FROM THE INSIDE

My advice to the NEXT generation



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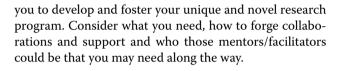
The NEXT committee of the European Society of Intensive Care Medicine (ESICM) invited me to present a talk on my advice to the NEXT generation of researchers. I was deeply honored to contribute this talk and to share some very personal thoughts with the emerging young leaders in our community. This was presented as part of the eLIVES 2020 meeting. I would like to organize my thoughts by each of the various domains in my life; those that are more professional—as a clinician-scientist and intensivist—and those that are more personal: as a woman and as a person.

My advice as a senior clinician-scientist

Check your novel research idea with several trusted colleagues and mentors before you begin. If they encourage you, that is wonderful, but, if not, honestly reflect on their feedback but do not give up on your own novel idea. Please do not fear failure. Failure is an intrinsic part of any enterprise and will not destroy you. Failure builds resilience and strengthens; it can motivate and energize you. Reflect on it, reframe it and continue to advance your idea. My own research ideas were met early on with derision, challenges with funding followed by the birth of twin sons. Clearly, not an early trajectory for predicted success or productivity. Do not ever give up.

Ask yourself what current dogma in your clinical work makes you uncomfortable and needs to be challenged. Consider the aspects of the extant literature that are difficult to reconcile and if you cannot rationalize or replicate the findings, reconciling the differences will launch your career. Talk with others outside your immediate sphere to comment on your ideas; to think about them with you; to challenge you. Genuinely consider and look for ways to incorporate their unique perspectives. Read widely outside of medicine. Think hard about how your own lens, your unique expertise and your lived experience can help

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My advice as an intensivist

We embrace technology in the intensive care unit (ICU) but always remember who we are there for—the patient and family. When you enter the room—please see the person who is there in the bed and go first to the person—not to the ventilator/ECMO circuit/dialysis circuit/ IV Pumps. Examine them and touch them and try—in even some very limited way—to know them. Find out what their life was about including their passions and unique contributions and their worth to those who cared about them. Even in the midst of chaos, prioritize time for communication with families and understand their burden. We have enormous responsibility to the patient and family. This is truly humbling.

I have had the privilege and joy of seeing post-COVID patients and their families in follow-up and getting to know the people whose bodies our ICU team tended and helped to bring back to life. So many patients have commented on the impact of isolation and separation from their families—never being touched or comforted and feeling abandoned, frightened and completely alone. We strive for excellence in our clinical work and please ensure to always embrace your own humanity as you interact with patients and families at the bedside because this is at the core of our profession.

My advice as a woman

I am a daughter, a sister, a wife and a mother of three children and a dog! There has been so much recent discussion about gender parity, diversity and inclusivity in Critical Care. This is a good thing. We have a wonderful and gifted community filled with so many exceptionally talented, kind and compassionate colleagues. We need to embrace our differences and not be threatened by them.



We know that diversity always enriches any enterprise makes it stronger—makes it better. Let us continue to reach out to all groups that have been historically disadvantaged, excluded or marginalized and bring everyone in. We will all be better for this and your cohort—and subsequent cohorts of intensivists—will be the champions of this cultural change. This will change our world.

My advice as a person

To look after others, you must first learn how to look after yourself. Then look after those who are most important to you. Coronavirus disease 2019 (COVID-19) has really stressed us—pushed us to our limits of physical endurance, mental health and emotional resilience. Learn about yourself from this COVID-19 is an historic event that will change our specialty forever. But it will also change us forever too and our approach to our work. Never have I heard so much open dialogue about mental health. This is a great thing—a break through!

Please do not sacrifice relationships or other domains of your life for this work. We each make our contribution and then we leave. Let us hope we leave having helped the next generation to find their way—to continue some of the work that we began—to share in the same joy of discovery.

At the end of a career, we have our families and close friends and those passions that make our life an adventure. Sometimes our colleagues become some of these dear friends—perhaps some of the colleagues you have been in touch with through the meeting—and these relationships grow and extend beyond work. This is a gift. Inspired research work begins with reflection, honest dialogue and creativity. It grows through mentorship, committed collaboration and perseverance in the face of failure. The patient and family are at the heart of our clinical work—even in a specialty that values technology. Patients and families remember touch, kindness and compassionate communication forever even though these may be fleeting events in our own professional lives. We have an exceptionally rich and diverse community and finding ways to include and celebrate these differences will only make us stronger. COVID-19 has changed us and our specialty forever and has heightened awareness about the need for self-knowledge and selfcare so we may continue to be healthy and to effectively serve our patients and their families and our community.

Declarations

Conflicts of interest

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