

January 28, 2020



CTS INSPIRATIONS

CTS NEWS

President's Message

"Commitment is the ignitor of momentum." – Peg Wood

The dawn of a new year brings hope and allows for renewed and fresh beginnings. Since 1940, CTS has reinvented and adapted its practices to meet the needs of our members and community. As a result of these changes, CTS is one of the most innovative and largest chapters of the American Thoracic Society (ATS). Under the leadership of Immediate Past President Lorriana Leard (UCSF), previous presidents, CTS board members, CTS committee members and CTS executive team, we are stronger financially and have further strengthened our commitment to provide high-quality education and advocacy throughout California.

As one of the most progressive chapters in the nation, we embrace the need to stay nimble and be readily able to change with the times, but what remains constant is the commitment to our mission of improving California lung health through advocacy and education, in addition to advancing the science and practice of pulmonary and critical care medicine. As the present CTS President, I am dedicated to promoting our mission and will work hard to continue the forward momentum of CTS in achieving greater financial stability, pursuing creative opportunities as well as strategically promoting our CTS brand.

Please mark your calendars and save the date, September 11-12, 2020, as this will be our CTS Southern California Conference. We are excited and look forward to seeing you there.

Pulmonary Fact(s):

According to the National Oceanic and Atmospheric Administration (NOAA) on Jan 12th, 2020 at 5:30 PM local time, natives living near the Taal Volcano in the Philippines were startled by its eruption. Ash was sent up to 9 miles into the sky and was visible from space. A similar event occurred in the US early May 2018, when a Kilauea volcano also became increasingly active and sent ash into the sky. Many who inhaled the ash and various gases experienced respiratory symptoms. What is not commonly known is that when lava enters and boils seawater to dryness, it creates thick clouds of "laze" that is filled with hydrochloric acid and tiny shards of glass. Inhaling "laze" can be extremely



unhealthy and the prevention of inhaling ash, various gases and “laze” should be a priority. Educating patients not to be “lazy” and to avoid the “laze” can be most beneficial to their respiratory and overall health.

<https://www.thoracic.org/patients/patient-resources/resources/volcanic-eruptions.pdf>



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Editor's Note:

There is a lot of attention focused on the burnout epidemic amongst physicians. Much of the discussion has focused on superficial issues such as the implementation of the EHR and fails to address the fundamental forces working steadily to undermine our profession and subvert its values of healing and compassion. It ignores the corrosive effects of having to work within a [healthcare] system that in myriad ways, disrespects us as human beings and as professionals. The resulting cognitive and moral dissonance caused by our inner imperative to deliver the best care we know how and the care we are actually able to deliver results in a kind of imposter syndrome, a sense of low personal accomplishment and nagging self-doubt.

Take the word “provider.” To *provide* is to *make something available* or *supply*. It does not acknowledge the value of the expertise of the individual or of the service being provided. Furthermore, lumping all healthcare professionals together as “providers” fails to acknowledge the differences among the various disciplines and makes the not so subtle assumption that we are all interchangeable.

Troves of advice on individual wellness divert attention away from the fundamental, systemic inequities of a flawed hierarchy that has evolved to ensure the success of specific groups of individuals in our society, and that does not include physicians or their patients. The fact is, we are not *burning out*, we are being *torched*. While peer-to-peer coaching programs, yoga, meditation sessions are undoubtedly helpful for individual resilience, it's like giving the firefighter a better suit without actually addressing the fire itself.

Even discussions about work/life “balance” take a lopsided approach to how people live and think, focusing more responsibility (blame?) on the individual and our lives outside of the workplace, while ignoring the supposedly implacable requirements of work. Women, in particular, are targeted by the “do-it-yourself” approach to well-being which reinforce and fail to challenge existing systemic biases regarding our roles at home and the workplace.

Medicine has always been a demanding field. Physicians are the products of a lengthy, intellectually rigorous training process that favors competitive, tenacious individuals with an oversized work ethic. We know how to work hard and efficiently. But medical knowledge is not enough. If physicians are going to improve the quality of and access to care for our patients and also regain the respect and assert the autonomy that our profession deserves and has earned, then we must acquire the knowledge and the skills needed to not just navigate but also lead complex health care organizations. We need to learn how to effectively communicate with healthcare administrators if we are going to have any hope of changing the existing systemic flaws and biases within our society, profession and workplaces and create a more inclusive, equitable world in which we all thrive.

There are courses which address these deficiencies, but they are largely inaccessible, being extraordinarily expensive, located in a few academic institutions, offered once or twice a year or restricted to invitation only. There are a few forward thinking academic institutions which have begun embedding these curricula into the training of their fellows and faculty. Others, however, are constrained by lack of resources or personnel.

ATS Chapters have a unique role in our profession, being a place where community clinicians and academicians gather to meet and learn from each other. CTS has a dream to offer curricula that supplement existing training programs, providing **all our members** the opportunity to obtain the language, knowledge and skills needed to be a force for change in their respective communities and workplaces.



CSRC Corner

By Krystal Craddock, RRT

CSRC 2020 Legislative Day on the Hill

On February 11th, Respiratory Care Practitioners (RCPs) from all over California will gather in Sacramento to meet with new and returning elected officials to discuss the Respiratory Care profession and our role in patient care. The purpose of our annual legislative day is to advocate for our profession and ultimately, our patients. As in 2019, the CSRC will be discussing Assembly Bill 5 and the proposed amendment to the Dynamex ruling to exempt RCP's. In April 2018, the California Supreme Court, in its ruling on *Dynamex Operations West, Inc. v. Superior Court of Los Angeles*, rewrote the definition of who qualifies as an "independent contractor" in California. This is relevant to not only physicians, but also per diem allied health professionals like RCP's.

In January 2019, Assembly woman Lorena Gonzales (D – 80th Assembly District) introduced Assembly Bill 5 to re-establish legislative authority by validating the ruling legislatively. Since its introduction, a number of professional associations and interest groups, including the CSRC, have proposed and supported amendments to the bill providing exemptions for physicians. The CSRC continues to advocate that RCP's also be made exempt. Additionally, the CSRC will be supporting California RCP's to join RCPs from across the nation with the American Association for Respiratory Care's (AARC) May 5th Day on Capitol Hill in Washington D.C. The AARC's topics for Hill Day will include telehealth provided by RCP's, advocating against adding non-invasive ventilation to competitive bidding, improving reimbursement rates for Pulmonary Rehabilitation, and of course continuing to advocate against tobacco use and vaping among the youth by prohibiting the sales of flavored tobacco and vaping products.

For more information on CSRC Legislative Day, visit the CSRC website: csrc.org

STANFORD ANNOUNCES THEIR INTERSTITIAL LUNG DISEASE SYMPOSIUM

Title: Stanford Interstitial Lung Disease Symposium: Diagnosing and Treating Fibrosing Interstitial Lung Diseases

Date: Saturday, February 29, 2020

Location: Li Ka Shing Center for Learning & Knowledge, Stanford University

URL: Click here to register: <https://stanford.cloud-cme.com/ild>

Overview:

The Stanford Interstitial Lung Disease Symposium, led by the Stanford Division of Pulmonary, Allergy and Critical Care Medicine, seeks to fulfill the needs of practicing pulmonologists, primary care physicians, advanced-practice providers, and allied health care practitioners in the academic and community settings to achieve an accurate diagnosis and implement a comprehensive treatment plan for patients with interstitial lung disease. A team of multidisciplinary experts will address common challenges with an emphasis on the role of accurate radiographic interpretation, in combination with diagnostic testing and classification, and disease management strategies.

Dr. Kevin K Brown, the senior principal investigator on the recent INBUILD and multiple other studies is the keynote speaker, and will be joining the rest of the Stanford ILD expert panel in discussing diagnostic protocols for real life non-IPF fibrotic ILD clinical cases, with specific focus on the role of anti-fibrotic therapies in treating these disorders in context of the recently published randomized controlled studies addressing this question.

CAREER OPPORTUNITIES

UCSF is looking for Clinician-Educators interested in Pulmonary, Interventional Pulmonology and Sleep. Please see the following links for more information and to apply.

Clinician Educator in Pulmonary and/ or Sleep: <https://aprecruit.ucsf.edu/apply/JPF02794>

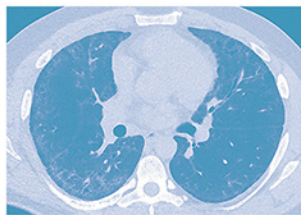
Interventional Pulmonology: <https://aprecruit.ucsf.edu/apply/JPF02817>

Stanford Interstitial Lung Disease Symposium: Diagnosing and Treating Fibrosing Interstitial Lung Diseases

Saturday, February 29, 2020

Li Ka Shing Center for Learning and Knowledge
Stanford University

This is a Continuing Medical Education Conference presented by the Stanford Division of Pulmonary, Allergy and Critical Care Medicine at the Stanford University School of Medicine.



Join us as we review

- Disease management strategies
- Role of acute radiographic interpretation
- Diagnostic testing and classification
- Long-term monitoring process
- And more!

This activity has been approved for *AMA PRA Category 1 Credits™*.
See web site for full accreditation information.

REGISTER TODAY! stanford.cloud-cme.com/ild



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Title (Click on title to open the manuscript)	Journal Section	First Author	Year	Vol	Issue	Pages	Date Posted
Fatiga de enfermeras, el sueño y la salud, y garantizar la seguridad del paciente y del publico: Unir dos idiomas (Editorial)	Editorials	Baldwin CM	2019	19	6	175-6	12/29/19
Declaración de posición: Reducir la fatiga asociada con la deficiencia de sueño y las horas de trabajo en enfermeras	Sleep	Caruso CC	2019	19	6	169-74	12/29/19
Medical Image of the Month: Radiation-induced Organizing Pneumonia	Imaging	Amreen S	2019	19	6	167-8	12/23/19
Medical Image of the Month: Penicillium Pneumonia Presenting as a Lung Mass	Imaging	Yamin HS	2019	19	6	164-6	12/15/19
Arizona Medical Schools Offer Free Tuition for Primary Care Commitment	News	Robbins RA	2019	19	6	163	12/9/19
Who Are the Medically Poor and Who Will Care for Them?	General Medicine	Robbins RA	2019	19	6	158-62	12/5/19
Medical Image of the Month: Pneumoperitoneum with Rigler's Sign	Imaging	Mahmoud MA	2019	19	6	156-7	12/2/19
December 2019 Pulmonary Case of the Month: A 56-Year-Old Woman with Pneumonia	Pulmonary	Wesselius LJ	2019	19	6	149-55	12/1/19

California Thoracic Society

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Connect with CTS at <https://calthoracic.org/>

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