



A Message from Our Vice Chair for Education

Dear Critical Care Medicine alumni,

Ake Grenvik led an incredibly accomplished life both professionally and personally. He was full of passion, energy and enthusiasm right up until his death in early September. The day before dying in his sleep, he was swimming in his backyard pool! He was 92 years old.

We received many tributes and remembrances—some with deeply personal messages—from Ake's friends and colleagues around the world. At a moment when I was feeling very sad, this message from David Menon in England made me realize it is truly an honor to celebrate Ake's life and accomplishments. David delivered the 2019 Ake and Inger Grenvik Lectureship.

"... he laid the foundation for a department that embodied his ethos and advanced on his many achievements. His impact went far beyond his own institution—he was a giant of critical care medicine, making pioneering contributions in so many facets of the specialty. While we mourn his loss, this also gives us the opportunity to recognize and celebrate his many achievements."

I am delighted to use this issue of our newsletter to do just that: celebrate Ake Grenvik's legacy.

[Lori Shutter, MD, FNCS, FCCM](#)
Vice Chair for Education



Ake N. Grenvik, MD, PhD, MCCM July 10, 1929–Sept. 5, 2021

In 1968, Ake Grenvik (CCM '69) moved with his wife and four children to Pittsburgh from Sweden to undertake a one-year fellowship in critical care medicine. That one year snowballed into a 41-year career that shaped significant parts of our field.

A transformative thinker with a prescient ability to see the big picture, Ake was also a master of the details. He pre-rounded before 4 a.m. rounds with the night fellow. He interviewed and wrote detailed summaries of every fellowship candidate. He noticed a golden opportunity for intervention and pushed repeatedly to create a Condition C, for "crisis," to intercept imminent patient declines—the Condition C saved lives and grew into the Rapid Response Team spearheaded by his colleague Michael De Vita.

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Tribute Donation

Join your friends and colleagues and make a donation in Ake Grenvik's name to the Critical Care Medicine Research Fund. The fund supports the research of Critical Care Medicine fellows, postdoctoral fellows and junior/mid-career investigators. Use the link below to make a gift in memory of Ake and support the next generation of CCM researchers.

[Donate to the Critical Care Medicine Research Fund](#)



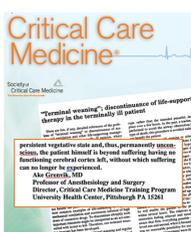
A Fellows' Educator

Ake Grenvik was the original multidisciplinary critical care fellow. He was a cardiothoracic surgeon with a PhD while his classmates were all anesthesiologists (he rectified that by doing a one-year residency during fellowship). Four years later, Ake was appointed director of the UPMC Multidisciplinary Critical Care Training Program.

With vision and boldness, he nurtured a program that would be replicated around the world. An early adopter of new practices, he understood the value of a diverse training cohort. Ake backed board certification and [embraced evidence-based medicine, patient safety and simulation training](#).

At the heart of today's [fellowship at UPMC](#) are three core principles: a collaborative culture of faculty from multiple training backgrounds, common working and learning environments for fellows, and programmatic flexibility in clinical rotations to meet the needs of different specialties. Although the program has evolved, it still retains Ake's ethos.

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A Visionary for Brain Death Determination

Ake Grenvik knew better than most how to sustain life. He was, after all, recruited by the father of cardiopulmonary resuscitation, Peter Safar. Ake also understood when it was time to let go. He was a member of a national group that introduced "letting die" and "terminal weaning" to the critical care lexicon.

In 1977, his *Critical Care Medicine* review with David Powner (CCM '77) and James Snyder (CCM '72) recommended hospital-level guidelines until a legal definition of brain death could be established. Ake's 1983 editorial "Terminal weaning: discontinuance of life support therapy in the terminally ill patient" led to significant debate among the medical as well as legal, ethical and religious communities. Today, UPMC's brain death guidelines are influenced by Joe Darby's (CCM '86) work in the 1990s and the American Academy of Neurology guidelines (1995, 2010).

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Liver Transplant Success ... a Dotted Line to Ake Grenvik

What does liver transplantation success look like? Four separate eight-bed liver transplant ICUs working nonstop. That was the 1980s following Thomas Starzl's recruitment to Pittsburgh. However, before achieving that feat, Ake Grenvik had to request a moratorium to determine why the first 13 liver transplant patients all died.

Correct postoperative processes were in place but were happening three to four hours too late, so the interprofessional staffing model was changed. Pathology, radiology and pharmacy all moved to 24/7 availability. It worked. The 14th liver transplant patient survived, and transplantations boomed in Pittsburgh. During some years, Ake recalled in his autobiography, UPMC had more liver, heart and lung transplantations than any other center in the world.

Transplant deaths in ICUs are now rare. Advances in pre- and postoperative care, immunosuppression drugs, organ procurement processes and live-donor transplants all keep risks low.

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Society of Critical Care Medicine Founding Member, President

Ake Grenvik was one of 28 inaugural members of the Society of Critical Care Medicine (SCCM), which he said in his autobiography was founded for "those interested in intensive care problems regardless of medical background." That interdisciplinary spirit persists with president-elect Sandra Kane-Gill, DPharm, MS, who hails from the University of Pittsburgh School of Pharmacy.

Ake was an officer of the society, elected to the editorial board of the newly launched *Critical Care Medicine* journal, the 7th SCCM president, and a member of the inaugural class inducted as Master Fellows in Critical Care Medicine. In the 21st century, SCCM is a global interprofessional organization with more than 16,000 members from 100+ countries.

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Fellow Profile: Chisom Ikeji, MD

Chisom Ikeji completed a fellowship in geriatrics at Yale New Haven Hospital and is currently a second-year UPMC critical care medicine fellow.

Why did you decide to do two fellowships?

I find the physiology of aging fascinating and taking care of older adults is fulfilling. My plan going into internal medicine was always to do geriatrics. However, in residency I really enjoyed my ICU rotations. And then finding that many of the ICU patients are older adults, I wondered if there was a way to fuse these two interests.

Are you going to focus on critical care or geriatrics after fellowship?

Both! One of my most enjoyable rotations was the surgical trauma unit and that got me thinking about geriatric trauma, especially falls that cause multiple injuries. My QI project is focused on blunt chest trauma, in particular rib fractures in geriatric patients. I hope to standardize care for this group of patients across our hospitals, and hopefully this will lead to overall better care for older adults.

Quick News

- The 25th Annual Ake & Inger Grenvik Lecture was delivered by Martha Curley, RN, PhD, from Penn Nursing on Nov. 10, 2021. Listen to her talk: ["Nursing Science ... about patients, their families and the care environment"](#)
- [Melinda Hamilton \(CCM '03\)](#), [Jason Moore \(CCM '04\)](#) and [Christopher Schott \(CCM '13\)](#) appointed to the University of Pittsburgh School of Medicine Academy of Master Educators.
- [Timothy Girard awarded U01](#) to study interprofessional education for implementation of evidence-based practice.
- [Raghavan Murugan \(CCM '06\)](#) awarded two team science grants from NIDDK.
- [Ayan Sen \(CCM '13\)](#) received the Mayo Clinic Distinguished Clinician award for 2021 and sent his gratitude to all his UPMC Critical Care Medicine mentors, faculty, nurses and allied health staff.
- **In Memoriam:** Jim Dargin, MD (CCM '10), died unexpectedly at his home on Oct. 31, 2021. Jim completed his BS, medical degree and emergency medicine residency at Boston University. After his critical care medicine fellowship, he returned to Boston and served as an intensivist at Lahey Hospital and Medical Center in Burlington, Massachusetts.

Do you have alumni news for us? Please send news items to CCMcommunications@upmc.edu.

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