

## FAER: Guiding Your Research Journey

Matthew J. Kremke, MBA

**A**dvocacy on the Hill is critical to the future of anesthesiology and its practitioners. Another pillar vital to the future of anesthesiology is research. At the same time our peers in the ASAPAC advocate for the interests of patients and physician-anesthesiologists, the Foundation for Anesthesia Education and Research (FAER) dedicates itself to supporting anesthesiology’s physician-investigators throughout their careers on a state-by-state, institution-by-institution level. For the past two years, it has been my pleasure to work alongside the FAER Board of Directors in leading these efforts as FAER’s Executive Director. I am excited to take this opportunity to share a snapshot of some of the ways FAER has and continues to support up-and-coming investigators over the course of their research journey.

**“On behalf of FAER, I’d like to say that we could not be prouder of all those who have passed through our gates in their pursuit of anesthesiology research, whether as program participants, grantees, or both. It is my honor, and the honor of all those who serve FAER, to contribute to the success of these future leaders of anesthesiology research.”**

At the time of this article’s publication, FAER has awarded more than \$51 million in research grants and programs related to anesthesiology since its formal establishment in 1986. This total will increase following FAER’s Fall 2022 Grant Cycle, which concludes with the announcement of awarded grants in October. FAER’s mission is to develop



FAER Medical Student Anesthesia Research Fellows discuss a scientific poster during the FAER/eSAS Day for New Researchers at ANESTHESIOLOGY® 2021.

the next generation of physician-investigators and to help anesthesiology researchers make the leap to independent, non-mentored research funding. What many don’t realize is that FAER’s support for one’s research journey begins much earlier than a FAER grant.

The Medical Student Anesthesia Research Fellowship (MSARF) aims to expand the scientific talent in academic anesthesiology by providing funding for medical students to participate in an eight-week summer program focused

on anesthesiology research, training in scientific methods and techniques, and learning how to incorporate research into a medical career. Beginning in 2020, virtual components, including online journal clubs and panel presentations, were added to MSARF as well. The fellowship culminates in the opportunity for students to present scientific posters at ANESTHESIOLOGY® in October.

For many students, MSARF can serve as one of their earliest forays into the world of anesthesiology and research. And



**Matthew J. Kremke, MBA**  
FAER Executive Director.  
@MatKremke

each year, FAER is proud to receive glowing feedback from program participants on their experience during the fellowship. This is especially important given anesthesiology’s need to maintain a stream of new investigators entering the specialty to ensure continued growth and scientific excellence. Since 2010, FAER has awarded fellowships to over 700 medical students.

FAER also has its Resident Scholar Program (RSP) to offer. Converted to a benefit for members of FAER’s Society for Anesthesia Education and Research (SAER) in 2022, the RSP gives promising residents the chance to attend and present at ANESTHESIOLOGY, in much the same vein as the MSARF program. Since 2010, FAER has sponsored more than 600 residents to participate in the RSP. Through research presentations at the FAER/eSAS Day for New Researchers at ANESTHESIOLOGY, a collaboration with the Early-Stage Anesthesiology Scholars (eSAS), the MSARF and RSP programs also help young investigators establish a valuable network of peers and

*Continued on next page*



2022 MRTG Meeting attendees and presenters.

## FAER

Continued from previous page

mentors they can rely on and collaborate with.

At the very heart of FAER, its mission, and the value it represents to anesthesiology and research are its grants (FAER.org/Grants). Funding mechanisms include FAER's flagship Mentored Research Training Grant (MRTG), along with the Research in Education Grant (REG), Research Fellowship Grant (RFG), GEMSSTAR Grant, and Transition to Independence Grant (TIG).

FAER is also honored to work with fellow foundations and subspecialty societies on co-sponsored and co-funded grants. These include the APSF-FAER MRTG, co-sponsored by the Anesthesia Patient Safety Foundation (APSF); the FAER-ABA REG, co-sponsored by the American Board of Anesthesiology (ABA); and the AHA-FAER Career Development Award (AHA-FAER CDA), co-sponsored by the American Heart Association (AHA); along with grants co-funded by the Society of Academic Associations of Anesthesiology & Perioperative Medicine (SAAAPM) and Gertie Marx Research and Education Fund. FAER is also very excited to begin a co-sponsored MRTG with the Society for Obstetric Anesthesia and Perinatology (SOAP) in 2023.

FAER is present throughout the country. Below is an account of the amount of grant funding FAER has awarded to institutions by state since 2010:

- Alabama: \$425,000
- Arizona: \$175,000
- California: \$6,125,000
- Colorado: \$600,000
- Connecticut: \$600,000
- Florida: \$275,000
- Georgia: \$75,000
- Illinois: \$250,000
- Iowa: \$175,000
- Kentucky: \$100,000
- Louisiana: \$75,000
- Maryland: \$1,975,000
- Massachusetts: \$3,975,000
- Michigan: \$850,000
- Minnesota: \$950,000
- Missouri: \$1,350,000
- Nebraska: \$50,000
- New York: \$3,750,000
- North Carolina: \$1,450,000
- Ohio: \$700,000
- Oregon: \$900,000
- Pennsylvania: \$2,425,000
- Tennessee: \$2,275,000
- Texas: \$75,000
- Vermont: \$250,000
- Virginia: \$200,000
- Washington: \$925,000
- Wisconsin: \$1,075,000



2020 FAER Mentored Research Training Grant recipients Drs. Gregory Chinn (left) and Bradley Fritz (center) in discussion with Dr. Margaret Wood (right) at the 2022 MRTG Meeting.

FAER awards are of tremendous value not only to science, but to the success of the researchers themselves. A perfect example of this is the annual MRTG Meeting, which returned in April 2022. Designed to improve the mentoring support FAER provides its grantees, as well as strengthen the bonds between grantees, this year's meeting also introduced a CME component. Additionally, grantees from the International Anesthesia Research Society (IARS) were invited to attend the meeting alongside their FAER counterparts. It was a true joy to hear the outpouring of positivity from all those who attended the meeting, and FAER looks forward to continuing to offer this benefit to grantees in the future.

Earlier, I noted FAER's hope for its grants to serve as a bridge and gateway to other research funding. Regardless of

the party in power at the time, funding at the federal level is imperative to anesthesiology's future. The Transition to Independence Grant, or TIG, is one way we strive to bridge the gap between those who have recently completed a FAER MRTG and independent, non-mentored research support. Even without this offering, though, the value of FAER funding in achieving federal funding is apparent, as the majority of FAER grantees achieve federal funding within five years of completing their FAER award.

I hope this information has helped shine a light on what FAER does for anesthesiology and research and how important research is to the profession. On behalf of FAER, I'd like to say that we could not be prouder of all those who have passed through our gates in their pursuit of anesthesiology research, whether as program participants, grantees, or both. It is my honor, and the honor of all those who serve FAER, to contribute to the success of these future leaders of anesthesiology research.

Also, it would be remiss of me to not to highlight the fact that this issue of the *Monitor* features an ad on page 11 highlighting the physician-investigators awarded funding during FAER's Spring 2022 Grant Cycle. Keep an eye out for the ad as you enjoy the rest of this month's issue and join us in congratulating these talented investigators.

Finally, I will end here with a reminder that none of FAER's work would be possible without the incredible generosity of our donors. I encourage all those reading this to consider a donation at **FAER.org/Donate** to help FAER support anesthesiology's next generation of physician investigators. ■

## UpToDate®

**UpToDate® and ASA Monitor are collaborating to present select content abstracts on "What's New in Anesthesiology." UpToDate is an evidence-based, clinical support resource used worldwide by healthcare practitioners to make decisions at the point of care. For complete, current "What's New" content, or to become a subscriber for full content access, go to [www.uptodate.com](http://www.uptodate.com). "What's New" abstract information is free for all medical professionals.**

### Aggressive perioperative warming and outcome (April 2022)

Perioperative hypothermia results in sympathetic stimulation that may lead to myocardial ischemia, particularly if shivering occurs. In a trial that randomly assigned more than 5000 surgical patients (age  $\geq 45$  years with at least one cardiovascular risk factor) to maintain target core temperature at 37 versus 35.5°C during noncardiac surgery, both groups had similar rates of myocardial injury alone and a composite outcome of myocardial injury, nonfatal cardiac arrest, or all-cause mortality at 30 postoperative days [1]. Other adverse outcomes (serious wound infections, transfusions) and duration of hospital stays were also similar. Keeping core temperature at least 35.5°C rather than aggressively warming to

37°C throughout the perioperative period may be sufficient to prevent temperature-related complications.

1. Sessler DI, Pei L, Cui S, et al. Aggressive intraoperative warming versus routine thermal management during noncardiac surgery (PROTECT): a multicentre, parallel group, superiority trial. *Lancet* 2022; 10333.

**Disclaimer:** This content is provided for reference purposes only and represents a portion of the UpToDate topic. Readers should not rely on the content or any information cited here as being applicable to specific patient circumstances. All topics are updated as new evidence becomes available and our peer review process is complete.