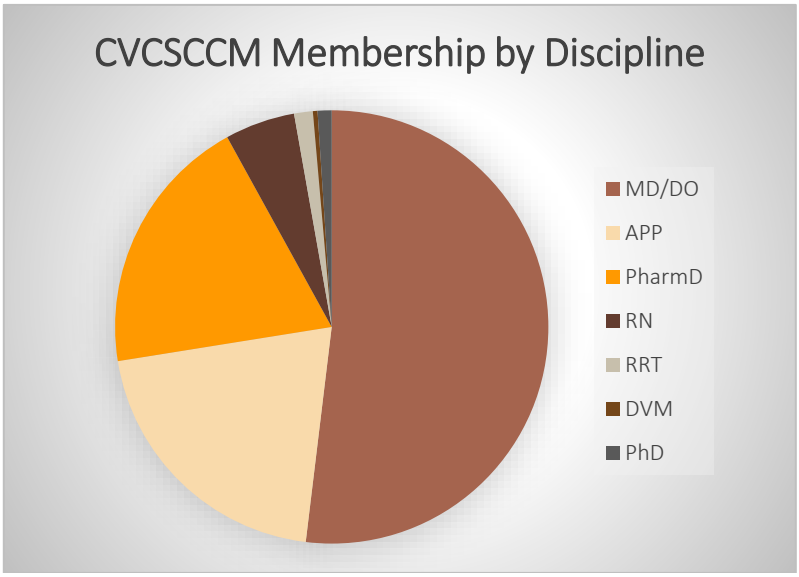
CAROLINAS/VIRGINIAS CHAPTER OF THE SOCIETY OF CRITICAL CARE MEDICINE

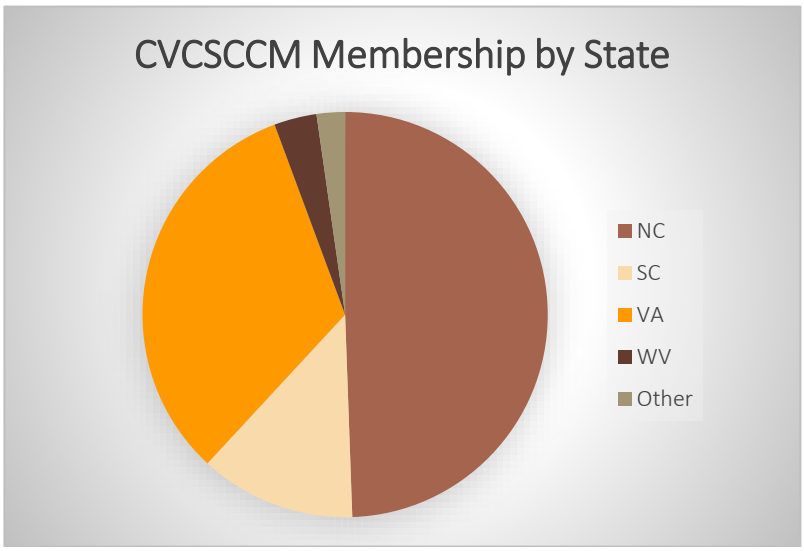
MEMBERSHIP NEWSLETTER- SPRING 2018 VOL. 2 ISSUE 1

WHO WE ARE AS A CHAPTER

MEMBERSHIP STATISTICS

The Carolinas/Virginias Chapter prides itself on its diversity due to our large geographic region and multi-disciplinary membership. As of February 2018, we are 300 members strong. The breakdown is below:





RESEARCH SURVEY

ICU BURNOUT

The chapter's first research effort, "A Regional Call for Action on Burnout" began on March 13th with a Survey Monkey sent to the entire CVCSCCM membership. Please consider completing this survey which takes approximately 5 minutes. The email will be addressed from, "cvcsccm@gmail.com via surveymonkey".

IN THIS ISSUE

MULTIPLE CASUALTY OPERATIONS

AND THE AUGUST 12TH MCI RESPONSE IN CHARLOTTESVILLE, VIRGINIA

At 1342 hours on August 12, 2017 a car driven by an Alt-Right follower drove into a crowd in Charlottesville, Virginia. Over 20 casualties resulted. The University Of Virginia Trauma Center (UVA) had been anticipating such an incident and had made extensive preparations that can be instructive for other centers.

Major academic trauma centers encounter multiple casualty incidents (MCI) on a semi-regular basis. Centers with large penetrating trauma percentages can encounter multiple gunshot victims regularly while centers like UVA receive patients from such a large catchment area that multiple simultaneous, unconnected incidents generating critical patients are not unusual. The differentiation of an MCI from a disaster can be subtle. An MCI usually requires immediately activation of backup systems and some generalized hospital response to create open beds, operating rooms, and to mobilize personnel. A disaster by definition overwhelms the available response and requires a larger overall hospital response, coordination with surrounding centers, triage operations, and activation of often rarely used plans for response.

Prior to August 12, UVA had geared up for an MCI-Disaster response during a Ku Klux Clan rally held the month before. This included staging a trauma surgeon with the local SWAT team at the incident, pre-response activation of backup surgical and operating room teams, and creation of open ICU beds. This was coordinated by trauma center leadership and the hospital emergency management group. A command center was activated and additional administrative and clinical personnel were at the hospital during the event. No casualties were received from this event, but it turned out the process was good practice for the health system.

Intelligence received prior to August 12 indicated that the event would be much larger than the KKK rally, and that there was significant risk of penetrating injury due to the large number of armed attendees that were expected. In preparation, a three week process was initiated where elective surgery was cancelled the day prior to the event, and ICU beds were freed by restricting all non-emergency inter-hospital transfers. These measures allowed us to create a significant number of open acute and critical care beds prior to the event. In addition, the surgery department upgraded its backup call activation system to a smartphone app that allowed instant notification and acknowledgement. Prior to the start of the event, 36 surgical residents and medical students were staged in the hospital cafeteria, and had already been assigned to resuscitation teams, with paperwork created to track team members and patients. The trauma center program manager and trauma director were on site as well as four other trauma surgeons.

When the incident occurred, a triage team was waiting outside the main entrance of the hospital to direct non-critical patients into a secondary triage area in the hospital lobby, and direct critical patients to the emergency department. When ambulances began to arrive, they were directed through the triage area where they were evaluated by the trauma director, and either sent to the ED or yellow triage area to be cared for by emergency department staff. Over a dozen patients were admitted during this time. Coordination with another hospital in Charlottesville allowed walking wounded and lower priority patients to be directed there decompressing the number of patients transported to the trauma center.

Overall, the preparation for this event allowed smooth operations during the incident. Pre-planning, simulation, and logistical preparation are essential to optimal MCI-disaster response. While many incidents will not provide as much warning as this, coordination with local law enforcement to gather intelligence regarding potential events are an important part of planning and preparation.

- Jeffrey Young, MD, MBA (pictured right)
Division Chief, Acute Care Surgery
Professor of Surgery
Director, UVA Trauma Center
Medical Director, Surgical Subspecialty Service Line
University of Virginia Health System

THE JOURNEY TO FELLOWSHIP

IN THE AMERICAN COLLEGE OF CRITICAL CARE MEDICINE (FCCM)

Fellowship in the American College of Critical Care Medicine (ACCM) recognizes individuals who have made a significant impact in the field of critical care medicine on a regional, state and/or national level. Applications for membership, along with the supporting documents, are due by March 15th of each year. Applications are submitted electronically at www.mySCCM.org. The SCCM staff are an excellent resource during the application process, so don't hesitate to contact them. Basic criteria for FCCM include the following:

- Active membership in the Society of Critical Care Medicine for a minimum of two years
- Licensure (when applicable) to practice in healthcare in the US or Canada, including required US board certification for physician applicants
- Demonstrated competence in critical care through nationally recognized certification in critical care. Physician and Nurse applicants must demonstrate advanced training and critical care certification.
- Documentation that the applicant has devoted at least 50% of their time to critical care practice, research, administration and/or teaching for at least two years prior to application to ACCM
- MUST have made significant contributions to the field of critical care in all the three key areas of Program Development, Scholarly Contributions, and Leadership

Step one on the journey begins with focusing on something you are passionate about. This could be any element that makes a positive impact on the quality outcomes for critically ill and injured patients and their families. For example, your focus may be to master a clinical area of expertise, create a model for education and training, or develop a field of clinical inquiry. What interests you? Create a life's work that makes an impact beyond the walls of your personal practice setting. A minimum of five to seven years after completion of professional training is typically required to meet the requirements set by the ACCM. The application process is extensive and does involve financial resources; therefore, ACCM encourages consultation with an active Fellow for guidance in readiness for submission.

A number of key elements are commonly found in the successful applications. One critically important element is a demonstrated commitment to a collaborative model of critical care. Additionally, applicants should be able to document collaboration with multiple disciplines in the areas of program development, scholarly work and leadership. Program development benefits from clearly delineated pre- and post-measures to facilitate evaluation of impact on quality. Another element can include a strong commitment to critical care education. Become an active instructor for the Fundamental Critical Care Support Course (FCCS) or the Pediatric FCCS course. Not offered at your institution? Contact a national course consultant and make it available! Target evidence-based practices in diverse clinical settings to demonstrate multi-professional and multi-institutional collaboration. A record of scholarly works through publication and presentations at a regional, state and/or national levels is an expectation. Strong leadership skills are reflected in mentorship of multidisciplinary students and colleagues, professional critical care organization involvement beyond membership and community-based service leadership, including board designations, appointments and consultations.

The application process is lengthy, which means start early. It is not a last-minute process. The application includes multiple elements - several of which will take some time to complete. First, and in many ways most important, is your personal statement. Your personal statement must clearly demonstrate your practice in multidisciplinary critical care and your broad impact in the three mandatory areas of program development, scholarly activities and leadership. This is where you have the chance to toot your own horn.
Continued on page 4.

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Talk yourself up and brag a little about you accomplishments a bit! It is important that your statement be reviewed by your fellowship mentor prior to submission. Along with your personal statement you will need to submit an updated Curriculum Vitae (CV) in the specific format required by the ACCM credentials committee. Keep your CV updated and begin work on reformatting your CV to ACCM specifications early! Ensure that you document everything that you do within your field and have your fellowship mentor review your CV for format and comprehensiveness.

The second part of the process involves obtaining letters of recommendation from two individuals, at least one of whom is an active ACCM Fellow. These letters must substantiate the professional history and outstanding merit of the applicant. Try to find individuals who know you personally and can speak directly to the depth of your work. However, if a local FCCM is not available, reach out to your chapter leadership for support. Make sure you allow adequate time for these letters to be written. Just as your personal statement will take some effort, you want to provide adequate time for your letter writers to polish their recommendations. Finally, gather your supporting documentation including proof of licensure, certification and training as well as written documentation of 50% of time dedicated to critical care scope of practice by two supervisors/colleagues. Physician and nurse candidates will need to specifically document their advanced training and certification in critical care.

The road to Fellowship is a professional journey that requires attention to work and life balance with an understanding that it does require a dedication to go beyond a typical scope of practice. Fellowship means hard work, pushing yourself professionally to bring out the best in yourself and others. Establish goals, set your course of action plan with a timeline, find an FCCM mentor and go for it! Fellowship in ACCM awaits you.

-Ellen M. Harvey DNP, RN, ACNS-BC, CCRN, TCRN, FCCM and *Mark Hamill MD, FACS, FCCM*

Pictured above: Ellen and Mark at this year's Annual Congress in San Antonio, Texas

2018 ANNUAL SYMPOSIUM

JUNE 7TH-8TH 2018 IN VIRGINIA BEACH, VIRGINIA

ONLINE REGISTRATION

Registration is available through the following link CVCSCCM Symposium Registration Link . Early bird registration rates apply through May 1st, 2018.

SCHOLARSHIPS

Limited scholarships are available to members and nonmembers. Recipients will be reimbursed for one night's lodging and registration for the Symposium will be waived. The scholarship does not include meals or travel expenses. If interested, e-mail the following information to Carrie Griffiths at clgriffiths@wingate.edu by May 11th, 2018: name, title, institution, address, contact phone number, email, and a brief description of the unit in which you practice and how you plan to share the information gained from the Symposium in your practice setting.

HOTEL INFORMATION

A block of rooms have been reserved at a discounted rate at the Hilton Garden Inn Virginia Beach Oceanfront. The discount code is CVC and may be applied to rooms booked on 6/6, 6/7 or 6/8. Only a limited number of discounted rooms exist for each day and must be booked by May 8th, 2018. The hotel information is listed on the Symposium brochure.

We are live and active on our Facebook page and Twitter! Please follow us for informal discussions and chapter updates. Search "SCCM Carolinas/Virginias Chapter (CVC SCCM)" on Facebook and request to join the group. Find us @CVCSCCM on Twitter.

KWAME'S KORNER

QUARTERLY UPDATES FROM THE PRESIDENT OF CVCSCCM

What a pleasure it was to see so many of our chapter members attend the Annual Congress in San Antonio including our Chapter Business Meeting and social event. I hope you were all as revitalized as I was by the networking and educational events. What makes CVCSCCM the professional organization to be part of are the individual critical care clinicians that are consistently making a difference with patient outcomes in the four states. I encourage you to continue networking throughout SCCM and our chapter by getting involved, be it in one of our committees, attending our Annual Symposium in June, or simply through participation in chapter research initiatives such as our ICU Burnout Survey. Let's keep in mind the CVCSCCM D.A.R.E mission as we continue to grow as individual clinicians and as a chapter. D.A.R.E stands for Diversity, Advancement, Recognition, and Empowerment. Together we build a unique team, and I D.A.R.E you to become engaged with all the exciting programs in 2018. I look forward to seeing many of you at the Annual Symposium in June.

- Kwame Akuamoah-Boateng, ACNP-BC, MSN, BSN, RN, President, Carolinas/Virginias Chapter