



AAST NEWS

Winter 2022

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President's Perspective

- David H. Livingston, M.D.

As I write this message, there is snow on the ground and the wind is rattling my windows. For many of us, this time of year can seem long and dark. The excitement of the holidays and new year has begun to fade. We wake up to round in the dark and often get home after the sun has set. While some are fortunate to live in sunny climates, most are dealing with a distinct downturn in temperature. But on top of that, we are not living in normal times. The pandemic, which we thought at the time of our 2021 Annual Meeting was “meta-stable,” is anything but stable. Omicron has roared back with a vengeance that has affected our health care team (nurses, residents, attendings, therapists, and so many more) in a way we have not observed before. Many services and hospitals are short-staffed and scrambling to cover patient care. All of this has led to unbridled stress onto our already oversubscribed professional and personal lives.



While I clearly do not have a lot of great answers to the pandemic or staffing needs, this column is called “president’s perspective,” so here are some thoughts to maybe get us through this phase. First and most importantly, take care of yourself and your families. For our younger colleagues and those with school-age children, these past two years have been ridiculously complicated and difficult. The stress involved in navigating all of this has been incredible. I marvel at how my partners and so many others are coping, and I continue to see and hear about amazing accomplishments across the country. There is no doubt that we acute care surgeons are one resilient bunch!

Don’t lose sight of why you do what you do. There is still amazing satisfaction in helping and caring for our fellow humans—in the trauma bay, the OR, the ICU, the clinic, or wherever. We are privileged to be allowed into people’s

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Secretary Treasurer's Status Update

– Kimberly A. Davis, M.D., M.B.A.

Happy New Year! I am sure that we are excited to put 2021 in the rearview mirror and are looking forward to better things to come in 2022. The AAST Board of Managers met in November to approve the FY2022 budget and review the financials from 2021. The financial health of the organization is strong. The cost of the hybrid meeting in Atlanta was more than expected due in large part to increases in AV costs and live streaming of meeting content. However, when the pandemic years are taken in aggregate, we are well positioned for future activities within the organization. We look forward to meeting in person in Chicago in 2022; the meeting will include an on-demand option for those unable to attend.

Our Research and Education Fund did well in 2021. As the stock market continues to also do well, we are continuing to reinvest in the organization. For 2022, we will continue to support our many ongoing initiatives including our online CME resources, the multi-institutional trials, the acute care surgery fellowship programs, our four junior faculty research scholarships, and AAST's newest project, AAST Connect and Tools for Acute Care Surgery. We are grateful to all who donated to the Research and Education Fund this year to support these efforts.

As part of our careful financial stewardship of the organization, President Livingston has put together an ad hoc committee chaired by Past President Rotondo to evaluate our portfolios and investment firm. Our long-standing financial advisors have been absorbed into a larger organization, and the Board feels that this would be a good time to consider other potential options.

Our funding fuels our scholarships: as a reminder, the deadline for applications to our Research Scholarship is coming up. The Research Scholarship application process, which reviews clinical, translational, and mechanistic basic science proposals, closes on March 1. Outcomes and other health services research will also be considered.

We are very pleased with the ongoing successful initiatives driven forward by our new Associate Member Council. Please encourage your residents, fellows, and junior faculty to join the AAST as Associate Members, as our younger colleagues represent our future. The application process is simple, and details can be found on the website. This remains a great opportunity for the future leaders in trauma surgery to get involved in AAST activities. Non-surgeons who are active in acute care surgery research are also eligible for membership in the Contributing Scientist category, the details of which are also available on the website. The deadline for application for all forms of membership is July 1, 2022.

In support of our trainees, and to facilitate their job searches during these trying times, the AAST, in conjunction with the Eastern Association for the Surgery of Trauma and the Surgical Critical Care Program Directors, held our second annual Virtual Job Fair in early November. Over 150 fellows and junior faculty participated as well as 23 organizations looking to hire young talent. We are in the process of assessing feedback about the Job Fair to determine whether this will continue to be a helpful offering in the future.

As always, a huge shout-out to the AAST staff. I hope that you, our membership, are proud of the efforts of the organization, and that you, like I, look forward to a time when we can return to a more normal existence. I for one was greatly heartened by the esprit de corps demonstrated by those of you who were in attendance in Atlanta, and I look forward to future meetings filled with camaraderie, collegiality, and friendship.



Notes from the Executive Director

– Sharon Gautschy

Welcome to 2022!

AAST has stayed very busy during the last year and there is more upcoming:

- In September TACS (Tools for Acute Care Surgery) launched! The app includes journal articles and reviews, practice tools, educational offerings, committee videos, and networking opportunities
- The deadline for research scholarships has been extended to March 1
- Don't forget the abstract deadline is March 1!
- Membership deadline is July 1

Make sure you mark your calendars for the 81st Annual Meeting of AAST and Clinical Congress of Acute Care Surgery, September 21-24, 2022 in Chicago IL!

Have you seen the new JTACS website and cover? Check them out at www.jtrauma.com. I also encourage you to check out the AAST website, www.aast.org, to find the latest information and deadlines for AAST.

Stay safe, and I hope to see you in Chicago in September.

2022 Grand Rounds

Grand Rounds take place approximately once a month. Grand Round sessions occur on Wednesdays from 4:00-5:00 PM CST. To view the most up-to-date schedule visit, www.aast.org/grand-rounds-webinars.

Date:	February 16, 2022	Date:	July 20, 2022
Topic:	Experts on the Hot Seat: Challenging Pediatric Cases	Topic:	Pediatric Disaster Readiness
Date:	March 23, 2022	Date:	August 17, 2022
Topic:	Intersection of Law Enforcement & Health Care. Delineating the Blurred Lines	Topic:	Healthcare Economics
Date:	April 20, 2022	September - None, see you at the AAST meeting in Chicago!	
Topic:	Associate Member Council	Date:	October 26, 2022
Date:	May 18, 2022	Topic:	Experts on the Hot Seat: Challenging Military Cases
Topic:	(Trauma Survivors Month) AAST President Grand Round	Date:	November 16, 2022
Date:	June 15, 2022	Topic:	Diversity, Equity, and Inclusion
Topic:	Experts on the Hot Seat: Challenging Critical Care Cases	Date:	December 14, 2022
		Topic:	Associate Member Council
		Can't make a live Grand Round?	
		No worries – all Grand Rounds are archived and placed on the AAST website for viewing.	

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Memo from the Program Chair-Recorder

– Karen J. Brasel, M.D., M.P.H.

We are about a month away from the abstract deadline for AAST 2022 (March 1, 2022), and I am excited to work with the Program Committee and ad hoc reviewers to put together an outstanding program. Ad hoc reviewers have proven to be an outstanding addition to the review process—a change made by prior program chair, Patrick Reilly. Adding these reviewers has given us the chance to increase the expertise in reviewing any particular abstract, reduce the number of abstracts that Program Committee members must review, and increase the number of AAST members that have a chance to be involved. If this is an activity that is of interest to you for next year, please fill out the volunteer form located in your AAST profile under “My Dashboard” and scroll down to “Annual Meeting Opportunities.” All volunteer forms are due February 7th.

For those who have looked at the abstract submission system (www.abstractscorecard.com/cfp/submit/login.asp?EventKey=JTSZJVVX), you may have noticed a few changes in the abstract categories. These system changes reflect some of the newer committees that have been established in the AAST, and emphasize the growing and changing nature of acute care surgery. No categorization scheme is perfect, though, and I would welcome your feedback on any further changes you would like to see. The categories now include:

- Abdominal Trauma (including GU)
- Critical Care
- Emergency General Surgery
- Geriatrics
- Pediatrics
- Neurological Trauma
- Guidelines
- Trauma Systems, Health Economics, Epidemiology
- Pre-clinical/Translational
- Shock/Transfusions
- Education
- Injury Prevention
- Global Health/Trauma
- Palliative Care
- Health Disparities/Diversity, Equity, and Inclusion
- Other Organ-based Trauma

Many AAST members mentor junior faculty, fellows, residents, and medical students as they prepare their abstracts and manuscripts, and many of you have had the opportunity to take advantage of such mentorship. There are some whose work is of high quality, but do not have access to such mentorship. This year, those who desired mentorship through the abstract submission process had the opportunity to partner with a senior AAST member to get feedback on an initial abstract draft through our new program, AASTReview. Please note: there was no guarantee of abstract acceptance by participating in this program (www.aast.org/aastreview). I look forward to seeing the results of this program and please keep an eye out for deadlines to get involved in AASTReview in 2023.

What hasn't changed about abstract submission is the review process, which is aimed at having a diverse program that is scientifically excellent. All reviews made by the Program Committee and ad hoc reviewers are blinded, no reviewer scores a submission that comes from their own institution, each institution is allowed four total presentations with a maximum of two full podium presentations. Each individual is allowed only one podium presentation (podium presentations do not include QuickShots).

For those with ideas about lunch and pre-meeting sessions, please work with the committee chairs to submit your lunch and pre-session forms under “My Dashboard” and scroll down to “Annual Meeting Opportunities.” Lunch and pre-session forms are due March 18th. You are also welcome to reach out directly to me.

I am writing this in the midst of the Omicron surge. We are planning on seeing everyone in person in Chicago this fall, but if the pandemic has taught us anything it is that it is impossible to know exactly what the 2022 Annual Meeting of the AAST will look like. We continue to learn about how virtual education can enhance and complement what we are able to offer, while recognizing the personal and professional importance of gathering in person.

Thanks in advance for all of the work that you do and submit for the Annual Meeting—it is a success because of you. If you have any thoughts about additional things that you would like to see at AAST 2022, please reach out to me, the Program Committee, or the AAST staff. See you in Chicago!

[illegible]

The seal of the American Association of Trauma Nurses is a circular emblem. The outer ring contains the text "THE AMERICAN ASSOCIATION OF TRAUMA NURSES" in a serif font. The inner circle features a detailed illustration of a vintage ambulance, likely from the mid-20th century, with "A.A.T.N." and "TRAUMA" visible on its side. The ambulance is shown in profile, moving towards the right. In the background, there is a city skyline with several buildings, a bridge, and a large sun or moon with rays. The foreground shows a body of water with a small boat and a large wheel, possibly a ferry or a bridge component. The entire seal is rendered in a dark blue color on a white background.





Report of the Research and Education Fund Committee

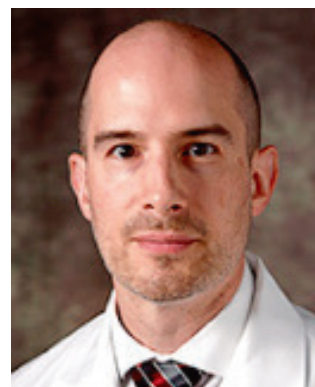
Because of your commitment ...

– Andrew C. Bernard, M.D.

Because of your commitment, the AAST Research and Education Fund (AAST REF) increased its annual donors in 2021 by almost 20%. 250 of you gave over \$152,000 to support research scholarships (the 'General Fund', \$124,748) and meeting travel for military personnel (the 'Always Remember Fund', \$18,875) and meeting travel for residents, fellows and students (the '20fortwenty Fund', \$9,180). This year, the REF Committee has set a high but reachable goal of 400 AAST member donors. You will be hearing from us! Our REF Committee members will be calling, sharing the successes of the AAST REF, answering your questions and asking for your support. In 2022, AAST is further expanding its impact on research career development by adding a 4th research scholarship. I know the members will be rising to the occasion.

For 2022, I ask this of you:

1. Consider which REF mission is nearest to your heart: 1. research, 2. military member travel, 3. resident / fellow / medical student travel
2. Give to REF
3. Consider making it a monthly donation. Monthly donations allow a relatively small monthly gift to make a major impact. It's easy to give monthly through the web site. Just 'set it and forget it'. We'll send you an annual summary at tax time. **Dr. David Skarupa** from UF Jacksonville says he gives because "AAST has helped and supported me. I'd like to help AAST and rising members." Of monthly giving, David says, "It helps ensure consistent investment in the education. Little by little, it adds up."



Dr. David Skarupa

Thank you, AAST Members, for what you accomplished this year. And thank you in advance for your partnership in 2022, as we strive for 400 donors and more monthly giving to fund cutting edge trauma research and a wonderful Annual Meeting experience in Chicago for military members, medical students, residents and fellows.

**Thank you
to our
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Research and
Education
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AAST MIT Committee Spotlight

– Joseph J. DuBose, M.D., MITC Chair

The AAST MIT Committee continues to review and support the implementation of high-quality, multicenter research efforts designed and led by our membership. We are delighted to announce that several great efforts are currently being developed and are open to enrollment and support from fellow AAST members. In this newsletter, we are highlighting two specific efforts we hope you will consider contributing to.

PALLIATIVE CARE STUDY

The AAST Committee on Palliative Care, together with the Geriatric Committee and Critical Care Committee, invites the AAST membership to join their new multi-institutional trial to assess the variability of trauma center palliative care practices for geriatric trauma patients. This study is titled “Are We Providing Optimal Care for the Injured Older Adult?: Assessing Trauma Center Palliative Care Practice in North America.” The aim of this observational retrospective cohort study is to identify the practice patterns in palliative care across the United States and Canada and to evaluate hospital/department/practitioner adherence to TQIP guidelines for trauma patients over the age of fifty-five.

Despite advancements in care and treatment protocols, we still find that up to 20 percent of trauma patients die, and another significant number have either lifelong functional or quality of life impairments. Palliative care is thus a very important adjunct to trauma care, especially with the rise in numbers of injured older adults—individuals who often value independence or quality of life more than length of survival.

The TQIP guidelines recommend early palliative care for those critically injured and/or seriously ill or frail, with a high risk of death or poor functional outcomes. Despite these recommendations, palliative care remains underutilized in many (but not all) trauma centers, with only a small

fraction of the patients who might benefit receiving inpatient palliative care. Furthermore, palliative care often occurs late—often within just twenty-four hours of death. How and when palliative care is offered appears to be determined more by regional practice variation, hospital culture, and resources. To better understand this variation, we will assess trauma center practice patterns around palliative care interventions including who, what, and when it is delivered, as well as its impact on patient outcomes, such as length of stay, intensity of care, comfort measures, and use of nonbeneficial life support. We hypothesize that there is large variability in the implementation of palliative care and adherence to the ACS TQIP recommendations across trauma centers.

The study will enroll consecutively admitted trauma patients (age > 55) from two snapshot time periods—June 1–15, 2021, and October 15–31, 2021—from Level I and Level II trauma centers across the United States and Canada.

To find out more about this study or to enroll your trauma center, please contact Nicole Moraco, MD, Research Fellow (Nicole.moraco@lahey.org) or Anne C. Mosenthal, MD, FACS, Principal Investigator (anne.c.mosenthal@lahey.org).

CARDIOPULMONARY BYPASS CAPABILITIES in TRAUMA CENTERS

The American College of Surgeons Committee on Trauma requires that all verified Level I trauma centers have cardiopulmonary bypass capabilities (CPB) immediately available. The literature to support the use of CPB in trauma patients has largely been limited to case series from busy trauma centers and multiple case reports. Recently, the division of Trauma Surgery at Tufts Medical Center published a retrospective six-year review using the Research Data Set of the National Trauma Data Bank (NTDB) to

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President's Perspective — continued from page 1

lives, often at their lowest point. Helping patients and families, even when the outcome is not all that positive, is what we can do best. We too often forget that joy. Embrace these moments as they can brighten your day and give you the energy to keep going.

Our partners and teams are a real strength. Use them to get through those hard days and times. Many people across the country have lived in relative isolation over the past two years. For better or worse, as health care providers have been fortunate enough to interact with our staffs, partners, and trainees in “real time.” We have had the luxury of social contact. While at times (like in many families) our relationships may have frayed, all one has to do is buzz through social media to see the myriad of amazing examples of our trauma and critical care teams around the country caring and supporting one another—impromptu dinners, parties, whatever. This is the best part of our profession shining through. Again, this is time to embrace our trauma and acute care families, and in the words of those eminent philosophers, Bill and Ted, now is the time to “Be excellent to each other.”

Internalize the meaning of the (shortened and non-deity specific) serenity prayer: “Grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.” Make realistic goals about what you can achieve during this time. This is not the time to work, as we often do, against tight deadlines, as you may be asked to cover a week of service for a colleague who is sick or being quarantined. One of the wisest things a mentor told me when I was a fellow was that an academic career is “a marathon, not a sprint.” As maybe one of your most senior members, now fortunate enough to be your AAST president, I can testify to that concept. There is always time to get that second set of experiments done and always another meeting to which to send that abstract. Try to avoid setting self-imposed, unrealistic deadlines. Do what matters, and leave the rest in your inbox. On that note, in sitting in on many AAST committee meetings, while an amazing amount of work is ongoing, the chairs are

doing a great job of navigating our crazy world and I admire them more after each meeting.

Lastly, and not to be too trite, like that long night on trauma call, the sun will eventually come up and one of your partners will show up to help you shoulder the load and take over. There remain a lot of changes and a lot to look forward to coming up in 2022. Let me share some of the good things that are happening here at AAST: The new website and look for the *Journal of Trauma and Acute Care Surgery* is simply amazing; stay tuned for more changes spearheaded by Dr. Coimbra. Twenty twenty-two will also see us chose a new editor for Trauma Surgery and Acute Care Open (TSACO); the AAST cannot thank Dr. Tim Fabian enough for being our inaugural editor of this very successful endeavor. Again, more news on this in the upcoming months.

Hopefully you are giving yourself plenty of time to write your abstracts for the 2022 AAST Annual Meeting in Chicago! I know that Dr. Brasel and the Program Committee will put together an outstanding program and meeting.

Deadlines for scholarships are also approaching. Reviewing the generous ongoing donations of the membership allowed the Board to authorize a new, fourth scholarship. One only has to look at the outstanding careers of past winners to see how important our AAST scholarships are. Thank you for all your contributions and please keep them coming!

In closing, while 2022 may prove to be as unpredictable as 2021, I have tremendous faith in our members and colleagues, and that we will come through with grace and professionalism of the highest caliber. Once again, thank you for your support of the AAST. We continue to strive to make our organization the premier trauma and acute care surgical organization worldwide.

Stay well and sane, and I look forward to seeing you all in the year ahead.

JOIN THE AAST CONNECT AND TACS APP TODAY!

The AAST is excited to announce the AAST Connect and Tools for Acute Care Surgery (TACS), a mobile app that puts educational resources and opportunities to network with AAST members at your fingertips.

**JOIN TODAY BY
SCANNING BELOW!**

THROUGH TACS, ACCESS AAST-VETTED AND APPROVED RESOURCES AT YOUR FINGERTIPS, INCLUDING:



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Cut out the time it takes to make evaluations!

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Learn how to connect and keep up to date with AAST Committees after joining!

PROCEDURAL VIDEOS:

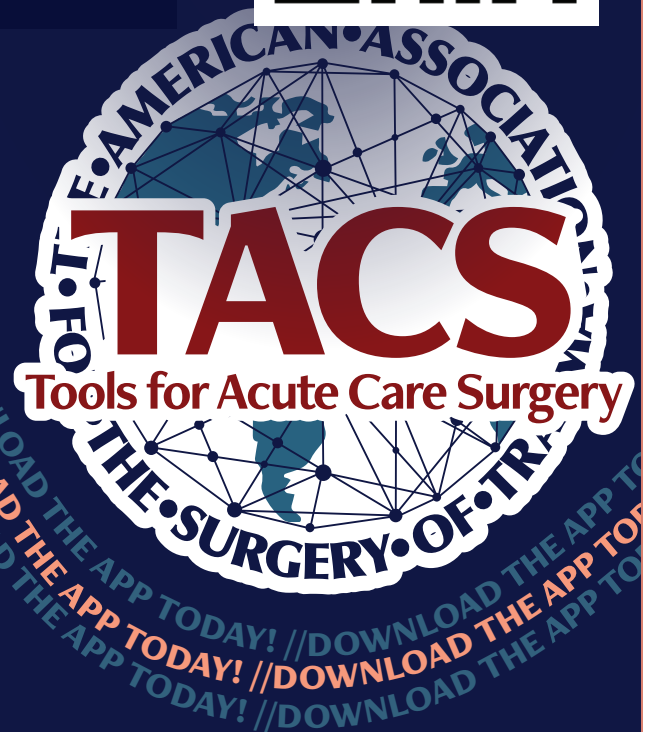
Brush up before scrubbing in!

FELLOWS' CORNER:

Get tips on how to nail fellowship!

JOURNAL ARTICLE REVIEWS:

Sliced and diced by AAST's
own Critical Care Committee!



MIT Committee Spotlight — continued from page 8

determine the outcomes of patients with cardiothoracic injuries who were managed with cardiopulmonary bypass. In their review, they found that patients who underwent CPB surgery had higher rates of complications, but had a statistically significant lower rate of in-hospital mortality. Unfortunately, NTDB's inherent limitations did not allow these investigators to characterize the CPB patients in depth: they could not identify the exact indications and timing for the CPB utilization. Additionally, from their review of the NTDB, the researchers found that CPB is used

infrequently. Given its infrequent use, this group is now conducting a multicenter retrospective study to further describe the use and outcomes of cardiopulmonary bypass in traumatic injuries, with the hope of further demonstrating the survival benefit of this tool and further defining the indications of its use.

Anyone interested in joining this fascinating effort can find study details on the AAST multicenter study web page, or contact Nikolay Bugaev, MD, at Tufts Medical Center for inquiries and details (nbugaev@tuftsmedicalcenter.org).



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