

Twitter Thread by Jack Iwashyna



Jack Iwashyna

@iwashyna



In the midst of all the grief + chaos of 2020, it's hard to remember there were good things

For me, an incredible group of young scholars doing highly relevant science was the #Bestof2020. Here are my favorite 2020 paper by each of several young scholars with whom I get to work

To see where some of these folks were last year see this thread

let's start this #BestOfResp2020 with @UM_IHPI K-awardees

<https://t.co/xygPoUATXJ>

It's time for #BestOf2019 lists

I thought I would try something new. Here are my single favorite paper by each of several young scholars with whom I get to work. They are all rock-stars. In lots of cases these were hard choices 'cause they were very productive this year...

— Jack Iwashyna (@iwashyna) December 26, 2019

.@msjoding changed the way I look at pulse oximetry in @nejm, rethinking my bedside care

This paper has rightly gotten a lot of attention

<https://t.co/mqiGLzq79g>

1/ Our research letter on racial bias in pulse oximetry measurement, out today in NEJM <https://t.co/6dLuNGosxp>
[pic.twitter.com/XXsfWfc5dv](https://t.co/6dLuNGosxp)

— Michael Sjoding (@msjoding) December 17, 2020

But I think it is useful to look at it as an example of what makes Mike's work so interesting. A grant to build a dataset just to look at this project would, I think, have been un-fundable. Instead Mike had built an infrastructure to look at ARDS detection

When [@msjoding](#) came across Prof Amy Moran-Thomas's provocative [@BostonReview](#) essay (<https://t.co/VB63h74o9U>) he was able to pivot that data infrastructure to ask an important question...

because he had done a ton of bedside #COVID19 care, had a broad [@ncspMICHIGAN](#) education, + rigorous epi training in addition to his machine learning work. [@UM_MiCHAMP's](#) book group had primed him to think about algorithmic bias. And he had MIMIC clean to rapidly replicate

Serendipity + the prepared mind -- in an environment instrumented (in terms of both technical infrastructure + colleagues) to be able to go answer questions that arise from bedside intuitions + broad reading + vigorous discussions, w enough financial + time flexibility to do that

.[@tsvalley](#) fielded a survey to every Michigan hospital in the midst of the first wave pandemic, to investigate how hospitals were helping--or not--families stay in touch with ICU patients. The results were horrifying when they came out in [@ATSTBlueEditor](#)

<https://t.co/XqyC8GVM9r>

Family members are integral to [#ICU](#) care but were unable to visit their loved ones during the pandemic - I'm excited to share a tweetorial on our recent [#COVID19](#) study in [@ATSTBlueEditor](#)

1/<https://t.co/MCVo0rDTF6>

— Tom Valley ([@tsvalley](#)) [August 6, 2020](#)

.[@UMichNursing](#) superstar Sue Anne Bell was helping to organize everything from [#COVID19](#) field hospitals to [#COVID19](#) nursing home care while serving on an [@theNASEM](#) panel on health effects of climate change

<https://t.co/7tlqhoO3pv>

Three members of the [#UMichNursing](#) community will be inducted as fellows of the AAN during a virtual ceremony tomorrow. Congrats to Sue Anne Bell, Lauren Underwood and Pamela Martyn-Nemeth, who will be inducted alongside other distinguished nurse leaders: <https://t.co/S9XLQZOgyN>. pic.twitter.com/AFrlqt4eU

— U-M School of Nursing ([@UMichNursing](#)) [October 30, 2020](#)

I loved Sue Anne Bell's clever [@PLOSONE](#) paper that used public data on clinician's office locations to examine another threat of disasters to health -- disruptions of relationships with clinicians + diminished access to care

<https://t.co/EL32uN92IP>

I also work with a group of K12 scholars, supported by [@nih_nhlbi](#) training grant in implementation science in critical care

Again, great examples of @Jdos_WoT's hypothesis that universities are a reserve force whose value, in part, is their ability to meet unforeseen challenges

.@RyanPBarbaro showed @TheLancet that initial pessimism about role of #ECMO in #COVID19 was wrong: ECMO outcomes for #COVID19 were quite similar to those for other causes of respiratory failure--full ICU support saves COVID lives

<https://t.co/5GCg69MPrL>

<https://t.co/YUeFuxV6PC>

.@jpdonnepi showed @JAMA_current that #COVID19 does not always end at hospital discharge--readmission + post-discharge death are ongoing problems, comparable to other conditions for which readmission prevention is a major focus

<https://t.co/M2ieJE1G9B>

<https://t.co/E3jWFcVdjw>

.@JenniferNErvin published a definitive review of 20 Evidence-Based Practices in mechanical ventilation in ARDS in @accpchest, just in time to help counter some of the CRAZY things that were being proposed on twitter

<https://t.co/L2BGuWGALN>

<https://t.co/hnq8ZeggrC>

In this midst of #COVID19, @L_VigliantiMD submitted a superb #K23 to @nih_nhlbi and earned a "highly promising" score (comfortably inside the funding line, NOGA awaited), and provided #COVID19 surge care, and was still writing

.@L_VigliantiMD continued her pathbreaking work on #PersistentCriticalIllness -- rethinking why patients get stuck in the ICU in terms of cascading complications rather than simply non-resolving respiratory failure

This piece in @yourICM, for example

<https://t.co/CKQ1OcMiCZ>

Excited to share our newest publication @yourICM on persistent critical illness by looking beyond the patient and focusing on how hospitals may contribute to its development. <https://t.co/50kVruJuye> [pic.twitter.com/oqgmieMsiI](https://t.co/50kVruJuye)

— Elizabeth Viglianti (@L_VigliantiMD) June 5, 2020

#COVID19 emphasized the importance of @L_VigliantiMD's clinical + epi + HSR work, as I wrote in support of her back in May (which seems an eternity ago, doesn't it?)

And while I do not get to work closely enough with [@abrnurse](#) to get even any reflected glory--[@AnneSales4](#) + [@DeenaKCosta](#) are her amazing mentors--I must bring to your attention in this thread her nationwide work rethinking burn center staffing

<https://t.co/ODP1e1sDrj>

All of that science was made possible by [@nih_nhlbi](#)'s support for clinician scientist, plus the incredible environment of [@UMIntMed](#) + [@UM_IHPI](#) + [@VA_CCMR](#) + [@MichiganPulmCC](#) [@UM_MICReW](#) + [@ncspMICHIGAN](#) -- we benefit from multiple mutually supportive institutions

But that's not all! There are an amazing group of [@ncspMICHIGAN](#) Scholars (and those in the associated [@UM_IHPI](#) Master's Program) that I get to work with

Before she returned to yet more hand surgery training, [@BilligJessica](#) capped her [@ncspmichigan](#) series on potentially inappropriate #gabapentin use with a lovely paper looking at its role--and there should be almost none--in carpal tunnel syndrome

<https://t.co/6kdhrtaum>

And [@ncspMICHIGAN](#) Scholar [@ADeRooMD](#) showed results that ought to fundamentally change the way we assess the risks + benefits of some surgeries

<https://t.co/qpSIYYQI5B>

and also

<https://t.co/HzwwwDM2ly>

Nurse [@ashleevance_phd](#) is primarily mentored by [@DeenaKCosta](#) and continues her amazing line of work on the impact of medical complexity in neonatal ICUs and parenting -- for #PedsICU, taking the family rather than the organ as the unit of analysis/care

<https://t.co/ARk1Gd1i6K>

Just in time for [#NursesWeek2020](#), my last 2 dissertation papers are published! \U0001f929 This work made possible by amazing mentorship [@DukeU_NrsngSchl](#) and support from [@ncspMICHIGAN](#) [@UMichNursing](#). Links to pubs in thread 1/ pic.twitter.com/wRwYy3kfFs

— Ashlee J. Vance ([@ashleevance_phd](#)) [May 6, 2020](#)

([@ashleevance_phd](#) has a SUPER COOL project on the incoherent variation in children's hospital visitation policies under review that I can't wait for you to see, too)

[@DrHuerto](#), primarily mentored by [@chang_tammy](#), continues to be an unflinching voice for racial equity in care, from [@ConversationUS](#) (<https://t.co/PD8FiowUbt>) to [@Health_Affairs](#) (<https://t.co/GT6oBHq2U2>)

Dr [@v_valbuen](#) of [@ncspmichigan](#) has written powerfully about our moral and professional obligations as clinicians in this hard, hard year

<https://t.co/fVy9ycljiT>

even as her emerging Stata skills have some great new data almost ready for submission

And [@lcagino](#) of [@MichiganPulmCC](#) capped her first 6 months of protected research time (after so many months of extra #COVID19 care) with an important new paper [@AnnalsATS](#) with [@dulcetarpeggio](#) and [@JackieKercheval](#) on benefits of tracheostomy in #COVID19

<https://t.co/MhsiWhZvAr>

That analysis by [@lcagino](#), [@JackieKercheval](#), [@dulcetarpeggio](#) certainly moved my thinking in 2 different directions--redoubling my commitment to re-implement A2F bundle w [@dclaar22](#) even in #COVID19, but also supporting earlier trach given the very long arc of #COVID19 recovery

somehow I screwed up the threading on this... reconnecting here

<https://t.co/0xNCm6wD4u>

Have I mentioned I get to work with the best people?

This is so much fun pic.twitter.com/wr72aPV7MH

— Jack Iwashyna (@iwashyna) [December 29, 2020](#)