Mentoring and lifelong learning: A critical part of who we are and what we do

Thank you for the honor of serving as the Society of Critical Care Medicine (SCCM) president in this coming year.

I have a question for you: How many of you remember the name of your first-grade teacher? My first-grade teacher, Mrs. Stranigan, reigned supreme at Our Lady of Loreto Elementary School in Falconer, NY. But Mrs. Stranigan is not the teacher I remember best from the early years of my education. That honor is reserved for Mrs. Carol Lewis, my tenth-grade biology teacher.

In her class we dissected a cow's eyeball and got to see how it operated: the muscles that control eye movement, the mechanics of it all. I was captivated. Mrs. Lewis introduced me to the joy of learning about biology and the joy of unlocking the mysteries of how our bodies work. It was a beginning.

In that biology laboratory are the origins of my career, the beginnings of my ultimate goal of a life and a career in medicine. And I will be forever grateful to Mrs. Lewis for teaching me, for setting me on that path.

Another question for you—actually my challenge to each of you: Who will remember your name? Who will call you mentor? Who will credit you for starting their life in critical care?

I want to talk with you this morning about our responsibilities for teaching and mentoring, not only because they are a part of our obligation as professionals but also because the need is great and the need is growing greater.

A few years back, *U.S. News and World Report* featured critical care professions in its list of up-and-coming jobs for the new millennium (1). Today we are already in the seventh year of that millennium. Baby boomers, me included, are aging; some are getting sick and beginning to crowd our hospitals and intensive care units (ICUs) in record numbers. Critical care is going to need more—many, many more—nurses, pharmacists, physician assistants, respiratory therapists, dietitians, basic scientists and clinical researchers, social workers, educators, and physicians. The goal of this litany is to stress the absolute need and imperative for greater numbers of individuals to become members of our multiprofessional team of dedicated intensive care experts. We who are already on the team must not only replenish our ranks but add to them if we are going to serve these older and sicker patients who populate our nation's hospitals.

Where to begin? How about each of you becoming a Mrs. Lewis? Your local elementary and high schools sponsor career days; sign up and talk to these young students who are eager and impressionable. Volunteer to speak about healthcare professions and their values, especially those pertaining to the careers that are part of our critical care team. Get those future healthcare professionals interested early, get them *hooked*. Alternatively, consider working at a community health fair to get the word out about our wonderful critical care professions. Mentor beginning medical, nursing, pharmacy, and respiratory therapy students. Bend the ears of promising nurses, residents, and respiratory therapists rotating through your ICUs. Help make our intensive care professions exciting and viable career options. Be visible and be accessible to the next generation.

Take time at the bedside to teach. Some of my most memorable moments were things I learned at the patient's bedside: how to clinically recognize cardiac tamponade; how to treat septic shock and ventricular fibrillation; how to comfort the patient, the family, the staff in difficult times; how to hold the hand of a dying patient.

At some point, I transitioned from being the student to being the teacher and to having the pleasure of helping others learn. I became a mentor and I hope a role model. My former fellows will tell you about my compulsivity on rounds, the importance of the details, and the importance of listening to each other, to our colleagues and members of the ICU staff, to our patients, and to their families. I certainly hope that I have been a good mentor and clinical role model.

Of course, education is not limited to our students and trainees or to the recruitment of healthcare professionals. Those "bottom line" watchers, our hospital administrators, also need to be educated. In some cases, they may still be skeptical of the value of critical care specialists. We have not done the best job of helping those administrators understand that not only do we save lives, we save dollars for their hospitals and, we hope, for our patients. Adequate numbers of well-trained, skilled ICU staff improve quality and add value to institutions. Administrators need to understand this concept.

I think our peers in the business world understand that principle, but I am not sure we've done a good job of convincing some of our colleagues in hospital administration. It is the time for the Right Care, Right Now™. Those hospital administrators and others, however, are going to quickly grasp the importance of the SCCM's newest, large initiative, the Paragon Critical Care Quality Improvement Program (Paragon program).

Some of you may have heard of it already. The Paragon program is designed to create tools to address quality improvement in the critical care environment and further to provide mentoring and support for you at your local institutions as you implement quality improvement processes. This personalized approach ultimately will help patients everywhere, not only as SCCM dedicates

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its resources to improving care at one institution or small group of hospitals at a time but also as we take what we learn from our experience in the ICU and develop and share it with others throughout the world.

Paragon complements and reinforces the many educational, research, and publishing activities that the Society has always provided and helps us better achieve our charitable mission of improving care for the critically ill and injured worldwide. I am very excited about the possibilities that the Paragon program holds for us and for our patients. A number of pilot activities are already underway, and throughout the year you will hear more about this exciting new Society endeavor.

I have talked about teams and partnerships, mentoring, and learning opportunities. But as you know, learning is not done in isolation. It involves not only our clinical colleagues but also our colleagues and partners at the laboratory bench and in industry. The value of our partners conducting basic science or animal-based research is well understood and an expected part of the translation of knowledge from the bench to the bedside and back. These partnerships are expected and valued. However, it does concern me when some view our partnerships and relationships with industry, medical device companies, and pharmaceutical firms as bad or somehow tainted. I do not feel that way. Our industry colleagues have much to offer and contribute to the advancement of higher quality delivery of care to our critically ill patients.

Our Society has developed approaches and policies for such partnerships. I am comfortable with our current policies and our partnerships, and I hope that you are, too. Remember that the Society's collaborations with our industry partners are done in compliance with regulatory agencies and our accrediting bodies. These relationships are not "illegal," but at times there have been issues of clarity and objectivity, be they real or perceived. We need to present our positions free from bias. We must be objective, honest, and unquestionably ethical. This is an issue not only for the Society of Critical Care Medicine but for all of medicine. Clear guidelines for how medical professional societies interact with our industry colleagues are needed. Not only is this an established goal for this Society and for our partners in the American Thoracic Society, American Association of Critical-Care Nurses, American College of Chest Physicians, European Society of Intensive Care Medicine, and other professional societies; it is also a personal goal of mine, and I hope to move this forward during my tenure as president.

I am so proud to be a critical care professional, a member of the team committed to high-quality care and to improving the outcomes for all critically ill patients—and we *do* improve outcomes. What we do not do well is tell our story.

We in the ICUs have not just an admirable but an enviable success rate. In many circumstances, up to 80% of our critically ill patients live, that is, eight in ten. Yet, if you ask the public what happens in an ICU, they will say, "It's where people go to die." We must find ways to educate patients and families that, for the majority of them, the ICU is not a place of death; it is a place of hope, a place of recovery, and a place of survival.

So whether it's the satisfaction of a career in critical care, the value of our roles in health care, or the success we enjoy in saving patients, we all have a very good story to tell. My challenge to you is to share that story and share your knowledge. I look forward to joining you in that endeavor.

I told you of my biology teacher, Mrs. Lewis, and the role she played as a mentor, but she wasn't the only member of "team Ognibene." I would be remiss if I failed to acknowledge the rest of this team, many of whom are with us here today.

My mother, Alma Ognibene, was the first and one of the best teachers in my life. I am 53, and she is still teaching me. My sister, Grace, is one of my five siblings. I think I can take some credit for teaching them a thing or two, but I also can tell you that they have taught me plenty.

My professional family is also part of my team. Many of you already know some of them.

One is Joe Parrillo, a past president of SCCM and current editor of our journal. I first met Joe when he was chief resident in internal medicine at New York Hospital/Cornell Medical Center. I thought of him as one of the smartest guys in the world—and I still do. So did the National Institutes of Health (NIH) or NIH Clinical Center, the hospital at the NIH, which recruited him to lead its department of critical care medicine and to start its fellowship program. I was one of his first four critical care fellows in 1982. I certainly can credit him for starting that amazing fellowship program, which was so important for my career.

Margaret Parker, also an SCCM past president, was at the NIH when I arrived. I thought I was good at getting in a central catheter, but Margaret was the best, the "queen of the catheter." What I also learned from Margaret was the importance of balancing a personal and professional life. She clearly does it better than I do, so I still have a lot to learn from her.

Joe and Margaret were involved in this organization and valued SCCM so, of course, I followed in their footsteps. I owe them a lot for where I am today professionally and where I am as the leader of this organization.

I'd also like to thank Henry Masur, who was deputy chief of critical care medicine when I joined the NIH and is now the chief of that department. He helped recruit me to the NIH. He taught me more than I wanted to know about antibiotics and infection control, how to finesse my slides for scientific talks, and how to finely hone a manuscript to get it accepted in the best medical journals.

All are my friends, my colleagues, and my mentors.

I have to thank the fellows, nurses, respiratory therapists, and pharmacists I have worked with for keeping me on my toes, for pushing me and for letting me push them to learn and to be the best that they could be, clinically and professionally. I thank them for their patience and for allowing me to be a mentor.

I also thank my mentors in this organization, the past presidents I have worked with on Council and the Executive Committee. Their widely disparate styles and their broad range of skills have provided me with tools that I hope will help me during my presidential year.

Teaching and learning are lifelong processes. Even when we cross that threshold and become more teacher than student, learning and education do not end. They are lifelong activities.

I want to extend my thanks to all of you as colleagues and clinicians, teachers and mentors, students, and friends.

Finally, I look forward to learning a great deal from you during this upcom-

ing year and then proudly and confidently sharing that knowledge with others as I lead the Society of Critical Care Medicine as your president.

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