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# IDCCM Newsletter

Winter 2021

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**Department News, Academic Events  
Awards, Grants, & Recognition  
Publications & many more...**

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Interdepartmental  
Division of Critical  
Care Medicine



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## MESSAGE FROM THE DIRECTOR



Dear all,

Are we moving from **Omicron** to **Omega**? Is it the end **Of** it? We all **hOpe sO**, but honestly it is far **tOΩ sΩΩn** to say! And in reality, there are eight other letters in the Greek alphabet between those two “o”. 😊 😞

Anyway, another extraordinary semester has passed. Many people suffered, and again many thanks to our fellows for their flexibility, efficacy and resilience (please carefully read their beautiful words in this Newsletter- thank you Pink, Paul and Lucia, and thank you Shelly), our educators (thank you ALL) for their incredible agility to find very last-minute solutions in scheduling residents and fellows, and everyone for keeping the standard of care very high and a good morale.

Obviously, Omicron had a very different presentation than the preceding waves, with a high transmissibility, a huge impact on personnel absence and outbreaks, and a much lower proportion of patients going to the ICU. This of course was to a large extent due to the vaccination rates, the numerous medications proven to offer benefits and an overall better management of the patients. However, when patients arrived in the ICU, and to a large extent this was very frequently the unvaccinated people, they looked quite the same than before, leading to many sad stories again.

Scientifically speaking, it is fascinating to see how many positive trials, from several domains of REMAP CAP to anticoagulation studies, to noninvasive ventilatory techniques, as well as very informative ‘negative’ trials have been performed for COVID. This has been the conjunction of pandemic preparedness regarding research – advocated for by John Marshall since a decade or so – the mobilization of intensivists and of institutions around the need for research and also of the public. We are learning a lot from a mechanistic standpoint by looking at alveolar or endothelial biomarkers or the immune system (and the autoimmunity seen in the ICU<sup>1</sup>) and this will change our approaches. It seems that by switching from ARDS, sepsis or CAP... to COVID-19, we now see precision medicine in motion!

You will see, in this Newsletter, the description of some events where some of us have been able to gather socially or around cultural activities, and even have fun (watch the video for the Holiday Fun Rounds!) but this has been really rare. We hope to reopen our social gatherings and look forward to our Annual Art Slusky Day in person (save the date June 21<sup>st</sup>), with the presence of Michael Matthay, and the pub night the day before!

I hope everybody will keep in mind positive moments from this period but, like you, I am also **lOΩking** forward to something different. Again, many thanks for your fantastic work, your resilience and congratulations for maintaining all academic activities so high!

<sup>1</sup> COVID-19-associated autoimmunity as a feature of acute respiratory failure. Trahtemberg U et al. Intensive Care Med. 2021 Jul;47(7):801-804

**Laurent Brochard, MD**  
Division Director, Interdepartmental Division of Critical Care Medicine

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# Awards and Recognition

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**Dr. Thomas Bodley** is one of the Champions of **Choosing Wisely 2021**.

In cooperation with the ABIM Foundation, ASH has introduced the Choosing Wisely Champions initiative, an annual recognition of practitioners who are working to eliminate costly and potentially harmful overuse of tests and procedures. For details please visit [choosing-Wisely Champions 2021](#)

## RESULTS OF THE INAUGURAL H. BARRIE FAIRLEY SCHOLARS COMPETITION

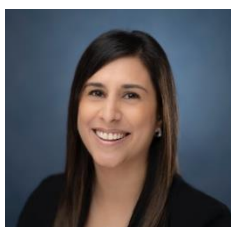
In 2020, Rob Fowler, holding the H Barrie Fairley professorship, proposed to invest a portion of the Fairley investment towards the best and brightest of our junior faculty in the IDCCM. In the summer of 2021, we announced to the IDCCM an opportunity to provide competitive a modest operational research support for a specific program of research, for up to three Assistant Professors within the first year of their appointment. Candidates must have demonstrated an early impressive track-record, have a high-quality innovative and creative program of research, and support from their department. From applications across the IDCCM, a diverse committee of adjudicators chaired by Rob chose three inaugural H. Barrie Fairley Scholars -**Dr. Laveena Munshi, Dr. Lorenzo del Sorbo, and Dr. Victoria McCredie**.

Congratulations to the awardees! Many thanks to Barrie! And thanks to Rob!

Please find below a brief bio and a link to their research program on our website!

Link: <https://criticalcare.utoronto.ca/news/results-inaugural-h-barrie-fairley-scholars-competition>

**Dr. Laveena Munshi** *H. Barrie Fairley Scholar 2021-2023*.



Laveena Munshi is an Assistant Professor and Critical Care Physician at Sinai Health System in the Interdepartmental Division of Critical Care Medicine at the University of Toronto. She has research interests in critical care of the immunocompromised and oncologic patient populations with a focus on acute respiratory failure, the impact that a cancer diagnosis has on critical care outcomes, and the impact of critical illness on future oncology care and outcomes. She has completed her Master's in Clinical Epidemiology at the University of Toronto. She was supported by a Canadian Institute for Health Research fellowship award

during her graduate work and the Eliot Phillipson Clinician Scientist Training program. She is the co-founder of the Critical Care Oncologic Investigative Network – a local initiative established to improve quality of care between Oncology and Critical Care. She has been a member of the American Thoracic Society Mechanical Ventilation clinical practice guideline committee. During the COVID-19 pandemic, she has been a member of the Ontario COVID-19 Science Advisory Committee.

*Evaluating Subphenotypes in Patients with Cancer and Acute Respiratory Failure*

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**Dr. Lorenzo Del Sorbo**, *H. Barrie Fairley Scholar 2021-2023*.



Lorenzo Del Sorbo is an Intensive Care attending at Toronto General Hospital, and Assistant Professor at the University of Toronto since appointment in 2016. He trained in Internal Medicine at the University of Torino (1997-2003), and in adult Critical Care Medicine at the University of Toronto (2004-2007). He was appointed and worked as an Assistant Professor of Intensive Care Medicine at the University of Torino, Italy, from 2007 to 2017. Lorenzo's main academic interests focus on the application of innovative strategies to prevent the injury induced by invasive mechanical ventilation. These include investigations on extra-corporeal life support strategies in patients with ARDS and COPD exacerbation, and on non-invasive ventilation. His work also extends into the translational research defining the mechanisms of organ injury and developing novel therapeutic approaches in cell and animal models of critical illness. *H. Barrie Fairley Scholar 2021-2023*.

*Identify mechanical ventilation strategies to reduce lung injury during extracorporeal membrane oxygenation for ARDS*

**Dr. Victoria McCredie** *H. Barrie Fairley Scholar 2021-2023*.



Victoria McCredie is an Assistant Professor in the Interdepartmental Division of Critical Care Medicine at the University of Toronto and a Clinician Scientist at the University Health Network. Victoria's clinical research program aims to improve the delivery of neurocritical care and outcomes in acutely brain-injured patients. Specifically, she works to achieve this goal through two complementary research areas: (1) addressing clinical epidemiology questions relevant to neurocritical care processes of care, and (2) developing new strategies to detect and prevent secondary brain injury using an integrative neurophysiologic monitoring approach. Her research focuses on acquiring and analyzing high-frequency physiology data to improve our understanding of secondary brain injury mechanisms and facilitate the characterization of neurophysiologic biomarkers of poor outcomes in acute brain injury. As an Adjunct Professor at the University of Waterloo, she collaborates with the System Design Engineering Department to explore how the integration of highly granular data from multiple neuromonitoring devices can be improved through interface design to aid management at the bedside.

*Exploring Electroencephalographic Dynamic Biomarkers of Secondary Brain Injury after Subarachnoid Hemorrhage*



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## Accomplishments

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Ian Randall has recently successfully completed recruitment for a feasibility and implementation science study in prehabilitation for high-risk surgical patients. Conceptually, prehab is any pre-operative intervention intended to improve post-operative function and outcomes. There is growing evidence that clinical frailty is a stronger risk factor for adverse perioperative outcomes than ASA class or comorbidities. For major surgery, frailty associated with higher rates of important outcomes such as wound infection, hospital length of stay, unplanned ICU admission and post-operative disability. Fortunately, to an extent, frailty is reversible (underlying mechanisms to be elucidated). Our program has offered

multidisciplinary interventions such as exercise, dietary and psychology to improve patient outcomes, and has links with multiple medical subspecialties and allied health disciplines. In September we were fortunate to have received institutional support from UHN to continue prehab as a clinical program, totalling more than \$400k of research and clinical funding since inception. To date we have received referrals from every surgical subspecialty doing major procedures at UHN, developed research and clinical partnerships across UHN and the University, including several offshoot research studies, and are building an ecosystem that will support the best possible outcomes for high-risk surgical patients throughout their perioperative journey as well as a platform for perioperative clinical research.



*Picture: Dr. Randall's Beehives*

Did you know: Honey bees don't hibernate during the winter. Bee phenotypes vary seasonally. Winter bees are hormonally different than spring bees, and also longer lived (8mos vs 30d). Winter bees are predominantly engaged in thermogenesis to keep the hive and its queen between 32-36degC, irrespective of ambient temps. In the fall we wrap the wooden hives in black plastic sheathing (blankets?) to help them keep warm (see pic – the unwrapped hive is a deadout).

If you're interested in learning more: Döke MA, Frazier M, Grozinger CM. Overwintering honey bees: biology and management. Curr Opin Insect Sci. 2015 Aug;10:185-193. doi: 10.1016/j.cois.2015.05.014. Epub 2015 Jun 12. PMID: 29588007.

# Medical Humanities Curriculum at Sick Kids

We were delighted to be selected in the Fall 2020 competition for the Medical Humanities Education Grant with our submission *Evenings of Art: A Window to the Clinician's Psyche*.

The most important achievement was the ability to meet with each other monthly virtually and later in person to reflect on, explore, and integrate our experiences and to draw on our own and others' unique perspectives while negotiating "who we are and who we wish to be."

We are happy to share some of our work here.

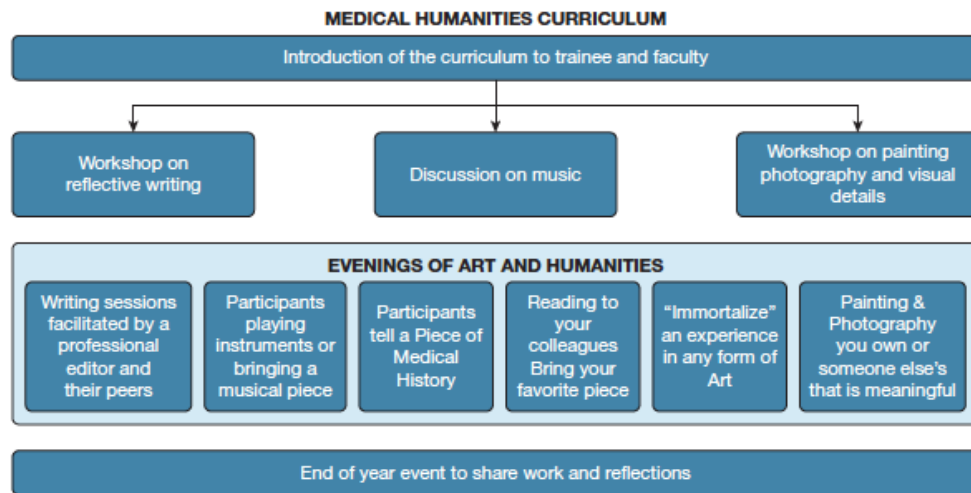


Figure 1 – The medical humanities curriculum. The different art and humanities forms aim to capture a larger and diverse group of medical professionals.

T H A N K S for inspiring each other



## Our work:

We wanted to share our experience with the curriculum and have described how to integrate a curriculum like this in the program, what its contributions are to reflection and professional identity formation and how to evaluate it.

Mema B, Helmers A, Min KK, Navne LE. **Arts and ARDS: The Critical Importance of Medical Humanities**. Chest. 2021 Oct;160(4):1568-1571. doi: 10.1016/j.chest.2021.05.028. PMID: 34625175.

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Gaetani M, Min KS, Proulx C, Mema B. **Reflection, refraction, resilience: the transformative potential of art.** Can J Anaesth. 2021 Nov 16;1–4. doi: 10.1007/s12630-021-02147-3. Epub ahead of print. PMID: 34782998; PMCID: PMC8592672.

Our group also conducted a narrative analysis inquiry of pieces published by Critical Care clinicians to understand the key moments that most profoundly affect them and use those for education of trainees.

Mema B, Helmers A, Anderson C, Min KS, Navne LE. **From the inside out: personal journeys in intensive care.** Intensive Care Med. 2021 Feb;47(2):242-243. doi: 10.1007/s00134-020-06308-8. Epub 2020 Nov 8. PMID: 33161451; PMCID: PMC7648893.

Mema B, Helmers A, Anderson C, Min KK, Navne LE. **Who am I? Narratives as a window to transformative moments in critical care.** PLoS One. 2021 Nov 15;16(11):e0259976. doi: 10.1371/journal.pone.0259976. PMID: 34780546; PMCID: PMC8592467.

Min KK, Mema B. Apologia pro Vita Sua **Commentary on "Apologia pro Vita Sua"**. Acad Med. 2020 Sep 8. doi: 10.1097/ACM.0000000000003744. Epub ahead of print. PMID: 32910004.

Participants in the curriculum also wrote narratives and poems that captured poignant events in our professional and personal lives.

Lehr AR. **Life or Linen.** Intensive Care Med. 2020 Sep;46(9):1800-1801. doi: 10.1007/s00134-020-06090-7. Epub 2020 May 28. PMID: 32468082.

Proulx C. **Chrysalis.** Intensive Care Med. 2021 Aug;47(8):930. doi: 10.1007/s00134-021-06444-9. Epub 2021 Jun 16. PMID: 34132840.

Mema B. **Hands.** Intensive Care Med. 2020 Aug;46(8):1665. doi: 10.1007/s00134-020-06076-5. Epub 2020 May 11. PMID: 32394065.

Min K, Lehr AR, Mema B. **Human Amnesia.** Chest. 2020 Oct;158(4):1348-1349. doi: 10.1016/j.chest.2020.06.004. PMID: 33036086; PMCID: PMC7533761.

Mema B, Maratta C. **The weighing.** Intensive Care Med. 2021 Oct 19:1–2. doi: 10.1007/s00134-021-06534-8. Epub ahead of print. PMID: 34668038; PMCID: PMC8525615.

Buckley L. **Sand and water.** Intensive Care Med. 2021 Dec;47(12):1513. doi: 10.1007/s00134-021-06498-9. Epub 2021 Aug 7. PMID: 34363500.

Proulx C, Mema B, Helmers A. **Vulnerability and virtue.** CMAJ. 2021 Aug 16;193(32):E1257-E1258. doi: 10.1503/cmaj.210625. PMID: 34400486; PMCID: PMC8386481.

Min K, Proulx C, Masy V, Mema B. **Here, going, gone, back.** Accepted for publication. Journal Palliative Medicine

**Drs. Catherine Proulx, Andrew Helmers and Briseida Mema**  
The Hospital for Sick Children

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## TACTICS 2021

### Paediatric Critical Care Medicine: The Hospital for Sick Children

On Saturday December 4<sup>th</sup> SickKids virtually hosted the 5<sup>th</sup> annual TACTICS Simulation Day. TACTICS (Training & Assessment of Clinicians in Teams in Intensive Care through Simulation) is an intensive one-day national pediatric critical care simulation program for training and assessment of pediatric critical care trainees within a team context. Under the leadership of Dr. Mema, Dr. Gilfoyle; trainees Dr. Proulx and Dr. Anderson; and the Program Manager Ms. Hamilton, 26 faculty and 40 trainees were brought together for a successful day of virtual simulation. Trainees from across the country joined us for this virtual event and worked through eight simulation stations while divided into virtual teams. The scenarios were developed and assessed by PCCM faculty and Senior PCCM fellows from across Canada. This academic year our stations included: Cardiac Management of Arrhythmia, Pulmonary Hemorrhage, Communication, CRRT, Transport, ECMO, Mechanical Ventilation, and Neuro Critical Care. Our facilitators adapted creative approaches to facilitate remotely, and the participants reported that the scenarios were well developed and well-executed particularly given the challenges of a virtual format.

The Afrothite Kotsakis Award, an award dedicated to our former colleague Dr. Kotsakis, and given to the facilitators with the highest rank as evaluated by the participants was this year given to the ECMO team: Dr. Anderson, Dr. Guerguerian, Ms. Davidson and Mr. Todd



## CaRMS

Our program had our CaRMS Residency Match this fall. We are pleased to welcome our incoming 2022-2024 Residents:

- Dr. Nicole Dahl
- Dr. Dylan Ginter
- Dr. Taneille Johnson



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# Education Update for Adult CCM

## Accreditation

Along with all other Royal College programs at the University of Toronto Adult Critical Care Medicine underwent an external review for accreditation. This was our first accreditation cycle under the new CanERA (Canadian Excellence in Residency Accreditation) standards and, as a result of the pandemic, it was conducted virtually. This was also our first accreditation since implementing a competency based curriculum. The reviewers provided useful feedback including a recommendation that we enhance our trainees experience in interfacility patient transport. We have already begun work towards addressing this issue. I am pleased to report we received full accreditation with regular review in 8 years. This was the culmination of a tremendous amount of work from many of our faculty. Special thanks must go to our Program Administrator Simon Chung. Simon plays an integral role in our program and was central to our successful accreditation.

## COVID and Education

Like all aspects of Critical Care Medicine the COVID pandemic has presented special challenges to our training program. Electives have been interrupted for both prospective applicants to our program as well as for our trainees.



The constantly changing situation has made planning difficult and forced us to react with curriculum changes on very short notice. Our academic half day, like so many other things, has gone virtual. Although we miss out on the camaraderie and opportunity to connect that in person sessions used to provide adopting a virtual format has made it easier for trainees to attend by decreasing travel time. It has allowed us to have a more diverse group of speakers, sometimes from other institutions that would not have been possible when academic half day was carried out in person.

As we move into a fourth wave of COVID our trainees are again being asked to prepare for redeployment and last minute schedule changes. We do so to support our colleagues, our patients and our community. The professionalism and strength of character I have witnessed from our trainees in the face of ongoing uncertainty, unpredictable workloads, and ever changing policies and procedures has been inspiring. The future for CCM is very bright with such battle tested and resilient Intensivists about to embark on their future careers. I expect in years to come that our graduates will “wear a badge of honour”, having trained during a global pandemic, that will distinguish them and make them both respected and sought after colleagues.

**David Hall, MD**

*Assistant Professor, Department of Medicine  
Program Director for Adult Critical Care Medicine  
University of Toronto*

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# Critical Care Holiday Fun Rounds

This year's Critical Care Holiday Fun Rounds is presented by Cameron Landry (Chief Resident) and Stephan von Düring (Chief Fellow). Fun rounds has been a long tradition of fictitious humorous stories to brighten up the cold of Winter. This year was filmed all on zoom.

The premise:

In the midst of the pandemic, the IDCCM's training program was just notified that it had no applicants for this coming year. Dave Hall requested Cam and Stephan to help by making a recruitment video that could show the world the true magic that lies within the Critical care Program and Department.

To get a better sense of what makes this program so exceptional, they set out to meet the staff. But, as expected during the pandemic, no one was to be found... except on Zoom. And when interviewed, the answers given by the staff were somewhat unexpected to say the least...

**Watch the IDCCM Fellowship Recruitment Video** <https://vimeo.com/659818786> (Password: IDCCMfunrounds2021) and laugh with us during this year's Holiday rounds!

Happy New Year to all!



**Cameron Landry**

*Chief Resident & Clinical Fellow, Critical Care Medicine  
Interdepartmental Division of Critical Care, University of Toronto*

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## Picture from SINAI'S Hospital fellow's wellness Academic Half day



Pictures from St. Michael's Hospital fellow's wellness Academic Half day



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## “On Resilience”

By far, the topic I was most frequently asked to give talks on in 2021 to trainees physicians and allied health teams was resilience. Typically, these requests came in the form of questions like, *how can we be more resilient at work?* or *what can we be doing to in our lives to be more resilient?* When I thought about it, I realized that what was really being asked was *how do we keep pushing forward, how do we make it through all this, how should we be coping?*

The most crucial message I had to give all these listeners was to clarify what resilience is not. Resilience is not about pushing forward or making it through. Resilience is not about coping. **Resilience is the ability to adapt, recover and grow through adversity.** It is a purposeful meditation on finding meaning through a period of suffering.

I think we’ve all suffered significantly through these last few years. I know I have. In relentlessly trying to locate the meaning behind these difficult moments, I came upon a beautifully surprising well of wisdom through the words of our very own Critical Care trainees.

In my role as Wellness lead for the IDCCM training program, I meet with all our CCM Residents and Fellows a few times a year. It’s my opportunity to check in and see how everyone is doing with work and life in general. During the pandemic, I found myself in these meetings repeatedly humbled, moved and inspired by the trainees’ embodiment of the truest version of resilience.

I am so thrilled and proud that three of our Critical Care Clinical Fellows – Vorakamol Phoophiboon from St. Mike’s, Paul Glover from UHN and Lucia Perez from Sunnybrook – are generously sharing their reflections about resilience through writing about their own experiences of navigating the pandemic while being so far from the comforts, familiarity and people of their home cities. I am so grateful to them for their honest insights.

Each of us have our personal, private stories of resilience through the pandemic. Spending time hearing from our trainees made me realize that; we are all navigating our own journeys through this storm. As you read their stories, **think about your own, your own moments of true and authentic resilience** – the adaptations, the recoveries, the growth – over these last two years. I guarantee you, there are many, many moments to sit with proudly.

Dr. Shelly Dev  
University of Toronto

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## Being an International Fellow When it is “Not-My-Day”

My name is Vorakamol Phoophiboon, everyone knows me as Pink, a name that was also given to me by my parents. This year is my second year in Toronto, at St. Michael’s Hospital, 13,623 Km far from my hometown in Bangkok, Thailand. I haven’t had a chance to go back home, but it is coming. Being an international trainee in a different culture, city, and language as a woman in her 30s was not easy, especially in the first six months. I found myself more anxious and paranoid than when I was home, and that directly affected my mental health; I was very sensitive to comments and overthinking about what had passed. I became aware of my fear towards my imperfections especially during night calls and even on a quiet day.

One day in the ICU, I said sorry to the nurse about system processes that I did not know. The senior nurse came to me and said, “You are learning, and now you know. Why do you have to feel sorry?”

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I was felt enlightened by this moment and kept telling myself to remain patient, to see how much improvement I can achieve. When I thought back to my first day, it delighted me. This feeling taught me to always compare myself with myself, my own past, and *not* with others. Practicing meditation and yoga are my amazing tools, helping me overcome stress and be more resilient. I would encourage everyone to try.

I try to tell myself sometimes to “let it be” and give myself credit. These are essential to feel happy during a “not-my-day” day. 😊

*today  
is  
my day*

**Dr. Pink Vorakamol Phoophiboon**

International clinical fellow  
St. Michael's Hospital

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## Doing my bit to keep Ontarians safe!

My name is Dr. Paul Glover. I am a Critical Care Medicine Clinical fellow from Ghana, Africa and working at UHN.

Since April 2021, I have been privileged to volunteer my free time to join the Black Physicians Association of Ontario in association with UHN and the Black Creek Community Health centre at their vaccination clinics in Black Creek.

For me, working with this community is more than just administering vaccines and supervising people during their 15-minute wait to ensure they tolerated the shots well. It is about connecting with individuals and families, listening to their genuine concerns and fear around the Covid-19 vaccine, providing education to dispel myths, and to reassure them of the safety and efficacy of the vaccine. The science is rapidly changing and so are the recommendations and this is anxiety-provoking for the nonmedical and especially minority population. As a father of three young children myself, I can appreciate where vaccine anxiety may stem from for some parents.

As such, it is my duty and an absolute honour to empower them to make an informed decision to protect the safety of their children, along with that of the community - as that is our fundamental collective goal.

There is no greater pleasure than to see a hesitant individual walk into the clinic, walk out minutes later with a gratifying smile on their face and a proudly worn bandage over their shoulder, turning to me and saying, “Thank you”. More gratifying is when they walk into the next clinic with their entire family to get their shots! Those moments are what demonstrates to me what public health can do. By engaging with communities, providing resources and reducing health inequities, together we can create a brighter, safer future!



Dr. Paul Glover prepares to administer a vaccine to Yannick Iyamu, age 5, during a pop-up vaccine clinic at the Black Creek Community Health Centre in Toronto on Dec. 17, 2021.

CHRISTOPHER KATSAROV/THE GLOBE AND MAIL

**Dr. Paul Glover**

International clinical fellow  
University Health Network

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## To my colleagues in Madrid. To my colleagues in Toronto.

Everything is still blurred, and many thoughts come to my mind: Madrid completely quiet and empty and me driving. *How long before I will get a new N95? 3 days...? More? Do I have Covid? What is this rash?*

In the first wave, in ten days, the hospital I was working at in Spain increased the ICU beds from 22 to 78 and it was not enough. That was the most complicated moment, at least for me, when I realized that the triage would be severely restricted and not everyone would get a bed.

*Did we do it right? What else could we have done? Maybe I must accept that we did our best?  
I am not sure; I won't be sure.*

If I had to use some words to describe those days, “uncertainty” and “loneliness” come to mind. Uncertainty is always related to fear. Maybe loneliness too... but in this case, I think it made us to know ourselves better. Of course, we weren't the only ones who were alone, there were the patients. I wish I could tell them that, for a lot of us, their hands were the only ones we also had to hold.

And then, after 3 months, we started to have empty beds and time. Time. Time to have a moment to feel. It is difficult to describe; I think a part of my brain had shut down. I don't remember the patients' names. But I do remember my own insomnia, the 5 am tachycardia, emptiness, guilt, exhaustion.

On the 30<sup>th</sup> of September of 2020, I got into a plane headed for Toronto. *Hopefully it's better there than in Spain. Maybe there'll be beds for everybody.* I think I was so adapted to the “new reality” created by COVID that when the third wave came, I was ready. *But what if I was just desensitized for survival mode?* This time was different because we knew what we had in front of us, how to do it, what to expect. Even so, there were flashbacks, especially before intubating a patient: The same feeling was there, their fear, no family, doubts and only us alone in front of them.

How has this changed us all? How do we see ourselves now compared to before? For me, I didn't know we were all so strong... I didn't know I could be on my own for months and months, take care of patients, no see my people, move to another country, work in a new language and then...after all, a feeling I didn't expect: Plenitude.

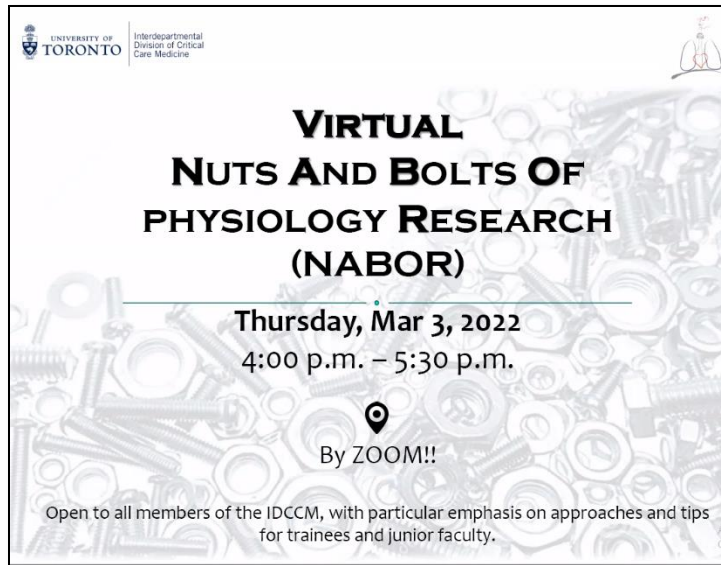
But I couldn't have made it through any of it without my colleagues, old and new. I think that without even knowing it, they helped me to heal. One coffee, one conversation, laughs during rounds. They don't know it, but they helped me.

**Dr. Lucia Perez**  
Chief Fellow, Sunnybrook Health Sciences Centre

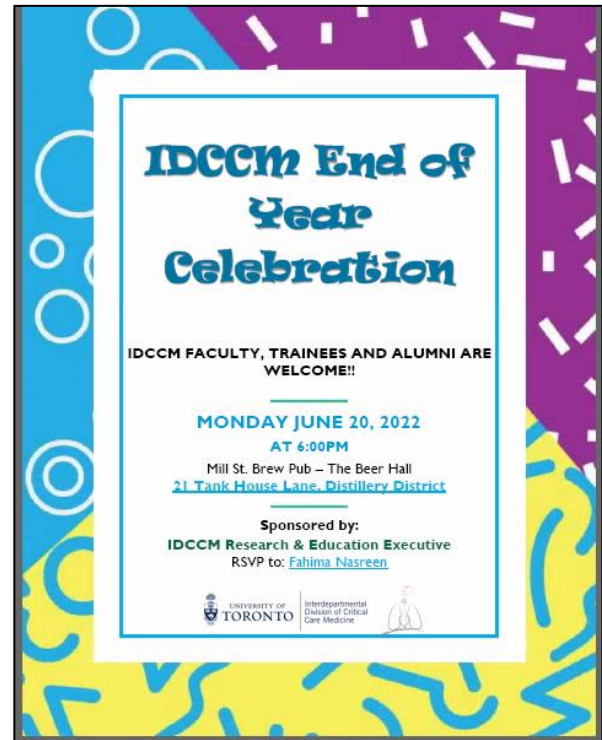
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# IDCCM Upcoming Events

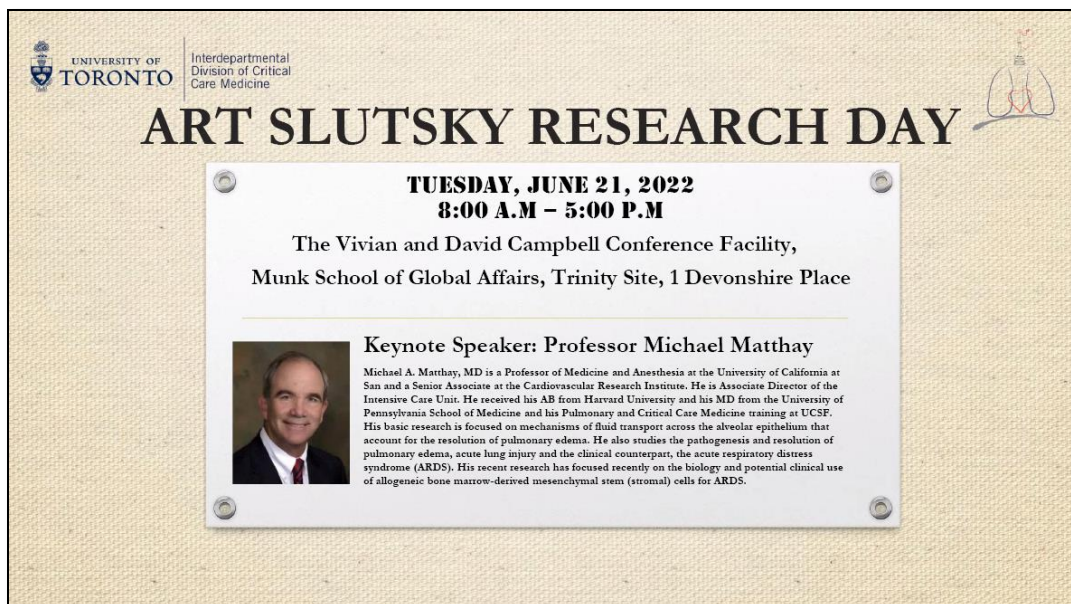
"SAVE THE DATE"



**NABOR: March 3, 2022**



**Year End Celebration: June 20, 2022**



**Art Slutsky Research Day: June 21, 2022**

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# Call for Applications: IDCCM Trainee Research Award Winter 2022

IDCCM is inviting you to submit your application for IDCCM Trainee Research Award Winter 2022.

The goal is to provide research support and recognition for future research leaders in critical care. This program is for young investigators who are still in training in the Interdepartmental Division of Critical Care Medicine (IDCCM).

**Financial:** Two awards of \$10,000 each (unrestricted operating funds), administered through their IDCCM mentor.

**Eligibility:** Critical care medicine trainee (international fellow or U of T sub-specialty resident) or clinical associate with an identified mentor in the IDCCM, or research fellow with a primary mentor in the IDCCM.

**Application deadline:** April 1<sup>st</sup>, 2022

**Announcement and start date for first scholar:** May 30<sup>th</sup>, 2022

Two awards will be given out.

**Application:**

1. Current CV (format of your choice).
2. Letter of support from research mentor identified in the IDCCM.
3. Application (2 pages). Page 1: career to date and goals for the next 2-3 years; Page 2: specific plans for a proposed project in the next year that includes background, aim(s) of the project, feasibility, and environment for completion of the project.
4. References (1 page max).

**Format:** Minimum: 0.5 inch margins, Arial 11 point or larger font.

A selection committee will include research directors for each hospital critical care group and the research executive.

Please send all required Application material AS A SINGLE PDF by the deadline (April 1, 2022) to Fahima Nasreen ([Fahima.Nasreen@unityhealth.to](mailto:Fahima.Nasreen@unityhealth.to))

# High-Impact IDCCM PUBLICATIONS

(Jul to Dec 2021)

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***Editor: Dr. Laurent Brochard***



***Design & prepared by Fahima  
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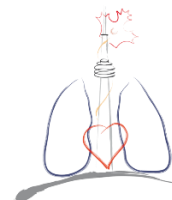


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***Thank you everyone and have a happy 2022!***