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(SOUNDBITE OF MUSIC)

VOICEOVER:

Welcome to ASA's Central Line, the official podcast series of the American Society of Anesthesiologists, edited by Dr. Adam Striker.

DR. ADAM STRIKER, HOST:

Welcome to Central Line. I'm Adam Striker your editor. Today, I'm talking with Dr. Steve Shafer, Professor of Anesthesiology Perioperative and Pain Medicine at the Stanford University Medical Center, and Editor and Chief of *The Monitor*, ASA's perioperative healthcare news publication. With changes to *The Monitor* on the horizon, we wanted to learn more about the plans, goals, and what to expect. Steve, thanks for joining us today.

DR. SHAFER:

It's a pleasure Adam, and thanks so much.

DR. STRIKER:

Well, just to acclimate our listeners, can you tell us a little bit about the history of *The Monitor*? Maybe what role it's traditionally played in the landscape of anesthesiology broadly and how it's helped within that context, and, uh, and specifically with regard to the ASA.

DR. SHAFER:

Well, the *ASA Monitor* has been one of the primary methods by which the ASA has been able to communicate to their members the plans for the future, uh, the status of various ASA initiatives and updates on things that are important anesthesiologists, like legislation that's currently, um, being considered by both states and the federal government. Starting with the July issue, *The Monitor* really is going to try to become an even broader vision of anesthesiology and perioperative medicine. By a broader vision,

it's not just news of relevance to anesthesiology, but news everybody involved in the perioperative medicine field, and additionally, um, it will have a lot of content from other sources rather just anesthesiologists. It will have content from the entire areas of technology, literature, really everything that's news.

And obviously today, there is a lot of news that is relevant to anesthesiologists, um, because of the entire COVID epidemic, and a lot of the changes that are happening in our specialty because of that. So the timing in many ways for this expanded vision, really is fortuitous just because it ties with a period in which anesthesiologists are really focused on the news, and hopefully *The Monitor* will become a primary news source for the perioperative community. Having said that, many anesthesiologists still want to see information that is specific to the ASA, specific to their role in perioperative medicine and we're not going to lose that.

DR. STRIKER:

Let's talk about the changes you have in store. Tell us what will be different as you move into this next stage.

DR. SHAFER:

We are introducing a number of columnists who will have an essay that appears every one to two months on, on topics that are of interest to the columnists. The criteria for being a columnist is they need to be thoughtful, and they need to be able to write. And a number of people within the anesthesia community, and several from outside of anesthesiology community, will be joining us as regular columnists. We hope to have regular features and updates on what is new and exciting in anesthesia technology. Uh, going beyond technology, anesthesiologists are very often innovators. They form companies, they invent products, they invent drugs, and we're going to be talking about a lot of that Innovation as a regular part of the new and expanded *ASA Monitor*.

The appearance will even change. The *ASA Monitor* as is it currently stands, looks like a magazine or a journal. The new *ASA Monitor* is going to look like a newspaper. It's going to have a large format that one typically associates with a high-quality newspaper. And that's just consistent with the expanded vision for the *ASA Monitor* as a premier news source for our specialty.

DR. STRIKER:

So it sounds, and corrects me if I'm wrong, but sounds like basically the new format will be somewhat compiling all the sources that we as anesthesiologists seek out regularly into one central repository, if you will, and make it more accessible. Does that, is that fair to state?

DR. SHAFER:

Yes, that's fair to state. It's both compiling and curating, because one can try to bring together content, but if it's not curated in a form that's interesting to the readers, they might as well just look something up on Wikipedia. So it's really trying to curate the content by interest and also by topic. Uh, most people find that if they are reading several things about the same topic, that tends to have more impact than just occasional bit of information here and there which is not logically tied together. So I think the notion that the new *Monitor* will be curating content for our readership is key to what we're trying to accomplish.

DR. STRIKER:

Well, then you touched upon the subject of columnists. That you're gonna, you want to see columnists as a big part of the new *Monitor*, and up to this point, we've always had an array of individuals from the membership that have written articles, or updates, or reviews in *The Monitor* and how do you see that differing? And are there specific examples you'd like to offer as far as what we might see in columnists going forward?

DR. SHAFER:

So I'm really excited about our new set of columns. Um, specific columnists that we reached out to, and who be writing columns probably every other month, rather than every month, because most of the columnists are busy clinicians and so they have to balance their writing with their clinical work. We've reached out to Karen Sibert will be writing a column every other month called Peering Over the Ether Screen. Peering Over the Ether Screen is going to be selecting areas of interest and providing what I think are really unique perspectives to it.

We'll also have Tom Miller. Tom Miller is part of the ASA staff. Uh, he's trained in analytics and economics and he's going to write the Curious Economist, and talk about, uh, both some of the economics of anesthesia practice, but also overall a view of economics and rigorous analysis and everything he finds of interest.

Dan Cole is now a member of our editorial board and Dan is also the driving force of the ASA's Brain Health Initiative. So Dan's going to be writing a bi-monthly column called Your Patient's Brain. And his perspective as an expert and an advocate for brain health will be brought forward every month with a slightly different aspect of this very complex topic that is really at the top of our agenda, every time we provide anesthesia.

Jodi Sherman is an anesthesiologist who is very concerned about sustainability recognizing, as we all do, the threat to everything from ongoing destruction of the environment, combined with the continued exponential growth of the human population. So her column is going to be called Unbleached. And every other month, she'll be talking to our audience about how to recognize areas where we can improve our environmental footprint and steps that we can take from a very practical perspective to assure the sustainability of anesthesia practice and find that balance between sustainability and patient safety, because that can be a real challenge for us.

So those are columns by anesthesiologists, members of our editorial board, that should be appearing roughly every other month. Additionally we're tapping into the expertise of Wolters Kluwer, and they will be having a column called In the Know, written by people who are scientist journalists, addressing areas of interest for the first couple months that will be COVID-related, but about a year or so, as we get past this, that will branch out into other areas. There will be a monthly column on trends in technology. We're going to have monthly column on careers, so that anesthesiologists can go there for guidance depending on where they are in their own career, for next steps. We will have a column on leadership, which will really address the fact that anesthesiologists and perioperative clinicians are increasingly assuming significant roles of leadership in the healthcare environment, in the political environment, and in the business and innovation environment.

Finally, something I think will be very interesting is the facility highlight. Every month, we will shine a spotlight on one particular facility. Now that might be a academic medical center, that might be a private practice medical center, but we're going to talk about what this medical center does, why they are, uh, leaders in their field and thoughts that they have that might be widely applicable to other healthcare institutions.

Our inaugural facility highlight is going to be the anesthesiology program at Johns Hopkins, uh, that has been rated by several organizations as the top anesthesia training program and anesthesiology service, and anesthesiology research program, in the country. So with the assistance of the chair doctor Colleen Koch, we are going to be looking at the things that they do, which really make them an exceptional anesthesiology department.

DR. STRIKER:

Well, it certainly sounds like we have a, a wide body of very interesting writers, uh, that are going to be tapped for the upcoming *Monitor*. One question I have is, do you think there will be the opportunity for younger members or, or at-large members, to guest-write columns?

DR. SHAFER:

That is a great question. Again, the answer is yes. But we have to actually think about how to make that happen. Just by saying yes, nobody's going submit anything to us. I will tell you that right now, I get an unsolicited article or request for interest about every week, maybe every two weeks, something like that. And I read them, I get back to the authors with thoughts about whether or not *The Monitor* is an appropriate venue. I'm also getting emails from people, uh, just in my own department at Stanford and lot of emails from people that I am close to in the anesthesia community asking for advice, asking for mentorship if they're younger, and I always think about *The Monitor* and those settings and I'm going to encourage our editorial board to take the same perspective, particularly with regard to younger authors. Many authors who are in primarily clinical lines, really don't have the opportunity to contribute to the literature in journals like *Anesthesiology*, because their work really isn't particularly scientific. That's not to say the practice is not based on science, but they're not doing hypothesis-driven investigation.

But that doesn't mean that they don't have a lot of important things to say, that they don't have observations to share, that they don't have concerns that would be broadly shared within the anesthesiology community. And I'm hoping that for many young anesthesiologists, both in private practice and in academic practice, who are primarily focused on clinical care that when they say, how can I start writing papers, and reaching a broader audience, that they'll think of the *ASA Monitor*.

Now, something that I hadn't thought of until you asked your question, that is, I should probably at some point in time in my monthly editorial, specifically focus on mentorship of young authors. I hadn't thought of that until this moment, but I think that would really help to pick one editorial, and talk about *The Monitor* and the role that we could play in giving young authors a forum to write, experience with the editorial process, because nothing in *The Monitor* goes from somebody's pen to the online presence. Everything goes through an editorial process. And authors have to be used to feedback, they have to be used to criticism, and they have to be used to rejection. And they hopefully can

also experience the joy of getting a paper accepted. Um, and this is a role that I'd like *The Monitor* to play our specialty.

DR. STRIKER:

Fantastic, I think that's great. Well, Steve, you keep mentioning that you want to be more about news. And this, just for my own curiosity, um, let's just elaborate a little bit on the difference between how you perceive news and updates.

DR. SHAFER:

Well part of it, of course, is just a notion of continuity. An update, by definition, starts someplace and then one has an update on what is um, happening with a particular piece of legislation, what is happening with a particular area of technology. But where things start, is a point at which the news starts, and we want this to have, um, regular, uh, introductions to the anesthesia community of things that are exciting that are happening in real time.

So I'll give you an example. Um, with the COVID crisis, one of the concerns that came forward was, do we have enough ventilators? And several teams of anesthesiologist came together and independently tried to create ventilators which could be manufactured easily, could get through FDA approval on an emergency basis, and provide ventilators both in the United States, and even worldwide, knowing that this was a limiting factor in keeping people alive because of the tremendous amount of morbidity and mortality associated with lung disease with the COVID crisis. So that's news. Hasn't happened before. Uh, having introduced it one might then have updates on that, but we will be talking about ventilators in the July issue, and the efforts by teams of anesthesiologists to create low-cost, but adequately performing ventilators.

Another example of an update versus a news item, would be vaccines. Right now, there's a lot of news about vaccines in terms of what are the results that are coming forward. I think this is very important because there's a lot of essentially unwarranted enthusiasm right now, in news reports about positive tests in small number of patients and the positive test really means that somebody didn't keel over and die after getting the vaccine. That's really all we know right now. So that will be news, but then towards the end of the year, I believe in the December issue, we will have an update. And the update is going to say, where are we? We started on this vaccine program 10 months ago or so, and how, has it come forward in a way that gives us meaningful hope of having a vaccine? So that's also an example of a update versus a, uh, news item, which will start off in, I believe, the August issue.

DR. STRIKER:

The, um, *The Monitor* has historically had a theme throughout each issue, every month, whether it's, um, this month is going to be, uh, you know, global health, or another month will be the environmental sustainability aspects of, of anesthesia care. Do you foresee that still being somewhat of a feature of the new *Monitor*?

DR. SHAFER:

Absolutely, yes absolutely. Uh, feedback from readers is that they like having the theme. I will share, uh, that when became Editor-in-Chief of Anesthesia and Analgesia back in 2006, one of the changes that I made there was that every issue was themed. In that case the themes were mostly done just by opportunity. We would have several articles that were about the same subject and we would weave them together into a themed issue. But that continued to be the case during my tenure as Editor-in-Chief. That has been the case with the newsletter and *The Monitor* now, going back at least 15 years, and people like it.

So we will continue to have the themes, and where do the themes come from? Well, we have an editorial board. And what used to be the Committee on Newsletter has now become the Editorial Board of the ASA *Monitor*. The editors are going to be involved in decisions. The editors are going to be helping us assess the content going forward and the editors will of course also be writing for the new publication. So that's where the themes will come from.

DR. STRIKER:

All right, well, Steve let's talk about your short-term goals. What are you hoping to see in the first 6 months? You've probably covered some of this already but, uh, if you had to put a parameter on it, uh, what would you like to see?

DR. SHAFER:

My primary goal, for the first six months of the new *Monitor*, is to not break it. The other thing that we're going to do, and it's going to be during my entire tenure as the Editor-in-Chief of *The Monitor*, but particularly focused in the next 6 months, is getting feedback. I would like when people open *The Monitor* and read it to receive comments. Both to the website where people post or comment publicly, or just to individual writers saying, I like this, or I don't like this. Um, I've been told that already in the last 6 months our website is getting more comments than it has in the past. Some are positive, some are negative.

The point is we want this to be a medium for dialogue, and that's going to be one of my definitions of success as well.

DR. STRIKER:

What about the longer-term goals? Where do you see this going over years?

DR. SHAFER:

Well, great question. And part of the answer to it is how do you define success? I would define success for the *ASA Monitor* in two ways. First, it needs to be opened and read. If *The Monitor* just shows up in people's mailboxes and then it goes right into the recycling bin, that's not success. The reason I was excited about taking on the position of Editor-in-Chief of the *ASA Monitor*, is that I am a very passionate anesthesiologist. I love the profession of anesthesia. I love the service that we bring to patients, I love the service that we bring to healthcare, and I love the embrace of science by the anesthesia community.

So my goal was to make a contribution, to the extent of my ability, to the anesthesia community because I love what we do. What I suggested when I came on board was the notion of go big or go home. Anesthesia is changing. Anesthesia is expanding. Hospitals, particularly large urban medical centers, are increasingly focused on critical care. They are focused on the most difficult patients, and anesthesiologists have a deep and profound role in the modern medical center providing care to the sickest and most challenging cases.

And that to me is the big news, or was the big news prior to the pandemic, was how our roll is changing in medicine, and I think *The Monitor* is an excellent place, an excellent vehicle, to both help document that change, but also to facilitate it. Also to bring in aspects of healthcare delivery that people would typically think are outside our specialty. I'll give you a simple example. Hospitals, for years, anesthesiologists have been involved as Chiefs of Staff, as Vice Presidents of Medical Affairs, as Chief Executive Officers. This is a role that's increasing. So part of who I want to reach with the new *ASA Monitor*, is not just the perioperative healthcare providers, but is the C-Suite. I want them to look at the *ASA Monitor* and find content that is interesting to them, that is basically curated by the perioperative community.

So I already mentioned the notion of innovation, same thing. At the Foundation for Anesthesia Education and Research, where I serve as a board member, we had a program called Swimming with Sharks. And Swimming with Sharks highlighted

anesthesiologists who are starting companies, and they've made a pitch to an audience very much like the elevator pitch that one might make to an investor seeking to raise money and capital and talent for some idea that you want to go forward with. One of the things that impressed me from having done the Swimming with Sharks program for several years was just how much innovation is out there, how many anesthesiologists are pursuing ideas. That's the big picture.

We, our profession, is so much more than sitting in the OR and recording vital signs, or raising the table up and down, a task that I hope it is eventually assigned to Alexa. Our job is to facilitate healthcare at the most advanced level, for, as I said, the most complex patients. And we adopt many roles in doing that, and to me that was the big picture, expanding the scope of the profession.

DR. STRIKER:

Well, Steve, we talked about garnering feedback and potentially evolving the new *Monitor* based on that feedback. How specifically do you see that being accomplished?

DR. SHAFER:

Well, I think part of it can be summarized by just saying, we have to be nimble. And the reason for that, is things change very quickly. I'll give you an example. At the end of March we had put together the May issue of *The Monitor*. It was focused on technology, and I had gone through and edited the individual submissions, we had some wonderful submissions about new technology, and all of a sudden, by the end of March, COVID was taking over everything. Cases were rising exponentially with doubling times of about 4 days and I sent an email to the editors, uh, and to the team at the ASA and Wolters Kluwer saying everybody take a deep breath. The May issue has to be about COVID, for which we have no articles.

And, that's an example of being nimble. Within two weeks, we had an entire issue put together about COVID, um, and the response of readers to this issue was overwhelmingly positive. Now again, we're not trying to break anything. All the usual stuff was there, the communications from the ASA were all present, but in two weeks we put together a new issue. That's an example of being nimble, the ability to be able to respond quickly to changes, and the fact that the whole team was on board with that. Nobody needed to be convinced, everybody said, yep, that's the right thing to do. We're going to do it and we made it happen.

DR. STRIKER:

Yeah, and I mean, I read that issue, and it, it was impressive with how quickly that was procured and, and disseminated and I've, I've certainly heard nothing but positive things from everyone else that's had the, the opportunity to read that.

But let's elaborate a little bit on the, on the pandemic, not necessarily on the pandemic per se, but how that did cause some major shifts and what you needed to do with *The Monitor*. And what other challenges do you think the pandemic, uh, might offer for, uh, this, these plans going forward?

DR. SHAFER:

Well, right now, the news is broken into two parts. There's pandemic news, and there's the rest of the news. And people are focused on the pandemic for a number of reasons. First off, people's lives are at risk, including the lives of healthcare providers, uh, and the readership of the *ASA Monitor*. Secondly, our clinical work can be absolutely overwhelming. I spent five years at Columbia University from 2007 to 2012. When I talked to my colleagues at Columbia in mid-April, they had a thousand patients on ventilators at the New York Presbyterian Hospital. Now, that's the entire hospital system, but still, a thousand patients on ventilators is inconceivable to me, and that included some of my former colleagues. So COVID is involving us individually, COVID is involving us professionally, and we don't know where it's going. We have a long way to go here. It is not behind us. This is an unfolding and unprecedented event and we're going to be following this, and we're going to be keeping people updated in real-time on what is happening and where this is going.

DR. STRIKER:

It's certainly a, a lofty goal, and certainly achievable, but I think it, it does beg the question that I, I have to imagine a decent amount of the ASA membership would ask, which is, is this indirectly going to, uh, create a void in terms of communication? In other words, I can usually read about what's current in literature from the Journals, um that we're all familiar with, medical journals. I can usually, I can tackle safety, with potentially Anesthesia Patient Safety Foundation newsletter. I can look at business documents, if you want. Do you potentially see a void where the ASA membership may not have a place to go for, oh, I don't know, legislative, uh, legislative issues that may be specific to them? Or practice management changes that may be specific to them, rather than the broader audience that you were alluding to? That's one question that I, I, I have to imagine is, is out there, and just curious to get your take on that.

DR. SHAFER:

Well, I appreciate your asking that, and I, I want to echo something I said earlier, which is for the next 6 months, I'm trying not to break it. And part of not breaking it, is to be sure I don't leave a void for people who have traditionally turned to *The Monitor* for certain kinds of information. We want that to still be there, and for people to be able to find that in *The Monitor*. And the other aspect of, recalling something I said, is it this is going to be an evolution. We may make decisions, oh, something not very interesting and the people go to that issue and they don't find what they're looking for. We are really going to encourage them to get back to us and let us know, hey, this was something that I really appreciated in *The Monitor*, it's not there.

In the process of evolution, you can try stuff, you get feedback and you adjust. And this is exactly how I'm going to approach it. Everything's going to be based upon feedback that we get. The other thing I have to emphasize that the editorial board, by intent, consists of the people who have been on the Committee on Newsletter, plus new voices that were bringing in. So, that provides the continuity. People who had been involved in creating content for *The Monitor* a year ago are still involved and they'll be involved next year as well. And they represent a pretty broad, uh, swath of the anesthesia community and they also represent the people who were writing a lot of the papers that did show up in *The Monitor*. They represent the various societies or ASA committees that are used to contribute content to The Monitor, and they're going to be working with me, and with the team that the ASA has assembled, in finding this content.

Hopefully, they will also bring the wisdom and experience to not leave voids. I can't promise it won't happen, but I think we have a team together that we will see that when people have turned to *The Monitor* in the past, it is still there going forward.

DR. STRIKER:

You'd already talked about this a little bit, but I do want to double back a little on this feedback mechanism. I think you stated that one of your success metrics, if it's measurable, would be that people open it, or that it doesn't stay closed. How specifically, do you see obtaining that data?

DR. SHAFER:

Great question again, and there are a couple ways to do it. One way, to start with the simplest answer, is just ad hoc. We do get feedback, uh, through the web, we get feedback on the, uh, our personal email accounts, and this provides a fair amount of feedback on *The Monitor*. I'm, I'm happy to say that in the first, uh, really about 5 months that I've been doing this, we've been sufficiently edgy that we've even had

feedback from the ASA's in-house attorney on multiple occasions. I think that's a sign that we're doing things right, and we're making it interesting. But there's also going to be formal feedback, and we're working, uh, with Wolters Kluwer and with Silverchair, where *The Monitor* is hosted to have regular surveys, uh, from the readership. And the surveys will give us feedback.

And, finally, there is this whole way of gathering feedback in the Internet era, which didn't exist before, which is clicks. And time on page, and things like that. So, a key form of feedback when I was the Editor-in-Chief at Anesthesia and Analgesia, which is downloads. And I looked very carefully what people were downloading. I'd look at what pages people clicked on, and the content of those pages. This is essentially passive feedback, but it's voluminous, and when you see what people are clicking on you see things that are never clicked on, uh, it's extremely useful information. And so we will be collecting this internet-based analytics. That's a lot of our feedback as well.

DR. STRIKER:

Well been a pleasure talking about the new *Monitor*, the features, the rollout, Steve, and just to refresh our audiences' minds, when can we expect the first new format *Monitor* out?

DR. SHAFER:

Adam, thanks for asking. I'm excited to tell everybody that the July issue goes online on June 26th. The issue is also mailed to everybody on June 26th. Our hope is that it will arrive in the first week of July.

DR. STRIKER:

Well, so I think I can speak for all of us that we were all very excited to, uh, see the new *Monitor* and I'm looking forward to see how it evolves over the coming months and years, and wish you the best of luck with it, and, um, I look forward to talking with you very soon.

DR. SHAFER:

Adam, thanks so much. Uh, I'm really looking forward to that.

DR. STRIKER:

This is Adam Striker signing off on another episode of Central Line. Please join us again next time. Thank you.

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VOICEOVER:

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