AUA
Association of University Anesthesiologists

UPDATE

Association of University Anesthesiologists UPDATE | **2023** | **Spring Issue**

PRESIDENT'S MESSAGE

Addressing Sexual Harassment in Academic Anesthesiology

George A. Mashour, MD, PhD
President, AUA
Robert B. Sweet Professor & Chair, Department of Anesthesiology, University of Michigan Medical School
Ann Arbor, MI

In July 2022, the Association of American Medical Colleges (AAMC) published the report *"Understanding and Addressing Sexual Harassment in Academic Medicine."* The focus was on academic physicians and the data were based on the AAMC StandPoint™ Faculty Engagement Survey, administered from 2019-2021. There were responses from 13,239 full- and part-time faculty members across 22 U.S. medical schools. The focus of the report was gender-based harassment, which can be defined as "verbal and nonverbal behaviors that convey hostility, objectification, exclusion, or second-class status about members of one gender," and which is a common form of sexual harassment.

The AAMC report revealed that, of 27 clinical and basic science disciplines, **the field of anesthesiology was #1 for percentage of women (52.6%) and men (21.3%) experiencing gender-based harassment** in the 12 months prior to survey administration. Harassment has a negative impact on wellbeing, professional development, and career satisfaction.

This is shocking—and not acceptable. As we continue to process this disturbing report, I would like to offer five points for consideration that I have described in a recent article for the ASA Monitor (April, 2023).

1. We should not dismiss these data. Survey methodology has limitations, but it is important to remember that biases in sampling or response should affect all 27 disciplines that were evaluated. In other words, there is no obvious reason why anesthesiology should be skewed in this survey. Furthermore, for medical students considering the field, the perception is the reality: the AAMC has now reported that academic anesthesiology is the worst field in medicine for gender-based harassment. If you were a medical student that was deciding between, for example, anesthesiology (with the highest incidence of harassment) and urology (with the lowest), which would you choose? The implications of these data have consequences for the future of our field.

2. We should not assume this only happens in other anesthesiology departments. As leaders in academic anesthesiology, we should resist the tendency to respond to uncomfortable data with the attitude "yes, but not in my department." We need to reflect critically on our own cultures and policies because this is a pervasive issue. We also need to reflect on our own identities and how that might affect our perception of the problem in our local environments. As a middle-aged, white, cis-male in a leadership position, my personal experience of gender-based harassment is going to be vastly different than someone without such privilege. This isn't about being "woke," but simply recognizing the fact that my lived experience is not the lived experience of someone else.

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3. We should not assume that people outside of anesthesiology are the only perpetrators of harassment. One natural response to these data is "It's the surgeons!" Anesthesiologists do, indeed, interact with a wide array of clinicians in other specialties and it is important to consider the wider culture of our healthcare ecosystem as we tackle this problem. However, we need to start this journey with critical reflection on ourselves and our own culture. Furthermore, even if we did assume that the source of harassment was from outside our own field, how have we empowered our own team members to address this? How have we trained our own colleagues in bystander interventions? How robust is our reporting system for harassment and how thorough is our response? We need to start with our own departments first.

4. We should recognize that the problem extends far beyond the focus of the AAMC report. As noted above, the methodology of the AAMC focused only on gender-based harassment and only with faculty; the diversity of the respondents has been questioned, which limits inferences. The report does not speak at all to the experiences of our medical students, interns, residents, and fellows. It does not speak to the experiences of private practice colleagues or the CRNAs with whom we work. Although the data certainly are relevant to the AUA constituency of academic faculty, we must recognize that other professional colleagues are being affected and, furthermore, gender-based harassment is only one form of sexual harassment, and sexual harassment is only one form of harassment.

5. We should gather more information and then act. Some of the points above speak to the need for more information. Are academic anesthesiology faculty only the victims of gender-based harassment, or are they also perpetrators? Where and when does gender-based harassment most often occur? The list of questions can go on, but it is critically important to ensure that the acquisition of new knowledge serves as a preparation for action, not as a delay tactic. We need to do something and, fortunately, the AAMC has some recommendations as starting points. Academic medicine and anesthesiology need to commit to structural changes that will endure beyond the emotions we might be experiencing in response to this report.

Anesthesiology should be free from all forms of harassment. Everyone, regardless of gender or other personal characteristics, has the right to work and develop their careers in peace. The AUA is unequivocally committed to advancing this goal and we are actively working toward it. Dr. Maya Hastie, in collaboration with the AUA Leadership Advisory Board and colleagues from the British Medical Association, developed a survey to address unanswered questions from the AAMC report. This has now been disseminated across U.S. and Canadian medical schools, with almost six hundred respondents at this point. We will analyze these data, present preliminary findings at our annual meeting, and move forward with recommendations for positive action.

AUA members are leaders and, as leaders, it is our responsibility to advance a culture in which every person in every anesthesiology department across the country can actualize their full potential, so that we as a field can actualize our full potential and continue to make important contributions to medicine, science, and society.

Acknowledgments: The author would like to thank Dr. Dolores Njoku, Washington University, President-Elect of the AUA, and Dr. Maya Hastie, Columbia University, Chair of the AUA Leadership Advisory Board, for their thoughtful review and helpful comments.

Read Dr. Mashour's article, "This is Not Acceptable," in ASA Monitor: Volume 87 | Number 4 | April 2023.

2023 AUA MEMBER NOMINATIONS

Nominations will be accepted from December 12, 2022 to April 30, 2023

Please review the member nomination guidelines prior to completing nomination forms.

COMMUNICATIONS & WEBSITE COMMITTEE REPORT

Shahzad Shaefi, MD, MPH
Chair, Communications & Website Committee
Beth Israel Deaconess Medical Center
Boston, MA

It is my great pleasure to present a report on the Communications and Website Committee's work over the last few months. The AUA's mission, as we all know, is to promote excellence in academic anesthesiology, and this committee has been working tirelessly towards this goal.

As the AUA transitions to a more nimble organization, it is essential to ensure that our communication strategies align with our objectives.

The Communications and Website Committee has been at the forefront of promoting the AUA's vision of advancing academic anesthesiology through mentorship, professional growth, and the promotion of diversity and inclusivity. The committee has worked hard to improve the AUA's website, making it more accessible and user-friendly. This has included updating the site's content to reflect the current state of academic anesthesiology and making it easier for members to access critical information. In addition to enhancing the AUA's online presence, the Communications and Website Committee has been working on developing a comprehensive communications strategy. This includes identifying key stakeholders and developing targeted messaging to ensure that the AUA's mission is well understood by all. The committee has also been working to enhance the AUA's presence on Twitter, where we now have over 1,500 followers. Through this work, the committee has been able to reach a broader audience and provide updates on the AUA's activities, as well as relevant news and research in academic anesthesiology. By leveraging social media platforms, the AUA can better connect with members and non-members alike and engage them in meaningful conversations about academic anesthesiology.

The Communications Committee at the Association of University Anesthesiologists welcomes new members Drs. Jaime Aaronson, Karthik Raghunathan, and Jingping Wang. The committee is dedicated to fostering communication among members, promoting messaging from the AUA Council and the Boards, and disseminating relevant information. The committee membership includes a diverse group of professionals from various institutions, such as Dr. David Mintz from John Hopkins University School of Medicine, Dr. Susan M. Martinelli from The University of North Carolina School of Medicine, and Dr. Maya Hastie from Columbia University. Other experienced members include Dr. Ronald George from UCSF, Dr. Sesh Mudumbai from VA Palo Alto HCS/Stanford University School of Medicine, and Dr. Sara Neves from Beth Israel Deaconess Medical Center. Together, these experts contribute their unique perspectives and experiences to advance the goals of the committee and the AUA.

We are very much looking forward to the upcoming AUA Annual Meeting! The conference will begin with a welcome address by the AUA Council President Dr. George Mashour on Thursday, April 13, 2023. Attendees will participate in a series of engaging sessions. The day also features a lunch session that includes the presentation of EAB and LAB awards, as well as the host program led by the University of Colorado School of Medicine. The Leadership Advisory Board Panel will tackle the pressing issue of discrimination and privilege in academic medicine, while the day will conclude with a Junior Faculty Networking Opportunity and the President's Reception at the Denver Art Museum. The conference will continue on Friday, April 14, with a Women in Academic Anesthesiology Networking Session. The day features a series of educational and leadership panels, covering topics such as reflective practice, physician leadership in healthcare systems, and mentorship. The conference will conclude with the President's Panel on the intersection of quantum physics and biology.

Our high quality webinar series has been supported by the Communications Committee. Recent webinars included topics such as growing and retaining a sustainable pain research workforce, increasing the value of anesthesiology through public health, and navigating the new world of pregnancy care. Additionally, the series features webinars on using cognitive load theory for better presentations, self-assessment improvement strategies, and academic time and productivity. These free webinars require pre-registration, with CME credits exclusively available for AUA members. Recorded presentations are also accessible to members after the webinars.

The SAB has done great work in initiating the AUA Speaker Exchange to facilitate interpersonal networking, scientific collaboration, and academic advancement in anesthesiology. This platform aims to match accessible speaking engagements with qualified speakers, focusing on junior faculty and smaller host venues such as divisional conferences and research seminars. The program emphasizes diversity and inclusion, and is open to individuals engaged in anesthesiology, critical care, and pain medicine-related fields.

Mentorship, sponsorship, and coaching in medicine have been proven to positively impact career trajectories, leading to increased visibility, scholarship, publications, promotions,

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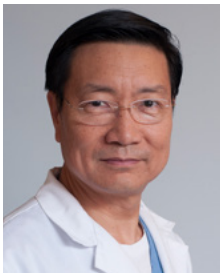
improved retention, and overall career satisfaction. The committee has supported the set-up of a Mentoring Program over the last few months spearheaded by the EAB. A series of inspiring videos have been produced by leaders in the field to support the mentoring program and tell their individual stories. Dr. Wiener-Kronish shares her inspiring journey in academic medicine, recounting how she was initially discouraged by being told, "women don't belong in academic medicine." However, Dr. Ronald Miller believed in her potential and assured her that he would help her succeed in academic medicine if she trained in anesthesia. In another mentoring story, Dr. Xie talks about his pursuit of research in Dr. Rudy Tanzi's lab. Despite initial hesitation, Dr. Tanzi was ultimately impressed by Dr. Xie's determination and unique ideas. Dr. Njoku explores how geographic mentor-mentee interactions have evolved over time, adapting to new forms of communication and collaboration. Dr. Mashour emphasizes the importance of becoming an AUA mentor, highlighting the positive impact it can have on the career trajectory of junior faculty. These stories showcase the value of mentorship in shaping and guiding the careers of academic anesthesiologists, ultimately promoting growth and success in the field.

We strongly encourage and support all our members, including active and associate, newcomers and veterans, to actively engage with us at our meetings and through our primary communication platforms: the AUA Update, and Twitter (@AUA_Anesthesia). These channels provide timely, relevant information on various aspects of the Association, such as AUA webinars, membership opportunities, mentorship programs, and speaker exchanges, among others. We highly value the contributions of our members and welcome your submissions to these platforms. By fostering a collaborative and interactive environment, we aim to promote the exchange of ideas, knowledge, and experiences, ultimately enriching the field of academic anesthesiology.

COMMUNICATIONS AND WEBSITE COMMITTEE WELCOMES THREE NEW MEMBERS

Jaime Aaronson, MD
Weill Cornell Medicine

Karthik Raghunathan, MD, MPH
Duke University



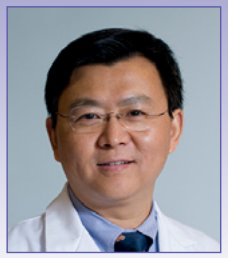
Jingping Wang, MD, PhD, FASA
Massachusetts General Hospital

Association of University Anesthesiologists

TOWN HALL | 2023

Recording Now Available! PRESENTED JANUARY 30, 2023

Dolores B. Njoku, MD
AUA President-Elect
Washington University in St. Louis



Zhongcong Xie MD, PhD, FASA
AUA Secretary
Massachusetts General Hospital

EAB REPORT

Susan Martinelli, MD
Chair, Educational Advisory Board
The University of North Carolina School of Medicine
Chapel Hill, NC

I hope you are all looking forward to the Annual Meeting in Denver, our first in-person meeting since 2019! We are excited about the planned program which includes two sessions hosted by the EAB. On Thursday morning, Drs. John Mitchell and Heather Ballard will be discussing innovative uses of deliberate practice for skill acquisition. Drs. Richard Blum and Dan Saddawi-Konefka will present a thought-provoking session on reflective practice Friday morning. Please also stop by the Lunch Award Session on Thursday, where we will be presenting this year's EAB Education Innovation Award.

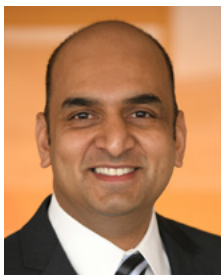
The Annual Meeting will also bring a change in our board membership. We would like to take this opportunity to thank our board members whose term concludes this spring: Dr. Jeff Berger, Dr. Amanda Burden, Dr. Dawn Dillman, and Dr. Dan Saddawi-Konefka. We are also welcoming four new members, Dr. Debnath Chatterjee (University of Colorado), Dr. Keith Littlewood (University of Virginia), Dr. Norah Naughton (University of Michigan), and Dr. Shobana Rajan (University of Texas Health Science Center at Houston).

One of the AUA's goals is to enhance mentoring within our organization. The LAB has been working hard to develop a mentorship program to pair mentees and mentors with shared interests. The EAB is in the process of developing a web-based series to provide education on how to be a strong mentor and how to foster a successful mentor/mentee relationship. We appreciate all the topic and speaker suggestions that you provided through our survey last fall.

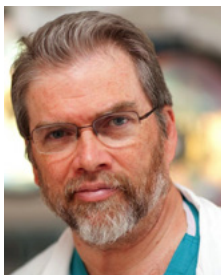
On behalf of the AUA and the EAB, I want to express my gratitude for your continued contributions to our team. I am proud of the work we have done so far, and eager to plot a course together for the future.

Thank you!

EDUCATION ADVISORY BOARD WELCOMES FOUR NEW MEMBERS (2023-2026)



Debnath Chatterjee, MD
Children's Hospital Colorado / University of Colorado



Keith Littlewood, MD
University of Virginia

Norah Naughton, MD, MBA
University of Michigan

Shobana Rajan, MD, FASA
University of Texas Health Science Center at Houston

LAB REPORT

Maya Jalbout Hastie, MD, EdD
Chair, Leadership Advisory Board
Columbia University
New York, NY

The Leadership Advisory Board (LAB) efforts continue to expand in three main areas, in service of the AUA mission: annual meeting planning, professional development, and mentoring and networking.

In collaboration with the EAB and SAB, LAB members reviewed over 20 member-submitted session proposals for the annual meeting. The program of the meeting is accordingly expanded to reflect the interests of our membership and to highlight the expertise of our academic community. The contributions of our members are again notable in this year's annual program and the ongoing webinars.

With the support of communications committee and the AUA president, the LAB has launched a new professional development series as a feature in the newsletter. These invited contributions by our AUA members share the hard-earned insights and the learning from our experiences. This series aims to normalize the inevitable setbacks in an academic career, while providing strategies for a path forward.

The LAB task force on mentoring has made large strides in defining the scope of interest and to create a database of mentors. We are indebted to the many AUA members who eagerly volunteered to serve as mentors and to provide the next generation of anesthesiologists with guidance and support.

In addition, the annual meeting is an opportunity for informal networking. Please join us during the lunch hour on Thursday to celebrate the awardees of the Mentor Award and the IDEAL award. In addition, it is an opportunity to meet some of the members of the LAB, learn more about what we're doing, and find ways to collaborate. The Women Networking Session, held on Friday morning, is an open forum for all AUA members to discuss the challenges facing our workforce. This year, the session highlights experts' opinions on managing sexual harassment in the workplace, a problem that the AUA has decided to explore from all facets. Accordingly, a survey was developed by the LAB members to explore incidence, sources, and impact of sexual harassment in academic anesthesiology. The results of the survey will be shared later this year.

Every year, the call for volunteers to serve on the AUA advisory boards generates a robust response. This year is no exception; we welcome 12 new members to the Leadership Advisory Board. The 12 new members are Dr. Titilopemi Aina (Baylor College of Medicine), Dr. Sujatha Bhandary (Emory Healthcare), Dr. Elizabeth Duggan (University of Alabama Birmingham), Dr. Craig Jabaley (Emory University), Dr. Allison Lee (Columbia University), Dr. Yafen Liang (UT Health Science Center in Houston), Dr. Elizabeth Malinzak (Duke University), Dr. William Peruzzi (Henry Ford Health/Michigan State University), Dr. Deborah Rusy (University of Wisconsin School of Medicine and Public Health), Dr. Jonathan Tan (Keck School of Medicine at the University of Southern California), Dr. Thomas Vetter (Dell Medical School at The University of Texas at Austin), and Dr. Cynthia Wong (University of Iowa).

We express our tremendous gratitude to the outgoing members whose efforts shaped the LAB over the past several years and we look forward to another year in service of the mission of the AUA and the community of academic anesthesiologists.

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Association of University Anesthesiologists

BUSINESS MEETING | 2023

Friday, April 14 | 12:15 pm – 1:15 pm MT

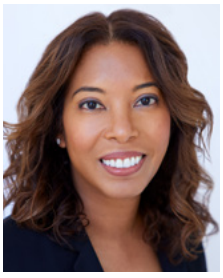
LEADERSHIP ADVISORY BOARD WELCOMES TWELVE NEW MEMBERS (2023-2026)

Titilopemi Aina, MD, MPH, FASA
Texas Children's Hospital

Sujatha Bhandary, MD, FASE, FASA
Emory University School of Medicine

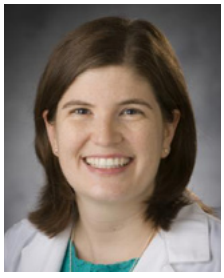
Elizabeth Duggan, MD, MA
University of Alabama Birmingham

Craig Jabaley, MD
Emory University School of Medicine



Allison Lee, MD, MS
Columbia University

Yafen Liang, MD
UT Health Science Center in Houston



Elizabeth Malinzak, MD, FASA
Duke University

William Peruzzi, MD, SM, FCCM
Michigan State University

Deborah Rusy, MD, MBA, FASA
University of Wisconsin School of Medicine and Public Health

Jonathan Tan, MD, MPH, MBI, FASA, CMQ
Keck School of Medicine

Thomas Vetter, MD, MPH, MFA
Dell Medical School

Cynthia Wong, MD
University of Iowa

MEMBERSHIP ENGAGEMENT ADVISORY BOARD WELCOMES NINE NEW MEMBERS (2023-2026)

With recent revision of the AUA mission statement and creation of a strategic plan, the AUA Active Membership voted and approved to create the Membership Engagement Advisory Board (MEB) to manage the AUA member portfolio to drive engagement, recruitment, and retention of a diverse AUA membership. The members of the Membership Engagement Advisory Board will review and consider any revisions to the membership eligibility requirements and member benefits for each of our membership categories and will identify the needs of members and recommend the development of services and engagement opportunities to meet those needs.

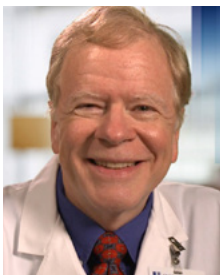
The inaugural members of the Membership Engagement Advisory Board are:

CO-CHAIR
Valerie Armstead, MD, DABA
Temple University
Health System

CO-CHAIR
Michael Aziz, MD
Oregon Health &
Science University

Maria Bustillo, MD
Weill Cornell
Medical College

Veronica Carullo,
MD, FASA, FAAP
University of Mississippi
Medical Center

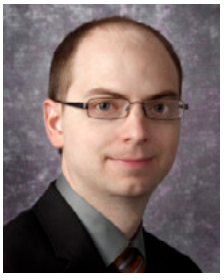


Richard Moon, MD
Duke University

Ameeka Pannu, MD
Beth Israel Deaconess
Medical Center

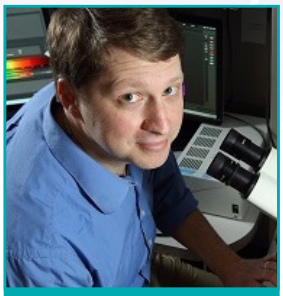
Maunak Rana, MD
University of Chicago

Teeda Pinyavat, MD
Columbia University



Keith Michael Vogt, MD,
PhD, D.ABA, FASA
UPMC Montefiore

SAB REPORT



C. David Mintz, MD, PhD
Chair, Scientific Advisory Board
Johns Hopkins University School of Medicine
Baltimore, MD

The AUA Scientific Advisory Board (SAB) is continuing its work to clearly define and enunciate its mission statement and strategic goals, which are broadly oriented around building and sustaining academic research in the field of Anesthesiology. Ongoing projects include the AUA Speaker Exchange, which is focused on connecting junior faculty with speaking venues including grand rounds, divisional conferences, and research seminars. The goal of this program is to help faculty who are building research careers to make their work known, network with colleagues in their field of interest, and hone their presentation skills. The exchange primarily facilitates virtual speaking opportunities which are easier for junior faculty to engage in, but also has arranged several in-person lectures. Over 20 engagements have been completed or are in process, and future plans include streamlining the matching process, including venues outside of the United States, and a new publicity campaign to recruit speakers and venues.

Other ongoing efforts include developing content for the AUA meeting. In addition to the traditional scientific oral and poster sessions, the SAB has developed and supported a mock study session, which has been spearheaded by Dr. Jamie Privatsky. This is the first activity of its kind at the AUA meeting, and the goal is to introduce researchers who have not served on study section to the nuts and bolts of how grants are evaluated and scored in order to give interested individuals insight into how to better write, revise, and review grants. The mock study section will include both a career development and a research grant, and it will incorporate highly experienced study section reviewers whose goal will be to teach and mentor participants. In addition to its work on the AUA annual meeting, the SAB has continued to support the AUA Webinar series. Planning is currently under way for a Webinar in the area of anesthetics and the neuroscience of consciousness, which will feature presentations by a panel of experts engaged in cutting edge research in this area.

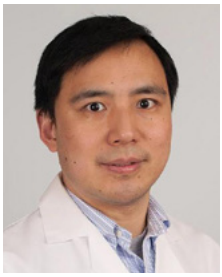
Looking forward to next year, the SAB plans to develop and deploy a grant repository. The goal will be to build a collection of useful and illustrative grant applications along with summary statements in key areas of anesthesia, critical care, and pain medicine research to help grant applicants learn from the work of others. The target and scope of this project are currently being considered, and we plan to begin collecting grants and organizing them in the fall of 2023, with a goal of opening the repository by 2024.

Finally, the SAB is pleased to welcome Drs. Nader Nader, Matthias Riess, Shiqian Shen, and Creed Stary. We are looking forward to convening in person at the AUA meeting and to a productive year.

SCIENTIFIC ADVISORY BOARD WELCOMES FOUR NEW MEMBERS (2023-2026)

Nader Nader, MD, PhD, FACC, FHA, FASA
University at Buffalo

Matthias Riess, MD, PhD, FASA
Vanderbilt University



Shiqian Shen, MD
Massachusetts General Hospital

Creed Stary, MD, PhD
Stanford University

AUA Association of University Anesthesiologists

PRELIMINARY PROGRAM

THURSDAY, APRIL 13, 2023

AUA Council President's Welcome
8:00 am – 8:05 am MST

George A. Mashour, MD, PhD,
University of Michigan Medical School, Ann Arbor, MI

Scientific Advisory Board Oral Session I
8:05 am – 9:00 am MST
Moderator: C. David Mintz, MD, PhD, Johns Hopkins Medicine, Baltimore, MD

8:05 am- 8:20 am	Margaret Wood Resident Research Award
8:20 am – 8:35 am	Junior Faculty Research Award for Clinical Science
8:35 am – 8:50 am	Junior Faculty Research Award for Laboratory Science
8:50 am – 9:00 am	Top Oral Abstract

Break
9:00 am – 9:30 am MST

Educational Advisory Board Panel I: Reaching the Peak: Innovating Education Models Using Deliberate Practice for Skill Acquisition
9:30 am – 10:30 am MST
Moderator: Jeffrey Berger, MD, MBA, FASA, George Washington University, Washington, DC

9:30 am – 9:55 am	Motion Sensing *John Mitchell, MD* *Henry Ford Health, Michigan State University CHM, Detroit Michigan*
9:55 am – 10:20 am	Mastery-Based Learning *Heather Ballard, MD* *Lurie Children's Hospital, Chicago IL*
10:20 am – 10:30 am	Moderated Discussion and Q&A

Poster Session I - Moderated
10:30 am – 11:30 am MST

EAB and LAB Awards and Networking Lunch Session
11:30 pm – 12:30 pm MST

Preliminary Program as of Publication. Please refer to the 2023 Annual Meeting Website for Updates

Sessions approved for ABA MOCA 2.0® Patient Safety CME credit.

AUA Association of University Anesthesiologists

PRELIMINARY PROGRAM

THURSDAY, APRIL 13, 2023

Break
12:30 pm– 1:00 pm MST

Host Program: University of Colorado School of Medicine
1:00 pm – 2:00 pm MST
Moderator: *Vesna Jevtovic-Todorovic, MD, PhD, MBA, FASA, University of Colorado School of Medicine, Aurora, CO*

1:05 pm – 1:40 pm	Multi-Year Project to Advance Orbital Mechanics and Monitoring, Artificial Intelligence, and Hypersonics *Marcus J. Holzinger, PhD, Associate Professor* *University of Colorado Boulder, Boulder, CO*
1:40 pm – 2:00 pm	Moderated Discussion and Q&A

Break
2:00 pm –2:30 pm MST

Leadership Advisory Board Panel I: Is it Reverse Discrimination or is it Privilege? - There's NO Place for Either in Academic Medicine
2:30 pm – 3:30 pm MST
Moderator: Tracey Straker, MD, MS, MPH, CBA, FASA, Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, NY

2:30 pm – 2:45 pm	Reverse Discrimination in Academic Medicine - Fact or Fiction *Valerie Armstead, MD, FAAP, DABA* *Lewis Katz School of Medicine, Philadelphia, PA*
2:45 pm – 3:00 pm	Privilege in Academic Medicine - Fact or Fiction *Odinakachukwu Ehie, MD, FASA* *University of California San Francisco, San Francisco, CA*
3:00 pm – 3:15 pm	The Happy Medium - Can We Achieve Understanding About Equity in Academic Medicine? *Alexandra Bastien, MD* *Albert Einstein College of Medicine, Bronx, NY*
3:15 pm – 3:30 pm	Moderated Discussion and Q&A

Poster Session II - Moderated
3:30 pm – 4:30 pm MST

Preliminary Program as of Publication. Please refer to the 2023 Annual Meeting Website for Updates

Sessions approved for ABA MOCA 2.0® Patient Safety CME credit.

AUA
Association of University Anesthesiologists

PRELIMINARY PROGRAM

THURSDAY, APRIL 13, 2023

Member Submitted Programming: Mock Study Section
4:30 pm – 5:30 pm MST
Moderators: Jamie Privratsky, MD, PhD, Duke Health, Durham, NC and Michael Andreae, MD, Penn State Health, Hershey, PA

Mock Study Section Mentors
Harriet W. Hopf, MD
University of Utah Health, Salt Lake City, UT

Christina Pabelick, MD
Mayo Clinic, Rochester, MN

Eric Gross, MD, PhD
Stanford Medical Center, Stanford, CA

Natalia Strunnikova, PhD, MHS
National Institute of Neurological Disorders and Stroke (NINDS), Bethesda, MD

Junior Faculty - Networking Opportunity
5:30 pm – 6:30 pm MST

President's Reception at the Denver Art Museum
7:00 pm – 9:30 pm MST

FRIDAY, APRIL 14, 2023

Women in Academic Anesthesiology Networking Session
7:30 am – 8:30 am MST
Moderators: Jeanine P. Wiener-Kronish, MD, Massachusetts General Hospital, Boston, MA and Odmara Barreto Chang, MD, PhD, University of California San Francisco, San Francisco, CA

Kathryn E. Glas, MD, MBA
University of Arizona, Tucson, Tucson, AZ

Jaleesa A Jackson, MD
University of Arkansas for Medical Sciences, Little Rock, AR

Gabriel E. Sarah, MD, MAEd
University of California, San Francisco, San Francisco, CA

Preliminary Program as of Publication. Please refer to the 2023 Annual Meeting Website for Updates

Sessions approved for ABA MOCA 2.0® Patient Safety CME credit.

PRELIMINARY PROGRAM

FRIDAY, APRIL 14, 2023

Educational Advisory Board Panel II: Reflective Practice
8:45 am – 9:45 am MST
Moderator: Teresa A. Mulaikal, MD, FASE, Columbia University Medical Center, New York, NY

Richard H. Blum MD, MSA, FAAP
Boston Children's Hospital, Harvard Medical School, Boston, MA

Daniel Saddawi-Konefka, MD, MBA
Massachusetts General Hospital, Boston, MA

Break
9:45 am – 10:15 am MST

Leadership Advisory Board Panel II: Mentorship Session: Physician Leadership in Health Care Systems - Coaching for Success
10:15 am – 11:15 am MST
Moderator: Maya Jalbout Hastie, MD, Columbia University, New York, NY

10:15 am – 11:05 am	*Donna Lynne, DrPH,* *Chief Executive Officer, Denver Health, Denver, CO*
11:05 am – 11:15 am	*Moderated Discussion and Q&A*

Poster Session III - Moderated
11:15 am – 12:15 pm MST

AUA Business Meeting and Lunch
12:15 pm– 1:15 pm MST

Break
1:15 pm– 1:45 pm MST

Preliminary Program as of Publication. Please refer to the 2023 Annual Meeting Website for Updates

Sessions approved for ABA MOCA 2.0® Patient Safety CME credit.

AUA
Association of University Anesthesiologists

PRELIMINARY PROGRAM

FRIDAY, APRIL 14, 2023

Scientific Advisory Board Oral Session II
1:45 pm – 2:45 pm MST
Moderators: Jiapeng Huang MD, PhD, FASA, FASE, University of Louisville, Louisville, KY, and Frederic T. Billings, IV, MD, Vanderbilt University School of Medicine, Nashville, TN

1:45 pm – 2:00 pm	Resident Travel Award
2:00 pm – 2:15 pm	Junior Faculty Pediatric Medicine Research Award (*Award supported by Dr. Y.S. Prakash, MD, PhD)*
2:15 pm – 2:30 pm	Junior Faculty Perioperative Medicine Research Award (*Award supported by Dr. Y.S. Prakash, MD, PhD)*
2:30 pm – 2:45 pm	Top Oral Abstract 2

Poster Session IV - Moderated
2:45 pm – 3:45 pm MST

FAER Session
3:45 pm – 4:00 pm MST
Speaker: James Eisenach, MD, Wake Forest School of Medicine, Winston-Salem, NC

President's Panel: Interfaces of Quantum Physics and Biology
4:00 pm – 5:00 pm MST
Moderator: *George A. Mashour, MD, PhD, University of Michigan Medical School, Ann Arbor, MI*

Professor Ted Goodson, PhD
University of Michigan, Ann Arbor, MI

Aligned Session with IARS, AUA and SOCCA: Anesthesia & Analgesia Sponsored Journal Symposium: Moving the Needle: Strategies for Reducing Healthcare Disparities and Increasing Health Equity
6:30 pm – 7:30 pm MST

Alignment Reception with IARS, AUA and SOCCA
7:30 pm – 9:30 pm MST

SATURDAY, APRIL 15, 2023

IARS, AUA and SOCCA Aligned Meeting Day

Preliminary Program as of Publication. Please refer to the 2023 Annual Meeting Website for Updates

Sessions approved for ABA MOCA 2.0® Patient Safety CME credit.

A NEW SERIES

Learning from Setbacks

Maya Jalbout Hastie, MD, EdD
Chair, Leadership Advisory Board
Columbia University
New York, NY

G. Burkhard Mackensen, MD, PhD, FASE, FSCAI
University of Washington
Seattle, WA

The career development of academic anesthesiologists requires a lifelong commitment to acquiring new skills, improving problem-solving abilities, and pursuing professionalism. Eager for growth and validation, physicians frequently invest in professional development activities to build these skill sets. However, most of our learning in the workplace, through transmission of knowledge or creation of new knowledge, occurs on-the-job and through trial and error. The learning can be either intentional or incidental and can result in explicit or implicit knowledge.[1,2] In addition, dealing with defeat and failure is essential to developing our self-awareness, our humility, and our ability to learn from our own doings.[3]

Learning in the workplace can be described in three forms: formal, non-formal and informal.[4,5] Formal learning consists of structured and planned activities with a set curriculum, and the aim of acquiring explicit knowledge. Non-formal learning refers mostly to voluntary, short-term, learner-driven activities, such as participating in conferences and workshops. Informal learning is considered to be the most prevalent form of adult learning at work or in life, yet it is the least likely form of learning to be recognized by the learner.[4] Informal learning is "unstructured" and "unplanned"[4]; it is not dependent on the organizational curriculum,[5] but rather driven by the "trials and errors" of on-the-job experiences.[6] We are often unaware of this type of learning, it is "taken for granted or tacit."[7] It is through critical reflection on the experience that we can process the learning and share the acquired knowledge with others. Even when the tacit knowledge is inaccessible and difficult to share, it provides the building blocks of our mental models, how we perceive and interpret the world. It also manifests as the "accumulated" knowledge of past experiences, influencing performance in different situations.[8] This knowledge, built through years of experiences, and polished by critical reflection, is what differentiates between experts and novices. The flow of knowledge is facilitated by social interactions, teamwork, feedback, and the sharing of stories and experiences. It is through reflection that we externalize the knowledge. Critical reflection is triggered by the "mental uneasiness" resulting from a stimulus that challenges previously held beliefs and implies the "somewhat painful" process of "suspending judgment during further inquiry."[9] In contrast to belief, the "essentials of thinking" are "to maintain the state of doubt and to carry on systematic and protracted inquiry."[9] Reflection is viewed as an intentional, personal choice and a "critical skill in self-development."[10,11] Individuals may be at different readiness stages for engaging and learning from reflection.[11] Furthermore, engaging in meaningful reflection can be "accelerated by appropriate support" from others and from the organization.[11] It is suggested that support given to learners for reflection can be delivered through formal mentoring relationships, peer support, or professional networks.[11] For example, learning in the organization can be promoted by communities of practitioners who engage in "co reflective practice" to learn from their collective experiences and to affirm their identities.[12,13]

Setbacks are inevitable on a career path in academic medicine. These setbacks manifest in different ways: rejected manuscripts, unfunded research, inability to achieve promotions, frustrating interpersonal interactions, or clinical mishaps. To effectively rebound and ultimately benefit from professional setbacks requires resilience, a commitment to life-long learning and a supportive network. **We suggest the following ABCD for managing professional setbacks at the individual level**:

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Allowing for setbacks – into every professional career a little rain must fall. None of us are immune to setbacks.

Building support – by recognizing your own strengths and by participating in communities that validate your abilities and acknowledge the setbacks.

Creating a distance between ourselves and the setback – a setback is not a judgment on your identity and your person, but a contextual critique of the specific work.

Defining our identities and dignity – your work is not your identity. You are much more than your professional achievements. You are human first and professional second.

This new series, "Learning from Setbacks", is designed to bridge the gap between experienced setbacks and the learning that ensues. It aims to support the professional development of our members through the lens of others and their experiences. Each issue will feature a personal story of setbacks and the resulting learning from an AUA member. The featured piece by Dr. Lisa Q. Rong elegantly and courageously brings those elements to the forefront. We hope this forum provides the necessary validation, the community of practice, and the insights for gaining knowledge to build a rewarding and successful academic career.

Acknowledgement: We thank Dr. George Mashour, as president of the AUA, for his enthusiastic support of this initiative. The idea for this series was presented by Dr. G. Burkhard Mackensen and adopted by the members of the Leadership Advisory Board.

Disclaimer: This article is based in part on previously published work by one of the authors.[14]

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LEARNING FROM SETBACKS

Like a Phoenix: Rising from Professional Setbacks (or Rejection)

Lisa Q. Rong, MD, MSCE, FASE, FACC
Associate Professor of Anesthesiology
Weill Cornell Medical College
New York, NY

As a disclaimer, this the first non-academic piece that I have written. Academic writing is dry and formulaic, where every word is counted and given a purpose. After several years traveling down a physician-scientist pathway, I have greatly improved my ability to write according to those rules. While I was nervous about this piece, the amount of material I have for the topic itself—professional setbacks—is overflowing.

I have been rejected, or more accurately, my papers and my grants have been rejected many more times than I can count. For each paper published, on average, my paper was rejected and resubmitted two or three more times. The ratio holds true for the grants that I have been awarded. This does not consider the amount of time between rejection and resubmission. Grants are even more painstaking with the next resubmission months away, the decision of acceptance/rejection often months after that, making the rejection a loss of a year's or more work.

So, failure is part of the process. "Setback" may not be even be the correct term as it implies a linear process. Nothing about it is linear in academic medicine. It is an "all or nothing" game that we play for the academic currency of a published paper or awarded grant. 99.9% accepted is still rejected if the decision letter says that your paper, though interesting and well-written, does not make priority to be published. A grant score of 33/100 (excellent) is still rejected if the funding line for the NIH is 32/100. Everyone has failed. Ultimately though, Winston Churchill said it best, pick yourself up: "Success is the ability to go from failure to failure without losing your enthusiasm."

You learn along the way to write better manuscripts, and better grants; however my ability to predict acceptance or rejection remains poor. Each project that I undertake and each paper that I write feels like an extension of myself, and it's often hard to judge them critically. Therefore, after the appropriate mourning time, I appreciate honest comments from the reviewers, who took the time and energy to give me feedback that ultimately improves my work. It is hard to accept that anything I put out is less than perfect (joke!), but after some distance I can see the value of peer review, and its commitment to make my work better.

Social media may not reflect reality. There is absolute publication bias: beaming pictures of achievement and success are repeated whereas failures are silent. Life is hard and achievements should be celebrated 10-fold, but maintain perspective that social media is skewed. When you are upset, do not go on social media. You are briefly to be upset, to vent to a trusted friend and mentor, and complain about the unfairness of the system. Give yourself grace, acknowledge your hard work and accept your disappointment. But get back in the game; wise mentors have said "do not let the sun rise and fall before resubmitting a paper."

I was just recently rejected for a research proposal to use a perioperative outcomes database. After presenting for 30 minutes and fielding questions, experts around the nation in big data decided ultimately not to accept my proposal but to have it re-presented after revision. Listening live to the votes stung. Part of me wanted to say: "but I have a Master's in Health Services Research, I have grant funding, this is a good project, I promise." It is okay to accept that you are accomplished, and

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yet rejected. As I heard on Dr. Sasha Shillcutt's podcast, *The Brave Enough Show,* "you can be a masterpiece and a work-in-progress at the same time." The disappointment from failure may never go away. But after de-briefing, I can accept the decision. I picked myself up, set up a meeting with my team and discussed our revisions. I am confident that we will be approved for the next time, or the next time after that...like a phoenix rising.

ABOUT THE AUTHOR

Lisa Q. Rong, MD, MSCE, FASE, FACC is a cardiothoracic anesthesiologist, Associate Professor of Anesthesiology at Weill Cornell Medicine, and an investigator studying the impact of intraoperative anesthetic strategy and imaging on cardiac surgical outcomes. She has a Master's Degree in Clinical Epidemiology and in Health Services Research and is currently principal investigator of a 5-year $973,000 National Institutes of Health K23 grant on the impact of coronary revascularization strategy on cardiac remodeling and outcomes in CABG (K23 HL153836).

She was previously awarded the prestigious 2-year, $250,000 Foundation for Anesthesia Education and Research (FAER) mentored research training grant on myocardial tissue-based prediction of ischemic mitral regurgitation and revascularization response.

Her research spans over 70 publications with thematic focus on imaging for various intraoperative interventions (treatment and imaging) relating to cardiac surgery and structural heart procedures.

She has been awarded the Society of Cardiovascular Anesthesiologists' Kaplan Leadership award in 2020, appointed the *British Journal of Anaesthesia (BJA)* Editorial Fellow and subsequently appointed to the *BJA* Associate Editorial Board. She is also section editor at the *Journal of Cardiothoracic and Vascular Anesthesia* and associate editor of *Journal of Cardiac Surgery.* Her expertise in cardiac imaging has been recognized as being awarded the prestigious designation as a Fellow in the American Society of Echocardiography and the Fellow in the American College of Cardiology. She is part of the SCA, ASA, AHA, ASE, and is AUA associate board member.

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Rong (PI), Role: Principal Investigator
6/01/2021-6/01/2026
Impact of surgical revascularization strategy on left ventricular function, myocardial perfusion and clinical outcomes in CABG

MTRG-CT-08-15-2018
Foundation for Anesthesia Education and Research
Rong (PI), Role: Principal Investigator
01/01/19-05/31/21
Myocardial Tissue Based Prediction of Ischemic MR Revascularization Response

AUA MENTORING

Develop, Guide, and Support Future Leaders

BECOME A MENTOR

AUA Mentoring Program

George A. Mashour, MD, PhD
President, AUA
Robert B. Sweet Professor & Chair, Department of Anesthesiology, University of Michigan
Ann Arbor, MI

I still remember the day I met my Ph.D. mentor, despite the fact that it was almost 30 years ago in the summer of 1993. He was (and still is) a neurosurgeon and neurogeneticist who co-discovered the mutation causing neurofibromatosis type 2 and he also developed the first oncolytic viral therapy for brain tumors. Because of his many impressive accomplishments, I was surprised by how personable and down-to-earth he was during that first meeting. While a graduate student, I marveled at his ability to be in the operating room performing surgery on one day and in the laboratory discussing molecular biology the next. He became my blueprint for a physician-scientist…and his influence on me is incalculable.

AUA members are academic leaders who also have an incalculable influence as mentors. We hope to harness that power to advance academic anesthesiology through our new **AUA Mentoring Program**. I would encourage you to participate as a mentor to help support the next generation of leaders in the field, who are developing their careers during unusual and challenging times. We look forward to engaging with you as we launch this exciting new initiative.

George A. Mashour, MD, PhD
President, Association of University Anesthesiologists

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DR. MASHOUR'S VIDEO

A Message from Dolores B. Njoku, MD
President-Elect, AUA
Washington University in St. Louis
St. Louis, MO

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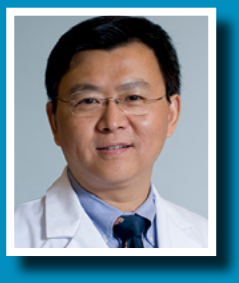
DR. NJOKU'S VIDEO



A Message from Zhongcong Xie, MD, PhD, FASA
Secretary, AUA
Massachusetts General Hospital
Boston, MA

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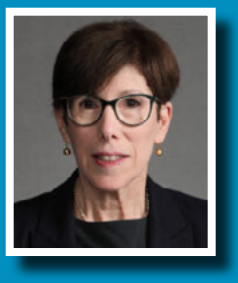
DR. XIE'S VIDEO



A Message from Jeanine Wiener-Kronish, MD
AUA President (2016-2018)
Massachusetts General Hospital
Boston, MA

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DR. WIENER-KRONISH'S VIDEO

LEARN MORE ABOUT BECOMING AN AUA MENTOR

AUA MENTORING

Develop, Guide, and Support Future Leaders

BECOME A MENTOR

WHY I CHOSE TO BECOME AN AUA MENTOR

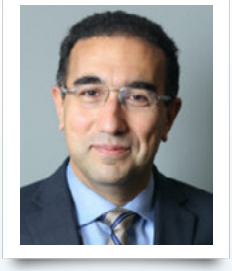
Many AUA members share their successes in the form of publications, lectures, and grants attained. What many successful physicians and scientists take to their retirement (or grave) are the secrets of how they attained their success. Helping the next generation through facilitation, mentoring, or coaching will greatly help the next wave of AUA members attain their goals.

When starting a career, it seems a daunting task to overcome hurdles and attain the goals that seem expected. Many times, a junior investigator may not even understand the obstacles that are impeding progress, and then—after years of understanding what the obstacles are—solving the problem of overcoming the obstacle.

Most times, investigators want to be solving scientific obstacles, not bureaucratic obstacles. A single mentor can't solve all obstacles, and that is why a successful scientist should have many mentors/coaches. Ultimately, I have volunteered to be an AUA mentor to help more junior colleagues be more able to attain their goals.

*—**David Drover, MD**, Professor of Anesthesiology, Department of Anesthesiology, Perioperative and Pain Medicine, Stanford Medical Center, Stanford, CA*

"WE PAY IT FORWARD": A PERSONAL ACCOUNT ON MENTORSHIP IN ACADEMIC ANESTHESIOLOGY



Mentorship plays a crucial role in academic medicine. Many mentors find helping others to be one of the most meaningful contributions they make in their careers. While a mentor serves as a support and anchor to individuals, the impact of the mentor-mentee relationship is multiplied, often many times over.

My motivation to be a mentor through the AUA and the other professional societies stems from my personal experience with outstanding mentors throughout my career in academic anesthesiology. My first faculty position at the University of Pennsylvania required I build a regional anesthesia and acute pain service for the department. My chair at the time, Dr. Lee Fleisher, provided me the support and advice I needed as a new leader in the department.

While I did not have "local" mentors in my same subspeciality, I easily found this mentorship through the ASA and ASRA Pain Medicine Societies. I remain in debt to Dr. Vincent Chan as he helped me navigate many challenges throughout my career while sponsoring me for multiple opportunities at a national level.

Often, I found the best mentors in my peers with whom I would discuss ideas and collaboration within areas of common interest. Many of these peer mentor relationships have ultimately led to great friendships that are still thriving. Dr. Edward Mariano is a prime example of a peer mentor whose wisdom and support has been invaluable to me over the years. A key mantra ingrained upon me through my mentors is that "we pay it forward." Since then, I have made it a mission to help faculty and trainees both in my institution and beyond. The only thing I ask of them is that they do the same whenever they are in a position to help others. Professional societies, like the AUA, play a pivotal role in providing mentorship opportunities to their members.

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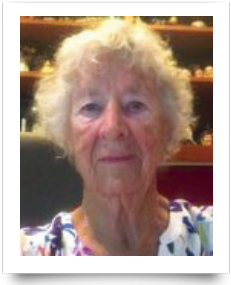
LEARN MORE ABOUT BECOMING AN AUA MENTOR

AUA Mentoring *continued from page 20*

Academic anesthesiology is not easy to navigate as there are so many ways today's academic anesthesiologist can contribute. Representation is equally important in the current era of advancing diversity and inclusion. As a foreign medical graduate, I hope that my career would inspire someone else to pursue their dreams, excel, and contribute to the advancement of our specialty.

*—**Nabil Elkassabany, MD, MSCE, MBA**, John C. Rowlingson Professor and Vice Chair of Clinical Operations, Department of Anesthesiology, University of Virginia, Charlottesville, VA*



In the 1960s, I did not have a mentor, rather women were tolerated until they had children and, hopefully, dropped out. I had four sons and stayed with it despite the loss of my husband at an early age. Some senior leaders took pity on me and occasionally cast me a bone, such as backing my membership in the AUA. I am extremely grateful for men like Drs. Hershey, Orkin, Artusio, and Goldiner.

I am no longer in clinical practice although I write, teach board preparation and other courses, and am editor in chief of a Lippincott monthly publication. My 60 years of experience—essentially seeing the world of anesthesia evolve—could be of use to young anesthesiologists. After all, I went from being a 23-year-old immigrant, alone in New York, to become the first female chair of an academic department in New York among most of the States.

I would hope to have empathy as well as the ability to offer guidance to mentees, especially women.

*—**Elizabeth A. M. Frost, MD**, Clinical Professor of Anesthesiology, Icahn Medical Center at Mount Sinai, New York, NY*

"If I have seen further, it is by standing on the shoulders of Giants" —Isaac Newton wrote to fellow scientist Robert Hooke in 1675 and these immortal words have come to universally symbolize the fact that creativity, innovation, knowledge, and scientific progress do not exist in a vacuum. To me they are even more inspiring because they depict a profound sense of humility from arguably the most influential scientist of all time. The essence of mentoring and mentorship, in my opinion, is not far off from this metaphor. Those of us who are mentors did indeed stand on the shoulders of giants, in some form or other and it is our duty to "pay it forward".

As a clinician-investigator with multiple complex leadership roles both in and outside of the operating room I have always been grateful to the select few "master" clinicians and researchers who shaped my thinking as a raw trainee and then junior faculty at the University of Pittsburgh.

Over the past two decades at the Mayo Clinic, I have had the opportunity to mentor medical students and trainees in anesthesiology and cardiology keeping the principles of clarity (of thought and communication), honesty, consistency, availability, diversity, equality, and a strong work ethic at the core of the mentor-mentee relationship. The most successful people are, in my opinion, those who ask the right questions and are willing to work to get the right answers! As AUA looks to the future, the best and the brightest in our specialty will benefit from its critical mass of talented members who are dedicated to fostering growth and excellence.

*—**Harish Ramakrishna, MD, FACC, FESC, FASE**, Professor, Mayo Clinic College of Medicine and Science, Associate Editor, Journal of Cardiothoracic and Vascular Anesthesia, Mayo Clinic, Rochester, MN*

LEARN MORE ABOUT BECOMING AN AUA MENTOR

FEATURED ARTICLE

The Hidden Struggle: Uncovering Barriers to Mental Health Care for Physicians

The incidence of mental health symptoms is alarmingly high amongst physicians[1]. Pre-pandemic, rates of depression and anxiety were upwards of 30%[2], and post-traumatic stress disorder affects approximately 10% of physicians. Data suggests that these rates are on the rise. Meta-analysis suggests that rates of depression amongst physicians increased over the last few decades to the tune of 0.5% per year[3]. Sadly, the consequences of this are profound. Physicians complete suicide at a rate 1.44 times higher than non-physicians[4], with anesthesiologists at statistically higher risk than other physicians. The reasons for this are incompletely understood but may be due to higher rates of psychological distress, access to more lethal means, or larger barriers to care access.

Daniel Saddawi-Konefka, MD, MBA
Assistant Professor
Harvard Medical School
Department of Anesthesia, Critical Care and Pain Medicine
Cambridge, MA

Treatment of these conditions is imperative. Moreover, it is effective for treatment of affective conditions[5] and prevention of suicide[6]. Despite this, fewer than one-third of physicians with mental health illness seek help[1]. This article reviews some of the known barriers to help-seeking amongst physicians.

CAREER IMPACT

One of the most prominent barriers to seeking help is the potential impact on physicians' careers, both in terms of applications and opportunities. Questions about mental health arise during licensing, credentialing, commercial insurance credentialing, and malpractice insurance applications. Notably, these questions are often at odds with the Americans with Disabilities Act and national recommendations[7]. Despite this, asking such questions is commonplace, originating with the faulty belief that asking these questions improves patient safety[8]. Though there is no data that these practices improve safety, there is compelling data that in states that ask these questions, physicians are significantly less willing to seek mental health care[9].

The fear of career implications extends well beyond applications. Physicians and trainees fear they will be afforded fewer career or training opportunities, owing to the pervasive stigma against mental health amongst physicians. Approximately one quarter of medical students and residents cite concerns about the impact on their future career opportunities as a significant barrier to seeking mental health care[10,11].

STIGMA AND MEDICAL CULTURE

Despite some progress in reducing stigma in recent years, many physicians still view mental health issues as a weakness, which can make them reluctant to seeking help. In a 2010 study of over 1600 physicians, most physicians surveyed responded that it was generally believed that "A doctor with a history of depressive illness is less competent", that "Suffering with depression is a sign of personal weakness", and that "Many doctors think less of doctors who have suffered from depression."[12] Ninety-six percent agreed that "Doctors should portray a healthy image." This mentality has potentially been promoted by the "hero" narrative that emerged during the COVID pandemic. In a study of residents, 58% responded that they were reluctant to seek care because of fear of being "labeled weak, unable to handle the pressure". Another study found that a primary barrier to help-seeking amongst trainees was fear of being accused of unprofessionalism.[13,14]

This stigma may be made worse by physicians' resistance to taking on the patient role coupled with an inflated sense of being able to adequately self-care. In a survey of a general population of physicians, 7.4% indicated that they had self-prescribed antidepressants[12]. In a survey of almost 400 psychiatrists, fewer than half reported that they would seek formal professional advice for personal mental health illness, with the majority indicating that they would choose informal advice, self-medication, or no treatment.[15] The stigma may

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also be worsened by physicians' ambivalence to the value of good mental health. Poor emotional self-care is all too often normalized in medicine, sometimes to an extreme degree. In fact, in a study of physician trainees, 5% responded that they did not even think good mental health was useful.[10]

TIME, COST, AND ACCESS

Physicians have traditionally worked long hours, and not surprisingly over half of physician respondents cite time as the primary barrier to help-seeking[10,13,14]. Such studies further suggest that even when it may be possible, it does not seem practical. Three-quarters of attending physicians worry that if they take time to seek help, they will be "letting their colleagues down." In a study of house officers, half responded that they do not seek help because of "fear of being accused of shrugging work on the pretext of stress."

Though physicians may have access within their institutions or practice settings, many are reluctant to receive care where they work, owing to confidentiality and career impact concerns[11]. Consequently, more than half of respondents report that they would be less likely to seek help from within their institution, which substantially reduces access to care[10]. Moreover, seeking care from providers who are out of network or paying for services "off the books" significantly adds to the cost of treatment.

CONCLUSION

The high rates of mental health symptoms and suicide among physicians are deeply concerning and demand action. Receiving professional help for these conditions is effective. Despite this, only one-third of physicians seek help. This article has outlined some of the known barriers to help-seeking, including concerns about the potential impact on their careers, the persisting stigma against mental health issues, and difficulties with time, cost, and access to care.

To decrease these barriers and improve mental health care for physicians, action is needed. Licensing and credentialing bodies must stop asking intrusive mental health questions that violate the Americans with Disabilities Act and national recommendations. Efforts to reduce stigma in the medical community must be intensified, including increased education about mental health, support for physicians who seek help, and encouraging role models who prioritize self-care. Additionally, healthcare organizations should improve access to confidential and affordable care by offering employee assistance programs and telehealth services. It is essential that we take action to address these barriers and help our physicians.

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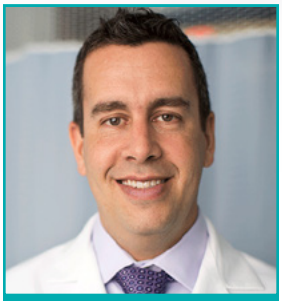
FEATURED ARTICLE

Negotiations for Academics

As you exit the office, you can't help but to ponder your recently completed conversation with your Chair; as you amble down the hallway in an apparent fog, replaying the conversation over and over again in your head, you become convinced that your position was not well received, and that your request would be denied by virtue of being ill-favored. By the time you arrive home that evening to share the details of today's meeting with your partner, you are already starting to feel a bit nauseated about the likely result of this negotiation.



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As a clinician, an educator, or a researcher, negotiations are often crucial to obtaining the resources necessary to be successful as an academic physician. Yet, in the 15 years that I have been teaching academic healthcare professionals about negotiation theory, most claim to be inadequately trained and generally averse to the practice of negotiation.

BASICS

The goal of every negotiation is to obtain an agreement that meets your needs. Importantly, a successful negotiation does not require your opponent to "lose." Equally important, pre-determining your "needs" allows for post-hoc assessment of whether or not needs were met. Without planning, deals tend to leave a hollow feeling of inadequacy, regardless of the quality of the deal achieved.

Ignorance of the potential for negotiation is often the hallmark of academic physicians. In order to successfully negotiate, one must first recognize the opportunity. There have been many reasons posited for this academic physician blind-spot, including: a lack of negotiations training, desire to avoid confrontation, trained to be responsive to the needs of others, and trained to follow instructions explicitly or risk harm.[1]

PLANNING[2]

First, it is imperative to determine if your negotiation is cooperative or competitive. Cooperative negotiations are those in which both parties will need to continue to engage each other following the negotiation. Cooperative negotiations represent the vast majority of the negotiations encountered and introduce the concepts of honesty and goodwill into the overall planning.

To properly prepare a negotiation, please consider the following:

1. **Identify your goals and prioritize;**
2. **Determine the Reservation Price, or the offer below which you would walk away;**
3. **Determine your Target Price, or the goal offer;**
4. **Understand your BATNA, or Best Alternative to the Negotiated Agreement;**
5. **Attempt to determine your opponent's goals and priorities.**

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By clarifying the priorities of yourself and your opponent, you introduce the opportunity for "expanding the pie," or creating value whereby both parties achieve top priorities while yielding trivial concessions. This is because your priorities are likely different than your opponent's. Further, you may only negotiate as powerfully as your second-best option, or BATNA; therefore, it behooves you to maximally strengthen your BATNA prior to entering negotiations. For example, if your BATNA is unemployment, you are less likely to achieve the goals of your negotiation. Most academic physicians are loath to strengthen their BATNA because it's not the first-choice opportunity; however, erroneously focusing all efforts on the first choice limits the potential for a successful first choice outcome.

MYTHS & ASSUMPTIONS

There are many myths of successful negotiators that pervade the self-help literature. While catchy phrases are appealing at first glance, scientific rigor does not support that: some are born negotiators; good negotiators take risks; experience is important; or, negotiators "win" a fixed sum.

Don't assume that your opponent would act as you would, that your opponent would act logically, or that your opponent would do what is in their best interest.

BEST PRACTICES

- Talented negotiators plan extensively; they come to a negotiation prepared with data to support positions. The best negotiators creatively recognize and link concessions to similarly prioritized goals of their opponent.
- Negotiate with a fully authorized deal broker while professing the limits of your own authority, if possible. "I'm sorry, but I'll need to check back with my partner before confirming that option."
- Recognize the "home court disadvantage," noting that negotiating from your own office may introduce unwanted disclosure, inadequate preparation and focus, and the inability to defer decisions.
- Employ objective-based deadlines or accelerated deadlines to revitalize stalled negotiations.

AVOID[3]

"Let's split the difference" – This concession may put you beyond your reservation price if your opponent has anchored the negotiation far from your target.

"Take it or leave it" – The use of ultimatums generally reflects a very strong opposition BATNA and are not considered reasonable for cooperative negotiation.

"You've got to do better than that" – If you have conceded a well-researched offer, your opponent may rightly offer a counter. However, they may not request that you negotiate against yourself by proposing a more competitive bid to your own offer.

CONCLUSION

As academic physicians, we aim to invest our intellectual energy into cutting-edge clinical care, educational innovations, and the advancement of the science in our respective disciplines. Unfortunately, the failure to successfully negotiate stymies many worthy academic pursuits. With the knowledge of negotiation basics, a well-conceived plan, an optimized BATNA, and consideration for whom to negotiate with, where and when, you are most likely to avoid the feelings of inadequacy that accompanied the negotiator in the opening vignette. Simultaneously, you are likely to maximize your personal satisfaction with the outcome of any negotiation.

REFERENCES & FURTHER READING

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Congratulations and Thank You: Announcing FAER President's Retirement

James C. Eisenach, MD, FAER President 2016 – 2023, FM James III, Professor of Anesthesiology, Wake Forest School of Medicine, Winston Salem, NC

As Chair of the FAER Board of Directors, it is my duty and privilege to share bittersweet, if exciting, news. James C. Eisenach, MD, has decided to retire as President of the Foundation for Anesthesia Education and Research (FAER) effective December 31, 2023.

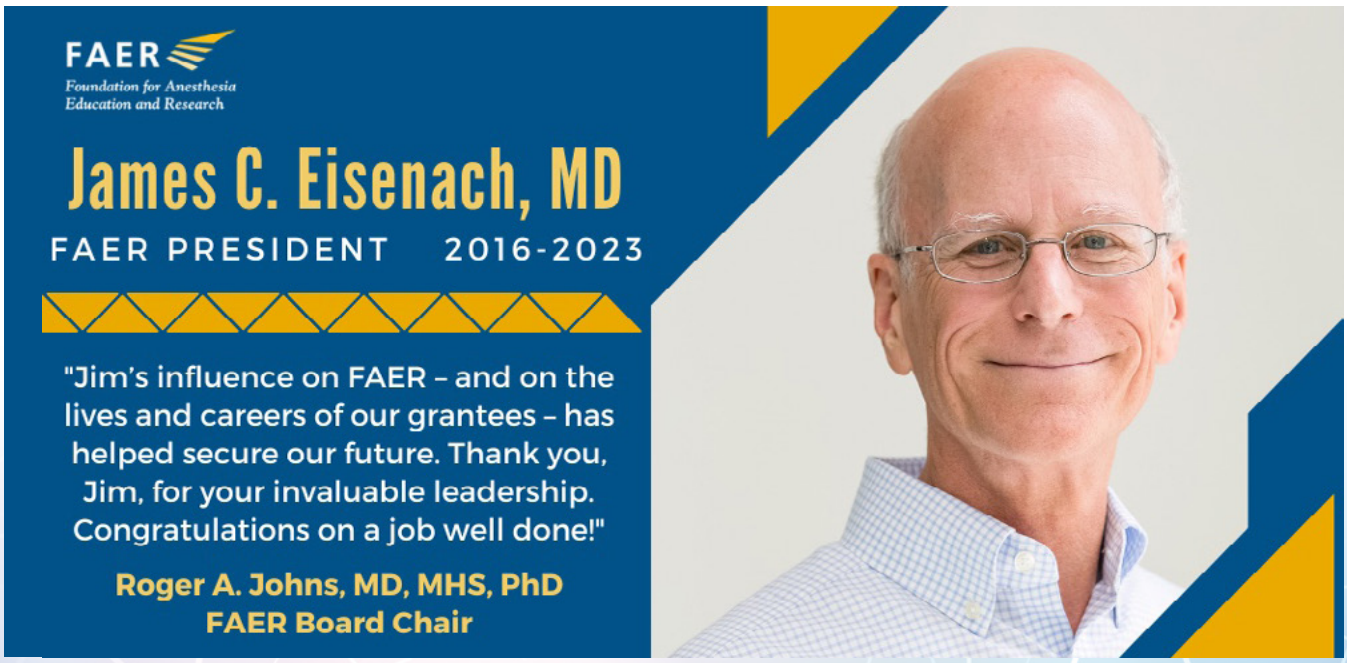
Roger A. Johns, MD, MHS, PhD
FAER Board Chair
Professor of Anesthesiology and Critical Care Medicine
Johns Hopkins Medicine
Baltimore, MD

Jim started his tenure with FAER in 2016 and, through his astute leadership and guidance, FAER has excelled at its mission, and remained a leader in support of anesthesiology research and new investigator development. Jim's leadership was key to the creation of the FAER Mentored Research Training Grant annual meeting, as well as the development of co-sponsored grants with the American Board of Anesthesiology, Anesthesia Patient Safety Foundation, Society of Obstetric Anesthesia and Perinatology, and American Heart Association, to name only a few.

Jim also played a critical role in the establishment of a new fellowship at the National Academy of Medicine for early-career anesthesiology scholars. FAER could not have asked for a better leader and steward of FAER's mission. His commitment to developing the next generation of physician-investigators is unparalleled. When looking at his time with FAER, Jim said: "It has been an honor to serve FAER. I can't wait to see how much FAER will continue to impact our profession in the coming years."

Having been on the Board of Directors for most of Jim's tenure and having worked closely with him over these past two years as the FAER Board Chair, I can personally attest to his passion for and dedication to FAER and its mission. Jim's influence on FAER – and on the lives and careers of our grantees – has helped secure our future. Thank you, Jim, for your invaluable leadership. Congratulations on a job well done!

More information and a timeline for the search for a new FAER President will be announced soon. In the meantime, please join me in thanking and celebrating Jim for all his hard work and dedication.



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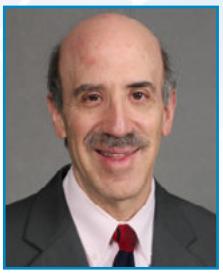

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