

The work of SCA is about all of us

By Christina Mora Mangano, MD

SCA President, 2007-2009

In 1985, Dr. Alan Schwartz invited me to become a member of the Education Committee of the SCA. Thus, a personally rewarding and enriching association commenced that has continued for over 22 years. It has been my privilege to wear many SCA 'hats' over the last 2 decades—Education, Allied Health, CME, and Program Committee Chairs, Founder of the CPB Update meeting, Secretary/Treasurer, President-elect; it is my honor to lead this organization in 2007. Over the next two years, I will steward the initiatives of the founders, and encourage the development of programs to support our mission and goals.

But enough about me. This is about all of us. The continued success and growth of the SCA depends on our collective membership. And while the reason for the organization's existence has remained the same over the last 29 years—to facilitate education, research and clinical excellence in the fields of cardiovascular and thoracic anesthesia—we are now a substantially larger group with greater abilities, aspirations, and perhaps responsibilities. We cannot support our increasingly ambitious initiatives without recruiting the substantial talents and resources of our members.

OUR SUCCESSES

How well have we fulfilled the 3 mandates of SCA's mission? Arguably, the Society's greatest success has been to facilitate education for the membership in the fields of cardiovascular and thoracic anesthesia. Over the last thirty years, thousands of volunteer hours have ensured the quality and success of our educational Programs. The SCA Program Committees respond to your requests for specific types of educational events and recruit the most qualified lecturers. All of our meeting directors and co-directors participate in AC-CME workshops to study how to enhance the quality of the SCA educational initiatives. Although we believe that we are successful in achieving our goal of providing the highest quality educational offerings for our members—over 2100 physicians participated in at least one of our educational endeavors in 2006, compared to less than 800 in 1987—we are committed to continuing improvement of our educational programs.

OUR THANKS

This year Scott Reeves, David Zvara, and Colleen Koch organized one of the most well-attended and well-received Annual Scientific Programs in our history. Behind the scenes are multiple individuals ensuring the success of the meeting: the members of the Program Committee, the Ethics Committee (thank you Rich Wolman), and CME Committee (thank you Kathy Grichnik) and, of course, Heather Spiess of our Administration. The members of our Society continue to ask for and support educational opportunities in perioperative echocardiography. The Society is indebted to Stan Shernan and Gregg Hartman who contributed long hours and expertise to ensure the tradition of excellence initiated by Bob Savage and Sol Aronson for training in perioperative echocardiography. This year, Laurie Davies and Gene Hessel oversaw a well-attended (over 270 participants) 12th Annual Update on CPB. This meeting facilitates professional interactions among anesthesiologists, cardiac surgeons and perfusionists. As you will read below, this interaction



SCA President Dr. Christina Mora Mangano (right), presented a plaque to immediate Past President Dr. James Ramsay during SCA's Annual Meeting in Montreal in April. Dr. Mora Mangano will serve a two-year term as SCA president.

and environment—the cardiac operating room—is the FOCUS of one of our Society's long standing goals.

OUR FOCUS

During a mid-1980s SCA CPB workshop, John Tinker encouraged his audience to improve patient safety through better communication in the cardiac operating rooms. He recounted a visit to an OR that suffered poor communication among the health care professionals caring for a patient undergoing cardiopulmonary bypass. Hoping to optimize the operating field visibility, the surgeon implored the perfusionist to reduce the circuit blood flow; the anesthesiologist—unaware of this interaction—increased the rate of the phenylephrine infusion to raise the BP. This cycle of miscommunication thrice repeated before the surgeon bellowed, 'I can't see a thing! The pressure is too high! Can someone help me?!'

Could this happen in today's cardiac OR? In 2007, cardiac surgery suites are logarithmically more complex than 20 years ago. Similarly, patients presenting for cardiovascular surgery today are increasingly aged and suffer a greater number of co-morbidities than patients we cared for during the 1980s. The complexity and technical challenge of many procedures has increased ("beating-heart" surgery, mitral valve repair, aortic valve resuspension, the application of circulatory arrest with ante-grade and/or retrograde cerebral perfusion) and thus the quality of communication among the individuals caring for a surgical patient is critical.

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OUR WORK ENVIRONMENT – ‘AN ACCIDENT WAITING TO HAPPEN.’

The SCA, under the tireless direction of Dr. Bruce Spiess, has taken the initiative to assess the complex environment and interactions that constitute the cardiac operating room. This initiative, the Flawless Operative Cardiovascular Unified Systems (FOCUS) Program, will lead to the development paradigms and strategies to improve safety for cardiac surgery patients. We believe that this endeavor will help us fulfill the other mandates of our mission—to facilitate . . . research and clinical excellence in the fields of cardiovascular and thoracic anesthesia. In addition, FOCUS will identify the cardiovascular anesthesiologist as a leader in the cardiac OR and the patient’s most important advocate.

We are proud to fund this project. We believe that we are the correct group of physicians to pursue this initiative. The cardiovascular anesthesiologist is uniquely qualified to improve the safety and efficiency of the cardiac OR suites—we are the professionals most likely to ‘speak’ all of the ‘dialects’ of the OR personnel, and thus, are able to provide ‘translation’ services on an ongoing basis. As presented at this year’s Annual Meeting’s FOCUS session, we believe that ultimately every cardiac surgery patient will benefit from the FOCUS initiative.

In the next President’s address, I will provide an update on this important endeavor. In the meantime, we are looking for a few good men — and women — to contribute to this project with time, money or both. For those in academic settings, this project offers many opportunities for both faculty and fellows.

WE need you. We will be calling for your help. Call us first—cmoraman@stanford.edu.