delivery (formal palliative care service when available)
 - Screening process for palliative care delivery (case-based)
2. A discussion on implementing and sustaining efforts for an inter-professional team (nurses, physicians, residents/trainees, and advanced-practice providers) in the delivery of high-quality palliative care for trauma patients (Tominaga).
3. A practical approach to using the TQIP Best Practice Guideline gap analysis toolbox. The toolbox will help centers to identify areas of strength and weakness as they continue integrating palliative care along the continuum of care (Mosenthal). Examples include:
 - Patient screening
 - Transitions in care
 - Documentation
 - Performance improvement

Title: *The Difficult Cholecystectomy*

Speakers: Andrew Peitzman, MD; Dana Tellem, MD

Moderator: Robert Mackersie, MD

Sponsored By: ACS/SAGES

Description: Tricks and tips for the laparoscopic and open management of difficult cholecystectomies will be discussed.

** Speakers subject to change.