Editorial

The Multidisciplinary Nature of Critical Care: Living the Dream

By Richard H. Savel, MD

The essayist Ralph Waldo Emerson[1] wrote, "Nothing great was ever achieved without enthusiasm." My name is Richard Savel, and I was recently tapped to be the new physician coeditor of the *American Journal of Critical Care* (*AJCC*). I would like to take this opportunity to share a little about my background, my philosophy, and my enthusiasm for the task at hand.

My career in critical care began in the late 1990s when I was working as a hospitalist in a small hospital in San Francisco shortly after I completed residency. At this hospital, the hospitalist service ran the intensive care unit (ICU). There it became clear to me that I wanted to devote my professional career to the field of critical care. I was fortunate to have obtained the mentorship of Michael Gropper, MD, PhD, and Jeanine Wiener-Kronish, MD, at the University of California, San Francisco (UCSF, the home of this journal's founding coeditor, Dr Kathleen Dracup), where I ended up being involved in 2 years of translational research focusing on acute lung injury, as well as completing my clinical critical care fellowship in 2002. I have spent all of my time as a critical care attending working in surgical ICUs, most recently at Montefiore Medical Center/Albert Einstein College of Medicine (the home of the other founding coeditor of this journal, Dr Christopher Bryan-Brown) in New York City.

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My clinical areas of interest include acute lung injury,[2] severe sepsis syndrome,[3] surgical critical care,[4] care of the critically ill bariatric patient,[5-7] patient safety and checklists in the ICU,[8,9] and the development of novel teaching techniques for evidence-based critical care at the national level.[10] I also very much enjoy teaching critical care to our fellows and medical students at the medical center.

My Philosophy of Critical Care: Passion and Compassion

At the end of my fellowship, I was brimming with idealism and excitement about my field. As I often say to my friends (and I have heard this from others in the field), "critical care chose me." During my 3 years at UCSF, I did all I could to wrap my mind around the important literature that was coming out just as I was finishing my fellowship.[11] I couldn't wait to share with the members of the multidisciplinary critical care team (MCCT) my enthusiasm for sepsis bundles, VAP bundles, central-line bundles, and other ways to optimize outcomes for the critically ill patient. I also couldn't wait to rapidly integrate the newest randomized controlled trial into our bedside practice.

Nearly a decade later, I have retained much of my enthusiasm, but it has been tempered by experience. I am less certain of where the "truth" in critical care may lie than I was at the end of my fellowship. For example, I am now painfully aware that even large multicenter randomized trials can be disproven.

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I am all too cognizant of the fact that what may have been the right answer a few years ago may not be the right answer today. But, regardless, my passion for keeping up with and contributing to the literature remains strong. Just because it is difficult to find the right answer to a clinical problem in critical care does not mean that we as a field should give up on the entire process.

This is extremely relevant when it comes to nursing in the ICU. As a crucial component—the foundation, as it were—of the MCCT, critical care nurses must have a full understanding of why a patient safety maneuver is being performed and what evidence supports that particular act so the entire team can get behind the plan for the betterment of the patient. Nurses' involvement in and contributions to the critical care literature are paramount if our field is to advance as a whole.

The Multidisciplinary Team

From my perspective, after completing my first decade as a critical care clinician, the MCCT is what matters most. Whether it is daily rounds or a crisis management scenario, having a highly functioning team appears to be highly correlated with good outcomes. Though it is intuitive that having a team with whom everyone likes to work is a good thing, the evidence also supports this approach.[12,13]

I have a passion for helping ICU teams become great. Members of a great team can support each other during hard times, and work together to help the patient at all times. The more I know that my team "has my back" on rounds, the more I know that things are going to go well that day. If I am able to develop an environment on rounds in which everyone feels they can speak up, in which everyone truly feels that their opinion matters and they can be heard, then I know I have done my job well, succeeding in my mission of collaboration, coordination, and communication. And, as we all know, these things can often happen in a fairly "noisy" environment (in many senses of the word).

About the Author
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Academic Medicine and the Research Enterprise

One of the primary goals of *AJCC* is to be a research forum. Why should this matter to a bedside nurse or physician who may practice in a nonacademic environment? Here is my view. My personal job description since fellowship has been that of "academic intensivist." To me this has meant the following: as a clinician, caring for patients is of the utmost importance. However, academic medical centers have the important 3-fold mission of teaching, research, and patient care. It has filled me with pride to know that I was doing something noble by caring for patients and saving lives as part of an MCCT. In addition, as part of an academic MCCT I also felt that I was participating in something even larger; I was part of the national critical care community.

AJCC is an element of that vision of improving care for ALL critically ill patients. Through publication in venues such as *AJCC*, a carefully organized study of ways to improve bedside care can enhance outcomes for numerous patients, more than any 1 team could care for. It is about not only meeting the standard of care, but also about evaluating and, when appropriate, changing the standard of care for a particular medical or nursing situation. It is for that reason that this journal—our journal!— is relevant reading for all members of the MCCT.

A Shared Mission

Not only do I belong to the national critical care community, as coeditor of *AJCC* I now proudly belong to the American Association of Critical-Care Nurses (AACN) community. During the past 10 years I have learned from my critical care nurse colleagues that AACN is a community of exceptional nurses who come together to share expertise, wisdom, resources, and standards that bring value to all members of the MCCT.

I find AACN's mission to be particularly germane to all members of the MCCT, and I share it here:

> Patients and their families rely on nurses at the most vulnerable times of their lives. Acute and critical care nurses rely on AACN for expert knowledge and the influence to fulfill their promise to patients and their families. AACN drives excellence because nothing less is acceptable.

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> Academic journals are on the leading edge, defining what it means to get information to the end user in a way that is rapid, reliable, and easy to use and search.

With each patient and with each day, this mission should inspire and guide each of us who, no matter what our role may be on the MCCT, live it at the point of care.

Respects Tradition, Interested in Innovation

When one moves into a new position, it is important to strike a balance between taking an attitude of "if it ain't broke, don't fix it" and a genuine interest in innovation, both in the way articles are peer reviewed and how they are presented to the reader.

In this era of rapid technological growth, combined with increasing costs of publication and decreasing revenue, technology may be an area where biomedical journals are on the leading edge, defining what it means to get information to the end-user in a way that is rapid, reliable, and easy to use and search, while simultaneously retaining the highest level of scientific integrity. To serve our potential authors, we should provide rapid, honest, high-quality peer review. In addition, for those manuscripts that are accepted, we also need to provide a professional forum for the authors to present their data to the readers of *AJCC*.

Here's to the Future

So it is with tremendous enthusiasm, pride, and humility that I set off on this next chapter of my professional life. It is a great honor to be part of something so important. I have already had the opportunity to meet some truly wonderful and highly motivated people, including Dr Cindy Munro, my distinguished coeditor, and the dedicated staff of *AJCC*. I have been asked to join a system that is already working, to help keep it on course and, perhaps, to improve upon it slightly.

I want to thank my critical care mentors, past and present, as well as Dr Christopher Bryan-Brown for his recent important guidance. I am sure I will be looking to him frequently as I gain experience with the journal. Finally, I would like to thank my family; without their support, none of this would be possible. To the leadership and membership of the AACN, I thank you again for this important opportunity.

The statements and opinions contained in this editorial are solely those of the coeditor.

FINANCIAL DISCLOSURES
None reported.

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