**AAST 2025 Annual Meeting**

**Pre, Lunch, and Add-On Session Descriptions**

**Pre-sessions Tuesday, September 9th 1:00 PM - 5:00 PM**

***The 2025 AAST Neurocritical Care Update and Board Review Course***

This session will be a high-level review of modern neurocritical care concepts and practice and serve as a board exam preparation course. Neurocritical care has traditionally been a major component of both medical and surgical critical care practice but has lacked a formal subspecialty certification process that is readily open to surgical intensivists. In 2021, the American Board of Surgery announced a newly established subspecialty certification in Neurocritical Care that is a collaborative effort with the American Board of Anesthesiology and the American Board of Neurology and Psychiatry. The exam has been offered in 2021, 2022, and 2024. The Neurocritical Care board certification exam offered in 2026 by the ABPN will be the final opportunity for surgical intensivists to obtain neurocritical care certification through the practice pathway. In preparation for this exam, a very successful AAST Neurocritical Care Board Review Course has been conducted at the AAST Annual Meeting. This review course has been offered yearly, even in a non-testing year (2023), due to the level of demand. Preparation for this exam requires not only familiarization with standard neurotrauma management, but also knowledge in nonsurgical areas of neurocritical care such as acute stroke and other neurologic emergencies, neuroanatomy and MRI interpretation, and neuropharmacology. This session will provide an intense focused review covering the core topics and focus areas that will be covered on the Neurocritical Care Exam. As this is a non-testing year, we will also highlight areas with recent updates in management including TBI, neuromonitoring, and the role of craniectomy with emphasis on functional outcomes. The format will involve short didactic lectures on high-yield topics as well as case examples with sample question and answer reviews. In addition to the syllabus materials, attendees will also receive a copy of The Pocket Guide to Neurocritical Care, which will be included in the registration fee. We believe there is also an opportunity to either offer this course to virtual attendees and/or record the course and make it available for purchase through the AAST.

**Moderator(s):** Deborah Stein, MD, MPH; Tanya Egodage, MD; Purvi Patel, MD

**Speakers**: Matthew Martin, MD; Deborah Stein, MD, MPH; Purvi Patel, MD; Tanya Egodage, MD;
Krista Kaups, MD, MS; Samuel Tisherman, MD; Anaar Siletz, MD; Kelsey Ensor, MD; Salina Wydo, MD; Jose Pascual, MD, PhD; Jay Doucet, MD, MS

***Hands-on Laparoscopic Common Bile Duct Exploration Seminar***

This hands-on course will provide participants with a comprehensive overview of the indications, technique, and clinical considerations for transcystic common bile duct exploration. Following a focused didactic session, participants will engage in practical skills training using simulators and commonly used equipment to reinforce key concepts and build technical proficiency.

Please note this session is broken up into two groups (both teaching the same content). Group 1 will meet from 1:00-3:30 PM EST, and Group 2 will meet from 3:30-6:00 PM EST

**Moderator(s):** Marc de Moya, MD

**Speakers**: TBD

***The Communication Toolkit for Success in Acute Care Surgery***

A unique and tailored program created to close the gap of communication skills for acute care surgeons at all levels of training and work experience. All courses include both direct teaching and coaching following didactic sessions to ensure immediate skill acquisition and application.

Gap Analysis:

Surgical education and practice is appropriately focused on procedural development and knowledge acquisition without the allocation of significant time or formal programmatic elements for other accessory skills such as written and verbal communication. While individuals and institutions may address these gaps with local efforts or the pursuit of additional educational platforms away from clinical surgery, standing opportunities to address these skill deficiencies are needed. Public speaking, research presentations, dynamic meetings and negotiations, media interactions and education formats are several key examples of areas without formal training, continuing education, or standard feedback. Importantly, expansion into positions outside of the procedural realm will only be successful if these skills are obtained.

The Communications Toolkit for Acute Care Surgeons aims to provide tangible, timely, and impactful interpersonal communication skills development. Years of experience study confirm: when it comes to communication – passive learning is a start, but only through intentional practice and direct coaching can expertise be achieved.

Participants are asked to come prepared to interact and speak with the learning group and faculty candidly about a number of topics ranging broadly: personal story and branding needs, research and academic interests, difficult messages received and given, and collaborative opportunities and needs.

Tangible skills in this session include:

1. Harnessing emotional intelligence and situational awareness cues
2. Using pace, pitch and pause processes for optimal connectivity
3. Evaluating breakdowns and failures and applying direct corrective techniques
4. Learning to give and receive feedback
5. Improving public speaking style
6. Reading and delivering effective non-verbal cues and body language
7. Creating a virtual presence to emit confidence and capability

Course participants will be invited to:

1. Interact directly with course speakers/instructors to practice skills
2. Submit real world questions and challenges to the experts
3. Select one or more coaching components to focus on personal areas of need

This comprehensive communication training course will include 4 distinct sessions.  Each component will include approx. 30 minutes of didactic direction and training followed by a 30-minute interactive teaching and coaching workshop (time allocation with vary based on number of participants).  Faculty will rotate through speaking, moderation, and training roles accordingly.

**Moderator(s):** Shannon Foster, MD; Adrian Maung, MD; Julia Coleman, MD, MPH;
Jeffry Nahmias, MD, MHPE; Jeremy Levin, MD; Simin Golestani, MD; Kaitlin Ritter, MD;
Alex Brito, MD; Nicole Goulet, MD; Joshua Dilday, DO
**Speakers:** Lewis Kaplan, MD; Lucy Kornblith, MD; Shannon Foster, MD; Eileen Bulger, MD;
Jeffry Nahmias, MD, MHPE; Paula Ferrada, MD; Jamie Coleman, MD; Bellal Joseph, MD;
Marc de Moya, MD; Joseph Sakran, MD, MPA, MPH; Jason Smith, MD, PhD, MBA;
Cynthia Talley, MD; Nicole Fox, MD, MPH; Adrian Maung, MD; Julia Coleman, MD, MPH;
Kaitlin Ritter, MD; Alex Brito, MD; Simin Golestani, MD; Joshua Dilday, DO; Nicole Goulet, MD

**Lunch Sessions, Wednesday September 11th 12:50 PM - 2:00 PM**

***Everything (almost) You Need to Know About Hospital Finances and How to Sell Return on Investment in Acute Care Surgery to the Health Care System***

Trauma and ACS Surgeon’s knowledge and practical application of professional coding and billing systems has increased significantly over the years. There have been lesser gains in our knowledge of hospital finance, a more complex and opaque system but one with substantially larger impacts, financial and otherwise. To begin to fill this potential gap and enable Trauma and ACS surgeons to better interface with hospital leadership for the benefit of their programs, this lunch session aims to inform surgeons about key parts and processes of hospital finance and the associated lexicon. This includes key hospital accounting principles and common reimbursement rules and strategies. Understanding the language of hospital finance should help Trauma and ACS surgeons more effectively communicate with hospital leadership and make a strong case on the value and return on investment in Acute Care Surgery programs.

1. How Do Hospitals Get Paid: Contracts, Capitation, Base rates, CC/MCC - Samir Fakhry, MD
2. The Bottom-Line vs the Contribution Margin: Leveraging Your Productivity in Negotiations with the Hospital - John Osborn, MS
3. Impact of Physician Documentation on Hospital Billing: What You Write (Type) Hospital - Matthew Neal, MD

**Moderator(s):** SamirFakhry, MD

**Speakers**: Samir Fakhry, MD; John Osborne, MS; Matthew Neal, MD

***Starting from Scratch: Achieving EGS Verification for Your System***

Surgeons who are considering ACS EGS-verification for their hospital would learn the essentials of what it takes from experts who have been through it.   The hope is that participants return to their institutions feeling empowered to start the verification process.  The session will include talks on:

1. The similarities and differences between EGS and trauma verifications
2. Administrative buy-in and resource planning
3. Strategies for developing EGS tools & processes from scratch
4. Things I wish I knew before verification
5. Panel Q & A

**Moderator(s):** Nicole Werner, MD, MS

**Speakers**: Jennifer Hartwell, MD; Stephanie Savage, MD, MS; Denise Abernathy, MD

***Jack of All Trades, Master of Multiple - Adding Subspecialty Skills to ACS Fellowships***

As Acute Care Surgery (ACS) fellowships evolve, the demand for well-rounded surgeons who can navigate both the breadth of emergency surgical care and the depth of subspecialty expertise is greater than ever. With ACS surgeons increasingly involved in robotics, burn care, military surgery, and other specialized fields, fellowship programs must strike a balance between comprehensive training and subspecialty development to ensure graduates are prepared for the full spectrum of modern surgical practice.

This dynamic session will explore the expanding role of subspecialty training within ACS fellowships, highlighting key opportunities in robotics, burn, and military surgery, as well as emerging areas that may shape the future of the field. Attendees will gain valuable insights into how these training pathways enhance clinical proficiency, career trajectories, and overall preparedness for both civilian and military practice. Expert panelists will share firsthand experiences, discuss best practices for integrating subspecialty training without compromising core ACS principles, and offer a vision for the future of ACS education.

**Presentation Topics and Speakers:**

**Speaker 1:** Incorporating Subspecialty Training in Fellowship, *Michael Cripps*

* Emerging subspecialties within ACS education
* Technological advancements shaping ACS training
* Strategies for fellowship directors to enhance subspecialty training
* Examples of ACS fellowship subtracts (e.g. pediatric surgery)

**Speaker 2:** Robotics and ROBO-TRACS, *Matthew Martin*

* The role of robotics in trauma and acute care surgery
* Training pathways and competency development
* Challenges and opportunities for ACS fellows and programs

**Speaker 3:** Military Unique Curriculum, *Valerie Sams*

* The unique demands of military surgical critical care
* How ACS fellowships can incorporate military-relevant training and disaster management
* Lessons from deployed surgical environments

**Speaker 4:** Burn Care Training in ACS Fellowships, *Stephanie Savage*

* Importance of burn expertise for ACS graduates
* Fellowship integration models and training approaches
* Future trends in burn critical care education

Whether you are a fellow, faculty member, or program director, this session will provide actionable strategies for optimizing ACS fellowship training in an era of increasing specialization.

**Moderator(s):** Joshua Dilday, DO; Navpreet Dhillon, MD; Milos Buhavac, MD
**Speakers**: Matthew Martin, MD; Valerie Sams, MD; Michael Cripps, MD; Stephanie Savage, MD, MS

***Case-Based Ethical Challenges***

This lunch session will highlight common challenging clinical encountered in critically ill adult and pediatric trauma and acute care patients. Using a case-based approach, participants will review the four principal tenants of bioethics—autonomy, non-maleficence, beneficence, and justice—and how they relate to patient care. Partnering with the AAST Geriatrics, Palliative Care, and Pediatric Trauma committee, this interactive panel will explore these complex situations in the various phases of life, the bioethical principles which can help guide clinical care, and discuss communication strategies to help patients and families navigate complex decision making.

**Moderator(s):** Kaitlin Ritter, MD

**Speakers**: Thaddeus Puzio, MD, MS; Mary Fallat, MD; Christopher Newton, MD; Christine Toevs, MD

***After the Disaster: Managing Communications, Resources, and Yourself after Mass Casualty Incidents***

Having a plan for responding to mass casualty incidents (MCIs), where needs of patients exceed hospital resources, is critical. Participation in Hospital Regional Disaster Committees as well as Disaster Management Planning are type II requirements for COT verification of all trauma centers. While resources such as the Disaster Management and Emergency Preparedness (DMEP) course serve as valuable guides to creating management plans for MCIs, there is less guidance on what to do after the needs of patients have been met. This course will aim to review how to approach the challenges trauma surgeons as team leaders, community leaders or administrators may face as the dust settles and a trauma team faces recovery and rebuilding after an MCI.

**Moderator(s):** Alex Brito, MD; Patricia Martinez Quinones, MD, PhD; Adam Fox, DO

**Speakers**: Jason Smith, MD, PhD, MBA; Megan Quintana, MD; Andrew Fisher, MD; Caleb Butts, MD

***Behind Closed Doors: How to Recognize and Prevent Injury in the Surgical Workforce***

Dr. Woolery was a member of the ACS Resident and Associate Society and a promising first-year general surgery resident at the Morehouse School of Medicine in Atlanta, Georgia when she was killed by her ex-husband. Like so many before her, no one knew that she had been a victim of IPV.

IPV is an underrecognized source of injury among physicians. Studies report IPV prevalence between 6% and 24%, with one study reporting an incident of 61% amongst surgeons and trainees. Recent tragedies require that the surgeon be able to recognize and mitigate the signs and symptoms amongst colleagues amongst trainees. This interactive luncheon session will discuss how to recognize IPV in the surgeon and ways to mitigate it.

**Moderator**: D’Andrea Joseph, MD
**Speakers**: Carrie Simms, MD, PhD; Christine Castater, MD, MBA; Amanda Teichman, MD;
Randi Smith, MD, MPH; Kevin Simon, MD

***Elements of a Well-Conducted Scientific Study – A JTACS Lunch Session***
This session will feature three educational lectures followed by a moderated discussion. Dr. Tabitha Garwe will begin with "Scientific Question, Hypothesis, and Study Design," providing guidance on formulating strong research questions and selecting appropriate study methodologies. Next, Dr. Jeff Choi will present "Biostatistics 101 in Clinical Research," offering a foundational overview of key statistical concepts relevant to clinical investigations. Dr. Avery Nathens will then discuss "Using TQIP Data for Clinical Research: When and How," highlighting practical approaches to leveraging trauma quality data in research. The session will conclude with a group discussion led by Dr. Raul Coimbra.

**Moderator**: Raul Coimbra, MD, PhD

**Speakers**: Tabitha Garwe, PhD; Jeff Choi, MD; Avery Nathens, MD

**Add-On Sessions, Thursday, September 22nd 3:00 PM – 6:00 PM**

***Beyond the Grant: Diversifying Funding Opportunities Outside Traditional Mechanisms***

In an increasingly competitive funding landscape, surgeon scientists and injury prevention leaders must employ adaptive and innovative strategies to sustain research, injury prevention initiatives, and translational efforts. This session will explore opportunities to diversify funding beyond traditional federal mechanisms. Participants will also learn how to strategically reposition unfunded research proposals to align with alternative funding priorities and enhance scholarly impact. Through expert-led discussions, attendees will gain insights into the development and management of non-research-based grants, community engagement best practices, and the formation of strategic partnerships with industry and community stakeholders.

**Moderators**: Julia R. Coleman, MD, MPH; Jonathan P. Meizoso, MD, MSPH

**Speakers**: Stephanie Bonne, MD; Megan L. Brenner, MD, MS; Sigrid Burrus, MD;
Rachael A. Callcut, MD, MSPH; John B. Holcomb, MD; Laura J. Moore, MD; Matthew D. Neal, MD;
Ben L. Zarzaur, MD, MPH.

***2025 Continuous Certification Course: Mastery of Trauma Surgery Techniques and Practice: How I Do It and Papers You Need to Know***

The 2025 AAST Mastery of Acute Care Surgery Course returns with renewed focus on skill acquisition and advancement. Trauma and Emergency General Surgery components will be focused on tangible takeaways for surgeons at all levels of experience and practice type. Using a combination of video, How-I-Do-It presentations, and real-world case examples, experts in the field will share best practices and “tips & tricks” for managing Trauma and Emergency General Surgery challenges. Speakers will incorporate useful references and landmark/recent scientific publications that have contributed to the skills demonstrated. These practice-leading surgeons will be available for direct audience engagement as panelists for moderated panel discussions following each presentation (Trauma/EGS).

**Moderators**: Shannon Foster, MD; Ryan Dumas, MD; Matthew Martin, MD; Nicole Stassen, MD;
Paula Ferrada MD

**Speakers**: Shannon Foster, MD; Ryan Dumas, MD; Matthew Martin, MD; Nicole Stassen, MD;
Paula Ferrada MD; Kenji Inaba, MD; Daniel Yeh, MD; Rachel Appelbaum, MD; Joseph Forrester, MD, MS; Walter Biffl, MD; Chad Ball, MD, MS

***Leveling Up: Mastering Statistics, Study Design, and Writing to Fuel Your Career Growth***The Associate Member Council is offering its annual research course. This year’s focus will be strengthening key analytical and writing skills. Specifically, we will discuss nuances in designing robust studies and impactful writing skills.

Topics include:

1. Commonly overlooked nuances of inference analysis (e.g., variable selection, directed acyclic graphs, propensity score choice, Bradford-Hill criteria)
2. Regression models beyond simple multivariable logistic/linear models (e.g., instrumental variable analysis, regression discontinuity, binomial/multilevel/Poisson regression)
3. How to navigate suboptimal sample size (e.g., bootstrapping, cross-validation, synthetic data)
4. Common misinterpretations that statistical reviewers will catch
5. Elevating writing style to deliver findings concisely and impactfully

**Moderators**: Navpreet Dhillon, MD; Jeff Choi, MD

**Speakers**: Cheryl Zogg, MD, PhD, MSPH, MHS; Molly Jarman, PhD, MPH; John Scott, MD, MPH;
Joshua Brown, MD, MS

**Lunch Sessions, Friday September 12th 12:30 PM - 1:45 PM**

***Under the Lens: Utilizing Trauma Video Review for PI, QI, and Resident and Fellow Education***

While video review has been utilized as a tool to teach surgical techniques since the 1960’s, trauma video review (TVR) was first described in the 1980s by Dr. Hoyt at the University of California, San Diego as a tool for quality improvement. Since then, TVR has been utilized in numerous quality improvement (QI), performance improvement (PI), and education initiatives including resuscitation efficiency, procedural times, and leadership skills of both the surgical and emergency medicine teams.

Developed in partnership with the Acute Care Surgery Committee’s Program Directors Subcommittee, Educational Development Committee, and the Patient Assessment Committee, the AAST Associate Member Council proposes a lunch session focused on all things TVR, the purpose of this session is two-fold. First, the session will briefly touch on the “nuts and bolts” of starting a TVR program at an institution including a brief overview of the necessary technology needed and how to navigate the potential medicolegal issues that may arise throughout the process. Second, the majority of the session will focus on all of the various applications of TVR including how to use it in the setting of QI, PI, and resident and fellow education both from a technical and non-technical standpoint. Our goal is that each attendee leaves the session with a roadmap for how to both implement and utilize TVR at their institution. Our proposed speakers are leaders in the field of TVR, having started programs, published extensively in the field, and pushed the technology beyond just video review.

**Moderator**: Alexander Schwed, MD; Joshua Dilday, DO

**Speakers**: Ryan Dumas, MD; Michael Vella, MD, MBA; Daniel Holena, MD; Caitlin Fitzgerald, MD;
Amelia Maiga, MD, MPH

***Artificial Intelligence (AI) in Trauma/Critical Care – the Future is Now***This lunch session will feature three presenters followed by a panel discussion. The focus is to help providers understand the current state of the art as it relates to artificial intelligence (AI) in trauma and critical care.

Three topics will be proposed:

1. AI-Enhanced Ultrasound and Imaging Technologies - The use of AI to rapidly identify pathology in injured patients in both pre-hospital and hospital settings. Examples include AI-enhanced lung ultrasound, echocardiography, and FAST scans performed by non-expert clinicians.
2. AI-Based Clinical Decision Support in Critical Care - AI-based alerts are already demonstrating performance on par with, or better than, clinicians in early diagnosis of critical illness and patient deterioration. This talk will highlight the capabilities and limitations of AI in clinical decision-making.
3. Human and Machine Working Together? - With current legislation proposing to allow AI to prescribe medications—and, in some states, to be granted medical licenses—this discussion will address how providers can effectively use AI tools, adapt to the integration of AI in patient management, and ensure they remain relevant in the evolving landscape of healthcare.

**Moderators**: Randeep Jawa, MD; Joseph Cuschieri, MD

**Speakers**: Kristan Staudenmayer; MD, MS; Timothy Buchman, MD, PhD; Mayur Narayan, MD, MPH, MBA, MHPE; Haytham Kaafarani, MD, MPH

***Hot off the Press: Newly Published Organ Injury Scales and AAST-COT Clinical Protocols***

The AAST Patient Assessment Committee has recently produced important clinical content that the membership at large may not be familiar with. This session will highlight this information in a quick, high-yield format. Specifically, the work to be covered includes:

1. 2025 Revision Kidney OIS (DOI: 10.1097/TA.0000000000004509)
2. 2024 Revision Pancreas OIS (DOI: 10.1097/TA.0000000000004522)
3. AAST-COT Clinical Protocol for Postdischarge Venous Thromboembolism Prophylaxis After Trauma (DOI: 10.1097/TA.0000000000004307)
4. AAST-COT Clinical Protocol for Damage-Control Resuscitation for the Adult Trauma Patient (DOI: 10.1097/TA.0000000000004088)
5. AAST-COT Clinical Protocol on Chest Wall Injury (awaiting publication)

Presentations will focus on the most important content-for example, how the OIS changed or explanations of the clinical protocols. Presenters will also share some of the rationale behind the decisions made during development. There is a planned 5-10 minutes at the end for questions.

**Moderators**: Krista Kaups, MD, MS; Nicole Werner, MD, MS
**Speakers**: Sorena Keihani, MD; Allison Berndson, MD; Laura Haines, MD; Lacey LaGrone, MD, MPH, MA; Milos Buhavac, MD

***Before the Door: Advances and Future Horizons in Prehospital Trauma and ACS Care***This lunch session, featuring panelists from across the healthcare spectrum, will explore recent advances in prehospital care for trauma and acute care surgery patients. The panel will explore the considerations and challenges in the design and implementation of new technologies and the results of advances such as mobile ECMO units, telemedicine and AI in clinical decision-making assistance, and prehospital hemorrhage control. The role of physician staffing in prehospital EMS teams and its potential for aiding in military preparedness will also be discussed. The goals of this session include reviewing these new advances and technologies, as well as discussing challenges to implementation with the hopes of inspiring other trauma surgeons to bring these ideas back to their institutions/prehospital systems.

**Moderator(s)**: TBD
**Speakers:** TBD

***Surgical Emergencies in the Post-Bariatric Surgery Patient: Management Principles for the Acute Care Surgeon***This session will provide a focused educational review of bariatric surgical procedures, highlighting both early and late complications. The session will conclude with a panel discussion featuring complex post-bariatric surgery complications, exploring operative management options and postoperative care considerations.

**Moderator**: Jason Butler, MD; Ashley Meagher, MD, MPH
**Speakers**: Matthew Martin, MD; Alec Beekley, MD; Kovi Bessoff, MD; Caitlin Fitzgerald, MD

***Exactly How Peds Ready Are You?***The data is compelling: being ready to care for children in a trauma center simply saves lives. The annual Pediatric Trauma Society (PTS) and the AAST Peds Committee lunch session will explore the many aspects of the NPRP Peds Ready Program required for all trauma centers.

An expert panel will cover key topics with the objective of helping every trauma program, no matter how many children you normally care for. The first speaker from the EIIC Trauma Committee will discuss the elements of the Peds Ready Program, some of the resources available, and perspectives about what scores to strive for.

The second topic will explore the Pediatric Readiness Program from a trauma systems lens, covering aspects of rural communities, pre-hospital care, and complex needs patients. Finally, we will cover some of the most impactful examples of how higher-level centers serve as pediatric trauma mentors to others in their region. You will come away from this session with guidance about some of the most meaningful elements to focus on to elevate the care of children both within your center and throughout your region.

**Moderator**: Eileen Bulger, MD
**Speakers**: John Petty, MD; Aaron Jensen, MD, MS; Mary Fallat, MD; Christopher Newton, MD