

Rebecca A. Aslakson, M.D., Ph.D., Recipient of the 2014 Presidential Scholar Award

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IN the current funding environment, success in academic research is difficult. Although there are clear elements of luck and “right place, right time” to any success, Benjamin Franklin contended that “diligence is the mother of good luck.” Hard work and a clear focus are necessary yet not sufficient. A successful research career is a complex adaptive journey and a function of critical interrelated variables, including the identification of a recognized mentor, the acquisition of necessary formal training, and the provision of adequate protected research time.

All potentially successful researchers need advice on what to do (or *not* to do) from a skilled mentor who fosters mentee growth and development. Designing and completing high-quality research requires more than the knowledge acquired in medical school and in residency training. It also requires rigorous research-related coursework in areas such as study design, epidemiology, biostatistics, and biomedical writing. Although some faculty do succeed without formal training, most high-impact research is conducted by faculty who have devoted the time to acquire the skills necessary to conduct high-impact research. These skills include asking important, impactful, and answerable questions; designing and conducting studies to answer these questions; analyzing data; and preparing articles. To produce successful researchers, academic department leaders need to work to secure resources to ensure that junior faculty can obtain formal training and protected time. Career development awards such as T or K awards are essential because they generally provide resources for a mentor, formal training, and protected time for the mentee.

In the setting of effective mentorship and training and with the provision of protected time, a disciplined faculty member in a nurturing environment will usually develop into a competent academic researcher. In rare circumstances you get an exceptional researcher, such as this year’s 2014 American Society of Anesthesiologists’ Presidential Scholar, Rebecca A. Aslakson, M.D., Ph.D. A passionate, innovative, and skilled researcher, she spearheaded pioneering work into how best to deliver patient- and family-centered care and palliative care to severely ill patients and their families, particularly during the perioperative period.

Dr. Aslakson is a seminal example of an academic physician who is investigating and significantly advancing an



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important area in health care and doing so in a rigorous scientific manner. Moreover, both Dr. Aslakson and her environment recognize the skill sets necessary to advance her important area of interest. The first female to receive this award since its inception in 2003, Dr. Aslakson’s work highlights the expanding breadth of anesthesia research and the impact anesthesiologists and intensivists can have on patient care.

Dr. Aslakson obtained her undergraduate degree from Washington University (St. Louis, Missouri) and her M.D. degree from Harvard Medical School-Massachusetts Institute of Technology Health, Sciences and Technology Program (Boston, Massachusetts). Dr. Aslakson completed her

Submitted for publication June 12, 2014. Accepted for publication June 12, 2014. From the Department of Anesthesiology and Critical Care Medicine, Johns Hopkins Medicine, Baltimore, Maryland (D.N.); and Armstrong Institute for Patient Safety and Quality, Anesthesiology and Critical Care Medicine, Johns Hopkins Medicine, Baltimore, Maryland (P.J.P.).

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anesthesia residency at the Massachusetts General Hospital (Boston, Massachusetts) and her surgical critical care fellowship at The Johns Hopkins Hospital (Baltimore, Massachusetts). After completing her fellowship in 2008, she was recruited to our faculty and concurrently pursued a Ph.D. in Clinical Research from the Johns Hopkins Bloomberg School of Public Health (Baltimore, Massachusetts). Utilizing a T32 research fellowship award with its inherent requirements, she completed novel, foundational work exploring the influence of the quality of communication on prognosis in long-stay surgical intensive care unit (ICU) patients. This evolved into the core project of her Ph.D. dissertation—a pilot of a communication-based intervention for long-stay surgical ICU patients and their families. Her interest in this patient cohort expanded to palliative care in other patient groups. Recognizing the importance of formal training and protected time for her research work, Dr. Aslakson completed clinical training with the Johns Hopkins Kimmel Cancer Center Pain and Palliative Care team and became Board certified in palliative care in 2010. She has published important work detailing more effective integration of palliative, critical, and perioperative care.¹ Moreover, she described barriers that impede this integration^{2–4} and quality improvement and interventions to improve patient outcomes.^{5–8*}

As Dr. Aslakson's research matured, she complemented her quantitative research skills with qualitative skills. She completed a 2-yr, Foundation for Anesthesia Education and Research-funded study exploring the palliative care-related experiences of patients and families in surgical critical care units. She showed that although patients and families prioritize humanistic and relationship-related aspects of care, surgical clinicians focus on technical aspects of care, for example, following standards and providing "cutting edge" technology. Based on this work, Dr. Aslakson was awarded a K08 grant from the Agency for Healthcare Research and Quality. The work focused on patient-centered metrics as a basis for providing quality palliative care in the ICU. She was concurrently awarded a 3-yr, \$1.5 million contract from the Patient-Centered Outcomes Research Institute. The latter consists of leading physicians, nurses, and public health investigators who work with families and patients preparing for high-risk surgeries.

Dr. Aslakson is a core faculty member of the Armstrong Institute for Patient Safety and Quality at Johns Hopkins. The Armstrong Institute grew from and is intimately connected to the Department of Anesthesiology and Critical Care Medicine. The Institute draws upon 18 different disciplines across

Johns Hopkins University. Its goal is to partner with patients, their families, and others to eliminate preventable harm, improve outcomes and experience, and eliminate waste. Dr. Aslakson's work erases boundaries, aligns multiple disciplines around common goals, and demonstrates how anesthesia researchers can affect patients, families, and other providers both within and beyond the perioperative experience. For example, a systematic review⁹ found that proactive palliative care in the ICU shortens both ICU and hospital length of stay without changing mortality or family member satisfaction. This important finding was endorsed by the Society of Critical Care Medicine, the American College of Surgeons, the American Academy of Hospice and Palliative Medicine, and the *The Oncology Report*.

Dr. Aslakson is a founding and current member of the American Society of Anesthesiologists subcommittee on palliative medicine. Within the Society of Critical Care Medicine, she is part of a small international group of researchers revising Society of Critical Care Medicine guidelines for family-centered care within the ICU. Dr. Aslakson is also active in the American Academy of Hospice and Palliative Medicine and the National Palliative Care Research Center and serves on the national American Academy of Hospice and Palliative Medicine research committee. She founded and co-chairs an ICU special interest group with American Academy of Hospice and Palliative Medicine.

Dr. Aslakson's accomplishments and success in the area of palliative care are to be honored, especially when viewed in the context of patient safety and preventable harm. Preventable harm is the third leading cause of death in the United States and is associated with large costs. Moreover, her focus on communication with patients and families is apt considering that 20% of patients feel disrespected and 50% feel they are not listened to.

Dr. Aslakson's success is a testament to her intrinsic qualities. Her work highlights the potential expanded role of Anesthesiologists and Anesthesiology Departments. It also illustrates the need for mentorship, appropriate formal training, and protected time to develop successful academicians.

Acknowledgments

Support was provided solely from institutional and/or departmental sources.

Competing Interests

The authors declare no competing interests.

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