Grateful, but Grumpy

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Fellows and Members of The Academy, Honored Guests, our great sponsors and their representatives and my fellow perfusionists, we especially appreciate your attendance at our annual meeting.

As this year's president is my duty and honor to give the Thomas G. Wharton lecture but before I begin I want to acknowledge the courage of the Nominating Committee for giving an Irishman from Boston the podium to talk about whatever he chooses.

I have failed to come up with a single theme for my remarks, but I would like to address two topics that have become important in my professional life, the value of the American Academy of Cardiovascular Perfusion and the standing of perfusionist in the health care community.

Thomas G. Wharton was not a perfusionist, he was a businessman. He was however deeply involved in the beginnings of this profession. He served as Executive Director of the American Society of Extracorporeal Technology, The Journal of Extracorporeal Technology and the American Board of Cardiovascular Perfusion. He also worked with industry in the perfusion field. Mr. Wharton believed in perfusionists and in an effort to raise the level of professionalism, he, in the summer of 1979, gave $2000 to a perfusionist from Birmingham Alabama and said "Get out and start that perfusion education organization we have talked so long about." Unfortunately in the fall of that year Thomas Wharton suffered a heart attack and died, never getting to see what his seed money accomplished.

Charles Reed, Earl Lawrence and twenty two others were the charter members of the Academy and the first meeting was held here, in this building, in 1980. I would like to acknowledge Bill Keen, and Mark Kurusz the only two charter members present today.

The result of Mr. Wharton's vision and initiative is an organization with a focused mission, which is "To encourage and stimulate investigation and study which will increase the knowledge of cardiovascular perfusion and to correlate and disseminate such knowledge."

My path to the profession and the Academy was, to say it kindly, a bit circuitous. Unlike most of you, who made a conscious decision to become a perfusionist and sought the requisite education and training, it just fell in my lap. I had dropped out of college and was working at a university hospital in Boston, first as an orderly, than an anesthesia tech, when I was approached by one of the cardiac surgeons who said and I quote, "You don't look too stupid, how would you like to learn to run the heart-lung machine?"

Having no other prospects at the time I said yes and was apprenticed to Mr. Joel Davis, who I subsequently learned, did not have much say in the matter and was not too pleased. I do not know what about me won him over but soon after my training began we were spending a couple of nights a week in the medical library. The gifts of his knowledge, his pursuit of excellence and his friendship are things I am and will always be grateful for; he was and is a great mentor.

My first Academy meeting was in 1983 in San Diego. I was there to take my oral boards. I attended the seminar and witnessed the members of the Academy with their medallions and wearing black tie to their exclusive dinner. Well, as a child of the sixties I had no use for what I perceived to be a bunch of self important "Good old boys" patting themselves on the back. I decided I would never attend an Academy meeting again. (I have since learned not to use the word **never** so freely).

Subsequently I was convinced, by two good friends, Kevin Lilly and Richard Chan, perfusionists whose opinions I have a great deal of respect for, to attend the Annual Seminar in 2003 and I have been here ever since. I have found a professional home with this group, I have been changed by the organization and the organization has changed a bit too.

This is not the Academy I perceived in 1983.

First of all "good old boys" does not apply, as matter of fact our Vice President is a woman and two of five Council members are women.

Second: The Tux and dinner thing; Well, I learned that this fellowship enjoys sharing time with one another. Although my first act as a member of the Council was to make the dinner black tie optional, I learned that the membership gets a kick out of upholding the tradition, and the dinner is at each member's own expense and not funded by registration fees.

Third: The exclusive club label; Yes, fellowship in the Academy is for those individuals who participate. This participation begins with regularly attending the Annual Seminar and includes contributing, by means of presenting, leading a Fireside Chat or moderating a scientific session. **The important thing is the Fellowship is open to all who wish to be a part of the mission of continuing education.**

Fourth: Transparency; the American Academy of Cardiovascular Perfusion is the most fiscally responsible and open organization that I have ever been apart of. There is no full time Executive Director hauling in a big salary. Our Executive Director is David Palanzo, a full time perfusionist. The planning for the Annual Seminar takes your expenses into account, locating our meetings at hotels with reasonable rates in cities with low cost airline access. Balancing quality and cost is always a challenge; hopefully we will be able to continue to do this successfully.

Fifth: Focused on the mission; Perfusion education is THE focus of the Academy and to that end we provide a great deal for the community; full support of the Accreditation Committee for Perfusion Education, a Speakers Bureau which taps into the expertise of the Fellows of the Academy by providing lecturers for perfusion programs. The Annual Seminar, providing not only the scientific sessions but the more informal "Fireside Chats", which allow attendees to share their concerns and ideas on a wide range of topics, tapping into the experience of the whole group. In addition, the contribution of the Academy to the journal Perfusion is significant and the membership is provided a subscription to this high quality peer reviewed publication.

Finally, the most important asset of the Academy is the people. The relationships developed with many of the leaders in the field are invaluable. I can tell you from personal experience that it is quite powerful to be able to "phone a friend" whenever you have a particular professional challenge. Whether it is a unique and complicated case, how to start a new program or service, or problems of resource allocation. The fact that you can call someone you know and trust is invaluable.

So, before I move on to topic number two, I want to thank the fellows and members of the Academy for their friendship and support and encourage those of you who are not yet a part of this great bunch of people to get involved.

The Academy is not a higher calling; it is a calling to each other.

The next subject I would like to address is my concern that the perfusion profession has not attained the kind of standing in the health care community that I believe it deserves. It is my experience, working in a large academic medical center, that we are often overlooked or disregarded.

In an effort to be provocative, stimulate some controversy and have some fun, in the tradition of The Late Show with David Letterman I will present the "**Top Ten Reasons why Perfusionists don't get any respect."** But before I begin let me share with you a prayer that some of you may know as "The Serenity Prayer", written by the American Theologian Reinhold Niebuhr and adopted by Alcoholics Anonymous. In its original form;

O God and Heavenly Father,

> *Grant to us the serenity of mind to accept that which cannot be changed; courage to change that which can be changed, and wisdom to know the one from the other, through Jesus Christ our Lord, Amen.*

It is in this spirit I offer this "Top 10".

#10 - We are so few in number.
There are about 3,900 Board certified perfusionists, not all practicing in the United States. According to the U.S. Department of Labor there are 2.6 million RNs, 954,000 MDs, 106,000 Respiratory Therapists and 75,000 Physician Assistants. We just don't show up on the radar, the signal is very small, but we possess a unique skill set and provide a vital service. We assume a great deal of responsibility.

#9 - We work in hospitals.
Where physicians are king and the pecking order is rigid. Even among physicians some are more equal than others. Having been witness to several surgical firsts, some national, some regional, all requiring skilled multidisciplinary teams. The credit seems to be limited to doctors and nurses. This may be just a function of what the public is able to understand, however the opportunity to educate the people is lost and WE, all the rest of us, are disregarded.

#8 - We have no single educational standard.
Certificate, BS, MA, where do we stand? Is it now time to require all perfusion programs to be Masters Programs? This variability in the preparation of perfusionists causes confusion among the Human Resource folks who are challenged to determine where we fit in.

Recently New York State has passed a law requiring Registered Nurses to be baccalaureate trained within ten years. Data exists that affirms that post surgical patients are safer when cared for by a BS trained nurse. I am not aware of similar data for perfusionists but given the large amount of information that needs to be assimilated during the education and training of a perfusionist, it may be that perfusion students would be better served by a two year Master's Program

#7 - We are not licensed in every state.
According to the web site, Perfusion First, there are 15 states that require perfusionists to be licensed. There are three other states pending, and one, California, has what is called a titling statute.

The arguments against licensure, such as, it will cost too much or it won't change anything, pale in comparison to the importance of holding the rights and privileges associated with being a fully licensed health care professional.

In the Commonwealth of Massachusetts only licensed personnel may administer medications or blood. Although regulations may vary state to state, when working alongside those who are licensed, it is important that we are looked upon as a professional in good standing with an established scope of practice for which we are educated, trained, certified and licensed.

#6 - We eat our young.
Not literally of course, but our attitudes toward those considering the profession, perfusion students and the new grads entering the profession can have a profound influence.

We need to welcome and counsel those who are interested in pursuing a career in the field. We should work to allow them access for observation and guide them as they consider their options. **We can only be as good as the people we recruit.**

All perfusion students are worthy of our time and attention. It is our responsibility to mentor the good ones and thoughtfully steer those who are not capable in another direction. **Both require our full attention.**

New grads need our support and direction. We need to model behaviors that are consistent with excellent patient care and productive professional relationships.

#5 - We are polarized.

Much like our national politics we tend to focus on what divides more than what brings us together. Adult vs. pediatric, teaching hospital vs. private practice, contract vs. hospital based, it may not be overt but the subtle distancing and the, "that's them not us" attitude inhibits us from speaking with one voice

The perception that the Academy and AmSECT are somehow in conflict also contributes to the divisiveness. However, I see the two organizations as complimentary and hope that by working together we maximize the access to high quality educational experiences for all perfusionists.

#4 - We do not publish enough.
A body of scientific literature validating the practice is an important foundation for any health care profession. Historically we have been quite good about doing meaningful clinical research and sharing interesting case reports in both the Journal of Extracorporeal Technology and Perfusion. Several of you present today have written book chapters; edited sections of textbooks and in the case of my friends Linda Mongero and Jim Beck edited a book themselves.

We need more of this. Yes, we are challenged by time constraints and the logistics of getting to a lab to test a hypothesis. But, by building collaborations and cultivating an interest in publishing among our colleagues, I am convinced that any one of you could muster a paper or presentation every year or two. You should not be intimidated by the process or assume that you cannot produce the type or quality of work that warrants publishing. **This endeavor allows you to reflect both in and on your practice; it will make you a better perfusionist.**

Linus Pauling, winner of two Nobel prizes said, "In order to have a good idea, you need to have a lot of ideas." Similarly, in order to publish a good paper you need to receive lot of papers. I serve on the Editorial Board of the Journal of Thoracic and Cardiovascular Surgery and this is certainly my experience.

Make it your goal this year to submit an abstract to our meeting in Los Angeles next year.

#3 - We limit our exposure within the hospital.
Here we could take a lesson from the Jewish people;

"Though few in number and spread to the four corners of the earth we survived as a people, never assimilating into anonymity."

By education, by training, by certification, by licensing and by practice we are the health profession best qualified not only in the area of cardiopulmonary bypass, but VADs, ECMO, blood management, intra-operative anticoagulation management, intro-operative cell salvage, Ex Vivo heart and lung and so much more. We need to assert ourselves, make the case, and do the job.

We need to develop relationships with the decision makers within our own institutions. Only a perfusionist can speak for a perfusionist, it is not helpful, professionally, to always defer to a surgeon. We can agree but we need to do our own talking. My practice is to occasionally make "Social Rounds", I take time to touch base with hospital administrators and managers when I don't need anything, when I don't have a problem. So that when a problem arises I find an open door and I am not perceived as that guy they only see when there is an issue. It's been quite powerful.

We have members of the Academy, Vince Olshove and Bob Groom to name two, who were able to advance within their organizations to positions of significant responsibility and authority. They serve as an excellent example of dedicated clinicians with the ability and integrity to lead.

#2 - We do not retest for recertification.
The surgeons do it, the anesthesiologists do it, the PAs do it, and we should. **CEUs are not enough.**

The recertification process would carry more weight and enhance its validity if we were required on a regular basis to retest. We would be forced to rethink all that we do; just maybe the status quo would not be acceptable.

#1 - We do not cultivate leaders.

Leadership, the kind that makes you feel good about being a part of something, seems lacking in every aspect of our culture. Leadership that gives more than it takes, leadership that does not just point the way but gets out in front, leadership that is transparent and accountable.

Leading in this day and age is difficult. I come from a Boston Irish culture where if you tried to make something of yourself people would say "Who does he think he is?" However, I do not think this attitude is unique to the Irish; it is common for folks to want to take a person down for trying to do something they themselves are too timid or too lazy to do.

We need leaders, leaders worthy of our respect, with the capacity to acknowledge their own faults. We need the next generation to feel empowered to take the initiative and assume the mantle of responsibility for our profession. Within the Academy we have the right women and men who by their daily practice and involvement are capable of guiding this noble and dynamic profession well into the 21st century. All that is necessary is for people like me to get out of their way and for all of us, in our own way, lend support.

At this time I want to thank my families, my family of origin, my immediate family and this collection of knuckleheads, my Perfusion Family.

In closing, I am grateful to the Academy for the honor of being your President. I thank you all for your attention and hope that you come to know and benefit from this fellowship as much as I have.

Thank you.