

# AAST 2022 ANNUAL MEETING

## PRE, LUNCH, AND ADD-ON SESSION DESCRIPTIONS

Pre-sessions Tuesday, September 20th

Hot Topics, Case Challenges, and Current Literature  
in Trauma and Emergency General Surgery:

The AAST 2022 Continuous Certification Course



<b>Times</b>	<b>Topic</b>	<b>Faculty</b>
1:00-2:50 pm	<b>SESSION 1: TRAUMA SURGERY</b>	
1:00-1:15 pm 1:15-1:30 pm 1:30-1:45pm	<b>Hot Topics in Thoracic Trauma:</b> (Moderator: Marko Bukur) 1) Retained Hemothorax: YATS and VATS 2) Damage Control Surgery in the Chest 3) Transmediastinal Trauma: Navigating in Tiger County	Stanley Kurek, DO Tanya Egodage, MD Matthew Martin, MD
1:45-2:35 pm	<b>Challenging Trauma Cases and Current Management Expert Panel</b> (Moderator: Marko Bukur and Navpreet Dhillon)	Stanley Kurek, DO Tanya Egodage, MD Matthew Martin, MD Purvi Patel, MD Sharon Henry, MD
2:35-2:50 pm	<b>2022 Favorite Papers: Trauma and Trauma Systems</b>	All panelists
2:50-3:05 pm	<b>Break and Meet the Faculty</b>	Break
3:05-4:55 pm	<b>SESSION 2: EMERGENCY GENERAL SURGERY</b>	
3:05-3:20 pm 3:20-3:35 pm 3:35-3:50 pm	<b>Hot Topics in Emergency General Surgery:</b> (Moderator: Nicole Stassen) 1) Emergency General Surgery in the Pregnant Patient 2) Ventral Hernia Management in the Contaminated Field 3) Surgical Management Options for Severe C. Difficile Colitis	Tareq Kheirbek, MD, MSc, MS Natasha Keric, MD Paula Ferrada, MD
3:50-4:40 pm	<b>Challenging EGS Cases and Current Management Expert Panel</b> (Moderators: Nicole Stassen and Ryan Dumas)	Tareq Kheirbek, MD, MSc, MS Natasha Keric, MD Paula Ferrada, MD Salina Wydo, MD Jennifer Gurney, MD
4:40-4:55 pm	<b>2022 Favorite Papers: Emergency General Surgery</b>	All panelists

The 2022 Continuous Certification Course will be designed to meet the educational needs of AAST members at all levels who participate in the care of trauma and emergency general surgery patient populations. It will include a mix of "hot-topic" expert didactic lectures in each of the two main topic areas, followed by a facilitated panel discussion of challenging cases and scenarios. The cases and scenarios will be specifically chosen to represent current areas of controversy or recent major scientific advances/evolving literature. The presenters, panelists, and moderators represent a highly diverse group of faculty, ranging from senior AAST members to current AAST Associate members. In addition to lively interaction among the faculty during the expert case panel sessions, audience members will be encouraged to participate with input or questions directed to the faculty. We will continue the highly popular "Favorite Papers" component at the conclusion of each panel session, where each panelist selects and briefly discusses their favorite or most important scientific study in that topic area published in the last 2 years. The full agenda with content and faculty is shown above.

## **MINIMALLY INVASIVE OPTIONS FOR THE ACS SURGEON: LAP CBDE, ENDOSCOPIC CONTROL OF BLEEDING AND FOREIGN BODY REMOVAL. A COLLABORATIVE HANDS-ON SESSION WITH SAGES**

This hands-on pre-session is designed to teach Acute Care Surgeons practical techniques, tips and tricks to manage urgent issues laparoscopically and endoscopically. The session will focus on laparoscopic common bile duct exploration, endoscopic control of bleeding and minimally invasive options for foreign body removal. Participation in this course will enhance the skill set of the acute care surgeon, as well as provide useful collaboration with colleagues in minimally invasive surgery and develop familiarity with new equipment. This course will occur off site at the SAGES Sim Center in Northshore Chicago. Transportation will be provided.

Moderator: Stephanie Savage, MD

Speakers: Marc deMoya, MD; Michael Ujiki, MD; TBD

## **BUILDING DIVERSE MENTORING NETWORKS: PEER MENTORING FOR CAREER ADVANCEMENT AND PROMOTION- PRE CONFERENCE WORKSHOP**

The imperative to build a more diverse and equitable physician workforce in Acute Care Surgery and Trauma has never been stronger. We all recognize the “leaky pipeline” in academic surgery in general, and ACS specifically, with lower rates of advancement into leadership and senior academic rank among racial and ethnic minorities, women, LGBTQ and other underrepresented groups. There are many barriers to advancement, but one important one is lack of mentoring and inclusive professional networks. The AAST DEI Committee, propose a 2 hour workshop for diverse early to mid-career ACS faculty. The Goal of this workshop would be to have participants: • Create Peer Mentoring Networks in ACS and Trauma Surgery • Develop Individual Career Advancement Plans with mentored guidance • Assess their own professional strengths and impact in the field • Critique and revise their CVs in preparation for promotion The workshop will be interactive with 3 participants grouped into peer triads, together with a senior faculty mentor. Participants will do pre work consisting of 1) Reflection and Assessment of own mentoring needs, and 2) Individual Development Plan including a personal mission statement, identification of strengths and impact, and identification of career goals. Each participant will bring their pre work and CV to the workshop. Peer Triads with a faculty facilitator (moderators and presenters) will give each other feedback and critique to revise their Personal Mission Statement, CV, and Goals to create the Individual Development Plan. It is our hope that one of the outcomes of this workshop is that the peer mentoring triads will form the basis for an ongoing AAST Peer Mentoring Network \*\*This workshop is designed for in-person but could be delivered in a virtual environment in the event that the 2022 meeting is virtual. We will limit the number of workshop participants to 24

Moderators: Sharon Henry, MD; Cherisse Berry, MD; Stefan Leichtle, MD, MBA

Speakers: Anne Mosenthal, MD; Lillian Kao, MD, MS; Mary Schroeder, MD; Jose Diaz, MD

## **LUNCH SESSIONS, WEDNESDAY SEPTEMBER 21 12:25-1:40 PM**

### **PRACTICING OUTSIDE THE BOX: HOW TO DEVELOP A MULTIDISCIPLINARY APPROACH FOR THE CARE OF GERIATRIC SURGICAL PATIENTS**

- 1) How to use geriatricians in the care of injured elderly patients: Sasha Adams, MD
- 2) How to use Frailty to optimize care in elderly patients Tanya Anand, MD
- 3) When should palliative care become involved Stephanie Lueckel, MD
- 4) What are the benefits of obtaining ACS verification as a Geriatric Surgical Center: Lisa Kodadek, MD

### **TO LEAVE OR NOT TO LEAVE: NAVIGATING THE NEEDS, RULES AND RISKS OF PERSONAL, PATERNITY, MATERNITY, AND FAMILY LEAVE**

Leave for family needs and personal health is not vacation. Official leave is fundamental to beginning-of-life, end-of-life, and prolonged illness at any stage or age. In this era of burnout and overextension with progressive mental health understanding and priority, it has become ever more relevant for self and personal care. Furthermore, it is an entitled form of work absence that is heavily legislated. Unfortunately, it is oft disputed, poorly understood, and rarely granted without challenges, stigma, a sense of work-debt or education loss, and varies from job-to-job and institution-to-institution. These intrinsic challenges often translate to surgeons not using these hard earned and necessary benefits.

Trauma surgeons at all levels need to better understand the current rules and regulations of paternity, maternity, personal, and family leave. Speakers and panelists will review current status of leave policies and applicability and foster discussion regarding the challenges and best applications in the trauma “shift work” environment. After review of policy, law and experiences, emphasis will be placed on creating supportive environments and team approaches, avoiding “due bills”, ensuring benefits and contracts are transparent and understood, and embedding adequate coverage in staffing allocation models.

Speakers: Shannon Marie Foster, MD  
Rachel Rodriguez, MD  
Tareq Kheirbeck, MD  
Brian Williams, MD  
Haytham Kaarfarani, MD  
Brittany Bankhead, MD

Daniel Holena, MD  
Danielle Hashmi, MD  
James Byrne, MD, PhD  
Ben Zarzaur, MD, MPH  
Rob Winfield, MD

Moderators: Jennifer Hartwell, MD; Jamie Jones Coleman, MD

## **GALVANIZING THE INTERNATIONAL TRAUMA COMMUNITY DURING TIMES OF CONFLICT**

We will discuss how we can create a concerted effort, collectively as a trauma community, in order to best prepare for times of conflict. We will also discuss how we can be ready to assist at the time that conflict breaks out.

Christine Gaarder, MD, PhD; Rochelle Dicker, MD; Marc DeMoya, MD

## **THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY: TIPS AND TRICKS FOR AUTHORS AND REVIEWERS.**

1. Writing a Publishable Manuscript: Tips for Beginners - Raul Coimbra, MD, PhD, FACS
2. Peer Review of Surgical Papers: Tips for Junior Reviewers - Walt Biffl, MD, FACS
3. Multivariate Analysis & Propensity Scoring: When, Why, How - Tabitha Garwe, MPH, PhD

## **LUNCH SESSIONS, THURSDAY, SEPTEMBER 22 1:10-2:25 PM**

### **IMPLEMENTATION OF THE NATIONAL TRAUMA RESEARCH ACTION PLAN**

Background: The 2016 report from the National Academies of Sciences, Engineering, and Medicine on the need for a National Trauma System highlighted the importance of a learning healthcare system and thus the need for a National Trauma Research Action plan. With the support of the Department of Defense, the Coalition for National Trauma Research has engaged over 400 multidisciplinary experts in trauma care and research to address the following aims: 1. Perform a gap analysis of military and civilian trauma research to identify priorities across the continuum of care 2. Define optimal metrics to assess long-term functional outcomes in injured patients following hospital discharge 3. Identify trauma research regulatory barriers, develop best practices for investigators, and collaborate with federal entities to define optimal outcomes for clinical trauma research Objective: The objective of this lunch session is to provide an overview of the outcomes of the three aims of NTRAP and facilitate a discussion on the next steps for implementation.

Moderator: Eileen M. Bulger, MD

Speakers: Eileen M. Bulger, MD; Juan Herrera-Escobar, MD; Michelle Price, PhD

Panelists: Travis Polk, MD; Raul Coimbra, MD, PhD; Avery Nathens, MD, PhD, MPH

### **EGS VERIFICATION: THE WHY, THE WHAT, AND THE HOW**

This one hour lunch session will describe and address the EGS verification effort led by the American College of Surgeons. The format will feature four, 10 minute talks followed by a panel discussion. Starting with Why - Raul Coimbra Pearls and Pitfalls of the incorporation of Emergency General Surgery into a Trauma practice - Kim Davis Databases: The What and the How - Kristan Staudenmayer Tips and Tricks for aligning a multi-hospital system - Stephanie Savage

Raul Coimbra, MD, PhD; Kimberly A. Davis, MD, MBA; Stephanie Savage, MD; Kristan Staudenmayer, MD, MSc

### **HIGHLIGHTS FROM THE PEDIATRIC TRAUMA SOCIETY MEETING**

Dr Michael Nance, President of the Pediatric Trauma Society, will bring together a 50 minute summary of the most important advances in pediatric trauma presented at the most recent meeting of the Pediatric Trauma Society

Speaker: Michael Nance, MD, President of Pediatric Trauma Society

Moderators: David Notrica, MD and Christopher Newton, MD

## **QUALITY CARE IS EQUITABLE CARE: A CALL TO ACTION TO LINK QUALITY TO ACHIEVING HEALTH EQUITY WITHIN TRAUMA AND ACUTE CARE SURGERY**

Health equity is the sixth domain of quality. Best practices for identifying health equity metrics specific to trauma and acute care surgery are needed to ensure the delivery of high-quality care. Thus, implementing a health equity framework within organizations such that institutions and local trauma surgeons can ensure equity is included as a component of quality by 1) capturing and stratifying patient outcomes data including patient experience data by race, ethnicity, ancestry, language, sexual orientation, and gender identity 2) ensuring cultural competency (e.g. availability of language services/translators; identifying sources of bias or systemic inequities that may have contributed to patient complications discussed at morbidity and mortality conferences/root cause analysis conferences) is woven into every aspect of the organization; c) health literacy is prioritized; and d) Disease specific disparities are measured such that interventions to eliminate those disparities are developed and implemented

Speakers: Tanya Zakrison, MD, MPH; Marta McCrum, MD; Lisa Marie Knowlton, MD, MPH; Lillian Kao, MD, MS; Kathie-Ann Joseph, MD, MPH; Suresh Agarwal, MD  
Moderators: Cherisse Berry, MD; Brandon Bruns, MD, MBA

## **ADD-ON SESSIONS, THURSDAY SEPTEMBER 22 2:30-6:30 PM**

### **COMPLEX TRAUMA FOLLOW UP AND DISCHARGE MANAGEMENT: IMPROVING LIVES AND PREVENTING REINJURY**

Patients receiving optimal patient care in trauma centers often have their lives saved by high quality, cutting edge medical care. However, the recovery from such care can be a long road for patients and their caregivers. Discharge planning for medically and socially complex patients can lead to increased length of stay, increased health system utilization, and increased complications, including death. Robust discharge planning for complex patients has evolved to include programs targeting specifically complicated populations to streamline care. These programs both provide significant improved long-term care and may enhance prevention of reinjury. This pre-conference session will explore the patient population with complicated post-discharge needs and outline the best practices for patient follow up, post-discharge programming options, palliative care and injury and violence prevention. Objectives of the session include: 1. Understand how to use your registry data to evaluate your trauma program for the post-discharge needs of your patients 2. Describe the complexities of discharge management and understand how facilities and payors interact to determine the post-discharge plan for the patient 3. Explain the similarities and differences between Trauma Recovery Centers, Trauma Survivorship Clinics, Hospital Based Violence Intervention Programs, Family Justice Centers and understand which models would best suit your trauma center

Moderator: D'Andrea Joseph, MD

Speakers: Rochelle Dicker, MD; Stephanie Bonne, MD; Anastasia Kunac, MD; Matthew Shawlin, MD; Barbara Gaines, MD; Sigrid Burruss, MD; Amy Gore, MD; Charity Evans, MD, MS; Thomas Duncan, DO; Erin Hall, MD



## ADVANCED RESEARCH METHODS AND GRANT WRITING FOR THE ACUTE CARE SURGEON SCIENTIST

<b>TITLE:</b>	Advanced Research Methods and Grant Writing for the Acute Care Surgeon Scientist	
<b>SPONSORING COMMITTEES:</b>	Educational Development Committee	
<b>COURSE DIRECTORS:</b>	Jonathan P. Meizoso, MD, MSPH Elliott R. Haut, MD, PhD	
<b>Introduction (5 min.)</b>		
Jonathan P. Meizoso, MD, MSPH   Elliott R. Haut, MD, PhD, PhD		
<b>PART I. ADVANCED RESEARCH METHODS AND CONSIDERATIONS (55 MIN.)</b>		
Cutting Edge Health Services Research Techniques	James Byrne, MD, PhD	10 min.
Patient-Centered Outcomes Research	Deborah M. Stein, MD, MPH	10 min.
Mixed Methods / Qualitative Research	Vanessa P. Ho, MD, MPH	10 min.
Alternative Clinical Trials Designs	Jason Sperry, MD, MPH	10 min.
Q&A	All	15 min.
<b>Break (10 min.)</b>		
<b>PART II. I NEED MONEY...SEND HELP! (65 MIN.)</b>		
NIH Funding for the Acute Care Surgeon	Hasan B. Alam, MD	10 min.
DOD and Other Federal Funding Sources	Martin A. Schreiber, MD	10 min.
Alternative Funding Sources	Carrie Sims, MD, PhD	10 min.
Getting Over the Hump to Get Your Grant Funded	Todd W. Costantini, MD	10 min.
Q&A	All	15 min.
<b>Break (10 min.)</b>		
<b>PART III. RESEARCH TIPS FROM THE EXPERTS (75 MIN.)</b>		
Implementation Science: This is How We Do It	Elliott R. Haut, MD, PhD	10 min.
Negotiating Complex Issues in Multi-Center Trials	Matthew D. Neal, MD	10 min.
Optimizing Resources for Your Health Services Research Center	Catherine Velopulos, MD, MHS	10 min.
Navigating Research Collaborations with Industry	Rachael Callcut, MD, MSPH	10 min.
Making the Most of Big Data	Mitchell Cohen, MD	10 min.
What can CNTR Do for You?	Eileen M. Bulger, MD	10 min.
Q&A	All	15 min.

## THE AAST NEUROCRITICAL CARE UPDATE AND BOARD REVIEW COURSE

This session will be a high-level review of modern neurocritical care concepts and practice, as well 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 first exam was offered in October of 2021 and followed a very successful AAST Neurocritical Care Board Review Course that was conducted at the 2021 AAST Annual meeting. Although the initial plan was to only offer this exam every other year, this was recently changed, and it will be offered yearly due to the level of demand. With the timing of the exam being in October and the demand for board preparation materials among surgical intensivists, we believe this ideally positions us to continue to offer this unique prep course ahead of the exam. Preparation for this exam requires not only familiarization with standard neurotrauma management, but also knowledge in non-surgical areas 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 (see figure below). 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 would be included in the registration fee.

<b>TIMES</b>	<b>TOPIC</b>	<b>FACULTY</b>
<b>2:30-3:45</b>	<b>SESSION 1 (Moderator: Chris Michetti)</b>	
15 mins	1. Cerebral/CSF physiology and CSF analysis	Matthew Martin, MD
15 mins	2. Interpreting EEGs and TCDs	Samuel Tisherman, MD
15 mins	3. Neuropharmacology	Purvi Patel, MD
15 mins	4. Neuroendocrine disorders	Christopher Michetti, MD
15 mins	5. Neuro complications of hematologic diseases and hemodynamic support	Tanya Egodage, MD
<b>3:45-4:00</b>	<b>Break</b>	<b>Break</b>
<b>4:00-5:15</b>	<b>SESSION 2 (Moderator: Deborah Stein)</b>	
15 mins	6. Acute CNS infections	Krista Kaups, MD, MSc, MS
15 mins	7. Brain CT, MRI, and Perfusion Scans	Bellal Joseph, MD
15 mins	8. Subarachnoid hemorrhage (aneurysmal and non-aneurysmal)	Deborah Stein, MD, MPH
15 mins	9. Intraparenchymal hemorrhage (non-trauma) & vascular anomalies	Joel Elterman, MD
15 mins	10. Acute ischemic stroke (including cerebral venous thrombosis)	Ravi Garg, MD
<b>5:15-5:30</b>	<b>Break</b>	<b>Break</b>
<b>5:30-6:30</b>	<b>SESSION 3 (Moderator: Matthew Martin)</b>	
10 mins	11. Status epilepticus and seizures	Ravi Garg, MD
10 mins	12. Coma, alterations in consciousness, encephalopathy	Matthew Martin, MD
10 mins	13. Neuro-oncology	Carlos Brown, MD
30 mins	14. High-yield Questions/Answers Review	Salina Wydo, MD

## **LUNCH SESSIONS, FRIDAY, SEPTEMBER 23RD 12:00-1:15 PM**

### **SURGICAL FUTILITY IN THE ELDERLY: FIRST DO NO HARM**

- 1) How to handle the “transfer of futility” when you get a transfer call about a geriatric patient who is not likely to survive transfer? Bellal Joseph, MD
- 2) How to say enough is enough in the trauma bay? Michael Cripps, MD
- 3) How to avoid interventions that we know won't change outcome in OR or ICU? Allyson Chapman, MD

### **ALLOCATION OF SCARCE RESOURCES DURING TIMES OF NEED: LESSONS LEARNED FROM THE COVID-19 PANDEMIC**

The COVID-19 pandemic has impacted providers and patient care in Acute Care Surgical patients. Lack of hospital beds, ICU beds, ventilators, dialysis machines, OR availability and staffing shortages have led to creative solutions in dealing with these shortages. Experience from three centers across the country will be presented followed by audience discussion.

- i. Managing increased patient load and resources through improved situational awareness and coordination: The need for Regional Medical Operations Centers (RMOC). Ronald M. Stewart, MD
- ii. Expanding and allocating scarce critical resources: A New York City municipal hospital system perspective. Melvin Stone, Jr. MD
- iii. Too Much with Too Little: Innovative solutions for increasing patient acuity in an era of staffing shortages. Stephanie Savage, MD
  - a. increased patient load and acuity safely: Logistic challenges (Effects on patterns of transferring patients between facilities, restructuring teams to better adapt to conditions, adoption of new patient flow protocols, etc.)
  - b. How do you ration scarce resources in the ICU (ventilators, hemodialysis machines, ECMO, etc.)?
  - c. Innovative solutions to increased patient acuity and need for surgery with OR staffing shortages.
    - Changes in treatment concepts (discuss results of non-operative management of some EGS conditions in patients with symptomatic COVID, etc.)

Moderator: Krista Kaups, MD, MSc, MS; Ronald M. Stewart, MD; Melvin Stone, Jr, MD; Stephanie Savage, MD

## **HOSPITAL BASED VIOLENCE INTERVENTION PROGRAMS (HVIPS) – A STEP-BY-STEP GUIDE TO ESTABLISHING ONE AND MAINTAINING FULL-FLEDGED STATUS.**

Violence is a public health crisis, a term coined by the prior surgeon general (C. Everett Koop) and continues to plague the United States. As health care professionals, we can continue providing excellent health care to treat the injuries caused by firearms, knives, and other forms of assaults, but until we address the root cause of violence, it will continue to be a major public health issue in our nation. To address violence and its repercussions, Hospital Based Violence Intervention Programs (HVIPs) were created in the late 1990's. The first few programs founded were Youth ALIVE! Caught in the Crossfire, University of Maryland Medical Center Violence Intervention Program, and University of California San Francisco Wrap Around. These programs (amongst others) eventually bonded to form the National Network of Hospital Based Violence Intervention Programs (NNHVIP), presently known as the Hospital Alliance for Violence Intervention (The HAVI). Since the start of the pandemic, gun violence has spiked in cities across the United States, where in 2020, gun homicides increased by 30 percent nationwide compared to 2019. Communities of color, and especially Black Americans, bear a disproportionate share of this violence – in 2020, Black males aged 15 to 34 accounted for 42 percent of gun homicide victims, despite making up just two percent of the population. Data has shown that having a thriving violence intervention program in a hospital can decrease the recidivism caused by violence and its root causes by addressing key social determinants of health. By having avid violence interrupters and other components, a fully functional HVIP saves lives. Trauma centers desire to initiate HVIPs in their facility but lack the knowledge of how to begin the process of founding one. In addition, maintaining a functioning HVIP has its barriers without the key players involved. This session will provide a step-by-step guide on how to objectively determine the type of HVIP that fits a hospital based on its target population, determine how to find champions and collaborators, develop essential resources, properly implement the program, build a support structure, and maintain evaluation, funding, and advocacy to remain afloat. It will also highlight potential pitfalls that could be encountered along the journey. Specific topics covered will include (1) how to obtain and manage funding, (2) program implementation including consent, legal and compliance consideration hiring staff, and management, and (3) evaluation, sustainability and interaction with community groups

Moderator: Rochelle Dicker, MD

Speakers: Sharven Taghavi, MD, MPH; Terri deRoon-Cassini, MD, MPH; Stephanie Bonne, MD

## **THE POWER OF MENTORSHIP: A NO-LECTURE, ROUND TABLE DISCUSSION**

1:10-1:20 Haytham Kaafarani, MD & Brittany Bankhead, MD: clinical mentorship (residency and beyond)

1:20-1:30 Nicholas Namias, MD, MBA & Jonathan Meizoso, MD: research mentorship

1:30-1:40: Matthew Martin, MD & Ryan Dumas, MD: mentorship through professional societies

1:40-1:50 min: Deborah Stein, MD, MPH & Brandon Bruns, MD, BA: mentorship pairings for executive leadership

1:50-2:00: Matthew Tadlock, MD & Michael Van Gent, MD: mentorship in the military

2:00-2:25: Q&A

Moderators: Lisa Knowlton, MD, MPH; Jason Butler, MD

## **NEW ACS TRAUMA CENTER STANDARDS: WHAT YOU NEED TO KNOW**

The speakers will present the new standards for the 2022 VRC Resources for the Optimal Care of the Injured Patient.

Avery Nathens, MD, PhD, MPH; Nilda Garcia, MD; R. Todd Maxson, MD; Dan Marguiles, MD