Shaw

Thank you very much for joining us today.

My name is Andy Shaw.

I'm the current past president of the SCA and it is my pleasure to join with Mike Roizen and Chris Troianos, who are also two previous presidents.

Today we're going to have a conversation for about 30 minutes on some of the things that we learned during our time as SCA president and perhaps some of the opportunities we see for the society moving forward.

So, Mike, let me start with you, and thanks for joining us today.

Roizen

Privilege to be here.

Shaw

Tell us a little bit about your time when you were SCA president, and perhaps some of the things that inspired you to apply for the role, to take the role, and that you learned during that role.

Roizen

That's an awful lot at once, but the key thing was, at that time, was to engage with the membership so that we could have a broader role in the perioperative care.

We were at the point of introducing the practice standard of transesophageal echo.

And part of it was both the pediatric group and the adult heart group wanted a greater role in our use of this in the operating room.

And so a major mission was, how do we train our group to be capable and as experts and as helpful in the perioperative care as we could be?

And so that was a major, if you will, challenge was how do we get all the groups together and agree on a practice standard, a practice guideline if you will, that involved us as major contributors.

Shaw

Now you were president in 1995 to 1997 and so it's fair to say that was just when intraoperative echo was just really getting going - is that right?

Roizen

Yeah, you know it was a past president it was Fawzy [Dr Fawzy Estafanous] who recruited me to Cleveland nine times, if you will, because we had brought Mike Cahalan and I under the guise of Bill Hamilton, had brought transesophageal echo to America, if you will, in 1981.

And the interesting thing is I got to teach Nelson Schiller and a whole bunch of other people who have major roles in its development, how to use it in the operating room.

And one of the great things is that the society has adopted the mission of innovation to improve patient care.

And so I got to help with that mission.

And so that was really the inspiration for doing this was to say this is part and parcel of what anesthesia does and what we are in our both anesthesia and critical care and even preoperative roles.

Shaw

And Chris, you've been involved in intraoperative echo both within the SCA and also in other societies.

So, tell the viewers first, when you were president and secondarily, how did interoperative echo lead you to get involved in the whole area of certification, both for echo and also for non echo?

Troianos

Yeah, I love the lead in that you provided Mike because Mike Cahalan also recruited me to become part of a major committee, and it was a task force that came up with those training guidelines.

And I remember being in a room with cardiologists and intensivists and others, and we had to agree what those training guidelines would be.

Well, lo and behold, those became the Bible on how Echo would become certified a little while later.

So being involved very early in the '90s and late '90s, early 2000s is when we were first establishing the certification criteria and being part of that was certainly something that got me very involved and engaged in SCA.

My first involvement was on the SCA Committee on Economics because my mentor from University of Pennsylvania was Joe Savino and he was chair of that committee, so I get on that committee and that's how I got involved.

And that just led to many other things, but economics has been a major part of the focus of my career as well.

Roizen

And as long as we're giving credit, I got to give credit to Sol Aronson and, in fact, the Diasonics Group.

There were only three transesophageal echo machines in the world when we started.

And at UCSF, we bought all three.

So we had a monopoly on it.

And then when I went to the University of Chicago, Sol Aronson was the first fellow, actually.

And we took two of those three machines to Chicago.

And then, if you will, GE and AccuSound got into the business.

So it was a-- through the SCA, there was a partnership with those corporations in developing the technology so we could use it.

So Sol was a major, major force, but Fawzy, we got to give credit to Fawzy and the founders of the SCA 'cause they set it up as something to be innovative for patient care.

Troianos

That's very true, and actually if Fawzy was still with us, he would be the fourth past president of SCA that has been at Cleveland Clinic.

Shaw

So we've talked a bit about the founders of the SCA emphasizing innovation and development and education.

Certification's been part of that process along the way, and you've been very involved in that recently, Chris.

Can you say a word or two about the importance of certification and standards for patient safety?

Troianos

Sure, sure.

I was privileged to be president of the National Board of Echo.

I'm the immediate past president currently.

And the way it was first started, actually Dan Thys brought me in.

He was one of the other mentors that I'd like to mention who was a past SCA president.

He brought me into the National Board of Echo.

You know, eventually we made good on the promise that if the cardiologists are going to have a board certification by golly, we're going to have one, too.

It was a very collaborative relationship.

You mentioned Sol was trained by cardiologists.

I was trained by cardiologists.

Those of us who trained in that era were all trained by cardiologists, and they have since left it to us.

Roizen

I've got to tell you, we trained the cardiologists first.

So they had not -- we grabbed all the transesophageal echo machines, so no one could, they all learned in the OR during the case, the original group, because we had all the machines.

Troianos

Sure, we trained them in transesophageal, but they were doing transthoracic echo way before we were, and that's the main things that we had to learn.

The transesophageal was just the image upside down, right?

Otherwise similar...

Roizen

And better images.

Troianos

Very true because you didn't have the body habitus and bones and air and other structures to impede.

Shaw

So let me ask both of you guys what did being SCA president teach you about leadership in its broadest context? Mike you go first.

Roizen

Well you know I had been a chairman for a number of years, and I was under two great chairmen before that.

So Bill Hamilton and Ron Miller were my chairs at UCSF.

And so I learned a ton.

Bill Hamilton taught me that if the chair hasn't already figured out what to give you before you get to see him, you're not doing your job as the chair.

So the chair's job was to envelop and develop each of the faculty members under you.

And in the SCA, it's just a bigger world.

You, your job is to develop and to help develop everyone who's a member of the SCA and to help them - enable them - to get to where they want to be in their career.

So at least I looked at it as I was just getting to expand the faculty, if you will, by having at that time the 2000 or 3000 members of the SCA, where all my job was to enable them to function better and to, in fact, get some of the financial rewards of helping improve patient care and their patient outcome.

Shaw

So you're running a department of 3000 rather than 300, say, faculty?

Roizen

Yeah, well, although as Chris will tell you, the Cleveland Clinic department when I came here was a little over 1000 people that we had under the, if you will, the guise of trying to make patient care in the operating rooms much better.

So the SCA trained me for Cleveland Clinic if you will in trying, how do we enable everyone to be their best?

Troianos

What about you, Andy? Because I know you're asking us...

Roizen

...you're doing all the questions.

Shaw

Well I'll tell you what I learned from being SCA president and that is the importance of getting people to do what you want by influence rather than authority.

I mean we're a volunteer organization, I think it's important to, what I learned from this role was to keep your eyes on the prize, choose a small number of achievable goals and then bring people along to your way of thinking by demonstrating the value proposition – something Sol taught me all about many years ago now – rather than cracking the whip and saying you'll do this because I say.

Because as I said we're a volunteer organization people have to come because they want to.

And I guess the most tangible thing I learned was how to run a board meeting.

Both of you have spent many times running board meetings where you want robust, passionate discussion, and sometimes it's important to keep that under control a little bit.

But without that debate, without that discussion, you don't feel that everybody's voice has been heard.

And that's what consensus means.

So that's, I guess, what I took from my two years, and continue to try and give back in my last year now as past president.

So you didn't answer the question, Chris.

Troianos

Yeah, I was...

Shaw

What did you take from that?

Troianos

I was very fortunate in that we put a task force together to once again apply for board certification for cardiac anesthesiology.

And that to me is a momentous opportunity because it defines our specialty.

We are no longer just anesthesiologists who take care of patients that have cardiac surgery, but this now defines our specialty.

The SCA tried to do that ten years before, mainly by using Echo to identify us and to differentiate us, but we were in the fortunate position that the specialty has developed.

We're more involved in perioperative care, structural heart.

We are the integral part of doing any structural heart interventions because of our Echo skills, which have developed and developed over time, and also the fellowships had been in cardiothoracic and typically, when you start a certification. you follow the fellowship.

But if you included thoracic, that created a whole can of worms that we didn't want to go down because that does that mean a thoracic anesthesiologist has to become board certified so we eliminated that controversy, and just said, no, it'll be cardiac anesthesiology.

And although the Society is cardiovascular, we also didn't bother with the vascular part, again, not to alienate the people that only do vascular anesthesia.

So we applied, we got approval by the ABA, and we administered the first exam through the ABA last December of 2023.

But it was during the presidency that that came about, my presidency, and I was very fortunate to be in the right place at the right time.

Roizen

It does take time, 'cause if you look, what was the delay between your presidency and the exam?

It was eight or nine years.

Troianos

No, not that far, so I was 17 to 19, the first exam was 23, so four years.

Shaw

Yeah, but you started that journey a long time before that, as you just alluded to.

Roizen

That's the point, that one of the things that a short -term outlook doesn't necessarily work as a president of an organization because a lot of it is influence and incentive, and there are incentives.

So one of the things I learned that we use in our wellness program here is that large incentives work.

Troianos

And you're right, a lot of the groundwork was laid ahead of time.

In fact, in that first application, 'cause we went back to look, why did that first application fail?

And interestingly, they said, because it was all about echo.

And so we learned not to focus on echo, but focus on other things, because by then there was another board certification in echo specifically.

So the ABA had said, well, why do you need a certification in cardiac if you're focused on echo?

And they were right.

So, we learned that, but it was all because of the groundwork that was laid many years in advance, at least 10 years ahead of time.

Shaw

Mike, you mentioned wellness and you've been extremely successful in that space, so it would be remiss of us not to talk about that.

Can you make a few comments, share a few observations about the importance of self -care for all of us for a start?

Roizen

Well, the Society of Cardiovascular Anesthesiologists is the three most important things.

Most important is stress management in self -care.

You know, yeah, it is stress management, it is nutrition, physical activity, avoiding unforced errors, sleep and brain health, what we call the six pillars that are currently in operation.

And you probably know, I believe, that there's a very strong likelihood that we're going to be able to reboot ourselves.

That is, if you look at the animal studies, there are 14 areas of research into the mechanism of aging, and the animals have been all able to be rebooted from the equivalent of human 90 to human 40.

But to set up for that, you need to avoid structural damage before that occurs.

And the most important thing is what the Society does.

It helps us with stress.

Because the three most important things, I call them the three P's, posse, purpose and play.

So if you look at what the society does, it gets a posse together at the annual meetings and regional meetings because in a teacher and even among groups that are affiliated because it helps you educate and feel the strength of your posse, the strength of the other members and learning from each other.

Purposes, our purpose is to help with the outcomes in the perioperative period of patients involved in cardiac care.

And the third is play.

And that's what you do at the meeting after the meeting is over.

Shaw

We have been known to it, as you said.

So moving on from that, one of the problems that I know you wrote about in '95, I think, in one of your president's messages, was supply and demand in the cardiovascular anesthesia workforce.

It's almost 30 years later, and we still seem to be struggling with exactly the same problem.

So both of you, what are some reflections on why that is?

Are the causes the same?

Are the treatments different?

Or why are we still struggling?

Troianos

It's funny, I've given some talks about care for the elderly and I went back and looked at the literature.

Elderly in the 90s was in their 60s.

Roizen

Well, Elderly in the 70s was early 60s, late 50s, early 60s, and we tried to make 75 -year -olds.

75 was the older, and then it got to be 85 and 95, and now we're in the hundreds.

Thank God, because if we get rebooted, your calendar age ain't going to mean anything.

Troianos

Yeah, but the articles then came to your point, "Cardiac Anesthesia for the Octogenarian," and therefore, and now with less invasive approaches to cardiac procedures, it opens up the door to so many more patients having therapy through cardiac surgical intervention, which means we have more patients than ever.

And so the need for cardiac anesthesiologists is growing exponentially beyond that.

And although our training programs have expanded during that time.

There are many more fellowships.

There are more fellows being trained year -to -year.

The demand for our services is just outstripping, outstripping that.

Roizen

Well, you look at the number of people over the age of 65 in the developed countries, and it's doubled since 1980, and it's going to double again, which means, and there, you know, it is the elderly with worn out valves that need our care most.

And I'm gonna be there pretty soon.

So one of you guys stay current.

Shaw

Do you think it's unreasonable then for the current generation to expect to stop working at 60 and 65?

Is that, are we gonna have to rethink the age at which we, you know, we stop?

Roizen

Retire?

Shaw

Yeah.

Roizen

Well, we cannot support any developed country in the economics if we just work from, if you will, 15 to 64 or 18 to 64 as the prime ages, because we don't have enough kids to support the GDP.

If you're going to live to 115, you're not going to want to retire at 65 and do nothing for 50 years.

So the great news, I've learned, what do you think the average, this is a question, what do you think the average retirement age in America is currently?

Troianos

I would say, I have no idea for some just guessing, 67.

Roizen

It's 61.

Troianos

Okay.

Roizen

So if each person who's 61 works another year, it's $340 billion in economy, $58 billion for federal tax, $34 billion for state and local.

If you work 10 years to 71, let's just say we expand the life expectancy by 10 years.

That's happened in my, you know, when I was born, my life expectancy was 63.

I'm already post -dates, right?

So, by 14 years, if you will.

And so, all of us are living much longer.

If you're living much longer, if you can keep the retirement period the same, and you work 10 years, it's 3.4 trillion, 580 billion, and each group that does that, it's a huge benefit to society.

I think one of the things that the Society of Cardiovascular Anesthesiologists has done and will continue to do is the retraining.

And that's really important.

Shaw

Keeping us all current.

Roizen

Yes.

Shaw

Yeah.

Roizen

And keep us all innovating, you know, and that's a key thing for the Society and for society in general.

Troianos

Well, one of the things Andy does is run a hundred bed, a cardiovascular ICU here.

And he realized shortly after coming here that

Roizen

Only a hundred bed? (laughing)

Troianos

That we need to train people, not only to be intensivists, but also to have the cardiac training.

So anyway, tell us a little bit about what you're doing to help the workforce in cardiovascular ICU care.

Shaw

So in this country, people can get to the intensive care unit from a professional background perspective from a number of different routes.

That's not the case in other countries where now it's largely its own discipline.

But in the US and Canada, to a lesser extent, you can get to the ICU via any route.

So there's basic intensive care training, then there's specialist intensive care training, specialist cardiac procedural intensive care training with the rise of the machines, ventricular assist devices, and so on and so forth, extracorporeal circulation.

There's an entire sub -discipline which needs to be taught.

And historically, people have got there by hook or by crook, just by serendipity.

Roizen

Well, in fact, that's why I did both internal medicine and anesthesia, because there weren't ICU training programs at that period.

So you had to do multi -speciality.

Shaw

So we decided here that that's not a great - you know - hope isn't a great strategy so we specifically designed a cardiovascular ICU training fellowship.

Non -ACGME accredited but we figured that probably wouldn't matter because the sort of folks that want to get that sort of training are about the training and not another piece of paper and that's turned out to be the case.

And so now we specifically train people in our CVICU to work in a CVICU, hopefully ours, because it's a good human capital pipeline, and that's worked out, I think, really beyond our wildest dreams.

That's worked really well.

Troianos

Do you see other institutions developing this?

Shaw

They are.

They are.

And it's interesting to see, it'll be interesting to see whether or not cardiovascular critical care medicine starts to think about becoming its own specialty as well.

Again, there's all these issues of turf and silos and whatnot.

But we feel as long as you focus on the patient's best interests, as our CEO says, everything else will take care of itself.

And certainly that's been our experience with our CVICU.

Let's talk about education a bit more, because it is a central tenet of the SCA, has been it's the very first day and continues right up to now 40 plus years later.

What do you think?

You're a well -known and very successful educator at all different levels.

Just reflect on some of the opportunities that the society has provided to others, all of us I think included, and continues to provide for the next generation.

Troianos

Well, I think we have to continue to evolve.

I remember when I first joined the SCA, you would come to a lecture at a traditional lecture hall.

And over time, we develop workshops, and then shorter lectures, 'cause people don't wanna sit there for an hour listening to one person.

So now we have, you know, snap talks, short talks, pro -con debates, little presentations, and then more discussion.

And then we're also moving to social media, where we can also provide that, you know, bits and bytes of education to a younger generation, a more junior colleague who doesn't want to spend a lot of time maybe even traveling to a meeting, let alone sitting lecture for an hour.

But they're willing to sit for 12, 15 minutes to listen to a certain topic where it might be on mitral regurgitation or mitral valve disease or aortic valve disease, whatever the topic is, but we have to continue to evolve to meet the needs of our constituents so they can continue to learn and help take better care of themselves.

Roizen

And you still have to have hooks to grab the teacher off the podium at the right time, if you will.

But that's been forever because all of us want to share what we've learned and some of the finer points.

And it gets tougher and tougher to do it as the time shortens.

Shaw

But you've done, you know, extraordinarily well, harvesting the opportunities that different types of media, different types of educational environment have, have, have offered.

Do you see an opportunity for the SCA to spread beyond just traditional in -person meetings?

Roizen

Well, the problem, I think, with spreading beyond that, One is, I think you've got to have a variety now, but I think those in -person meetings are really key for those three P's, if you will, which is, one is meeting people and associating with them, and two is having fun with them.

And also really, as you said, at the board meeting, part of it is you want to hear the viewpoints of people from different areas and who've got different training backgrounds.

So I think it is, while we're doing a lot of other things, I think keeping that, if you will, in -person group gathering at an annual meeting or regional meeting is really still key.

Shaw

I totally agree with you.

I think anything else we do as a society is as well as, not an instead of, because the value of coming together, and we learned this the hard way during the pandemic, we saw the first hand, all of us, the difficulties of not being together, and then the relief and the excitement, that first meeting we had after the pandemic.

Troianos

And it was during your presidency that I think you really encouraged the board to think about multiple ways of educating.

Shaw

And we continue to do that and argue about it passionately and robustly as you can imagine.

Mike, what do you think, cast your mind back to '95 to '97, what do you think was the most memorable event for you, either personally as a president during the society or something that happened within the society?

Roizen

Well, I think by far, to me the most memorable event is, we had a meeting with the heads of the American College of Cardiology, the Pediatric Group and Cardiology, our own group, the Internists.

I mean, we literally had five different society presidents there.

And by far the, to me, the most exciting thing was all of them agreeing to work together.

And it is...

Shaw

This was for Interoperative echo.

Roizen

Yeah, it was the getting, convening, and brokering that meeting and seeing everyone deciding - let's work together.

Shaw

Chris?

Troianos

Yeah, I think a couple things.

One is, I mentioned developing board certification for cardiac anesthesia.

I think that was huge, but the meetings that we had, we had a couple, the, I don't know, back then when you were president, but it was the president who chose the keynote speaker.

So my first year, I asked Toby, Toby Cosgrove, to come and give his perspective as a cardiac surgeon.

And then for my second year, my second year of my presidency, I asked Dave Lubarsky from UC Davis.

And his perspective was another CEO, just like Toby was, but CEO as a cardiac anesthesiologist versus a cardiac surgeon.

And I think it was wonderful to just bring their perspectives.

We both sat down and did a conversation like this as opposed to a regular lecture that you sometimes got from your keynote.

But I think the audience got so much out of it.

They also asked questions and they were engaged.

So I really liked those.

Those or two very memorable times during my presidency.

What about for you?

Shaw

Well, coming out of the pandemic, I guess, was the thing that I remember most, taking the baton from Stan, who had to navigate an almost completely unpredictable situation, keep the society going, which to his credit, he did.

So picking up the baton, trying to remember as a society, how to be a society again.

How do we have a meeting again?

Should we have a virtual component or not?

Still learning all of that.

And then Brian Bollwell, one of our colleagues here, I asked to give the keynote because, as you said, the president gets to choose.

And he gave an incredibly insightful discourse on the importance of leadership for everybody, including how to lead when you're not the boss for example.

I think that's the thing I remember the most.

Well we're running out of time, so Mike, Chris, let me ask you to wrap up and give a few words of advice to today's fellows, early career faculty, people who have got to do this if we listen to you for the next hundred years or so or at least the next 40 or so.

What do you think are a few bits of advice that would be the most helpful to them as they embark on a career?

Roizen

I think the most helpful is one is develop a posse.

That is a support group that also is an educational support group that teaches you.

And two, don't forget where you came from.

That is, it's really important to understand that our goal is, and you said it, and Chris said it, is our goal is to make patient care better and to improve on outcomes and to keep innovating and doing that.

And I really do believe you're going to get to do it for 100 years.

Shaw

Wow.

Chris?

Troianos

Yeah, for me, as I tell even my own children, is follow your passion, whatever that might be.

And in the world of cardiac anesthesiology, it should be really, what area brings you most joy?

Is it echo, is it ICU care, is it coagulation, whatever that might be.

Don't do it just because your mentor does it, but do it because you love this and you want to see patient care improve.

That's the bottom line in all of this.

And don't hesitate to take the time and effort to learn, to research, to educate others because that will pay dividends that you may never see.

But if you keep doing those types of things, patient care will ultimately improve and that's why we're all here.

What about you?

Shaw

I was, I'll echo one other thing that each of you said.

I keep a photo of the small town in England that I grew up in on my wall in my office on the advice of my grandfather actually, and he said, “Son, never ever forget where you came from,” because I think that keeps you grounded.

I think it keeps you real.

And the second thing I would suggest to people is that, as the song goes, “Do what you love but call it work”

Because if it's not fun, then you won't want to do it anymore, and I think we've been lucky to find work that we all love and enjoy and it doesn't feel like work.

So to the extent that you can, that would be my advice to folks stepping out at the dawn of their career.

Well the clock has beaten us gentlemen, thank you very much for joining us today, I hope this has been informative, entertaining and perhaps a little bit fun, so thank you very much for joining us.