

EM physicians should stay current on studies to up their critical care game

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Credit: University of Michigan

Reviewing studies can be a tedious task. But Matthew Stull, M.D., says it's a necessary one.

Stull, a [critical care](#) fellow at Michigan Medicine's Department of Emergency Medicine and Department of Anesthesiology, presented at the [2017 Society for Academic Emergency Medicine annual meeting](#) in

Orlando, Florida, on the importance of staying up to date on medical literature, even outside of one's primary field of medicine.

Instead of simply lecturing on what they felt was important, in a panel titled "Upping Your Critical Care Game," Stull and his fellow Michigan Medicine presenters, Carrie Harvey, M.D., assistant professor of emergency medicine, and Colin McCloskey, M.D., first-year critical care fellow, mixed it up. They asked the crowd for input on topics they thought should be covered and, sometimes, debated.

Stull, Harvey and McCloskey are the only three physicians trained through the anesthesia pathway in the Department of Emergency Medicine's Critical Care Fellowship. The unique training allows them to share and grow emergency medicine knowledge and skills with their fellow critical care physicians.

Stull explains more about the session and why it matters for emergency medicine physicians.

Describe your session and its take-home message for attendees.

Stull: There is so much going on in critical care right now. So instead of a traditional lecture format, we let the audience choose the topics they wanted to cover.

As a result, topics ranged from resuscitation of the sick septic patient to caring for a patient who is crashing due to a pulmonary embolism. Essentially, we hope the session encouraged folks to widen their review of the literature out there right now and think critically on some of the biggest issues facing our sickest [patients](#).

As both [emergency medicine](#) doctors and intensivists, we know that the amount of medical literature one needs to keep up with to stay sharp in

the resuscitation bay is enormous and constantly growing. We wanted to make it just a little easier for our colleagues in academic [emergency medicine](#) to keep up on cutting-edge critical care by bringing up studies they may have missed.

What were some of the pieces of literature you highlighted?

Stull: We spotlighted some discussions on both pulmonary embolism and sepsis, as well as a ton of quick hits on a wide variety of topics.

For example, we discussed the recent [PEITHO 2 study](#) and how it has started to make us question exactly how aggressive we need to be about pulmonary embolism treatment and sheds some light on who might benefit from certain treatments.

For [pulmonary embolism](#), I think the jury is still out on the right pathway. You really have to individualize your approach depending on what's happening with these patients, as they can be very dynamic.

In terms of sepsis care, I think the major take-home point is to be a bit more mindful when your resuscitation isn't necessarily going the way you hoped. For example, switch up your fluid type, add pressors early, follow up on culture data, etc.

Other topics included the use of various types of viscoelastic testing during massive transfusion of trauma patients, setting goals for oxygenating your ventilated patients and being wary of the methodological quality of some recent newsworthy studies on sepsis care.

Provided by University of Michigan

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